



OLYMPIA BUPE CLINIC
BUPE
BUPRENORPHINE (SUBOXONE®)

THE OLYMPIA BUPE CLINIC AT CAPITAL RECOVERY CENTER

*Low Barrier, High Capacity
Buprenorphine Treatment
for a High Risk, Low Access
Population*

HISTORY & CURRENT STATUS

by Lucinda Grande, MD
MEDICAL DIRECTOR

July 14, 2019

CONTACT: LUCINDA@CRCOLY.ORG

Table of Contents

Abstract	4
The Concept	5
From Concept to Reality	6
Activity Summary	8
The Amazing OBC Staff	9
Key Clinic Features	10
News & Projects	11
Additional Grant Funding	
Community Partnerships	
Student Projects	
Research & Results	
Press Release	
KING5 Video	
Health Care Champions Award	
The VOICE Article	
Challenges, Solutions and Opportunities	12
Patients of the Month	16
Figures	
Retention Rate	18
Dosing & Retention Rate	19



Abstract

BACKGROUND

Failure to treat opioid use disorder has medical, social and economic consequences for individuals and the public. A survey of syringe exchange clients from the University of Washington Alcohol and Drug Abuse Institute showed that 78% of people who inject heroin were interested in reducing or stopping their use, and 69% expressed interest in medications but were unable to access them. Buprenorphine was the most highly sought treatment medication. The Olympia Bupe Clinic was designed primarily for people who inject heroin, with a harm reduction philosophy. It is a low-barrier, high-capacity, walk-in clinic that provides buprenorphine treatment to high risk patients.

TARGET POPULATION

Individuals at high risk of morbidity and mortality from opioid use, identified in emergency departments, correctional facilities, the Thurston County Syringe Exchange, homeless shelters, substance use treatment facilities, and behavioral health programs.

METHODS

Prescribing and dispensing of buprenorphine-naloxone:

- Same-day service
- Co-located with syringe exchange
- No appointments
- No cost
- No commitment to recovery
- No required counseling
- Peer recovery coaches on-site

MISSION

Reduce opioid-related morbidity and mortality by increasing access to buprenorphine with a harm reduction approach

GOALS

Individuals: Increase number of patients who access buprenorphine

Population: Reduce emergency department & inpatient visits, criminal justice involvement, and overdose deaths

EVALUATION AND OUTCOMES

Individuals: number of unique patients who a) receive medication, b) meet with a peer recovery coach, or c) access a new medical, behavioral health or social service

Population: reduction in rates of a) emergency department and inpatient hospitalization, b) incarceration and c) overdose death

CONCLUSION

OBC is a low-barrier high-capacity clinic that targets the highest risk individuals with opioid use disorder. OBC reduces harms to individuals and society by increasing access to treatment medication, peer support, and social and health-care services.

The Concept

Very few medical providers in Thurston County have the authorization known as a “waiver” to prescribe buprenorphine for opioid use disorder. Those who can prescribe it often require patients to wait for an appointment before the first prescription. Counseling and group therapy are often required. Patients are closely monitored with urine testing at each visit, and can be dismissed if illicit substances are detected, or if too many appointments are missed.

Ironically, buprenorphine is treated as though it is a highly dangerous and addictive substance requiring careful monitoring for safety. In fact, buprenorphine is much safer than prescription pain medicines and illicit opioids due to its extremely low risk of overdose death. In contrast to being addictive, it eliminates withdrawal symptoms and craving without creating a drug high. It makes people simply feel normal. They become able to pursue constructive goals.

The prevailing restrictive model of buprenorphine treatment is a high barrier for people who inject heroin. Many people with severe opioid use disorder have a history of trauma, dysfunctional families, and chaotic lives. Use of opioids, though ultimately harmful, provides momentary relief. The impulse to seek treatment may be transitory. If medication is not easily available, the moment will pass. If treatment becomes available but demands are too great, the person may get discouraged and give up.

The Olympia Bupe Clinic was conceived in 2015 during a conversation between Lucinda Grande, MD and Malika Lamont when they first met at the Thurston County Syringe Exchange, where Ms. Lamont was program director. Dr. Grande, a board-certified family physician and partner at Pioneer Family Practice in Lacey, had been prescribing buprenorphine for opioid use disorder

for three years. Ms. Lamont had a long history of harm reduction leadership in Thurston County. Both understood the value of buprenorphine in reducing the risk of overdose death and other adverse consequences of injection heroin use. They recognized that the people at highest risk of these harms had the least access to buprenorphine treatment.

Dr. Grande and Ms. Lamont believed that a harm reduction approach could vastly increase access for the people who would most benefit. People would be provided buprenorphine with the fewest possible constraints, regardless of their readiness to give up heroin. The premise was that every day using buprenorphine instead of heroin was a safer day.

They envisioned a casual welcoming store-front walk-in clinic where patients would be greeted by peers with familiar faces and a smile. They would be prescribed a few days’ supply of buprenorphine dispensed on-site. Information would be gathered in a non-invasive, trauma-informed manner. Urine would be tested rarely, and only to confirm presence of buprenorphine. Referral for services such as counseling and medical care would be available.

A similar vision was being developed by Caleb Banta-Green, PhD, senior researcher at the University of Washington Alcohol and Drug Abuse Institute. A regional harm reduction advocate, he described the concept as “medication first” – similar to the “housing first” concept in which stable housing provided to people who use alcohol and illicit drugs actually leads to a reduction in alcohol and drug use. A unique “medication first” style buprenorphine clinic had recently been implemented by the San Francisco Department of Public Health. In that setting, low-barrier access was resulting in a decrease in heroin use, even among those not ready to give it up entirely.



