



Physician Clinical Support System – Buprenorphine (PCSS-B)

A SAMHSA/CSAT Supported Educational Resource
for Those Treating Patients with Opioid Dependence

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Core Components of the PCSS-B

- National Steering Committee
- Clinical Personnel
 - Medical Director
 - Clinical Experts
Paul Casadonte, Judy Martin, Ellie McKance-Katz, John Renner,
Andy Saxon
 - 94 Mentors
- 5047 Participants
- Guidances
- Website (www.pcssmentor.org)
- Warmline
- Outreach

National Steering Committee

- American Academy of Addiction Psychiatry (AAP)
- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Academy of Pediatrics (AAP)
- American Association for the Treatment of Opioid Dependence (AATOD)
- American College of Physicians (ACP)
- AIDS Education and Training Center (AETC)
- American Medical Association (AMA)
- Association for Medical Education and Research in Substance Abuse (AMERSA)
- American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- American Pain Society (APS)
- American Society of Addiction Medicine (ASAM)
- Addiction Treatment Technology Center (ATTC)
- College on Problems of Drug Dependence (CPDD)
- Center for Substance Abuse Treatment (CSAT)
- Health Resources and Services Administration (HRSA)
- National Alliance of Advocates for Buprenorphine Treatment (NAABT)
- National Alliance of Methadone Advocates (NAMA)
- National Association of State Alcohol and Drug Abuse Directors (NASADAD)
- National Association of Community Health Care Centers
- National Institute on Drug Abuse/Clinical Trials Network (NIDA/CTN)
- New York Academy of Medicine (NYAM)
- Society of General Internal Medicine (SGIM)
- Society of Teachers of Family Medicine (STFM)
- US Department of Veteran's Affairs (VA)

Core Services of the PCSS-B

- Mentors
 - Chosen for clinical and teaching experience
 - Provide: Email and telephone support and on-site demonstration
- Guidances
 - 2-4 page documents, created by PCSS, with grades of evidence, addressing common clinical and logistical issues
- Website
 - PCSS registration
 - Listing of Mentors
 - PCSS Clinical Guidances
 - Clinical Resources (e.g. TIP 40)
 - Links to CSAT, training and related websites
- Warmline
 - National system of telephone and email triage, usually within 24 hours
 - Requests for mentors, general information, physician locator, training
- Outreach
 - Liaison efforts with national, state and local medical societies
 - Newsletter

Mentor Characteristics PCSS-B

(N=94)

Specialty

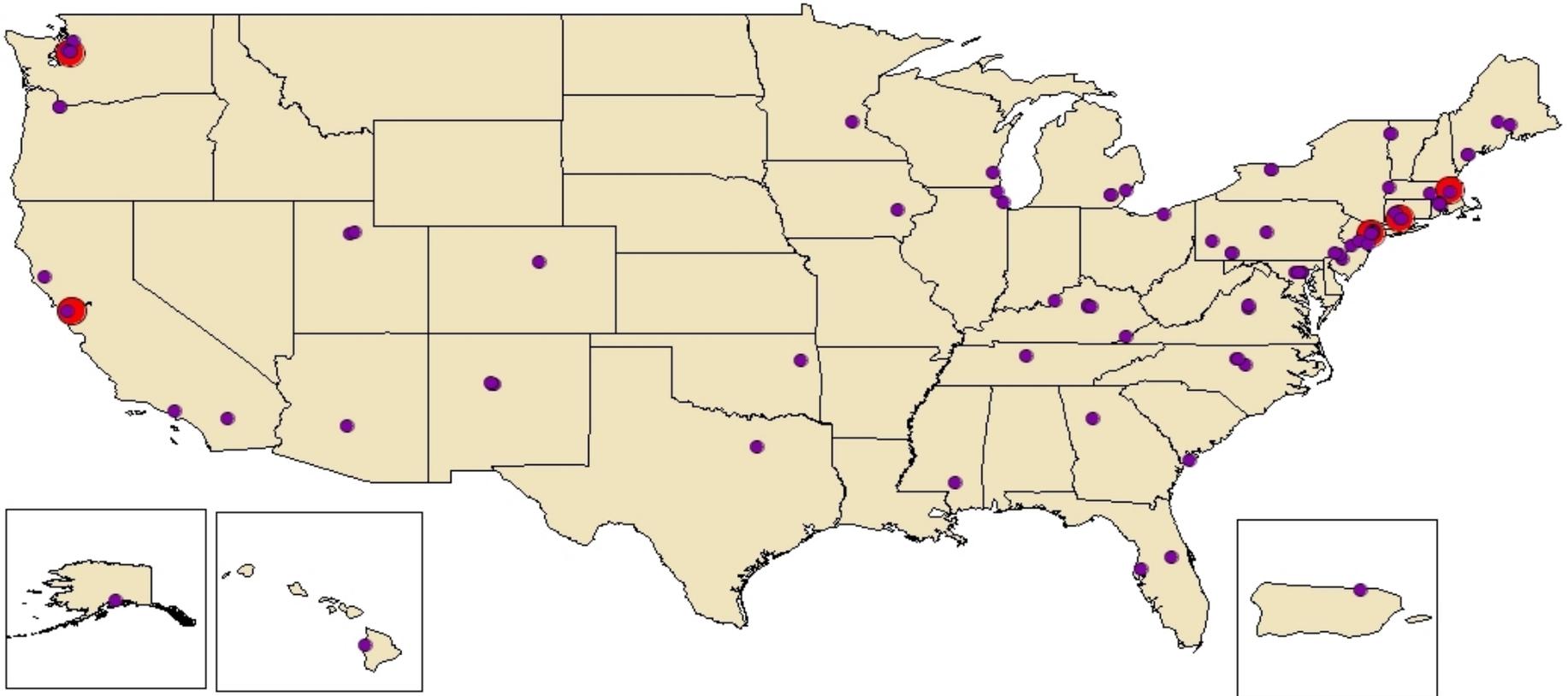
- Psychiatry 38%
- Internal medicine 28%
- Family medicine 17%
- Addiction Medicine/Psychiatry 14%

