

In-depth perspectives on combating the opioid epidemic: Case studies

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Written by







Community-based programs offering support in all areas of life:

Boston Health Care for the Homeless Program, Boston, MA

Boston Health Care for the Homeless Program (BHCHP) is a nonprofit that provides healthcare to more than 11,000 homeless adults and children each year at more than 40 locations throughout the city, including one veteran's shelter. BHCHP saw 11,000 unique patients in 2016; 60% of them had substance use disorders. The program's patients include men, women and children, including veterans, who are homeless.

Located on Albany Street in a neighborhood that is considered the epicenter of the city's drug activity and is called "Recovery Road" in the clinical community because of a cluster of drug addiction treatment programs and facilities, BHCHP has found that a growing portion of its patient population is struggling with opioid use disorders. With overdoses occurring several times a week in its lobby and bathrooms, as well as on the sidewalks and in the alleys next to the building, BHCHP realized in 2012 that it needed to put the opioid epidemic front and center in how it treated its patients.

"The leading cause of death for our clients is overdose," says Gabriel Wishik-Miller, MD, an internist who treats patients in the program and is medical director of its largest clinic. "It came to overtake everything else."

In response, BHCHP has reoriented many of its services to focus on treating opioid use disorders in a way that offers support in all areas of an individual's life and customized to

individual needs.

Such community-based programs are highly sought-after. Among U.S. medical practitioners recently surveyed by The Economist Intelligence Unit in a program sponsored by Cigna, 57% said that if they were to design a treatment program for opioid addiction, they would include such an individualized program offering—making it the top option by far (read more about the research here).

A key part of the treatment protocol at BHCHP is medication-assisted treatment (MAT), which is available at several sites, with medications prescribed by primary care physicians or psychiatrists. The MAT program is based on the use of Suboxone, a drug that combines buprenorphine (an opioid medication) and naloxone (a drug that blocks the effects of opioid medication that can lead to misuse) to help reduce withdrawal symptoms for individuals dependent on opioids and diminish cravings for heroin. Another medication that BHCHP offers patients is naltrexone, an opioid receptor blocker.

The nonprofit's program also prescribes nasal naloxone alone, which can often reverse an opioid overdose, and has trained its staff to use it. "We try to provide it to whoever will take it—anyone who is prescribed an opioid or has a history of opioid use disorder," says Dr. Wishik-Miller.



However, BHCHP provides much more. It assigns a team to work with patients it deems at very high risk of overdose and conducts outreach on the streets around the clinic. One of the nonprofit's newest programs is a drop-in facility, Supportive Place for Observation and Treatment (SPOT), which opened in April 2016. SPOT—staffed by an MD, a registered nurse specializing in addiction and a case manager—provides engagement, support, medical monitoring and an entryway to primary care and treatment on demand for between eight and ten individuals at a time who think that they have over-sedated themselves or who are brought in by friends concerned that the person might overdose. Typically, these individuals might otherwise be on the street and at risk of overdosing.

"Our primary goal is to engage them and prevent them from overdosing and dying," says Dr. Wishik-Miller. "We offer referrals to treatment to everyone. If someone doesn't want treatment or can't access treatment right now, we want to give them the best chance of surviving so that recovery may be possible in the future."

When patients come to SPOT, a nurse performs continuous monitoring of their vital signs and of their level of sedation. In consultation with a rapid response clinician—either a physician, nurse practitioner or physician assistant—the team provides supplemental oxygen, intravenous fluids and naloxone as needed.

In its first year of operation, SPOT worked with 495 unique individuals in 3,800 encounters, according to its preliminary research. So far, SPOT has been achieving its primary goal of keeping patients alive. "We have not had a single death in that room," says Dr. Wishik-Miller.

Given that patients come to SPOT, on average, eight times a year, outreach workers aim to build a relationship with them, with the hope of getting them into longer-term treatment.

"That relationship can pay off when that person is ready," says Dr. Wishik-Miller. "We want to be there in that moment."

So far, BHCHP has engaged about 10% of its SPOT patients directly into treatment. "Some people might look at that and say, 'That's not very much but to us that is terrific given how high risk the population is,'" notes Dr. Wishik-Miller. However, the picture is brighter than it may seem at first. Dr. Wishik-Miller notes that very high-risk patients have the option to get treatment in other programs in the city, too.

One additional benefit SPOT creates is keeping patients out of emergency rooms. BHCHP has surveyed nurses in the program to determine whether they would have called 911 had they seen each patient on the street in the condition in which they arrived at SPOT. Based on that survey, the organization estimates that its patients avoided 1,200 emergency room visits in its first year. "I'm sure that is saving money for the system," says Dr. Wishik-Miller.

SPOT is part of an overall approach in which BHCHP offers support in many areas of life. For all patients, BHCHP has expanded its behavioral health services, including behavioral therapy, substance use disorder counseling and access to peer support.

