

# Medication Assisted Treatment in the Family Planning Clinic



## Greene County

- ▶ Greene County is located south of Albany encompassing the Catskill Mountains
- ▶ Greene County has a rural population of 48,069
- ▶ 13% of the population is below the FPL
- ▶ 89.6% white, 6.18% black, 5.4% Hispanic
- ▶ 21% with bachelors degree

## Greene County Family Planning

- ▶ Title X Funded clinic since 1973
- ▶ Clinic is located in the town of Catskill
- ▶ Located in a County Health Department (only 7 left in NYS)
- ▶ We provide contraception for all women and men of reproductive age
- ▶ We also operate as the STI clinic for Greene County and provide HIV and Hep C screening as well as PREP for those with high risk sexual behavior
- ▶ Our services are available Monday through Friday

## Greene County Opioid Statistics

- ▶ Greene County has among the highest case rate/1000 of opioid related deaths in New York State
    - ▶ In 2016 - 12 total opioid overdose deaths
    - ▶ In 2017 -11 total opioid overdose deaths
    - ▶ In 2018 - 16 total opioid overdose deaths
    - ▶ Five opioid overdose deaths in 2019
- The crude mortality rate was above the NYS rate for all 3 years

## Why did we do this?

- ▶ We saw increasing numbers of our family planning patients struggling with opioid use disorder
- ▶ The death rate from opioid overdoses was rising in Greene County
- ▶ Lack of MAT providers in Greene County with only one outpatient treatment center in the county
- ▶ The need could not be overlooked!!

## How ?

- ▶ Preparation
  - ▶ Two Nurse Practitioners completed Buprenorphine Waiver training and became certified to prescribe buprenorphine
  - ▶ NP observed a MAT provider in a low threshold setting ( Project Safe Point - Health Hub)
  - ▶ Developed policies and procedures
  - ▶ Electronic Medical Records were updated for MAT
  - ▶ Added Urine drug testing to CLIA wavier
  - ▶ Subcontracted with Certified Peer Recovery Coach
  - ▶ Website update
  - ▶ Social determinants of health screening tool
  - ▶ SBIRT screening
  - ▶ PHQ9 screening

“Build it and they will come”

We started  
seeing MAT  
patients on  
January 7,  
2019

## Case study # 1

- ▶ Patient is a 30 y/o male who has a long history of OUD starting at age 22 following neck surgery for a ruptured disc. He was given Oxycontin at that time and continued to receive this prescription for 2 years. When he could no longer obtain Oxycontin legally he started buying pills on the street. He then progressed to injecting heroin.
- ▶ He had been through several abstinence based rehabilitation programs but relapsed every time.
- ▶ This patient was referred to us from a Greener Pathways peer advocate working at Columbia Memorial Hospital ED. The patient was brought to the ED in severe withdrawal and the ED physician would only give him suboxone if he would be seen the next day by a buprenorphine provider. The CRPA contacted us and we saw him the following day. He began MAT and is now doing extremely well



## Recovery advocacy day

Albany, New York

## Case Study # 2

Patient is a 32 y/o male who had been recently released from prison. He was referred by another patient in our MAT program. This patient had been self treating his OUD with Suboxone while in prison. (This was news to me!!)

When released from prison he needed to find a provider to prescribe suboxone.

When we saw him he was going into withdrawal and his cravings were at an 8. He states he would have used heroin if we had not seen him in our clinic and started him on suboxone

He reports he started use "pain" pills following a car accident in 2005. When the "pain" pills were no longer available he progressed to heroin.

He is now doing well and readjusting to life after being in prison for 5 years without the stress of addiction

## Case Study # 3

- ▶ Patient is a 24 y/o female and long time patient at GCFP. She has a long history of OUD which started at age 12 y/o. She had been in several abstinence based rehabilitative programs and relapsed after each program. She came to GCFP for a GYN visit and when she learned we were offering MAT, she reported she had been using heroin again and wanted to start MAT with suboxone. Pt stated she had called several providers and clinics and could not get into a program.
- ▶ She is doing well on Suboxone and has not used heroin since starting MAT.

## Obstacles to Recovery

- ▶ Stigma ( providers, law enforcement, even pharmacists)
- ▶ Shame-they do not want anyone to know
- ▶ Lack of MAT providers, (why: fear of prescribing, time, stigma)
- ▶ Lack of wrap around supports (Peers, reimbursement for peers)
- ▶ Abstinence programs do not work- 90% relapse

## Best practices ( what works)

- ▶ Working relationships with community partners, i.e. Peer advocacy programs, jails, emergency departments, mental health providers, other MAT providers, law enforcement, schools)
- ▶ You need to have be on a first name basis with these partners
- ▶ Peer Advocates!!!!
- ▶ We need more no barrier/low threshold programs

## In conclusion

- ▶ We currently have 35 patients on program. Which means we have prevented 35 deaths from overdose.
- ▶ We continue to receive referrals daily.

Questions??

Thank you!!

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