



Brigham and Women's Faulkner Hospital Outpatient Buprenorphine Practice

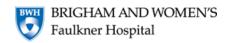




Table of Contents

	Welcome Letter	Page 2
>	Practice Information	Page 3
>	Addiction Recovery Faculty and Clinical Staff	Page 4
>	What is Buprenorphine?	Page 5
>	Practice Overview	Page 6
>	Patient Agreement	Page 7-9
>	Weekly Maintenance	Page 10
>	Monthly Phase 1	Page 11
>	Monthly Phase 2	Page 12
>	Monthly Phase 3	Page 13
>	Self-Help Groups at the BWFH	Page 14





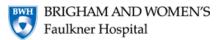
Welcome to the Brigham and Women's Faulkner Hospital Outpatient Buprenorphine Practice

Welcome to the Brigham and Women's Faulkner Hospital's Outpatient Buprenorphine Practice. As a team of addiction specialists, we are excited that you are here! We want to congratulate you on your decision to participate in our program and for your commitment to change. Our commitment to you is a commitment to support you in every way we can in order to ensure that you are given opportunity to succeed. Thank you for choosing our service to assist and support you in your desire to live a life in recovery and to take the necessary steps toward change.

It goes without saying that change is difficult. It is a process that happens over time. Why you want to implement change is based on your own values and your life story. How you implement change will be a combination of learning skills to manage uncomfortable feelings and situations, prevent relapse, and build a support system that will support your recovery. Through newly acquired skills, you will slowly develop confidence in your process of recovery and growth. Keep in mind that change occurs slowly and at a different pace for each individual, and being patient with yourself is a crucial part of this process.

Upon admission to the clinic, you will be assigned a social worker who will meet with you regularly for individual psychotherapy and counseling. You will also work with both our physician and nurse practitioner, who will monitor your medical needs as you move through the various stages of the program. The social worker and your prescriber will work closely together to offer you comprehensive treatment for your illness. They will both participate in addiction-focused educational groups that will be skill based, utilizing cognitive and dialectical behavioral therapy techinques and relapse prevention strategies.

On behalf of the Brigham and Women's Faulkner Hospital Outpatient Suboxone Practice team, we applaud you for taking a positive step to change your life for the better!!!





Brigham and Women's Faulkner Hospital DEPARTMENT OF PSYCHIATRY 1153 Centre St., Boston, MA. 02130 617.983.7474

Practice Hours:

➤ 8:00AM - 4:30PM Monday through Friday closed on weekends and all hospital-observed holidays.

The Brigham and Women's Faulkner Hospital Department of Psychiatry's operating hours are Monday-Friday 8:00am-4:30pm. Please note that all calls received outside of the normal business hours will be returned on the next business day. We ask that you please fill your prescriptions before 3:00pm to allow our clinical team time to resolve any problems regarding your prescriptions shall they occur.

Contact Information:

You can reach our practice **by phone** or through **Patient Gateway**. We will return urgent messages within 1 business day and non-urgent messages within 2 business days

- **Phone**: 617-983-7474
- **Patient Gateway**: https://patientgateway.partners.org (Ask our front desk how to sign up!)
- **Outside of business hours**: For urgent matters that cannot wait until the next business day, please call 617-983-7000 and ask the operator to page the outpatient psychiatrist on call.

Emergencies:

If you are experiencing a real clinical emergency we ask that you please call 911 or go to your nearest emergency room.

Running late for an appointment:

Boston area traffic is often heavy, especially during rush hour. Please allow plenty of time for travel. We do appreciate your calling us at 617-983-7474 if you are running late.

- Please keep your appointments and arrive 15 minutes before your visit time.
- Cancellations: If you need to cancel an appointment, please let us know at least 2 business days in advance.
- "No Show" Policy:
 - Chronic no-show or late cancellations may result in discharge from BPS. Definitions:
 - Late Cancellation: An appointment cancelled less than 2 business days in advance.
 - No show: A patient who either does attend his/her appointment, or arrives later than:
 - o 15 minutes late for visits up to 60 minutes in length

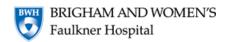
Other Important Items:

Please let update us with any changes to your phone number, address, insurance information, and email address. It is important that we be able to reach you.

