"Real World" Implementation of Medical Maintenance & Other Delivery Systems

Ron Jackson, M.S.W.
Evergreen Treatment Services
Seattle, WA

Methadone Maintenance in Primary Care

- A partnership between a community-based teaching hospital (Harborview Medical Center) and a community-based treatment agency (Evergreen Treatment Services). Services provided within existing funding mechanisms, I.e., Medicaid and private pay.
- Policy research component funded by Robert Wood Johnson Foundation.

Program Structure
"Hub Model"

- Satellite of existing NTP
  - ✓Allows close linkage and easy transfer
  - ✓FDA (now CSAT) Medication Unit
  - ✓Physicians registered on NTP license
  - ✓Registered as DEA Narcotic Treatment Program
  - ✓State license as a Medication Unit

Patient Selection

- Demonstrated responsible use of take-home doses
- Currently visit OTP no more than 3 times each week
- 12 months of clinical stability
- Recommended by MTP
- Total of 30 patients

Physician Training

- Ten generalist physicians in one clinic
- Single introductory session
- Visit to OTP
- Ongoing clinical support

Pharmacy Dispensing Model

- Harborview pharmacy plays major role
- Pharmacists trained with physicians
- Pharmacy orders and stores methadone
- Separate detailed records
- Satellite pharmacy office in the medical clinic is dispensing site - early hours

Program Elements

- Monthly physician visits
- Up to one-month supply of solid methadone
- Continued OTP counseling *optional*
- Monthly urine drug testing
- Medication “call-back” program

Evaluation Component

- Funded by RWJ Foundation
- Evaluation of safety and feasibility
  - ✓Patient retention and urinalysis results
  - ✓Addiction Severity Index composite scores
  - ✓Service utilization
  - ✓Patient, physician, pharmacist, and staff satisfaction

Implications

- Addresses the isolation and stigma of methadone treatment
- Improves access to methadone treatment
- Increases physician knowledge and experience

Mobile Service Delivery

Historical Background

- Dr. Joe Brady's presentation on his NIDA-funded van project in Baltimore at CPDD in 1992
- Dr. Alonzo Plough comes from Boston to become Director of Public Health - Seattle, King County
- Seattle's heroin situation in the late 1990's
  - ✓ Increasing problems associated with heroin - overdose deaths, arrests, and Emergency Room mentions
  - ✓ Growing waiting list for treatment - both at treatment programs and Needle Exchanges
  - ✓ Difficulty in establishing fixed sites to increase treatment access

Planning and Funding

- CSAT Targeted Capacity Expansion (TCE) Grant GFA in 1998
  - ✓Local team assembled to write grant including treatment provider and county health officials
  - ✓proposed the van service plus funding for treatment vouchers and program evaluation
- Grant award October, 1998 begins the revision process of original plan and continues to provide funding for treatment.
  - ✓CSAT TCE Grant # 1 H79TI 11569

