The Baltimore Buprenorphine Initiative

Second Interim Progress Report

Baltimore Substance Abuse Systems, Inc.

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II. INTRODUCTION

Heroin addiction remains a major public health challenge for the city of Baltimore. To expand access to effective treatment for addiction to heroin and other opioids, Baltimore Substance Abuse Systems, Inc., Baltimore HealthCare Access, Inc., and the Baltimore City Health Department implemented the Baltimore Buprenorphine Initiative (BBI) in October of 2006. The following

report updates the status of the initiative. It is the second interim report; the first was released in July 2007.

III. BRIEF PROGRAM OVERVIEW

Buprenorphine is a safe and effective medication for the treatment of opioid addiction. Because of its unique pharmacological properties, buprenorphine is unlikely to cause overdose by itself and antagonizes the effects of other opiates, such as heroin and methadone. As a result of its favorable safety profile, under United States law, buprenorphine can be prescribed by licensed physicians, including primary care physicians, who have completed an 8-hour training course and received approval from the federal Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration. To further increase its safety profile, the vast majority of buprenorphine medication prescribed for addiction treatment in the United States includes the opioid antagonist naloxone, which reduces the abuse potential of buprenorphine. This combination medication of buprenorphine and naloxone is called Suboxone.

The Baltimore Buprenorphine Initiative seeks to expand access for Baltimore City residents addicted to heroin and other opioids to individualized addiction treatment with buprenorphine and counseling.

The BBI offers buprenorphine in the combination tablet form that includes both buprenorphine and naloxone. The combination tablet is offered because naloxone, a potent opioid antagonist, will reduce the diversion potential of the medicine since it induces acute opioid withdrawal if injected by an individual addicted to heroin or other opioids. Buprenorphine itself is effective in reducing or eliminating heroin use by eliminating drug craving and importantly by blocking or dulling the euphoric effect of opioids ingested while taking prescribed buprenorphine. The term buprenorphine medication as used throughout the remainder of this report will refer only to the combination tablet medication that includes both buprenorphine and naloxone.

From the patient's perspective, the program has three steps. After calling for help, the patient enters the substance abuse treatment system through a publicly funded treatment program. While in the treatment program, the patient is inducted on buprenorphine under direct observation while also receiving intensive or standard outpatient counseling as clinically indicated.

Each patient has an assigned treatment advocate from Baltimore HealthCare Access, Inc. who helps the patient enroll into a public health benefit program for which the patient qualifies. Most patients are eligible for Maryland's Primary Adult Care Program and some are eligible for other benefit programs such as Medicaid *HealthChoice* or the Kaiser Bridge Program.

Once a patient is deemed clinically ready for transfer (i.e. has discontinued heroin use, has attended counseling regularly, and is able to handle buprenorphine prescriptions responsibly) and has received health benefits, the treatment advocate facilitates a transfer for the patient from the treatment site to a buprenorphine certified continuing care provider, such as a primary care physician or psychiatrist.

Once a patient is transferred to the continuing care provider for continued buprenorphine therapy and medical care, a new uninsured or underinsured patient in need of treatment can receive

buprenorphine in the treatment program. In the meantime, the transferred patient has a new medical home to address their other health care needs.

Each transferred patient has the ability to continue counseling in the substance abuse treatment program for at least an additional three months after transfer. Each patient also receives continued case management for up to six months after transfer.

IV. RECENT PROGRAM ENHANCEMENTS

Since July 2007, the Baltimore Buprenorphine Initiative has expanded in its capacity and has added several new program enhancements and outreach components.

A. Capacity Expansion:

The Baltimore Buprenorphine Initiative has expanded significantly since the publication of the first interim report in July 2007. In January 2008, Maryland's Alcohol and Drug Abuse Administration funded Baltimore City just over $1 million for additional buprenorphine treatment. The following changes were implemented:

- Four additional outpatient treatment programs were added to the existing six participating in the Baltimore Buprenorphine Initiative.
- Three of the existing six treatment programs were expanded in their buprenorphine funding level to increase the number of patients served.
- The treatment program expansion added an additional 180 buprenorphine enhanced outpatient treatment slots, serving an estimated 300 additional patients by the end of FY 2008.

