Office Based Treatment of Opioid Dependence with Buprenorphine

Orientation Manual

To start our program, it is recommended that you have:

Active insurance with benefits that cover treatment

Substance abuse counseling/therapy in place
Building Hours of Operation

Monday – Friday 9am – 9pm
Saturday & Sunday 9am – 5pm

(Please be aware, we take our last patient of the day within the last hour before closing. The exact time we take out last patient is entirely dependent on the number of patients waiting to be seen and the complexity of those patients. We are sorry for any inconvenience this may cause.)

Medication Assisted Treatment Program

Hours of Operation

Monday – Friday 9am – 6pm

(Only monthly patients can come on the weekends for treatment)

Holiday Hours

Easter Sunday 11am – 5pm
Memorial Day 9am – 5pm
Labor Day 9am – 5pm
New Years Eve 9am – 3pm
Christmas Eve 9am – 3pm
Welcome to the Office Based Treatment of Opioid Dependence Program at OnCall Urgent Care Centers. If you have an Emergency, dial 911. If you would like to speak with the Director of the Healthy Living Program, please call 413-584-7425.

The purpose of our Medication Assisted Treatment Program is to provide you with an alternative to narcotics (heroin, methadone, oxycontin, percocet, vicodin, etc).

What is Buprenorphine:
Buprenorphine is a medication used to treat chronic opioid dependence.

What is an opioid:
Natural opioids (morphine, codeine) are substances that are derived from the opium poppy. Endogenous opioids (endorphins) are produced by the human body during exercise. Semi-synthetic opioids (oxycontin, hydrocodone, oxymorphone) are produced in the laboratory from natural opioids. Synthetic opioids (fentanyl, propoxyphene) are manufactured 100% in the lab.

How does the medication work:
Buprenorphine is an opioid. Like all opioids, it works by binding to a receptor called the **mu-receptor**. The mu-receptor lives on the surface of cells in the body and the opioid is what activates the receptor. Think of it as a door with a lock on it. The receptor is the lock. The opioid is the key. In order to get high from morphine or treat pain with percocet, the key must fit into the lock. During exercise, endorphins are the key. If you are using street drugs, they are the key. If you are on Buprenorphine, it is the key. Some drugs bind for a long time, others for a short time. Some bind and turn the receptor on; others bind and turn the receptor off.

The Following Information is from the Suboxone Website that Describes How Opioids Work in the Brain http://www.suboxone.com/hcp/suboxone/mechanism_of_action.aspx

When opioids enter the bloodstream, they go to the brain and attach to the **mu-receptor** which is located on the outside surface of the cell. This causes a chemical, called dopamine, to be released in an area of the brain called the nucleus accumbens. Increased levels of dopamine cause euphoria (that feeling of being high). Repeated use of opioid drugs cause the mu receptors to become tolerant which means that you need higher and higher doses of the drug in order to get the same high feeling. Over time, the brain changes so that it only functions "normally" when opioids are present and bound to the receptors.
If, when the opioid leaves the receptor, you experience symptoms of withdrawal, you are physically dependent on the drug. If you stop using drugs, the opioids leave the receptor. Brain chemistry goes out of whack and noradrenalin is released. Increasing levels of noradrenalin cause the symptoms of withdrawal. Cravings may also be present at this time.

Enter Buprenorphine

Once you take this medication sublingually (under your tongue), the Buprenorphine enters the blood and travels to the brain where it binds to the mu receptor. The dopamine levels go up and you feel better. As a partial agonist, it only partly binds the receptor but blocks other opioids from binding.

Buprenorphine produces less euphoria than a full opioid agonist but is sufficient to suppress withdrawal and cravings.

Buprenorphine sticks to the mu receptor better than other opioids and therefore keeps them from binding. Buprenorphine stays in the system for a long time, therefore, once a maintenance dose is established, withdrawal and cravings will be controlled.


What is the philosophy of the MAT program with regard to treating opioid dependence: At OnCall we believe that opioid dependence is a chronic disease. Chronic diseases such as opioid dependence, asthma, diabetes, and obesity are best treated through harm reduction. Clean needles are an example of harm reduction for IV drug users. Condoms reduce harm in patients with HIV. Buprenorphine can reduce harm in patients with chronic opioid dependence. This Program utilizes Buprenorphine medication as a substitute for narcotics (like heroin and oxycontin). OnCall provides the medical management of opioid addiction by prescribing Buprenorphine and monitoring the patient’s physiological changes, urine drugs screen results, and lab results. In addition to the medication management, we require all patients to participate in behavioral health therapy to address the psychological aspect of the disease. In our experience individuals who successfully recover understand the importance of the mental/behavioral health piece of treatment. As this is the portion of treatment that will continue once the medication is no longer needed.