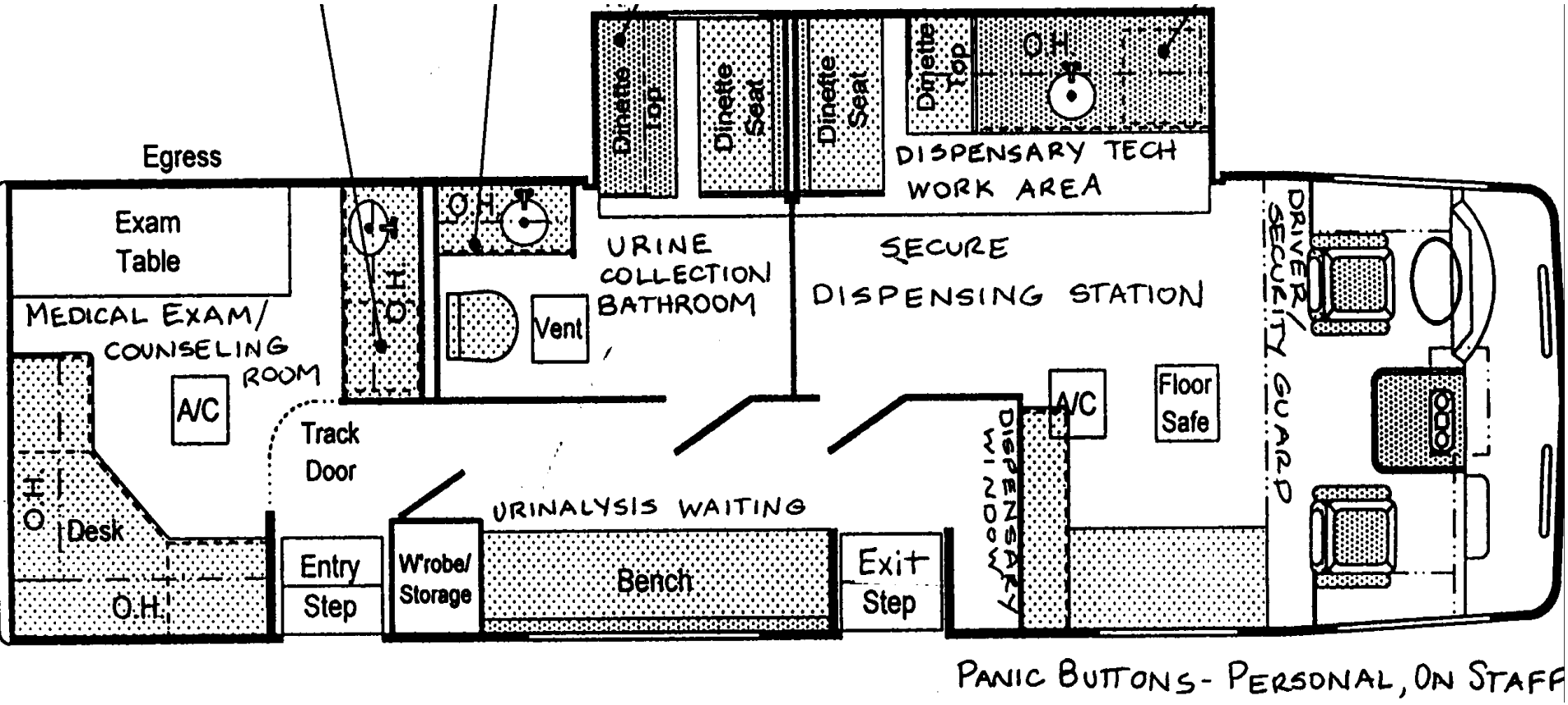
Project Goals

- Establish a mobile opiate substitution treatment program
- Expand treatment capacity
- Streamline access to opiate substitution treatment
- Evaluate efficacy, efficiency, and acceptability of mobile services
- Enhance harm reduction strategies

Assembling a Public/Private Partnership

- Public Health Department
  - ✓Clinics - siting
  - ✓Needle Exchange - voucher distribution
  - ✓Leadership
  - ✓Evaluation - Egret study
- Evergreen Treatment Services
  - ✓Design and implementation
  - ✓Program staffing & delivery
- Local political leadership

Vehicle Design



Special acknowledgement to Carol Butler, NCACI, Reach Mobile Health, Baltimore, MD.

Final Product

Dispensary Window

Interior View

Medical Exam Room

Site Selection Criteria

- Partner with any health/mental health clinic
- Parking for 35-foot van and patients
- Privacy for patients
- Private office for counselor
- Enthusiasm for program
  - ✓Prior experience with on-site CD services
  - ✓Staff acceptance
- Landlord cooperation
- Proximity to public transportation

Building Relationships

- Meetings with potential site leadership
- Identifying key requirements and conditions of prospective site
- Identifying potential threats and opportunities of site
- Educating leadership, staff, and governing bodies
  - ✓ Written materials (FAQs, Program description, van design, etc.)
  - ✓ Face-to-face meetings

Finalizing Relationships

- Networking with a few, select CBOs and/or key leaders
- Final articulation of respective expectations
- Written agreement (MOU) to proceed
- Written notification to and approval from federal and state regulatory agencies

Regulatory Approval Issues

- FDA - separate NTP – now an OTP – with fixed virtual address and each parking site articulated - if change, requires prior approval.
- DEA - separate NTP, got copies of FDA app.
  - ✓ all meds stored overnight in fixed site drug safe
  - ✓ van safe with contact alarm; panic alarm, GPS
- Washington State Board of Pharmacy
- Washington State DASA - branch facility approval - if change sites, requires prior approval
- King County license

Implementation Components

- Clinical policies and procedures
- Referral Procedures and Voucher Distribution
- Operations Plan
  - ✓Van issues –storage, drivers, alarms, waste disposal
  - ✓dispensary issues, including U/A collection
  - ✓patient orientation,scheduling, transfer issues
  - ✓recordkeeping
    - ➢Financial
    - ➢Dispensing
    - ➢Medical records
- Staff training
- Media plan