Beyond its extensive healthcare work, the nonprofit connects homeless individuals and families—depending on their needs—with social services such as Supplemental Nutrition Assistance Program (SNAP) benefits, cash assistance, transportation support and help with disability and insurance claims and benefits. It also makes available ongoing primary care and quality nursing and medical care delivered to shelters, motels and hotels. With guidance on and access to responsive medical care and social services, the nonprofit's clients who suffer from opioid addiction can prioritize staying focused on their recovery rather than on having to navigate complex systems on their own.



Inpatient treatment:

Hazelden Betty Ford, Center City, MN (Locations in California, Minnesota, Oregon, Illinois, New York, Florida, Massachusetts, Colorado and Texas)

Hazelden Betty Ford has worked to help Americans overcome addictions since 1949, building its approach around evidence-based therapies, approaches and clinical practices. Today, with the nation's opioid crisis accelerating, the nonprofit has become a leader in treating people who are struggling with opioid use disorders and their families. It provides residential and outpatient substance use disorder treatment across the United States.

"From the very start we emphasized the necessity of treating people with this disease with dignity and respect," says Marvin Seppala, MD, chief medical officer at the Hazelden Betty Ford Foundation and adjunct professor at the Hazelden Graduate School of Addiction Studies. "In 1949 most people with severe alcoholism or severe addiction would end up in a state hospital system and were often treated remarkably poorly."

Hazelden Betty Ford is known is its inpatient program, which it provides in California, Florida, Minnesota and Oregon. Inpatient programs were particularly sought-after by members of the general public who responded to a recent Economist Intelligence Unit survey sponsored by Cigna. Forty percent said that if they were to design a treatment program for opioid addiction, an inpatient program would be part of it; this option was

selected more than any other (read more about the research here).

Hazelden Betty Ford's approach is highly customized. When patients with an opioid use disorder arrive at a treatment center, they first receive a comprehensive evaluation. Then the intake team creates an individual treatment plan.

For those with the most severe substance use disorders, the treatment plan typically begins with a stay of between four and six weeks in an inpatient facility, after which the patient transfers to outpatient care, where the majority of treatment takes place, says Dr. Seppala. The inpatient setting provides patients with both medical and psychiatric care in a setting where staff is available 24 hours a day.

At Hazelden Betty Ford, treatment for opioid use disorder often includes medications to make it easier for the patients to transition off the drugs to which they are addicted. MAT is used in conjunction with psychosocial treatment, mental health care if needed, group therapy and participation in a 12-step program—all following medically supervised detox.

Hazelden Betty Ford's MAT program typically includes the use of Suboxone, a drug that combines buprenorphine (an opioid medication) and naloxone (a drug that blocks



the effects of all opioids medication if the Suboxone is d misused) to help reduce withdrawal symptoms for individuals dependent on opioids and Vivitrol, a drug that also helps patients avoid relapsing by blocking opioid receptors in the brain, helping patients to avoid relapse. For patients who do not want to participate in MAT, Hazelden Betty Ford will develop an alternative plan, using the other elements of its program.

"We believe it's a combination of evidencebased practices that really make the difference for the treatment of this really complex disease," says Dr. Seppala. "That's why we use medications, psychotherapy and 12-step involvement to give them the tools they need for lifelong abstinence."

Hazelden Betty Ford works with thousands of people with opioid use disorders every year, according to Dr. Seppala. Very often, patients' health insurance covers the treatment. With the hope of reaching out to the military community, Hazelden Betty Ford is also negotiating with TRICARE, says Dr. Seppala, which covers service members, reservists, dependents and some retirees.

Hazelden Betty Ford tracks the outcomes of its programs to treat substance use disorders. As of September 2017 it is y following 150 patients who completed its program for opioid use disorders six months earlier. Most of these patients started out in the inpatient program

and then moved to outpatient treatment. And, as is often seen in trials involving those with substance use disorders, some dropped out.

Among those who continued into outpatient treatment, 71% were totally abstinent from opioids and all other drugs I at the six-month mark, according to preliminary findings, Dr. Seppala says. Hazelden Betty Ford is now comparing the outcomes of patients who used Suboxone versus Vivitrol with each other or avoided MAT altogether.

Hazelden Betty Ford has become a vocal advocate for people with opioid use disorder and their families. Recently, its Institute for Recovery Advocacy held a forum in Washington, D.C., to discuss how families, healthcare professionals and law enforcement officers can help overdose survivors get the addiction treatment they need. It generated discussion of a range of potential solutions, including placing people who are in recovery from their own addiction in emergency rooms to help motivate patients to seek or accept help.¹

As Dr. Seppala said at the forum, "Eighty-five percent of those in need of treatment for substance use disorders do not recognize they have this disease. They do not seek treatment and often continue life-threatening behaviors. We can't stand by and watch more people die without proper care and treatment."