Dr. Banta-Green, as a key contributor on the King County Opioid Task Force, established the “medication first” concept as a priority in the Task Force’s 2016 Final Report and Recommendations. In 2017, he helped establish the first low-barrier buprenorphine clinic in Washington State at the Seattle Downtown Public Health Needle Exchange. Several other clinics in Seattle have since adopted the model.

From Concept to Reality

Addressing the opioid epidemic was a key goal of the Medicaid Transformation Demonstration, a five year federal grant awarded to Washington State in 2017. The state planned to fund pilot projects to provide smarter health care delivery that would save Medicaid dollars. The grant was to be implemented through the state’s nine regional Accountable Communities of Health (ACH).

Ms. Lamont was appointed Co-chair of the Opioid Workgroup for the ACH in southwest Washington, the Cascade Pacific Action Alliance (CPAA). In late 2017, she recruited Dr. Grande to participate. Together, they explored whether a low-barrier buprenorphine clinic in Olympia might be feasible. They nurtured alliances among providers of medical and social services, local jails, and hospitals. They helped build a foundation for an integrated network of care providers for people with opioid use disorder.

Early in 2018, Ms. Lamont and Dr. Grande connected with Brad Livingstone, RPh, who had recently established Sound Specialty Pharmacy, which specializes in psychiatric medications. Mr. Livingstone is a long-time community leader, former partner at Northwest Remedies compounding pharmacy in Olympia, and a member of the Providence Community Ministries Board. He quickly warmed up to the idea of a low-barrier buprenorphine clinic. To provide on-site medication dispensing, he proposed use of a computer-controlled locked medicine cabinet known as an automated drug dispensing device (ADDD). He could approve dispensing of pre-packaged pills remotely from his pharmacy.

The clinic would need prescribers. As Dr. Grande had a full-time primary care practice, she realized she would need to recruit additional prescribers. She began to nurture interest among the very small local community of waived buprenorphine prescribers. She also worked with Kari Lima, MD, faculty at Providence St. Peter Family Medicine, to train community medical providers to become waived. A growing number of prescribers became interested in forming a rotating staff.

The clinic would need a home. Ms. Lamont contacted Jim Wright, Executive Director of Capital Recovery Center (CRC), a well-established peer-led mental health services agency. CRC had the advantage of housing the Thurston County Syringe

Dr. Lucinda Grande, MD, Medical Director at Capital Recovery Center.

Exchange. Co-location with the syringe exchange would provide a natural link with the target high-risk population.

Meta Hogan was Director of CRC's PATH program, a peer-led homeless outreach program. Both Mr. Wright and Ms. Hogan immediately recognized the potential synergy of a low-barrier buprenorphine clinic with PATH. It would serve as a magnet to attract PATH's target population. At their first meeting, Ms. Lamont, Dr. Grande, Mr. Wright and Ms. Hogan all simultaneously realized the brilliance of having peer recovery coaches as the backbone of the clinic. It would be the perfect embodiment of the original vision for the clinic.

In August 2018, CPAA accepted Dr. Grande's and Ms. Hogan's application for CRC's Olympia Bupe Clinic (OBC) to become



a Medicaid Transformation Demonstration pilot project. Startup funding of \$60,000 was secured. A storage room near the Syringe Exchange was chosen for the clinic space and was cleared, painted and furnished.

A much larger funding opportunity soon arose, when Washington State received a \$21.5 million federal State Opioid Response grant in September. The Request For Proposals (RFP) seemed uncannily designed for OBC. The state's priorities were to increase access to buprenorphine, with a particular focus on the high-risk population, and to provide recovery support services with peer coaches. The application required a network with an induction site, where patients would be started on buprenorphine, and at least two partner sites that would accept transfer of stabilized patients. The grant would allow funding for a nurse care manager, a data collection coordinator, pharmacy services and medications.

Five partner sites were recruited to accept transfers including several established addiction treatment programs: Ideal Option and Evergreen Treatment



Services in Thurston County, Medtriq in Lewis and Grays Harbor Counties, and Northwest Integrated Health in Pierce County. Mason County Public Health Department planned to start offering treatment, and agreed to accept transfers. Valley View Health Services had just begun to provide buprenorphine treatment and medical care to pregnant and parenting women in the Harvest and Harvest Home addiction treatment programs at Behavioral Health Resources in Olympia; they agreed to accept transfers of pregnant and parenting women from OBC.

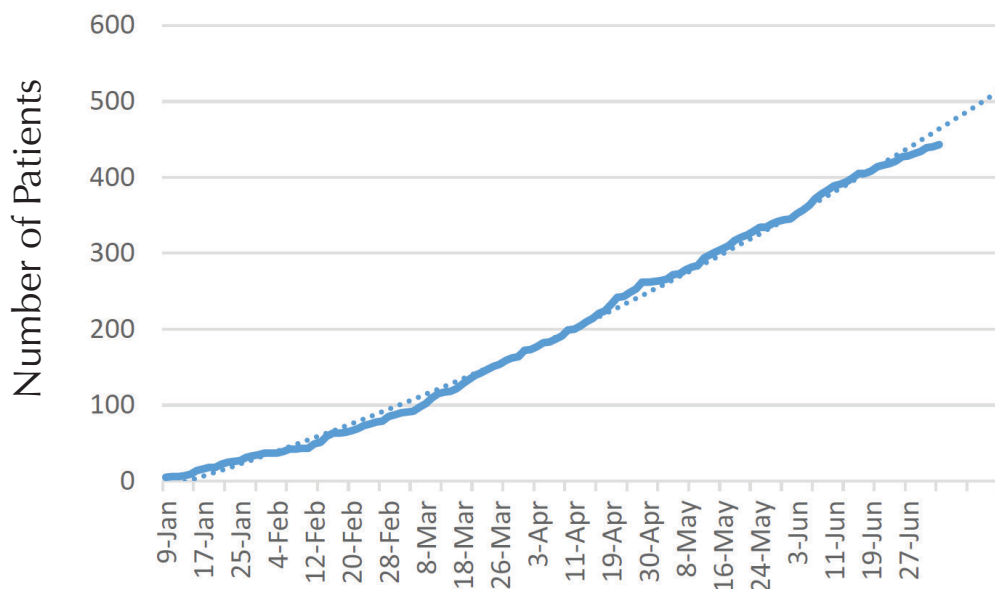
In December, 2018, the Washington State Health Care Authority accepted OBC's application for a State Opioid Response grant, and \$600,000 was secured for OBC and its partners.

