



P Innovation Profile:

Community Partnerships and Provider Training Increase Service Capacity and Access to Long-Term Treatment for Individuals With Heroin Addiction

■ Snapshot

Summary

The Baltimore Buprenorphine Initiative (BBI) expands access to long-term heroin and opioid addiction treatment by developing partnerships between medical facilities, substance abuse treatment centers, and social service agencies and by building service capacity through training and certification of physicians to administer buprenorphine treatment. Post-implementation data suggest that BBI has enhanced access to long-term buprenorphine treatment and health insurance and increased the number of trained and certified physicians and treatment programs.

Developing Organizations

Baltimore City Department of Health, Baltimore, MD

Baltimore Substance Abuse Systems, Inc., (bSAS) Baltimore, MD

Baltimore Healthcare Access, Inc., (BHCA) Baltimore, MD

Open Society Institute (OSI), Baltimore, MD

Mid-Atlantic Association of Community Health Centers (MACHC), Lanham, MD

Date First Implemented

2006

Patient Population

Geographic Location > City; Vulnerable Populations > Substance abusers; Urban populations

■ What They Did

Problem Addressed

Untreated heroin and opioid addiction leads to the spread of infectious diseases, medical

complications, and death. Although new treatments are available and policies have changed to increase access to such medication, a lack of trained prescribing physicians and operating procedures limits access to care. For those able to access treatment, insufficient service capacity often shortens the duration of care.^{1,2,3,4,5}

- **Prevalence of heroin use and addiction:** An estimated 3.7 million people have used heroin at some time in their lives, 314,000 in the past year.¹ More than 10,000 Baltimore residents were admitted to drug treatment programs for heroin treatment in 2006.²
- **Consequences of untreated heroin addiction:** Heroin is highly addictive and its use spreads infectious diseases (such as HIV) and can cause medical complications and death.³ For example, approximately 150 people die each year in Baltimore from overdoses involving heroin.⁴
- **Available, effective treatment:** In 2002, the U.S. Food and Drug Administration (FDA) added buprenorphine to the list of approved medication for heroin and opioid addiction. Buprenorphine treatment in the form of a combination tablet of buprenorphine and naloxone has been found to be a safe and effective treatment. It has been shown to reduce cravings, heroin use, and the likelihood of overdose.⁵ Individuals who receive treatment for heroin addiction are less likely to be hospitalized or receive urgent care than those not in treatment.⁶
- **Limited access to long-term treatment:** Before 2000, medications for heroin addiction could only be dispensed in a traditional opioid treatment program (i.e., a methadone clinic). The *Drug Addiction Treatment Act of 2000* expanded treatment options by allowing qualified physicians to dispense or prescribe approved medications in other treatment settings, including their own offices.⁷ Although this legislation was intended to promote access, the demand for heroin and opioid treatments still exceeds supply in many areas, including Baltimore, where physicians lack training for prescribing this medication, and community health providers lack experience and resources for providing this type of treatment.⁵ Although long-term treatment has been found to be most effective, service duration tends to be shortened when service capacity is insufficient.⁸

Description of the Innovative Activity

BBI seeks to expand access to long-term heroin and opioid addiction treatment by developing partnerships between medical facilities, substance abuse treatment centers, and social service agencies and by building service capacity through training and certification of physicians to administer buprenorphine treatment. Key elements of the program are described below:

- **Multi-agency leadership:** Three agencies work together to implement BBI: Baltimore City Health Department, Baltimore Substance Abuse Systems, Inc., and Baltimore Healthcare Access, Inc. Oversight and leadership from these three agencies helps to facilitate successful partnerships across the system.
- **Partnerships with treatment programs for long-term, stage-wise care:** BBI forms partnerships between substance abuse treatment programs and medical facilities to expand access to long-term care. Previously, the planned duration of buprenorphine treatment was only 3 to 10 days. Through

BBI's partnerships, long-term medication treatment has become available to hundreds of city residents. The substance abuse treatment centers work with patients in the early stages of care to provide individual and group counseling and other therapeutic services. Buprenorphine treatment, if indicated, is initiated at the substance abuse treatment center. Once providers at the substance abuse treatment program determine that a patient is stable (i.e., drug tests are negative, a consistent dose of medication is taken, counseling is attended regularly, and health insurance has been obtained), the medical portion of their care (the buprenorphine treatment) is transferred to a continuing care provider at a medical facility. The continuing care provider may be a primary care physician at a community health center, a psychiatrist at a mental health center, or a physician in an HIV clinic. After the buprenorphine treatment is transferred, patients continue to receive counseling for an additional 3 months and case management for up to 6 months through the substance abuse treatment program.