Prescriptions:

We no longer accept faxes from your pharmacy. We ask that your <u>please call us</u> or use <u>Patient Gateway</u> for prescription refills requests. Please understand that it can take up to 2 business days to respond to a refill request you make outside of an office visit.

• Call 617- 983-7474 (option 3) & leave a detailed message on the prescription refill request line.





Program Faculty and Staff

Addiction Recovery Program Faculty and Staff

Fromson, John, MD

Chief of BWFH Psychiatry and Addiction Psychiatry Services

Suzuki, Joji, MD

Medical Director, BWFH Psychiatry and Addiction Psychiatry Services

Issa, Mohammed, MD

Psychiatrist, BWFH Psychiatry

Rodriguez, Claudia, MD

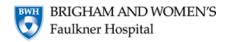
Psychiatrist, BWFH Psychiatry

Addiction Recovery Program Counseling Staff

Perry, David, LICSW Social Worker

Juila Trumble, LICSW

Social Worker





What Is Buprenorphine?

What is buprenorphine/naloxone (Suboxone)?

- Buprenorphine/naloxone is a medication used to treat opioid addiction. It can also be helpful in the management of pain, though this is considered off label use of the medication. The combined product is the approved medication for treatment of opioid addiction in non-pregnant individuals.
- Suboxone has two components:
 - **1.** Buprenorphine
 - 2. Naloxone

What is buprenorphine?

- Buprenorphine is an opioid partial agonist,. A parital agonist binds to the opioid receptor and "partially" activates the receptor. This produces less of an effect than a full opioid when it binds to the receptor. Opioid addicted individuals will experience less euphoria when taking buprenorphine compared to full opioid agonists.
- Examples of full opioid agonists include heroin, oxycodone, hydromorphone, hydrocodone, oxycontin, morphine, MS contin, and methadone. Full agonists bind to the opioid receptor and activates it fully. This results in not only increased euphoria, but also an increased risk of respiratory depression and death.
- Buprenorphine binds to the receptor more tightly than other opioids. Physiologically, this means that the receptors prefer buprenorphine over the other opioids.

➤ What is naloxone?

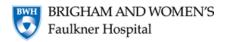
 Naloxone is an opioid antagonist. If bound to the opioid receptor, it blocks the effect of other opioids. When taken sublingually, the Naloxone component is not and does not have any effect on the medication.

How is buprenorphine helpful?

- Over the short-term, buprenorphine suppresses withdrawal symptoms when opioids such as heroin or narcotic pain medication have been discontinued.
- Buprenorphine also decreases cravings for opioids and blocks the effects of opioids if ingested due to the preferential nature of opioid receptors to buprenorphine.

➤ What is withdrawal?

- Opioids act on opioid receptors in the brain and throughout the body. When opioids are stopped, withdrawal occurs. Signs and symptoms of withdrawal include increased heart rate, sweating, restlessness, bone or joint aches, runny nose or tearing, anxiety or irritabilty, upset stomach, tremor, dialted pupils, excess yawning, and gooseflesh skin.
- Withdrawal from opioids is uncomfortable but not fatal.





Practice Overview

Triage Pre-Screen

Phone Intake

Medical Evaluation (60 minute appointment)

Suboxone Induction (90 minute appointment)

Counseling Orientation Appointment

Weekly Maintenance (8 weeks)

Treatment Plan Appointment

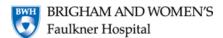
Monthly Treatment Phase 1 (4 Months)

> Treatment Plan Appointment

Monthly Treatment Phase 2 (6 Months)

> Treatment Plan Appointment

Monthly Treatment Phase 3





Buprenorphine Practice Patient Agreement

1. ARRIVING ON TIME / MISSED APPOINTMENTS

- I agree to arrive to my appointments **ON TIME** and stay for the full duration.
- I understand that if I am more than **15 minutes late** to my appointment that I will need to reschedule.
- I understand that I will not receive my prescription if I am late or if I miss my appointment.

*Exceptions are made on a case to case basis with a valid excuse.

