



BRIGHAM AND WOMEN'S
Faulkner Hospital



HARVARD
MEDICAL SCHOOL

Brigham and Women's Faulkner Hospital Outpatient Buprenorphine Practice



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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 to support you in every way we can 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 towards 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.

Your work in the clinic will involve group therapy, optional individual therapy, and medication management visits. You will be working with dedicated addiction staff, with expertise in the treatment of substance use disorders. Group sessions consist of recovery based, skills building groups that utilize cognitive and dialectical behavioral therapy techniques and relapse prevention strategies. We believe in the power of self-compassion, forgiveness, and transformation.

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!



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

Rodriguez, Claudia, MD
Director of Addiction, BWFH

El Haddad, Saria MD
Director of Addiction Recovery BWFH Day Treatment Program

Twark, Claire MD
Attending Psychiatrist

Addiction Recovery Program Counseling Staff

Julia Trumble, LICSW
Social work supervisor

Cynthia Nichols, LICSW
Licensed Social Worker

What Is Buprenorphine?

➤ **What is buprenorphine/naloxone (Suboxone)?**

- Buprenorphine/naloxone is a medication used to treat opioid use disorder. 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 use disorder in non-pregnant individuals.
- Suboxone has two components:
 1. Buprenorphine
 2. Naloxone

➤ **What is buprenorphine?**

- Buprenorphine is an opioid partial agonist. A partial 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. People who are addicted to opioids will experience less euphoria when taking buprenorphine compared to full opioid agonists, often described as feeling “normal”.
- Examples of full opioid agonists include heroin, oxycodone, hydromorphone, hydrocodone, oxycontin, morphine, MS contin, and methadone. Full agonists bind to the opioid receptor and activate 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 does not get absorbed and does not have any effect on the medication. If Suboxone is used intravenously, the naloxone product will block the positive effects of the medication.

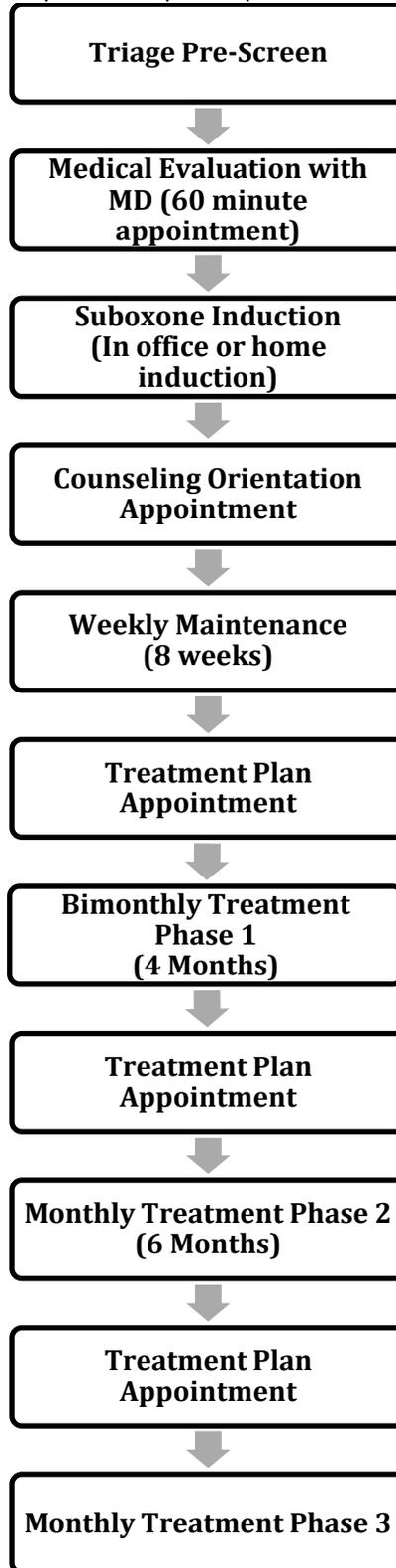
➤ **How is buprenorphine helpful?**

- Over the short-term, buprenorphine suppresses withdrawal symptoms when opioids such as heroin or narcotic pain medications 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 irritability, upset stomach, tremor, dilated pupils, excess yawning, and gooseflesh skin.
- Withdrawal from opioids is uncomfortable but not fatal.

