Better Tomorrows

JOHNS HOPKINS MEDICINE

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

COMPREHENSIVE CARE PRACTICE AT JHBMC

Changing the Way We View Addiction Medicine

Many Faces of Addiction

A working-class mom from a sprawling, complicated family. A successful financial advisor, considering retirement. A college student, living away from home for the first time.

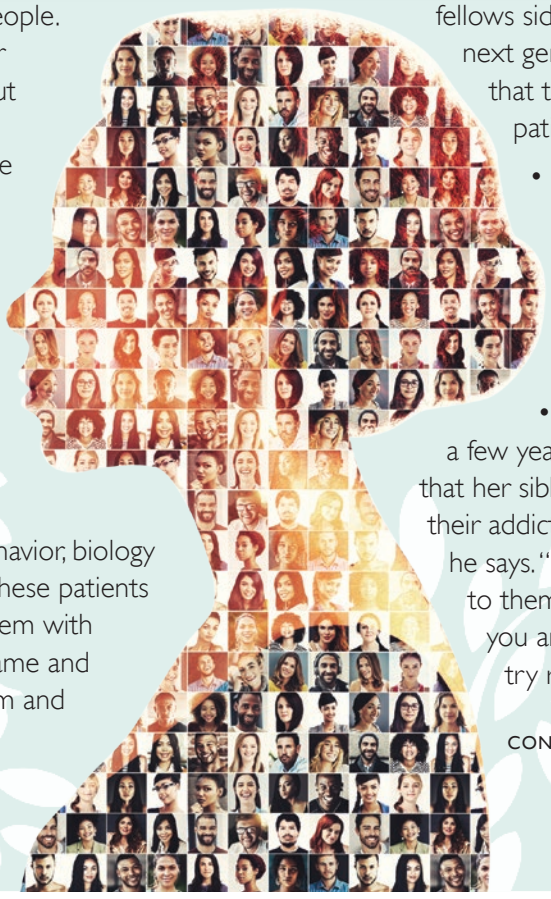
Addiction is often framed as a conversation about numbers — overdoses, economic impact, treatment slots. But it really is a conversation about people. Addiction became the defining diagnosis for these three people and countless others. But unlike a diagnosis of cancer or diabetes or heart disease, the world sometimes sees the word *addiction* and stops seeing the patient as a person. What a loss for us!

Addiction is caused by a combination of behavior, biology and background.

Addiction is caused by a combination of behavior, biology and background. We know that to engage these patients and sustain their recovery, we must treat them with respect, without prejudice. Minimize the shame and fear and stigma they already carry with them and restore their sense of dignity.

Our practice has its roots in providing primary care to patients who suffer from stigmatizing illness, including HIV. Now celebrating 25 years, we have evolved to address rising priorities in the community such as substance use disorders (SUD).

In our role as faculty, we extend this mission. We rely on our patients to teach students and residents and fellows side-by-side with us, so that the next generation of clinicians will know that there is no one profile of a patient with SUD:



- One patient, decades into recovery, speaks candidly with first year medical students about the behaviors they will encounter with a patient such as himself.
- One medically complex patient, a few years into recovery, tells her doctor that her siblings aren't able to break free of their addiction. "Stay away, but give hope," he says. "Live in sober housing and talk to them on the phone. Tell them that you are there when they're ready to try recovery again."

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None of these patients ever thought this would be their path.

Addiction looks like me. Like you. Like the person standing in line ahead of you at the supermarket or sitting next to you on the bleachers of a high school football game. There is no face of addiction. There are many. And we welcome them to wellness through primary care regardless of their journey.

Buprenorphine (BUP) for opioid use disorder saves lives

Research in the Division of Addiction Medicine

BY JARRATT PYTELL, M.D.
FY19 ADDICTION MEDICINE FELLOW

Academic medical centers such as Johns Hopkins Bayview encourage faculty to divide their time between research, teaching and patient care. The division of addiction medicine continues to add to the medical literature through research, while remaining true to our roots as academic general internists, committed to direct patient care.

More than two dozen research projects and publications since 2017 have broad applications to clinical care, quality improvement, program evaluation, and innovations in medical education.

Dr. Michael Fingerhood

Dr. Darius Rastegar

- The most notable publication came from **Michael Fingerhood, M.D.**, who published a review of substance use disorders in later life in the New England Journal of Medicine (2018) which garnered national attention.
- A publication that had broad readership and was highlighted at the 2019 American Society of Addiction Medicine conference was **Megan Buresh, M.D.**'s article in the Journal of Addiction Medicine (2018) describing the treatment of Kratom-dependence using buprenorphine for two patients — the first time that this has been described in the literature.
- Calling upon their experience treating substance use of all types,

Megan Burseh, Ryan Graddy and Jarratt Pytell.

Drs. Megan Buresh, Ryan Graddy, and Darius Rastegar authored a book chapter in the Medical Clinics of North America on the new and emerging psychoactive substances.

