

**“I didn’t feel like a number:”
Patient experiences receiving
buprenorphine treatment in
primary care settings with the
support of a Nurse Care
Manager**

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Conflict of Interest

- The presenters and co-authors have no conflicts of interest to declare

Background

- Buprenorphine is a gold standard treatment for opioid use disorder but is underutilized
- 2019 NYC Prescription Drug Monitoring Program Data (PDMP)
 - 16,383 patients filled at least one prescription
 - Median time buprenorphine patients in New York City (NYC) filled a prescription was 6 months
 - 37% of patients filled a prescription for only 1 to 3 months

Buprenorphine Nurse Care Manager Initiative (BNCMI)

- In 2016, NYC Department of Health and Mental Hygiene (DOHMH) implemented the Nurse Care Manager (NCM) initiative
 - NCMs coordinate buprenorphine treatment in safety net primary care settings
 - At least 4 waived prescribers at each organization
 - DOHMH provides technical assistance and education

PROCESS EVALUATION

Aim

- To explore how patients experienced the care they received from the NCM
 - Identify any differences between patients who dropped out of care prior to six months vs. those who remained in care for at least six months

Methods

- 50 in-depth patient interviews
 - 19 out-of-care patients (i.e., left care within six months of intake)
 - 31 in-care patients (i.e., remained in care for at least six months)
- Analysis
 - Thematic analytic approach and framework analysis (i.e., shared and divergent themes)
 - A priori and emergent codes

RESULTS

Sample Description (n=50)

- Gender: 84% male
- Mean age: 47 years (SD=11 years); range 21 - 69 years
- Race: 48% Latinx
 - 24% White
 - 14% Black
 - 14% Other
- Education: 46% completed more than a high school (or GED) diploma

Sample Description (cont.)

- Housing stability: 96% had a place to stay every night
- Housing type: 44% Own home
22% Shelter
18% Family home
8% Friend
8% Other
- Referral source: 36% of patients had learned of buprenorphine treatment at the NCM site from a family, friend, or acquaintance

Sample Description (cont.)

- Median time in treatment:
 - In-care: 6 months (range: 6 – 16 months)
 - Out-of-care: 1 month (range 0 – 5 months)
- For in-care patients, the median time represented the median time in treatment at the time of the interview

Shared Theme 1

- Patients in both groups felt that NCMs showed genuine care and concern for their overall wellbeing
 - Calling patients in between appointments (and/or after no shows for out-of-care patients)
 - Non-stigmatizing and non-judgmental interactions (e.g., talking through triggers for continued drug use rather than taking punitive measures)

Shared Theme 1

[NCM] spoke to me well. I didn't feel like a number. [...] I felt human. They were nice. They were courteous, mannerable. You know? Social. It wasn't like we talked, and I felt distant. I didn't feel like she was just doing that for her job. I felt like she had a genuine care.

-Robby, age 33, In-care

Shared Theme 2

- NCMs provided critical clinical support
 - Induction (e.g., support through withdrawal symptoms)
 - Consultation regarding medication adjustment
 - Providing naloxone

Shared Theme 2

ISAAC: I called [NCM] and I told him -- that like maybe it wasn't for me and he was like 'No, don't think like that. Maybe if you need some additional medication, take two from now on.'

Q: So was he calling you through this process too or were you just calling him?

ISAAC: No, he was calling -- he called me a lot.

-Isaac, age 21, Out-of-care

Shared Theme 3

- NCMs provided critical logistical support
 - Handling prior authorizations (PAs)
 - Trouble-shooting with pharmacies to dispense medication (e.g., when pharmacists did not want to dispense as prescribed)
 - Scheduling appointments

Shared Theme 3

Q: And what makes you feel like [NCM] has been contributing to your care?

DANNY: Well, I mean, you know, like I said. Even when they screw up scheduling or whatever, she always makes sure that I get seen, you know. She doesn't leave me hanging.

-Danny, age 45, In-Care

Divergent Theme 1

- Among out-of-care patients, interactions with the NCM were rarely the catalyst for patients to disengage from treatment
 - Problems with buprenorphine (e.g., side effects, persistent chronic pain, etc.)
 - Circumstantial reasons (e.g., left town)
 - Perceptions of buprenorphine (e.g., “addictive”, time consuming, etc.)

Divergent Theme 1

MARK: -- I started weaning off the [buprenorphine], because -- the [buprenorphine strips] are addictive also.

Q: Really, and how so?

MARK: How so? When it comes to the point where you think about getting high and the first thing you do is grab a [buprenorphine strip]. So what that tells you, every day you get up, you think about getting high, you gonna grab a half a [buprenorphine strip]. At least a half.

-Mark, age 52, Out-of-Care

Divergent Theme 2

- In-care patients perceived the NCM as part of a larger clinical team that collectively provided their care
 - Team included those directly involved in their care (e.g., prescriber) and those not directly involved with their care (e.g., front desk staff)

Divergent Theme 2

I saw [NCM] first, she did all the paperwork on me. She asked me all the questions one hundred percent, and then I saw another doctor come in. That's who did the physical on me the same day, and then I saw a social worker, and then another doctor [...]. So that's when they gave me the [naloxone] kit, they all explained what, why, because it's a new clinic and my first time there. [...] Everything worked out perfect. I couldn't ask for better. It's like I happened to be at the right place at the right time.

-Roman, age 55, In-Care

Divergent Theme 3

- In-care patients reported that the care provided by NCMs was a motivating factor for them to stay in treatment
 - Trusted NCM
 - Non-judgmental attitude
 - Accessible to patients

Divergent Theme 3

When you find a person that cares about what they're doing, then they do it well. And no one benefits more than her patients. [NCM] benefits in her own way. That's why. And I'll continue to keep trying. And if I never get it straight, that will not take away from what I've learned and gained from her.

-Carrie, age 58, In-Care

CONCLUSION

Implications for Programming

- NCMs have time to devote to coordinating care that prescribers typically do not have
- NCMs also have time to engage patients and support other clinic staff in providing care or resources to buprenorphine patients
- Other jurisdictions could implement the NCM model in order to enhance engagement