¹ Hazelden Betty Ford. "Is one solution to the opioid epidemic to force those in danger of overdosing into treatment?" Center City, Minn. July 31, 2017. Available online at: http://www.hazeldenbettyford.org/about-us/news-media/press-release/1707-edt-involuntry-commitment



Medical treatment including alternative practices:

Acus Foundation, Nellis Air Force Base program, Las Vegas, NV

About a decade ago, looking for a way to help military personnel relieve acute and chronic pain from combat injuries, as well as post-traumatic stress disorder (PTSD), the U.S. Air Force asked Joseph Helms, MD, an expert on medical acupuncture, to create acupuncture protocols that could be used by the military. The problem of pain is widespread: One recent study, published in JAMA Internal Medicine, found a 44% prevalence of chronic pain in U.S. military personnel after combat deployment—much higher than the 26% prevalence for the general public.² Dr. Helms founded the Helms Medical Institute in 1978; it has since trained more than 7.500 US physicians in comprehensive acupuncture.

An outcome of Dr. Helms's training program is a treatment protocol in which needles are placed at six points around the ear in a way that suppresses the transmission of pain signals and calms conditions like PTSD and anxiety. Based on feedback from military-trained physicians, Dr. Helms and his medical team have found that this is the most effective method of reducing pain, helping patients process their experience and repairing the psychological damage from trauma, whether they are treated in a clinic or in a battlefield

The U.S. Department of Defense began using Dr. Helms's program in 2008 and funded it until 2013, enabling 120 military physicians to be trained. After federal funding stopped, Dr. Helms created the Acus Foundation, a nonprofit funded by charitable donations, to continue the work.

"We were seeing such great results with medical acupuncture we couldn't walk away," says Dr. Helms. In research published in the *Psychiatric Annals*, Dr. Helms and a colleague, Robert L. Koffman, MD, reported that for three soldiers who suffered mild brain injuries, musculoskeletal injuries, headaches and grief following a blast by an improvised explosive device (IED) in Afghanistan that killed several fellow soldiers, an acupuncture session led to a reduction in headaches and pain in their soft tissues. All reported a sense of calm and relaxation that they had not experienced prior to the blast.

aid station. Treatment may be set up in locations such as the interior of a tactical vehicle. In one case, a physician performed acupuncture while riding in a presidential motorcade. "Acupuncture can be used in creative ways under demanding circumstances. It can be introduced in lieu of prescription medications, or in addition to them. It can also address the problems that are behind the pain for which drugs have been prescribed," says Dr. Helms.

² Josephine P. Briggs. "Pain and Opioid Use in U.S. Soldiers: The Imperative for Researching Effective Pain Management Options in the Military." NCCIH Research Blog. July 14. 2014. Available online at: https://nccih.nih.gov/research/blog/ opioid-military



In another case, a 33-year-old Marine's whose wrists had been crushed after being catapulted from an armored vehicle after it plunged into a crater created by an IED got relief from acupuncture. A series of acupuncture treatments over six months reduced the pain he suffered in his wrists—into which metal plates had been inserted—to a negligible level without pain medication. The treatments also helped to transform him from a "hypervigilant, irritable, suicidal state to a calm, focused, and reintegrated husband, father, and veteran," the paper noted.

Among other initiatives, the Acus Foundation has run an extensive program at Nellis Air Force Base in Las Vegas that has trained 95 physicians in the family medicine residency program in medical acupuncture for the military.

Physicians in the Nellis program receive specialized training in the use of medical acupuncture to relieve the pain of their military patients before they prescribe drugs such as opioids. This approach aligns with one of the findings from an Economist Intelligence Unit survey, sponsored by Cigna, that explored, among other topics, how veterans would like to see the opioid epidemic addressed; read more here. Patients who walk into the base clinic can receive acupuncture treatment immediately, a step that is important in preventing them from turning to other means, including opioids, for treating their pain and stress. Indeed, starting with acupuncture often helps physicians avoid beginning a cycle in which some patients become opioid-dependent and who then may resort to going from physician to physician to get a prescription, Dr. Helms explains.

"Our goal is to get to the pain with nonopioids well before addiction sets in," says Dr. Helms.

Acupuncture is used as part of a comprehensive treatment in the Nellis program and can be used in conjunction with medication-assisted treatment (MAT) if patients are already opioid-dependent, says Dr. Helms.

Furthermore, the program at Nellis is a scalable and replicable model for other bases because, when physicians complete their training, they are transferred. "They're planting the seeds at other bases," says Dr. Helms.

The Acus Foundation's program is now being piloted at family medicine residency programs at four other bases: Eglin (Florida), Offutt (Nebraska), Scott (Illinois) and Travis (California). The program at Nellis is also currently training four physicians from the U.S. Department of Veterans Affairs, which has mandated more use of acupuncture.