Outpatient Buprenorphine Practice



Consent to Participate in Opioid Pharmacotherapy Treatment

I hereby authorize and give the voluntary consent to the Brigham and Women's Faulkner Hospital and its medical personnel to prescribe and administer opioid pharmacotherapy (buprenorphine) as part of the treatment of my opioid dependence. The treatment procedures have been explained to me in full and I understand that this will involve me taking the prescribed opioid drug at the schedule determined by the program physician, or his/her designees, in accordance with the Federal and State Regulations.

It has been explained to me that like all other prescription medications, opioid treatment medications can be harmful if not taken as prescribed. I further understand that opioid treatment medications produce a physical dependence and can produce side effects.

The most common side effects are constipation and sweating. Other less common side effects may include sleep disturbances and changes in sexual drive and performance. I understand that while I am being stabilized on buprenorphine, I could experience mild sedation. Buprenorphine is generally a safe medication in someone with opioid dependence. However, when combined with drugs such as cocaine or amphetamines, there is an increased risk for heart arrhythmias. Also, use of other opioids, sedatives, including benzodiazepines, or alcohol, can increase the risk of respiratory sedation, and overdose. While stabilizing on medications, I should avoid operating heavy machinery. Alternative treatments for opioid use disorder have been explained to me.

I understand that it is required for me to inform my providers that I am enrolled in buprenorphine treatment. It is my responsibility to update the program on changes related to my insurance and medical status. I understand that I may voluntarily withdraw from this treatment program and discontinue use of medications prescribed to me at any time. Should I choose this option, I understand I will be offered a taper prescription if deemed appropriate.

For female patients of childbearing age: Evidence suggests that mothers with opioid use disorder benefit from engaging in pharmacologic treatment for their illness. If I am, or I become pregnant, while receiving treatment, I am required to inform my medical provider so that I can receive the appropriate information and consent to ongoing treatment. I will be supported during my pregnancy, and the program will offer referrals as necessary for additional care.



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 *if I am late or if I miss my appointment I will have to reschedule my appointment or wait until all other patients are seen to get my prescription.*
- I understand that my prescription is tied to both my group and medical management appointments.
- I understand that walk-in appointments are **NOT acceptable**.
- I understand that **3 missed appointments** without a valid excuse will result in discharge from the practice

2. NOTIFICATION OF ABSENCE

- I agree to give at least a **24 hours'** notice before the start of the treatment day if I am unable to attend appointments with my physician or therapist. Please call **(617) 983-7474, option 1**, and leave a message. You can also contact your provider through patient gateway.
- If I am sick, I understand that it is ok for me to call and inform the staff that I will not be able to come in for my appointment. We care about your health, and that of others, and when sick, prefer that you stay home to take care of yourself and avoid potentially getting others sick.
- Please make all attempts to reschedule your missed appointment with the front desk staff. If you need medications prior to rescheduled appointment, please notify staff or include in your message your **NAME, MEDICATION NAME AND DOSE NEEDED, AND PHARMACY.**

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 **3 missed drug screens** 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 if I cancel or miss an appointment, I will be required to come in to the clinic to provide a urine toxicology screen within 48 hours of missed appointment.

4. GRADUATION TO BIMONTHLY/ MONTHLY MAINTENANCE GROUPS

- I agree that my eligibility to discharge to any of the three monthly treatment phases is a collaborative decision determined by my treatment team.



- I understand that it is requirement of the program to attend 8 weekly groups as well as provide six consecutive clean drug screens before I can be considered eligible for monthly groups.
- I understand that I will be required to complete 4 months of Bimonthly visits before graduating to once a month visits.
- I understand that I will be required to complete 6 months of Monthly visits before groups become an optional part of my treatment.

