

Fed grant will allow CHC to expand patient access to opiate treatment



The first Project ECHO teleconference in 2012 shows Dr. Marwan Haddad, medical director of HIV, Hepatitis C, and Buprenorphine Services at Community Health Center, Inc., with Dr. Stefanie Nigro and Dr. Marissa Salvo, discussing questions and cases presented by primary care providers about specialized patient treatment programs. Courtesy photo

By [Kathleen Schassler](#), *The Middletown Press*

POSTED: 03/30/16, 9:11 AM EDT | UPDATED: 19 SECS AGO

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MIDDLETOWN >> Expanding access to treatment is a critical response to the state's opiate epidemic, according to experts at the Community Health Center.

As part of a \$2.5 million federal grant, CHC will get \$379,167 from the U.S. Department of Health and Human Services to expand access to treatment for opioid abuse in cities experiencing dire need: Middletown, Meriden, New Britain and New London.

CHC will rely on [Project Extension for Community Health Outcomes](#) to help educate, train, guide and support the behavioral health providers in buprenorphine medication-assisted treatment. This video teleconferencing initiative offers exponential support for medical prescribers and expanded patient access to treatment, according to CHC.

Buprenorphine is a prescription narcotics used by physicians to help those addicted to opiates.

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To combat an ongoing spike in opiate abuse and deadly overdoses, health center staff will increase BMT for "opioid-dependent patients in target communities, all of which have seen an alarming increase" in opioid-related deaths, according to a press release.

CHC and the Weitzman Institute initiated Project ECHO Buprenorphine in February 2013 as an innovative approach to educating health providers about how to treat patients with an opioid addiction.

"We listen to their cases," and answer questions, give didactics, hand-hold, problem-solve, and whatever is required at CHC sites across this and other states, said Dr

Marwan Haddad, medical director at the CHC Center for Key Populations. “It involves a whole team.”

Haddad has led the charge to integrate HIV Hepatitis C and opioid dependence treatment and management into primary care, according to CHC. He leads the CHC Project ECHO HIV, Hepatitis C and buprenorphine programs, expanding care within the state and beyond, via weekly video conferences. His work extends to care centers in New Jersey, Pennsylvania, California and Delaware.

The brains of opiate addicts have an increased number of opioid receptors that “start to scream to be filled” prior to drug withdrawal, Haddad said. The withdrawal process is “so horrendous, they will sell their firstborn to get another opioid to stop it,” he added.

Buprenorphine can help people reduce or quit their use of heroin or other opiates.

“With the cost to families from this opioid abuse epidemic, it has to be at top of our radar screen,” said President Barack Obama this week during a live-stream panel discussion moderated by Dr. Sanjay Gupta at the National Rx Drug Abuse & Heroin Summit. Obama is seeking \$1.1 billion in new federal funds to expand treatment for opioid addiction, which is about triple current levels, according to whitehouse.gov.

CHC will treat patients using integrated primary care and behavioral health services for patients struggling with addiction.

“At CHC, we’ve got 12 health centers throughout state, so we’re poised to really address this epidemic in our communities,” said Haddad, calling CHC’s long-established Buprenorphine program “robust.”

Other hurdles to treating addicts includes the lack of addiction training by health professionals, according to Haddad. To help meet the demand for widespread care of opiate addictions, CHC is engaging its primary care physicians to get certified to prescribe Buprenorphine. The drug was approved in 2002 to treat opiate addiction but doctors have been slow to embrace it, Haddad said.

“This can be prescribed by any physician who undergoes the eight-hour training course,” said Haddad. “For us to tackle this crisis, we need to add primary care to the front lines.”

To increase access to lifesaving treatment, the grant funding will be invested in “educating and supporting providers to feel more comfortable in prescribing the medication,” Haddad said.

More than 47,000 Americans died of drug overdoses in 2014, more than [were killed in car accidents](#), according to the [Centers for Disease Control and Prevention](#). More than 60 percent of deaths involved opioids, mainly prescription painkillers and heroin.

With recent legislation aimed at reducing the amount of painkillers, as well as the overall volume of opiate prescriptions, Haddad agreed efforts are needed on multiple fronts.

“We do need to limit opioid availability, but it won’t help people who are currently addicted,” said Haddad. “If they lose access to those prescription drugs, they will turn to what is on the street.”

Here in Connecticut, 487 people suffered overdoses last year. The state’s [five-year total is just under 2,000](#), according to an op-ed in The Hartford Courant by Charles Arkins, medical director of the Community Mental Health Affiliates.

“We need to make treatment more available to catch the overflow,” Haddad said. Project ECHO is “an amazing tool to teach physicians.”

Project ECHO connects primary care providers with a multidisciplinary specialty team, helping primary care providers learn best practices in the care of patients with complex chronic conditions. TeleECHO clinics are conducted weekly for chronic pain, HIV, hepatitis C, and other conditions at CHC and other ECHO hubs around the world. By presenting cases and sharing with their colleagues, primary care providers gain knowledge, expertise, and confidence to manage these complex conditions on their own, Haddad said.

Providers can participate in [Project ECHO Pain Management](#) and [in PainNET](#). CHC shares its [opioid resource kit](#) with many providers around the country.

For more information, visit www.quality.chc1.com.

ABOUT THE AUTHOR



Features reporter for The Middletown Press, covering upper Middlesex County towns. Reach the author at kschassler@middletownpress.com or follow Kathleen on Twitter: [@ImKat17](https://twitter.com/ImKat17) .