Meta Hogan, Community Programs Director at Capital Recovery Center.

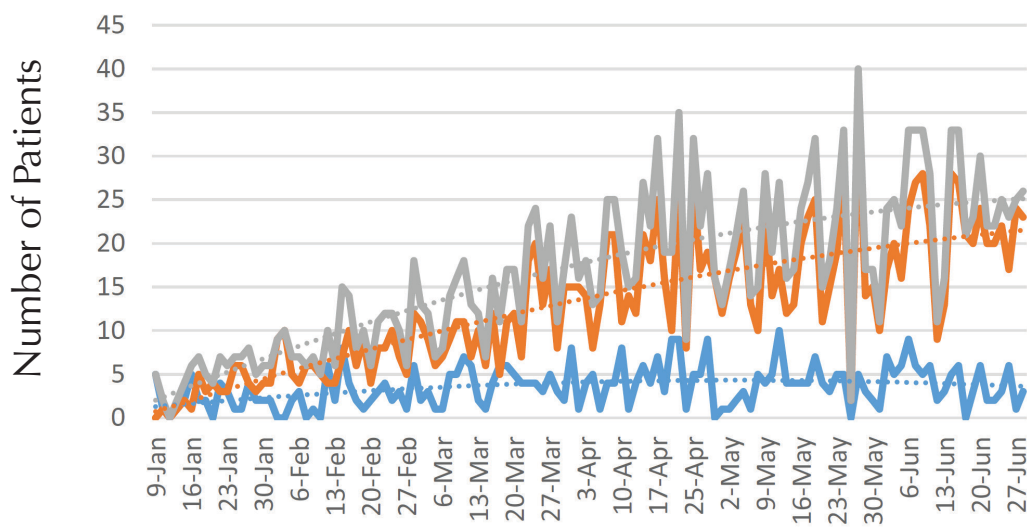
Activity Summary

January – June 2019

433 Cumulative Patients



2,006 Total Visits



- New Patients
- Returning Patients
- Total Patients
- Poly. (New Patients)
- Poly. (Returning Patients)
- Poly. (Total Patients)

Month	New Patients	Returning Patients	Total Visits	Cumulative Patients	Cumulative Visits
January	37	50	87	37	87
February	50	139	189	87	276
March	79	225	304	166	580
April	98	347	445	264	1025
May	83	390	473	347	1498
June	86	422	508	433	2006

The Amazing OBC Staff

(in roughly chronological order)

Darlene Hein

Clinic Administration Consultant

Ms. Hein retired in November 2018 from her long time role as manager at the Olympia Free Clinic. She has many years of experience running charitable clinics. In her temporary role she has helped establish and document clinic policies and procedures, manages the prescriber schedule, and assists with personnel management and recruiting.

Sofi Harnish

RN, Nurse Care Manager

Ms. Harnish has 10 years of experience with the Olympia homeless community, creating a wound clinic at the syringe exchange, working at local shelters and serving as nursing manager at the Olympia Free Clinic. She took a leave from a nurse practitioner training at Seattle University to play a formative role in establishing OBC, including helping develop OBC's prescribing strategy. She sees all patients on their first visit. Due to her extraordinary intuition, communication skills and heart, she can provide comfort and guidance to those experiencing the most harrowing of life situations.

Tamara Heinz & Traci Papoff

Peer Recovery Coaches

Each member of this dynamic duo has masterful skills in patient management, drawing on personal experience with addiction. They warmly welcome new patients and gather most of the intake data. They continually generate new ideas for improved clinic flow. Both have a particular strength in working with pregnant patients. They have helped navigate court and custody issues for multiple patients with complex family situations, and consistently demonstrate integrity, judgment and compassion.

Hayley Demus

AmeriCorps VISTA Volunteer

Ms. Demus is a graduate of Georgetown University with a major in political science and a minor in Justice and Peace Studies. She had three years of administration and program experience at non-profits in Washington, DC. A Chicago native, she is high-spirited and irreverent. She creates a joyful atmosphere as clinic coordinator, yet advocates fiercely for patients and keeps clinic moving at an efficient clip.

Kelley Jackson

Data Collection Coordinator

Ms. Jackson served for 11 years with the Washington State Department of Health as Operations Manager/Project Manager/Informaticist. She has a Masters degree in Public Administration from Evergreen State College. She provides a range of administrative roles including grant, contracts and budget administration, information systems development, and project tracking.

Garrett Leonard, Sean Wright and Stacy Hamblin

Peer Recovery Coaches

Our peer recovery coaches provide additional peer support when needed. All are strongly mission-driven to serve the needs of our patients.

