

FIGHTING THE OPIOID EPIDEMIC- ONE PRACTICE CAN MAKE A DIFFERENCE IN YOUR COMMUNITY.

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PATIENT FIRST MEDICAL CLINIC

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BACKGROUND OF PFMC

- Opened a primary care clinic in 9/2016
- Focused on adolescent and general primary care
- Prior to opening my clinic, I was an employee for a large hospitalist group
- One of my duties in the hospital was to assess patients who presented with opioid addiction or pain seeking behaviors
- I Became certified in 2016 thru the DATA 2000 waiver for medication assisted treatment of opioid use disorders

PFMC EARLY DAYS

- As the clinic opened, I slowly realized the opioid epidemic that was affecting the local community
- Patients came in daily either seeking opioids or wanting help getting off opioids
- Patients regularly asked questions about family members who were suffering from an opioid addiction and if there is anything I could do or refer them to

BARRIERS EARLY ON

- Stigma- Cultural Stigma and Stigma within the Medical Community to Treat SUD patients
- Patients are reluctant to open up to their doctors about their problem, also afraid of the stigma from the community when admitting an addiction
- Lack of training for providers on how to treat opioid addiction/dependency and also credible resources available for patients other than what they hear on the “streets”

BARRIERS EARLY ON

- Lack of Medical Providers willing to treat SUD patients, worried other patients/staff might not be tolerant of SUD patients in the clinic
- Lack of Training in Residency Programs, Medical School etc
- Need for Payers to address payments for the extra time it takes to properly manage and coordinate treatment for patients with SUD

EARLY ON

- After these challenges were overcome in my world, I realized I could help make a difference
- I Met with local organizations that were already battling the epidemic such as SAFE coalition, to see how I could help
- I attended dinners set up by other physicians that educated PCPs how they can treat for addiction in a successful manner in the clinic (MATs)

MEDICATION ASSISTED TREATMENT OPTIONS

- VIVITROL- Non-narcotic injectable antagonist. No need for special license – Dr's and Midlevel providers can prescribe, no patient limits, etc..
- BUPRENORPHINE, stabilizing medications – Schedule 3, DEA data 2000 Waiver req'd with special training, patient limits given to providers, 1st year 30 patients per month, 2nd year 100 patients per month, etc....
- Inpatient Detox- some patients refuse rehab or hospital to detox when choosing to get clean due to time constraints (employment or family obligations)
- Many comfort medications available for physicians to help patients go thru the detox stage at home

TREATMENT DOESN'T JUST MEAN MEDICATIONS

- Along with medications to help for SUD, psychotherapy is crucial, such as NA, AA meetings. Certain health insurances require a patient to undergo psychotherapy of some type or medication may not be approved
- In my clinic, I found a decrease of Medicaid participating psychotherapists available, I teamed up with a local psychotherapist who accepted Medicaid to see patients in house weekly
- Patients significantly improved in mood and comfort in speaking thru their problems with the therapist

WHY OFFER MULTIPLE TREATMENT OPTIONS

- Patients addicted to opioids need different options, assess where they are??
- Are they in need of a stabilizing medication first? such as buprenorphine
- Do they feel they can start with IM Naltrexone (Vivitrol)
- Keep patients involved in their decision making, they're ultimately more motivated to stay clean
- Short follow up visits- weekly to biweekly at first to keep on track


CASE STUDY

- Nurse suffering from opioid addiction due to back pain and was started on opioids by her PCP for 10 years, she did not realize she was dependent on opioids until her PCP retired and was forced to discontinue her meds.
- Referred to me by her new PCP, I switched her to buprenorphine and she was maintained on that for a year. Once comfortable, she was weaned off buprenorphine, and is currently on vivitrol injections monthly.
- back pain is managed via physical therapy, and non opioid type medications.

A True success story

STAFF IN CLINIC

- Physician assistant who works with me who now has undergone CME on opioid addiction and obtained his DEA buprenorphine waiver and also is skilled in treating with VIVITROL as well.
- This added expertise allows for me to utilize more of my clinic time to treat more patients



*THERE NEEDS TO BE A CALL TO ACTION FOR
OTHER PHYSICIANS, NP'S AND PA'S TO GET
EDUCATED AND OFFER TREATMENT
OPTIONS FOR PATIENTS. JUST AS WE TREAT
DIABETES, HYPERTENSION, AND OTHER
CHRONIC DISEASES; OPIOID ADDICTION IS
ONE WE ALL MUST FIGHT*

WHERE TO GO FOR HELP

- If you are a patient, family member, or physician who wants to locate a provider to offer Medication assisted treatment easy to find
- Provider locator is available online, just put in your location and a list of providers will be given
- Also can look for local Mental health authorities, such as DWMHA
- Also look for physicians who specialize in Addiction medicine
- SAMSHA website also available to help locate providers who can help with addiction medicine