

2017

Assessing Patient Perspective of Current Suboxone Treatment

Midori Eckenstein

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Eckenstein, Midori, "Assessing Patient Perspective of Current Suboxone Treatment" (2017). *Family Medicine Clerkship Student Projects*. 250.

<https://scholarworks.uvm.edu/fmclerk/250>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

Assessing Patient Perspective of Current Suboxone Treatment

MIDORI ECKENSTEIN

MARCH 27-APRIL 28, 2017

NORTHERN GREEN MOUNTAIN FAMILY PRACTICE- DR. MICHAEL CORRIGAN

Suboxone Treatment for Opioid Abuse in Vermont

Within the past 5 years there has been a steady increase in the number of Vermonters seeking treatment for opioid and heroin abuse. (1)

While treatment is increasing, fatalities for heroin overdose are also increasing. (1)

From 2010-2015 the number of patients being treated for heroin and opioid abuse in Franklin County has increased from 340 to 733. (2)

Methadone and buprenorphine-naloxone (suboxone) treatment are more effective than abstinence based programs. (4)

Suboxone treatment is suggested over methadone for socially stable prescription oral opioid abuser, with a schedule that does not allow daily methadone clinic visits, or patients with high risk of methadone toxicity (elderly patients). (4)

Patient retention rates are higher for methadone treatment than suboxone. (4)

Cost Burden for Opioid Abuse

In 2016 the National Center for Injury Prevention and Control released a study that estimated the overall economic burden due to the opioid epidemic within the US to be \$78.5 billion (3).

- Total spending for health care of the opioid epidemic was \$28 billion, which \$26 billion was covered by insurance
- Loss of productivity estimates is \$20 billion
- Fatal overdose estimates is \$21.5 billion

In Vermont, Medicaid funds 68% of buprenorphine prescriptions, with the national average being 24%. (5)

Community Perspective

Suboxone patient

- “I’ve struggled with drug addiction for a large part of my life and I can see the toll it has taken on my kids. Two of my children have made similar mistakes as I have and I feel guilty about it cause I know it’s my fault. My two youngest are 4 and 5 and I can see they are developing nervous habits since I am in and out of their life so frequently. Just within the past few months of sticking to being sober I can tell they are calming down. It’s too late for my older children but I’m hoping to still have a chance of setting a better example for my youngest children.”

Medication Assisted Treatment (MAT) Counselor - Chelsea Poland

- “We’re still learning about best practices for suboxone treatment. There are now state wide learning collaboratives where we can learn what is working well for other clinics in the state.”

MAT Nurse – Barb Wynes

- “MAT helps with all the other needs of the patient besides the medication. We also help with care coordination which many of these patients need. On site staff services are completely free to patients on the suboxone program”

Intervention and Methodology

A survey was developed to assess patient perspective on

- Rating of current treatment
- Suggested improvements
- Opinion of signing a “medication contract”
- Barriers in current treatment
- Whether they receive external counseling
- Interest level in group therapy options

Provide feedback to MAT staff and provider on results of survey, and facilitate discussion of potential adjustments to increase retention and decrease amount of relapses occurring.

Results

31 surveys were collected with a wide range of suboxone patients medication adherence histories.

Overall rating of current treatment was a 4.5 out of 5 scale, with no patients rating current treatment at a 1 (very poor) or 2 (poor).

- Many patients cited the office was an open environment that they could discuss problems, and they enjoyed being able to have on site counseling.

71% of patients had “No opinion” of pain contract, and 29% “find it helpful”

Common suggestions for improvement included

- Less of a wait time
- Wanted provider to listen to them better

Many patients cited having the availability of MAT staff and their doctor was very helpful in their treatment.

The most common barrier to treatment was difficulty with transportation.

48% of patients have counseling outside of MAT.

The group that received the greatest amount of interest was Smoking Cessation.

Limitations and Effectiveness

The sample was less than 50% of the current suboxone patient population at Northern Green Mountain Family Practice

Patient attitudes and adherence to MAT widely range from being compliant for years to having illicit drug use during the week

- Number of visit is dependent upon adherence. Can range from having to visit 1 time per week to once every 4 weeks
- While we did not evaluate patients current treatment schedule, it was known subjectively to heavily influence outlook on treatment.

Recommendations

Addressing the long wait time patients experience at medical visits, this will hopefully resolve once another provider at the office becomes certified to prescribe suboxone.

Further assessment of group therapy, including how often people would be able to attend. MAT staff is open to including a new group session if enough interest occurs.

Repeat survey after St. Albans opens new hub for methadone treatment.

References

1. “Opioid Misuse, Abuse and Dependence in Vermont Data Brief, April 2017”. *Vermont Department of Health*. http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_data_brief_opiodmisuse.pdf. April 2017.
2. “People Treated by Substance of Abuse and Fiscal Year- Franklin and Grand Isle Counties”. *Vermont Department of Health; Alcohol and Drug Abuse Programs*. http://www.healthvermont.gov/sites/default/files/documents/2016/12/adap_FranklinandGICountiesbySAandFY.pdf. 2016.
3. Florence, C., et. al. “The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013”. *Med Care* 2016;54: 901–906. Oct 2016.
4. Srivastava, A., Kahan, M., Nader, M. “Primary care management of opioid use disorders: Abstinence, methadone, or buprenorphine-naloxone?”. *Can Fam Physician*. 63(3):200-205. Mar 2017.
5. “Use of Opioid Recovery Medications: Recent Evidence on State Level Buprenorphine Use and Payment Types”. *IMS Institutes for Healthcare Informatics*. https://www.imshealth.com/files/web/IMSH%20Institute/Reports/Healthcare%20Briefs/IIHI_Use_of_Opioid_Recovery_Medications.pdf. Sep 2016