What are the goals and objectives of this program:

- 6 Hatfield Street, Northampton, MA 01060
- 413-584-7425
Provide the structure, accountability, and support to initiate the goal of recovery from substance abuse with required behavioral health therapy and medication management to stabilize the patient with the intention of gradually tapering off of the medication. Our mission is to help those individuals who have the courage to take the necessary steps to seek the help that is needed and get into treatment. During the Intake process a comprehensive assessment is conducted to determine what type of treatment would be appropriate and most effective for the patient based on their history. It is important to identify comorbid or complicating medical or emotional conditions in order to determine the appropriateness of office-based treatment or provide a referral for those who would benefit from an alternative setting for opioid agonist treatment. The target population we serve is adult men and women ages ranging from 18 years old and up. The area we serve is Western Massachusetts, patients come from Franklin, Hampshire, Hampden, Berkshire, and Western Worcester County. The program serves individual from different socioeconomic and cultural backgrounds and has never needed the services of a translator. General expectations are for patients to use the program by following these steps: Prescreening, Intake, Induction, Stabilization, Maintenance, and Medical Withdrawal. Our program is part of the recovery oriented system of care through the connections and relationships established within the community we serve.

What are the services provided:

What is medical/medication management:
Treatment of chronic opioid dependence with Buprenorphine has two parts: medication management and behavioral therapy. Medication management is under the supervision of a DATA Certified Physician. Behavioral therapy is provided by a psychologist, therapist, psychiatrist or alcoholics anonymous. Medication management is individualized and follows a six step protocol which includes:
1. Prescreening
2. Intake
3. Induction
4. Stabilization
5. Maintenance
6. Medication Taper

1. Prescreening
Prescreening involves reading this handout to determine if you think the OnCall Healthy Living Program is appropriate for you. If it is, kindly complete Forms Packet and bring it back to the OnCall Urgent Care Center (6 Hatfield Street, Northampton, MA 01060) along with a copy of your insurance card and ID (i.e. driver’s license). The Program Director will review the forms and contact you to discuss whether an intake should be scheduled.

2. Intake
Intake is where you review all of the requirements of the program with the program director. Also, mandatory blood work and a urine drug screen is collected and you undergo a physical examination. We obtain a complete past and present medical history and drug use history. We ask you several questions concerning mental health, family and social history while also trying to ascertain the motivation for seeking treatment. The counseling requirement will be reviewed and once your therapy appointment is confirmed, you will be scheduled for the Induction appointment.

3. Induction
Induction transitions you from your opioid of choice to Buprenorphine. Because of the way that Buprenorphine works in your cells, you have to be in moderate to severe withdrawal before you take your first dose.

On the first day of induction (your second visit to OnCall) you will be instructed to pick up your prescription at a local pharmacy:
- Walgreens
  70 Main St, Florence, MA 01062
  (413) 586-1190
- Walgreens
  255 King Street, Northampton, MA 01060
  (413) 587-2802
- Serio's Pharmacy
  63 State Street, Northampton, MA 01060
  (413) 584-8980
- Stop & Shop Pharmacy

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You will return to the clinic to take your first dose of Buprenorphine. This medication should not be swallowed. Buprenorphine should be placed under the tongue and allowed to dissolve over five to ten minutes. If you take Buprenorphine and there are still high levels of narcotics in your system, you will most likely experience worsening withdrawal symptoms and may need stabilizing treatment. This is called precipitated withdrawal.

It is recommended that you take at least 2 days off from work for the induction if withdrawal is required.

4. Stabilization
Stabilization lasts from days to weeks. During this time you will be in counseling and you will see the medical provider as often as needed to keep you medically stable. During stabilization, you will have weekly appointments at OnCall and urine drug screens will be obtained at every appointment. After at least TWELVE consecutive clean urines your case will be reviewed and the treatment team will decide if you are ready to move beyond weekly appointments. We understand that relapse is part of the disease. We want you to be upfront and honest with us. If you relapse, we will return you to weekly appointments for more stabilization.

5. Maintenance
Maintenance can last from weeks to months to years, depending on the person. The focus will be on continued participation in counseling/therapy, relapse prevention, and harm reduction. You remain on Buprenorphine in the maintenance phase.

6. Medication Taper
After one year of stability or earlier upon the patient's request the provider will explain and instruct on the proper process of weaning/tapering down the Buprenorphine dose. When you are ready, you will be able to decrease the dose because your brain will be ready to accept smaller and smaller doses and still keep you free from cravings.

Will I have any discomfort during withdrawal?
Yes. Withdrawal is uncomfortable. There are several non-narcotic medications that can be prescribed for patients feeling poorly during induction.

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<thead>
<tr>
<th>Symptom</th>
<th>Medication</th>
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<tr>
<td>Muscle Aches</td>
<td>Ibuprofen</td>
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<tr>
<td>Headache</td>
<td>Tylenol</td>
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<td>Abdominal Pain</td>
<td>Maalox</td>
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<td>Diarrhea</td>
<td>Imodium</td>
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<tr>
<td>Nausea and Vomiting</td>
<td>Phenergan</td>
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<td>Insomnia</td>
<td>Benadryl</td>
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What is the Forms Packet:
In order to be considered for the MAT program you must first completely fill out, in its entirety, the OnCall Healthy Living Forms Packet. This packet includes the minimum information needed to determine if you are a good candidate for office based opioid treatment. Once completed it will be carefully reviewed by the program director, your insurance information will be verified and an Intake appointment will be scheduled. The intake appointment can be scheduled as quick as the day you turn in the forms packet to a week later depending on: insurance requirements, what time the packet is turned in, when the packet is reviewed, acquiring a therapist, the patient’s withdrawal risk, and relapse risk.

