

Providing Comprehensive Treatment in Medication Assisted Opioid Treatment: The Development of Needs Based Treatment at a Medical School Sponsored Program

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TO THE EDITOR: The Division of Substance Abuse of the Albert Einstein College of Medicine (AECOM) of Yeshiva University is the single largest funded entity at the medical school. Although primarily a clinical program, the Division is fully integrated into medical school teaching, residency training, and research. AECOM has operated a voluntary substance abuse program since 1968 when it began drug abuse treatment as a small in-patient service located at the Bronx Psychiatric Center. Since its inception, the program's primary focus has been the treatment of opioid dependence through the methadone maintenance modality, reflecting the philosophy and practices of Marie Nyswander, M.D. and Vincent P. Dole, M.D., developers and founders of methadone maintenance treatment through their work at the Rockefeller University, under the leadership of Joyce H. Lowinson, MD, a collaborator with Nyswander and Dole. The program was the first to offer methadone treatment to addicts with multiple addictions, including alcoholism, as well as those with concomitant psychiatric problems. In 1969, the program provided treatment for 350 patients. By late 1970, growing recognition of the need for treatment services for the increasing numbers of narcotic addicts led to the expansion of the Division to nine locations throughout Bronx County, serving over 2100 patients. The Division is now the largest addiction treatment program in Bronx County, second largest public treatment program in New York State, and largest in the world operating under the auspices of a medical school. Serving over 3400 persons, 18 years and older, with primary residence or work site in The Bronx, the Division has developed into a comprehensive opioid addiction treatment at nine (9) community-based outpatient facilities located throughout the borough, as well as ambulatory services for all substances of abuse at the Division's Chemical Dependency Wellness Services

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program located in North and South Bronx facilities. The Division has integrated primary medical and mental health care, evidenced based individual, group and family treatment, HIV and Hepatitis testing, counseling, treatment and partner notification as well as a variety of peer empowerment projects that seeks to engage patients in working as peer leaders, reducing stigma, providing education to patients and their families along with a host of specific peer support efforts.

Vision and Goals

The Division started as a small methadone maintenance treatment program in 1969 following the procedures and protocols developed by Drs. Marie E. Nyswander and Vincent P. Dole. Recognizing that our services were integrated into a medical school whose primary goals are and were “teaching” and “research” it became clear almost from inception that we would need to link our treatment goals with those of the medical school and it’s University Hospital, the Montefiore Medical Center in order to establish and maintain a full continuum of the highest quality and culturally relevant addiction treatment, intervention and prevention services that are immediately accessible to the persons and families of the communities we serve. The Division is committed to continuous quality improvement in care of our patients and communities, and provides innovative offerings developed from evidence-based research. The Division is committed to providing a “one-stop shopping” model of care to assure that our enrolled patients are able to access as many services as possible on site at our facilities. We currently offer primary medical care, mental health care, substance abuse treatment, HIV and Hepatitis C treatment as well as vaccinations for Hepatitis A and B, directly observed preventive therapy for tuberculosis and other services at our clinics. To ensure that broad education about substance abuse became a part of our continuum, we educate the public as well as the medical school community about addiction, treatment and prevention. Simultaneously, we work collaboratively with professional and community organizations in efforts to reduce the stigma associated with addicted persons and addiction treatment. Outreach now extends to the harm reduction community as the Division provides treatment education and vaccinations for hepatitis A and B (Twinrix) at two State of New York funded Harm Reduction Centers.

As one of the six major medical schools in New York, in addition to the major affiliate and University Hospital, Montefiore Medical Center, AECOM has clinical affiliations with Bronx Lebanon Hospital Center, Bronx Psychiatric Center, Jacobi Medical Center, Beth Israel Medical Center and Long Island Jewish/North Shore Health Systems. The Division of Substance Abuse considers it a responsibility to educate the public about addiction, treatment and prevention and work collaboratively with professional and community organizations in efforts to reduce the stigma associated with addicted persons and addiction treatment.

Our academic mission as part of the AECOM Department of Psychiatry and Behavioral Sciences includes professional education, training, technology transfer, and research

efforts in addiction treatment and addiction psychiatry. DoSA is an approved training site for continuing medical education (CME), and is certified to provide courses for the alcoholism and substance abuse counselor credential (CASAC) and a major participant in clinical research efforts and in substance abuse and health demonstration and service projects. The Division is also committed to participation in and sponsorship of basic and clinical substance abuse research conducted by faculty of the Albert Einstein College of Medicine that complements the care provided at community-based sites.

Who We Treat

The licensed census capacity for the Division's opioid treatment program is 3365 patients. The office-based opioid treatment program has no census ceiling and currently provides care for 117 patients. The Division's Next STEPS chemical dependency wellness services program presently provides services for more than 300 patients and their significant others. During 2005, there were 1390 admission episodes to Division programs.