Dawn Fabian

RN, Clinic Nurse

Dawn has worked with OBC nightly during the final months of her nurse practitioner training at Seattle University. She has many years of experience serving patients with psychiatric illness. She is quiet, adaptable and insightful.

An additional nurse and clinic manager will be starting soon.

Key Clinic Features

PATIENT DEMOGRAPHICS

An analysis in February 2019 of the first 68 patients showed the following: average age 36 (range 20-61), 63% male, 46% homeless (not including unstable housing), 47% with history of overdose (16% recently), 69% formerly incarcerated (19% within the past month), 33% with recent hospitalization or ER visit, 28% with history of domestic violence, 41% with chronic pain. 94% of patients had previously used buprenorphine, though only 35% of those had been prescribed it.

CONTINUITY OF CARE

Peers and the nurse care manager together serve as clinic anchors, while prescribing is provided by a rotating staff of 14 paid and volunteer prescribers. This contrasts with traditional clinics in which the prescriber is the continuity contact, and the “Massachusetts model,” in which the nurse care manager plays that role. At OBC, every patient is known by several staff members. Care coordination meetings are held several times weekly to review the needs of individual patients.

HIGH VOLUME

Traditional clinics that provide office-based buprenorphine depend on intensive contact/counseling with a prescriber. That constraint results in a high-cost, low volume model of care. At OBC, each patient has substantive interaction with multiple staff members during each visit, including the peer receptionist, peer recovery coach, nurse and prescriber. Because of the team-based care, a prescriber is able to see up to 7-8 patients per hour, thoughtful individualized dosing decisions are made and patients feel well cared for.

INDIVIDUALIZED DOSING

OBC strives to provide a dose that will not only reduce but completely eliminate withdrawal symptoms, cravings, thoughts and even dreams about opioid use. This high degree of symptom control contributes to high patient satisfaction, improved life function and better retention in care. The buprenorphine dose range found to be effective for the OBC patient population is higher than in common practice in the community.

FINANCIALLY SUSTAINABLE

Aside from grant funding, OBC can bill Medicaid for patient visits, because every patient sees a prescriber at every visit. The Health Care Authority reimburses visits for treatment of opioid use disorder at the Medicare rate, which is 87% higher than the usual Medicaid reimbursement.

ON-SITE MEDICATION DISPENSING

Brad Livingstone, RPh and his team deliver medications to the clinic three times each night. Installation of the planned Automated Drug Dispensing Device (ADDD, dubbed the “Pharmacy Robot” by OBC’s supporters at Cascade Pacific Action Alliance) is still awaiting administrative approval. Once implemented, the ADDD will reduce patient wait time and pharmacist time.

CONTINUOUS QUALITY IMPROVEMENT

This has developed as part of OBC’s organizational culture. All team members contribute to an increasingly smooth clinic flow. Weekly staff meetings are organized and efficient.

News and Projects

ADDITIONAL GRANT FUNDING

- Thurston-Mason Behavioral Health Organization is supporting one clinic peer position.
- Thurston County Treatment Sales Tax: \$75,000 was approved for a jail liaison who will coordinate care for justice-involved individuals with opioid use disorder, such as those at Thurston County jail and local drug courts. The job description was recently posted and applications are being reviewed.
- Cascade Pacific Action Alliance Domain 1 Grant: An application has been submitted for this infrastructure funding award for \$20,000.

COMMUNITY PARTNERSHIPS

- In addition to the formal partner sites mentioned above, OBC is developing working relationships with a network of organizations, most notably the Thurston County Jail, the Thurston County Drug Court, Providence St. Peter Hospital Emergency Department and Pharmacy Services, Capital Medical Center Birthing Center, and the Olympia Fire Department.

EDUCATIONAL PARTNERSHIPS

- University of Washington School of Public Health: Katie Strozyk, an MPH candidate, has undertaken a long-term study of jail recidivism among OBC patients for her thesis.
- Providence Southwest Washington Pharmacy Services: Hanh-La Phan and Brittani Pahl, two first-year pharmacy residents, have begun a project to implement buprenorphine programs at both St. Peter's and Centralia hospitals. They will develop protocols and train staff to identify patients with opioid use disorder and refer them to OBC.

- Gonzaga University: Amanda Bohannon, a nurse practitioner candidate, did a survey of 37 OBC patients for a Community Health Nursing project.
- Washington State University: Kim Miker, a nurse practitioner candidate, is planning an extensive program evaluation of OBC for a thesis project.
- Providence St. Peter Family Medicine: Plans are underway for physician residents to participate as observers and prescribers.

RESEARCH AND RESULTS

- Patient benefits: A non-random survey of 37 patients interviewed by Amanda Bohannon for her student project revealed the following life improvements within the first weeks of treatment: 70% improved mood, 70% improved self-image, 67% improved family relationships, 46% reduced pain, 43% reduced methamphetamine use, 35% improved employment status, 32% improved housing status.
- Retention rate: An initial analysis showed a surprisingly strong retention rate for this high risk population. The results are described later in this document.
- Dosing and retention rate: In an initial analysis, patients prescribed higher doses of buprenorphine had better retention. The results are described later in this document.
- Jail recidivism: Katie Strozyk, for her University of Washington MPH degree, will compare days in jail during the 1 year before and after starting at OBC. Almost all local jails have agreed to submit data.
- Emergency department visits: The two residents at Providence Southwest Washington Pharmacy Services plan to assess whether referral to OBC results in a reduction in return visits to the emergency department.

PRESS RELEASE

- On April 16th, with assistance from Public relations specialist Natasha Ashenhurst, a press release was sent to local news outlets to announce treatment of the 200th patient, and the rapid improvement in housing status, mood, and family relationships reported by patients in the student survey by Amanda Bohannon. It resulted in television and press coverage.

