

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# MEDICATION-ASSISTED TREATMENT:

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Changes in Federal Policy Will Help  
Increase Access to Opioid Treatment  
in the HCH Community

January 25, 2017

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HEALTH CARE  
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# TODAY'S DISCUSSION

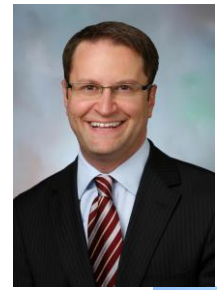
- National opioid epidemic is driving myriad of policy changes
  - Access to treatment & prevention
  - Availability of Naloxone/Narcan
  - Needle exchange & other harm reduction approaches
  - Greater emphasis on diversion/alternatives to incarceration
- Medication-assisted treatment (buprenorphine/Suboxone) is one approach to recovery available in primary care setting
- Increasing prescribing rights to a broader range of providers and increasing patient limits are two new ways to enhance access to treatment
- **Today:** Detail and timeline about changes, resources to support clinicians, and a discussion with HCH providers about impact to programs, quality & access to care, organizational support, and remaining barriers to care

# COUNCIL RESOURCES ON OPIOID DISORDERS

- **Clinical Guidelines:** [Adapting Your Practice: Recommendations for the Care of Homeless Patients with Opioid Use Disorders](#): (March 2014)
- **Policy Brief:** [Medication-Assisted Treatment: Buprenorphine in the HCH Community](#) (May 2016)
- **Webinar:** [The SPOT: Boston's New Harm Reduction Program for Opioid Users Forges New Ground](#) (July 2016)
- **Webinar:** [Treating Opioid Addiction in Homeless Populations: Challenges and Opportunities Providing Medication Assisted Treatment \(Buprenorphine\)](#) (August 2016)
- **Policy Brief:** [Medication-Assisted Treatment: Changes in Federal Law and Regulation](#) (October 2016)

# SPEAKERS TODAY

- **Brian Altman, JD**, Director, Division of Policy Innovation, Office of Policy, Planning & Innovation, SAMHSA
- **Nilesh Kalyanaraman, MD**, Chief Health Officer, Health Care for the Homeless (Baltimore, MD)
- **Laura Garcia, FNP**, Director of Adult Medicine, Health Care for the Homeless (Baltimore, MD)
- **Brianna Sustersic, MD**, Senior Medical Director of Primary Care, Central City Concern (Portland, OR)
- **Lydia Bartholow, DNP, PMHNP, CARN-AP**, Old Town Clinic, Central City Concern (Portland, OR)
- **Moderator: Barbara DiPietro, PhD**, Senior Director of Policy, National HCH Council



# Overview of the Buprenorphine Final Rule

Increases the highest number of patients a practitioner can treat to 275

- Two pathways – Additional credentialing and/or qualified practice setting (§8.610)
- Emergency Situations (§8.655)
- Responsibilities/Reporting Requirement (§8.635)

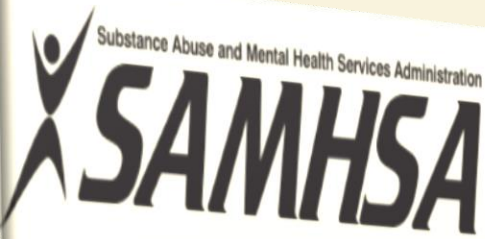
# Expanding Access to Opioid Treatment with NP/PA

**11/16/16 HHS Press Release** – Nurse practitioners (NPs) and physician assistants (PAs) can immediately begin taking 24 hours of required training to prescribe buprenorphine

- The qualifying other practitioner must be licensed under State law to prescribe schedule III, IV, or V medications for the treatment of pain
- Once training completed, NPs/PAs can apply to prescribe up to 30 patients beginning next month
- Training available at now at no cost through SAMHSA PCSS-MAT. Training also available through ASAM, AAAP, AMA, AOA, ANCC, APA, AANP, AAPA



# SAMHSA'S Buprenorphine Oversight Guidelines & Resources



Find Help & Treatment

Topics

Programs & Campaigns

Grants

Programs & Campaigns » Medication-Assisted Treatment » Medication and Counseling Treatment » Buprenorphine

