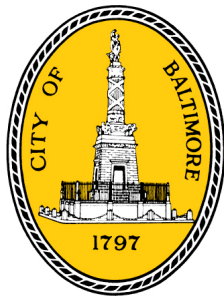

Advancing Recovery in Baltimore: Customer Input Helps Focus Efforts



For decades, Baltimore has had one of the highest rates of heroin addiction in the nation. The Baltimore Buprenorphine Initiative (BBI) brings together substance abuse treatment centers, community health centers, and primary care physicians to reduce heroin addiction in Baltimore City.

Launched in February 2008 as part of the BBI, Baltimore's Advancing Recovery (AR) project seeks to remove barriers to the use of medication-assisted treatment and improve continuing care among patients, both at the treatment program and at physician offices in the community.

Advancing Recovery is a collaboration between NIATx, the Treatment Research Institute (TRI), the Robert Wood Johnson Foundation, and payer-provider partnerships across the nation. (For more information, visit www.advancingrecovery.net)

The AR partnership between the Maryland Alcohol and Drug Abuse Administration, Baltimore City Health Department, Baltimore HealthCare Access, Baltimore Substance Abuse Systems (BSAS), and three treatment providers aims to increase substance abuse treatment options in Baltimore.

Treatment includes dose induction, stabilization, and continuance on buprenorphine combined with intensive outpatient counseling (IOP). Following intensive outpatient counseling, patients receive extended buprenorphine therapy. The participating providers transfer stabilized patients with pharmacy and health care benefits to physicians in community health centers and other settings.

As part of the application process for the Advancing Recovery project, BSAS conducted a walk-through of substance abuse treatment provider intake process. One agency was able to reduce 19 forms requiring patient signatures witnessed by a counselor to a single form. "That was a miracle for the staff," says Bonnie Campbell, director of policy and planning. "Taking the focus off of paperwork and funding regulations during the intake process allows us to focus on engaging our clients in treatment."

Making the intake process more manageable for clients, counselors, and administrative staff was part of BBI's first targeted aim to reduce time to treatment. Through the initial change projects, the team reduced waiting time from first request to first face-to-face contact. The project also reduced wait time from first face-to-face contact to first medication dose.

Patient response to improved access was positive, says Campbell. "They can now get the medication on the same day or the next day, where they used to have to wait three weeks. Patients say that buprenorphine has changed their lives—now they can work and take care of their children."

Yet reduced waiting time did not appear to have the expected positive impact on continuation in treatment. Patients who were interested in quick access to medication were more likely to be in acute withdrawal discomfort—and less interested in intensive outpatient counseling.

To improve the IOP retention rate, the team applied the key NIATx principle to "understand and involve the customer." Six client focus groups comprised of clients at various lengths of stay in

treatment were scheduled at the provider sites. An independent facilitator conducted the groups. In addition, every client appearing for treatment over a two-day period at each of the provider sites was asked to complete a paper survey on their treatment needs. Telephone surveys of clients who had dropped out of treatment were also conducted.

Through these efforts, the team learned that clients considered the IOP as requiring too much of a time commitment. They cited transportation and childcare issues as barriers to continuing in treatment. Because of the limited number of buprenorphine “slots” in the city, clients may have to travel long distance to receive their medication.

The focus groups also revealed that clients are interested in more individual counseling and help with housing and job skills more than some of the educational content offered in the traditional group model. As a result, BBI is looking at how to develop alternative treatment models to offer these services in community settings.

Client input has been key in identifying barriers and how to remove them. “We’re learning that we need consumer input all along the way and that we can refocus our efforts depending on what feedback we get from clients,” says Campbell.

The AR team in Baltimore is building a body of resources about the effectiveness of MAT to share with the field. “We have developed standardized guidelines for providing buprenorphine in our publicly-funded clinics,” explains Campbell. “We are excited about what is emerging from the Advancing Recovery project—a uniform approach to distributing and monitoring the medication that other cities can adopt.”

Sample Client survey results (from paper surveys conducted at three Baltimore provider sites)