The specific requirements for admission:
1. Filling out the registration paperwork and Form's Packet in its entirety
2. Wanting to use MAT for opioid recovery with the ultimate goal of tapering off the medication completely
3. Having medical insurance that covers treatment or paying for treatment out of pocket
4. Having a therapist set up
5. Reading and Signing contract that confirms the patient has read the orientation manual, has been offered a copy of the patient policy manual, and understands and will adhere to the required policies and protocols of the program.
What is the exclusion criteria for your program:
The following are some circumstances that may preclude a patient as a candidate for office based opioid treatment at our facility:

a. Use of buprenorphine for the purpose of pain management only.
b. Use of buprenorphine without intended eventual taper.
c. Comorbid dependence on high doses of benzodiazepines or other central nervous system depressants not prescribed by a physician.
d. Significant medical complications and conditions that are outside the area of the treating physician's expertise.
e. Severe behavioral issues. If a patient exhibits any form of physical or verbal: aggression, harassment, threats, sexual harassment, and or vulgar language the patient can be discharged immediately and not allowed to return.

Who can prescribe the medication:
Not all physicians can prescribe this medication. To prescribe Buprenorphine, a physician must either be a specialist in Substance Abuse treatment or they must have completed specialized training that certifies them as a DATA physician.
All of the Physicians and Physician Assistants at OnCall Urgent Care Centers are trained in Emergency Medicine. They will manage the medical therapy for people in the MAT program. Medical therapy includes:
1. Medical Appointments
2. Laboratory Testing and Evaluation
3. Buprenorphine medication management

Behavioral therapy (counseling) will be arranged by the patient in conjunction with the MAT Program Director.

Do I need counseling/therapy to get into this program:
Yes. Most people that have become dependent on an opioid will require therapy/counseling to help them cope with the chronic disease. Every person that is in the Healthy Living Program is required to receive counseling, ideally, in conjunction with their maintenance appointments.

If you choose to use an outside therapist, you are required to bring in a therapy confirmation sheet to show compliance with the program. We have a referral list for those who would prefer to see different therapist.
It is well known that treatment with medication plus therapy/counseling is associated with fewer relapses than counseling or medication management alone.
Our program is strict about counseling because we want you to be successful. Since we are only qualified to manage your medications, we are only providing half of the care that you need. Counseling is as important as taking your medication and having clean urine drug screens. In addition to prescribing Buprenorphine, all of our patients are required to participate in therapy/counseling to address the psychological aspects of addiction. Addressing the behavioral health aspect of this disease is crucial to obtaining a successful recovery. OnCall currently has two independent practitioners, who are licensed mental health counselors as well as certified drug & alcohol counselors. Both of these practitioners are located, conveniently, at our facility for patients wanting the behavioral health and medication management all in one building. Please speak with one of our receptionists for more information on how to schedule a therapy intake appointment with one of the two practitioners.
Research has shown that successful treatment of opioid dependence requires a program that combines medical management (Buprenorphine) and behavioral therapy (counseling, intensive outpatient therapy, AA, NA, etc.). Again, therapy is mandatory to be in this program.

The outlined treatment plan:
After the Intake and Induction appointments, you will begin weekly maintenance (stabilization) appointments. After at least TWELVE consecutive clean weekly urines, it will be the decision of your treatment team to decide if you are ready to move beyond weekly appointments. Providing 12 clean urine drug screens DOES NOT guarantee an increase in your visit interval.

2 week visits: To remain at this interval you must remain compliant with therapy (provide confirmation sheet for outside therapy), provide
clean urine drug screens, and regularly bring in medication for pill counts. If you receive a strike for any reason you will move back to weekly visits. It will be the decision of your treatment team to decide if you are ready to move beyond weekly appointments.

3 week visits: To remain at this interval you must remain compliant with therapy (provide confirmation sheet for outside therapy), provide clean urine drug screens, and regularly bring in medication for pill counts. If you receive a strike for any reason you will move back to weekly visits. It will be the decision of your treatment team to decide if you are ready to move beyond weekly appointments.

Monthly visits: To remain at this interval you must be taking 12mg or less of Buprenorphine daily while remaining compliant with therapy (present confirmation sheet for outside therapy), and provide clean urine drug screens. If called in for a random urine drug screen you must be able to provide an accurate pill count and give a clean urine drug screen within the specified time requirement (24-48hrs). Monthly is the longest period between visits allowed. If you receive a strike for any reason you will move back to weekly visits. It will be the decision of your treatment team to decide if you are ready to move beyond weekly appointments.

Clean for one year: Once you have provided predominantly clean urine drug screens for one year a tapering schedule will be discussed and implemented. Once a patient has provided clean urine drug screens for a 4-5 month period the medical provider will start the conversation of tapering. We welcome patients who would like to try tapering sooner, but only after stabilization has been obtained.

Two Strikes: If you receive two strikes within the first 4 weeks of treatment you will be required to come twice a week for a probationary period of at least 8 visits or take a suspension. If you receive an additional strike within this probationary period, you will be automatically suspended. The length of the suspension will be determined by the treatment team.

