New Initiatives to Expand Access to Pharmacotherapy for Opioid Use Disorder in NYC

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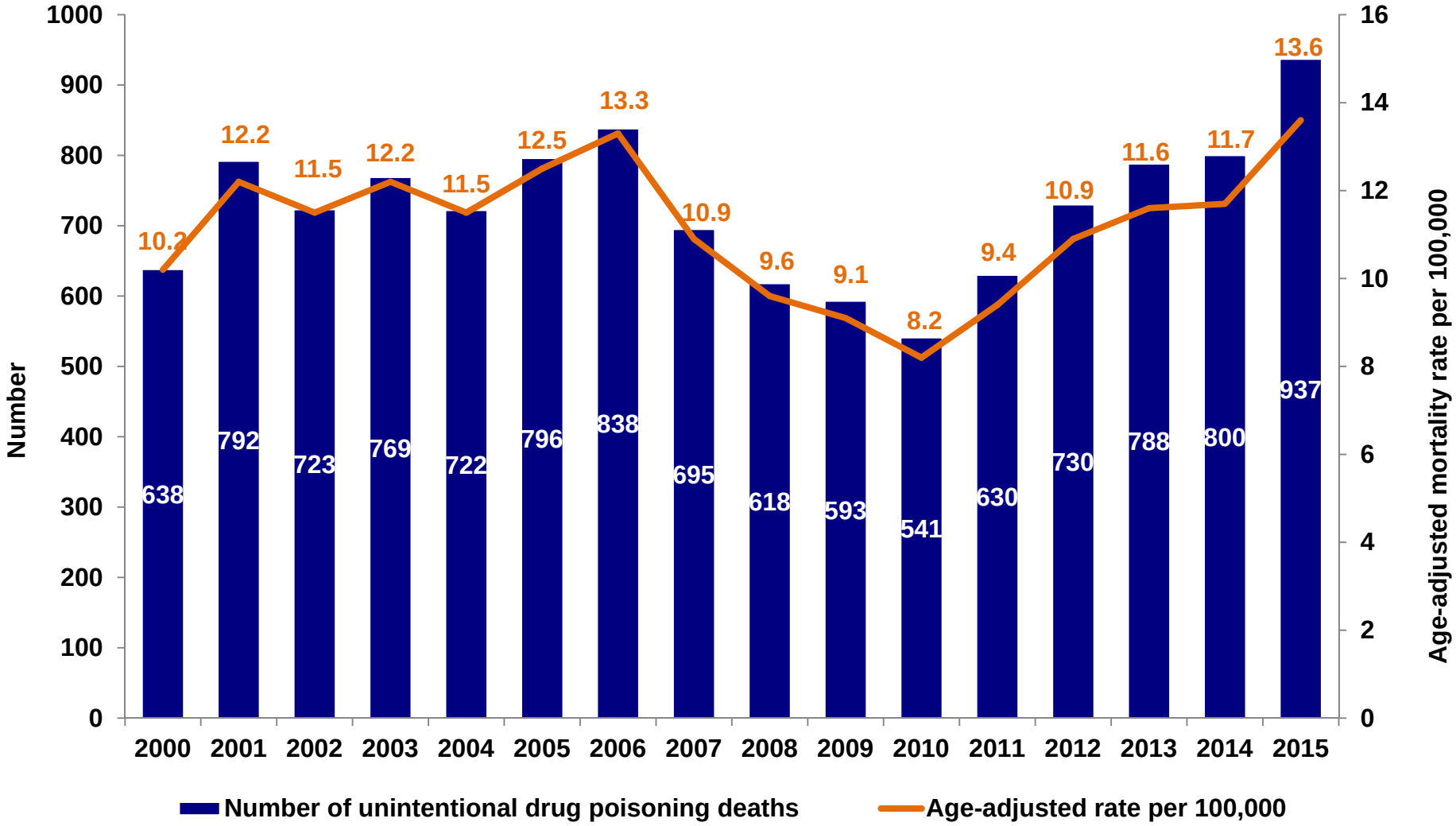
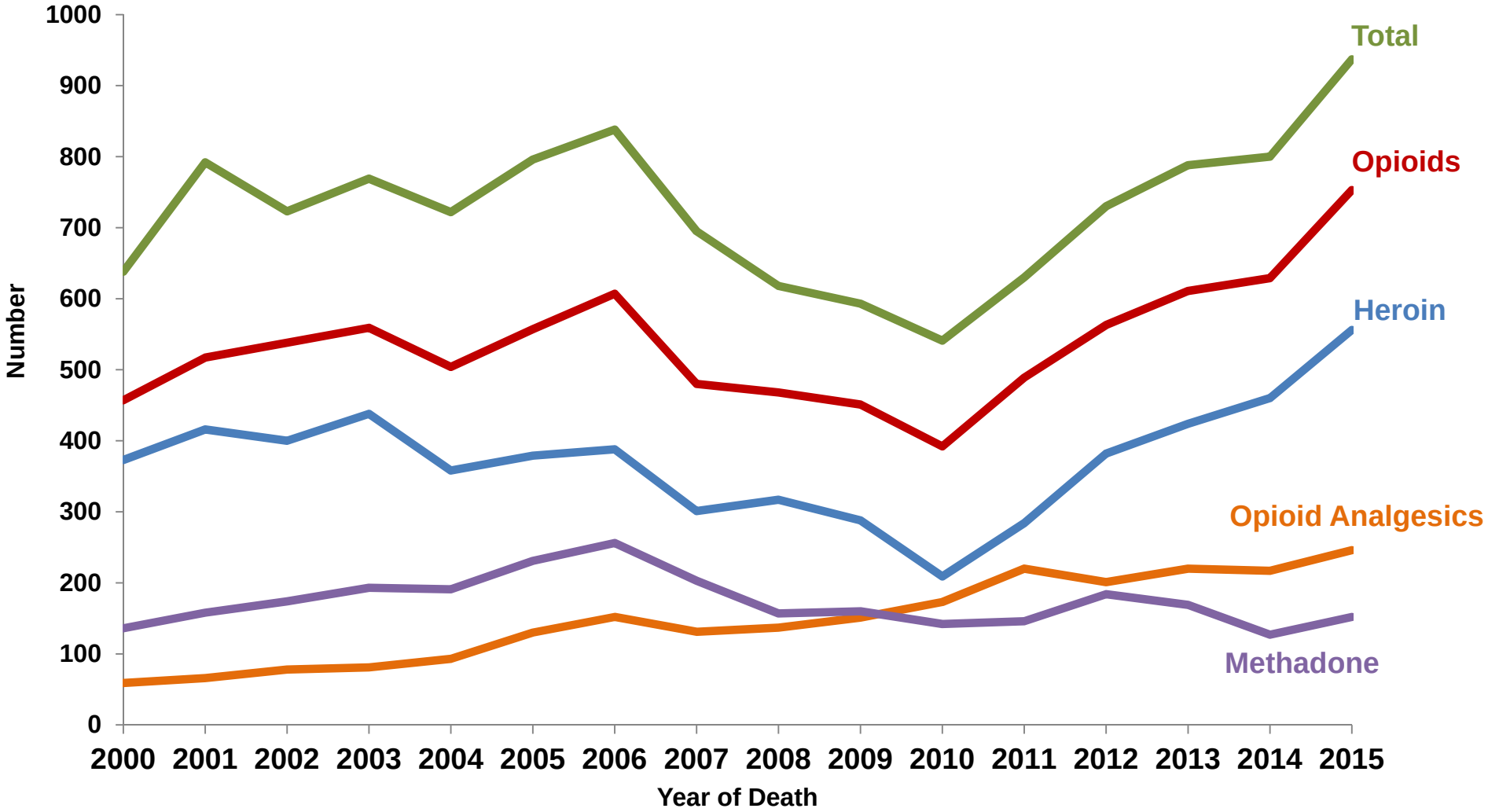
Unintentional drug poisoning deaths, NYC, 2000-2015*