Certified in Addiction Medicine 81%

Primary Practice Settings

- Treatment program 56%
- Private practice 21%
- Academic institution 19%

PCSS-B Clinical Experts & Mentors



PCSS-B

- Mentors_Feb2009
- Clinical Experts

Participant Characteristics PCSS-B

N=5047

Participant Demographics*

- Mean age is 50
- 31% are female
- 19% certified in addiction medicine
- 37% reported that they had <1 year of experience treating opioid dependence
- 25% reported that more than a quarter of their patients were abusing prescription opioids

Participant Specialties**

- | | |
|----------------------|-----|
| • Psychiatry | 37% |
| • Family medicine | 23% |
| • Internal medicine | 14% |
| • Addiction medicine | 3% |
| • Other/unknown | 23% |

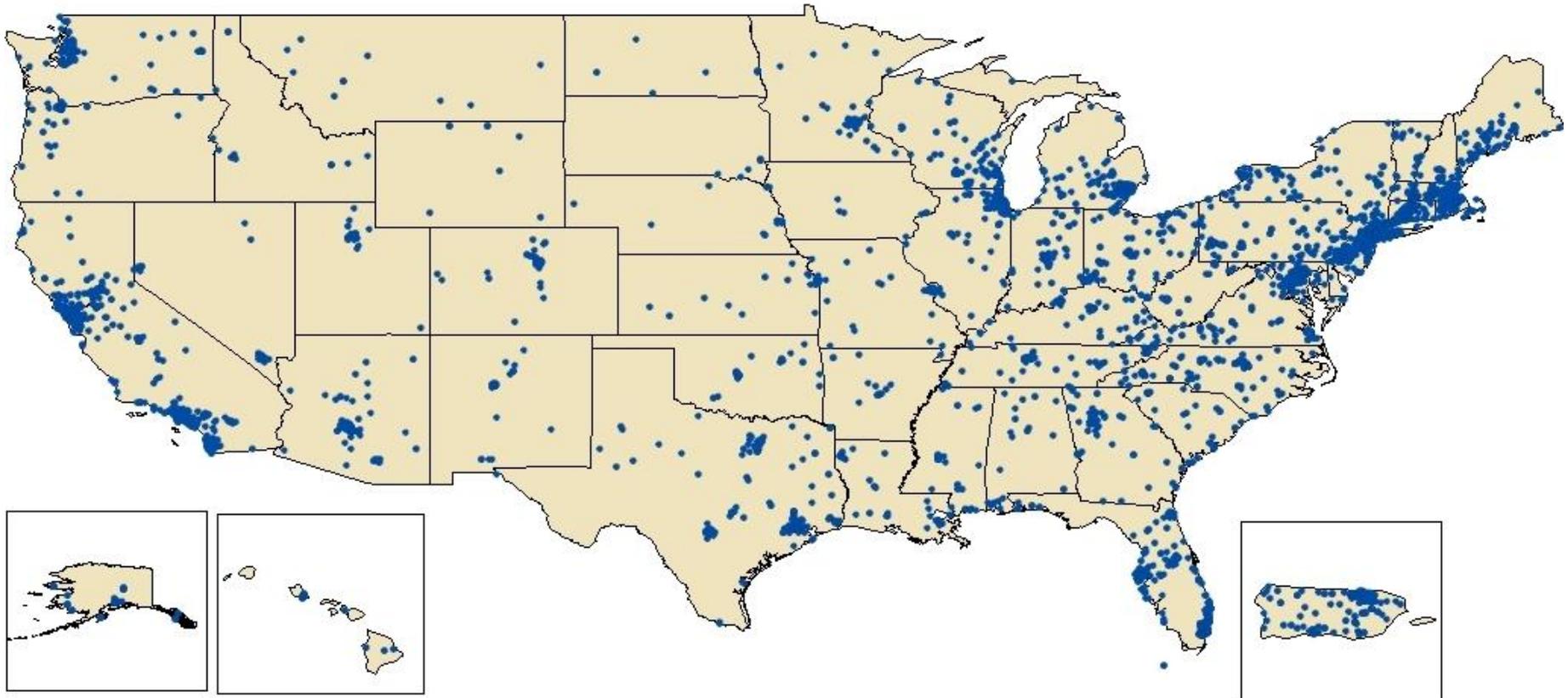
Primary Practice Settings **

- | | |
|------------------------|-----|
| • Private practice | 46% |
| • Treatment program | 4% |
| • Academic institution | 8% |
| • VA | 1% |
| • Other | 41% |

* Of participants who completed baseline (N=261)

** Of all registered participants (N=5039)

PCSS-B Registered Participants



PCSS-B

- Registered Participants



Mentor Services Provided PCSS-B

(as of 05/01/10)

- 1,551 contacts by 683 participants in 49 states, Washington DC, and Puerto Rico
- Contacts
 - Email 45%
 - Telephone 35%
 - In person visits 19%
- Content
 - Clinical support 75%
 - Logistical support 17%
- Level of Urgency
 - Routine 83%
 - Urgent 17%

Clinical Support Requested

Top 5 clinical areas in which support was requested

- Medication dose management 33%
- Dosing induction procedure 32%
- Induction procedure timing 25%
- Clinical logistical assistance 20%
- Chronic pain 12%

Logistical Support Requested

Top 5 logistical areas in which support was requested

- Scheduling 42%
- Payment 35%
- Provider availability 28%
- Paperwork 24%
- Medication supply 22%



Mentor Report

Case (over the telephone, routine):

Description of problem: *Wanted to induce the first patient onto buprenorphine for this large practice. Review of eligibility, induction procedures, prescription procedures, dosing.*

Assistance Provided: *Reviewed patient profile. Walked provider through induction procedures. Discussed labs and paperwork (consent/contract, COWS, controlled substances flow sheet). Sent copy of induction guidelines and consent form. Referred to CSAM website.*

Mentor comments: *Large practice with 4 doctors recently trained and certified now finally getting off the ground-this has been a few years in the making.*

