



# Bringing Buprenorphine Prescribing to MAHEC

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## WHAT WE LEARNED

**Buprenorphine treatment is socially and medically challenging thus difficult to implement at MAHEC.**

**However, the scope of the problem warrants offering training to increase access locally and expose residents to a lifesaving therapy.**

### BACKGROUND

Opiate abuse is a growing public health problem both nationally and especially in the rural south. Opiate replacement therapy with buprenorphine has been shown to be one of the safest and most effective methods of treatment for opiate dependence and abuse but lack of access limits the number of patients who can receive treatment. Prescribing buprenorphine at MAHEC would both increase access in this area and expose physicians in training to this important area of treatment.

### OBJECTIVES

- Identify other residencies that have successfully implemented buprenorphine treatment
- Assess staff attitudes and level of knowledge regarding office based buprenorphine treatment
- Identify and overcome barriers to implementation to buprenorphine initiation at MAHEC

### METHODS

**Study Design:** Mixed-methods

- Literature Review:** Medline search “buprenorphine or subutex or suboxone” plus “family practice or family medicine or internal medicine” plus “residency”



### METHODS

#### 2. Web Search & Contact FM Residency Programs

Four programs prescribing buprenorphine were directly contacted. Participating programs identified via web search.

#### 3. Contact with Area Substance Abuse Professionals

Pitfalls and best practices of prescribing were discussed with several area psychiatrists.

#### 4. Cross-sectional Survey

**Participants:** MAHEC and regional providers

**Survey:** 11-question electronic survey

Staff opinions of the scope of opiate abuse amongst the MAHEC patient population

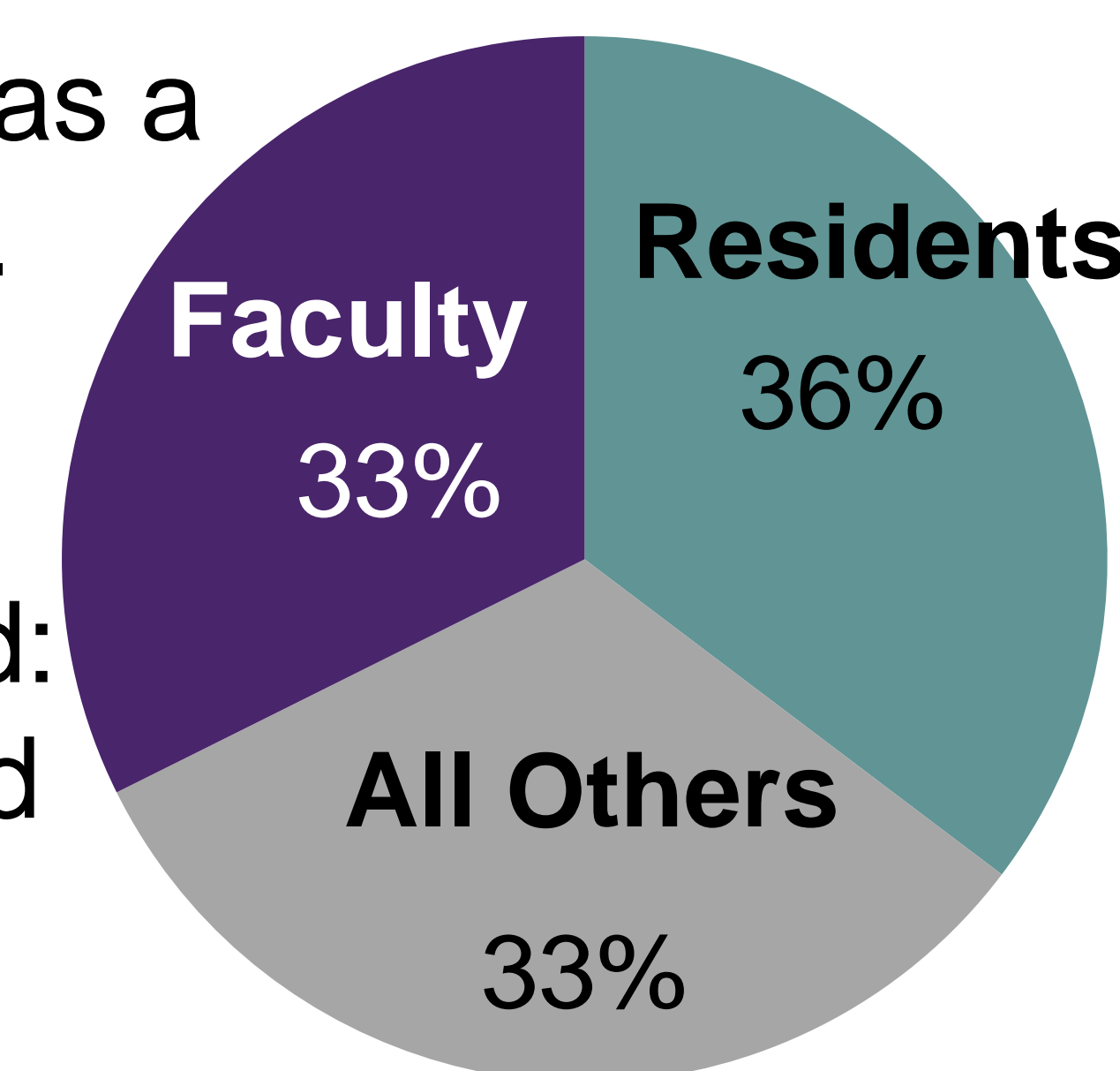
Comfort level of providers and staff with buprenorphine therapy.

