

BACKGROUND

Substance abuse is prevalent in our primary-care population

- HABITS study

Physicians tend to perform substance-abuse screening poorly and infrequently

- Belief that we cannot do very much to treat substance abuse

More medication-based treatments available, more options to treat in primary-care setting

- Buprenorphine, extended-release naltrexone, topiramate,...
- Opportunities to treat patients who may not otherwise get treated in traditional substance-abuse programs

KEY INITIATIVES

HABITS survey

- Bellevue primary care medicine prevalence survey 2006. Convenience sample, n = 236.

Buprenorphine (BPN) clinic for treatment of opioid dependence

- Demonstration of BPN in primary-care medicine clinic with NYC DOHMH funding
- 3 physicians to date, others in the wings
- At-home induction; home induction feasible
- Approximately 100 patients induced, 75 currently in treatment
- Many patients new to BH/HHC system
- Harm-reduction approach, low-intensity treatment model
- Retention, abstinence comparable to published models
- Coordinating efforts with addiction psychiatry, counseling, behavioral health
- Medication covered by Medicaid, private insurance. DOHMH-funded supply for uninsured patients approved by physicians.

Extended-release naltrexone (XR-NTX) for treatment of alcohol dependence

- Cephalon-funded demonstration/feasibility study at Bellevue, Gouverneur; monthly injections for 3 doses
- Successful recruiting
- Encouraging treatment retention to date
- Significant reduction in drinking days (preliminary data)

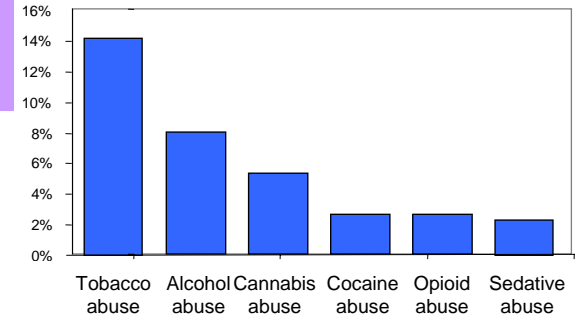
POATS study

- NIDA-funded, multi-site study. BPN as treatment for prescription opioid dependence.

Jail-to-community transition

- NIDA multi-site study evaluating BPN vs. methadone for opioid dependence in jail and following release. Treatment retention and opioid-free urine test rates similar to other BPN patients. To date, BPN patients with higher treatment retention post-release than methadone patients.
- XR-NTX pilot study funded by Charles Dana Foundation, for parolees and probationers with history of opioid dependence. Proposal for larger study pending.

HABITS STUDY: Bellevue clinic prevalence 2006



LESSONS LEARNED

- Substance abuse treatment likely a growth area for primary care internal medicine
- New technologies/medications available
- Lean visit structure, separate from traditional outpatient substance-abuse treatment programs, favored by some patients
- Physicians can do effective counseling, even in brief visits
- Patient demand exists for more BPN, with more sessions and more providers
- Reimbursement issues, insurance coverage paramount

OPPORTUNITIES / NEXT STEPS

- More physicians needed to provide BPN. Free on-line training sponsored by DGIM, in-person by Dept. of Psychiatry. In-person start-up advice, teaching available from cohort of experienced colleagues.
- Continue to improve communication, coordination with counseling services to complement medication
- Primary-care venue is critical addition to substance-abuse treatment services, options in the future