



Buprenorphine Roll Out at a Federally Qualified Health Center (FQHC)

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Conflicts of Interest

- We have no disclosures

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THE MAGIC OF THE

BUPRENORPHINE



CHOOSE FROM 27 ENDINGS!

Choose Your Own Adventure!!



What is a Federally Qualified Health Center (FQHC)?

- A community health center that receives specific **federal funding** to offer **comprehensive primary care** services to a community **regardless of ability to pay**
 - >50% of board must be patients (truly community led)
 - Located in medically underserved areas
 - Must offer sliding scale options for patients, but all insurance types accepted
- There are 17 FQHCs in Minnesota
 - MN Association of Community Health Centers (MNACHC)
 - Minnesota Community Care is the largest (19 sites)



You move to Minnesota bright-eyed and bushy tailed.

You inherit a panel of ~200 complex OUD patients when another provider leaves the practice.

You learn that a number of the patients are traveling ~5 hours to come to your clinic, many receiving buprenorphine monoproduct (Subutex), and several without recent urine drug screens.

Do you....

A) Connect with the team to understand the care model (turn to slide 6) -OR-

B) Try to Understand this group of patients with a population health lens (turn to slide 10)

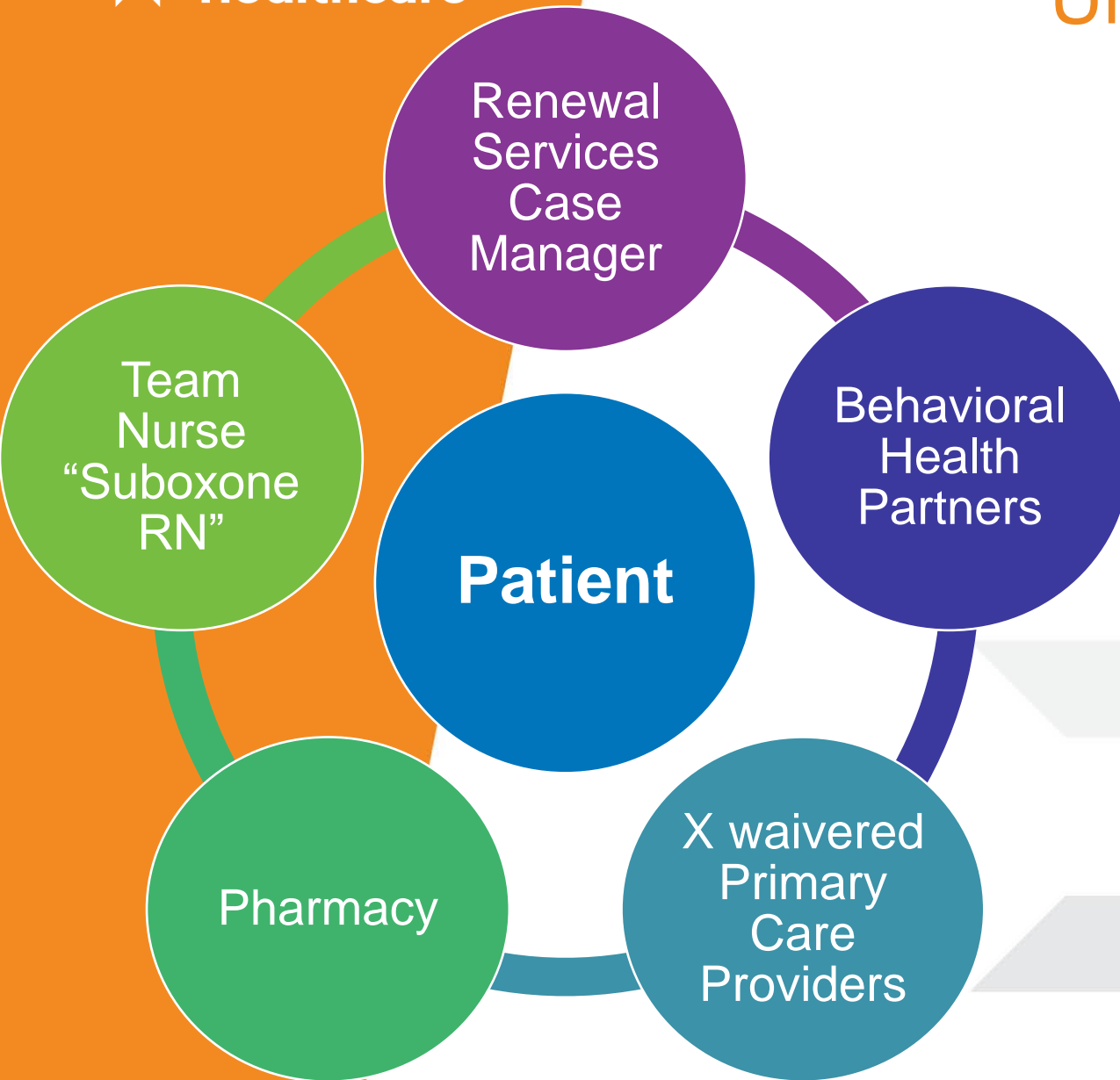
Choose Your Own Adventure

You chose...
Connect with the
Team to Better
Understand their Care
Model



MCC's Care Model

Unique Highlights:



- Few providers with designated clinics (more who can initiate & refer)
- Dedicated RN and case manager
- Single phone number for connection
- Lived experience on the team - depth of understanding into recovery

MCC's Care Model

Unique Highlights:



Key partnerships:

- Nearby hospital inpatient addiction consults
- Labs for patients who live farther away
- Treatment Centers

Unexpected Bonus:

- Highest productivity for waived providers

You and the team wonder about what the program can do better to support the patients who are traveling so far.