Strikes: Strikes will be reassessed and potentially reset if there is a 9-12 week interval between strikes.

Not Admitting Relapse: You can be placed on twice weekly probation status for at least 4 weeks or 8 consecutive clean urines.

Admitting Relapse: You will be given a strike and moved to weekly.

Random Urine Drug Screen: Any patient can be called via phone or notified via mail, at any time, and required to provide a urine drug screen and pill count within a 24-48hr period. At every visit we inquiring if your contact information and address has changed. If the phone number or contact information we have documented is disconnected, isn’t operational, and/or we are unable to reach the patient, a strike may be issued. We allow all patients to arrive between the hours of 9am-9pm Mon-Fri. and Sat-Sun 9am-5pm to provide the random sample.

The three strike protocol explained: We have the three strike protocol in order to hold patient’s accountable for their actions while in treatment. Our program has specific requirements and rules that need to be followed, if these requirements and rules are not followed, the strike protocol comes in to play. There are several circumstances which will result in a strike. They include and are not limited to:

- Failure to adhere to a consistent therapy schedule (missing appointments, etc.)
- Abusive (or profane) language or behavior by a patient or any member of their party
- Positive urine drug screen for any drug of abuse not prescribed by a physician
- Urine drug screen negative for buprenorphine and norbuprenorphine
- Failure to appear for regularly scheduled appointments on date specified (i.e. consistently coming a day early or a day late)
- Failure to show for a random urine drug screen
- Failure to leave all of your belongings in the designated exam room when giving a urine sample

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Providing more than one dilute urine sample
Providing a urine sample that does not register a physiologic temperature
Failing to bring medication in for a count when instructed to do so
Attempting to falsify a urine sample
Failing to notify us and provide documentation of a prescribed narcotic prescription that has been filled
Failing to provide a working phone number

Once three strikes are received within a short period of time (1 week – 8 weeks) a suspension will be issued. A suspension from the program is temporary and can last from 2 weeks to 3 months depending on the reason for suspension. Also, we reserve the right to terminate all services and ban return if behavior warrants this action.

What happens if I get suspended from the program:
Once a suspension is given, a return date will be issued. You will be encouraged to continue with therapy and any other support services being utilized, and given an aftercare/referral contact list to either seek treatment elsewhere or return on the date specified.

There are several circumstances which the three strike rule can be bypassed and a suspension will be issued immediately. They include and are not limited to:
- Attempting to falsify a urine sample
- Abusive (or profane) language or behavior by a patient or any member of their party
- Evidence of diversion (i.e. negative urine drug screen for Buprenorphine and Norbuprenorphine)
- Failing to notify us and provide documentation of a prescribed narcotic prescription that has been filled
- 3 or more dilute urine drug screens
- 3 or more urine drug screens that do not register a physiologic temperature
- If the staff is physically, verbally, or sexually threatened in any way

What kind of drug testing is done:
A urine sample is collected for urine drug screening. The urine is tested for a number of drugs of abuse including Buprenorphine. Also confirmatory testing will be done on Buprenorphine and Norbuprenorphine (metabolite) to establish baseline levels. A urine sample is collected at each scheduled visit, randomly, and at potentially every in-house therapy appointment. OnCall utilizes Quest Diagnostics as a conformation lab for all drugs of abuse except Buprenorphine and Norbuprenorphine. It will be the decision of the treatment team and the patient to determine if a urine sample needs to be sent to Quest.

Will I need to have my blood drawn:
Yes. We draw blood for the first time at the Intake visit for the following tests: HIV, HEP B, HEP C, Basic Metabolic Panel, Liver Function Panel, and a CBC with differential. Additional tests that can be ordered include: HCG Quant. for pregnant females, and testosterone for males. You will need to have your blood drawn at least every month after your intake appointment for liver enzyme level evaluation. We test liver enzymes monthly because Buprenorphine can cause these particular enzymes to elevate. If the liver enzymes continue to elevate, it will require us to lower the dose of medication given. If lowering the dose does not lower the enzyme level(s) we must discuss stopping the medication altogether. You will also be referred to your PCP and might need a referral to a GI specialist if the liver enzymes remain elevated, as prolonged elevation can cause serious liver damage.

If a patient has had normal liver enzyme values for several months and has no history of alcohol abuse, the test can be done every other month. If we have difficulty drawing your labs we will give you a laboratory order to have your blood drawn at another facility of your choosing.

Do you require “witnessed” urines:
OnCall performs both witnessed and non-witnessed urines. We will mandate a witnessed urine be given if a patient leaves the facility waiting room and goes outside during their visit. We also do witnessed urines at random on patients on certain days of the week. Whether the urine drug screen is witnessed or not, you will be asked to remove everything from your
pockets and to leave all of your belongings in the exam room. In the event of a witnessed urine, you will be asked to urinate in the presence of a clinic employee of the same sex. We have evolved to this level of supervision on urine collections to discourage anyone from attempting to provide something other than their own urine sample. **If any patient is unable to give a witnessed urine they will be given a hospital gown and be required to de-clothe entirely under supervision of an employee of the same gender.**

**Is it possible to ever get off Buprenorphine:**
Yes. There are people who taper off of Buprenorphine. Generally, these patients are involved in intensive therapy, have an extensive social support network, and have tapered off the medication over an extended period of time.