Medication-Assisted Treatment

Certification of Opioid Treatment Programs

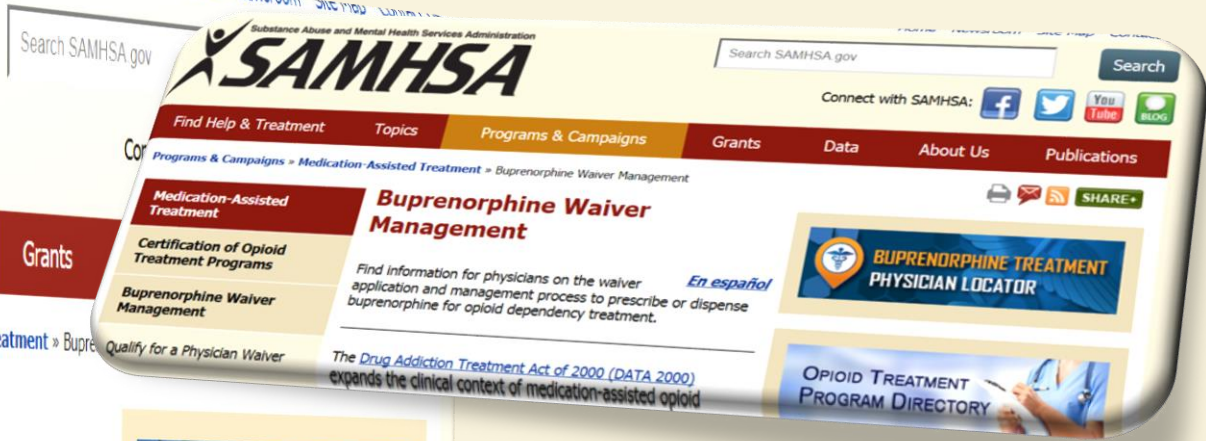
Buprenorphine Waiver Management

Oversight of Accrediting Bodies

## Buprenorphine

Buprenorphine is used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine.

Approved for clinical use in October 2002 by the Food and Drug Administration (FDA), buprenorphine represents a major advance in medication-assisted treatment (MAT) for opioid use disorder, such as buprenorphine, in combination with counseling.



<https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

# SAMHSA Support for Provider Education



PCSS-O

Focus on Safe Opioid Prescribing

[www.pcss-o.org](http://www.pcss-o.org)



**Opioidprescribing.com**

Focus on CME-accredited  
Trainings on Safe Use of Opioids



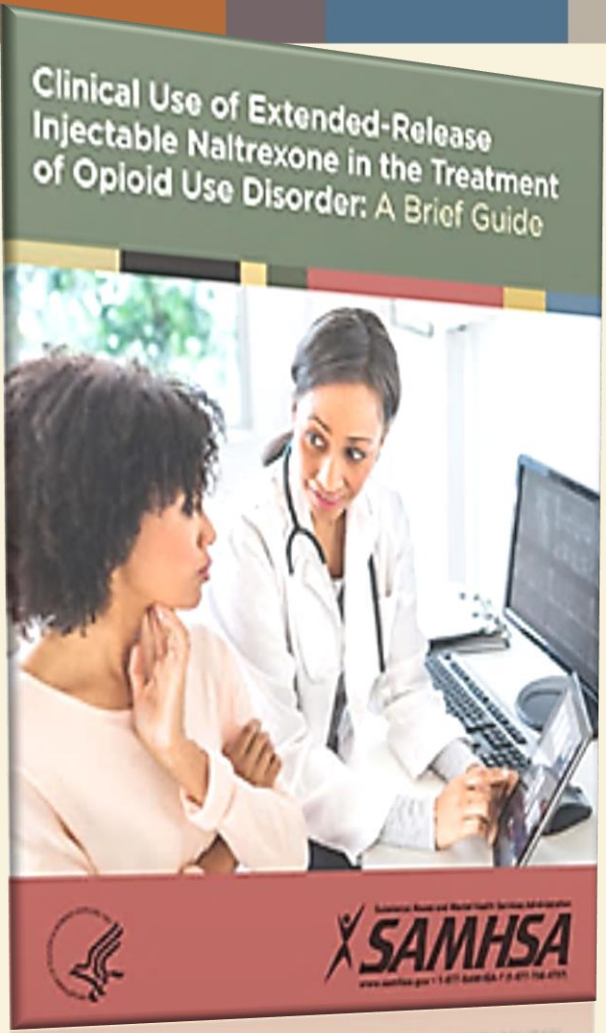
PCSS-MAT

Focus on Treatment of Opioid Use Disorders

[www.pcssmat.org](http://www.pcssmat.org)



