

**Models of Care  
Indian Health Service  
Buprenorphine Summit  
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# Disclosure

- Anthony Dekker, DO has presented numerous programs on Chronic Pain Management and Addiction Medicine. The opinions of Dr Dekker are not necessarily the opinions of the Indian Health Service or the USPHS. Dr Dekker has no conflicts to report.

# IHS Chronic Pain Treatment

- Controlled Substance Work Group
- Chronic Pain Treatment Work Group
  - Review and update your Chronic Pain Treatment Policy and Procedure
  - Support your Chronic Pain Treatment Team
  - Establish and Support the Chronic Pain Review Team
  - Educate the patient, family, community and providers in the areas of Chronic Pain Evaluation and Treatment

**Pain Patient on Chronic Opioids**

**+**

**IHS Provider**

**Are chronic opioids appropriate?**

**YES!**

Re-document:

Diagnosis  
Work-up  
Treatment goal  
Functional status  
Pain P&P ↓

Monitor Progress:

Medication counts  
Function  
Refill flow chart  
Occasional urine toxicology  
Adjust medications  
Watch for scams

**UNSURE**

Physical Dependence vs Addiction:

Chemical dependence screening

Toxicology tests

Medication counts

Monitor for scams

Reassess for appropriateness

**YES!**

Discontinue opioids  
Instruct patient on withdrawal symptoms  
OBOT Buprenorphine  
Tell patient to go to ER if symptoms emerge

**NO**

Educate patient on need to discontinue opioids

Emergency?

ie: overdoses  
selling meds  
altering Rx

**NO!**

Stop or quick taper (document in chart)

↳ OR

10-week structured taper

↳ OR

Discontinue opioids at end of structured taper

# Buprenorphine Hx in IHS

- 2002 Clinical Trainings for IHS physician staff
- 2003 P&T approval for sublingual buprenorphine
- 2006 over 100 IHS and tribal physicians waived
- 2010 over 200 IHS and tribal physicians waived and over 200 NPs and PA-Cs trained in OBOT

# IHS and Tribal Clinical Need

- IHS and Tribes have over 350 clinical sites without consistent physician coverage. NPs and PA-Cs provide primary care for these settings. Telemedicine contact with physicians is highly utilized. All providers have individual DEAs. These patients are not able to access OBOT services.

# Buprenorphine Services

- Several models exist
- Residential Treatment Centers
- Intensive Outpatient Programs with agonist therapy
- OTPs
- Most are outpatient clinical settings with waived physicians and pharmacy services.

# Buprenorphine Use 2009

- Approximately \$1.2 million obligated for buprenorphine purchases in 2009, most Suboxone and Subutex.
- This would equate with approximately 400,000 doses. This does not include AI/AN patients who fill their prescriptions at non IHS, non Tribal pharmacies
- PIMC has treated over 300 patients with SL buprenorphine