At OnCall we treat chronic opioid dependence as a lifelong disease. We hope individuals that are dependent on opioids can get to a place in their lives where they can do the same. This takes the shame out of the disease. Diabetes is life-long. A diabetic patient may control their blood sugar with diet and exercise and not require medication. They are still diabetics. We want people to get healthy, one day at a time.

**Why should I try this medication instead of just quitting on my own:**
Years of experience have shown that methadone maintenance decreases death rates among opiate users. You are much more likely to die from an overdose if you relapse while trying to abstain than if you are in a methadone maintenance program. The same hope exists for Buprenorphine.

**What are other treatment options available:**
We have an aftercare/referral contact list that provides you with options pertaining to MAT treatment, therapy services, mental health services, family support, community support, medical specialists, smoking cessation, and more. Please feel free to ask for a copy of this contact list.

I have heard that this medication tastes bad. **Is there anything I can do to make it taste better?**
Yes. Some people advocate drinking a bit of soda before placing the pill under the tongue or using a breath strip.

**How is this medication dosed:**
Buprenorphine is a once a day medication. It is dispensed in tab and film form. It is recommended that the medication is place directly under the tongue to fully dissolve. The film can tend to migrate in your mouth, so be sure to place it carefully under the tongue; otherwise it can get stuck to your teeth. You can swallow, but make sure the medication stays in place under the tongue.

The manufacturer of the film recommends the entire dose for the day be taken at once.

The results of your urine drug screens will be linked to the time of day you take your Buprenorphine. If you spread the doses out, the urine levels will be low. Low levels of medication in the blood is seen as diversion and we would suggest you transition from the MAT program to a higher level of supervision such as methadone maintenance, inpatient, or intensive outpatient treatment. The desire to take the medication more than once a day is psychological and should be addressed in therapy.

**Will I have to bring my medication to each visit:**
Yes. We do pill/film counts at every visit. You should bring your medication with you, and it must be in its original container.

**What happens if I lose my medication:**
If your prescription is lost, stolen, or damaged, you will have to wait until your next scheduled appointment to receive another prescription, and you could be given a strike for not properly safeguarding your medication if it continually happens. Please call our office as soon as you know this has happened so we can make a note of it in your medical record. **Due to various legal factors, your medication will not be refilled early for any reason what-so-ever. Therefore, please take good care of it. Keep your medication in a secure place, otherwise you may find yourself going without until your next scheduled appointment.**
Are there any safety issues associated with taking this medication:
Some patients taking Buprenorphine will experience an elevation in their liver enzymes. Patients diagnosed with Hepatitis and/or patients that drink alcohol excessively have an increased risk of having elevated liver enzymes. We test liver enzymes at least once a month depending on the levels. If your liver enzymes are continuously elevated, your dose will have to be lowered or stopped. Also, injecting Buprenorphine can lead to death. Most deaths from Buprenorphine overdose occur when it is mixed with alcohol or a medication that depresses brain activity (Valium, Ativan, Xanax, sleeping pills, tranquilizers, etc.). Buprenorphine has the potential for abuse and can produce dependence. Buprenorphine withdrawal is not considered to be as severe as withdrawal from other narcotics.

Does this medication have any side effects:
All medications have side effects. A potential side effect of Buprenorphine is peripheral edema. Other side effects include feeling faint, dizzy, jaundice (skin turns yellow), loss of appetite, sleepiness, sleeplessness, constipation, and headache. Let your physician know right away if you experience any of these side effects. Signs and symptoms of a severe allergy include difficulty breathing and rash. If this occurs, call 911 and immediately proceed to the nearest hospital emergency department. All drugs, no matter how safe, have side effects and very rarely can cause death. We would not prescribe a drug that we believe would harm you, but you must be aware that you risk side effects when you take this drug, and that all drugs are potentially lethal. Buprenorphine is not safe to take if you are also taking other opioids.

Can I take this medication if I am pregnant:
Buprenorphine is not FDA approved for use in pregnancy. For this reason, women of child bearing age must have a rapid pregnancy test performed every month. If the test is positive, we will draw blood and confirm the test by sending it to Quest for an HCG Quantitative test that will inform us of how far along the pregnancy is. The Buprenorphine will be stopped immediately and Buprenorphine without Naloxone will be prescribed for the remainder of the pregnancy.

Please notify us if you are trying to become pregnant, so we can switch the medication as soon as possible. Also, we will need to be notified that you are receiving follow-up care from an OBGYN, otherwise we will refer you to one. Most likely a prior authorization will need to be submitted to your insurance company for prescription coverage.

What if I can't make my scheduled appointment:
There are a number of reasons you might not be able to make your appointment. I assure you we have heard them all. We understand, within reason, that life can get in the way. If you can't make your scheduled day we expect you to call us and let us know why you are unable to make it in between 9am and when we close. We also expect that you will come in as soon as possible the very next day unless there are extenuating circumstances. Again, we are understanding, but within reason. A strike will be issued and a possible suspension if appointments are continually missed or if a patient continually comes a day late or a day early. We expect you make treatment a priority and come on your scheduled day.