B. Special Populations:

The BBI has initiated several new programs targeting special populations that require specialized services to promote enhanced access to substance abuse treatment. The special populations targeted are those that have a set of service support needs that fall outside the scope of services offered by the core system of care included in the BBI. The new programs targeting these special populations are as follows:

- **Commercial Sex Workers:** The BBI has developed a partnership with Power Inside, a community-based organization that provides outreach and case management services to female commercial sex workers. This special population was targeted due to its high incidence of opioid abuse and its role in the transmission of HIV infection. In this initial collaboration, the BBI has partnered with Power Inside to provide outreach in the street as well as client engagement in the intake unit of the women's penitentiary to identify opioid-addicted commercial sex workers and refer them to buprenorphine treatment. A referral relationship with Partners in Recovery has been established with Power Inside to provide priority access to treatment slots for referred women. The BBI collaboration also includes working with Power Inside to provide support and enhanced resource

referral for women that enter buprenorphine treatment. Through this work, Power Inside is also helping the BBI better understand the unique barriers and challenges to accessing buprenorphine treatment and retention in treatment for this special population.

- **HIV-Infected Patients:** The BBI has established a partnership with the Moore Clinic at Johns Hopkins Health System to provide buprenorphine treatment to opioid addicted patients being treated their clinic. Moore clinic physicians work with a Baltimore HealthCare Access, Inc. treatment advocate to identify patients and facilitate a referral to the Powell Recovery Center for buprenorphine induction, stabilization, as well as outpatient counseling services. Once patients are in the maintenance phase of their buprenorphine treatment, they are referred back to the Moore Clinic to continue buprenorphine care, while also continuing to receive counseling services at the Powell Recovery Center, as necessary. In addition, the BBI has established partnerships with the Evelyn Jordan Center at the University of Maryland Medical System and the HIV clinic at the Baltimore City Health Department to accept transfers from the BBI for continuing care.

- **Poly-addicted Patients:** The BBI treats many patients who respond well to buprenorphine treatment for their opioid addiction but who continue to use other, non-opioid drugs. This concurrent drug use prevents the BBI from transferring such patients to the medical care system for continued care. These patients, who prior to the BBI may not have sought substance abuse treatment or may have dropped out of treatment prematurely, have presented a challenge to the participating treatment providers and Baltimore HealthCare Access, Inc. As one approach to this challenge, the BBI has initiated a partnership with The Baltimore Station, a halfway house for addicted men to provide long term residential treatment services for patients who are on stable doses of buprenorphine and need additional support for their continued other substance use. Currently, the BBI has 10 beds available to this purpose.

- **Patients with Co-Occurring Mental Health Disorders:** Many patients in the BBI suffer from co-occurring mental health disorders in addition to their addiction to opioids. These patients require psychiatric evaluation and ongoing intervention. In order to fully integrate services for these patients and promote continuity of care, the BBI is working with Sinai Hospital's Outpatient Addiction Recovery Program to provide an integrated program, including buprenorphine treatment, substance abuse counseling, and mental health counseling. Patients in Sinai's program who are diagnosed with a co-occurring mental health disorder are provided buprenorphine treatment by a psychiatrist, who also directs the patient's mental health treatment plan. After approximately 90-120 days patients who are stable on buprenorphine receive integrated mental health services and buprenorphine maintenance treatment directed by a Sinai psychiatrist as well as another three months of continued substance abuse counseling. In addition to the pilot program with Sinai, the BBI has been actively recruiting community psychiatrists to become trained and certified to prescribe buprenorphine and accept patients with co-occurring disorders from the BBI treatment centers for continuing care.

- **Needle Exchange Clients:** The BBI initiated a partnership with the Baltimore City Health Department Needle Exchange Program to provide access to buprenorphine

treatment for Needle Exchange Program clients. Clients from the Needle Exchange Program are referred to Total Health Care for buprenorphine treatment. This bridge to treatment serves a dual purpose of reducing HIV transmission.

