Disclosure

• Reckitt Benckiser - speaker until 2014

A Group-Based Approach To Medication Assisted Treatment For Opioid Use Disorders:

The West Virginia Model
History of Addiction Treatment at West Virginia University

- 1964 - 1981 No primary addiction treatment
- 1981 – Inpatient 28 day Minnesota Model
  - Residency training
- 1985 – All MSIII on 2 week addiction rotation

History of Addiction Treatment at West Virginia University

- Early 1990’s – Managed Care
  - Death of inpatient treatment in WV
  - Virtually no residential beds for addiction
  - No Day Programs for Substance Abuse Tx
- 1991 – Addiction Intensive Outpatient Program

History of Addiction Treatment at West Virginia University

- Late 1990’s – Prescription Opioid
  Epidemic in WV
- 30 million Americans “suffer with chronic pain.”
- “Doctors are reluctant to prescribe opioids, thus 80% of those with chronic non-malignant pain go untreated as a result.”

*New York Times, February, 22, 2002*
Annual Numbers of New Nonmedical Users of Pain Relievers: 1965-2002

Thousands of New Users

History of Addiction Treatment at West Virginia University

- 2000 DATA; but where o where is buprenorphine?
- Opioid Dependence as a “Hopeless” Disease
- Considered starting methadone program

History of Addiction Treatment at West Virginia University

- 2002 – Buprenorphine approved
- Jan 2003 – We began to treat patients with buprenorphine
- 1/03-9/03 – detoxification only
History of Addiction Treatment at West Virginia University

• September 2003 – Natalie M, first patient on MAT
• Late 2003 – Huge demand and one physician!
• Buprenorphine Clinic begins

Buprenorphine Clinic

• 2003 - No template for a clinic
  - Weekly medical and therapy groups
  - 4, 12-step mtgs/wk

Buprenorphine Clinic

• “Medication alone is not enough”
• All patients need medical and psycho-educational treatment
Buprenorphine Clinic

• Medical and psycho-educational visits should always be tied together

Buprenorphine Clinic

• Provide as much structure as possible being mindful of cost/reimbursement
• Require attendance at 12-step programs

Buprenorphine Clinic

• Goal is abstinence from alcohol and drugs
Buprenorphine Clinic

Length of treatment
2004 - ??
2015 - indefinite

2015 Buprenorphine Clinic

• > 2000 patients treated
• ~ 400 patients currently in clinic
• 60% female
• Average dose 12 mg
• Average time in clinic > 33 months
• Medicaid ~ 60%

WV Medicaid Reimbursement

• 90853 - $18.09 group appointment
• 90834 - $54.54 (32-52 min) individual appt
• 90837 - $82.07 (≥ 52 min)
• 99213 - $35.92 med appointment
Buprenorphine Clinic

- Currently 50 groups/week (medication + psycho-education)
- 4 Pregnancy groups/week ~ 35 patients
- 3 Telemedicine-buprenorphine groups/week
- Average group - 12 patients (Medicare limited to 10 patients)

Buprenorphine Clinic

- Outpatient intakes done by social work faculty, staff, students
- Labs, UDS, +/- review WVBOP at intake
- Review treatment agreement and sign

* buprenorphine/nx given at time of intake if possible

Buprenorphine Clinic

- Each visit consists of:
  - 30 minute medical group
  - 60 minute psycho-educational group
  - random UDS dipstick on site that included buprenorphine (observed if necessary)
  - 12-step meeting list review
- Monthly individual appointment with therapist
  WV Medicaid requirement for 12 months
Buprenorphine Clinic Structure

- Basic Group (weekly) < 90 days clean/sober
  *On average takes 5 ½ months*
- Intermediate (bi-weekly) 90 – 365 days
- Advanced (monthly) 1 year – 3 years
- No Therapy (monthly) -> 3 years

Buprenorphine Clinic Medical Group

- Medication issues including dosage adjustments, side effects, film/tablet etc
- # of days clean
- Results of UDS
- 12-step group progress – AA, NA, Celebrate Recovery, "Bup Group" etc
- Basic psychiatric progress
- No dual diagnosis treatment done

Buprenorphine Clinic Therapy Group

- *Build a sound recovery program*
- Understanding the disease of addiction
- How buprenorphine works to support the process of recovery
Buprenorphine Clinic Therapy Group

- Attendance and experience at 12 step meetings
- Identify triggers for relapse
- Develop and employ relapse prevention strategies
- Develop a supportive social network

Trainees in Buprenorphine Clinic

- Psychiatry residents
- Third year medical students
- Social work/counseling grad students
- Visiting Clinicians

Buprenorphine Clinic Administrative Meeting

- Bi-weekly 30 minute meeting of physicians, therapists, case managers and medical assistants
- Discuss current clinic issues, problems, etc
- Builds consistency and cohesion within the clinical treatment team.
Summary

• Medical and psychoeducational groups are tied together
• Active use of 12-step and community support groups
• Clinically efficient and cost effective way of engaging a larger number of patients in treatment
• Multi-disciplinary training

Questions?