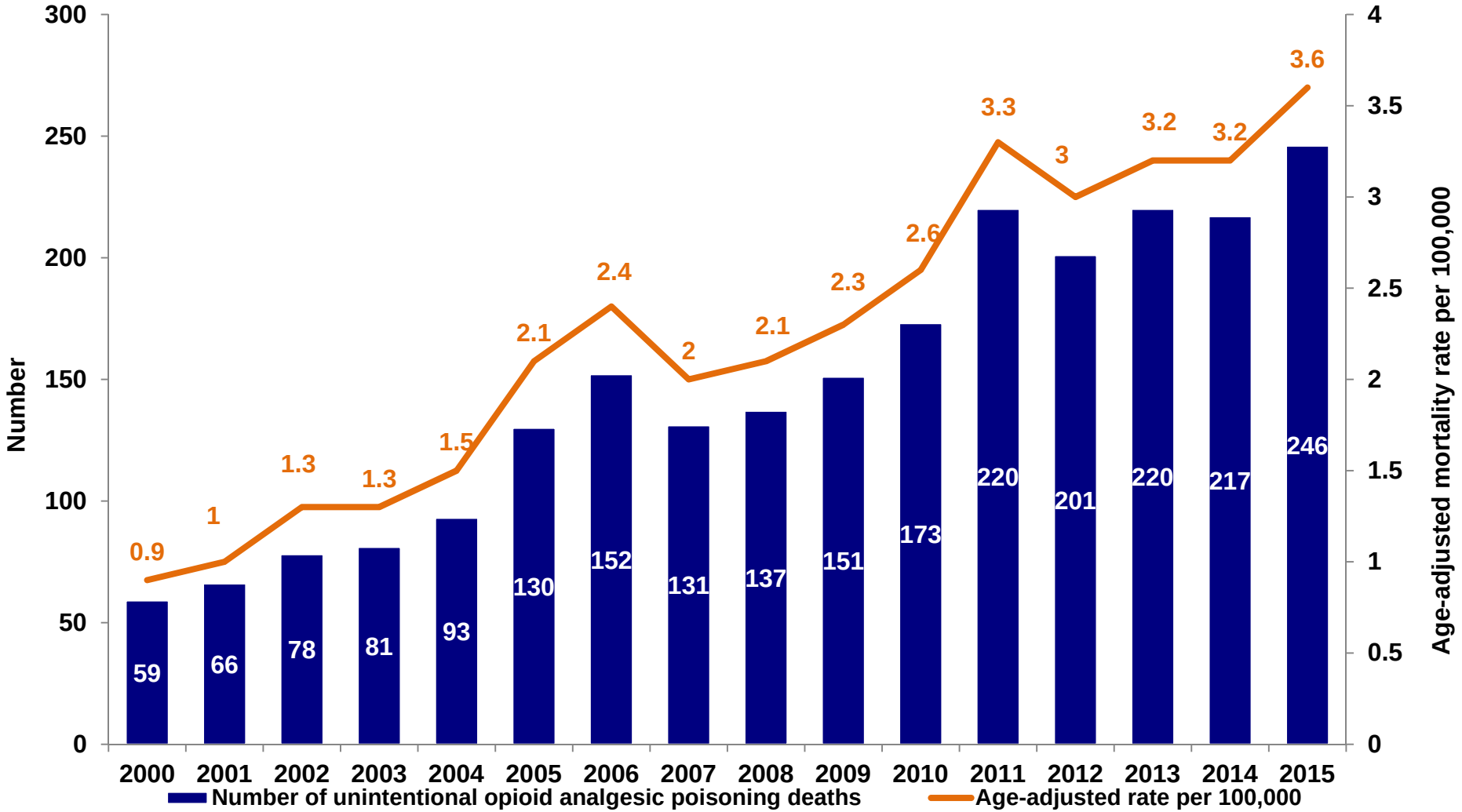
Source: New York City Office of the Chief Medical Examiner &
*New York City Department of Health and Mental Hygiene 2000-2015**
*Data for 2015 are preliminary and subject to change.

