NATIONAL HEALTH CARE for the HOMELESS COUNCIL

TREATING OPIOID ADDICTION IN HOMELESS POPULATIONS

Challenges and Opportunities Providing Medication Assisted Treatment (Buprenorphine)

August 18, 2016

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

SPEAKERS TODAY

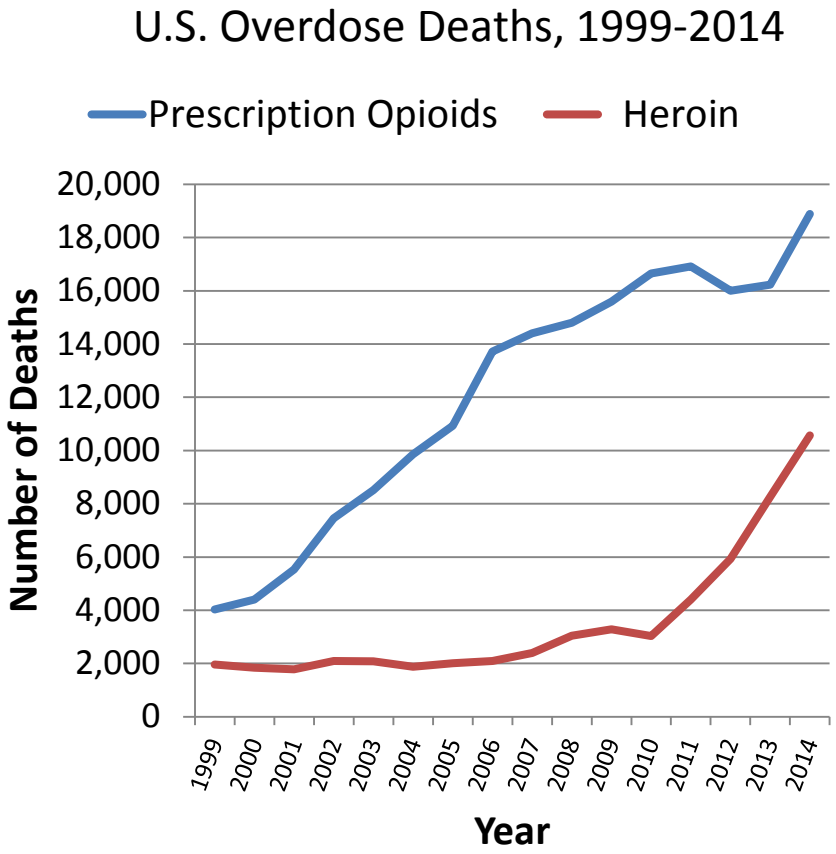
- **Nilesh Kalyanaraman, MD,** Chief Health Officer, Health Care for the Homeless (Baltimore, MD)
- **Terry Clark,** Addictions Counselor, Health Care for the Homeless (Baltimore, MD)
- **Brianna Sustersic, MD,** Senior Medical Director of Primary Care, Central City Concern (Portland, OR)
- **Brian Barnes,** Clinical Supervisor, Central City Concern (Portland, OR)
- **Barbara DiPietro** (Moderator), Senior Director of Policy, National HCH Council





WHY THIS ISSUE?

- Growing problem of addiction in U.S. now recognized as epidemic
- Long-term issue among vulnerable populations; causes and prolongs homelessness
- Homeless adults age 25-44 9x more likely to die from opioid overdose than housed peers (Boston study)
- HCH providers well-versed in integrated, harm reduction model of care to address opioid addiction