HEALTH CARE CHAMPIONS AWARD

- On June 25, 2019, Dr. Grande was awarded the Health Care Champions award for Innovative Community Service by the Thurston County Chamber of Commerce and Thurston Mason County Medical Society, for work with OBC. A video was produced featuring interviews with Dr. Grande, Mr. Wright, Ms. Lamont and Ms. Harnish.

KING5 VIDEO

- On May 10, 2019, a video about OBC was aired on KING 5 TV news, produced by reporter Drew Mikkelson. It led to greater public awareness and new patients.

THE VOICE ARTICLE

- OBC and the Health Care Champions award were featured in an article in the June issue of the Chamber's periodical, The VOICE. A photo session was arranged for this article by public relations specialist Natasha Ashenhurst.

Challenges, Solutions & Opportunities

PATIENT MANAGEMENT

BEHAVIORAL ISSUES

Most OBC patients are appreciative and respectful. After starting buprenorphine, they quickly demonstrate improvement in mood and quality of life. Some patients, however, do not seem to improve. They can be argumentative, display evidence of psychosis or intoxication, decline urine tests, or have urine tests unexpectedly negative for buprenorphine. OBC takes a team approach to meeting the needs of these patients. About six patients have been offered observed dosing. About half accepted it; the others left without dosing. Two patients received warning letters. The City of Olympia Crisis Response Unit was called for patient support on one occasion; CRU quickly established rapport and defused the situation.

REFERRALS

- OBC patients are generally reluctant to transfer out. Exceptions:
 - Ideal Option: OBC successfully referred about 15 patients to this addiction treatment company with 65 clinics in 10 states, including one in Olympia. They recently visited OBC with a team of 9, including senior management, to better understand why OBC's model has been so successful and how they can better serve the needs of OBC patients.
 - Valley View Health Services: 3 pregnant and parenting patients have been referred there. Dr. Charlotte Clark-Neitzel visited OBC to help develop the transfer process.
- Other SOR Grant partner sites:
 - It is not rare for patients formerly at Medtriq in Centralia or Evergreen Treatment Services in Olympia to transfer to OBC for a variety of reasons. Medtriq staff has coordinated with OBC to find the best solution for several shared patients. A dialog with Evergreen is underway.

- Mason County Public Health does not currently have capacity to accept new patients. Consejo Clinic in Shelton has agreed to accept patients on a case-by-case basis.
- Northwest Integrated Health: Only one of OBC's Pierce County patients has been willing to transfer out. This transfer is in progress.

CRIMINAL JUSTICE INVOLVEMENT

Many patients' lives are complicated by this. They become incarcerated for outstanding warrants, struggle with burdensome legal financial obligations, juggle work hours to meet court dates, or are working on child custody issues. OBC assists in various ways, often with letters of support.

PREGNANT AND PARENTING WOMEN

Approximately 8 pregnant patients have received treatment at OBC, including two who gave birth. The OBC peers are developing particular expertise in this patient population. A customized package of information for pregnant women, including community resources, is now available. OBC attempts to coordinate care with Valley View, as above.

ADDITIONAL ON-SITE SERVICES PLANNED FOR THE FUTURE:

- Behavioral Health:
 - Medications: Many patients are limited by mood-disorders, anxiety, attention deficit disorder and post-traumatic stress disorder. They would benefit from access to medications for these conditions to move forward in housing, employment, relationships and reduction in methamphetamine use. Most patients repeatedly decline referral elsewhere.
 - Counseling: Peers provide formal and informal counseling, but more intensive therapy is often inaccessible. Even when covered by insurance, patients are often unwilling to seek help elsewhere.
- Medical Care:
 - Acute Care: many patients avoid care or go to the emergency room for simple conditions such as respiratory, skin and urinary tract infections.
 - Primary Care: only a minority of patients receive routine care for chronic conditions such as high blood pressure and diabetes.
 - Chronic Pain: buprenorphine is effective for most OBC patients with chronic pain, yet additional benefit could be obtained with prescribed non-opioid medications such as gabapentin and duloxetine.

PHARMACY

- ADDD: OBC is awaiting approval from Washington State Department of Health for a Health Care Entity license before this can be installed.
- Inadequate supply: the pharmacy has intermittently encountered shortages of buprenorphine, particularly at the end of the month. The supply is limited by wholesalers, whose distribution practices are monitored closely by the DEA. Sound Specialty Pharmacy has become the highest volume dispenser of buprenorphine in the South Sound region.
- Inadequate insurance coverage: To remove all possible barriers, OBC often covers the cost of medications when not covered by insurance:
 - While awaiting prior authorization for doses above 24 mg/day,
 - While awaiting prior authorization for Subutex (buprenorphine pills that do not include naloxone) - which is standard of care for pregnant women, and for patients with adverse reactions to naloxone such as allergy or intractable nausea.

- When payment is denied for a refill requested earlier than expected for various reasons
- Some patients are uninsured, either because they don't qualify for Medicaid or choose not to apply
- Limitations at commercial pharmacies: when insurance coverage is inadequate, only Sound Specialty Pharmacy can be relied on to provide medication. When SSP has a shortage, OBC has to ration the pills by sending insured patients to other pharmacies.
- Patients restricted to one prescriber and one pharmacy by the Health Care Authority. In this situation, OBC is simply unable to provide medication to a patient. The Health Care Authority has been helpful in quickly resolving these situations within a day or two.