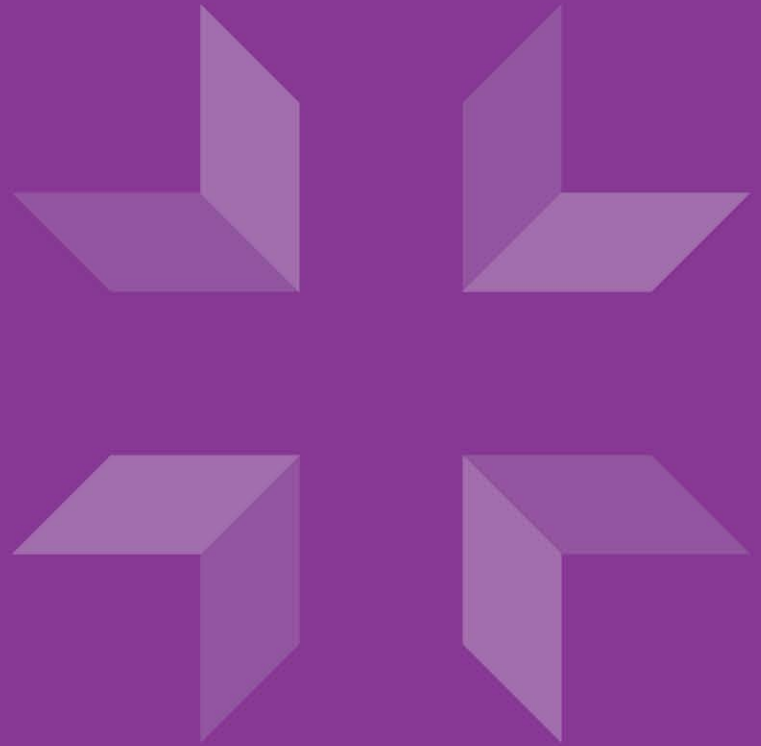
Do you....

A) Launch a telehealth option for MAT patients
(turn to slide 14) -OR-

B) Try to Understand this group of patients with a population health lens (turn to slide 10)

Choose Your Own Adventure

You chose...
Try to understand the
patients better with a
Population Health
Lens



Population Health Lens

Created a weekly registry

Developed by creating a list of all patients with buprenorphine prescriptions

Included:

- Date of both last & next appointment
- Medication (bup vs bup-nal; tab vs film)
- Daily dose
- Distance traveled
- Date of last urine drug screen
- Last provider seen

Patterns included:

- ~50% of patients were taking ≥ 24 mg of bup (~10% were 32mg daily)
- 40% of patients travelled >2 hours
- 40% were taking buprenorphine monoproduct

Population Health Lens Created a weekly registry

This registry allowed the team to (on a recurring basis)

- **Track** patients who were not showing & reach out
- **Anticipate** when a patient was due for an appt
- **Balance our patient panels** given the limits on different provider's waivers
- Understand which patients are **due for urine** drug screens
- Begin to recognize how the **dose distribution** of our patients was different than other MAT practices
- **Advocate** for a Clinical Lead in Renewal Services (a provider leader)
- **Advocate** for a dedicated Suboxone RN and Case Manager
- Use as a **structure** for weekly case review with the interdisciplinary team

You are concerned about the number of folks on buprenorphine monoproduct AND live so far away that it's hard to connect regularly.

Do you....

A) Launch a telehealth option for MAT patients
(turn to slide 14) -OR-

**B) Initiate Subcutaneous buprenorphine
(Sublocade) (turn to slide 18)**

Choose Your Own Adventure

You chose...
Launch a Telehealth
option for MAT
patients



Telehealth & MAT

Successes:

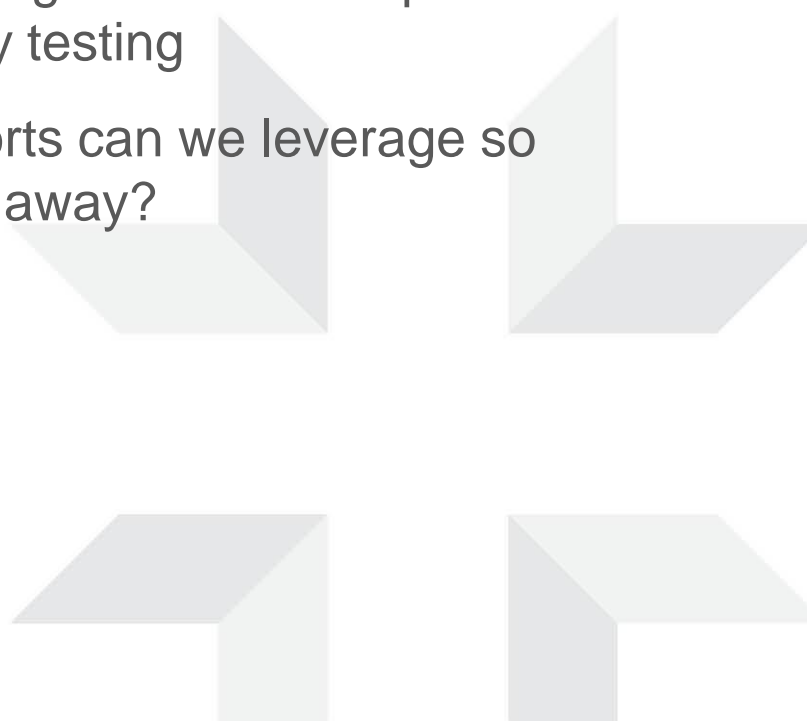
- Patient uptake was great – people just needed their phone
- Enhanced access, productivity and flexibility of medical teams
- Ability to reach out when a patient missed an appt or needs more frequent visits – harm reduction lens

Logistics:

- Verbal or written consent needed
- Partnership with lab from up north (Sanford/IHS)
- At home, video monitoring oral swab (FedEx drop box)

Telehealth & MAT

Ongoing questions:

- How many in person visits does a person need?
 - How do we navigate with outside lab the level of testing needed? i.e. quant or confirmatory testing
 - What supports can we leverage so many miles away?
- 

You decide as a program that you do not feel comfortable continuing to prescribe buprenorphine monoproduct at the frequency that you are and want to have other options to share with patients.

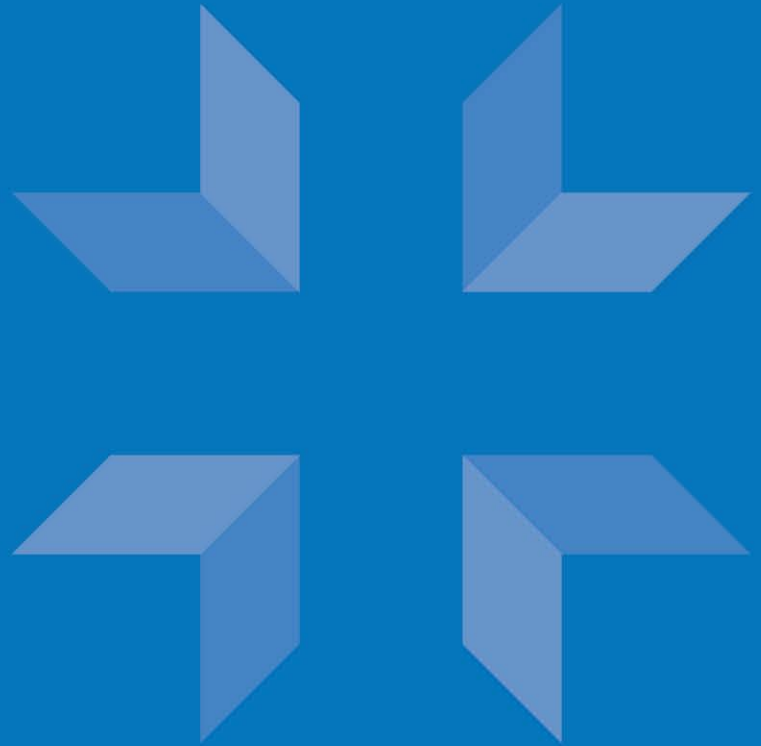
Do you...

A) Refer them to another clinic (turn to slide 21) --
-OR-

**B) Initiate Subcutaneous buprenorphine
(Sublocade) (turn to slide 18)**

Choose Your Own Adventure

You chose...
Initiate Sublocade



Sublocade at an FQHC Brass Tacks

Before the patient can get Sublocade:

- Toolkit: patient education, consent, acknowledgment, competency
- Double locked refrigerator, sign in and out sheet
- Order through specialty pharmacy, Prior Authorization (drug screen)
 - Patient approval needed for shipping
 - expect 4-6 week processing time for first injection.

Sublocade at an FQHC Brass Tacks

Tips After Approved:

- Pt has to have been on a min of 7 days of suboxone before starting sublocade. -300mg loading dose x2, then decrease to 100mg if appropriate
- Long acting buprenorphine injected SQ every 4-5 weeks. Decreases some of the barriers to care (frequency of visits, pharmacy issues, potential for diversion)
- Encourages pt's to form new habits
- 2ml 2% lidocaine before injection of sublocade and/or ice pack after
- 4mg daily suboxone ~2 week supply after first injection for breakthrough cravings

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THE MAGIC OF THE

BUPRENORPHINE



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FROM 27
ENDINGS!

Healthcare

You Did It!

How did you
do it in your
health
center?

Questions?



Thank you!

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