# SAMHSA Clinical Support Tools: Treatment Improvement Protocols & Guidelines



<http://store.samhsa.gov/home>

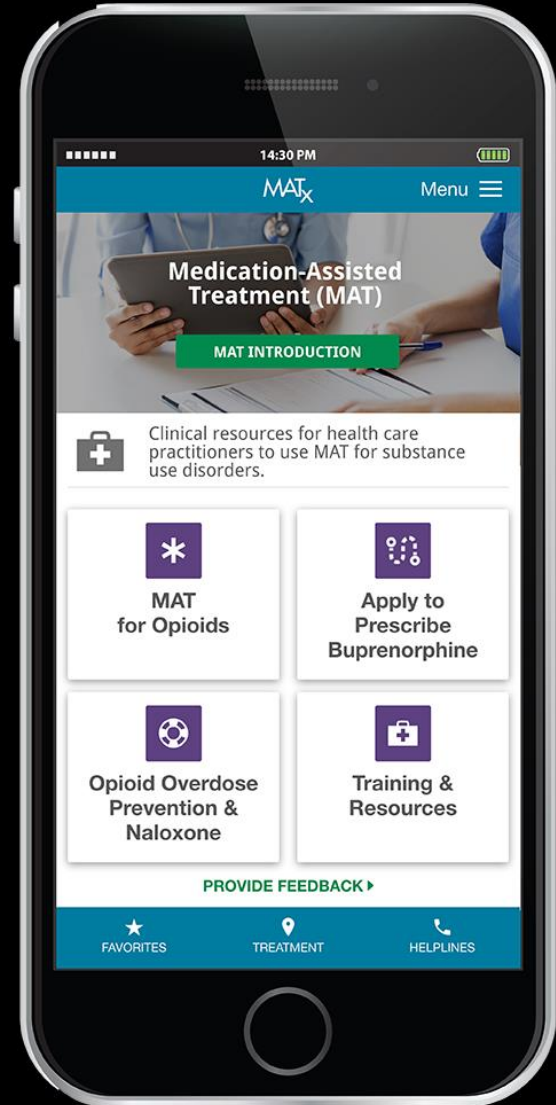
# Access & Technology

## SAMHSA MATx



**MATx Mobile App to Support Medication-Assisted Treatment of Opioid Use Disorder**

<http://store.samhsa.gov/apps/mat>



# Other HHS Activities to Expand Access to MAT

- Approval of Probuaphine
- SAMHSA Targeted Capacity Expansion: MAT- Prescription Drug and Opioid Addiction Grants to states in FY15 and FY16
- SAMHSA State Targeted Response to the Opioid Crisis Grants FOA released 12/16/16 in FY 17
- HRSA \$94 million for MAT in Community Health Centers
- AHRQ grants for MAT in rural primary care
- Mental Health and Substance Use Parity

# 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
- 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
- NPs will be doing trainings in the next few months to prescribe buprenorphine
- Continue individual therapy/counseling
- Dual diagnosis group



# 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:
  - > 175 in the last year; > 50 currently active patients

# 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
- Important Features of our program:
  - 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
  - MAT 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

# DISCUSSION: PROGRAM IMPACT

How will the federal changes impact our program?

- Lifting caps may not have large impact
- Expanded prescribing rights is helpful
- Training opportunities for primary care providers
- Greater financial sustainability using NPs and PAs

# DISCUSSION: QUALITY & ACCESS

How do these changes improve quality, access and coordination of care?

- Greater connection to primary care
- Improved quality of addiction treatment
- Continuity of care; fewer visits needed
- Better relationship with provider
- Increased access to induction and follow-up appointments

# DISCUSSION: SUPPORT

How is your organization—or the broader health care community—supporting these changes?

- Eliminating need for prior authorizations
- Funding MAT programs (especially in states that did not expand Medicaid)
- Promoting CME/training opportunities
- Making opioid addiction treatment part of broader organization/community strategy



# DISCUSSION: ONGOING BARRIERS

What barriers to medication-assisted treatment continue to exist?

- Length of training
- Differing state laws re: prescriber rights
- Recordkeeping, DEA audits, etc.
- Stigma
- Insurance barriers (prior authorizations, inconsistent coverage, changing formularies, etc.)
- *Federal policy shift: Losing Medicaid eligibility (or moving to block grants) may limit funding available for treatment*

# QUESTIONS?

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