Championing Treatment for Substance Use Disorder in Primary Care: Success Stories from New Jersey Providers

he Center for Health Care Strategies (CHCS) <u>recently spoke with two physicians</u> — Lynda Bascelli, MD, chief medical officer at Project H.O.P.E., and Kaitlan Baston, MD, MSc, medical director of addiction medicine at the Urban Health Institute at Cooper University Health Care — who participated in the planning of New Jersey's office-based addition program. The program is designed to encourage primary care providers who work with Medicaid beneficiaries to increase their capacity to address substance use disorder (SUD). As part of the interview, Drs. Bascelli and Baston shared patient stories highlighting successes associated with office-based SUD treatment. These stories were gathered through CHCS' work with New Jersey to inform activities to improve health outcomes for Medicaid beneficiaries, made possible through support from the Robert Wood Johnson Foundation. To read the interview with Drs. Bascelli and Baston, visit www.chcs.org.

Offering Hope for the Future

"A couple of months ago, a person came in seeking help, but while he was waiting for his appointment, he overdosed in the bathroom. We ended up reviving him with Narcan. He walked out of the office that day with a prescription for buprenorphine. His mother had been waiting in the car, and she didn't know what was going on. It was wonderful to be able to take care of him in the moment that he needed care, to send him off with a prescription that should prevent him from overdosing in the future, and to offer him hope. To see his mother's face and how providing that treatment right there was affecting the family is just...it is overwhelming."

- Lynda Bascelli, MD

From Patient to Health Coach

"One of our first patients from when we started offering buprenorphine is now employed by us. She did really well in treatment, and a staff member noticed that she had special talents and she started talking to other patients who were going through the same thing she was. We ended up hiring her as our patient peer advocate. Since then, she has moved up the ladder, and is now a health coach at Project H.O.P.E. She is evidence of what can happen with treatment."

- Lynda Bascelli, MD

Providing a Second Chance at Recovery

"We had a patient who started at our emergency department BRIDGE program, a program that offers urgent evidence-based and follow-up care if somebody goes to our emergency department after or at the time of an overdose, or if they are in withdrawal or sick and scared with opioid use disorder. People can get treated in that moment, just like if they had a heart attack. When we started this program, we quickly learned that we had to followup with patients very frequently because they tended to be very sick. So we actually started seeing this patient daily when he first came to us, because at the time, he was negative for buprenorphine, meaning he didn't take the prescription that they gave him from the emergency department. He was really motivated, so we saw him every day. Instead of saying, 'Nope, you're out.' Which is what so many addiction programs do, we said, 'Of course you can try again.'

"So, we prescribed him buprenorphine, and every day he came to our office and took it. And for a while he said, you know, I want to come in twice a day because I think that I'm going to do better if I'm here in the morning and in the afternoon. He started coming to our clinic twice a day for two weeks, and he was feeling great and he looked great and he felt better and so we said, 'Do you want to try coming in once a day?' And then he did that and then we said, 'Do you want to just try coming in twice a week?' And then he did that. He now comes in once a month. He is back with his partner, his children, and he's working. He's doing great."

- Kaitlan Baston, MD, MSc

Helping Mothers-to-Be without Judgment

"Our perinatal program is extremely rewarding because we are taking care of women at such a vulnerable time. Women who are pregnant, who have been struggling with substance use disorders — they are the population with the most guilt and shame of anybody. It feels like everywhere they go, people just tell them they're bad. They're bad mothers. They don't care. The reality is they care so much and are so motivated. When they come to our clinic, we tell them, 'You're so brave. I'm so glad you're here. You clearly care so much. This is incredible. We're here to help you. Everything's going to be fine.' And, we get them stable on medications. We have been doing this for so long now that we have several mothers who are having their second child with us. They come to our parenting groups and bring their kids who all play and are crawling around on the floor together. It's just the most beautiful thing that we see — stopping the cycle and empowering women to do everything that they want to do in their lives."

- Kaitlan Baston, MD, MSc