

CITY OF BALTIMORE

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City Agencies Release Interim Report on Buprenorphine

July 18, 2007 – In advance of tonight’s hearing of the City Council on the progress of the Baltimore Buprenorphine Initiative, the Baltimore City Health Department, Baltimore Substance Abuse Systems, Inc., and Baltimore Healthcare Access, Inc. released an interim report.

The report explains the Baltimore Buprenorphine Initiative and its progress to date.

The following is the report’s executive summary:

Heroin addiction remains a substantial challenge for the city of Baltimore. Despite a major expansion in access to effective substance abuse treatment for uninsured persons over the last decade, available services still fall far short of the demand. Buprenorphine is a recently approved therapy for heroin addiction that can be prescribed by doctors in their own offices. It offers the potential of tapping into Baltimore’s world-class medical system to achieve a major reduction in heroin use.

Building on early efforts led by area foundations, medical professional associations, and hospitals, Baltimore launched a citywide effort to expand access to buprenorphine treatment in October 2006. This effort is known as the Baltimore Buprenorphine Initiative. This report provides an interim update on this effort. An independent evaluation is planned for 2008.

There are three principal components of the Baltimore Buprenorphine Initiative (Figure).

- **Step 1: Patient starts buprenorphine in a substance abuse treatment program.** The program provides the patient with buprenorphine as well as other therapeutic services including group therapy and individual counseling.
- **Step 2: Patient transitions to the medical system.** While the patient is receiving treatment in a substance abuse treatment program, a social worker from Baltimore Healthcare Access, Inc. assists with locating appropriate health insurance and other social services. The social worker then helps the patient find a buprenorphine-certified doctor in the medical system and assists in the transfer of care to care there.
- **Step 3: Patient continues to receive buprenorphine from his or her own doctor.** The patient can also receive at least another 3 months of counseling at the original treatment site and will continue to receive another 3 months of case management services from the social worker. Meanwhile, the spot for buprenorphine treatment in the substance abuse treatment program is now available for someone else.

Three agencies are working together to implement the Baltimore Buprenorphine Initiative. **Baltimore Substance Abuse Systems, Inc.** is overseeing contracts with and providing guidance to the substance abuse treatment programs. **Baltimore Healthcare Access, Inc.** is providing social workers to manage transfers to physicians' offices and is leading outreach to insurers and managed care plans. The **Baltimore City Health Department** is recruiting city physicians to prescribe buprenorphine, providing free-online training, and overseeing efforts to find new ways to finance buprenorphine treatment.

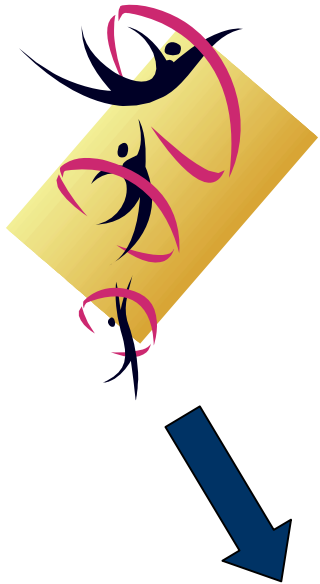
This report finds:

- **Through June 30, 2007, 388 patients entered the Baltimore Buprenorphine Initiative.** 65% have remained in treatment for at least 90 days, nearly meeting the initial benchmark of 67% retention at 90 days.
- **At least 79% of patients are able to qualify for health insurance for transfer to the medical system.** This exceeds the initial benchmark of 75%. Moreover, it appears that all but a few patients will eventually obtain the coverage they need to receive buprenorphine from their own doctor.
- **Through June 30, 2007, 62 patients have transferred care to the medical system, and only two have dropped out in 124 total months of medical care.** The average length of time until transfer to the medical system has been greater than anticipated, in part because of delays in obtaining insurance coverage. Patients are having other medical problems addressed in primary care, including HIV, high blood pressure, and depression.
- **About two in three patients are continuing to participate in counseling or other supportive treatment after transfer to the medical system.** Because the patients who do not participate in counseling may be at higher risk of relapse, social workers will monitor these patients and encourage ongoing supportive care.
- **93 doctors have signed up for buprenorphine training in Baltimore, and 50 have completed the training.** While this is less than the initial benchmark, it represents a surge in capacity for the city.
- **The HIV treatment system is providing a new source of funding for buprenorphine.** Maryland added buprenorphine to its AIDS Drug Assistance Program, and the Baltimore Ryan White Planning Council has made primary care funding contingent on the ability to provide buprenorphine to patients.
- **Evidence is emerging that expanding access to buprenorphine treatment could be cost-effective or cost-saving for the medical system.** Several studies by the University of Maryland Baltimore County demonstrate the huge cost associated with untreated heroin addiction and the potential role of buprenorphine therapy to save money as well as lives.