Please notify us if you are planning to go on vacation. We expect for you to plan your vacation around your scheduled treatment. Again, we expect you to make treatment a priority.

If your scheduled appointment falls on a day the facility is closed: Fourth of July, Thanksgiving Day, Christmas Day, or New Year's Day we will move your appointment. We try our best to be preemptive about this and plan ahead.

If the holiday falls on a Monday, the appointment will be scheduled the Friday before or the Tuesday after. Patient's choice. Only monthly patients will have the option of being seen on the weekend.

If the holiday falls on a Friday, the appointment will be scheduled the Thursday...
before or the Monday after. Patient’s choice. Only monthly patients will have the option of being seen on the weekend.

If the holiday falls on a weekend, the appointment will be scheduled for the other weekend day or the Friday before or Monday after. Patient’s choice.

If the holiday falls on a Tuesday, Wednesday, or Thursday, the appointment will be scheduled for the day before or after the holiday. Patient’s choice.

The same rules will apply to appointments that fall on holidays when our facility is open with shortened hours, especially if the patient will not be able to make it within the specific time frame we are open. Such holidays include: Easter Sunday, Labor Day, Memorial Day, Christmas Eve, and New Year’s Eve.

What if I have a medical emergency or medical issue afterhours:

If you have a medical emergency or a medical issue occur after hours, when our facility is closed, we will always recommend that you go directly to the nearest hospital emergency department and/or call 911.

You can call our facility at any-time and leave a message with the office manager or the program director, but we only check our messages Monday-Friday. If you don’t want to wait for a call back, we suggest calling during business hours. Call our main number 413-584-7425 and dial option 4 to speak to one of the receptionists.

If you need to seek medical treatment at another facility for a medical emergency, please notify and inform the medical professionals treating you that you are currently taking Buprenorphine. If pain medication is necessary and prescribed during your medical stay, please make sure to bring documentation of this once you are released.

Does insurance cover Medication Assisted Treatment (MAT):

Some insurances do and some insurances don’t. We recommend that you call your insurance company and discuss whether your plan will cover treatment before you begin filling out the paperwork. Our medical administrative staff will also be looking into your insurance coverage. We will notify you if you have a deductible, a copay, co-insurance, require insurance referrals, require a prior authorization, require an ABN form, etc. We try our best to find out everything we can, insurance wise, before you begin treatment, but sometimes we don’t get the answers we need until the visits are billed out and the claim comes back.

You should plan to pay a copayment:

Insurance copays are becoming a greater expense for patients. Ten years ago, the average office visit co-pay was around $5.00. Today it is $25.00-$35.00. This is a result of insurance companies passing more and more of the cost of insurance over to the customer.

Co-pays must be paid on the date of service.

What if I don’t have insurance or lose my insurance:

If treatment is not covered by your insurance the self-pay fee is $125/visit, to be paid upfront before services are rendered. This cost includes the visit as well as the urine drug screen and any OnCall labs that are required. This charge does not include the cost of outside laboratory fees. We use Quest Laboratories for some mandatory blood testing that is done when you start the program, it includes: HIV, HEP-B, and HEP-C. Other tests that might need to be done via Quest include: HCG Quant., Testosterone, and urine drug screen confirmatory testing. They are a private lab company and they will bill you directly.

Some insurance companies will cover the visit and not the mandatory urine drug screen, or, they cover the mandatory urine drug screen and not the visit. If this is the case, we charge a self-pay fee of $80 for the none covered services.

Many insurances have high deductible plans and require payment of thousands of dollars before coverage will begin, if this is the case we are willing to set up a payment plan to help manage the costs of treatment. You will need to speak to the office manager, she will be more than happy to facilitate this.
The monetary values we established for the self-pay fees were based on the average reimbursement received by several insurance companies.

Is my medical record confidential:
Yes. There are certain people that we can share your medical information with. Federal laws and regulations require that OnCall Urgent Care maintain the confidentiality of your medical record. Generally, we may not say to a person outside the practice that you attend our practice or our MAT program. We may not disclose any information that would identify you as being alcohol or drug dependent unless:
1. A completed and signed medical consent form is documented in the medical chart
2. There is a court order and subpoena to release your medical record
3. We need to make the disclosure to medical personnel in a medical emergency.
4. If there is a DCF 51A filed, then consent is not required because we are mandated reporters.

Violation of the laws that protect your confidentiality is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

OnCall also has security measures in place to keep our electronic medical record confidential and policies in place to regulate access to client information. The policies and protocols about this information can be requested at any time and can be found in the waiting room.