- I understand that my prescription is tied to both my group and medical management appointments.
- I understand that walk-in appointments are <u>NOT acceptable</u>.
- I understand that <u>3 missed appointments</u> without a valid excuse will result in discharge from the practice

2. NOTIFICATION OF ABSENCE

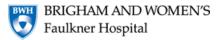
• I agree to give at least a **2 hours** notice before the start of the treatment day if I am unable to attend the program. Please call **(617) 983-7474**, **option 1**, and leave a message.

3. DRUG SCREENS

- I understand that urine drug screens are a mandatory program requirement.
- I agree to provide a urine drug-screen at each visit while engaged in the program.
- I understand that I will receive my prescription once I have showed my lab confirmation slip to my treatment team.
- I understand that **tampering with my urine** is grounds for **immediate discharge**.
- I understand that **a missed drug screen** will be considered a **positive result**.
- I understand that <u>3 missed drug screens</u> will result in a discharge from the program.
- I understand that this is substance abuse program therefore; consecutive positive drug screens will result in a 30-day Action Plan (weekly) 60-day Action Plan (monthly) intended to give me more support in my recovery.
- I understand that if I continue to struggle with my substance use while on an action plan this will result in an individual treatment team meeting with the clinical team to determine my eligibility to remain in the program.
 - I understand that the clinical team may recommend detox or a referral to a higher level of care if I continue to struggle with my substance use.
 - I understand that consecutive positive drug screens of any substance warrant a step-down to Bi-Monthly Visits and/or Weekly Groups as they illustrate my inability to stay sober with less structure and support.

4. DISCHARGE TO BIMONTHLY/ MONTLY MAINTENANCE GROUPS

- I agree that my eligibility to discharge to monthly treatment phase 1 and 2 is a collaborative decision determined by my treatment team.
- I understand that it is requirement of the program to attend <u>8 weekly groups</u> as well as provide <u>six consecutive clean drug screens</u> before I can be considered eligible for monthly groups.





- I understand that I will be required to complete <u>4 months of Bimonthly visits</u> before graduating to once a month visits.
- I understand that I will be required to complete <u>6 months of Monthly visits</u> before groups become an optional part of my treatment.

5. SUBOXONE PRESCRIPTIONS

- I agree to take my medication as prescribed to me by my medical / psychiatric team.
- I agree to <u>refill my prescription before 3:00pm on Friday afternoons</u>, to allow time for the clinical team to resolve any problems regarding my prescriptions shall they occur.
 - I understand that if call after this time, that I risk the chance of my prescription not being processed until Monday morning when the clinic reopens.

6. PRIOR AUTHORIZATIONS

- I understand that prior authorizations for my medication can take up to 48hrs to get approved by my insurance company once it is submitted.
- I understand that it is my responsibility to know my insurance plan and benefits.

7. MEDICATIONS

- I understand that it is important to communicate to my care team the start of any new medication.
- I understand that if I am having a medical or dental procedure it is mandatory to communicate this to my care team.

8. RANDOM PILL COUNTS AND DRUG SCREENS

I agree to random pill counts random toxicology screens by the clinical team.

9. CONFIDENTIALITY

- I agree to respect the confidentiality of all the members in the group.
- I understand that it is not appropriate to share with others the information that is discussed by other members of the group, both inside and outside the program.

10. SEXUALIZING BEHAVIOR/ACTIVITY

• I agree that any form of sexualizing behavior and/or sexual activity occurring at the program will result in immediate administrative discharge.

11. GAMBLING

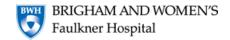
I agree that gambling in any form is not permitted on hospital grounds.

12.LANGUAGE

I agree that offensive language or remarks that demean or degrade others are prohibited.

13.CELL PHONES

• I agree and understand that the use of cell phones and other electronic devices is not permitted during groups as well as during my individual appointments.





14. MANADATED REPORTERS

- Your physicians, nurses, and social workers are mandated reporters in the state of Massachusetts. Under Massachusetts State Law this program is required to report reasonable suspicions of abuse or neglect to state agencies for all children, elderly, and disabled persons.
- The standard for reporting suspected abuse or neglect in Massachusetts is any situation where there is a reasonable suspicion to believe that abuse or neglect exists. Neglect may include patient on patient abuse.

