“Real World” Implementation of Medical Maintenance & Other Delivery Systems

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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
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

<table>
<thead>
<tr>
<th>Duration</th>
<th>Van</th>
<th>Fixed</th>
</tr>
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<tbody>
<tr>
<td>3 mos.</td>
<td>87.9%</td>
<td>90.1%</td>
</tr>
<tr>
<td>6 mos.</td>
<td>68.2%</td>
<td>76.9%</td>
</tr>
<tr>
<td>9 mos.</td>
<td>54.7%</td>
<td>65.3%</td>
</tr>
<tr>
<td>12 mos.</td>
<td>47.5%</td>
<td>59.5%</td>
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</tbody>
</table>
Percentage of Patients with + U/A
January – December, 2001

Jan-01  Feb-01  Mar-01  Apr-01  May-01  Jun-01  Jul-01  Aug-01  Sep-01  Oct-01  Nov-01  Dec-01

Unit 1

Unit 2

Unit 3

Van service