What are my rights as a patient:
1. Freedom from physical and psychological abuse
2. Freedom from strip searches and body cavity searches
3. Control over his or her bodily appearance, provided, however, on program premises, OnCall may prohibit attire and personal decoration which interfere with treatment
4. Access to his or her patient record in the presence of the administrator or designee unless there is a determination that access to parts of the record could cause harm to the patient
5. The right to challenge information in his or her patient record by inserting a statement of clarification or letter of correction signed by both the clinician and the patient
6. The right to obtain a copy of the patients records as specified in 105 CMR 164.083
7. The right to have the confidentiality of his or her records secured as required by 105 CMR 164.084
8. The right to terminate treatment at any time, except in the case of an individual committed to treatment under M.G.L.c.123, § 35
9. Freedom from coercion
10. Treatment without regard to race, ethnicity, creed, national origin, religion, sex, sexual orientation, gender identity, ability to speak English, age, or disability
11. Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect
12. Full disclosure regarding fees charged and in residential rehabilitation programs, and patient benefits to be contributed
13. The right to grieve actions or decisions of OnCall regarding the patient’s treatment
14. Freedom to practice his or her religious faith
15. The right to request referral to a facility which provides treatment in a manner to which the patient has no religious objection
16. Drug screens conducted in a manner which preserves the patient’s dignity and when the drug screen is by urine sample accommodates any medically confirmed inability to give a urine by providing for an alternate effective means of screening such as oral swab
17. The right to contact the Department of Public Health.

Is your facility accessible for those with disabilities:
Yes. We provide all the accommodations required by the ADA for an outpatient medical facility. For a more in-depth description of those
accommodations please refer to the policy and procedure book in the waiting room or you can ask for your own copy of the policy.

Other general facility policies and protocols:
Patients will be issued a warning if any of these policies or protocols are not followed. However, a patient could be dismissed from the program entirely if gross negligence is encountered concerning these policies and protocols. This is due to the patient signing the policy and protocol contract, and having full knowledge, prior to starting the program. This is a list of the general facility policies and protocols:

1. No smoking of cigarettes is allowed inside the building and at least 20 feet from any entrance or window
2. No smoking of vapor or e-cigarettes are allowed inside the building and at least 20 feet for any entrance or window
3. No chewing tobacco is allowed inside the building
4. No animals allowed inside the building. The only exception are service dogs
5. No firearms or weapons of any kind are allowed on our property, even with a permit to a carry concealed weapon, guns are not allowed inside the building
6. No loitering
7. No soliciting
8. No littering
9. We prefer if you refrain from bringing your children to appointments, but understand if child care is an issue.
10. Children are not allowed in the bathroom with the patient when a urine sample is being provided
11. No cell phone use when meeting with staff or the medical provider
12. Vehicles left in the parking lot will be towed

What if I have a complaint or grievance about your facility:
Please notify the office manager immediately in person or by phone at 413-584-7425 x304. Also, there is a grievance form available to fill out and submit to the office manager. It would be our goal to sit down and meet with you and hear your concerns in order to remedy your grievance.
If this is not sufficient enough you can also file a complaint with the Bureau of Substance Abuse Services Complaint Line via phone, 617-624-5171, or by mail at:
DPH BSAS – LADC Licensing Unit
250 Washington Street 3rd Fl
Boston, MA 02108.

What is the next step:
If you feel that Medication Assisted Treatment could help you with your opioid dependence, complete the forms packet and return all of the forms to OnCall Urgent Care Centers at 6 Hatfield Street, Northampton, MA 01060. The phone number is 413-584-7425, dial 4 to speak directly to one of our receptionists.

WHAT TO ADMINISTER NARCAN (NALOXONE)
Naloxone can be administered in 3 different ways:

1. By spraying the medicine into the nose (intranasal)
2. By auto injector; a prefilled, ready to use dose of the medication is administered simply by pressing the auto-injector device against a person’s upper leg (intramuscular or IM)

3. By injecting the naloxone via a needle in a syringe (intramuscular or IM)

The following information will show the different devices for naloxone administration

**Naloxone Administration Nasal Spray:**

Pictured above (to the left) is a pre-filled cartridge of naloxone with 2mg in 2mL of liquid (2mg/2mL) and the fully assembled nasal atomization device.

See the diagram above for directions on assembly.

Tilt the head back and spray half of the naloxone up one side of the nose (1mL) and half up the other side of the nose (1mL).

If there is no breathing or breathing continues to be shallow, continue to perfume rescue breathing for them while waiting for the naloxone to take effect.
If there is no change in 3-5 minutes, administer another dose of naloxone and continue to breathe for them.

**Injectable Naloxone Device:**

This device (the Evzio Auto-Injector) is ready to use. A single dose of naloxone is administered with a retractable needle. Accidental needle sticks are avoided, and the device is easy to use. You do not have to fill a needle or attach a cartridge or nasal piece. It also has a voice recording that tells you step by step how to administer the naloxone. Make sure you push hard – until you hear the voice again – when the device is placed on the person thigh. To read more about this product, visit [https://www.evzio.com/](https://www.evzio.com/)

**Naloxone Administration via Needle:**

Injecting into the muscle of the upper thigh or upper arm (see above) with a needle is also a very common way to administer naloxone. Many naloxone kits come with a needle and a vial (seen in photo below). The shot can be administered through clothes. The dose in the vial below is single dose (0.4mg of naloxone suspended in 1.0mL of liquid). Draw up the entire contents of the vial and inject the needle in either the quadriceps muscle in the thigh or deltoid muscle in the upper arm (see photos below). If the vial is a multi-dose, draw up only 1mL into the needle. A second 1mL dose can be drawn up. After injection, continue rescue breathing 2-3 minutes, if no change, administer (inject) another 1mL dose and continue to breathe for them. If the second
dose does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).

