Health Partners of Western Ohio

Helping You with Your Health
Health Partners
2016 Health Center Quality Leader winner!

2016 ACCESS ENHANCER AWARD
Addiction
Ohio’s Addiction Treatment Pilot Project - July 2013
Addiction as a Chronic Disease

*Think of treating addiction the same way we treat diabetes, asthma, or heart disease.
*Chronic diseases are managed, not cured.
*Patients who are struggling with care plans are not kicked out of treatment, but offered more support & services.
Co-Primary Behavioral Health Disorders

→ 70-80% of opiate addicted patients present with:

- Anxiety
- Depression
- Panic Disorder
- PTSD --- Bipolar
Team

– Clinical Director – Dr. Calvin Morris
– Medical Provider (Dr. Morris or Nurse Practitioner)
– Behavioral Health Provider (LISW or LPCC)
– Clinical & Dispensing Pharmacist.
– RN/LPN
Treatment

- Opiate withdrawal is very uncomfortable but unlike alcohol withdrawal, life threatening complications are rare.
- Out-patient based withdrawal management can be effectively managed in primary care setting and in patients’ homes.
Withdrawal Support

– Patient works with entire team
  Will have multiple visits in the first 7-10 days
– Drop urine drug screens → confirm no opiate use and just prescribed medication
– Oral naltrexone challenge and vivitrol injection
Withdrawal

- The first 72 hours of withdrawal are the worst, each hour is worse than the one before it.

- 72-96 hours patient report lessening symptoms.
Non-Pharmacologic Withdrawal Support

- Look at withdrawal as a bad flu
- Safe place with family support
- Gatorade, chicken soup, crackers, white bread
  - Avoid fruit juice → diarrhea
Withdrawal Management Medications

- Clonidine + Quetiapine + Gabapentin
- → 80% reach depo-naltrexone on first attempt
- → 10% reach depo-naltrexone on second attempt
- → Remaining 10% referred to inpatient
  - Few make it through waiting list
Treatment Duration

Think.....Chronic Disease

➔ No one size fits all
➔ No timeline for going off medications
➔ No medication changes recommended until social system is functioning including housing, job, education, support network.
➔ Decision to stop meds is a patient/team discussion.
➔ Patient remains within primary care network and can step up support as needed at any time (no admission or discharge into the program)
Outcomes  n= 152
Treatment Adherence

- Treatment Retention: 50%
- Graduates: 7%
- Total Grad/NKU: 57%
Outcomes (cont.)

Quality of Life Markers

- Employed: 54.5%
- Stable Housing: 96%
- Counseling Services: 52%
- Insured: 93%

Series 1
Other Points:

Women MUST be on long acting birth control method:

Pregnancy during recovery endangers TWO LIVES

No business getting pregnant while in early recovery → can be done intelligently later
The Road Ahead --

Move Addiction Treatment from 4 sites to all 13 sites.

Expand treatment population from 180-1000

Treat patients earlier in their SUD, before legal issues and families fall apart
The Road Ahead --

Great new opportunities –
- Suboxone Limit raised from 100 to 275 patients
- CARA act – CNPs and PAs now have a clear role
- New treatment options in the pipeline
- Treatment becoming less stigmatized