

Starting a Suboxone training program in a Family Medicine Residency Program

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March 26, 2018



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Case

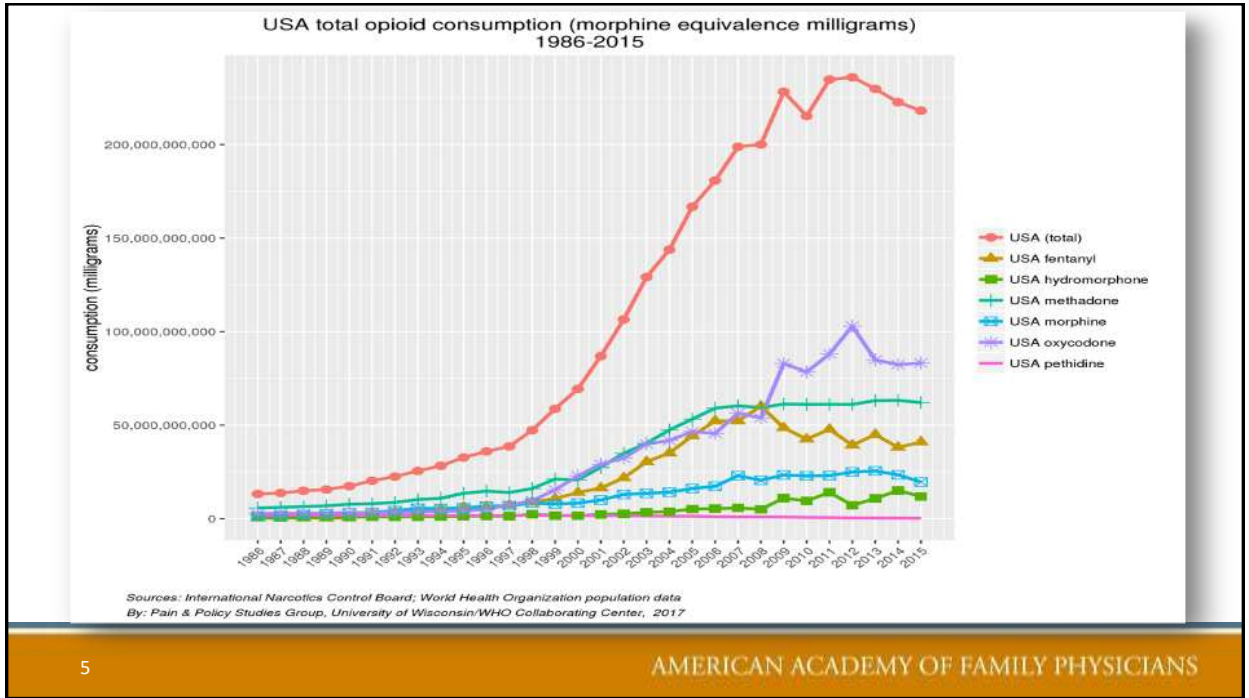
- 22 yo with history of MVA with vertebral fractures divulges that she has been shooting heroin daily.
- What capabilities do you have to deal with this situation?

Poll Q #1 What would you do?

- Refer out, but I do not know where
- Refer out, I have a good referral pattern
- SBIRT and refer to someone in my clinic (I cannot write Suboxone)
- SBIRT, if appropriate patient, I will start Suboxone

Opioid Crisis

- 2015 more opioid deaths than car accident fatalities



Current Treatment Options

- Detox and abstinence
- Methadone
- Buprenorphine
- Naltrexone injection

Treatment Options' Success

- Detox and abstinence: Success rate \approx 10%
- Methadone: Success rate \approx 60%
- Buprenorphine: Success rate \approx 60%
- Naltrexone injection: Success rate \approx 10%

Work Force Deficit

- Only 10% of patients with an opioid use disorder were able to find a provider to assist them in NC in 2016
- What is it like in your area?

Poll Q#2 Are you prescribing Suboxone?

- We are not prescribing and pre-contemplative
- We are not prescribing, but are talking about it
- We are not prescribing, but have a plan to start
- We have one or more faculty who prescribe
- We are prescribing and training our residents to prescribe

Why?

- What are the barriers to teaching, training, starting Suboxone in your FMRP?

Barriers

- No resources (money, personnel)
- Risk management won't allow
- Leadership resistance
- Fear
- People do not believe in Suboxone
- No Champion (need someone to just start)

What you need to do to start

- 1) Convince leadership
- 2) Obtain a guiding coalition
- 3) Include Behavioral Medicine and Pharmacy and Nursing
- 4) Develop protocols – process should be very protocol driven
- 5) Some faculty has to start (ideally 2-3) to cover each other

What you need to expand

- 1) Frequent meetings of coalition to trouble shoot
- 2) Include training for residents in regular curriculum with goal that each resident will have 1-2 patients, expand training to ideally include all or most faculty
- 3) Develop protocols for inductions
- 4) Begin inductions
- 5) Clear boundaries for who is not appropriate to start and who we cannot continue

What came up for us.....

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

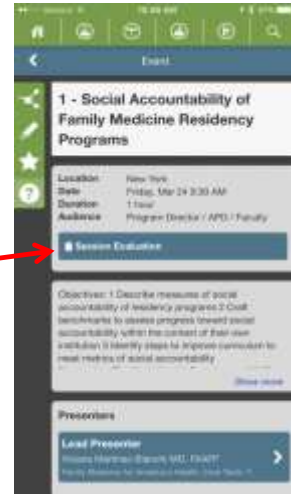


Social Q & A

Please...

Complete the
session evaluation.

Thank you.



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