On February 15, 2006, combined enrollment for all Division programs was 3,722 patients - 61% male and 39% female; 61% of Latino origin, 26% African American, 11% Caucasian and <2% of other ethnicity. The overwhelming majority of patients are between 30 and 59 years of age (91%) - 17% between the ages of 30 and 39 year, 42% between 40 and 49 years old, and 32% between 50 and 59 years. Persons under the age of 29 comprise approximately 4% of the population, and 5% are over age 60. Over 67% of these patients have been in continuous treatment for over two (2) years; 46% for more than five (5) years, and 39% for more than ten years.

Services

The Division provides comprehensive services, almost all on-site, but some by referral to cooperating agencies. These services developed slowly as patient needs were assessed and understood, patient advisory councils established at each clinic and patient satisfaction surveys were conducted on a regular basis. Services that "staff" thought most appropriate, such as individual counseling were not as important to patients as group counseling, peer to peer support and family education. Housing and other scarce services were highly desired. We offer services using validated instruments to determine level of care and placement. Our service system consists of:

Screening, Assessment and Diagnosis - Persons referred to the Division are primarily screened and assessed at the Division's centralized diagnostic and admissions center, Melrose On-Track. At this unique 'triage' facility opened in 1992, reliable diagnostic criteria and state-of-the-art assessment techniques are used to identify addiction characteristics and severity, screen and diagnose coexisting medical and mental health conditions, and distinguish the most appropriate treatment path and level of care required. For seriously addicted opioid users entering pharmacotherapy treatment, an

intensive transition program offers individually tailored health and behavior reorientation and treatment planning, followed by relocation to the treatment site and level of care most congruent with the patient's long-term needs.

Medication Assisted Opioid Treatment - At the core of the Division's treatment options for opioid addiction, medications such as methadone or other approved opioid agonist medications, used either in maintenance or long-term tapering, are medically prescribed to normalize biochemistry, block the effects of abused opioid drugs, and eliminate drug craving. Comprehensive maintenance treatment combines pharmacotherapy with personalized health care, evidenced-based psychosocial supports, relapse prevention and behavioral therapies to manage opioid addiction and substantially improve the patient's health and quality of life. Methadone Medical Maintenance, a model of office-based opioid pharmacotherapy treatment (OBOT), enables successfully rehabilitated methadone patients who meet specialized criteria to receive pharmacotherapy and health care in a physician office environment on a monthly basis, thus engaging in an advanced treatment regimen. Approved in 2002 by the U.S. Food and Drug Administration, and in 2003 by the State of New York, Buprenorphine is a pharmacotherapy medication now available in the Next STEPS Wellness program in treating opioid addiction. Oral Administration of Suboxone(r), a form of buprenorphine (combined with naloxone for increased safety), is offered along with primary medical care to patients admitted to Next STEPS, whose treatment profile best suits the achievable benefits of the buprenorphine model.

Primary Medical Care - Comprehensive and personalized medical care is offered on-site at all of the Division's addiction treatment sites. Comprehensive medical assessment, diagnosis, and follow-up incorporates: annual physical examination and blood chemistry analyses; medical history; screening for infectious disease, tuberculosis testing and therapy; ongoing on-site medical care for existing and newly identified conditions; gynecological screening, pre-natal assistance, family planning and other specialized women's health services; and coordinated referrals for disorders requiring specialized evaluation and therapy.

HIV Testing, Primary Care and Case Management - Confidential testing for the Human Immunodeficiency Virus (HIV) is performed by State certified and credentialed staff. Patient who are positive for HIV may receive comprehensive on-site HIV primary care, including evaluation, medical monitoring, treatment of HIV-related opportunistic infections, administration of anti-viral medications (including protease inhibitors and other therapies), and HIV counseling, casework and advocacy. Testing, evaluation, and treatment are provided as well for Hepatitis C.

Hepatitis C (HCV) Integration Project - A five (5) year project funded by the U.S. Centers for Disease Control (CDC) and conceived by the Division's Executive Director and former Medical Director, Marc Gourevitch, M.D., this effort is aimed at developing clinical models to achieve effective education, intervention and peer support services to raise awareness about Hepatitis C prevention and treatment in response to the critical emergence of the HCV among persons with a history of substance abuse.

The blueprint for this initiative was developed at the Division's Hub I opioid treatment clinic, and HCV education and peer support has been extended widely throughout the Division. This work directly spawned several new projects funded by the New York City Department of Health and Mental Hygiene, including a South Bronx Hepatitis C Task Force - a coalition of Bronx-based community organizations, substance abuse treatment providers, harm reduction centers, physicians, liver disease specialists, peer educators and community members living with HCV. This has been instrumental in establishing a South Bronx Hepatitis C Support Group, a South Bronx Peer Education Program and an HCV Referral Directory, benefiting patients beyond our clinics.

Behavioral and Mental Health Case Management - Certified social workers at each Division site lead interdisciplinary teams comprised of certified alcoholism and substance abuse counselors (CASAC's) and trained clinical specialists. Interdisciplinary, culturally sensitive behavioral health treatment supports core medical care, assures effective case management, facilitates patient advocacy and adaptive life skills, and promotes repair of patient living conditions, educational, vocational and family deficits. Physicians and psychiatrists provide specialized mental health interventions as needed. Most importantly all individual, group and family counseling utilize evidenced based practices such as motivational interviewing, positive contingency management and follow standardized curricula throughout our Division.