**Administration:** Electronic (SurveyMonkey) via Email

**IRB:** Exempt

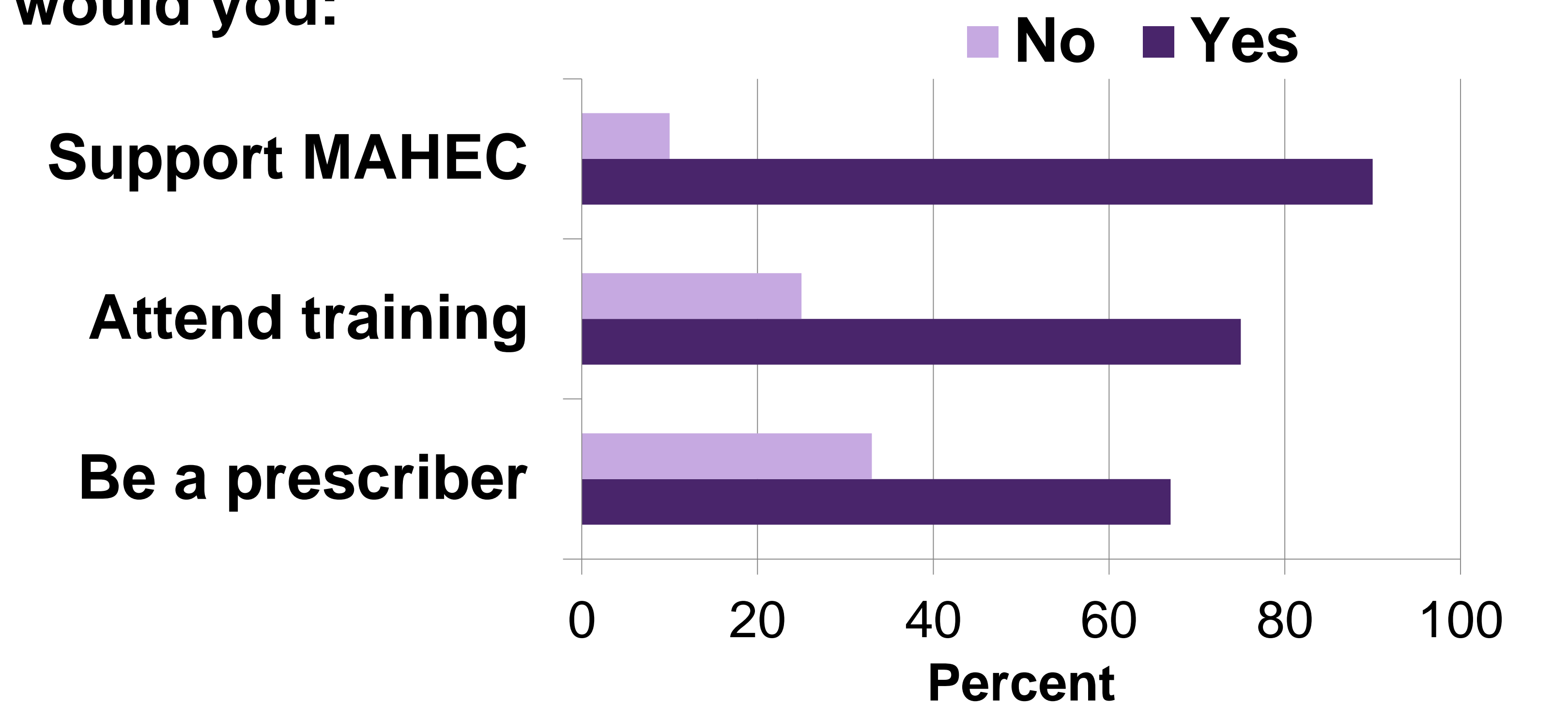
### RESULTS

- There is a paucity of published articles.
- ~ 20 FM Residency programs prescribe buprenorphine. Faculty say their practices are accessible and prescribing is worthwhile once providers are sufficiently trained.
- Valid screening is needed to identify appropriate patients.
- Survey Participants: N=57
  - ❖ Overall, opiate and substance use was a significant problem among our patients.
  - ❖ Attitudes were positive towards prescribing buprenorphine at MAHEC.
  - ❖ Several important concerns identified:
    - Fear of attracting more difficult and high-risk patients
    - Scheduling and logistics problems



### RESULTS

**If MAHEC were to begin buprenorphine prescribing, would you:**



### DISCUSSION

Buprenorphine treatment for opiate dependence has been successfully implemented by some family medicine residencies. At MAHEC, providers and staff are generally supportive of this practice. Barriers identified include: creating space in schedules for frequent patient visits, finding adequate therapy and mental health resources for patients, and lack of familiarity and comfort with buprenorphine among prescribers and staff.

### NEXT STEPS

- ❖ Solidify clinic policies for patient selection, scheduling, retention and discharge
- ❖ Recruit additional faculty members to attend training
- ❖ Obtain DEA waiver training to allow residents and faculty to prescribe buprenorphine (currently scheduled for July)
- ❖ Obtain clarification for billing and HIPPA ramifications from business office





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