Medication Assisted Treatment of Opioid Addiction

Our experience at Open Door



outline

- Dislaimers
- Our history with buprenorphine
 - Early days with heroin addicts
 - Prescription drug abusers
 - Patients on chronic pain medications
- Our current pathway
- Current state of our program
- Our experience with chronic pain
- Future Directions
 - working with hospitals and specialists
 - Working with ER's
 - Encouraging community partners
- Summary and Conclusions

Disclaimers (Hesitations)

- You all may be further along than we are in this
- We hope that in 10 years we don't look back and say this is a big mistake.

Early days

- Began with heroin addicts
- No local methadone program
- Amazing transformations with our first few patients
- Getting away from the idea that buprenorphine detox is short term treatment

Prescription drug addicts

- College kids on oxycontin
- Patients who started on pain meds and got out of control
 - "those pills started taking me"

Chronic pain

- Current exhortations from experts to wean down and off opioids
- Confusing mix of addiction and pain
- Different sort of demographic with different needs

Current pathway

- Intake meeting with RN (and drug counselor)
- Physical exam with physician
 - Review relevant history
- Induction by RN
 - Patient in withdrawal
 - Fentanyl bridge

Current pathway (cont)

• Phase 1

- Weekly (at least) group meeting with drug counselor
- Weekly MD visit to adjust dosing

Phase2

- Every two week group and MD visit
- Advancing to monthly visits if doing well

Phase 3

After 6 months, ongoing monthly visits

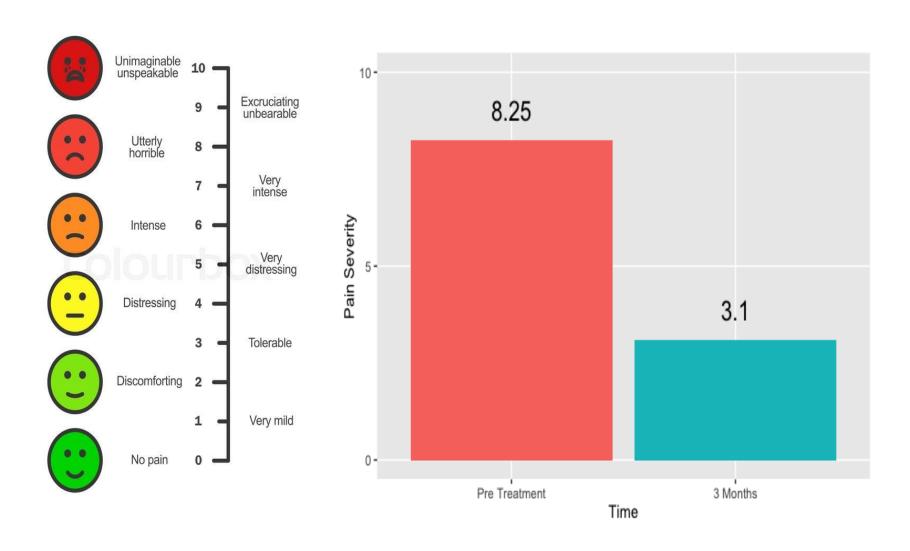
Current state of our program

- 11 prescribing physicians
- In excess of 400 patients currently on burprenorphine
- Waiting list worked down
- Increasing emphasis on chronic pain

Our experience with chronic pain

- Alternative pathway as opioids are withdrawn and tapered
- Option for patients with serious pain issues who are considered high risk for opioids

