Suboxone Treatment in Caribou, ME: Evaluating Barriers and Engaging with Mid-Level Providers

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Suboxone Treatment in Caribou, ME

Evaluating Barriers and Engaging With Mid-Level Providers

The Problem

“Drug overdose deaths in Maine now averaging 1 a Day”
Portland Press Herald, 11/14/16

“Drug overdose deaths in Maine through the first nine months of 2016 have surpassed the total for all of 2015 as the opioid epidemic continues to worsen.”

There is increasing recognition that Opiate Dependence is a chronic and relapsing condition*. This summer, the Comprehensive Addiction and Recovery Act (CARA) was passed in Congress and signed into law. Improving access to Medication Assisted Treatment is a key feature of the law.

In Caribou...

The Aroostook Mental Health Center (AMHC) Medication Assisted Recovery (MAR) Program was started in partnership with local provider group, “Pines Health Services”, after a town hall meeting in 2004 was attended by over 1000 concerned townspeople.

Initially, 6 providers were trained. At its peak, the AMHC MAR program served 120 patients. The number of providers and the number of patients served has dwindled in the past several years.

<table>
<thead>
<tr>
<th>Peak</th>
<th>Current</th>
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<tbody>
<tr>
<td>6 providers</td>
<td>2 providers</td>
</tr>
<tr>
<td>Open 2 days per week</td>
<td>Open 3.5 days per month</td>
</tr>
<tr>
<td>120 patients</td>
<td>54 patients</td>
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</table>

Opiates In Aroostook County, ME

According to Data gathered between 2009 and 2011, Aroostook County actually has a slightly lower burden of Opiate use than other areas of Maine.

<table>
<thead>
<tr>
<th></th>
<th>Aroostook County</th>
<th>Maine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate Poisoning (ED Visits per 100k)</td>
<td>21.2</td>
<td>25.1</td>
</tr>
<tr>
<td>Opiate Poisoning (Hospitalizations per 100k)</td>
<td>10.8</td>
<td>13.2</td>
</tr>
<tr>
<td>Opioid Prescriptions (Day supply/Pop)</td>
<td>7.0</td>
<td>6.8</td>
</tr>
</tbody>
</table>

2015 Shared Community Health Needs Assessment: Aroostook County
Community Perspective

“At that time (early in the program), we had more patients because there were a number of providers working together. The ER docs dropped out first, primarily because of scheduling... I find it interesting when I do it a couple times a month. Any more than that I think I would get frustrated.”

Local prescriber

“I have seen people who were total train-wrecks, who now have a job and can buy a house... I understand why (other providers) don’t want to treat. I have a 3000 patient panel and my Suboxone patients give me more trouble than all of the rest combined... (But) it is a community thing, the community’s responsibility.”

Local Prescriber

“I knew it was going to burn me out...We need to bring in some new blood.”

Former Local Prescriber

“We could definitely use an additional 5 or 6 provider hours.”

“I need more providers!”

Staff, AMHC
Methodology/Project

- Conducted interviews with Current, Past and ‘Never’ providing doctors to identify motivations and barriers to prescribing Opiate Replacement Therapy
- Researched details of implementation timeline for CARA, and implications for mid-level providers
- Designed and printed pamphlets
- Initiated 5 minute ‘focused interventions’ with local NPs and PAs to talk about challenges and rewards of becoming a provider, CARA legislation and likely timeline for implementation
Results

• ‘Focused Interventions’ with 5 Mid Level Providers

• Additional pamphlets distributed at Van Buren, Caribou, and Presque Isle Offices

• Providers shared following concerns:
  • Unsure about Efficacy of MAR program
  • Difficult Patient Population
  • Training Requirements are 3x higher (24hrs vs 8 hrs)
  • Continuity of Care: pts see different provider each visit (inconsistency/splitting)
Effectiveness and Limitations

• Intent of project was to start conversations about difficult subject, increase awareness, and promote interest in becoming a MAR provider among PAs and NPs. No means of evaluation built into project.

• Most providers were aware of new law and had some knowledge of program at AMHC. All were willing to discuss concerns, and hear about experiences of past and current providers.

• There is no set date for when guidelines for mid-level providers will be finalized (stipulated to be within 18 months of July 2016)
Lessons Learned: Future Interventions & Projects

- It will be important to follow up as CARA is implemented! (See Pamphlet)

- Work with AMHC to develop more “Outcomes” data
  - Potential providers are looking for evidence of efficacy

- Work to address current and potential provider frustrations
  - More providers, small patient panels?
  - How to address issues of continuity/inconsistency/splitting with multiple part time providers
  - One Provider per Patient model?
References

Aroostook Mental Health Center. Outcomes Data, 2010-2015. Provided by AMHC.