Dr. Helms and his team recently completed a year-long utilization study at Nellis to track the physical, mental and social outcomes for patients who have used acupuncture, as well as the physicians' perspectives. n the August 2017 issue of Medical Acupuncture, researchers from Nellis published a report showing that not only did acupuncture reduce pain in the military population but it also reduced opioid prescriptions by 45%³.

The program's reach goes far beyond the bases. In some cases, physicians who have completed the program have been deployed into combat duty. "They are bringing the philosophy 'More needles, less pills,'" says Dr. Helms. "We are getting reports from the field that demand for acupuncture is growing rapidly."

³ Paul Crawford, MD; Donald B. Penzien, MD and Remy Coeytaux, MD, PhD. "Reduction in Pain Medication Prescriptions and Self-Reported Outcomes Associated with Acupuncture in a Military Patient Population." Medical Acupuncture. Volume 29, Number 4, 2017. Available online at: https://www.ncbi.nlm.nih.gov/pubmed/28874924





Psychiatric treatment for people with substance use disorders and their family: Silver Hill Hospital, New Canaan, CT

Founded in 1931, Silver Hill Hospital has a long history of helping people cope with psychiatric illness and addiction. As the opioid crisis has accelerated, the nonprofit psychiatric hospital in New Canaan, CT, has seen demand for its services increase. Connecticut has been hit hard by the opioid epidemic, with 917 accidental intoxication deaths in 2016—up from 357 in 2012, according to the state medical examiner.4 Fentanyl, a potent synthetic opioid, was detected in 483 of these deaths. Connecticut's hospitals are experiencing some of the highest rates of opioid-related hospital inpatient stays in the country for both men and women, according to a 2017 report by the Agency for Healthcare Research and Quality.5

The first step for patients who come to Silver Hill is to meet with one of the team's 14 psychiatrists for evaluation. Four members of the team are board certified in addiction medicine and/or addiction psychiatry. Often, patients who seek treatment for addiction need care for a co-occurring psychiatric disorder, such as anxiety, depression or bipolar disorder. Silver Hill is experienced with working with patients with complex, co-occurring mental illnesses, including schizophrenia and

schizoaffective disorder, as well as eating disorders. In cases where people with opioid addiction have a co-occurring disorder, Silver Hill's psychiatric team will devise a treatment plan that addresses both disorders.

For some patients, the hospital recommends inpatient care, whether for psychiatric treatment or medically supervised withdrawal from the drugs they are dependent on. Those who need less supervision may nonetheless need residential services, a step down from inpatient care. Residential services are offered in a homelike setting and patients have access to hospital services. Among those residential services is a program for people with dual diagnoses, such as a substance use disorder and a psychiatric condition. There is also an extensive outpatient program in which some patients come to the hospital three days a week for three hours or more per day. Family members have access to support groups and counseling; with permission, family can provide updates on how patients are doing once treatment has ended.

Programs like Silver Hill are very sought-after, with medical professionals most willing to refer patients. In a recent Economist Intelligence Unit survey sponsored by Cigna, both practitioners and members of the general public frequently saw psychiatric care and counseling for people suffering from opioid addiction and their families as an important element of programs to address opioid addiction (read more about the research here).

⁴ Office of Chief Medical Examiner. Connecticut Accidental Drug Intoxication Deaths. March 21, 2017. Available online at: http://www.ct.gov/ocme/lib/ocme/ AccidentalDrugIntoxication2012-2016.pdf

⁵ Healthcare Cost and Utilization Project. Statistical Brief #224. June 2017. Available online at: https://www.hcup-us.ahrq. gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf



For patients struggling with opioid addiction, Silver Hill will, when needed, recommend medication-assisted treatment (MAT). "For most patients, it is a discussion," says Dr. Eric Collins, MD, physician in chief at Silver Hill and associate clinical professor of psychiatry at Columbia University College of Physicians and Surgeons. However, MAT is typically administered at Silver Hill in conjunction with a range of psychosocial services: cognitive behavioral therapy, which helps patients identify problematic thought patterns and how their thoughts affect their feelings and behaviors, and elements drawn from dialectical behavioral therapy, which helps patients regulate their emotions and tolerate distress.

"Those skills are often necessary for people who use substances to calm their emotions and to relieve their distress," says Dr. Collins. "If they have other tools or ways to manage distress, they are better able to abstain during the rest of their lives, which is the goal."

Patients from a wide range of demographic groups come to Silver Hill. Dr. Collins says there is no "typical patient." Silver Hill has a history of working with a Department of Veteran Affairs (VA) hospital on Long Island for patients with complicated cases that were beyond the

staff's expertise, says Dr. Collins. Typically, private insurance covers Silver Hill's inpatient program; the residential program is usually self-pay. To cover the cost of treatment for patients who cannot afford it, the hospital fund-raises more than \$1 million every year.

