



MA STATE OBOT B: Nurse Care Manager Model

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History of the Project

Needs Assessment in MA with

Bureau of Substance Abuse Services

- High rate of opioid addiction
- High number of fatal and non-fatal opioid overdoses
- Long waits for opioid treatment, both methadone and suboxone
- Some people refuse MMT
- Not enough MA physicians had waivers
- Some waived physicians were not prescribing



Barriers to Buprenorphine Prescribing in Massachusetts

	Prescribers N=156	Non- prescribers N=79
Little/no demand*	2%	17%
Staff knowledge/ experience*	6%	22%
Nursing support**	15%	27%
Office support*	12%	24%
Institutional support**	12%	24%

*p <0.01 **p<0.05



Response to Unmet Need

- MA Department of Public Health Bureau of Substance Abuse Services Released two RFR's:
 - Funding for a Nurse Care Manager Model in 19 Community Health Centers (CHC)
 - Required CHC to partner with SA provider
 - Funding for training and technical assistance to the CHC OBOT's
 - Funding awarded for 3 years with an 8/07 start date, renewable for a total of 7 years



RFR Funding



- \$270,000 per year for Technical Assistance
- \$100,000 per CHC for Nurse Care Manager
 - 1 full time RN
 - 1:100 staff to patient ratio
- Funding allowed billing for
 - Nurse Care Manager Salary
 - Fringe
 - Transportation
 - Supplies





STATE OBOT B:

State Technical Assistance

Training Expansion OBOT B



- BMC awarded 3 year grant from MA Department of Public Health 8/07, renewable for total of 7 years.
- Training and technical support to 19 community health centers
- Modeled on BMC's Nurse Care Manager model
- Goal:
 - Treatment expansion and access to buprenorphine
 - 100 patients per fulltime RN at each site
 - 2-3 new patients a week per full time RN: rolling admission
 - Sites are reimbursed based on volume expansion





Current Status:

May 2010 BMC OBOT B



- >425 patients on buprenorphine
- 3-6 new inductions a week
- 3 fulltime RN's, program coordinator, medical assistant, medical director
 - Screening
 - Intake
 - Education
 - Induction
 - Stabilization
 - Maintenance
 - Relapse
 - Medical Withdrawal



OBOT Training and Technical Assistance



- 8 Hour Nursing Training
- 24/7 technical assistance: telephone, email, onsite
- Shadowing at BMC: inductions, follow-ups
- Conference calls: administrative, case reviews
- Site visits: chart reviews, clinical and administrative support
- Site trainings: clinicians, support staff
- Quarterly trainings:
 - Psychiatric co-morbidities, confidentiality, urine screening
 - Compassion fatigue, “street drugs”, motivational enhancement therapy, networking





Nurse Care Manager Model

- Screener by coordinator or nurse
- RN intake: labs, UTS, contracts, education
- Counselor - intake, refer to psych if warranted
- Intake reviewed by the OBOT team (RN, MD)
- Bupe MD visit: review, assess, clear for prescription
- Induction: stabilization, management
 - Management by RN
 - Visits, assessments, education, UTS, labs, MD contacts
 - Script refills by MD, medical monitoring, counseling check





Current Status: May 2010 BMC OBOT B



State Hotline for Opioid Treatment: DPH funded

- Field 8-12 calls a day
- Assists patients in getting into treatment
- Monitors resources across the State and lets patients and providers know what is available
- Collaborates with State Helpline: 24 hour drug/alcohol hotline
- Collects data on calls





State Hotline Data:



- Average age of caller: 33yrs old
- Ever tried buprenorphine: 84%
- Tried without prescription: 26%
- Never been to detox: 26%
- No primary care: 24%
- Uninsured: 4%



Grant Expectations

- Numbers driven: 2-3 new patients a week : 1:100 is reached
- Reporting paper work: timely
- Quarterly trainings
- Conference Calls
- Site visits



Challenges in Community Settings:



- Administrative buy in: Separate setting, area, times
- Front end staff: interacting with patients, walk ins
- Increase in phone calls: wanting treatment, clinical follow up
- Disruptive behavior
- Patients from other areas: not target population of (federal) community health center
- Limited knowledge or understanding of addiction
- Knowledge of billing
- Limited addiction supports: limited providers involved



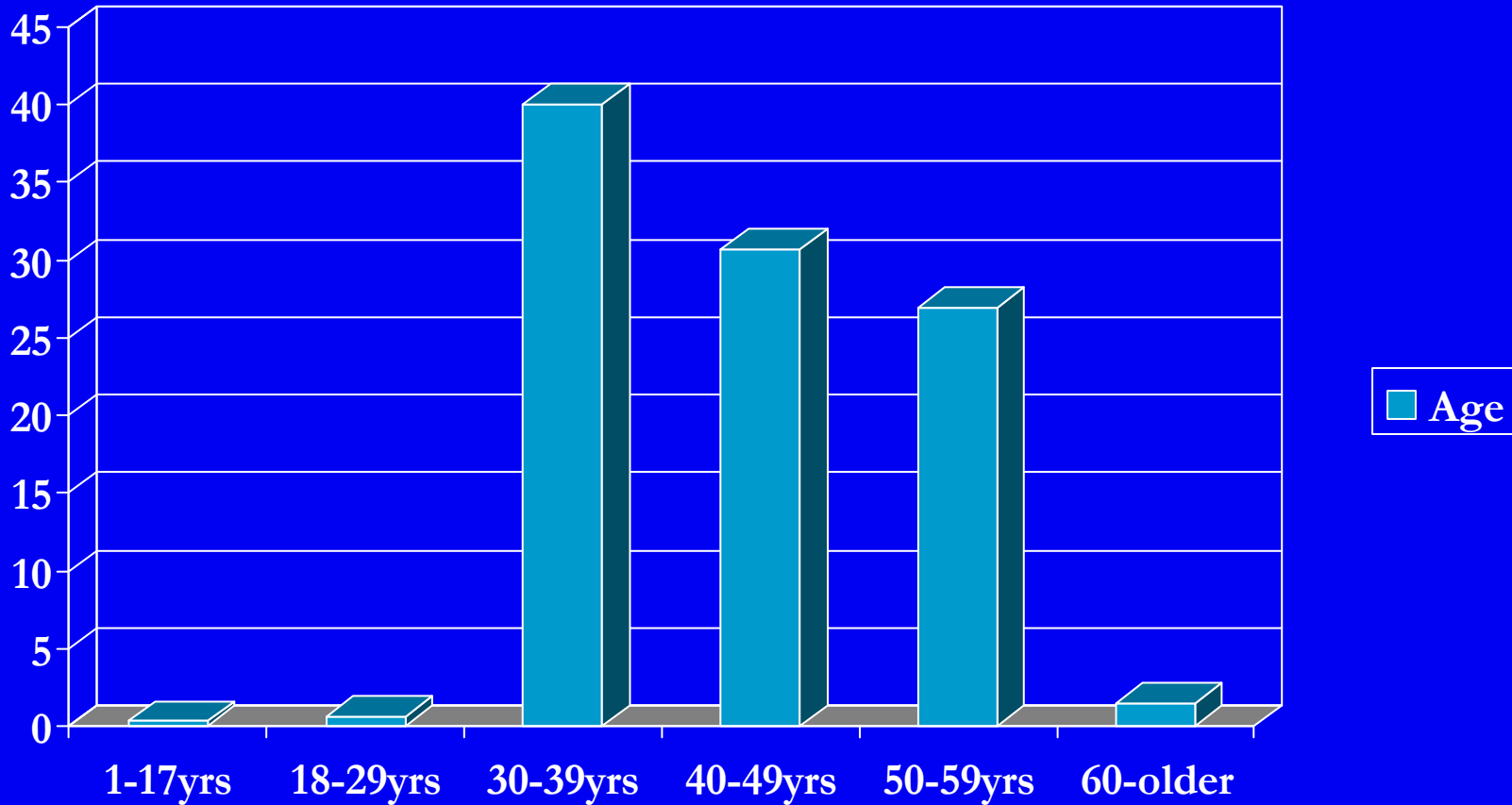


Site Successes:

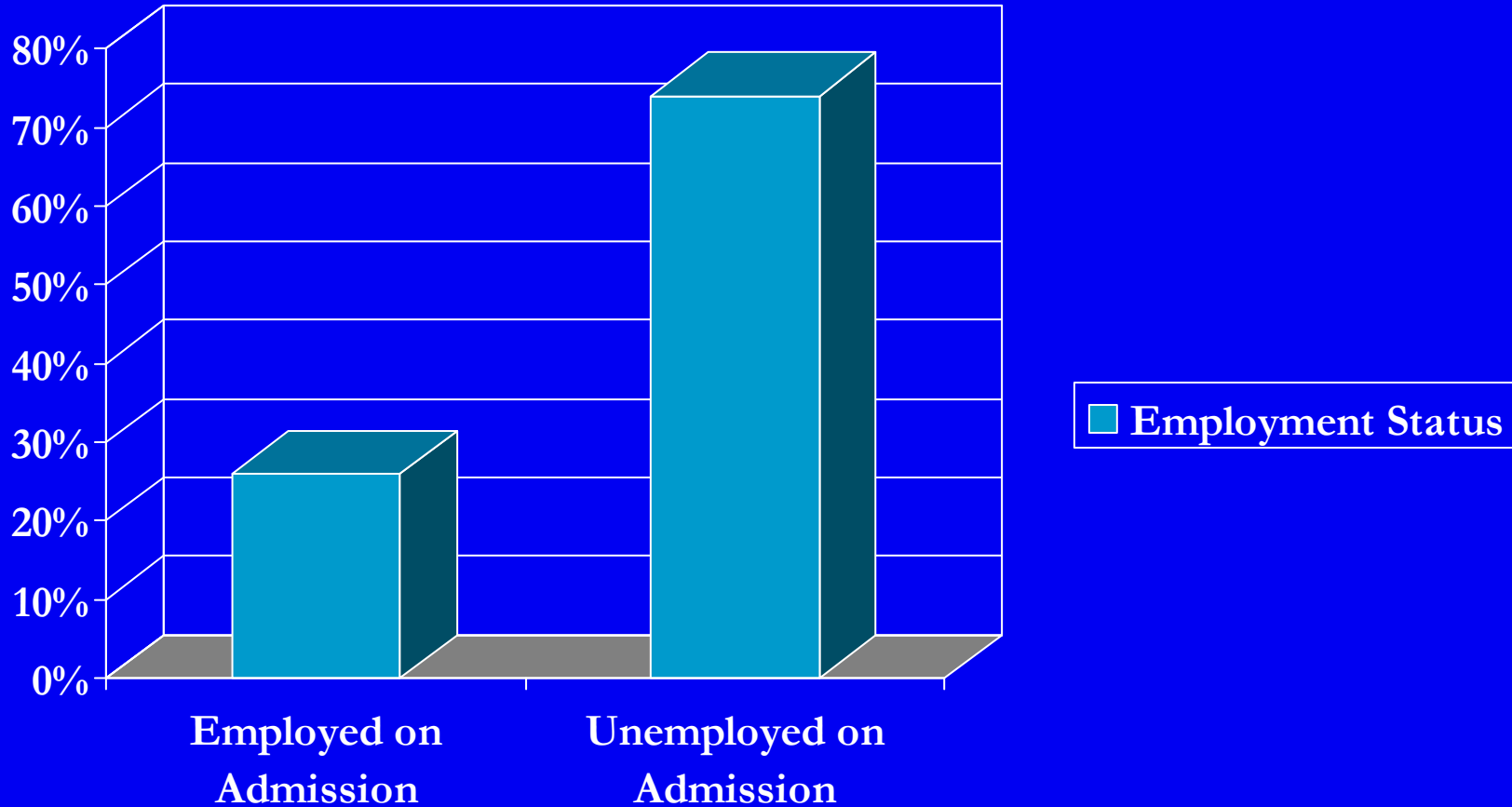
- Increased access to treatment
- Facilitated addiction treatment into community settings
- Removing Stigma
- Engaged providers
- Educated staff at all levels
- Facilitated engagement of patients into care: HIV, HCV, DM, HTN, etc.
- Reimbursable service in community health centers



