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SUDDEN CLOSURE OF A BUPRENORPHINE OFFICE:
ARE YOU PREPARED?



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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.

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Background



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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/>

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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/>

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Policies, Procedures, and Items for Medical Practices To Establish Prior to Initiating Office-Based Opioid Addiction Treatment

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 their recovery
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Center for Substance Abuse Treatment. (2004). Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939. Rockville, MD: Substance Abuse and Mental Health Services Administration. (pp.83)

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Disasters




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Travel Delays



***Iceland Volcano
Spewing Ash Chokes
Europe Air Travel***



***Disabled Carnival
Cruise Docks***

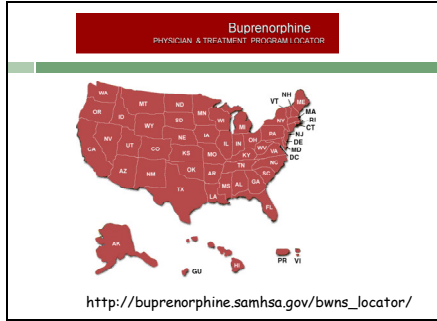
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Who knows what?

- Drug Enforcement Agency (DEA)
- Local law enforcement
- Hospitals
- Media
- Crisis Services
- State Opioid Treatment Authority (SOTA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)



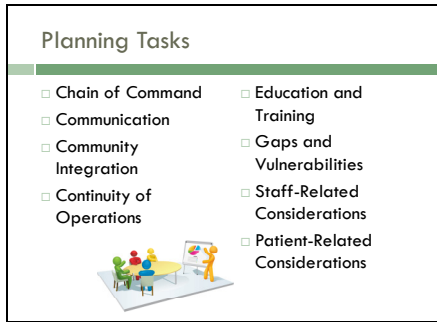
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Chain of Command




- 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.

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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.



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Community Integration

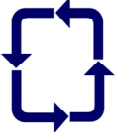
- Establish relationships with local pharmacies serving your patient base.
- Update and maintain contact information for regional hospitals including emergency departments.
- Maintain updated list of physicians (from SAMHSA locator).
- Familiarize yourself with community emergency response agencies.



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Continuity of Operations

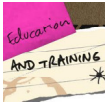
- Identify your office's / clinic's essential business functions and determine how they will be maintained in the absence of the treating physician.



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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.



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Gaps and Vulnerabilities

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



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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.



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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.

Office Contacts

Name	Role	Co
	Physician	
	Receptionist	
	Nurse	
	On-call service	