C. Physician Training and Certification/Hospital Partnerships:

Since July 2007, over 75 additional physicians have signed up for the Baltimore City sponsored physician training course and an additional 25 have received the buprenorphine waiver. Additional health centers and community physicians are now accepting transfers from the BBI for continuing care

The Health Department hosted senior leaders from Baltimore City hospitals to hear a presentation on the BBI and to learn how participating in the BBI can represent community benefit. Follow-up letters detailing recommended opportunities to partner with the BBI were sent to hospital CEOs and individual action plans are currently being developed with several new hospitals that have not actively worked with the BBI thus far.

D. Baltimore HealthCare Access Capacity Expansion:

In coordination with the expansion of treatment capacity in January 2008, Baltimore HealthCare Access, Inc. hired one treatment advocate and is in the process of recruiting one additional treatment advocate. These two additional new hires will bring the Baltimore HealthCare Access, Inc. treatment advocate staff to four. These staff coordinate applications for health insurance and the transfer from the substance abuse treatment system to the medical system.

E. Counseling Verification and Coordination of Care Systems:

Counseling and treatment verification forms have been implemented so that continuing care providers have a mechanism to verify and check whether patients continue to receive counseling services. These forms also enable the continuing care providers to recommend the client re-engage in outpatient counseling services if they have not continued these services post-transfer.

F. Oversight and Quality Assurance:

Baltimore Substance Abuse Systems, Inc. has hired a consultant to implement a quality improvement initiative within the Baltimore Buprenorphine Initiative. The goal of the initiative is to create a coordinated system of care with evidenced based practices and protocols to track key indicators of quality across the BBI. A set of clinical guidelines, protocols, policies and procedures to guide the clinical care in BBI sites and a plan for education and training is being developed for implementation in summer, 2008. A quality improvement plan is being developed that identifies a core group of indicators of quality that all BBI providers will need to track and measure. A physician consultant with experience in buprenorphine treatment has been hired to assist clinical protocol review and to consult with BBI medical providers on evidence-based care.

G. Advancing Recovery Grant:

In February 2008, Baltimore Substance Abuse Systems, Inc. was awarded a two year grant from the Robert Wood Johnson Foundation to become one of six new sites participating in the

Foundation's Advancing Recovery initiative. The Advancing Recovery program supports the application of continuous quality improvement methods for substance abuse treatment programs that are promoting the use of evidence-based medication assisted treatment, such as buprenorphine therapy. The project team is working on implementing process improvement changes at the provider and system levels.

V. DIVERSION

Reducing diversion of prescription medication, including buprenorphine, is an important issue that reaches beyond the BBI. Some degree of diversion occurs with any medication that has addictive potential. In the case of buprenorphine, diversion is likely to be less damaging to public health than diversion of other opioid drugs that are more prone to abuse for euphoria and more likely to cause overdose. There is significant overlap between important steps for clinical quality and diversion reduction; the focus of the BBI has been to implement diversion control as part of an overall quality improvement effort.

Baltimore Substance Abuse Systems, Inc. is aware of reports of diversion of buprenorphine. According to treatment providers in the BBI, buprenorphine sold on the street is primarily being used to minimize withdrawal symptoms from opioids or for self-detoxification from heroin. Expanding access to substance abuse treatment would help reduce such diversion.

Data on diversion are limited and come from several sources. In April of 2008, the *Baltimore Sun* reported that 182 buprenorphine seizures were handled by the Baltimore City's police lab in 2007[1]. The seized buprenorphine may have been diverted or appropriately prescribed. By comparison, a combined total of 22,000 heroin and cocaine seizures were handled by the lab in 2007[2].

The Health Department reviewed data from the Office of the Chief Medical Examiner and found no fatal overdose associated with buprenorphine alone in Baltimore through the end of 2007. There was one overdose death associated with the combination of buprenorphine, cocaine, and methadone.[3] By comparison, there are approximately 150 cases of fatal heroin overdose reported each year. The Medical Examiner does not routinely screen for buprenorphine. Instead, the Medical Examiner will test for buprenorphine based on the history and other circumstances.