Age on Admission to Treatment:

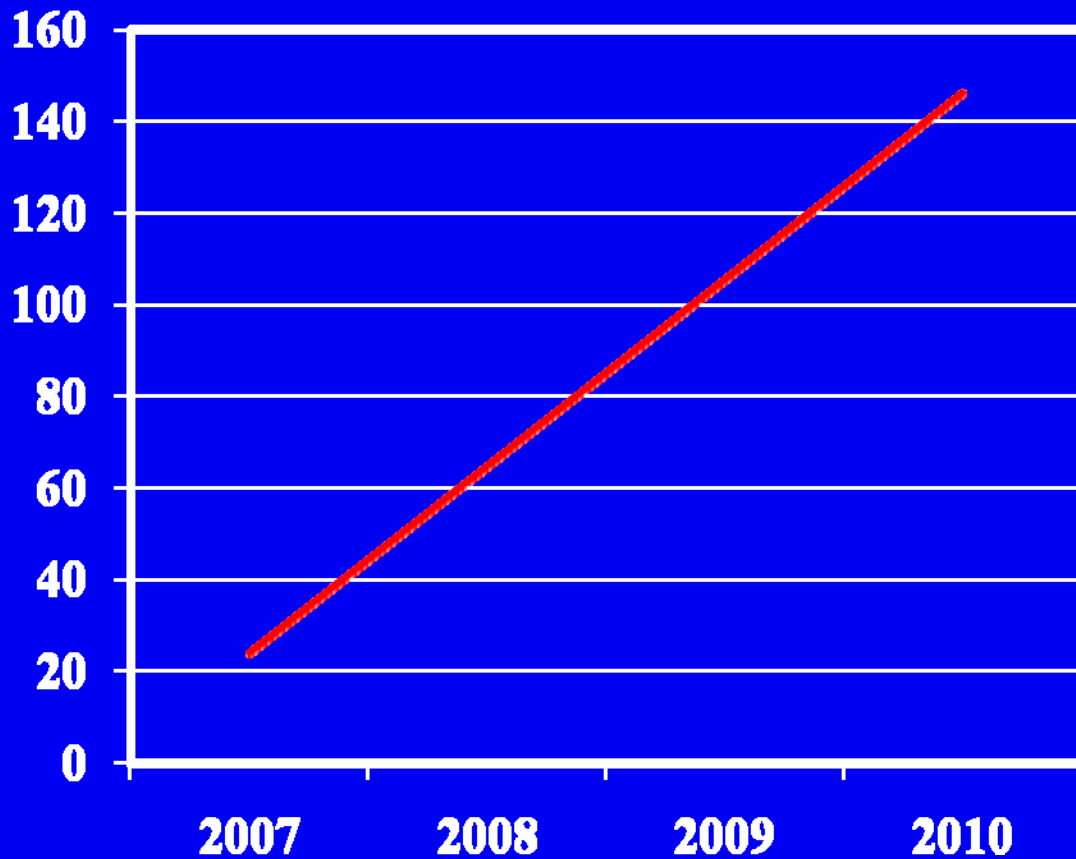


Employment Status:



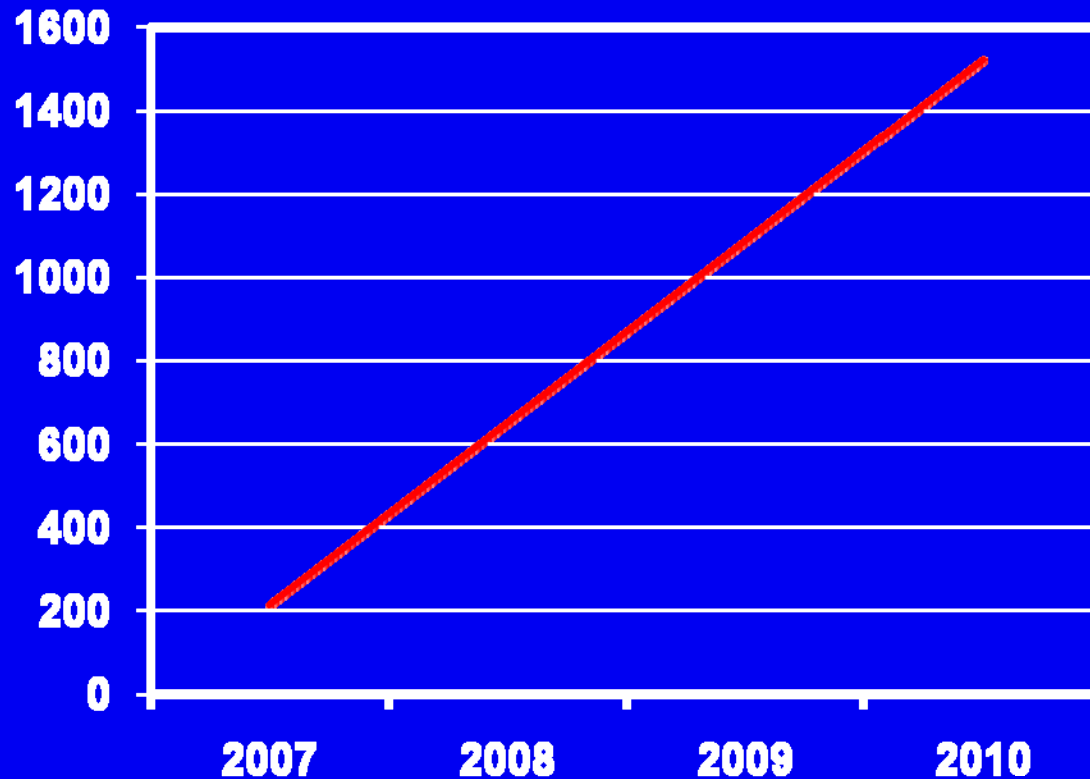


STATE OBOT B MD's Waivered in Community Health Centers:



Providers Waivered

STATE OBOT B Patients receiving buprenorphine in CHC's:



- Patients currently
being treated with
buprenorphine



Issues with Current Sites:



- Provider turnovers: Physicians and nurses
- “Growing pains:” volume, treatment philosophy, reimbursement, compliance, population
- Administrative: staffing, DEA, supervisors limited knowledge
- Doctors: peer support, ongoing trainings
- Nursing needs: isolated, limited addiction knowledge, organizational, training, support





Issues with 5 Sites no longer Funded:



- Under utilization of grants funds
 - Non adherent to grant requirements
 - 1:100 rolling admission (2-3 new patients a week)
 - Weekly, state reporting
- Administrative Issues:
 - Knowledge, staff buy in
 - Not starting new patients..wait listing
 - Using staff to cover other areas
 - Using grant funds for other costs
 - Moving patients offsite locations for treatment





State Oversight:

- Accountability
- Technical support
 - Education: MD's, nurses, administrative
 - Best Practices
 - Updates on current issues
- Provider/Site support
 - Provider turnover: MD's, nurses
 - Support program and access to treatment





Next Steps:

- Utilizing nurse care manager models to expand treatment to more sites
- Increase level of education among providers in addiction treatment
- Look at drop out rates and reasons: improve retention
- Utilizing a multidisciplinary approach similar to HIV models of care
- Outreach to Hispanic, and African American opioid dependent
- Sustainability once funding ends: cost effectiveness, nurse model, other disciplines