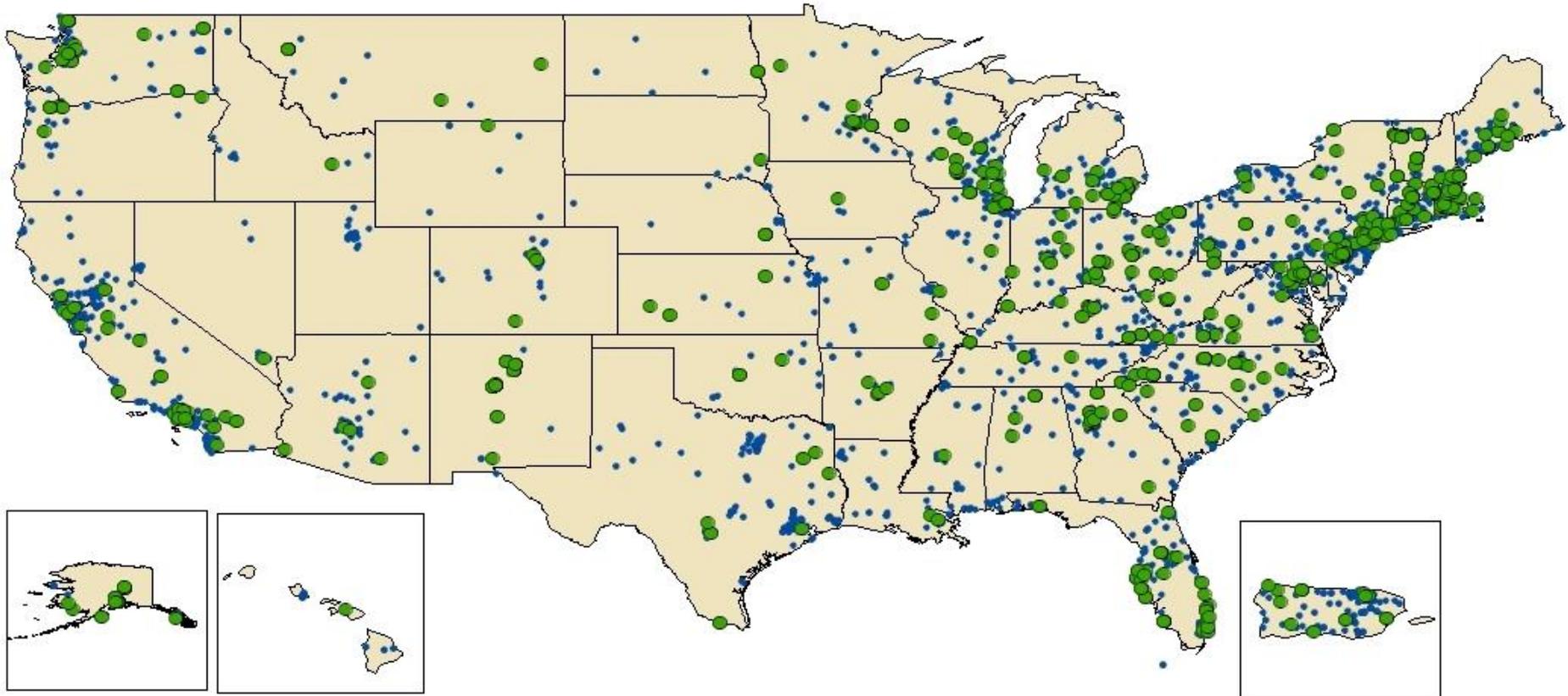


Mentor Reports

- *This encounter appears to have allowed the [PCSS participant] to go forward in treating this patient who he would otherwise have turned away from treatment.*
- *New buprenorphine provider in my office. Took the course many months ago and was reluctant to start. I offered full "hand holding" which he accepted to help get him started.*
- *Dr. X was happy to have someone to talk to about her patients and seemed more eager to continue with starting buprenorphine after our conversation.*
- *This is a well established provider just looking for an opportunity to compare notes about patient management*