- **Social service agency partnerships for high-risk individuals:** BBI partners with social service agencies to target high-risk individuals and provide them with priority access to buprenorphine treatment. For example, BBI established a protocol with Power Inside, a community-based organization that provides outreach and case management services to female sex workers. Women referred from this agency to substance abuse treatment programs receive priority access to treatment.
- **Special needs partnerships:** BBI partners with a number of social and medical services agencies to meet the special needs of those with heroin and opioid addiction. For example, partnerships have been formed with mental health centers (to promote the recovery of those with co-occurring disorders), HIV clinics, and long-term residential treatment services (to assist individuals with multiple addictions).
- **Access to health insurance:** BBI helps patients assess their income and eligibility status and apply for health insurance. Patients work with staff from Baltimore Healthcare Access, Inc., who have specialized knowledge and experience in working with insurers to expedite the processing of applications. Once insurance coverage takes effect, staff counsels patients on their choices in selecting a physician and understanding all aspects of their insurance plan.
- **Physician training and certification:** To administer buprenorphine, physicians must complete a free online 8-hour training course. Physicians who wish to provide buprenorphine treatment in an outpatient setting must apply for a waiver and receive approval from the Substance Abuse and Mental Health Services Administration and Drug Enforcement Administration. BBI pays for physician training and helps physicians submit their training credentials to meet the waiver requirements.
- **Information-sharing meetings and forms:** Providers meet every other month to discuss patient care, share information, and discuss programmatic issues. BBI also created forms to help physicians monitor whether patients receive ongoing counseling or other therapeutic services through the substance abuse treatment programs.

Contact the Innovator

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Did It Work?

Results

Post-implementation data suggest that BBI has enhanced access to long-term buprenorphine treatment and health insurance and increased the number of trained and certified physicians and treatment programs.⁸

- **Facilitating access to long-term treatment:** At the start of the initiative, 105 patients were receiving buprenorphine treatment. To date, 1,159 patients have accessed buprenorphine treatment as a result of the program. Over the past year, 52 percent of participants stayed in treatment for 90 days or more. Of these, 208 have been transferred to a continuing care provider, and 78 percent remained in care for 6 months or more after being transferred. Two out of three of these patients continued to receive counseling from their substance abuse treatment provider during this time.
- **More trained and certified physicians:** Over the past 2 years, the number of physicians providing buprenorphine treatment has doubled. Over 75 physicians have been trained; most administer treatment through community health centers.
- **Expanded capacity:** In the first year of operation, BBI worked with six substance abuse treatment programs. Four additional programs joined the initiative over the past year. Three of the original six programs expanded their programs to serve an additional 180 patients.
- **Increased access to health insurance:** Over the past 2 years, BBI has reduced the processing time needed to assist patients in obtaining health insurance. At present, applications are processed within 20 to 30 days, and 83 percent of patients who are in treatment over 30 days have health insurance.

Evidence Rating ([What is this?](#))

Suggestive: The evidence consists of post-implementation data on the amount and type of services provided, the number of trained providers, and the capacity of substance abuse treatment centers. The underlying assumption is that, in the absence of this program, patients would not have had access to treatment, and providers would not have increased their capacity to serve.