Silver Hill is currently revamping its procedures for collecting outcomes data so the data can be published as part of formal academic research and will be working with the Yale University Institutional Review Board to publish them. "We think every program should meaningfully and reliably track outcomes," he says.

Current data the hospital has gathered show that about 70% of people coming out of its residential programs stayed in touch for a year. Among that group, says, Dr. Collins, "about 70-80% were believably reporting sobriety."

Although that percentage may seem low, he notes, "Addiction is a chronic, typically remitting and relapsing illness that does respond to treatment." Silver Hill aims to be there to prevent those relapses through psychiatric care, so patients can resume their everyday lives.



Outpatient treatment: STAR Program, VA Hospital, Oklahoma City, OK

When veterans struggle with opioid addiction, treating them is often complicated, given that many suffer chronic pain. The Opioid
Treatment Program (OTP) within the Substance
Treatment and Recovery (STAR) clinic at the
U.S. Department of Veterans Affairs (VA)
Hospital in Oklahoma City uses a multipronged approach to work with these veterans—an approach that is built around treating the "whole person" and addressing both their addiction and their pain, when pain is an issue.

The program, in existence for several decades, is built around outpatient care. Operating Monday to Saturday, it combines C medication-assisted treatment (MAT) with psychosocial treatment, such as individual therapy and attending opioid treatment program support groups. Detox is sometimes used if other substances, such as alcohol, are a factor. As of fall 2017, 61 veterans are in the OTP; the STAR program treats about 800 patients per year.

Thirty-eight percent of medical practitioners and 21% of the general public indicated that if they were to design a program for opioid addiction, it would include outpatient treatment, according to a recent Economist Intelligence Unit survey sponsored by Cigna. Read more about the research here. For people suffering from addiction who are employed (which may prevent them from participating in an inpatient program), outpatient programs are often an attractive

option. Outpatient programs can also be more affordable than inpatient care.

Typically, when a patient begins the STAR program, he or she will meet with a nurse and a psychiatrist. Collaboratively with the patient, the team will plan a treatment program, including determining if medication-assisted therapy (MAT) is appropriate for patients with opiate or alcohol addictions. Methadone, which reduces the symptoms of opioid withdrawal and blocks the euphoric effects of opiate drugs, is one of two drugs used for opiate addiction. Patients on methadone will go to the OTP program. Patients on Suboxone (a drug that combines buprenorphine--an opioid medication--and naloxone--a drug that blocks the effects of all opioids medication) will be treated in STAR without going to OTP, which is much more intensive than STAR. "If they do want to participate [in MAT], we would start them on a fairly low dose," says Stephen Rodgers, a RN in the program.

Respect and collaboration are key to STAR's approach. "I sat down with a veteran about a week ago and talked with him about doing a treatment agreement," says Rita Koontz, opioid treatment psychologist. When he said he did not want her to dictate his treatment plan, she followed the usual procedure at OTP to work with the veteran to write a treatment plan, outlining what he felt he could accomplish in four weeks. Among his goals were reducing his use of the drug with which



he was struggling, attending individual therapy sessions and showing up for appointments he made.

One part of many treatment plans is attending 12-step meetings, depending on the veteran's needs. "We have some veterans required to attend 15 groups a week; some, just one every other week," says Dr. Koontz.

The camaraderie of the veterans has helped their recovery. The OTP program hosts five groups a week for veterans in the program, many of whom agree to visit the program daily and tend to spend considerable time together. "They pretty much know each other," says Dr. Koontz. "They have that commonality of going through the military. It makes for a tight-knit group."

Another important part of the program is the option for a ten-week, VA-run pain-management program, in which veterans learn about alternatives for treating pain such as acupuncture, chiropractic treatments and spinal steroid injections for pain (see a related case study on acupuncture use here). Veterans meet and talk with providers of the different treatments and learn how to access them. As a result of this training, says Mr. Rodgers, "Our veterans are very knowledgeable about pain and addiction medicine."

One veteran, who just finished the program, is currently receiving both acupuncture and spinal injections as part of the program. "This veteran, who was using a walker when he started the program, recently knocked on my door and when I answered, said, 'Don't talk! Just stand there!' and he picked up his cane and did a two-step kind of walk down the hall, followed by a runway turn—and then he asked me to dance," says Dr. Koontz.

Veterans in the program are also trained in recognizing signs in themselves that they may be in danger of relapse, such as dropping habits of self-care or losing touch with activities that they had planned to participate in to remain stable, such as journaling or doing volunteer work.

The OTP program embraces the idea of keeping treatment open-ended, in keeping with guidelines of the Substance Abuse and Mental Health Services Administration (SAMSHA). Some patients participate in the STAR program for several weeks. Veterans in the OTP often do so. Others do so for several decades. SAMSHA does not recommend any time limit on MAT, Dr. Koontz notes.

Each generation of veterans tends to have different addictions, and the STAR program is set up to work for all of them. With Vietnam veterans, says Dr. Koontz, "so many came back addicted to heroin." Many veterans of the Afghanistan and Iraq wars have been injured and placed on opioid medication.