Evaluation Goals

- Describe changes in illicit drug use, criminal activity, and social functioning associated with mobile program
- Compare HIV injection risk behavior among patients enrolled in mobile program to other IDUs
- Analyze treatment utilization, retention, and completion among patients in mobile program compared to traditional methadone programs
- Evaluate whether mobile treatment is equally effective for population sub-groups

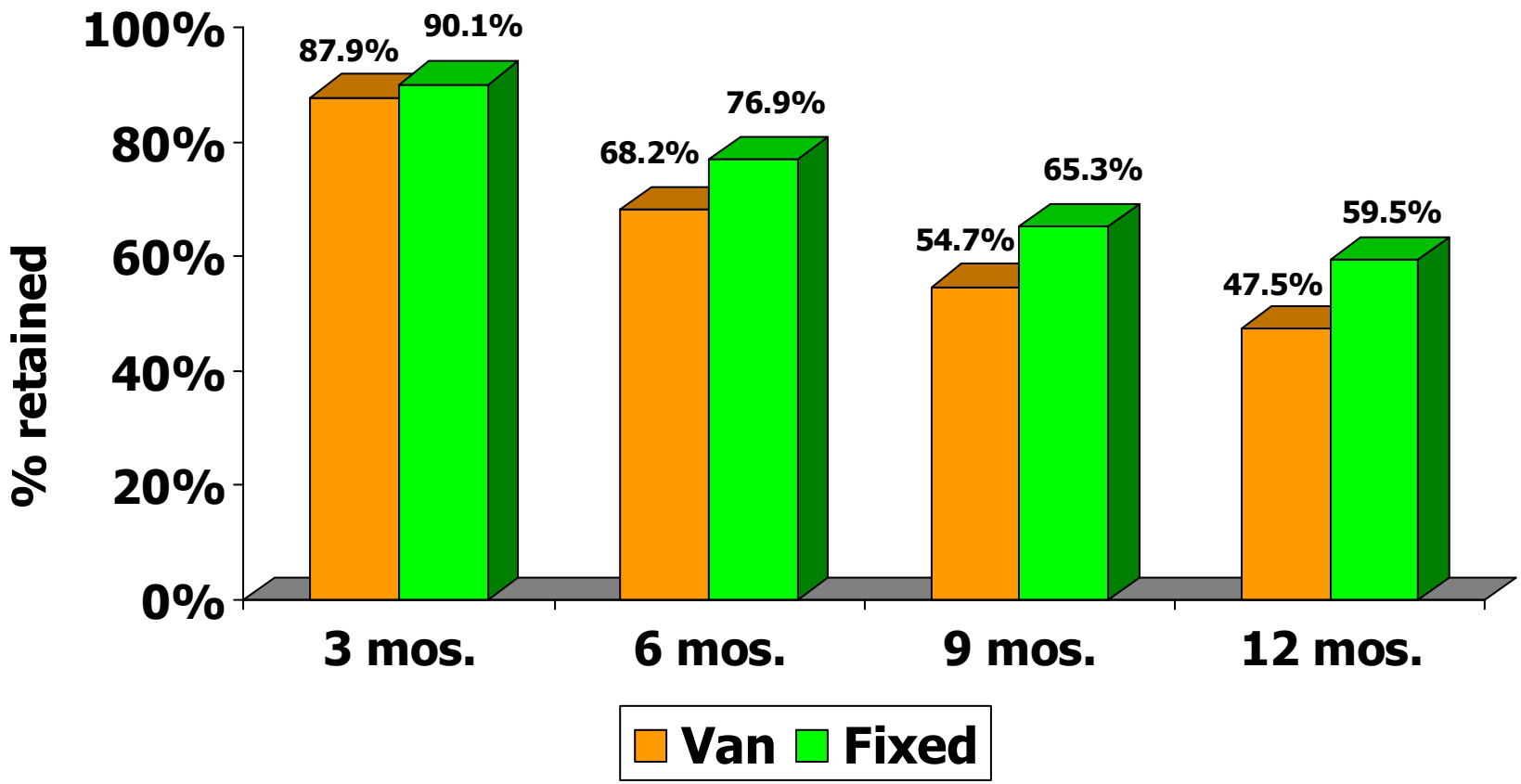
Evaluation Plan

- Patient characteristics in mobile compared to fixed and out-of treatment
- Patterns of service utilization
- Address hypotheses related to patient outcome:
  - ✓retention
  - ✓addiction severity
  - ✓risk behavior
- Interviews conducted by Egret staff to insure validity/reliability of patient self-report