Opioids were involved in 80% of unintentional drug poisoning deaths, 2015*



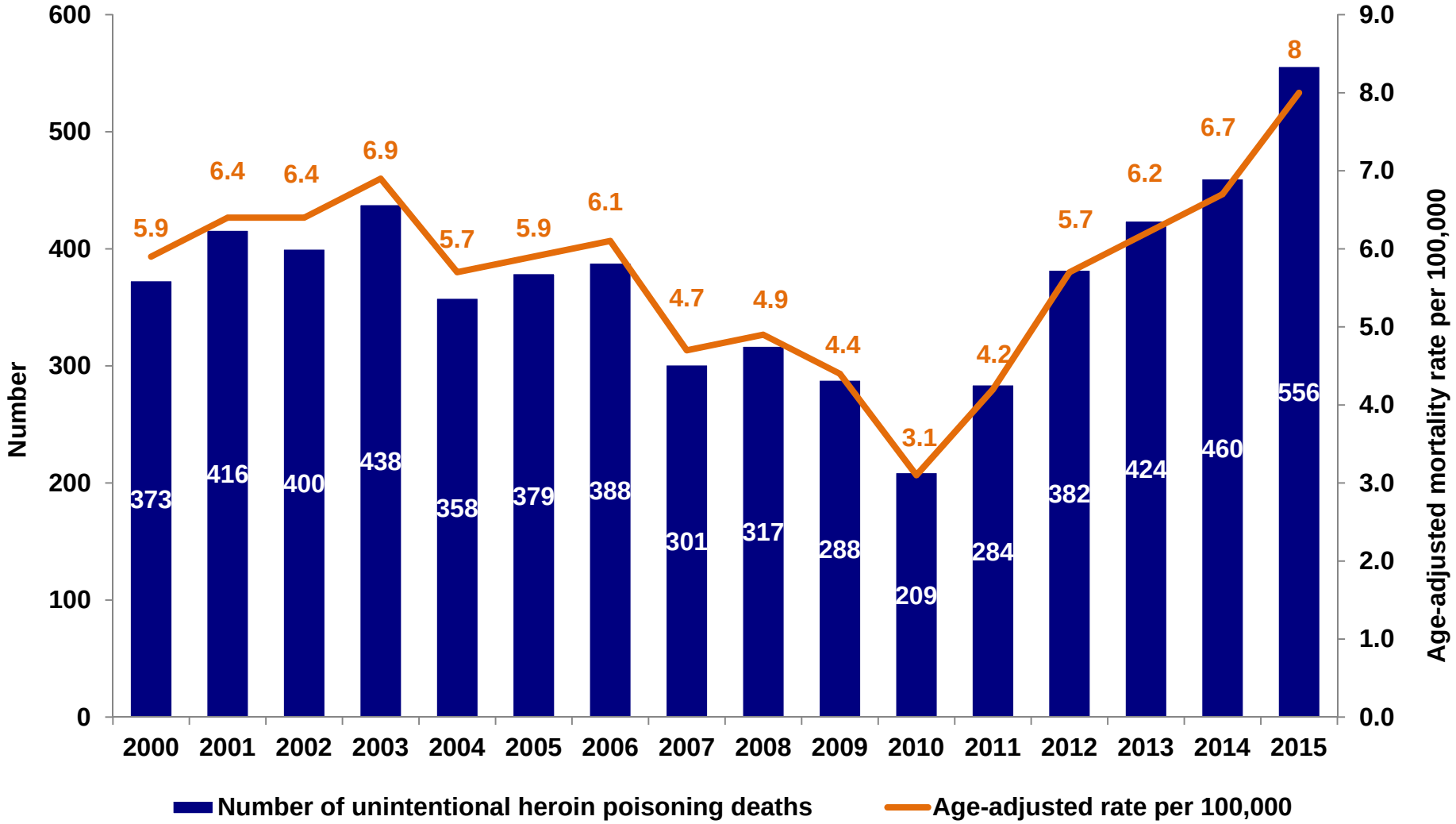
Source: New York City Office of the Chief Medical Examiner &
*New York City Department of Health and Mental Hygiene 2000-2015**
*Data for 2015 are preliminary and subject to change.

