

*Integrated Substance Abuse Treatment:*  
Buprenorphine in a Federally Qualified Health  
Center



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# Overview of Family HealthCare Center

- Established as leadership realized our patients were not receiving adequate primary medical care for diseases related to substance use, mental health issues, HIV and AIDS
- Opened its doors in 1996
- Currently classified as a 330 Federally Qualified Health Center (FQHC)

# SSTAR's Primary Health Care Model

As an organization, SSTAR is committed to providing Buprenorphine treatment to our health center patients

# SSTAR's Primary Health Care Model

**SSTAR requires that every physician hired in the health center have or obtain a DEA waiver for Buprenorphine treatment**

In addition, SSTAR has hired:

- Three full time RNs
- Part time program assistant

# SSTAR's Primary Health Care Model

- Promotes Medical Home Model
- Allows substance abuse treatment with increased privacy and confidentiality
- Allows better medical care for substance abuse related diseases
- Safe and convenient in-home use allows more normal routines and higher quality of life
- Integrated treatment will decrease stigma ( hopefully!!)

# SSTAR's Primary Health Care Model

- Patients in our program **MUST** receive their primary health care at Sstar
- Most requests come directly from the patients
- All requests are screened: phone prescreen
- Medical clearance is required before acceptance into the program
- Nursing intake required before induction
- Induction date and time arranged with patient
- UDS must be clear of non-prescription substances day of induction (exception: MJ)

# SSTAR's Primary Health Care Model

- Client attends weekly Relapse Prevention group for 12 weeks and then IF abstinent and adherent may begin monthly group and med visits
- Once long term sobriety established, may be given refills and seen by MD every three months
- Individual counseling is offered and available to all patients.

# Notable Features of Sstar Model

- Collaborative care model

Alford DP, LaBelle CT, Kretsch N, et al. Collaborative Care of Opioid-Addicted Patients in Primary Care using Buprenorphine. Arch Intern Med, Mar 2011; 171(3):425-437.

- On-site induction
- Significant physician involvement
- Regular multi-disciplinary team meetings
- Psychosocial treatment done within Behavioral Health Clinic system
- Harm reduction attitude—efforts made to keep patients in treatment



# How Are We Doing?

## Access:

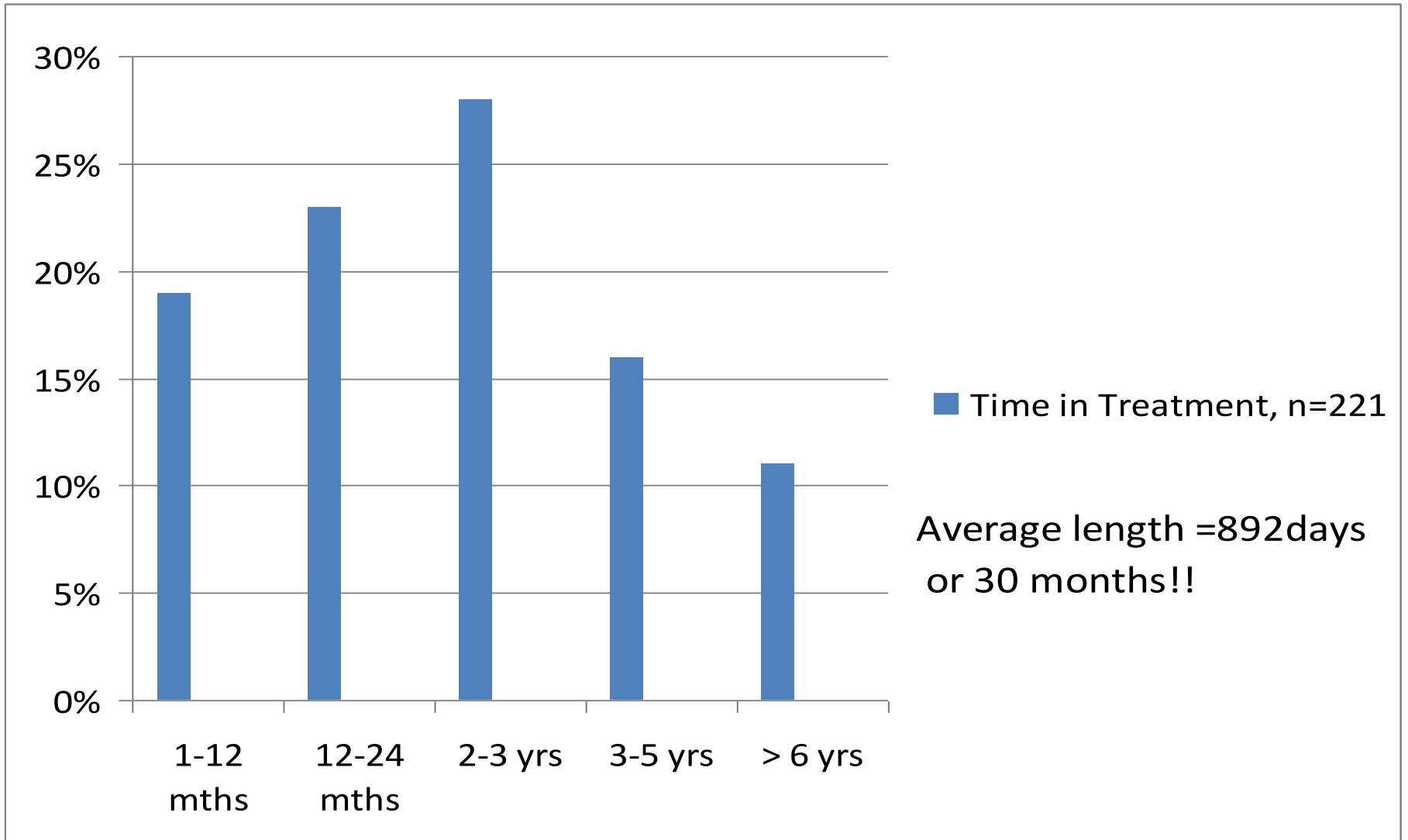
Average wait time between initial contact and enrollment:

State wide- 11.75 days

**Sstar- 3.69 days**

Massachusetts Department of Public Health: Bureau of Substance Abuse Services and HIV/AIDS Bureau. OBOT Admission/Enrollment Profile, 7/1/2011-3/31/2012, p39.

# How Are we Doing?



# How Are We Doing?

- **Total Revenue**                    **\$ 669,581**
- **Total Expenses**                    **\$ 395,037**
  
- **Suplus: HC**                            **\$ 274,544**
- **Surplus BH**                            **\$ 16,689**

# Barriers to Care

- Physician Stigma
- Technology not keeping pace for Integrated Care
- DPH regulatory and licensing bureaucracy
- Managed Care Carve Outs

# Next Steps for SSTAR

- Open a satellite in spring 2012:  
FQHC with a methadone clinic & behavioral health component
- Will be offering training/consultation to FQHC's who would like to incorporate suboxone in primary care- Late Fall 2012

# Presenters

- **Deborah Ekstrom**, President/CEO, Community Healthlink
- **Craig Wiener**, Ed.D, Clinical Director, Family Health Center of Worcester
  
- **Charles Faris**, President/CEO, Spectrum Health Systems
- **Leah Gallivan**, COO, Edward M. Kennedy Health Center
  
- **Harry Shulman**, President/CEO, South Shore Mental Health
- **Cynthia Sierra**, Senior Director of Public Policy, Public Affairs, Program Development at Manet Community Health Center
  
- **Katherine Wilson**, President/CEO, Behavioral Health Network
- **Jay Breines**, Executive Director, Holyoke Health Center