Data from Dr. Charles Schuster, a professor at Wayne State University who collects nation-wide data on the diversion of buprenorphine on behalf of the manufacturer of buprenorphine, Reckitt-Benckiser, found that of the 30 Baltimore-based physicians who responded to a survey (representing a response rate of 28%) 10% reported that they were aware of prescription shopping.[4] A total of 67% of the 30 Baltimore physicians reported that they are aware of buying and selling of Suboxone, a percentage higher than the national average.

To maximize the benefits of buprenorphine treatment and to minimize the risks, the Initiative has implemented and widely distributed its Buprenorphine Diversion Prevention Policy. All providers have been notified of the essential steps in place within the Baltimore Buprenorphine Initiative to reduce the likelihood of buprenorphine diversion. The most important steps include, among others: initiating buprenorphine through direct administration of the medication during the initial stages of treatment, consistent urine testing for the presence of opioids as well as

buprenorphine, monitored prescriptions and controlled duration of prescriptions, pill recalls and pill counts, treatment contracts, and availability of continued counseling services.

VI. RESULTS TO DATE

As of June 2008, the following outcomes have been attained through the Baltimore Buprenorphine Initiative.

A. Patient Population:

A total of 1159 patients have been treated in the Baltimore Buprenorphine Initiative.

Patient Vignette
When the male patient in his mid fifties entered a buprenorphine treatment program in late 2006, he had been using heroin for over ten years and had lost touch with family and friends. By February of 2007, the patient transferred to a primary care provider to continue buprenorphine maintenance. Although there have been difficult times since, the patient has continued with his primary care doctor and has since gained employment through one of the local universities. In the spring of 2008, went shopping with his daughter for her prom dress. He'll explain that Suboxone has made it all possible for him and he's most thankful he was able to rebuild the relationships with his children.

B. Retention in Treatment:

Table 1 shows the 90 day retention rates by program. These rates fall below the benchmark of 65% set by Baltimore Substance Abuse Systems, Inc. There is significant variability by program.

The overall 90-day retention measured from October 2006 until December 2007 was 52%[1].

Table 1: 90 Day Treatment Retention Rates by Program

Date Range	90 Day Retention Rate					
	Program A	Program B	Program C	Program D	Program E	Program F
9/1/06 – 12/31/06	20%	59%	53%	87%	67%	50%
1/1/07 – 3/31/07	23%	19%	56%	67%	80%	60%
4/1/07 – 6/30/07	18%	13%	41%	85%	67%	38%
7/1/07 – 9/30/07	23%	36%	46%	33%	51%	44%
10/1/07 – 12/31/07	34%	60%	68%	31%	54%	20%
Overall (2006 -12/07)	25%	36%	52%	61%	64%	42%

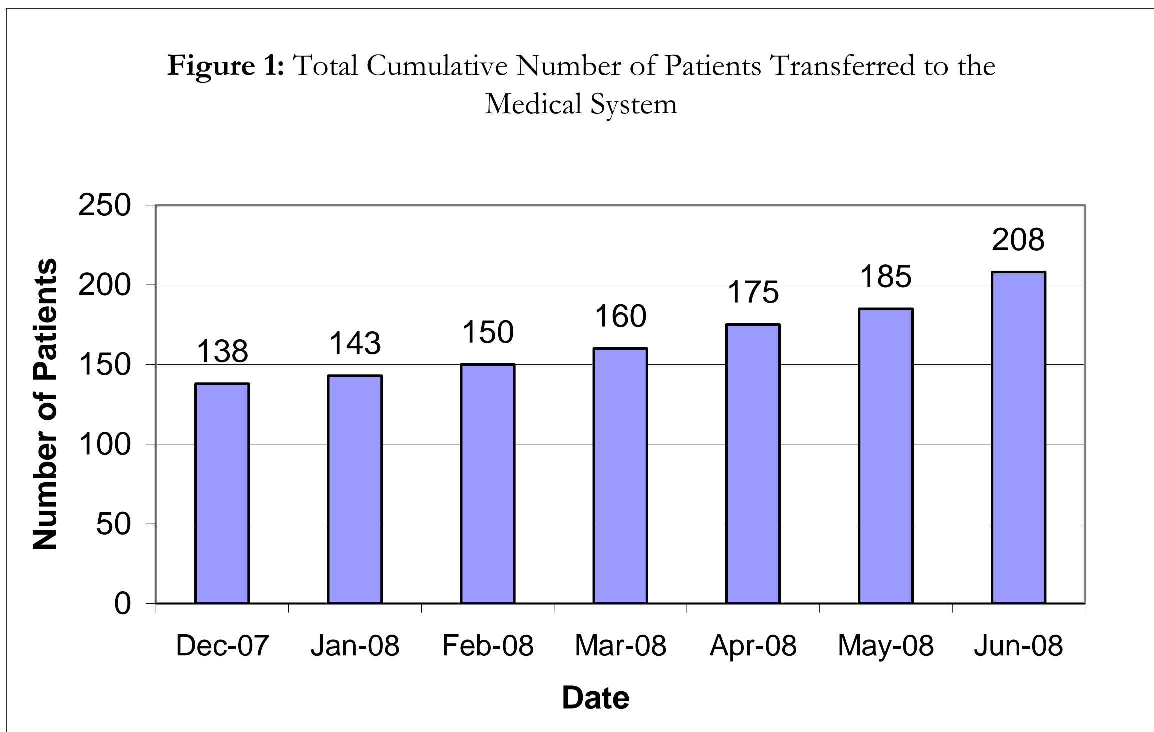
[1] The overall retention rate represents the 90 day retention rate of all clients. Programs vary in the number of patients treated with buprenorphine.