PCSS-B

Registered Participants & Mentor Contacts

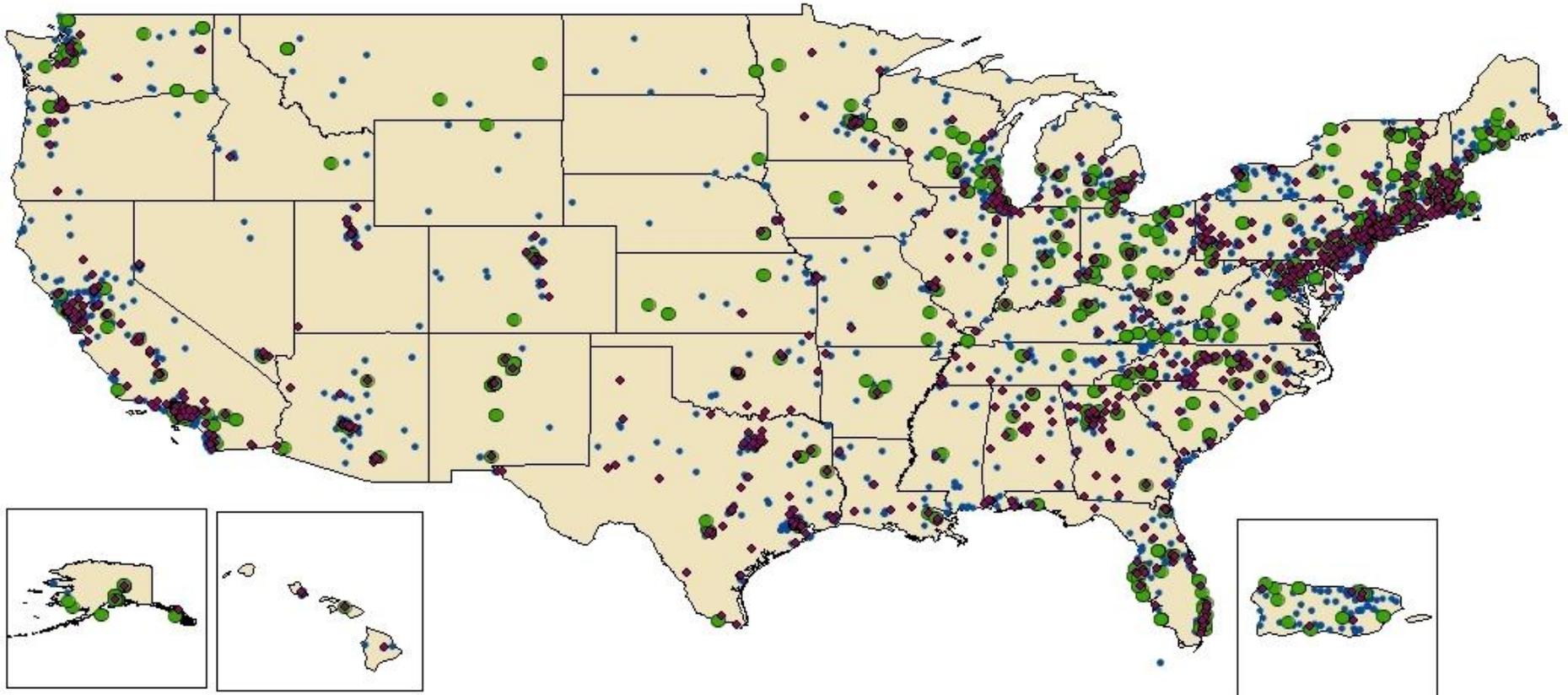


PCSS-B

- Registered Participants
- Mentor Contacts

PCSS-B

Participants, Mentor Contacts, Methadone Treatment



PCSS-B

- Mentor Contacts
- Registered Participants
- ◆ Methadone Tx

PCSS-B Guidances

- Management of Acute Pain in Patients Receiving Buprenorphine
- Management of Psychiatric Medications in Patients Receiving Buprenorphine/naloxone
- Monitoring Liver Function Tests and Hepatitis in Patients Receiving Buprenorphine/naloxone
- Opioid Therapies, HIV Disease and Drug Interactions
- Physician Billing for Office-based Treatment of Opioid Dependence
- Pregnancy and Buprenorphine Treatment
- Transfer from Methadone to Buprenorphine

PCSS-B Guidances (cont)

- Psychosocial Aspects of Treatment in Patients Receiving Buprenorphine/naloxone
- Buprenorphine Induction
- Adherence, Diversion and Misuse of Sublingual Buprenorphine
- Drug Enforcement Administration Requirements for Prescribers and Dispensers of Buprenorphine and Buprenorphine/naloxone
- Treatment of Opioid Dependent Adolescents and Young Adults Using Sublingual Buprenorphine
- The Off-Label Use of Sublingual Buprenorphine and Buprenorphine/naloxone for Pain

PCSS Website

PCSSmentor.org

Physician Clinical Support System



PCSS-Methadone

The SAMHSA-funded Physician Clinical Support System for Methadone (PCSS-M) is a free, nationwide program through which health care providers needing information and mentoring on methadone treatment for opioid addiction and/or pain can connect with experts in the field.

PCSS-M mentors provide telephone, email and on-site support. They come from across the country and work in licensed opioid treatment programs, pain clinics, primary care, and other practice settings.

The PCSS-M service is available, at no cost, to interested physicians and staff, to assist in the safe and appropriate use of



PCSS-Buprenorphine

The SAMHSA-funded Physician Clinical Support System for Buprenorphine (PCSS-B) is a free, nationwide program designed to assist practicing physicians, in accordance with the Drug Addiction Treatment Act of 2000, in incorporating into their practices the treatment of prescription opioid and heroin dependent patients using buprenorphine.