Unintentional opioid analgesic poisoning deaths increased 300% from 2000 to 2015*



Source: New York City Office of the Chief Medical Examiner &
*New York City Department of Health and Mental Hygiene 2000-2015**
*Data for 2015 are preliminary and subject to change.

Unintentional heroin poisoning deaths increased 158% from 2010 to 2015*



Source: New York City Office of the Chief Medical Examiner &
*New York City Department of Health and Mental Hygiene 2000-2015**
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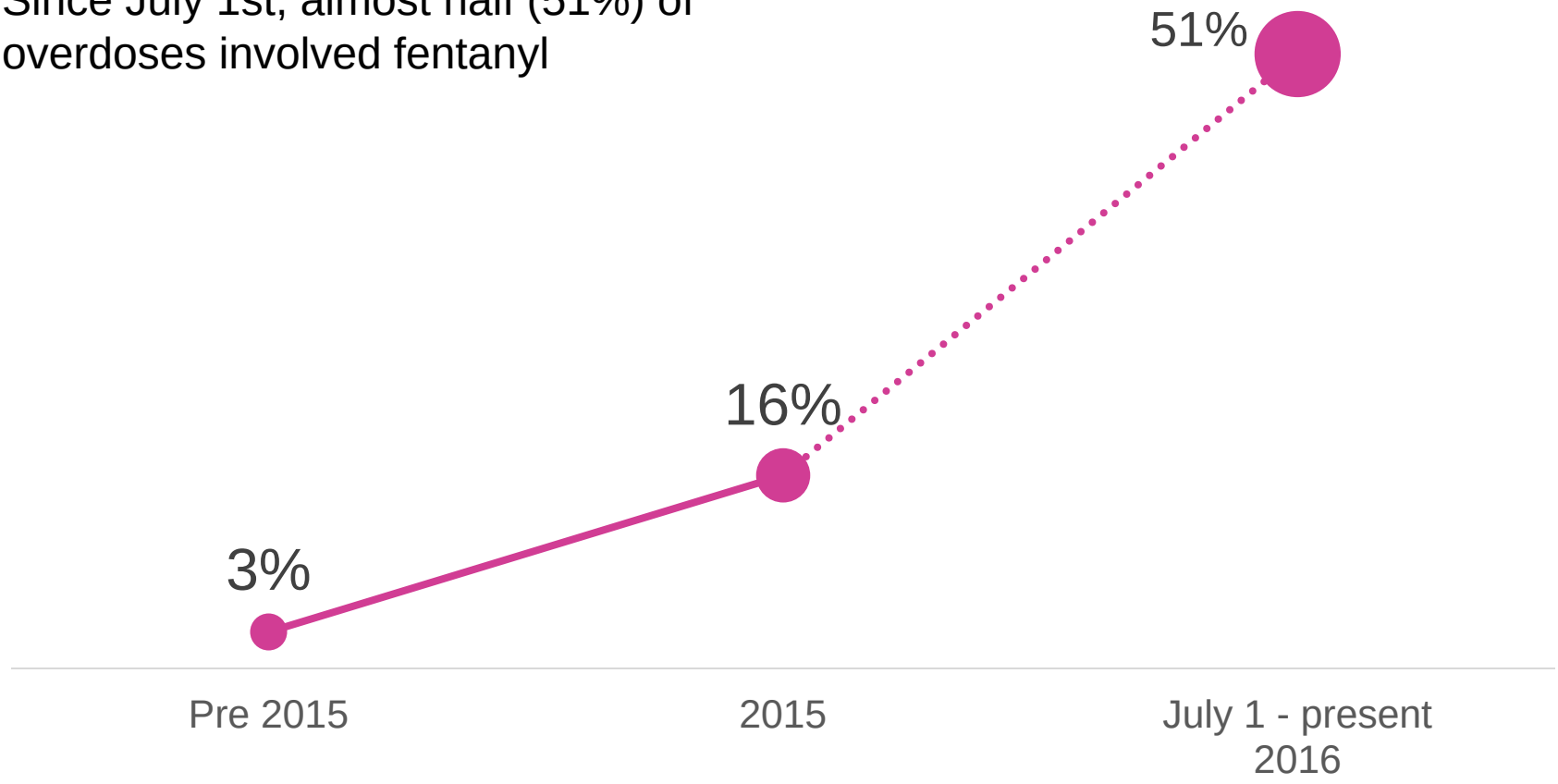
Increased presence of fentanyl in overdose deaths

