

Low Threshold Buprenorphine Care

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(Full) Disclosures

- I'm not an expert, the board will let me know in a couple weeks (hopefully)
- Lectures cause me great discomfort, so I ignore formatting
- I kind of enjoy folding laundry

Ways to deliver buprenorphine care

- OBOT
- OTP
- ED
- Street outreach?
- Telehealth
- Hospital
- Jail
- **Coordination is tough!**

Office-based buprenorphine

- Home induction "only with experienced patients and clinicians"
 - Reduces risk of precipitated withdrawal
- Weekly visits "at least" until "stable" (aka perfect?)
- Often applying new workflows to existing clinic model
- High no-show rate
- Etc, etc, etc
- Many barriers!

What is low threshold?

- Removing barriers
 - Clinician time
 - Office space
 - Support staff
 - Reimbursement
 - Induction logistics
 - Psychosocial care requirements
- Reframing success
 - Retention >> opioid-free

Care Team

- Waivered Provider
- Nurse
- Front Desk Staff
- Peer Support Specialist
- LADC

Philosophy

- Work with ED, but avoid if possible
 - Located on opposite side of West Bank main entrance
- Schedule, but walk-ins encouraged
 - Medical cab rides for scheduled visits
- ANYONE can be seen for initial visit
 - Financial coordinators help arrange MA or change to covered provider
 - Partners identified for 1 week f/u if not changing insurance
- ALL home inductions (with some exceptions)
- Encourage, but don't require psychosocial care
 - Fairview can provide many levels to individualize care

Who would do such a thing??

- Mass General Hospital
 - The Bridge Clinic
 - <https://www.massgeneral.org/substance-use-disorders-initiative>
 - Hospital believes savings d/t improved care >>> cost of care
- New York City
 - Bellevue Hospital - "Public sector low threshold office-based buprenorphine treatment: outcomes at year 7"

The deets

- 485 patients over 7 years
- Median retention 57 weeks
 - 38 weeks for newly-inducted, 110 weeks for transfers
 - Besides age, no factors clearly associated with dropout rates
- NO SAEs
 - 11 patients with precipitated withdrawal
 - 14 patients with prolonged withdrawal
- Mean dose 18mg
- Opiate positive rate of 40%

More food for thought

- "Precipitated withdrawal appears to occur in 5-10% of patients regardless of unobserved or observed induction"
- Recovery coaches and TEXTING improves follow-up rates and retention (but outcomes?)

And how's it going at Fairview?

- Live as of Nov 20
- 7 patients referred
- ED dosing vs. Referral
 - Good data in ED protocols to indicate dosing >> referral
- 1 script written remotely (but not picked up)
- 1 follow-up achieved
 - Immediately admitted for sepsis
- Inability to follow-up with patients via phone
 - Wrong numbers, etc
- Goal to get ED providers waived!

But wait, there's more!

- Starting late Feb/early March, our brick n mortar will open!
- MWF clinic
- Opportunities to provide coordinated care across the system
 - "backup" to PCPs interested in joining the fun
 - Better partnerships with HepC/HIV clinical care
 - Prove concept of Peer Support for potential expansion
 - Seamless outpt transition for discharging patients
 - Support efforts of new inpt team
 - Ripe for telehealth!