Project Grow - A five (5) year project funded by the New York State Department of Health AIDS Institute, Project GROW (Giving Resources and Options to Women), offers an educational series of group and individual cognitive behavioral interventions focused on women's health issues, and targeted to HIV-uninfected women, to achieve positive behavioral change in high-risk sexual and drug-using behaviors. Escort services are provided for participants for medical appointments to women's health clinics, including pre-natal care, gynecology and family planning. Upon completion of the education series, participants may become peer educators trained to co-lead HIV risk-reduction and education group sessions in a variety of settings and to serve as peer escorts.

Chemical Dependency Wellness Services - Ambulatory treatment of substance abuse is most effective in a frequently occurring regimen. The Division's chemical dependency wellness services program - Next STEPS - provides intensive outpatient substance abuse treatment, education and prevention services for persons diagnosed with chemical dependency, utilizing effective elements of individualized addiction treatment, day treatment, self-help, peer support, and group therapy. This level of care allows the Division to provide buprenorphine treatment by prescription, along with needed psychosocial group, family or individual services patients may want or need. It provides us with the flexibility to phase in new medications as they become available. For example, our wellness services will soon provide 30 day naltrexone treatment for alcoholism. Most importantly, we provide evidence based medical and behavioral interventions, relapse prevention, family therapies, and interactive group experiences aim at stabilizing emotional health and enhancing self-esteem and interpersonal skills, in individual treatment paths that enable patients to continue work and family life. These

interventions are offered by trained, certified counselors utilizing curricula tailored to the patients we treat. Motivational interviewing, contingency management, cognitive behavioral interventions and others are offered to patients in group formats, backed up by individual and family counseling to engage loved ones into the treatment process.

Vocational Services Initiative - As part of the Division's goal to provide comprehensive treatment care, vocational services are offered to all patients through the Vocational Services Initiative Grant funded by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) since 2001. Vocational specialists work as part of the behavioral health treatment team to integrate employment related activities into the overall treatment process, resulting in increased vocational referrals internally and externally for educational, training and employment services. Linkage agreements and collaborative partnerships with State and private vocational service organizations such as the National Association on Drug Abuse Problems (NADAP), an OASAS licensed job placement program, provide on-site employment assessments to increase employment outcomes. Patient vocational deficits, which in many instances are significant, are identified and rehabilitative referrals are facilitated, moving patients towards structured work activities and/or employment whenever possible.

Management, Continuous Quality Improvement and External Relations - Centralized management information systems, staff development, marketing and community relations achieve administrative cost-economies and facilitate the quality interface of the Division with patient-consumers, accreditation sponsors, the community-at-large, and other stakeholders. A structured program of continuous quality improvement (CQI) assures a quality driven philosophy of patient care, program development, and operations based upon objective evaluation of performance standards and outcomes.

Research - In addition to providing addiction treatment and related health services, the Division is a clinical, research and teaching division of Einstein's Department of Psychiatry and Behavioral Sciences, committed to participating in and sponsoring basic and clinic substance abuse research that complements the care provided at its community based clinical programs. The Division is an active participant as well in evidence-based research and service demonstration projects that serve to evaluate and bring new technologies and best practices in the treatment of addiction to implementation.

Teaching, Training and Professional Development - As part of Einstein, the Division provides basic education and training in substance abuse issues and treatment to students and to other practitioners in the medical and helping professions. The Division had developed and is a major site of the Department of Psychiatry and Behavioral Sciences' Residency in Addiction Psychiatry.

Funding - Funding comes from entitlements such as Medicaid, Medicare, patient insurance and fees as well as financing from the New York State Office of Alcoholism and Substance Abuse Services and other government agencies. The following is a summary of our funding for the fiscal year ending June 30, 2005.

The Division continues to work to bridge gaps in treatment and implement new and

| Table 1. Funding source | | | |
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| | Contracted Amount | Revenue Amount | Totals |
| OASAS Funded Programs | \$ 3,896,548 | \$ 18,765,827 | \$ 22,662,375 |
| AIDS Institute Funded Initiatives | \$ 540,599 | \$ 435,000 | \$ 975,599 |
| Revenue Funded Programs | \$ 0 | \$ 4,140,150 | \$ 4,140,150 |
| Grants & Contracts Managed by The Division | \$ 673,938 | \$ 0 | \$ 673,938 |
| TOTALS | \$ 5,111,085 | \$ 23,340,977 | \$ 28,452,062 |
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unique services to enhance the continuum of care. For example, recently the Division entered a partnership with a traditional drug free therapeutic community, Palladia, to provide residential treatment services to AECOM patients whose drug abuse problems or co-occurring mental health issues prevented them from succeeding in out patient treatment. Every patient receives the same care regardless of whether they receive methadone or do not and there is no difference in retention or other outcome measures. We continue to try to develop programming that utilizes new medications, like buprenorphine and injectible naltrexone as part of our chemical dependency services in an effort to provide individual treatment based on the needs of the presenting patients.

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