Patients in the OTP program complete surveys about their satisfaction with providers in the program. In a June and July 2017 survey, 51 veterans rated their coordinator, the nursing staff, their psychiatrist/medical director and the program administrator, among other staff on a scale of 1-10. Most scores averaged above an 8.3.

To keep track of outcomes, the program also surveys patients on factors such as whether they feel personally stable, if they are using other substances and whether they are working or volunteering. "It's very helpful for us to find out what they are experiencing," says Dr. Koontz. "It can be different from what we see."



Peer counseling: Memorial Healthcare System, Hollywood, FL

Many people struggling with opioid addiction find peer counseling to be valuable, but they don't always have access to it when they are first treated for overdoses or other medical problems—a critical problem for many. An Economist Intelligence Unit survey sponsored by Cigna found that only 18% of Americans think that peer counseling is among the most accessible options to address opioid addiction in their community. Read more about the research here.

Memorial Healthcare System in Hollywood, FL, has developed a new program to address this gap by bringing peer counseling to the emergency room at Memorial Regional Hospital and to patients' homes—combining it with other approaches to treatment in ways that go far beyond the regular meetings that peer counseling programs are known for.

When patients dependent on opioids come to the hospital, trained clinical pharmacists, emergency department physicians, licensed therapists, nurses and peer counselors work to engage them to try medication-assisted treatment (MAT) for their addiction. Patients may require an initial inpatient five-to-seven day detox or outpatient detox depending on their addiction and individual circumstances.

One challenge: Some patients don't fully understand MAT, an approach that has a substantial body of supportive evidence. "There is a concern you are substituting one medication for another," says clinical psychologist Tammy Tucker. (The relative lack of good medical information among the

general public is borne out by some findings in our survey as well.)

The MAT program currently has two peer counselors, with Memorial planning to hire two or three more. "Many peers have gone through substance use disorder treatment," says Dr. Tucker, associate administrator at the hospital. "They have the experience of how impossible it feels. They can say, 'If I can make it, anyone can.' They are able to relate on a very personal level." Typically patients who use MAT are transitioned to Suboxone, a drug that combines buprenorphine (an opioid medication) and naloxone (a drug that blocks the effects of opioid medication that can lead to misuse) to help reduce withdrawal symptoms for individuals dependent on opioids. Some are transitioned to Vivitrol, an opioid antagonist that blocks the opioid receptors in the brain, thus reducing cravings.

When it comes time for patients to be discharged from the hospital, Memorial Healthcare System's peer counselors stay in touch to ensure that patients keep follow-up appointments and adhere to treatment. In conjunction with paramedics from the locally based Hollywood and Hallandale emergency medical services teams, peer counselors visit discharged patients for seven consecutive days at home following their initial treatment. As the program continues, the hospital plans to provide this team with Narcan nasal spray, a U.S. Food and Drug Administration (FDA)-approved treatment for an overdose of an opioid drug.



"Our goal is to save lives," says Dr. Tucker. "We have lost so many people in a brief period of time."

The program at Memorial Healthcare System is among a number of new approaches that have emerged as increased federal funding has been made available to help address the opioid epidemic. However, peer counseling was already being used extensively at Memorial Healthcare System, which was a factor in their development of the new program. The hospital's Rebel Drop-In Center, which is open 365 days a year, provides social support, advocacy and peer counseling for individuals recovering from mental health and substance use issues. The center, a partnership of Memorial Healthcare System, the Department of Children and Families and the **Human Services Department of Broward** County, offers this help free of charge. "We've had a tremendous success with the Rebel Drop-In Center," says Dr. Tucker. "It's a great opportunity to try to engage people and help them consider making that commitment to stop using."

Since the new program began in June 2017, 43 people have started on MAT; 27 are still active

and 3 have been transferred to detox. Four patients were transferred to other providers in their local area, two got arraigned based on their legal situation and seven dropped out. "It's highly likely that some will reengage," says Dr. Tucker. "We're trying to keep the door open for those patients. We're working via outreach to engage them into the program through peer counselors and licensed mental health therapists that are experts in addiction."

She adds, "We're going to follow how many times patients relapse. As more time goes on, hopefully we'll have information on how many choose to go off Suboxone and stay drug-free and how many go on to Vivitrol." This outcome data will be important in shaping the program, she says.

As the program advances, the hospital aims to develop much more robust outcomes data. The program and its unique way of combining MAT and peer counseling are already being used as a model for two other programs in the state: Chrysalis Banyan and Broward Addiction Recovery Center. "Attitudes need to change," says Dr. Tucker. "Now we're expanding the opportunity."



