SAMHSA-HRSA Center for Integrated Health Solutions

OBIC: Office-based Buprenorphine Induction Clinic

San Francisco Community Behavioral Health Services

Matt Tierney, RN, NP, CNS

Director, OBIC Clinic

OBIC

OBIC: Office-based Buprenorphine Induction Clinic
San Francisco Community Behavioral Health Services

Matt Tierney, RN, NP, CNS
Director, OBIC Clinic

Origins: DATA 2000

- ORT in Primary Care
- Previously only licensed NTPs
- “Waived” MDs only
  - 8 hour training
  - special DEA ID Number
  - No NPs, or PAs
- Only FDA approved medications for OBOT
  - Subutex and Suboxone SL tabs and film

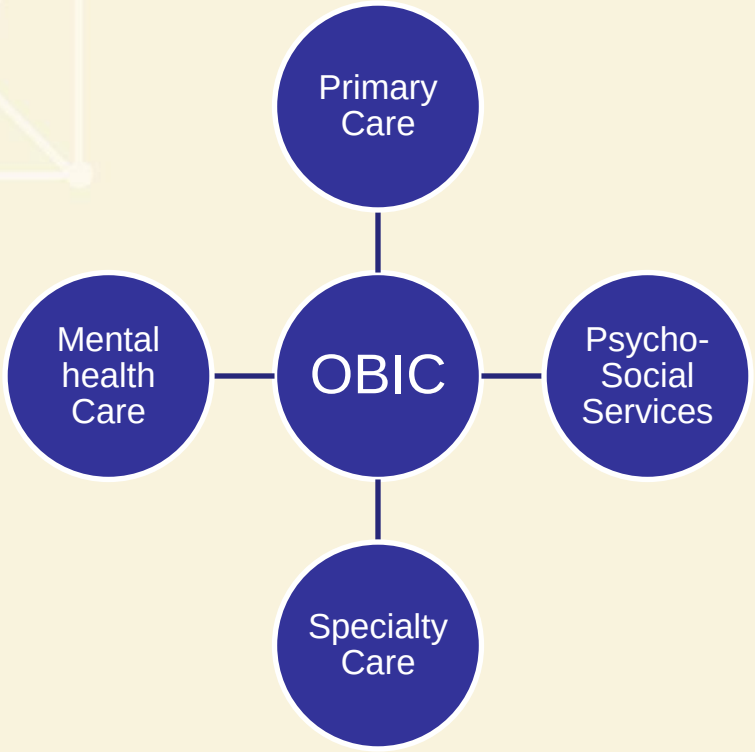
Buprenorphine (Subutex/Suboxone)

- Semi-synthetic thebaine derivative
- ORT treats withdrawal and cravings
- Partial opioid agonist
- Strong binding affinity: can precipitate withdrawal
- Slow dissociation: opioid blockade
- Schedule III

How OBIC Started

- First US clinic dedicated to buprenorphine induction alone
- Research Pilot
- Funded Program: SF DPH with UCSF staffing
- Focus on Integration

Integration Flow



OBIC Treatment : Orientation

- Referral to OBIC
- Inclusion/Exclusion Criteria: level of Care
- Confirm opiate dependence
- Labs
- Non-judgmental approach
- Consents
- Rules and expectations

OBIC Treatment: Induction

- Tox Screen
- Opiate withdrawal
- H & P: medical, psychiatric and individual needs assessment
- Psycho-social support
- Referrals as Needed: continue integration

OBIC Staffing

- 1.0 Admin. Asst.
- 1.0 State Certified AOD Counselor
- 1.5 NPs
- 0.5 MD
- CBHS in Building
  - Treatment Access Program (TAP)
  - Access to Community Mental Health
  - Pharmacy

OBIC Treatment: Services

- Medication treatment induction and services
- Patient counseling and education
- Client-centered, individualized services
- Provider Education and Support

OBIC Treatment: Medication

- MD order
- NP assessment and permission to transmit MD verbal Order
- Pharmacy Services: dispensing, education, clinical support
- Linkages to colleagues/clinics with buprenorphine services

Referrals: Integrated Community Care

- Federal and local (SFDPH) initiative
- Primary Care
- Mental Health Care
- Established or new

OBIC Role After Pt. Transfer

- Consultation
- Referral back to OBIC for stabilization
- Groups
- PRN assessment
  - From Provider
  - From pharmacy
  - From patient
  - By agreement; e.g. tox screen

Structural Integration

- E-charting (follow 42 CFR)
- Pharmacy
- Groups
- OBIC consult
- “Any Door is the Right Door”

OBIC Roles in Integration

- Buprenorphine Induction and stabilization
- Start and refer to primary care
- Start and refer to Mental Health
- Continuity or Bridge: from other systems or incarceration

Primary Care: Addiction Integration

- Model: Depression and anxiety treatment
- Pain Management
- Addiction
  - Patients present to primary care
  - Leading causes of death (e.g. smoking, cancers, HIV, etc)
  - Opiate addiction

Integration: Crucial Elements

- Attitude: hope and effectiveness
- Communication: documentation and confidentiality (42 CFR)
- Multidisciplinary attitude: no provider is alone
- Pharmacy and counseling
- Referrals
- Knowledge of the local leveled system of care

Barriers to Integration

- Decreasing numbers of waived MDs: availability
- $ incentive?
- Provider knowledge/confidence
- Stigma
- No NP/PA
- 42 CFR
- Buprenorphine prescription record
- Knowledge of counseling resources

Benefits of Integration

- Integrated Care Outcomes
  - Decreased hospitalizations
  - Decreased symptoms
  - Improved treatment adherence
- Ease of Access: provider and patient
- Therapeutic Alliance
- Provider Confidence

Benefits and Barriers: Both

8 Hour Training

- Complex vs. Straightforward
- Analogy to other drugs

Primary Care Concerns

- Diversion
- Referral to counseling: range of options
- Tox Screen
- Training
- Tracking Rx
  - DEA visit
  - CURES/PAR report
- Financial Incentive
- Tx Failure: persistence of the abstinence model

Epilogue

Diabetes Care Model

So the picture page goes…

Dgfz k.dhfa;oser’ szdkfjljlkjda;sfecimor’
w;wlkrmlS:kdfl;skfl;sdkglajd;lgjfsdklgjkfjhkgfjhkgjflh
l/drgjlk jdfklgkj dlkfzjgkldf