- Under mentorship of our physicians, addiction medicine fellow **Jarratt Pytell, M.D.** led a project about an innovative office-based opioid treatment clinic in the general internal medicine resident clinic, which highlighted the division's influence in making substance use disorder treatment a core skill of internal medicine residents.

Our research is informed by experiences treating patients in inpatient, outpatient and residential settings. The results of this research are often put into immediate practice and have measurable impact on the population served by the division, highlighting the important role that a robust commitment to academics brings to the overall well-being of our patients.

To learn more about the addiction medicine research, please visit our website **hopkinsmedicine.org/jhbmc/addiction**.

CCP in the Community

BY FERNANDO MENA-CARRASCO *MSN, RN, CASE MANAGER*

CCP Care Management Team includes Fernando Mena-Carrasco, MSN, MSW, RN and Crystal Wongus, Community Health Worker

Providing compassionate care for people with stigmatizing illness is at the heart of the work we do. The practice was founded in 1994 to provide primary care to those with HIV; keeping patients well through frequent contact with our practice is the cornerstone of our model.

The Ryan White Care Management team at CCP provides essential support services that our patients need through a federal program focused specifically on providing services to low-income people living with HIV. This team has been able to use monitoring and evaluation data of the Ryan White Program to launch a new sub-service with Community Health Workers (CHWs) and Peer Recovery Coaches (PRCs). Medical care, advanced care coordination, essential support services, medication monitoring and patient education are conducted by this interdisciplinary team of licensed staff and is supported by the CHW/PRC in the community.

With additional secured funds for 2019, the team will add another bilingual (Spanish) CHW/PRC in the coming months and will be able to take on new patients who are not virally suppressed or who may be at high risk for not adhering to the plan of care: patients who would benefit from an extra level of support and frequent contact with the practice. The CHW/PRC will work collaboratively with the RN case manager to identify patients who are an appropriate fit for the service.

CCP looks forward to expanding HIV and primary care services to the community and we welcome new staff who will engage patients in the community setting to ensure high quality care wherever they are!

Expanding Access to Treatment

BY MEGAN BURESH, M.D., *MEDICAL DIRECTOR OF THE INPATIENT ADDICTION CONSULT SERVICE*

Since its launch 25 years ago, the faculty and staff at the Comprehensive Care Practice have led efforts to integrate the treatment for substance use disorder (SUD) with primary medical care at Johns Hopkins Bayview and beyond. Medication plays a critical role in sustaining recovery of many SUD patients, and our physicians are working to extend access to buprenorphine treatment on our campus and within the larger community in Baltimore.

This importance of this effort has become more important as the current opioid overdose epidemic shows no signs of abating. Since 2017, local partnerships have flourished within a successful collaboration with Medical Center.

- Working with **Baltimore Health Leadership Initiative (BHLI) Project Connections**, Dr. Buresh, Dr. Fingerhood and Dr. Graddy see patients and prescribe buprenorphine at community-based sites such as Amazing Grace church in East Baltimore and on the mobile PCARE van outside Baltimore City Detention Center.

Peer recovery coach Reya Johnson, van driver Larry Dawkins, Sr. and Megan Buresh, MD staff the PCARE van, pictured l to r.

- As part of a larger centers of excellence project, Dr. Buresh is leading efforts with Medical Center leadership to improve care for patients with opioid use disorder (OUD) at local skilled nursing facilities, including access to buprenorphine and methadone for patients in early recovery. JHBMC is serving as pilot site for the state with support from **Maryland Behavioral Health Administration.**

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Only 5% of the nation's doctors have waivers to prescribe buprenorphine, a number Dr. Buresh is working to expand at JHBMC.

Some key milestones in the expansion of access to treatment:

MARCH 2017: A pilot buprenorphine clinic is launched at the internal medicine residency clinic on Friday afternoons.

JULY 2017: Peer recovery coaches are deployed in the emergency department to screen for substance use disorders.

JUNE 2018: More than 40 ED providers and hospitalists complete training to expand access to buprenorphine at the medical center.

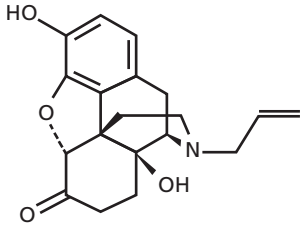
SEPT. 2018: A new Behavioral Health-Addiction Medicine Consult Service, co-led by Dr. Buresh with Dr. Karin Neufeld of psychiatry, is launched. Comprised of PRCs, social workers, psychiatrists and CCP faculty, the consult service works to improve care for patients with SUDs admitted to the hospital, including increasing access to medications for OUD and educating residents and providers.

DECEMBER 2018: JHBMC ED starts prescribing buprenorphine.

JANUARY 2019: The pilot buprenorphine clinic in the internal medicine residency clinic is expanded from Friday afternoons to two days per week.