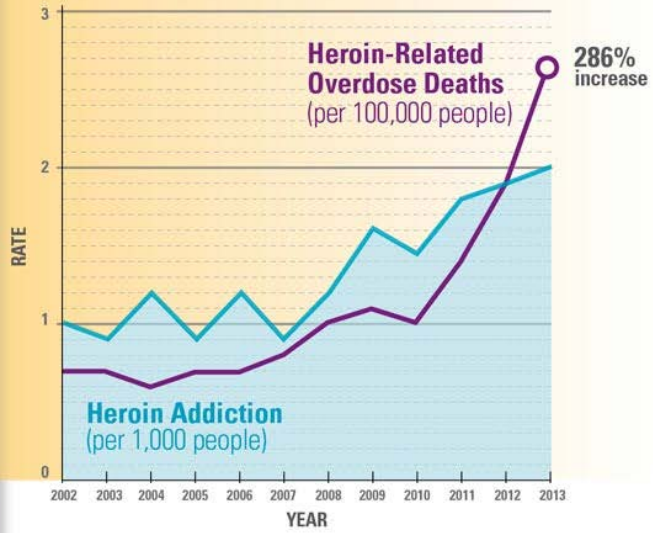
Source: Centers for Disease Control and Prevention, 2014

WHY THIS ISSUE?

Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than $20,000	3.4	5.5	62%
$20,000–$49,999	1.3	2.3	77%
$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

Heroin Addiction and Overdose Deaths are Climbing



SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013.
National Vital Statistics System, 2002-2013.

Source: Centers for Disease Control and Prevention, 2014

UNDERSTANDING MAT

- Use of medications in combination with counseling and behavioral therapies
- Three MATs: methadone, naltrexone, **buprenorphine**
- Buprenorphine first medication permitted to be prescribed and/or dispensed in physicians office
  - → Suppresses withdrawal, decreases cravings, lowers risk of overdose
  - → Increases access to treatment in primary care setting
  - → Highly regulated: physician-only prescribing rights, required trainings & record-keeping, patient limits, waiver authorizations, health insurance regulations

FEDERAL LEVEL CHANGES

- **Congress:** Comprehensive Addiction and Recovery Act
  - → Grants to expand access to overdose reversal drugs (Naloxone/Narcan)
  - → Grants to expand treatment alternatives to incarceration
  - → Expands buprenorphine prescribing rights to NPs and PAs
  - → Furthers movement towards treating addiction as a disease, not a criminal activity
- **Administration:** Dept of Health & Human Services (HHS)
  - → Raising the MAT patient cap to 275
  - → HRSA grants to health centers
  - → SAMHSA grants to increase SUD training and expand MAT
  - → Reduce over prescribing with updated training and prescriber guidelines

CHALLENGES PROVIDING MAT

- Lack of training in identifying and treating SUD among primary care providers
- Limited capacity in health centers to meet demand
- Diversion and misuse of medication
- High costs, differing insurance plans & Medicaid state policies
  - → Non-Medicaid expansion states: greater difficulty accessing SUD care
- Difficulties specific to homelessness
  - → Lack of stability, social supports, transportation, income
  - → Negative experiences in health care systems
  - → Difficulty adhering to daily care plan
  - → High rate of comorbidities
  - → Focus on basic daily needs

OVERCOMING CHALLENGES: PROVIDER PRACTICES

- Establish stability in housing
- Address comorbidities using integrated care
- Treat the whole person
- Take a low-barrier, harm reduction approach
- Use evidence-based best practices
- Be patient centered
- Be flexible

OVERCOMING CHALLENGES: POLICY RECOMMENDATIONS

- Remove patient caps & treat as any other medication
- Expand prescribing rights to all clinicians eligible to prescribe Class III, IV and V CDS drugs
- Require training to prescribe **all** opioids
- Enforce parity laws (especially re: prior authorizations)
- Reduce stigma and treat addiction as a disease
- Train all health care providers on addiction
- Expand prevention and treatment programs
- Reduce incarceration in response to addiction behaviors

Health Care for the Homeless: Baltimore, MD

- FQHC serving over 10,000 people experiencing homelessness a year
- 3 primary care clinics
  - Downtown Baltimore
  - West Baltimore
  - Baltimore County
- Services offered: medical, behavioral health, dental, nursing, case management, outreach, supportive housing
- Treatment philosophy
  - Person centered
  - Trauma informed
  - Harm reduction
  - Multidisciplinary care teams
- Patients served
  - Current MAT initiation: 60
  - MAT in the past year: 500