Since July 1st, almost half (51%) of overdoses involved fentanyl



Source: NYC Office of the Chief Medical Examiner & NYC DOHMH Bureau of Vital Statistics
Data from 2016 is provisional and as of October 11th, 2016 Not for distribution

WATCH OUT:

FENTANYL IS IN NYC

Fentanyl is a dangerous opioid that's showing up in heroin, cocaine and pills marked as Xanax®

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Overall approach to addressing opioid misuse and overdose in NYC

- Judicious opioid prescribing
  - Guidelines; prescriber detailing
- Access to treatment for addiction
  - Treatment is effective, particularly with medications for addiction treatment (MAT)
- Expand access to naloxone (opioid antagonist)
  - Distribution to registered opioid overdose prevention programs; pharmacy standing order; clinical guidelines for primary care
- Public education
  - Television ads; printed materials; data briefs

Access to pharmacotherapy in NYC

- Methadone
  - 30,000 patients in care
  - No waiting list
  - Flexible patient caps
- Buprenorphine
  - Underutilized
  - Too few trained; too few trained prescribe
- Long-acting injectable naltrexone
  - Underutilized

Patterns of buprenorphine prescribing in NYC, 2015

Metric	N
Number of prescribers	2,141
Number of patients with at least 1 prescription	13,285
Number of patients with 12 months of prescriptions	1,752

Source: New York State Department of Health, Bureau of Narcotic Enforcement, Prescription Monitoring Program, 2015

Training alone is not sufficient

- About half of physicians who receive buprenorphine waiver training are prescribing

- Most physicians treating many fewer patients than limits allow
  - 7 state sample (including NYS): median monthly patient census = 13

Sources:
Jones, Christopher M., et al. National and state treatment need and capacity for opioid agonist medication-assisted treatment. *AJPH, 2015*
Stein, Bradley D., et al. Physician capacity to treat opioid use disorder with buprenorphine-assisted treatment. *JAMA*, 2016

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Barriers to buprenorphine prescribing

- Insufficient access to more experienced prescribers (mentorship)
- Insufficient nursing/office support
- Lack of institutional support
- Lack of specialty back-up
- Lack of confidence in managing opioid use disorder
- Time constraints
- Payment issues

Sources:
Hutchinson, Eliza, et al. Barriers to primary care physicians prescribing buprenorphine. *The Annals of Family Medicine, 2014*
Walley, Alexander Y., et al. Office-based management of opioid dependence with buprenorphine: clinical practices and barriers. *Journal of General Internal Medicine, 2008*

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Massachusetts Nurse Care Manager model

- Program design:
  - Collaborative Care Model for delivery of agonist therapy
  - RNs evaluate and monitor of patients
  - Addresses barriers to office-based buprenorphine treatment

- Impact on access:
  - Number of waivered physicians at 14 community health centers increased from 24 to 114 within 3 years

- Impact on health:
  - Annual number new patients increased 178 to 1,210 (2007-2012)
  - Treatment retention 49% at 12 months
  - Decreased hospital admissions and ED visits

Sources:

LaBelle, Colleen T., et al. Office-based opioid treatment with buprenorphine (OBOT-B): Statewide implementation of the Massachusetts collaborative care model in community health centers. *Journal of Substance Abuse Treatment*, 2016.
LaBelle, Colleen T. Massachusetts Model 2016 presentation (data used with permission by personal communication)

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Project ECHO opioid use disorder

- Program Design
  - Integrated Addictions and Psychiatry (IAP) TeleECHO, based at University of New Mexico, operating since 2005
  - Uses videoconferencing to connect primary care providers (PCPs) with expert specialists for case-based learning, training, and mentorship
  - Supports PCP evaluation and treatment of SUDs and behavioral health disorders
  - Also recruits PCPs to participate in buprenorphine waiver trainings
- Program Impact:
  - Number of buprenorphine-waivered physicians in New Mexico (NM) increased from 35 to 375 from 2006-2016
  - NM growth in waivered physicians exceeds other traditionally underserved areas in US since initiation of IAP TeleECHO

Sources:
Arora, Sanjeev, et al. "Expanding access to hepatitis C virus treatment—Extension for Community Healthcare Outcomes (ECHO) project: disruptive innovation in specialty care." *Hepatology* 52.3 (2010): 1124-1133
Komaromy, Miriam, et al. "Project ECHO (Extension for Community Healthcare Outcomes): a new model for educating primary care providers about treatment of substance use disorders." Substance abuse 37.1 (2016): 20-24.