Psychiatric treatment alone for people living with opioid addiction alone: MOTIVATE Clinic, Virginia Commonwealth School of Medicine, Richmond, VA

With a growing number of its patients struggling with opioid addiction, Virginia Commonwealth University (VCU) Medical Center found that its emergency room was under strain last year. VCU School of Medicine researchers reported in a 2016 policy brief that nearly 80% of the 986 fatal overdoses in Virginia in 2014 involved prescription opioids and heroin.⁶ Hospitals in parts of the state, including Richmond, were also experiencing a rising burden of Medicaid-paid emergency room visits and inpatient hospitalizations related to substance misuse.

Worse, the opioid crisis was also spilling into other areas of the hospital that didn't have the resources to handle it at all, says F. Gerald Moeller, MD, division chair for addiction psychiatry, director of the Institute for drug and alcohol studies and director of addiction medicine and professor of psychiatry, pharmacology and toxicology, and neurology at VCU's Department of Psychiatry.

"Surgeons in our outpatient clinics were saying their clinics were full of patients on opioids for chronic pain," says Dr. Moeller. "The surgeons didn't know how to deal with them. We felt like if we didn't deal with the addiction and the chronic pain piece, we wouldn't be capturing the whole problem." Overall, in VCU's system, more than one out of ten patients who came

in for treatment of an overdose would reoverdose or die within six months, Dr. Moeller says. "We want to break that cycle," he says.

VCU Health, the hospital's parent organization, came up with an answer to these challenges: It opened the Multidisciplinary Outpatient Intensive Addiction Treatment Clinic (MOTIVATE Clinic) in April 2017 in Richmond. In the MOTIVATE Clinic, patients can get psychiatric care and have access to medication-assisted treatment (MAT) for their addiction—and they can be treated in the clinic as soon as they are seen in any part of the VCU system. Addiction specialists administer buprenorphine, an opioid medication used to treat opioid addiction. The clinic is staffed by a social worker, a front-desk administrator, one full-time physician and two nurses. Since it opened in April 2017, VCU's MOTIVATE clinic has treated 400 patients.

Psychiatric treatment for people with opioid addiction is in demand. In a recent Economist Intelligence Unit survey sponsored by Cigna, 30% of medical practitioners said psychiatric treatment for the person with addiction alone, with or without medical treatment, would be one element they would include in a program for opioid addiction, compared with 23% of the general public. Read more about the research here.

A key part of the MOTIVATE Clinic's approach is using motivational interviewing, in which

VCU School of Medicine. "The Opioid Crisis Among Virginia Medicaid Beneficiaries." January 2016. Available online at: http://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ Senate_OpioidCrisisPolicyBrief_Final.pdf



practitioners engage patients about their readiness for change. "It's a nonjudgmental interaction," says Dr. Moeller. "Data shows that if you tell patients they are misbehaving, that doesn't work very well." The program's doctors are also working to educate patients and their families that addiction is a chronic medical disorder. "People have this idea you get treatment one time and are cured," says Dr. Moeller. "That is not the case."

Meanwhile, the clinic's physicians look at whether patients have been taking opioids for conditions that would be best treated with other drugs, such as antidepressants or anticonvulsants, and transition them to more appropriate treatment if necessary.

VCU based its program, in part, on an approach documented in the Journal of American Medical Association (JAMA)⁷ and tested it in a randomized clinical trial. The trial involved 329 opioid-dependent patients who were treated at the Department of Emergency Medicine at Yale School of Medicine, an urban teaching hospital, from April 7, 2009, through June 25, 2013. The research showed a significant reduction in the use of emergency services when MAT was used to treat opioid addiction.

Given the pressing need to help people with opioid addiction, VCU has begun recruiting more physicians for the MOTIVATE program. It also supports an addiction medicine fellowship. "There is definitely a shortage of these physicians," says Dr. Moeller. "There is a huge demand."

That makes the clinic's recruiting efforts all the more crucial in getting patients access to needed care from psychiatrists and addiction medicine specialists. "The link between being in an inpatient facility for general medical procedures and being in an outpatient clinic with medication-assisted treatment is really crucial," says Dr. Moeller. "What happens normally in Richmond and a lot of places is if you go to a general medical hospital seeking addiction treatment, you get put on a waiting list for 30 days. This way we are able to directly link them to an outpatient program. At least they have a contact and an ability to get into a system that we control." Following the Yale School of Medicine's early success with the approach that the MOTIVATE clinic has now tailored, the outcomes of the MOTIVATE program will provide valuable information to practitioners in similar settings.