5. SUBOXONE PRESCRIPTIONS

- I agree to take my medication as prescribed to me by my psychiatrist.
- I understand that it is my responsibility to ensure that I allow enough time for my prescription to get filled. It is beneficial to call 3 days prior to your script being due to ensure that it is filled on time, unless associated with an appointment that is scheduled.
- I agree to **refill my prescription before 3:00pm on Friday afternoons**, to allow time for the clinical team to resolve any problems regarding my prescriptions shall they occur.
- I understand that if I call after this time, I risk the chance of my prescription not being processed until Monday morning when the clinic reopens.

6. PRESCRIBED MEDICATIONS

- Your prescriber is **REQUIRED** to review the prescription monitoring program, a statewide database that reflects any recent controlled substances prescribed.
- I understand that if I am prescribed opioids for acute pain, I will need to inform my provider of this as soon as possible as opioid medications may interact with prescribed medications.
- I understand that it is important to communicate to my care team the start of any new medication.
- I understand that I need to inform my treatment team of any upcoming surgical, dental, or medical procedures that may require opioid analgesia. This will make your treatment **easier**.

7. TELEPHONE CALLS

- I understand that phone calls and voice mails will be returned within **24-48 hours (1-2 business days, does not include weekends)**. It is best to call one time and leave a **detailed** message with front desk staff indicating what is needed. Please be aware that if not urgent, your provider may not be able to call you back for two days. You do not need to call multiple times, as messages will be taken care of in the order they are received.
- Messages and phone calls after 4:30 PM may not be heard until the following morning. If emergencies arise, please contact 911 or visit your nearest emergency room.
- I understand that if the program calls me, I have a **responsibility to return the call**. Not doing so may result in increased urine toxicology screens, return to higher level of frequency of treatment, etc. based on the purpose of the call.
- For an alternative mode of communication, consider signing up for patient gateway.
<https://patientgateway.partners.org>

8. PRESCRIPTION REFILLS

- I understand that it may take up to three business days to respond to a prescription refill made outside of a scheduled (or cancelled) appointment.
- Call 617-983-7474 (option 3) and leave a detailed message on the prescription refill request line.
- Use patient gateway to request your prescription refill.



- If you leave a voice message or speak to front desk staff, please include **medication name, dose, and pharmacy** to which to send the prescription.
- I agree to fill my medications by 4:00 PM on Fridays. If my prescription is filled later, or on the weekend, and issues arise, it will be more difficult for my provider to help in a timely manner. Weekend staff may not be able to help. It is my responsibility to ensure that my prescriptions are filled prior to the weekend.

9. PRIOR AUTHORIZATIONS

- It is my responsibility to contact the clinic at **617-983-7474 option 1** if my prescription requires a prior authorization.
- I understand that prior authorizations may take up to **48-72 hours** to get approved by my insurance company once it is submitted. My prescriber does not have any control over how quickly these get approved

10. RANDOM PILL COUNTS AND URINE DRUG SCREENS

- I agree to random pill counts and drug screens by the clinical team as this is part of the program policy. I understand that if called for random urine drug screen, I will have 48 hours to provide a screen.

11. CONFIDENTIALITY

- I agree to respect the confidentiality of all the members in the program.
- I understand that my confidentiality is a priority of the Addiction Recovery Program.

12. GAMBLING

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

13. LANGUAGE

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

14. CELL PHONES

- I understand that the use of cell phones during group and individual appointments is not permitted.

15. WEAPONS

- I agree to not carry weapons on hospital grounds. This includes tools that may be considered weapons, including knives, hammers, etc.

16. MANDATED REPORTERS

- My physician 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.