15.ACTION PLAN STATUS

- Action Plans are a clinical treatment intervention indented to give you more support in your recovery.
- Grounds for a Action Plan include any of the following:
 - Disrespectful behavior/language in group and/or refusal to participate.
 - Disrespectful and/or violent behavior, threats, intimidation to staff and/or other patients.
 - Possession and/or use of *ANY* alcohol or drugs except those appropriately prescribed to you by your outpatient medical/psychiatric team.
 - An attempt to sell and/or distribute *ANY* alcohol or drugs including prescribed medication on or off hospital grounds.
 - Continued positive urine toxicology screens and or urine samples not reflecting treatment protocol.
- Action Plans can include any or all of the following treatment interventions determined by the clinical team:
 - Shorter suboxone prescriptions with an increased frequency of my medical management appointments with your prescriber.
 - An additional drug screen before your next weekly group.
 - Increased length of stay in the weekly groups.
 - Individual counseling sessions for more support in your recovery.
- Failure to adhere to the Action Plan guidelines will result in a taper and discharge from the practice.

16. ADMINISTRATIVE DISCHAGRE

• I understand that if I am administratively discharged from the practice I will not be considered eligible for readmission for a 3-month period of time.

Threats of violence, abusive behavior or destruction of property will result in a one-year ban from elective admission. Violence or providing alcohol or drugs will result in a permanent ban from elective admission to any of the Addiction Recovery Program treatment modalities. I understand these expectations and agree to abide by the rules of the program.



Weekly Suboxone Maintenance: (8 weeks, weekly prescriptions)

- The Weekly Maintenance Phase is a once a week group and medication management appointment for at least 8 weeks.
- > Groups are 45 minutes in length and are led by an addiction social worker.
- Medication management appointments are 15 minutes in length and occur before and after the weekly group. If you miss your scheduled medication management appointment, you will have to wait until all patients have been seen after the group to meet with your provider. All patients are assigned a suboxone provider at the start of the weekly phase of treatment.
- ➤ *PLEASE NOTE*: Groups are a mandatory part of treatment thus all patients who are more than 15 minutes late to group will be unable to meet with their suboxone provider. If you miss your group you will not be given a prescription. You will need to reschedule your appointment.
- ➤ We require all new patients to meet with one of our licensed independent social workers for 4 therapy sessions unless you are recieving therapy with a therapist outside our program.
- It is your responsibility to check out with the front desk to schedule your appointments for both your weekly groups and medication management visits.
- Eligibility to discharge to monthly suboxone maintenance groups is determined by the following:
 - Program Attendance
 - ► Group Participation
 - Drug Screen Results
 - Overall Treatment Compliance

Schedule:

- Tuesday
 - o Group: 4:30-5:15pm
 - o Medication Management Appointments: 3:30-4:30, 5:15-6:00pm
- Wednesday
 - o Group: 9:00-9:45am
 - Medication Management Appointments: 9:45am-10:30am
- Thursday
 - o Group: 2:00pm-2:45pm
 - o Medication Management Appointments: 1:15- 2:00pm, 2:45-3:30pm

Requirments:

Weekly Phase: 8 weeks, weekly prescriptions				
GROUPS (8 groups)	MED MANAGEMENT (8 weeks)	THERAPY (4 sessions)	DRUG SCREENS (8 total, 6 consecutive clean screens)	
1.	1.	1.	1.	
1.	2.	2.	2.	
2.	3.	3.	3.	
3.	4.	4.	4.	
4.	5.		5.	
5.	6.		6.	
6.	7.		7.	
7.	8.		8.	



