Integrated Substance Abuse Treatment:
Buprenorphine in a Federally Qualified Health Center

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Overview of Family HealthCare Center

• Established as leadership realized our patients were not receiving adequate primary medical care for diseases related to substance use, mental health issues, HIV and AIDS

• Opened its doors in 1996

• Currently classified as a 330 Federally Qualified Health Center (FQHC)
As an organization, SSTAR is committed to providing Buprenorphine treatment to our health center patients.
SSTAR requires that every physician hired in the health center have or obtain a DEA waiver for Buprenorphine treatment.

In addition, SSTAR has hired:

- Three full time RNs
- Part time program assistant
SSTAR’s Primary Health Care Model

• Promotes Medical Home Model
• Allows substance abuse treatment with increased privacy and confidentiality
• Allows better medical care for substance abuse related diseases
• Safe and convenient in-home use allows more normal routines and higher quality of life
• Integrated treatment will decrease stigma (hopefully!!)
SSTAR’s Primary Health Care Model

• Patients in our program MUST receive their primary health care at Sstar
• Most requests come directly from the patients
• All requests are screened: phone prescreen
• Medical clearance is required before acceptance into the program
• Nursing intake required before induction
• Induction date and time arranged with patient
• UDS must be clear of non-prescription substances day of induction (exception: MJ)
SSTAR’s Primary Health Care Model

• Client attends weekly Relapse Prevention group for 12 weeks and then IF abstinent and adherent may begin monthly group and med visits

• Once long term sobriety established, may be given refills and seen by MD every three months

• Individual counseling is offered and available to all patients.
Notable Features of Sstar Model

• Collaborative care model

• On-site induction
• Significant physician involvement
• Regular multi-disciplinary team meetings
• Psychosocial treatment done within Behavioral Health Clinic system
• Harm reduction attitude—efforts made to keep patients in treatment
Access:
Average wait time between initial contact and enrollment:
State wide- 11.75 days
Sstar- 3.69 days

How Are we Doing?

- Time in Treatment, n=221
- Average length = 892 days or 30 months!!
How Are We Doing?

- Total Revenue $669,581
- Total Expenses $395,037
- Surplus: HC $274,544
- Surplus BH $16,689
Barriers to Care

• Physician Stigma
• Technology not keeping pace for Integrated Care
• DPH regulatory and licensing bureaucracy
• Managed Care Carve Outs
Next Steps for SSTAR

• Open a satellite in spring 2012: FQHC with a methadone clinic & behavioral health component

• Will be offering training/consultation to FQHC’s who would like to incorporate suboxone in primary care - Late Fall 2012
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