PERSONNEL

- Reimbursement: OBC's peer recovery coaches are providing greater value to patients than is reflected by their current pay scale.
- Prescribers: There are currently 14 regular prescribers, and several prospective prescribers will be visiting soon. Most nights are covered by at least one prescriber, with Dr. Grande serving as backup prescriber.
- Continuity medical care: Reverse co-location is an established model of care in which urgent care and primary care services are provided on-site at a behavioral health center such as OBC. Kellar McCloy, MD, a member of the rotating prescriber staff, has expressed interest in becoming a full-time employee to provide this service. He would be available in January, 2020.

FINANCIAL

- Medicaid billing has still not been established, 6 months into clinic operations. With over 2000 patient visits, approximately \$200,000 in potential revenue remains unclaimed. Negotiation with the Managed Care Organizations is underway to resolve this.

INFORMATION SERVICES

- Auxiliary Database: The electronic medical record, Practice Fusion, has limited data collection and reporting capabilities. OBC has just begun implementation of an auxiliary database for collecting demographics, social history, drug use history and other relevant patient information.
- Prescribers do not have access to the secure drive containing the auxiliary database. A solution is needed for this problem.
- The printer is not accessible by wireless.
- Electronic prescribing would save time but it is too expensive and administrative barriers are high

SPACE LIMITATIONS

- Patient visits with peers, nurses and prescribers have expanded well beyond the two OBC consultation rooms. Visits occur throughout open spaces in the CRC building. Patient privacy is compromised. A portable building is being explored for an alternative space. The cost may be \$50-100,000 for the first year.

GROWTH

- As OBC's relationships develop with the Thurston County Jail and the two local hospitals, an increase in patient volume is anticipated. OBC has demonstrated capacity to serve up to 40 patients in one night, though extra nurses, peers and prescribers would be needed if that level of demand becomes consistent.

COMMUNITY EDUCATION

- Harm reduction: Ms. Lamont is available to provide harm reduction education for local clinics
- Thurston County Opioid Task Force: OBC is actively involved in educating other providers and leaders of the criminal justice system on the benefits of buprenorphine treatment for opioid use disorder
- August 21: Community Partnership for Transition Solutions, at Evergreen College: Ms. Lamont, Ms. Hogan, Dr. Grande and Ms. Strozyk will present the role of OBC for individuals during re-entry from incarceration
- August 24: CPAA is hosting a buprenorphine waiver training. They will advertise with help from the state Department of Health. Dr. Grande will lead the training.
- September: Dr. Grande has a tentative invitation to testify at a US Senate HELP (Health, Education, Labor and Pensions) Committee meeting on Chronic Pain in Washington, DC. She plans to at least briefly discuss OBC and its role in treating patients with both chronic pain and opioid use disorder.

PROPAGATING THE MODEL

- Gather Church in Centralia has submitted a proposal to HRSA to start a low-barrier clinic modeled on OBC. OBC leadership is working closely with them to provide support.
- Tacoma Pierce County Public Health has a low-barrier clinic under development. Leadership have visited OBC on 3 occasions to learn from the OBC model.
- Publications will ultimately be the most effective tool, when time allows.

Patients of the Month

APRIL: THE 200TH PATIENT (*OBC Press Release, 4/16/2019*)

On Thursday April 11, the Olympia Bupe Clinic (OBC) at Capital Recovery Center (CRC) began treatment of its 200th patient, capping a three month period of rapid growth and service to the community. The 200th patient was “**Misty**,” a 21 year old female who has been living homeless in Olympia. She started injecting heroin two years ago after her father died from an overdose. She wanted to start medication so she could stop using heroin, return home to her mother and start looking for a job.

MAY: BUPRENORPHINE AND ALCOHOL (*SOR Grant Monthly Report, 5/2019*)

Angela is a 29 year old female who first came to the Olympia Bupe Clinic with her toddler son on 3/29/2019, requesting buprenorphine-naloxone for a heroin addiction. She also had a history of severe alcohol use disorder. Her alcohol use had been uncontrolled, to the point of repeated arrests for driving under the influence, and multiple motor vehicle accidents with injuries resulting in hospitalization. She described a feeling of irresistible craving for alcohol. Several years ago, she enrolled in a methadone program and quit the heroin. Unfortunately she continued heavy alcohol use, despite recognizing the life-threatening interaction between methadone and alcohol. She then switched to treatment with buprenorphine-naloxone for three and a half years, which included her pregnancy. During that time, she found that neither heroin nor alcohol was pleasurable for her. She eventually stopped the buprenorphine-naloxone because she thought she could do without. Unfortunately, both the heroin and uncontrolled alcohol use recurred. Since resuming buprenorphine-naloxone a month ago at our clinic, she again has had no interest in either heroin or alcohol. This is a huge relief for her.

JUNE: THE HARMS OF DETOX (*SOR Grant Monthly Report, 6/2019*)

Adam is a 34 year old male who lived in a tent in the woods. He first came to OBC for treatment in April and was prescribed buprenorphine for several weeks. He then decided to discontinue buprenorphine. He enrolled in detox at a local program that uses low dose buprenorphine for a few days then discharges people. During his stay in detox he had inadequate control of craving, and after discharge, he had sweats, restless legs and unwelcome dreams of using heroin. He resisted using heroin, and instead returned to OBC to resume buprenorphine. His withdrawal symptoms and craving resolved when he resumed his previous dose. He continued to desire a means of stabilizing his life, and decided to enroll in a 30-day residential treatment program. He was assured that he would be allowed to use buprenorphine during the residential period. Unfortunately, the treatment program incongruously required a detox period first. Accordingly, he enrolled in the same local detox program as before.