Patient Vignette
A male patient in his mid thirties who had been an IV drug user since he was a teenager sought buprenorphine treatment. His family had continued to support him throughout his previous treatment episodes but it was not until he began buprenorphine that his sister, whom he lived with, phoned a BBI treatment advocate to express her gratitude at how well her brother was recovering. With continued support from his family and a primary care physician office that provided on-site counseling, he was able to secure a job with the City of Baltimore and obtain private insurance. He has been drug free since May 2007.

C. Transfer Process:

As Figure 1 depicts, a total of 208 patients have been transferred from the substance abuse treatment programs to a continuing care provider in the medical system. All 208 patients met the criteria for transfer, meaning that all of them had health benefits, had consecutive opioid negative urine screens, showed through urine tests and pill counts that they are taking their buprenorphine, and were otherwise stable. The following chart shows how many patients have transferred to the medical system over the last 6 months.

Figure 1: Total Cumulative Number of Patients Transferred to the Medical System



Of the 208 patients who have been transferred, 77, or 37%, continue to receive case management services from Baltimore HealthCare Access Inc. while 86, or 41%, have been successfully in the medical system for over six months and are no longer being case managed (Figure 2). Forty-five patients, or 22%, dropped out of medical care within the first six months of being transferred. The drop out rate from the medical system translates into one patient dropping out for every 22 person months spent in the medical system.