Entering Care

- No wrong door: addictions counselors and medical providers conduct warm hand offs
- Comprehensive multidisciplinary care with
  - Mental health
  - Case management
  - Nursing
  - Dental
  - Supportive Housing
- On-site pharmacy
- Naloxone training

Initiating MAT

- Treatment agreement
- PDMP review
- Most clients have taken buprenorphine in the past
- Client managed induction once in withdrawal
- Daily group meetings
- Weekly individual counselor sessions
- Weekly MAT group for buprenorphine adjustment
- Weekly urine screens

Maintenance

- Transition to primary care provider or psychiatrist
- 4 physicians
- 5 NPs who co-manage with MDs
- 4 psychiatrists
- Continue individual therapy/counseling
- Dual diagnosis group

HEALTH CARE for the HOMELESS

Central City Concern: Portland, OR

- Old Town Clinic is a Healthcare for the Homeless FQHC primary care medical home, housed within the larger social services agency of CCC.
  - We strive to provide low barrier, patient centered, and holistic care.
- Our MAT philosophy: MAT is most effective when offered as part of a comprehensive and individualized treatment program, which includes medication, counseling and community support.
- SUD treatment is fully integrated into primary care:
  - Warm hand-offs to addictions counselors
  - Range of SUD treatment groups on-site: dual diagnosis, pain management, understanding addiction
  - Weekly case consultation with provider champions
- Number of patients being treated with buprenorphine:
  - 167 in the last year; 45 currently active patients

CENTRAL CITY CONCERN
HOMES HEALTH JOBS

Central City Concern: Portland, OR

- Started MAT program in 2013 with 1 counselor and a couple of prescribers –> we now have 3 counselors, 1 clinical supervisor, 1 admin assistant, and 8 prescribers
- Our response to the challenges:
  - Addressing stigma - changing language and culture around addiction
  - Monitoring practices: pill counts, urine drug screens, bubble-packing of meds, treatment agreement, twice weekly group attendance required
  - 5 beds available in supportive housing
  - Onsite pharmacy - ongoing collaboration, multiple dispensing options including: bubble packing, daily dispense, weekly dispense
  - Provider education – addiction-trained physicians and nurse practitioners, frequent education sessions on substance use disorder topics
  - Other wraparound services: specialty mental health, case management, benefits/employment assistance, housing
  - Naloxone training, prescribing

CENTRAL CITY CONCERN
HOMES HEALTH JOBS

QUESTION: APPROACH TO CARE

- MAT implies that medication is coupled with counseling and therapy. Do you find that counseling is necessary for all patients, or do some patients do well on medication alone?
- What does being “patient-centered” and “flexible” mean when crafting treatment plans for people who are homeless?
- Under what conditions would you stop treatment?

QUESTION: DIVERSION

Diversion of buprenorphine is a topic of concern. From a public health perspective, how concerned are you about diversion and what steps do you take to mitigate it?

- → Self treatment
- → Possible risk v. other opiates
- → Prescriber caps and other limits

QUESTION: BENEFITS TO MAT

What are some of the benefits patients engaged in MAT have experienced?

- → Increased stability
- → Ability to address other health issues
- → Ability to reconnect with family & social supports
- → Ability to maintain housing, engage in work

OTHER QUESTIONS?

- **Nilesh Kalyanaraman, MD,** Chief Health Officer, Health Care for the Homeless (Baltimore, MD)

- **Terry Clark,** Addictions Counselor, Health Care for the Homeless (Baltimore, MD)

- **Brianna Sustersic, MD,** Senior Medical Director of Primary Care, Central City Concern (Portland, OR)

- **Brian Barnes,** Clinical Supervisor, Central City Concern (Portland, OR)