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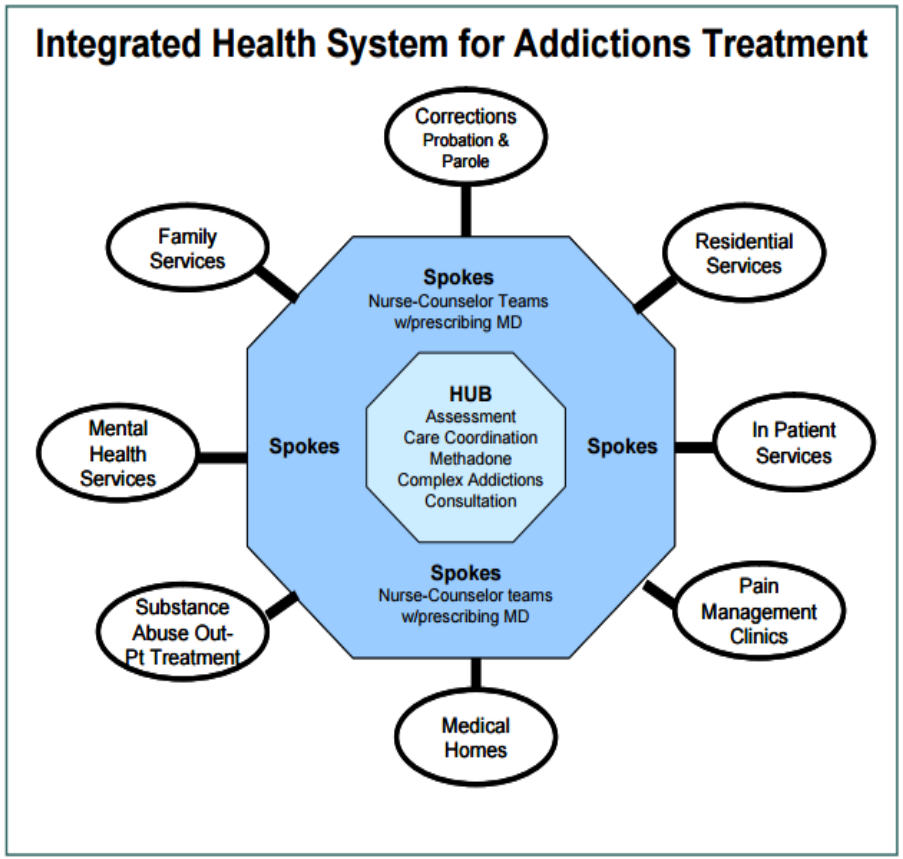
Vermont's Hub and Spoke

- Program Design:
  - MAT delivered in a network of community practices and specialized treatment centers across Vermont
  - OTPs -"Hubs", office-based physicians -"Spokes"
  - Level of intervention and supervision is adapted to needs of the individual
- Program impact:
  - More people in treatment
  - Fewer waiting for treatment



Sources:
Simpatico, Thomas A. Vermont responds to its opioid crisis. *Preventive Medicine, 2015*
Vermont Department of Health, Opioid Use Disorder Treatment Census and Wait List as of December 2016
http://healthvermont.gov/sites/default/files/documents/2017/01/ADAP_OpioidUseDisorderTreatmentCensusandWaitList.pdf
Graphic is available at: http://atforum.com/2016/10/vermonts-hub-spoke-system-model-otps/

