SUDDEN CLOSURE OF A BUPRENORPHINE OFFICE: ARE YOU PREPARED?
Objectives

- Consider the impact on patients of the sudden closing of an office-based buprenorphine clinic.

- Emphasize importance of planning for emergencies.

- Analyze planning tasks for preparedness for unexpected closure of office or clinic.
Background
Where do patients go?

- Do they want everybody to turn back to drugs? I don't know what to do from here.
- “With [the] office now closed, they have no access to care and many, including those who turned up for [the] Suboxone clinic are panicking.”
- “If you are looking for a referral to a new doctor, Crisis Services can assist you.”

http://www.wivb.com/dpp/news/
The Impact on Patients

- I drive two hours to come here. Two hours one way. So I do four hours every Saturday, once a month, and he was the only doctor after spending six months locating, this is the only doctor I could get into.

- I don't know where to go anymore and I know there's a lot of people who are in the same situation I am. I don't know. I've called other doctors.

- There's a note on the door saying to go to the E.R. The E.R.'s do not treat people on Suboxone, nor do they have Suboxone.

http://www.wivb.com/dpp/news/
### Policies, Procedures, and Items for Medical Practices To Establish Prior to Initiating Office-Based Opioid Addiction Treatment

- **Office policies and procedures for buprenorphine treatment**
- **Staff education and training**
- **Backup coverage for the practice**
- **Assurance of the privacy and confidentiality of addiction treatment information**
- **Linkages with qualified colleagues who will accept new referrals for buprenorphine treatment**
  - A referral network of medical specialists
  - Timely physical examinations
  - Linkages with medical treatment facilities, including opioid treatment programs
- **A referral network of psychologists and psychiatrists with expertise in addictions, affective disorders, and chronic pain**
- **Linkages with addiction and psychiatric treatment programs**
- **Listing of community referral resources, including specific self-help groups who would welcome buprenorphine patients (e.g., Self Management and Recovery Training [SMART] Recovery, Moderation Management)**
- **Online/Internet listings of self-help groups (e.g., SMART Recovery, Moderation Management) that are accepting of individuals in recovery who are using medications as a part of that recovery**

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Disasters
Travel Delays

Iceland Volcano Spewing Ash Chokes Europe Air Travel

Disabled Carnival Cruise Docks
Who knows what?

- Drug Enforcement Agency (DEA)
- Local law enforcement
- Hospitals
- Media
- Crisis Services
- State Opioid Treatment Authority (SOTA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
http://buprenorphine.samhsa.gov/bwns_locator/
Bridging the Gap
Planning Tasks

- Chain of Command
- Communication
- Community Integration
- Continuity of Operations
- Education and Training
- Gaps and Vulnerabilities
- Staff-Related Considerations
- Patient-Related Considerations
Chain of Command

- Identify your office’s day-to-day operations manager.
- Identify lines of succession and delegation of authority in the event of high absenteeism.
- Identify list of physicians available to provide care in the treating physician’s absence.
- Ensure staff are trained in and familiar with the emergency coverage plan.
Communication

- Assign responsibility for communicating changes in operating hours and services in the event of an emergency.

- Develop process for communicating, including message on telephone, notification of answering service, signage for clinic / office door, etc.
Community Integration

- Establish relationships with local pharmacies serving your patient base.
- Update and maintain contact information for regional hospitals including emergency departments.
- Maintain updated list of physicians (from SAMHSA locator).
- Familiarize yourself with community emergency response agencies.
Continuity of Operations

- Identify your office’s / clinic’s essential business functions and determine how they will be maintained in the absence of the treating physician.
Education and Training

- Share written plan on emergency coverage with your staff members.
- Ensure staff are aware of the chain of command for emergency closure.
- Create opportunities for staff to meet physicians who may cover for the treating physician.
Gaps and Vulnerabilities

- Establish objective to ensure continuing to see patients in an emergency.
- Evaluate your offices strengths, weaknesses, opportunities, and threats.
Staff-Related Considerations

- Maintain current contact information for all staff.
- Assign responsibility for periodic review of emergency procedures.
- Ensure office’s day-to-day operations manager is fully aware of provider coverage and communicates plan to staff.
Patient-Related Considerations

- Engage patient in anticipatory guidance from the onset of treatment.
- Provide materials for patients related to (1) office contacts, (2) self-monitoring medication taking and supply, (3) important contacts including the SAMHSA treatment locator, and (4) readiness for an emergency.
- Engage in problem solving to anticipate and prevent crisis.
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# Important Contacts

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<td>Sponsor</td>
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<td>Other support persons</td>
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Emergency Kit

- Valid picture ID
- Proof of receiving services
  - Physician’s business card with address and contact information
  - Recent prescription bottle
- List of physicians qualified to provide buprenorphine treatment
- List of Opioid Treatment Programs
Anticipatory Planning

What would you do if

- Your medication supply ran out before your next scheduled appointment?
- You were not able to get to the office for your appointment?
- You were hospitalized?
- You came for your appointment and the office was closed?
Resources