Fellowship: Inpatient, Outpatient and *All Around Town*

BY JARRATT PYTELL, M.D.
FY19 ADDICTION MEDICINE FELLOW



Substance use and addiction have an ever-growing and far-reaching impact on the health of many Americans. In 2016, Addiction Medicine was recognized as a board subspecialty, and a certification exam and training requirements quickly followed.


Jarratt Pytell, M.D.

Johns Hopkins Bayview responded by developing a fellowship training program in addiction medicine, grounded in a robust clinical experience focused on treatment of people with substance use disorders (SUD).

What can future fellows expect from this new program?

- The core experience is an outpatient practice at the Comprehensive Care Practice, which provides primary-care based treatment for substance use disorders.
- The consult service occurs in an inpatient setting with a multidisciplinary team. Some patients are subsequently followed in the outpatient setting by the fellow either in the primary care practice or one of the SUD specialty treatment settings.
- The fellow also sees patients on the inpatient Chemical Dependence Unit (CDU), which provides medically supervised withdrawal support for men and women, including pregnant women.
- The fellow rotates through specialty treatment settings including multiple opioid treatment programs and residential treatment programs, providing a broad understanding of addiction medicine in every possible setting and with many different patient populations.

The highlight of the fellowship is working with the faculty at each training site, who are regional and national leaders in addiction medicine. The addiction medicine fellowship experience builds an extraordinary foundation of clinical excellence and broad exposure to the best in addiction research, policy, patient care and advocacy.

To learn more about the addiction medicine fellowship, please call **Amy Ziemski** at **410-550-2999**.

25 years *Leading efforts to integrate the treatment for substance use disorder with primary medical care at Johns Hopkins Bayview and beyond.*

Changing the Way We View Addiction Medicine

JOHNS HOPKINS MEDICINE
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Facts About Opioid Use Disorder in the United States

1.7 million
people are living with substance use disorders related to prescription opioids.

70%
of the more than 70,000 overdose deaths in 2017 were related to opioids, more than 130 people each day.

$78B
The total economic burden of prescription opioid misuse tops $78 billion dollars per year, including the costs of health care, lost productivity, addition treatment and criminal justice involvement.

Understanding the opioid crisis in human terms requires us to look beyond these numbers. Substance use disorder affects people, families and communities.

How Does the Comprehensive Care Practice Make a Difference?

SERVICES

We offer effective, compassionate care to those who suffer from stigmatizing illnesses, including HIV, Hepatitis C and substance use disorder:

- Primary Care
- Addiction Medicine
- Chronic Disease Management/Medical Case Management

VALUES

- Offer respect and hope
- Maximize comfort and minimize stigma
- Never lose dignity to a diagnosis
- Make tomorrow be better than today

BALTIMORE OPIOID USE DISORDER FACTS

900 **overdose deaths** in 2018.

3,000 **overdose reversals** achieved by first responders using Narcan since 2015. Naloxone saves lives!

2/3 **of overdose deaths** occur in the home.

OUTCOMES

79% **of CCP patients** are retained in buprenorphine treatment for at least six months.

$4,554 **average cost savings** per year for CCP patients with opioid use disorder compared to non-CCP patients with opioid use disorder.

317 **patients who were supported by Johns Hopkins Community Connects** in 2018 with housing, health insurance, food, transportation, ancillary care and applications for social services or medical benefits.

SOURCES: CDC.GOV, DRUGABUSE.GOV AND BALTIMORECITY.GOV

Erasing the Stigma of Addiction

Stigma is the main barrier to receiving addiction treatment and support services. At the Comprehensive Care Practice, we use language to emphasize the patient, not the disease. We believe in our mission to create a culture of respect around our patients, to remove shame and blame, restoring them to the fullest life possible.

It is not *what* you say, but how you say it that could be the difference between an overdose and saving someone's life.

DON'T SAY	DO SAY
Addict, junkie, crackhead, dope fiend, druggie, abuser, user and burnout	A person with a substance use disorder or addiction
Getting clean	Maintaining recovery
Clean/dirty drug test	Negative/ positive drug test
Drug habit, drug problem	Substance use disorder or addiction
Medication-assisted treatment, substitution therapy/ replacement therapy	Medication for opioid use disorder

Medication for Opioid Use Disorder: Terms to Know

Medication is a critical component to helping patients achieve and maintain their recovery. A few names to know include:

Methadone – medication that blocks the effect of opioids and treats withdrawal and prevents craving; daily liquid dispensed only in specialty regulated clinics

Naltrexone – medication that blocks the effect of opioids; daily pill or monthly injection

Buprenorphine – long-acting opioid medication that treats opioid withdrawal and craving and decreases overdose risk; daily dissolving tablet or film; or injection; can be prescribed in emergency rooms, primary care and addiction treatment settings

Naloxone – medication that reverses opioid overdoses. Available as nasal spray or injection. It can be safely given by community members and bystanders to save a life.

"Addiction certainly doesn't define the people who come to our practice. But it does need to inform the care we provide them."

Michael Fingerhood, Founder and Medical Director, Comprehensive Care Practice, Johns Hopkins Bayview Medical Center

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