How They Did It

Context of the Innovation

After the FDA's 2002 policy changes (described earlier), the Mid-Atlantic Association of Community Health Centers (a primary care association), along with the Baltimore Health Centers, met with the Open Society Institute-Baltimore to discuss opportunities to increase the capacity and effectiveness of substance abuse

services in Baltimore by engaging and mobilizing the existing community health care system. These stakeholders initiated a variety of early efforts to enhance access to buprenorphine treatment, including pilot testing of clinical protocols, provider training programs, and the development of new infrastructure to serve patients. These early efforts laid the groundwork for the creation of BBI.

Planning and Development Process

Key steps in the planning and development process include the following:

- **Assessment of system capacity:** In 2002, Mid-Atlantic Association of Community Health Centers (MACHC) received a planning grant from the Open Society Institute-Baltimore (OSI) to conduct an analysis of substance abuse treatment in Baltimore. The assessment provided an in-depth understanding of the availability of services and how they were funded.
- **Pilot efforts:** With support from OSI, MACHC provided technical assistance to six community health centers over a period of 5 years to initiate or expand addiction services such as the administration of buprenorphine treatment. These efforts laid the foundation for BBI.
- **Provider training:** Medical providers were initially reluctant to incorporate substance abuse treatment into primary care settings. In 2004, a study was conducted by Med Chi, the Maryland Medical Society, to better understand the needs of physicians who were transitioning their practice to include buprenorphine treatment. Physicians reported the need for upfront and ongoing training, adequate reimbursement for services, better ties to substance abuse, mental health and community services, and support with administrative issues. A number of early training programs were developed to address these concerns and support physicians in their new role as continuing care providers.
- **City-wide effort launched:** Building on the early efforts, the new Baltimore City Health Commissioner launched BBI as a city-wide effort in 2006, with a vision that embraced mobilizing the city's strong community health provider system and making medication available as part of the comprehensive services offered. Partnering with Baltimore Substance Abuse Systems, Inc. and Baltimore Healthcare Access, Inc., the three implementing agencies established clear roles for their collaboration. Baltimore City Health Department's role includes recruiting physicians to administer buprenorphine treatment. Baltimore Substance Abuse Systems, Inc. is responsible for providing guidance and overseeing contracts with the substance abuse treatment programs. Baltimore Healthcare Access, Inc. is involved in working with health insurers to expedite applications and coordinating care between substance abuse treatment programs and medical facilities.

Resources Used and Skills Needed

- **Staffing:** In the first year, the three implementing agencies hired staff to plan and carry out the initiative. The Baltimore City Health Department hired a part-time consultant to lead outreach efforts and oversee the development of clinical protocols. The Baltimore Substance Abuse Systems, Inc. designated a program coordinator. Baltimore Healthcare Access, Inc. hired a social worker and part-time graduate student to support its role in the first year; staffing for the second year increased to four

individuals. MACHC also continued to provide active technical assistance.

- **Program costs:** Operating costs were \$200,000 in the first year, including staffing (\$115,000), physician training (\$10,000), pharmacy copayments for patients who can not afford their medication copayment (\$7,500, paid out of an established fund), drug testing conducted in medical facilities (\$2,500, also paid out of a fund), database development (\$5,000), and cost-effectiveness research (\$60,000).
- **Service costs:** In the first year, \$644,000 was allocated to participating substance abuse programs to cover the services that they provide; in year 2, this figure increased to \$1 million. Of each dollar spent, 42 cents is for medication, 18 cents is for physician time, 30 cents is for other health professional time, 8 cents is for administrative costs, and 2 cents is for drug testing. The cost of providing buprenorphine treatment in the medical system is approximately \$500 per month (\$300 for the medication and \$200 for two physician visits).

Funding Sources

City of Baltimore, Baltimore, Maryland; Open Society Institute; Annie E. Casey Foundation

In the first year, the City of Baltimore provided \$125,000 to assist with implementation of the initiative. The Annie E. Casey Foundation also provided \$60,000 to cover the cost of four evaluations of the cost-effectiveness of buprenorphine treatment. A number of private foundations supported early efforts that laid the groundwork for this initiative including the Abell Foundation, Herbert Bearman Foundation, Zanvyl and Isabelle Krieger Fund, and the France-Merrick Foundation. The Open Society Institute-Baltimore has also supported this initiative with assistance from the Harry and Jeanette Weinberg Foundation with approximately \$200,000 in grants.