Monthly Treatment Phase 1 (4 months, 2 week prescriptions)

- Monthly Treatment Phase 1 is a once a month group and a once a month med management appointment.
- ➤ Groups:
 - Groups are 45 minutes in length and occur once a month.
 - Prescriptions will be given at the end of group.
- > PLEASE NOTE: Groups are a mandatory part of treatment thus all patients who are more than 15 minutes late to group will be unable to meet with their suboxone provider. If you miss your group you will not be given a prescription. You will need to reschedule your appointment.
- ➤ Medication Management:
 - Medication mangement appointments are 15-30 minutes in length and occur once a month.
 - Appointments occur on the day of your group as well as inbetween your monthly group.
- Therapy:
 - We require two therapy appointments with our licensed independent social workers in this phase of treatment.
 - If you see an outpatient therapist, you can be exempt from these visits.
- ➤ Eligibility to discharge to the next phase of treatment is determined by the following:
 - Program Attendance
 - Group Participation
 - Drug Screen Results
 - Overall Treatment Compliance

Schedule:

Monday: 8:30am-9:30amTuesday: 6:30pm-7:30pm

• Wednesday: 11:00am-12:00pm (A, B. and C Group)

• Thursday: 3:30-4:30pm (A and B Group)

Requirements:

Monthly Phase 1: 4 months, 2 week prescriptions				
GROUPS (4 groups)	MED MANAGEMENT (4 appointments)	THERAPY (2 sessions)	DRUG SCREENS (8 total, 6 consecutive clean screens)	
1.	1.	1.	1.	
2.	2.	2.	2.	
3.	3.		3.	
4.	4.		4.	
	5.		5.	
	6.		6.	
	7.		7.	
	8.		8.	



Monthly Treatment Phase 2: (6 months, 1 month prescriptions)

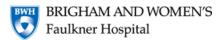
- Monthly Maintenance Groups are 45 minutes in length and are led by our addiction social workers.
- ➤ Medication Management Appointments are 15-30 minutes in length and occur before and after the monthly group.
- > Therapy:
 - We require three therapy appointments with our licensed independent social workers in this phase of treatment.
 - If you see an outpatient therapist, you can be exempt from these visits.
- ➤ *PLEASE NOTE*: Groups are a mandatory part of treatment. If you are more than 15 minutes late to group, you will be unable to meet with your suboxone provider. If you miss your group you will not be given a prescription. You will need to reschedule your appointment.

Group Schedule:

- Monday
 - o 8:30am-9:30am
- Tuesday
 - 6:30pm-7:30pm
- Wednesday
 - o 11:00am-12:00pm (A, B. and C Group)
- Thursday
 - o 3:30-4:30pm (A and B Group)

Requirements:

Monthly Phase 2: 6 months, Monthly Prescriptions					
GROUPS (6 groups)	MED MANAGEMENT (6 appointments)	THERAPY (3 sessions)	DRUG SCREENS (6 consecutive clean screens)		
1.	1.	1.	1.		
2.	2. 3.	2. 3.	2. 3.		
4.	4.	0.	4.		
5. 6.	5. 6.		5. 6.		





Monthly Treatment Phase 3: (Groups Optional)

- > In this phase of treatment, groups are an optional part of treatment.
- ➤ Medication Management Appointments occur once a month with your designated suboxone provider for 15-30 minutes in length.
- > Case management:
 - We require 1 case management appointment every 3 months to update paperwork, review collatoral information, provide support and resources.

Requirements:

Monthly Phase 3: Groups optional, Monthly prescriptions				
MED MANAGEMENT (1x monthly)	Case Management (1 appt every 3 months)	DRUG SCREENS (Monthly)		





Self-Help Meetings

SMART Recovery

Tuesdays @ 7:00 pm - 9:00 pm Huvos Auditorium 3rd Floor

Grad Group AWOL (Invitation only)

Wednesdays Group

Group Room 2 & 3: 2nd Floor Outpatient Psychiatry Department

Alcoholics Anonymous (Beginners)

Fridays @ 7:00 pm - 8:00 pm Huvos Auditorium 3rd Floor

Alcoholics Anonymous

Fridays @ 8:00 pm - 9:30 pm Huvos Auditorium 3rd Floor

Al-Anon

Fridays @ 8:00 pm - 9:30 pm

Group Room 3: 2nd Floor Outpatient Psychiatry Department

Addiction Recovery Graduate Group

(Brigham and Women's Faulkner Hospital Program Graduates and Current Patients Only)

Sundays @ 10:00 am - 12:00pm

Huvos Auditorium 3rd Floor