Pain



Function



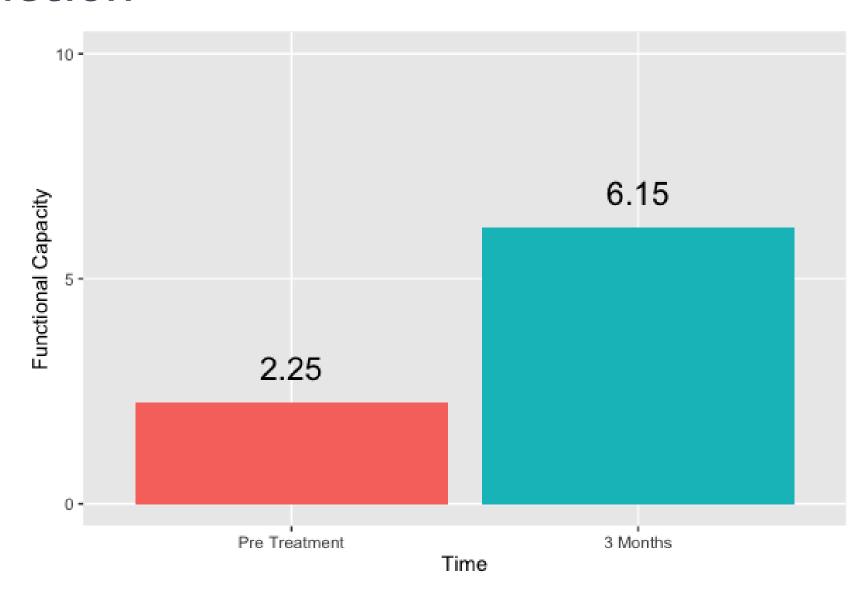
Quality Of Life Scale

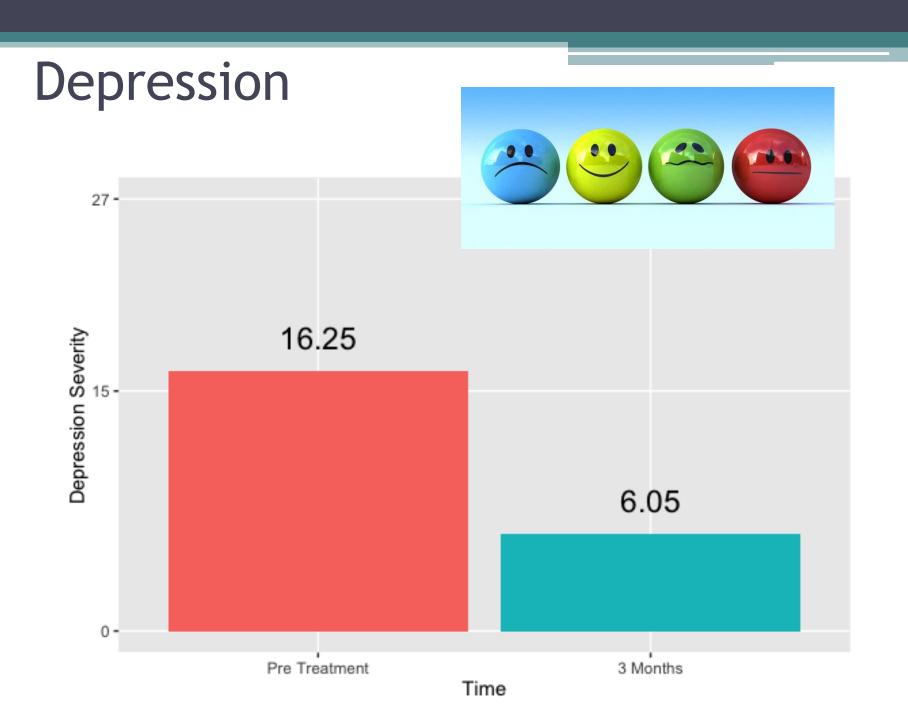
A Measure Of Function For People With Pain

Non-functioning

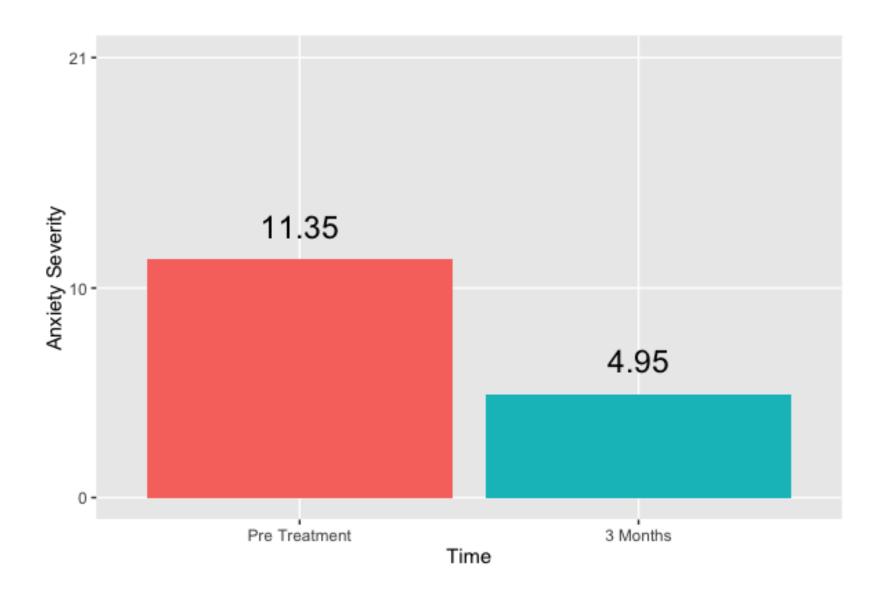
9	Stay in bed all day. Feel hopeless and helpless about life.
9	Stay in bed at least half the day. Have no contact with outside world.
9	Get out of bed but don't get dressed. Stay at home all day.
	Get dressed in the morning. Minimal activities at home. Contact with friends via phone, email.
3	Do simple chores around the house. Minimal activities outside of home two days a week.
	Struggle but fulfill daily home responsibilities. No outside activity. Not able to work/volunteer.
	Work/volunteer limited hours. Take part in limited social activities on weekends.
	Work/volunteer for a few hours daily. Can be active at least five hours a day. Can make plans to do simple activities on weekends.
	Work/volunteer for at least six hours daily. Have energy to make plans for one evening social activity during the week. Active on weekends.
1	Work/volunteer/be active eight hours daily. Take part in family life. Outside social activities limited.
U	Go to work/volunteer each day. Normal daily activities each day. Have a social life outside of work. Take an active part in family life
Normal Quality of L	Life

Function





Anxiety



Quality of Life



Patient Global Impression of Change	Scale
No change (or condition has gotten worse)	1
Almost the same, hardly any change at all	2
A little better, but no noticeable change	3
Somewhat better, but the change has not made any real difference	4
Moderately better, and a slight but noticeable change	5
Better and a definite improvement that has made a real and worthwhile difference	6
A great deal better and a considerable improvement that has made all the difference	7

Future Directions

- Working with hospitals and specialists
- Working with ER's
- Encouraging community partners

Questions?

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