Maine’s Opioid Crisis
Expanding Suboxone – A Look at Acadia Hospital
March 6, 2017
Daniel B. Coffey
President & CEO

2016 Maine Shared Community Health Needs Assessment (CHNA)

• Collaborative effort among Maine’s four largest health-care systems
  – Eastern Maine Healthcare Systems
  – Maine General Health
  – Central Maine Healthcare
  – Maine Health
• and Maine Center for Disease Control and Prevention

Qualitative Stakeholder Survey Results for Maine

Top Five Health Issues:
1. Drug and Alcohol Abuse (80%)
2. Obesity (78%)
3. Mental Health (71%)
4. Physical Activity and Nutrition (69%)
5. Depression (67%)

1,2 Percentage of Respondents who indicated that an issue was “critical” or a “major problem”

Top Five Health Factors:
1. Poverty (78%)
2. Access to Behavioral Health/ Mental Health Care
3. Transportation (67%)
4. Health Care Insurance (64%)
5. Employment (64%)

EMHS Eight-County Service Area

• Substance Abuse a top priority in 8 of 8 counties (and the top Statewide priority)
• Behavioral/Mental Health one of the top priorities in 7 of 8 counties (and one of the top Statewide priorities)

CHNA Results: Top Areas of Focus

<table>
<thead>
<tr>
<th>District</th>
<th>Topic 1</th>
<th>Topic 2</th>
<th>Topic 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aroostook</td>
<td>Obesity</td>
<td>Drug/Alcohol Abuse</td>
<td>Cardiovascular Diseases</td>
</tr>
<tr>
<td>Central</td>
<td>Obesity</td>
<td>Drug/Alcohol Abuse</td>
<td>Mental Health &amp; Nutrition</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Mental Health</td>
<td>Drug/Alcohol Abuse</td>
<td>Obesity</td>
</tr>
<tr>
<td>Downeast</td>
<td>Drug/Alcohol Abuse</td>
<td>Obesity</td>
<td>Diabetes &amp; Tobacco</td>
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<tr>
<td>Penquis</td>
<td>Drug/Alcohol Abuse &amp; Obesity</td>
<td>Depression</td>
<td>Nutrition</td>
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<tr>
<td>Statewide</td>
<td>Drug/Alcohol Abuse</td>
<td>Obesity</td>
<td>Mental Health</td>
</tr>
</tbody>
</table>

Community Health Needs Assessment Implementation Strategy
Acadia Hospital/Acadia Healthcare

Identified Health Priorities
1.
2.
3.
**Acadia Hospital/Acadia Healthcare**

**Selected Priorities of Focus**

Priority #1: Drug and Alcohol Abuse
- Partner with others (e.g. primary care providers) to expand access to Suboxone treatment
- Pursue and participate in Suboxone expansion grants
- Seek funding to train primary care providers (PCPs) to provide Suboxone inductions and treatment
- Collaborate with others in the community and region

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**Acadia Service Area Stakeholder Feedback**

“More rural resources are needed. Rural communities have limited or no [Drug and Alcohol Abuse] treatment facilities and must travel an hour away for treatment.”

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**Acadia Board of Trustees Resolution**

- Adopted the implementation strategy presented by management
- To address the region’s significant community health needs identified through the CHNA
- In collaboration with other healthcare, community and public health partners in the Hospital’s primary service area.

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**Community Health Leadership Board (CHLB) MOU - November 24, 2014**

- To address pressing health concerns in our community
- Hospital, city and health and human services leaders
- Initially focused on measurably reducing the impact of addiction and substance use disorders
- Sharing information and resources to achieve the group’s goals
- Share their organization’s community health assessment data

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**Community Health Leadership Board CEOs:**

- Acadia Hospital
- Bangor City Manager
- Community Health & Counseling Services
- Eastern Area on Aging
- Eastern Maine Medical Center
- Penobscot Community Health Care (FQHC)
- Penquis (community action program)
- St. Joseph Hospital

**Public Health Leaders:**

- City of Bangor Public Health Department Director
- City of Bangor Health Promotion Program Manager
- EMHS Chief Community Health and Grants Officer

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**Bangor’s Community Working Group Recommendations to Address Local Substance Abuse November 2014**

- A call to action
- 22 community participants in the working group
- 17 recommendations
- Addressed prevention, treatment and recovery
- Asked the CHLB to review the 17 recommendations, establish priorities, and move the community forward
Governor LePage’s Drug Crisis Summit
August 26, 2015