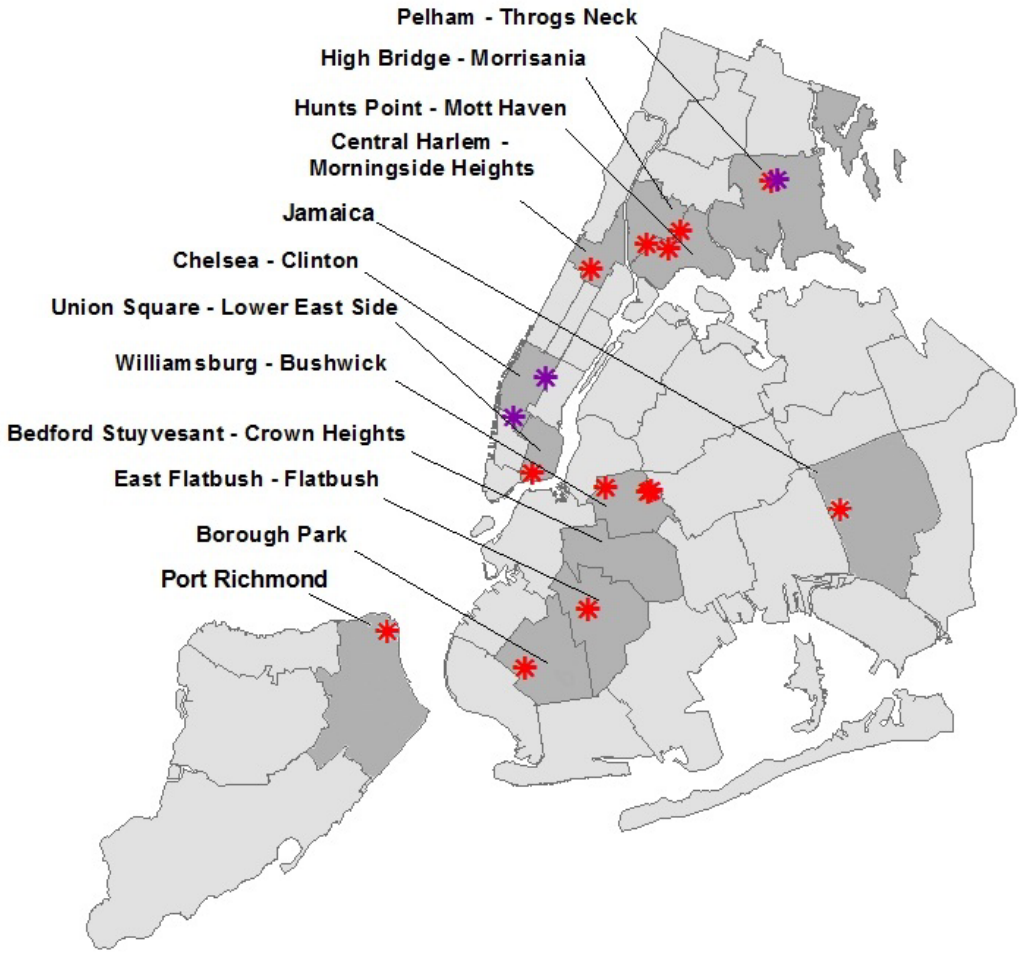
NYC approach to increasing access to buprenorphine

- Buprenorphine advisory group
- Learn from previous success/challenges, nationally and locally
- New initiatives to expand access in primary care
- New adolescent treatment programs
- Target clinicians early in their training
- Support national and local policy
- Up-to-date materials for providers and patients

New initiatives to increase access

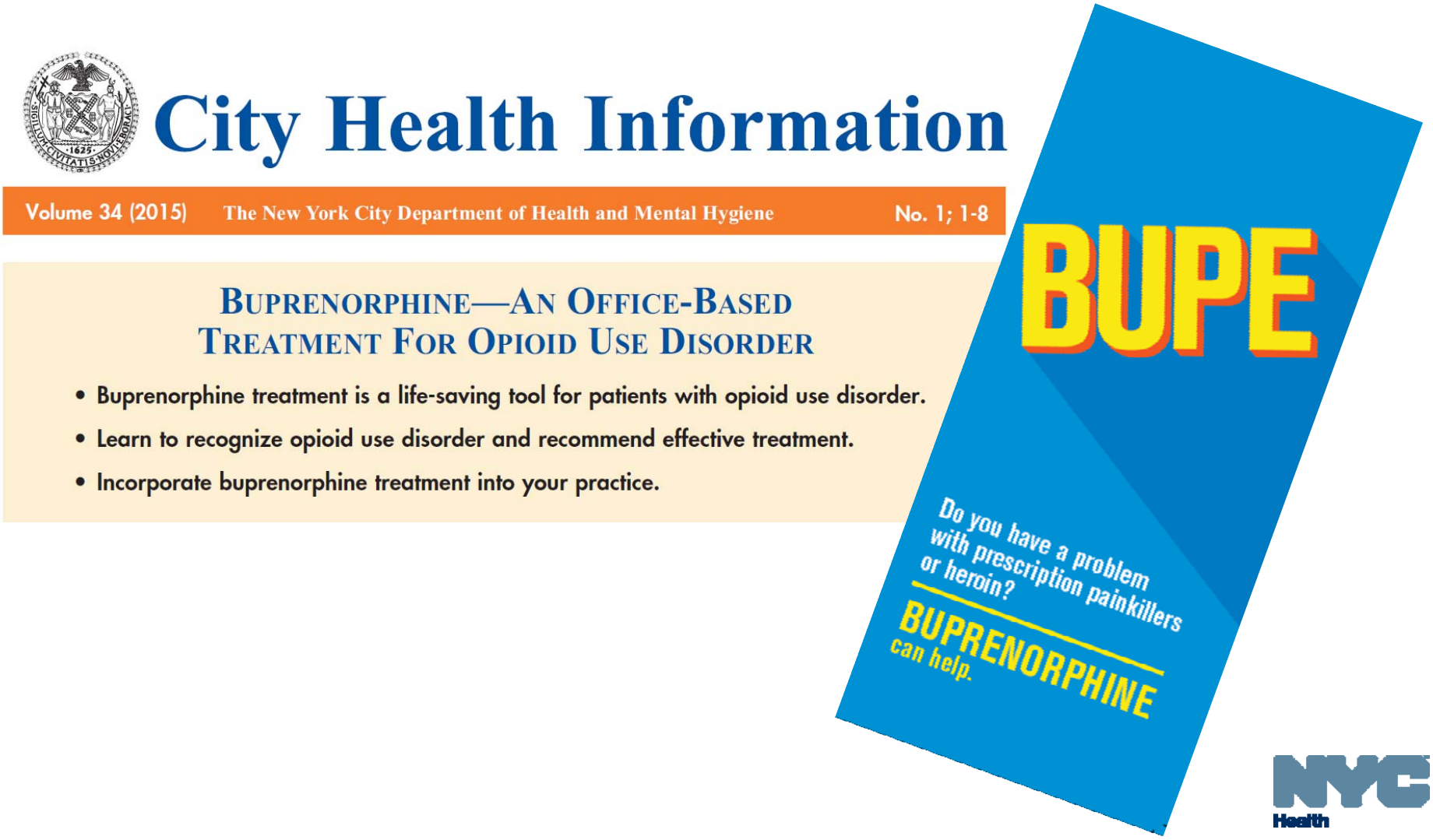
- Citywide buprenorphine training initiative
  - Goal to train >1,000 physicians over next 3 years
  - Technical assistance to help integrate buprenorphine into practice
- Buprenorphine nurse care manager model
  - 7 safety net primary care organizations across NYC
- Local mentorship
- Adolescent-emerging adult treatment programs (with OASAS support)
  - 4 sites across NYC
  - Capacity to provide pharmacotherapy