PCSS-B mentors provide telephone, email and on-site support. They come from across the country and work in a variety of medical specialties and health care settings including addiction treatment programs, primary care, office-based practice

PCSS Website Activity

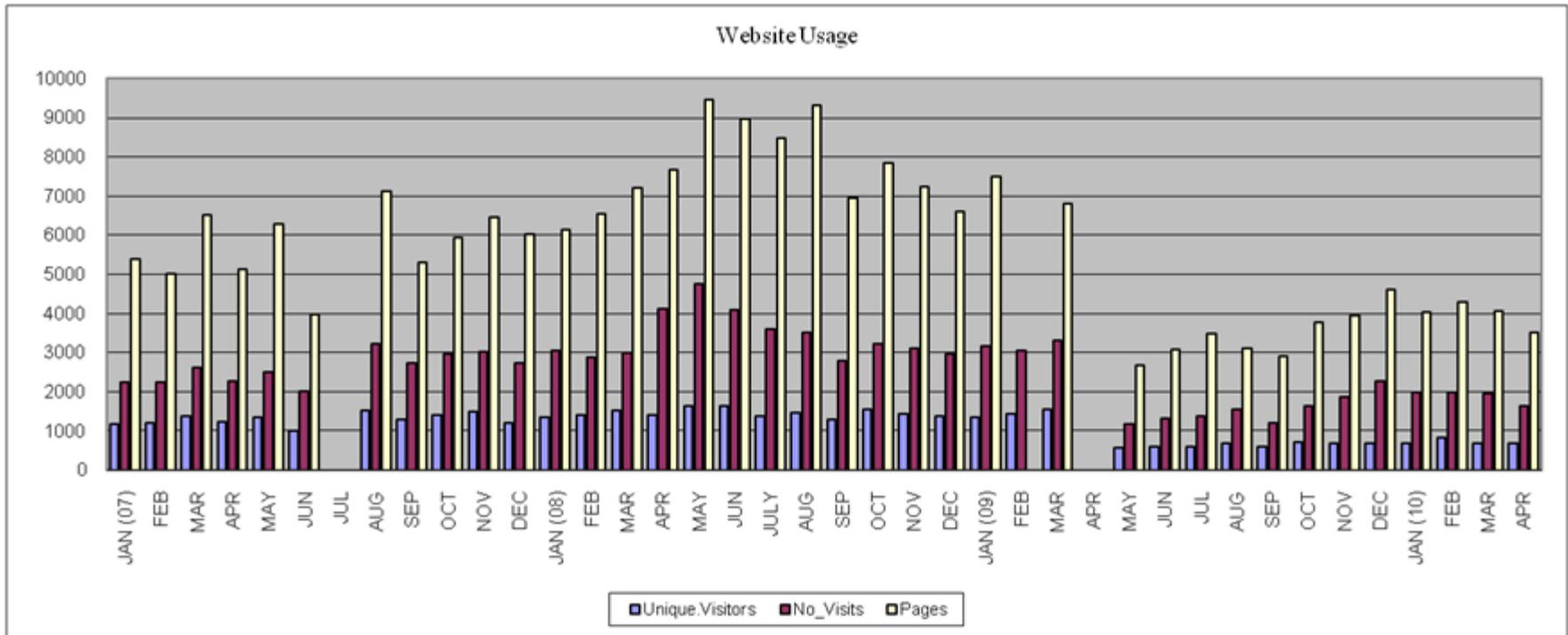
www.pcssbuprenorphine.org

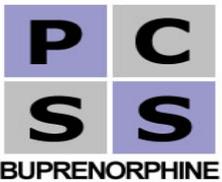
In 2009, there were:

- 12,893 unique visitors
- 30,412 visits
- 59,899 pages viewed

Since 2005, there have been

- 100,137 visits
- 215,454 pages viewed





Top 10 Documents Downloaded (2007-current)

Guidances:

Transfer from methadone to buprenorphine	4820
Pregnancy and buprenorphine treatment	3762
Acute pain in patients receiving buprenorphine	3364
Liver function tests and hepatitis in buprenorphine	3038
Billing for office-based treatment of opioid dependence	2608
Psychiatric medications in patients receiving buprenorphine	2532
Opioid therapies, HIV disease and drug Interactions	1001

Other:

DSM IV: Instructions	2271
Clinical Opiate Withdrawal Scale	1999
Tip 40: Clinical Guidelines for the Use of Buprenorphine	1748

PCSS-B Warmline

- Average of 100 inquiries and requests each month
 - 55% by email
 - 43% by phone
 - 2% by website and fax
- Requests:
 - 43% were from individuals seeking a mentor
 - 45% were requests for general information about the PCSS
 - 7% Information about buprenorphine courses/trainings
 - 5% continuing medical education
 - 4% buprenorphine physician locator
 - 3% how to become a mentor

PHYSICIAN CLINICAL
SUPPORT SYSTEM (PCSS)



PCSS Newsletter

MARCH 2010

PCSS is a free, federally funded program of individualized clinical education and information, over the phone or by email about buprenorphine, methadone, and safe opioid prescribing

Funded by the US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, Center for Substance

Four New Guidances

Four new guidances are posted—ready for you to use and share with your colleagues. Three are in the PCSS-Buprenorphine section of www.PCSS-mentor.org. Click on Resources, then on Clinical Guidances.

DEA representatives have increased their visits to physicians who have a DEA certification to prescribe buprenorphine for office-based treatment of opioid addiction. As those DEA visits begin, you may have questions regarding this process. The PCSS has

The guidance summarizes the results of the previous round of DEA visits. The investigations initiated in 2010 will add to these figures, but as of 9/10/2009, there had been 593 DEA visits – to about 3.4% of the 17,139 waived physicians. From those visits, no problems were cited in 62%. For 17%, problems were cited – mostly issues related to record keeping. The next most frequent issue that resulted in a citation or warning was related to dispensing violations. Fifty-four physicians received verbal

4. What do I do if the patient experiences a precipitated withdrawal?

PCSS-B Guidance:
Adherence Diversion and Misuse of Sublingual Buprenorphine (Updated 01/05/10), prepared by PCSS-B Clinical Expert Judith Martin, MD, looks at this clinical question: What procedures and interventions might be used in the office-based setting to minimize misuse and diversion of sublingual buprenorphine?

One is in the PCSS-Methadone

The Physician Clinical Support System-Buprenorphine (PCSS-B): a Novel Project to Expand/Improve Buprenorphine Treatment

*James E. Egan, MPH¹, Paul Casadonte, MD², Tracy Gartenmann³, Judith Martin, MD⁴,
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Linda Weiss, PhD¹, Andrew J. Saxon, MD⁸, and David A. Fiellin, MD⁹*

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Opioid dependence is largely an undertreated medical condition in the United States. The introduction of buprenorphine has created the potential to expand access to and use of opioid agonist treatment in generalist settings. Physicians, however, often have limited training and experience providing this type of care. Some physicians believe having a mentoring relationship with

KEY WORDS: buprenorphine; opioid-related disorders; primary health care; education, distance.

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PCSS Outreach

- **Articles in > 50 publications:**
 - *USA Today*
 - The American Medical Association News
 - American Academy of Family Practice News
 - Society of General Internal Medicine News
 - 14 State Medical Associations
- **One-hour PCSS slide presentations at annual state chapter meetings of:**
 - American Academy of Family Physicians
 - American College of Physicians
 - State Medical Societies
- **Description and request for link:**
 - Sent to State Prescription Monitoring Programs and State Medical Boards

PCSS-B Outreach Materials Distributed

- Niatx
- Institute for Research and Training on Addictions (IRETA)
- American Academy of Addiction Psychiatry
- New Jersey Opioid Treatment Nurses Association
- New York Society of Addiction Medicine
- Florida Society of Addiction Medicine
- Massachusetts Medical Society
- UCLA Harbor Medical Center
- Westwood Veterans Affairs Medical Center, Los Angeles
- American Society of Addiction Medicine
- Society of Teachers of Family Medicine
- Washing State Opioid Treatment Programs
- Society of General Internal Medicine
- Ohio Osteopathic Association Symposium
- American Academy of Orofacial Pain
- American College of Physicians
- Massachusetts Medical Board of Registration
- College on Problems of Drug Dependence
- Maryland Academy of Family Physicians
- California Society of Addiction Medicine

Conclusion

- The SAMHSA funded Physician Clinical Support System (PCSS) has worked to facilitate buprenorphine implementation by providing support, after the requisite 8 hour training, to physicians and their practices via email, phone and on-site support
- Compliments the physician education mandated by the Drug Addiction Treatment Act of 2000