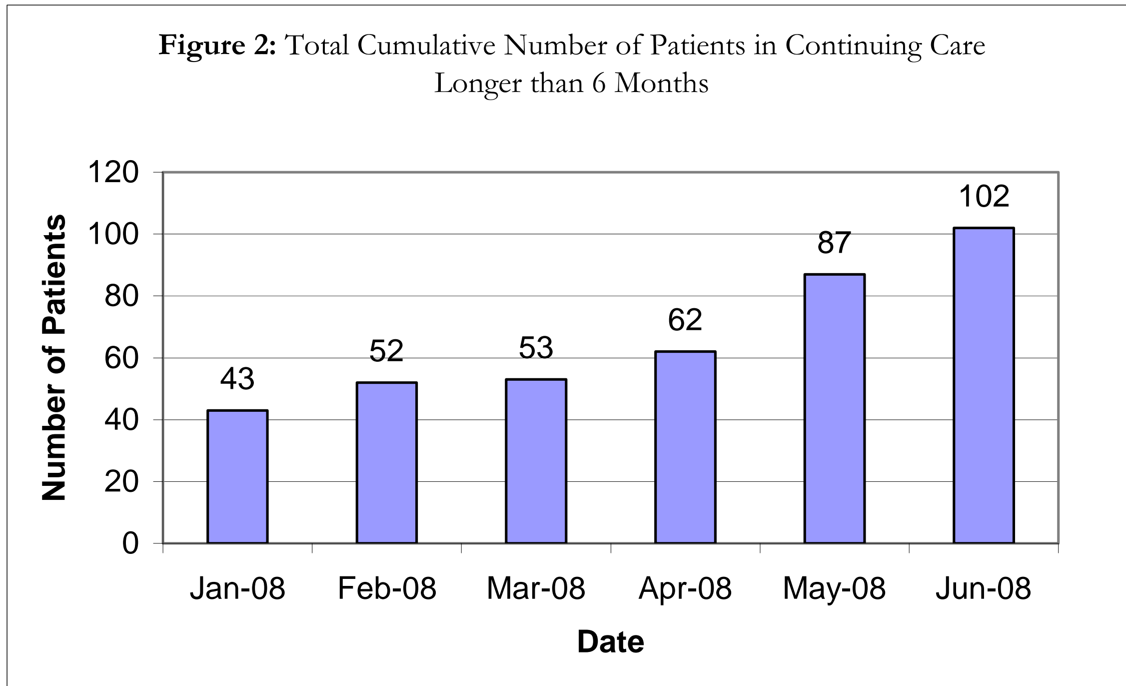


Figure 2: Total Cumulative Number of Patients in Continuing Care Longer than 6 Months

D. Buprenorphine Treatment in the Medical System and Continuing Care:

One of the goals of the Buprenorphine Initiative is to transfer stable patients who have demonstrated an ability to be responsible for taking buprenorphine with a prescription from the treatment program to a continuing care provider in the community. In order for the BBI to be a success, there must be adequate numbers of community physicians to receive stable patients after the initial treatment phase in the substance abuse clinics. Table 2 shows the participating continuing care physicians as of June 2008.

Table 2: Number of Continuing Care Providers Categorized by Practice Type Participating in the BBI.

Type of Provider	Number of Physicians
Community Health Center	35
HIV Clinic	4
STD Clinic	1
Mental Health Program	1
Residential Treatment	1
Other	3

Patient Vignette
A patient in her early forties who has been using heroin for over 20 years decided to begin buprenorphine treatment at a BBI program. Upon intake, she was identified as suffering from severe hypertension, and was immediately referred to a Community Health Center physician to begin receiving care for the disease. With no insurance, the patient had difficulty filling prescriptions, but worked with her treatment advocate to obtain health benefits. While she continued to see her primary care physician for management of her Hypertension, she was stabilized on buprenorphine at her treatment program and was eventually able to see her primary care physician for buprenorphine maintenance as well. She continues to see her physician and has now also been referred for mental health services. She will tell you that being connected to a primary care site, and having all services available in one place, has been a blessing to her.

VII. ASSESSMENT

The BBI has made significant progress over the last year in increasing the number of patients served and focusing on key improvements in the service delivery model. The number of treatment programs has increased, and more than double the number of doctors now accept patients in transfer. Overall, buprenorphine access is expanding and clinicians are gaining confidence with the new approach to care.

In the last year, the BBI has focused on increasing access to treatment for greater numbers of individuals while placing special emphasis on promoting specialized access to high risk populations. The new initiatives aimed at serving clients impacted by HIV, co-occurring disorders, poly-addiction and long term injection drug use have been implemented successfully and show promise for continued positive outcomes. Attention over the last year on heightening the use of evidence-based protocols by BBI providers through the development of standardized BBI guidelines and a quality improvement plan will continue to facilitate improved outcomes of care.

A number of areas remain important for the BBI's future work:

A. Retention in Treatment:

There is considerable evidence from clinical research and practice that longer stays in drug abuse treatment are associated with better patient outcomes. The patient outcomes include reduced drug use, HIV-risk behaviors, and criminal activity. Despite these findings, there are many drug addicted individuals who prefer a shorter time-limited treatment. Thus, while seeking to individualize care at the patient level, the overall goal of the BBI is to retain patients in longer-term treatment. The benchmark is 65% at 90 days of treatment. Over the last year the 90-day retention rate has fallen from 65% to 52%.