The detox period ended on a Thursday, but the next intake at the residential program was not available until Monday. So he returned to his tent in the woods. Without access to buprenorphine, again in a state of uncontrolled withdrawal symptoms and craving, he predictably relapsed on heroin. On Monday, he returned to OBC and resumed his effective dose of buprenorphine. He continued to desire placement at a residential treatment facility to stabilize his life. This time, one of the OBC peers found him an opening at a different facility which would allow buprenorphine without requiring a pointless and harmful detox period first.

JULY: PREGNANCY AT OBC (*SOR Grant Monthly Report, 7/2019*)

Laura is a 30 year old female who first came to the Olympia Bupe Clinic (OBC) in early heroin withdrawal on April 8. She was 34 weeks pregnant. Her most recent prenatal care had been at 22 weeks. She was living in a motor home with her partner who is father of the baby. She had an extended first visit at OBC, meeting with peer recovery coach Tamara Heinz, Nurse Care Manager Sofi Harnish, RN, and prescriber Patricia Garcia, PA-C.

INDUCTION

Sofi provided careful instructions to start buprenorphine with a low dose (1 mg) that evening and repeat after 2 hours, titrating to effect up to 6 mg/day. Laura returned in two days, having had a smooth induction. She had done an obstetric intake on the intervening day.

DOSING

At 6 mg/day, Laura had continued cravings and chronic back pain from a motor vehicle accident many years earlier. Over the course of five visits within the first nine days, she reported a single relapse - acknowledging use of 1 point of heroin due to craving and back pain. Her buprenorphine dose was steadily increased until she settled on a dose of 24 mg/day where she had minimal craving and no back pain. She attended OBC regularly and became very attentive to obstetric care.

VIDEO

Laura was featured in a video about OBC produced by KING 5 News, which aired on May 10. "At first I didn't have a whole lot of faith that it was going to work," Laura said about buprenorphine on the video. "Actually, it's done everything that I didn't think it was going to do." On that video, peer coach Tamara was shown counseling Laura on preparing for delivery. Tamara's advice held special value for Laura, as she had recently herself delivered a baby while on buprenorphine. Tamara succinctly verbalized OBC's mission: "It's not just getting people off of drugs. It's getting people their lives back."

CHILD PROTECTIVE SERVICES (CPS)

After the birth of Parker on May 15, Laura faced close questioning from CPS over some previous family concerns. Tamara and OBC peer Traci Papoff advocated for Laura at the hearing a week after Parker's birth. The two peers navigated through Laura's complex family situation with integrity, judgment and compassion. Ultimately Laura, her partner and baby Parker were allowed to remain together, in part because of a plan for ongoing involvement with the OBC peers.

ONGOING CARE AT OBC

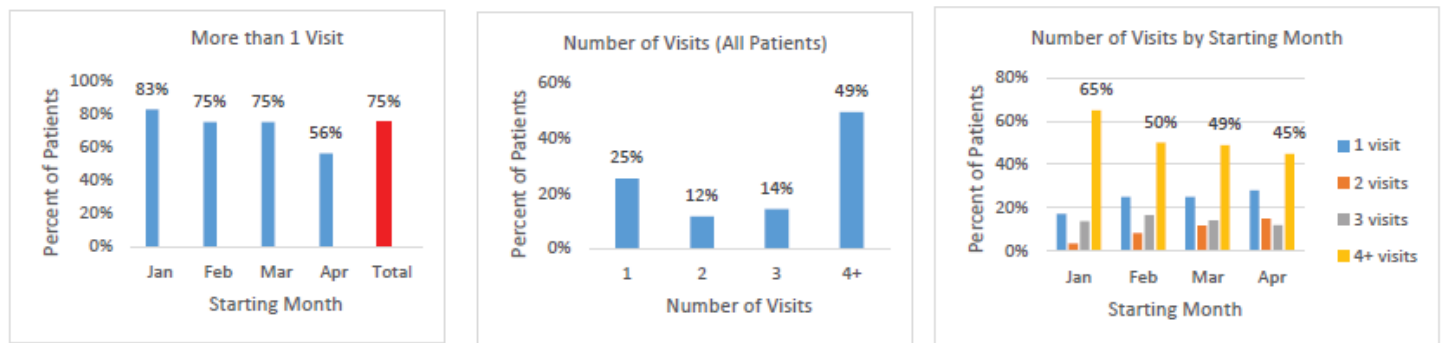
Nurse Care Manager Sofi wrote in her June 26th note that Laura continues to not have cravings or withdrawal symptoms and denies drug use. She is interested in counseling but not wanting to go to the local community center because of a previous bad experience there. She was hoping to see Sofi and Tamara again at her next visit. "It's helpful to see the same faces each visit," she said.