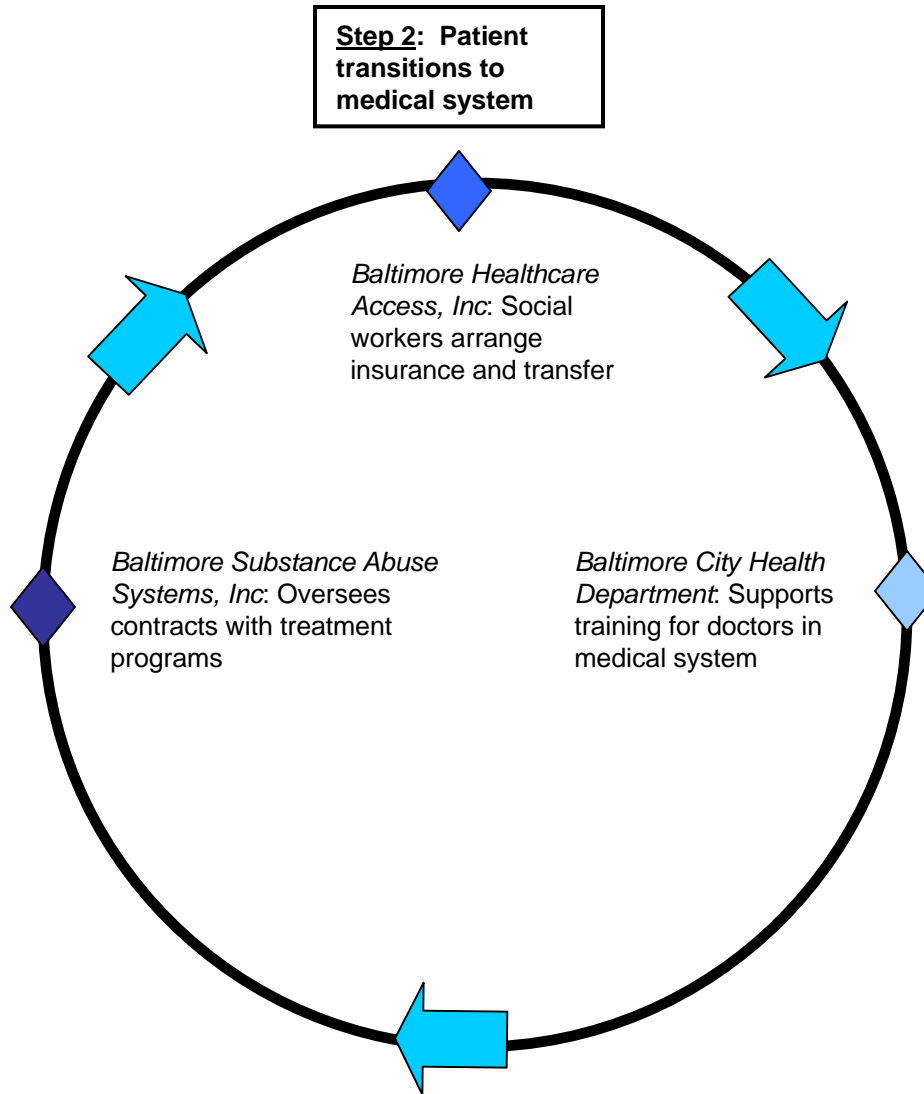
In fiscal year 2007, the public health system spent approximately \$200,000, the substance abuse treatment system budgeted approximately \$650,000 and the medical system spent about \$60,000 on costs associated with the Baltimore Buprenorphine Initiative.

The report concludes that each of the three steps of the Baltimore Buprenorphine Initiative is working, and each has room to improve and expand.

The Baltimore Buprenorphine Initiative



Step 1: Patient starts buprenorphine in substance abuse treatment program



Buprenorphine treatment in substance abuse treatment program now available for someone else