Tools and Other Resources

For more information on BBI, see <http://www.baltimorehealth.org>.

Adoption Considerations

Getting Started with This Innovation

- **Establish supportive leadership:** Commitment to mission and collaborative relationships were essential in developing and implementing BBI. Support for this initiative came from leadership in participating agencies as well as from the former mayor of Baltimore (now the governor of Maryland) and other elected leaders in Baltimore and throughout Maryland.
- **Engage providers with ongoing training and technical assistance:** The three implementing agencies divided responsibility for reaching out to various providers. The Baltimore Substance Abuse Systems, Inc. provides outreach to substance abuse treatment centers. Baltimore City Health Department reaches out to physicians through clinics, hospitals, and professional medical associations. The Baltimore Healthcare Access, Inc. provides outreach to insurers. For example, physician outreach

efforts include sending letters to hospital CEOs, conducting presentations at hospitals and other medical facilities, and working one-on-one with medical administrators to develop action plans to outline how they could be involved in the initiative. Clinical training and hands-on technical assistance was provided to continually engage medical providers. Assuring physicians that patients will still receive therapeutic services from substance abuse treatment programs also encourages physician participation.

- **Develop protocols for collaborative work:** As noted previously, the committees developed protocols to facilitate and coordinate the collaborative work. For example, a standardized protocol was created for when and how to transfer patients who are stable on buprenorphine treatment from a substance abuse treatment center to a medical facility. BBI also developed a protocol to limit illicit diversion of buprenorphine.

Sustaining This Innovation

- **Develop funding mechanisms:** A number of mechanisms were employed to establish long-term funding for this initiative. For example, funding was reallocated from short-term detoxification services to buprenorphine treatment. As noted previously, Baltimore Healthcare Access, Inc. worked with insurers to expedite health insurance applications. They also developed a fund to assist patients who cannot afford their medication copayment, which reimburses local pharmacies for the patient copayment. Contracts were also developed to cover aspects of service delivery for which there is no reimbursement mechanism (e.g., drug testing conducted in community health centers).
- **Monitor results and provide feedback to keep partners engaged:** BBI designed a database to track patients who receive buprenorphine treatment through substance abuse treatment programs and medical facilities. The database not only facilitates care coordination but also allows BBI to produce biweekly reports on service utilization. This feedback is summarized in quarterly newsletters and shared with partners and participating programs to keep them engaged in the initiative.

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¹ Substance Abuse and Mental Health Services Administration. Results from the 2003 National Survey on drug use and health: National findings. Rockville, MD: Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964; 2004.

² State of Maryland, Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration. Outlook and outcomes for Maryland substance abuse prevention, intervention, and treatment, State of

Maryland, 2006. Available at: http://www.maryland-adaa.org/content_documents/OandO/OandO2006.pdf

³ Institute of Medicine. Federal regulation of methadone treatment, First Edition. Washington DC: National Academy Press; 1995.

⁴ Baltimore City Health Department Office of Epidemiology and Planning. Intoxication deaths associated with drugs of abuse or alcohol, Baltimore, Maryland January 1995 through September 2007. Baltimore, MD; January 2008. Available at: http://www.baltimorehealth.org/info/2008_01_24.IntoxicationDeaths.pdf

⁵ Baltimore City Health Department; Baltimore Healthcare Access, Inc. & Baltimore Substance Abuse System, Inc. The Baltimore buprenorphine initiative. Interim progress report. Baltimore, MD; July 2007.

⁶ Center for Health Program Development and Management. University of Maryland, Baltimore County, Heroin Addiction Treatment Correlates in Maryland. March 12, 2007. Available at: http://www.hilltopinstitute.org/publications/Heroin_Addiction_Treatment_Correlates_in_Maryland-Revised_March_12_2007.pdf

⁷ Public Law 106-310

⁸ Baltimore Substance Abuse Systems, Inc. The Baltimore buprenorphine initiative. Second interim progress report. Baltimore, MD; June 2008.



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