Retention Rate

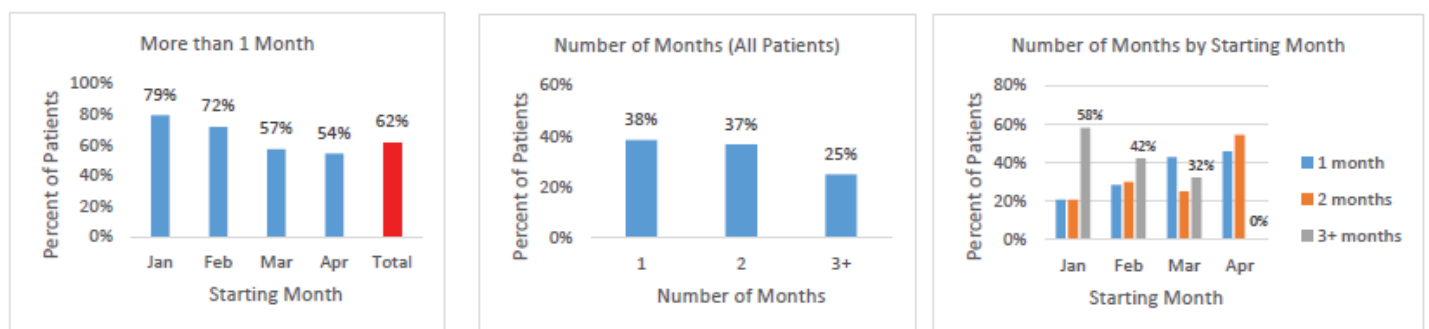
For patients with opioid use disorder, retention in treatment has been associated with improvements in quality of life, using a variety of measures such as reduced illicit drug use, improved housing and employment, and reduced incarceration and hospitalization. For each patient at OBC, retention in treatment was assessed by counting the total number of visits and total number of months in which a visit occurred. Results: 269 patients started at OBC between January and April, with a total

of 1469 visits between January and May. 75% of patients visited more than once (top left), and 49% visited four or more times (top center). 62% visited during more than one month (bottom left), and 58% of those who started in January visited during three or more months (bottom right). There is little published data for comparison, since the high risk patients served by OBC do not typically remain in treatment at traditional buprenorphine clinics.

Visits



Months



Total Visits: 1469 from 1/9/2019 – 5/31/2019

Patients Starting Each Month:	January	February	March	April	Total
	29	60	84	105	278

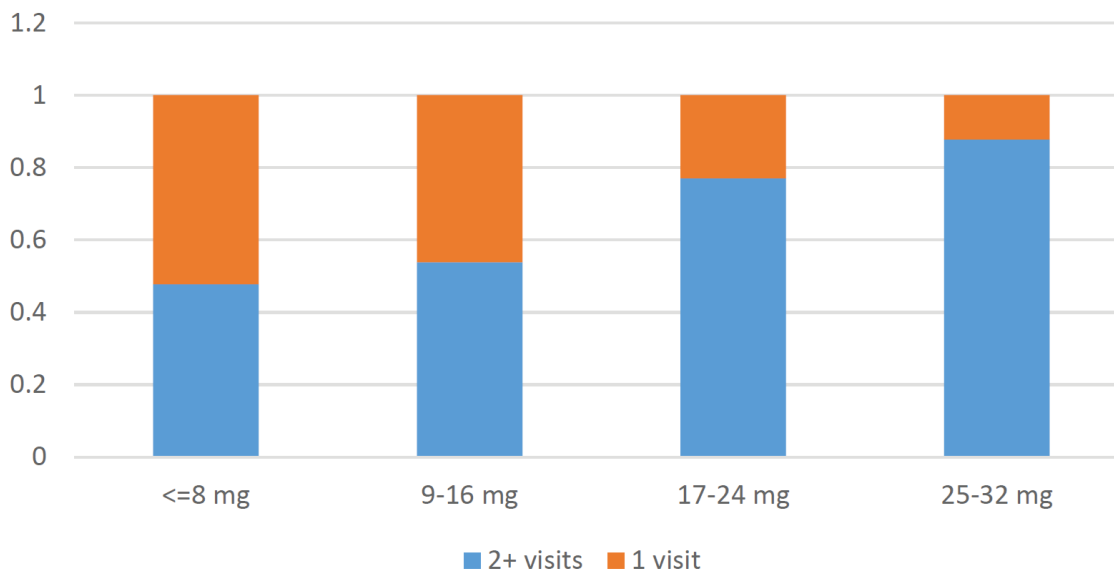
Graphs do not include 87 patients started in May.

Dosing and Retention Rate

The buprenorphine dose prescribed to OBC patients is chosen based on observation of patient response to treatment. OBC doses are higher than often used at traditional buprenorphine clinics. 16 mg/day is the maximum dose allowed at some clinics, and insurance rarely covers doses above 24 mg/day. To assess whether OBC's unusually high doses result in better patient retention, the dose at the most recent visit was compared with the total number of visits for that patient. Data was obtained from records provided by Brad Livingstone, RPh at Sound Specialty Pharmacy. Results: 355 patients received a total of 1485

prescriptions between 1/9/2019 – 6/17/2019. Retention at the highest dose (25-32 mg/day) was nearly double the rate at the lowest dose (≤ 8 mg/day): two or more visits (88% vs. 48%), four or more visits (65% vs. 32%). Limitations: Statistical significance has not yet been calculated. These results represent an association, not causation, and further work is required to correct for increase in dose over time. Some individuals do well on lower doses. This analysis includes the subset of patients dispensed medication from Sound Specialty Pharmacy, and does not include patients dispensed medication from other community pharmacies.

Dose vs. Retention



# of Visits	≤ 8 mg (N=44)	9-16mg (N=119)	17-24mg (N=135)	25-32mg (N=57)	Total (N=355)
2+	0.477273	0.537815	0.77037	0.877193	
3+	0.386364	0.361345	0.577778	0.807018	
4+	0.318182	0.260504	0.437037	0.649123	
5+	0.295455	0.226891	0.348148	0.508772	
6+	0.272727	0.168067	0.266667	0.421053	

**CAPITAL
RECOVERY
CENTER**

A PEER-SUPPORTED COMMUNITY
BUILDING HOPE

Open to walk-ins during the following hours:

MONDAY – FRIDAY | 4:00 PM – 7:30 PM
1000 CHERRY ST SE, OLYMPIA, WA 98501

(360) 349-0033 PHONE | (360) 357-2821 FAX
olybupeinfo@gmail.com | crcoly.org/OBC