- Discussed public safety strategies to address the deadly heroin epidemic facing Maine
- Enhance education/prevention initiatives
- Provide more treatment opportunities, acknowledge that addiction is a disease
- Strengthen law enforcement

Abuse versus Addiction versus Dependence

Vijay Amarendran, MD, Diplomate American Board of Addiction Medicine
March 6, 2017

Together We’re Stronger
Choice or Disease

- Normal
- Meth abuser

Reward Pathway

Opioid Withdrawal Symptoms
- Flu like symptoms
- Nausea and vomiting
- Diarrhea
- Runny nose and eyes
- Rapid breathing
- Tremors
- Increased heart rate and blood pressure

- Chills and hot flashes
- Enlarged pupils
- Sweating
- Goosebumps
- Stomach cramps
- Muscle and joint aches
- Drooling
- Yawning

Other Brain Changes

A. Non-Addicted Brain
B. Addicted Brain

Psychological Symptoms
- Long lasting
- Fluctuating intensity
- Severe cravings
- Poor sleep
- Irritability
- Restlessness
- Anxiety
- Mood fluctuations
- Confusion
- Lack of energy
- Agitation
- Poor concentration
- Low motivation

MAT
Methadone versus Buprenorphine (Suboxone)

**Similarities**
- Opiate receptor agonists
- Long acting
- Effectively treat withdrawals and quench cravings
- Relatively less likely to produce euphoric effects
- Less likely to cause fluctuating blood levels

**Differences**
- Partial versus full agonist
- Plateau effect with Buprenorphine
- Risk of respiratory depression with overdose
- Mu receptor affinity
- Lower risk of abuse addiction and side effects
- Sublingual
- Regulatory requirements

Buprenorphine/Naloxone (Suboxone)

- High Affinity
- Low Intrinsic activity
- Oral bioavailability
- Abuse potential
- Weaker pain killer
- Metabolized by the liver
  - Special license
  - Cap of 100 or 275 patients
  - Milder withdrawal
  - Slower onset
  - Naloxone to deter abuse
  - Subutex (Buprenorphine) in pregnancy
  - NP and PA prescribing

Oral Naltrexone- Cochrane review 2011

- Not better than placebo for reincarceration rate
- Retention rate low (28%)
- Overall inconclusive and not yet considered a proven treatment
- Injectable Naltrexone has better results but low retention rate.

Factors Influencing Treatment Response

- **Childhood trauma**
- Co-morbid psychiatric illness
- Poor psychosocial support network
- Children
- Professionals
- Religious affiliation
- Older age
- Marital status
- Criminal history

CHLB Grant to train PCPs

- $50,000 pilot study to expand access to Suboxone
- EMMC and St. Joseph’s hospital primary care practices (2 to 4)
- Providers (Physicians, NPs and PAs)
- Providers and their support staff spend 4 hours at Acadia
Goals

- Increase number of primary care teams who will provide ongoing treatment
- Increase number of individuals who have access to treatment
- Identify replicable workflows to expand access in other practices

Suboxone Opiate Treatment Program Daily Dosing

- Patients with severe addiction who can’t tolerate Methadone
- Patients with milder addiction but need more structured program
- Patients at high risk for Suboxone diversion

Expanding Suboxone A Look at Acadia Hospital

Doug Townsend, LCPC
Administrator, Acadia Hospital
March 6, 2017

Suboxone Daily Dosing Pilot

Rationale:
- Need to expand Suboxone Treatment
- High diversion rates under traditional outpatient
- Inability by primary care to provide substance abuse treatment
- Lack of primary care providers willing to take on Suboxone patients

Budget Development:
- Modeled Daily Dosing after Methadone Treatment
- Developed business plan and budget

A good Idea and Opportunity Met:
- Presented the concept to Governor LePage who immediately endorsed the idea
- Reached out to the Governor’s senior policy advisor, David Sorensen
- Forwarded business plan and budget to Mr. Sorensen
Suboxone Daily Dosing Pilot

**Funding:**
- Mr. Sorensen worked with DHHS to obtain funding
- Funding by the Catalog of Federal Domestic Assistance (CFDA) #93.959 Block Grants for Prevention and Treatment of Substance Abuse
- Funds up to 50 uninsured patients
- Expansion of 200 slots
- MaineCare funding in the future?

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Questions/Comments?