

Georgetown Family Practice Integrates Treatment for Opioid Use Disorder into Primary Care Setting

NEW CASTLE (Nov. 12, 2021) – Atlantic Family Physicians plans to expand access to lifesaving Medication for Opiate Use Disorder (MOUD) for more than 100 patients with opioid use disorder this year. The Georgetown-based family practice, headed by Dr. Fabricio Alarcon, currently has 12 patients on MOUD. Two full-time nurse practitioners have been hired to help provide treatment for additional patients. The expansion is funded by a federal grant provided through the Division of Substance Abuse and Mental Health in response to the state's opioid epidemic.

Dr. Alarcon said he was inspired about the use of medication-assisted treatment for opioid use disorder eight years ago when he filled in as the medical director for a nearby outpatient treatment center. "I loved that helping patients stay sober could change their lives," he said. "I've seen marriages be saved, and families get stronger when people get treatment." Dr. Alarcon went on to obtain his board certification in addiction medicine. He began treating patients with opioid use disorder years ago, but says he's now focused on integrating medication-assisted treatment into the primary care office setting.

Sussex County ranks high for overdoses, and its rural setting creates challenges for getting to office visits for patients who may lack transportation. "It's critical for the state to expand the number of treatment providers in Sussex County," said Joanna Champney, Director of the Division of Substance Abuse and Mental Health.

Champney said that expansion of treatment and overdose prevention in the state's rural areas is a major focus of the Overdose System of Care Committee, which she co-chairs with Dr. Rick Hong, Medical Director for the Division of Public Health. "Rural areas are particularly vulnerable because people are isolated," she said, "and they can't get to treatment as easily, and there are fewer providers to choose from."

The Department of Health and Social Services' Division of Substance Abuse and Mental Health (DSAMH) is funding additional staffing and supports for Atlantic Family Physicians to expand its MOUD practice through a federal grant. The State Opioid Response (SOR) grant brought in \$37 million in discretionary funds for the state to expand opioid and stimulant use treatment and overdose prevention initiatives. The Atlantic Family Physicians initiative is one of 56 sub-grant applications currently received by the division for SOR funding. In addition, 37 of the applications are focused on helping a variety of health care programs screen existing patients for opioid use disorder.

Offering medication for opiate use disorder (MOUD) in a primary care setting not only expands the provider network, but it also helps reduce the stigma around patients seeking treatment from a formal drug and alcohol treatment center. In response to the transportation barrier common in rural settings, Atlantic Family Physicians will coordinate transportation to patients in need.

Medical office manager Jessica Riddle said she enjoys the long-term relationships formed with patients who regularly come in for treatment. "It is important to us that patients don't feel judged coming in for treatment," she said. "We treat all patients with respect." Special bonds form with patients as they engage in treatment. "We see them regularly, and we get to know them and then if they miss an appointment, we worry about them and call and check to make sure they are

OK," Riddle said.

Depending on the specific medication a patient is taking for opioid use disorder treatment, the frequency of office visits varies. Initially, patients come in weekly. As they continue to engage in treatment and begin to improve, office visits can begin to be spaced out. Most patients end up coming in monthly. Patients who are coming out of active addiction typically are prescribed buprenorphine, Dr. Alarcon said. Those who may be coming out of an inpatient or outpatient treatment program can be prescribed Vivitrol, especially if they are also using alcohol.

Alarcon says patients may stay on medication-assisted treatment for 6 months or up to 10 years or longer. "It really depends on the patient," he said. "You have to let your brain retrain itself. People who are still emotionally unstable, experiencing mood swings, may not be ready. Their brains are still reacting to the addiction. You'll know you can consider tapering off treatment when you start to feel more leveled." In his experience, patients who stop treatment too early often struggle to manage their cravings and are at higher risk to relapse. Last year, there were 447 fatal drug overdoses in the state, with 122 in Sussex County.

Two nurse practitioners in the office completed 24 hours of training to obtain the necessary credentialing to prescribe medication for opioid use disorders. The credential is commonly referred to as the "x-waiver." Dr. Alarcon also recently hosted a meeting to train and educate all the office staff about how to talk with patients about treatment for opioid use disorder. "It's new to a lot of medical staff, and we want our patients to feel welcome at the practice," he said.

In addition to obtaining the required x-waiver, Alarcon's staff participated in the Office-Based Opioid Treatment (OBOT) Fellowship, which teaches treatment providers how to help

patients manage opioid use disorder through treatment approaches. "The course was amazing and taught us how to design office workflows for this type of treatment. It also showed us how to bill insurance. It was probably the best training we've ever received," Dr. Alarcon added. DHSS' Division of Medicaid and Medical Assistance sponsored the OBOT fellowship this year, supported by the SUPPORT Act Planning Grant from the Centers for Medicare and Medicaid Services. DSAMH plans to offer the trainings to additional providers this year using federal funds.

The next challenge Dr. Alarcon hopes to address is the high number of patients who leave emergency departments after a non-fatal overdose, but never show up to start treatment. His dream is to offer 24-hour induction, meaning patients could be brought to his practice anytime, day or night, after leaving an emergency department, to begin treatment for their opioid use disorder. An expansion of this type would require additional staff. However, Alarcon admits that since he is always on call, he already sees patients on a totally flexible schedule, with no set time windows. "We are here. We are willing to help people not only get sober, but to get their lives back together."

Asked what advice he would give to other doctor's offices considering expansion to include treatment for opioid use disorders, Alarcon said he would tell them to "absolutely do it." He said he is willing to mentor doctors in the process and welcomes the opportunity to show medical professionals first-hand how expanding their practices to include these patients can be incredibly rewarding. "Honestly, the patients are great. I had one patient who would literally go out during a hurricane or a tornado to get his next heroin fix. That's how much he was in the grip of addiction. And now he's sober. He tells me that I saved his life. Even though he actually saved his own life by getting sober, we helped him in the process."

The state's Bridge Clinics, which are operated by the Division of Substance Abuse and Mental Health, are also partially funded with the federal SOR grant funds. Three Bridge Clinics statewide – one in each county – see walk-in clients, at no cost, for any type of mental health or substance use disorder. Clients are evaluated promptly and a connection to a longer-term treatment plan is arranged.

Grant funds are also being utilized to add substance use clinicians within the Delaware State Police. The program, which is operational in three troops and seeks to double its reach this year, connects people with substance use disorder to a clinician in lieu of arrest when they have contact with police. Naloxone, the lifesaving overdose reversal medication, is also being distributed with the grant funds. During the past year, more than 13,000 naloxone kits have been distributed, along with training on how to appropriately respond to an opioid overdose and use the medication.

If you or a loved one are struggling with substance use, you are encouraged to call the Delaware Hope Line at 1-833-9-HOPEDE or text CONNECT to 55753.

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