17. ACTION PLAN STATUS

- Action Plans are a clinical treatment intervention intended to give you more support in your recovery.
- Grounds for an Action Plan include any of the following:
 - Disrespectful behavior/language with any of the treatment staff, including front desk staff.
 - Possession and/or use of ANY alcohol or drugs except those appropriately prescribed to me by my outpatient medical/psychiatric team.
 - An attempt to sell and/or distribute ANY alcohol or drugs including prescribed medication on or off hospital grounds. This may result in discharge.
 - 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:
 - Increased frequency of drug screens.
 - Individual counseling sessions for more support in my recovery.
 - Attendance to intensive outpatient or dual partial program level of care.
 - Admission to unit for medically supervised withdrawal/detoxification unit.
- Failure to adhere to the Action Plan guidelines will result in discharge from the practice.

18. ADMINISTRATIVE DISCHARGE

- I understand that if I am administratively discharged from the practice I will not be considered eligible for readmission for a 3-month period.
- Reasons for administrative discharge include:
 - Tampering with urine toxicology
 - Sexualizing behavior/sexual activity at the program
 - Threatening or assaultive behaviors towards other patients or program staff
 - Selling of illicit drugs on hospital grounds
 - Any criminal activity against program or staff, including stealing

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.

You will sign this during your orientation appointment. Please keep this copy for your reference.



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 recommend that all new patients to meet with one of our licensed independent social workers for 4 therapy sessions unless you are receiving 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
 - Group: 10:00-10:45
 - Medication Management Appointments: 9:30-10:00 am, 10:45-11:15am
- Tuesday
 - Group: 4:30-5:15pm
 - Medication Management Appointments: 4-4:30, 5:15-6:00pm
- Wednesday
 - Group: 9:00-9:45am
 - Medication Management Appointments: 9:45am-10:30am
- Thursday
 - Group: 2:00pm-2:45pm
 - Medication Management Appointments: 1:30- 2:00pm, 2:45-3:30pm



Bimonthly 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 60 minutes in length and occur once a month. You will also have a face to face individual brief check in with your prescriber before or after group.
 - 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. You will need to reschedule your appointment.
- Medication Management:
 - Medication management appointments are 30 minutes in length and occur once a month.
 - 15-minute medication management appointments will also occur during your group visit.
- Therapy:
 - We recommend 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

Group Schedule:

- Monday: 8:30-9:30am
- Tuesday: 12:00-1:00pm
- Tuesday: 6:30-7:30pm
- Wednesday: 11:00am- 12:00pm
- Thursday: 3:30-4:30pm



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

- Monthly Maintenance Groups are 60 minutes in length and are led by our addiction social workers.
- Medication Management Appointments are 15 minutes in length and occur before, during, and after the monthly group.
- Therapy:
 - We recommend 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 need to reschedule your appointment. Make up groups are also offered monthly.

Group Schedule:

- Monday
 - 8:30am-9:30am
- Tuesday
 - 12:00-1:00pm
- Tuesday
 - 6:30pm-7:30pm
- Wednesday
 - 11:00am-12:30pm
- Thursday
 - 3:30-4:30pm



Monthly Treatment Phase 3: (Groups Optional)

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



Additional Resources at BWFH

Other Groups through ARP

Seeking Safety

PTSD and comorbid substance use disorder

Men: Thursdays @ 11:30-12:15 AM / Women: Fridays @ 9:30-10:15 AM

Relapse Prevention

Wednesdays 3:00-3:45 PM

Mom's Group

Pregnancy and new moms

Tuesdays 2:00-2:45 PM

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



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For female patients of childbearing age: Evidence suggests that mothers with opioid use disorder benefit from engaging in pharmacologic treatment for their illness. If I am, or I become pregnant, while receiving treatment, I am required to inform my medical provider so that I can receive the appropriate information and consent to ongoing treatment. I will be supported during my pregnancy, and the program will offer referrals as necessary for additional care.

Patient Signature: _____ **Date:** _____ **Time:** _____

Clinician/MD Signature: _____ **Date:** _____ **Time:** _____