⁷ Gail D'Onofrio, Patrick G. O'Connor, Michael V. Pantalon, Marek C. Chawarski, Susan H. Busch, Patricia H. Owens, Steven L. Bernstein, and David A. Fiellin. "Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial. JAMA,313, no. 16 (April 28, 2015). Available online at: http:// jamanetwork.com/journals/jama/fullarticle/2279713



Living in a sober house:

Cornerstone of Southern California, Santa Ana, CA

Many people struggling with addiction find it difficult to afford hospital stays—but can still benefit from getting treatment in a much-less expensive residential setting usually covered by their insurance. Michael Stone, MD, set out to do something about that problem when he founded Cornerstone of Southern California in 1984. Cornerstone runs four detox recovery homes licensed and certified by the state where clients live during medically supervised detox and later, residential treatment, all overseen by board-certified addiction medicine specialists. It also runs 16 other homes where people slightly later in their recovery can live as part of a transition back to their regular lives and routines. At both levels, clients live two to a room, with a maximum of six clients per home.

The recovery homes have house monitors at night; clients typically participate in day treatment or intensive outpatient care. There is gradually less supervision in the homes when clients move to post-detox status. If clients are undergoing medication-assisted treatment (MAT) while living in the homes, Cornerstone's team supervises them taking their own medications, but residents live independently. "We are providing a regular home in a regular community," says Dr. Stone. "It's a home environment—not a hospital or a clinic." Most residents leave these homes during the day for activities such as attending 12-step meetings. "They can have their own life. They work, go to school, visit their families," says Dr. Stone. "It's a home."

Recovery homes, sometimes known as sober houses, are something that many survey respondents would like to see added to or expanded in their communities to tackle the opioid epidemic, according to a recent Economist Intelligence Unit survey sponsored by Cigna. Eighteen percent of the general public and 17% of medical practitioners said that were they to create a program for opioid addiction, they would include such living arrangements (read more about the research here).

At Cornerstone, the recovery homes are part of a continuum of care which includes the 12-step principles for treating addiction, as well as medical, psychiatric and social support. In planning a client's treatment, Cornerstone's team considers options such as detox, residential treatment, day treatment, outpatient treatment, extended care and licensed recovery homes. It offers programs such as alternative sentencing in cooperation with local authorities. (Under alternative sentencing, some individuals convicted of drug-related crimes may be allowed to enter an outpatient or residential drug rehabilitation program instead of serving time in a correctional institution.) Once clients have completed detox and residential care, they have the option of intensive day treatment and/or intensive outpatient care while staying in a recovery home. In cases where clients may be returning to an environment where relapse might be easy, Cornerstone will often recommend staying in a recovery home.



"Going back to where they used to live is often not safe," says Dr. Stone.

Typically, Cornerstone treats at least 800 unique clients each year, with about 100 clients staying in its 120 beds in the 20 recovery homes at any given time. For most clients, the care it delivers, covered by insurance companies with which Cornerstone contracts, is more cost-effective than a hospital stay.

About 70% of clients getting residential care have an opioid use disorder. Cornerstone's clients with opioid addiction tend to be young, between 18 and 35 years old. Often, they are misusing other substances as well, most commonly heroin, oxycodone, methadone, Xanax, methamphetamine, marijuana and alcohol, Dr. Stone says.

Regardless of what substances they misuse, "by the time they come to me they have a major problem," he says. Often, they face a legal charge stemming from crimes related to their drug dependency. Cornerstone will connect those who need legal assistance with attorneys when needed and has its own full-time, in-house specialist who acts as a liaison with the courts. Cornerstone's relatively long history and its association with law enforcement are not found everywhere nationally.

For people with opioid use disorder, Cornerstone generally recommends MAT, however, not all clients are willing to try it. "The family needs to accept the treatment," says Dr. Stone. "And, unfortunately, we're still at the stage where some clients don't want MAT of any type." In these cases, Cornerstone uses the other elements in its program to help them. Unfortunately, fraud among sober home operators has become a major problem. In Palm Beach County, FL, where there are many sober homes, State Attorney Dave Aronberg has convened a task force to study the drug addiction recovery industry and has called attention to "patient brokering"—in which sober home providers get access to insurance money by offering people with substance use disorders free rent. The operators then get kickbacks from outpatient treatment centers that send patients their way.⁸

In one effort to distinguish Cornerstone, Dr. Stone has achieved third-party validation of his model for recovery houses. For more than 20 years, Cornerstone has been accredited by the Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 21,000 healthcare organizations and programs in the United States. Cornerstone's recovery homes are also licensed and certified by the State Department of Healthcare Services (DHCS) and local authorities, as mandated by the state if treatment is provided. Each recovery house undergoes regular inspections by the fire department, DHCS, and all insurance companies with which it contracts "They want to make sure it's safe," says Dr. Stone.

And, he believes, these homes are a crucial part of long-term recovery. Clients often wish to discontinue treatment as soon as they start to feel better, Dr. Stone says, but he believes that extended care is the best option. "The longer the treatment, the better the outcome."

⁸ Greg Allen. "Beach Town Tries To Reverse Runaway Growth Of 'Sober Homes." NPR. August 10, 2017. Available online at: http://www.npr.org/sections/healthshots/2017/08/10/537882989/beach-town-tries-to-reverserunaway-growth-of-sober-homes



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