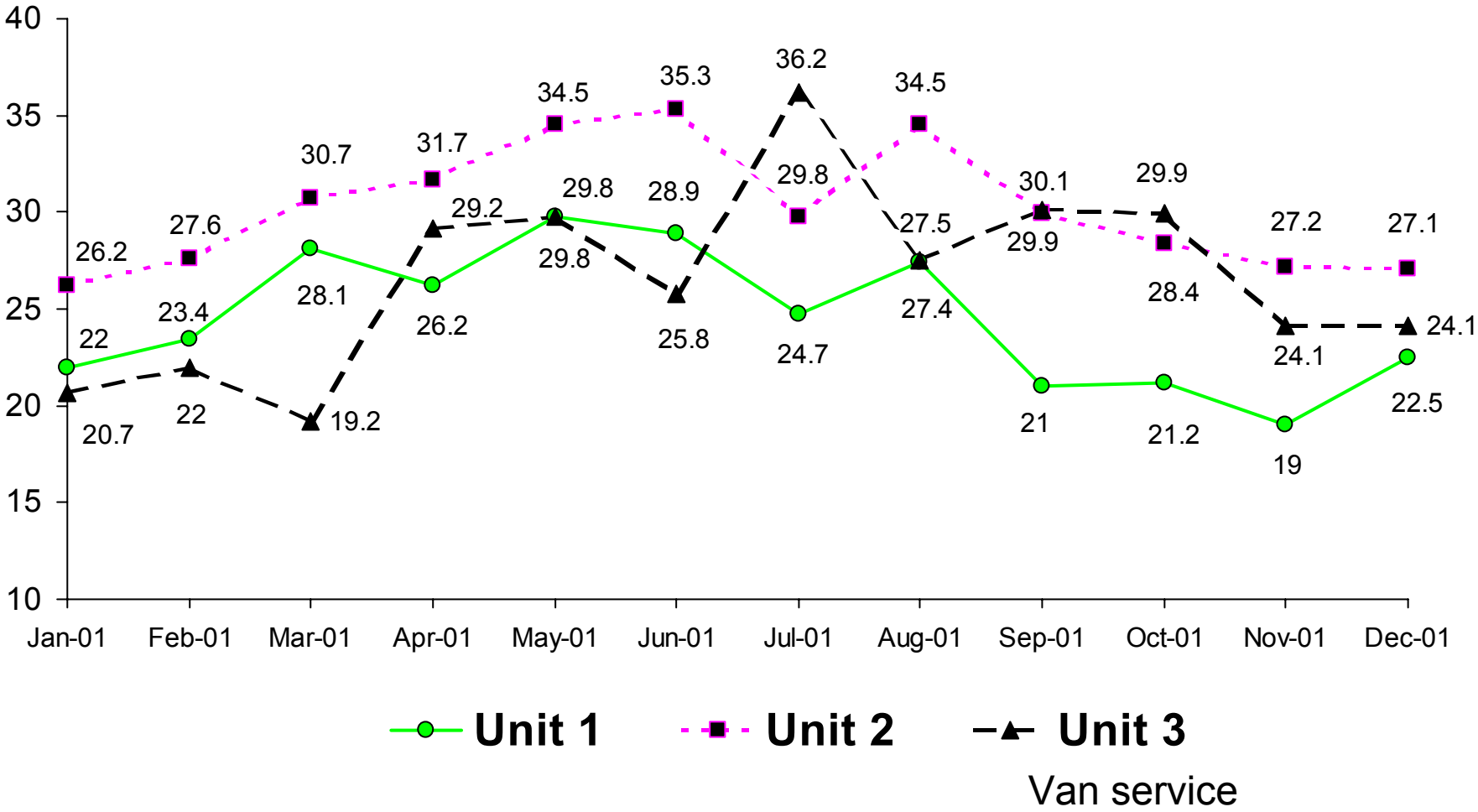
Evaluation Tools

- Two comparison groups: fixed site and out-of-treatment sample
- ASI Lite CF, revised to add GPRA elements (CSAT grant requirement), at baseline, 6 months, 12 months, 18 months
- Injection risk behavior assessment tool from Raven study
- Treatment service utilization data from State alcohol/drug database (TARGET)

Preliminary Retention Outcomes



Percentage of Patients with + U/A
January – December, 2001



Van service