The most likely reason for this decline is patient selection. At the start of the BBI, only individuals who were already in treatment or had waited to receive buprenorphine services were placed in the BBI. Over the last eight months, program capacity has expanded, outreach to difficult-to-treat populations such as commercial sex workers and the dually diagnosed has begun and a much broader group of patients is receiving buprenorphine. Furthermore, although one of the goals of the BBI is to make longer-term treatment available, it is certain that a number of patients entering have no intention of remaining on buprenorphine for more than a few weeks.

Prior to the expansion of the BBI, some individuals waiting for treatment entry would continue using drugs and not enter treatment. Now, with a shorter wait time, patients with less commitment to recovery are starting treatment. Improving access to care with shorter wait times is a key goal. It is important that treatment programs adapt to the challenge of a broader group of patients seeking care.

To address the retention issue, the BBI is conducting a more detailed data analysis of patient level factors contributing to retention to help programs understand the client selection changes and develop strategies to respond. The development of the standardized BBI clinical protocols and implementation of the quality improvement plan will be instrumental in reducing the variation in clinical practice across sites and should improve retention rates.

B. Average Time in Treatment Prior to Transfer to Continuing Care:

The BBI goal is to transfer clients to continuing care when the patient is clinically ready, generally within 90 to120 days. The current average time in treatment prior to transfer to continuing care is 163 days. A number of factors contribute to the delay in transfer. Patients who are poly-addicted or have co-occurring mental health issues do not usually meet transfer criteria and therefore remain in treatment at the BBI treatment site until an appropriate placement can be identified for continuing care.

A number of steps are being taken to address the issues surrounding transfer. As indicated above, the BBI has developed several pilot programs to respond to the special needs of patients that are poly-addicted and/or suffer from co-occurring mental health issues. The new clinical protocols and quality improvement plan that are being implemented address guidelines and recommendations for dealing with non-adherent patients. Additional recruitment of psychiatrists is underway to help support the needs of patients with co-occurring disorders.

C. Use of Evidence-Based Practices:

The clinical sites have increased their adoption of evidence-based practices. Many sites are now starting to use standardized symptom assessment staging tools, patient incentives, clinically indicated medication dosing and management among others. In the interest of providing the best possible patient care, programs that are not able to implement effective programs and policies will be dropped from the effort.

D. Diversion:

Diversion remains an important issue to address and monitor. The BBI is taking specific action by implementing protocols and practices across the service delivery system to reduce

diversion potential and promote the safety of patients. There is not evidence of a significant public health threat from buprenorphine diversion in Baltimore at this time.

E. Health Benefit Access:

The BBI has improved the processing time to assist clients in obtaining health insurance. In July 2007, the processing time was 60 to 75 days and to date it is 20 to 30 days. The state mandate is 45 days. The goal is to obtain health benefits for 75% of clients in treatment for 30 days or more. To date, 83% of clients in treatment over 30 days in the BBI have health benefits. This is an important factor in helping clients meet transfer criteria and being able to receive long term buprenorphine treatment and medical care.

The success of the BBI in obtaining health benefits for patients has led to a system-wide pilot where all callers to Baltimore Substance Abuse Systems, Inc. will be assisted in obtaining health benefits.

VIII. Conclusion

The BBI continues to improve services and expand access to treatment. The initiative shows strong promise for progress as it implements the quality improvement program and clinical guidelines and protocols. With continued support of the Baltimore Substance Abuse, Inc., Baltimore HealthCare Access, Inc., the Baltimore City Health Department, the drug treatment providers, physicians, patients and the community at large, the BBI should grow in scope and effectiveness over the next year.

Plans are moving forward for an independent evaluation of the BBI. The goal of such an evaluation would be to assess how patients are doing at all stages of the process and to identify opportunities for improvement.

IX. Endnotes

1. Donovan D and Schulte F. 'Bupe' Seizures Rise As Treatment Use Grows. *Baltimore Sun.* April 18, 2008. Available at http://www.baltimoresun.com/news/nation/bal-te.md.bupe18apr18,0,1836237.story.

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4. Schuster CR. Personal Communication via fax with Dr. Joshua Sharfstein. May 9, 2008.