State Perspectives on Buprenorphine and Office-Based Treatment

The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

For the Center for Substance Abuse Treatment (CSAT)

With support from the Division of State and Community Assistance (DSCA)

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NASADAD'S MISSION

- Private, not-for-profit educational, scientific, and informational organization
- Originally incorporated in 1971 to serve State Drug Agency Directors
- Expanded in 1978 to include State Alcoholism Agency Directors
- Basic purpose - foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State

What NASADAD Does

- Conducts research
- Provides membership services and technical support
- Provides staff liaisons for the Public Policy, Research, Training, and Technical Assistance, Prevention, Criminal Justice and Drug Courts, and Treatment Committees, and the Child Welfare Sub-Committee
- For more information go to www.nasadad.org

Introduction

- Collaboration between NASADAD and CSAT
- Formation of the State Buprenorphine Focus Group (NASADAD Treatment Committee)
- Results presented at the “Buprenorphine Stakeholders Meeting” staged by the CSAT Office of Pharmacological and Alternative Treatment (OPAT)

Questions Posed to the Focus Group

- How will roll out of buprenorphine affect the State AOD Agencies?
- What technical assistance may be needed as office-based practice is implemented?
- What information about approved physicians and Federal activities will be needed?

Ten Key Issues Emerge

1) Physician approval process
2) Approved physician State notification
3) Diversion/abuse potential
4) Consumer/public concerns
5) Impact on existing OTPs
6) Access to counseling
7) Cost considerations
8) Confidentiality concerns
9) TA availability
10) State plans to “opt out” within constraint period

1. Physician Approval Process

Current CSAT activities

- Receipt of approximately 125 waiver requests from physicians
- Contractor to verify physician licensure
- Number of buprenorphine-trained physicians - between 2,000 to 2,500
- Limited number of ASAM certified physicians
- Disclosure of physician names on a locator service Web site (90%)
- Encouraging collaboration among State medical boards

Physician Approval Process

Issues Raised by States

- Potential conflicts re:State licensure laws – Federal approval may not confer State approval
- Additional licensure/credentialing not anticipated by the “Model Policy Guidelines of Opioid Addiction Treatment in the Medical Office” (Federation of State Medical Boards of the United States, Inc.)
- State AOD credentialing uncertainties

2. Approved Physician State Notification

CSAT Activities

- 90% of approved physicians on the CSAT Web site locator service

Issues raised by States

- Lack of information on 10% of providers, raises a host of issues related to efficiency and effectiveness, (i.e., planning and outreach activities, information dissemination, involvement of various components of public treatment system).

3. Diversion/Abuse Potential

NIDA Activities

- Currently analyzing available data re: history and patterns of diversion.

Issues raised by States

- Potential benefits outweigh risks, but risks remain.
- Minimizing risk requires collaboration among Federal authorities, State officials, and individual practitioners
- Research finding should be monitored and disseminated under CSAT leadership

4. Consumer/Public Concerns

CSAT Activities

- History of provision of excellent TA to States re: addressing methadone related concerns.

Issues raised by States

- No similar structure in place for buprenorphine related consumer complaint resolution and for addressing public concerns.

5. Impact on Existing Opioid Treatment Providers (OTPs)

Issues Raised by States

- Current OTP clients should be informed of the option to move to a private practitioner
- Exercising this option raises practical concerns, i.e., who will be responsible for tapering of methadone to accommodate buprenorphine, dealing with indigent clients, etc.
- Issues call for closer ties between traditional opioid treatment providers and private practice, as well as advocacy for the public treatment community

6. Access to Counseling

Issues raised by States

- Physicians may be frustrated in efforts to refer because of waiting lists.
- States have referral information available for physicians, but it needs to be effectively communicated.
- There is a lack of clarity regarding how to finance ancillary services from public providers.

7. Cost Considerations

Issues raised by States

- Identification of Federal issues that might constrain Medicaid coverage (e.g., discount negotiations)
- To negotiate inclusion of buprenorphine in Medicaid formularies, States need to know final pricing.
- Coverage will be determined on a State-by-State basis

8. Confidentiality Concerns

Issue raised by State

- Physicians providing treatment for addiction are subject to the confidentiality requirements detailed in 42 C.F.R., Part II. Physicians may not understand this, and may not understand how to comply with requirements.

9.Technical Assistance Availability

CSAT Activities

- Online training available by end of 2002

Issues raised by States

- Need ATTC involvement.
- Upfront TA for incorporating buprenorphine into treatment, and training conducted by pharmaceutical companies.
- Training for other professions that might be asked to provide counseling and ancillary services (e.g., psychologists).
- Education for counselors, and their supervisors; collective training for primary care physicians and medical specialists.
- Joint treatment planning procedures

10. State Plans to "Opt Out" Within Constraint Period

- No State-level "proactive" legislation anticipated.
- Future State-level legislation will depend on success/failure of current implementation plans

Summary of State Needs

- Training/Technical Assistance tailored to different stakeholders
- Linkages for collaboration and consultation among disciplines.
- Full roster of dispensing physicians in each State.
- Price of medication; identification of financial responsibility for provision of ancillary services.

Next Steps

- State AOD Agency and OTP preparation for the approval of buprenorphine, including mechanics of implementation and cost determinations
- Monitoring of current research
- Development of NASADAD/SMA consultation document based on issues identified in Focus Group Report
- Development of a technical assistance implementation model