New capacity: nurse care manager and adolescent treatment sites



Purple star = Adolescent treatment program
Red star = Nurse care manager program site

Buprenorphine materials



Nurse Practitioners and Physician Assistants

- July 2016 Comprehensive Addiction Recovery Act (CARA) extends buprenorphine prescribing to NPs, PAs.
- 24 hours of training to be eligible for waiver
  - 8 hours can be fulfilled by taking physician waiver course
  - Additional 16 hours can be completed online for free through partnerships with ASAM (currently available) and PCSS (in development)
- Can apply for waiver in early 2017
- DOHMH support
  - Welcome to participate in free buprenorphine waiver trainings, technical assistance and local mentorship

What can you do in your practices?

- If you or your colleagues are not yet waivered to prescribe buprenorphine, take free DOHMH waiver course
- Encourage NPs and PAs to become prescribers – spread the word!
- Sign up for free technical assistance and/or local mentorship for buprenorphine prescribing
- Order patient educational materials (in multiple languages) to increase awareness/demand among patients who need treatment

Email buprenorphine@health.nyc.gov for more information

What's next to improve access to medications for addiction

- Nonfatal overdose response system
  - NYC Health Department will deploy wellness advocates to emergency department to engage with patient following nonfatal overdose
  - Wellness advocates will offer up to 90 days of support and linkage to services
- Emergency department best practices for nonfatal overdose
  - Promoting buprenorphine induction and linkage to care
  - Prescribing or dispensing naloxone

Thanks!

- Dr. Jessica Kattan – Director, Primary Care Integration Unit
- Marissa Kaplan-Dobbs
- Christina Chin

Questions?

Successfully scaled MAT models—MORE INFO

- Office-Based Opioid Treatment with Buprenorphine (Massachusetts Nurse Care Manager model)
  - Massachusetts Collaborative Care Model for delivery of opioid agonist therapy, in which nurses working with physicians play a central role in the evaluation and monitoring of patients
  - Addresses commonly-cited barriers to office-based buprenorphine treatment (e.g., lack of physician time, insufficient nursing support, insufficient office support, insufficient staff knowledge, etc.)
- Opioid Addiction Treatment ECHO
  - Project ECHO (Extension for Community Healthcare Outcomes) model began 2003 – University of New Mexico; aim to keep patients with complex conditions (e.g., Hep C, HIV, chronic pain) under the care of primary care physicians instead of being referred out to specialty care
  - Opioid Addiction Treatment ECHO - national technical assistance program that enhances the capacity of health centers across the nation to treat opioid use disorders.
  - Uses videoconferencing technology to connect primary care teams with expert specialist for case-based learning.
- Hub and Spoke
  - MAT delivered in a network of community practices and specialized treatment centers across Vermont
  - OTPs are “Hubs”, office-based physicians are “Spokes”.
  - Level of intervention and supervision is adapted to needs of the individual.
  - More complex patients can be referred from Spoke to Hub as needed; similarly, more stable patients can be referred from Hub to Spoke.

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