Once naloxone has been delivered and if the person is not breathing, continued rescue breathing is important until help arrives.

Naloxone only last between 30-90 minutes, while the effects of the opioids may last much longer. It is possible that after the naloxone wears off the overdose could recur. It is very important that someone stay with the person and wait out the risk period just in case another dose of naloxone is necessary. Also, naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain. Sometimes people want to use again immediately to stop the withdrawal feelings. This could result in another overdose. Try to support the person during this time period and encourage him or her not to use for a couple of hours.
Emergency Response for Opioid Overdose

Try to wake the person up
- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.

Call 911
- If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.

Administer nasal naloxone
- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 3 minutes if still not conscious.

Check for breathing
- Give CPR if you have been trained, or do rescue breathing:
  - Tilt the head back, open the mouth, and pinch the nose.
  - Start with 1 breath into the mouth. Then 1 breath every 5 seconds.
  - Continue until help arrives.

Stay with the person
- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.
Acute Treatment Services (ATS)
Carlson Recovery Center
471 Chestnut St Springfield MA 01107
Phone: 413-733-1431 (Main number)
Fax: 413-747-3727
Phone: 413-733-1423 (Central intake- 8:00-5:00 Monday-Friday)

Franklin Recovery Center
298 Federal St Greenfield Ma 01301
Phone: 413-733-1423 or 413-737-2439
Fax: 413-732-1605

Providence Detox
1233 Main St Holyoke Ma 01040
Phone: 413-539-2981
Fax: 413-539-2989

McGee Unit of Berkshire Medical Center
725 North St Pittsfield Ma 01201
Phone: 413-442-1400
Fax: 413-443-5506

Clinical Stabilization/ Step Down Services (CSS)
Northern Hope Center
298 Federal St Greenfield Ma 01301
Phone: 413-733-1423 or 413-737-2439
Fax: 413-732-1605

Providence CSS
1233 Main St Holyoke Ma 01040
Phone: 413-539-2982
Fax: 413-539-2989

Berkshire Medical Center CSS
725 North St Pittsfield Ma 01201
Phone: 413-447-2927

The Hope Center- Behavioral Health Network
35 Haywood Terrace Springfield Ma 01104
Phone: 413-301-9500 or 413-746-HOPE
Fax: 413-301-9501

Transitional Support Service (TSS)
Post-Detox for men
Phoenix House TSS
130 Pine St Holyoke Ma 01040
Phone: 413-538-8188
Fax: 413-534-4005

Post-Detox for women
Gandara Esperanza Women’s TSS
91 East Mountain Rd Westfield Ma 01085
Phone: 413-729-4250
Fax: 413-579-5948

Counseling
Clinical and Support Options
8 Atwood Dr, Northampton MA 01060
Phone: 413-582-0471

Brien Center for Mental Health & Substance Abuse
333 East St Pittsfield Ma 01201
Phone: 413-499-0412

124-American Legion Dr North Adams Ma 01247
Phone: 413-664-4541

Mt. Tom City Clinic Behavioral Health Network
235 Maple St Holyoke Ma 01040
Phone: 413-532-0389

CHD Behavioral Health Clinic
179 Northampton St, Easthampton Ma 01027
Phone: 1-844-CHD-HELP
www.CHD.org

Psychiatrist
Service Net Medications Clinic
50 Pleasant St, Northampton MA 01060
Phone: (413) 584-6855

**General Adult Psychiatry**
51 Locust Street Unit #4 Northampton, MA 01060
Phone: (413) 341-5081

**Clinical and Support Options**
8 Atwood Dr, Northampton Ma 01060
Phone: 413-582-0471

**Office-based Opioid Treatment** *(Buprenorphine & Vivitrol)*

- **The Brien Center**
  333 East St Pittsfield Ma 01201
  Phone: 413-499-0412

- **Clean Slate**
  Main Call Center 413-341-1787
  384 High St, Holyoke
  Phone: 413-341-1891

- **Experience Wellness**
  80 Congress St Springfield Ma 01104
  Phone: 413-732-0040

- **Methadone Treatment Programs**

  **Community Substance Abuse Centers**
  628 Center St Chicopee Ma 01013
  Phone: 413-746-0051

  297 Pleasant St Northampton Ma 01060
  Phone: 413-584-2404

  177 Shelburne Rd Greenfield Ma 01301
  Phone: 413-774-3321

  125 N. Elm St Westfield Ma 01085
  Phone: 413-568-6600

  **Residential Recovery Programs**

  **Co-ed**
  **Beacon House- Service Net**
  57 Beacon St Greenfield Ma 01301
  Phone: 413-773-1706

  **Phoenix House**
  5 Madison Ave Springfield Ma 01105
  Phone: 413-733-2178

  **Women**
  **Watershed Recovery Home- CHD**
  148 Montague City Rd Greenfield Ma 01301
  Phone: 413-512-5018

  **Gandara Residential Services**
  507 Appleton St Holyoke Ma 01040
  Phone: 413-540-9881

  **Grace house**
  143 West St Northampton Ma 01060
  Phone: 413-586-8213

  **My Sisters House- BHN**
  89 Belmont Ave Springfield Ma 01109
  Phone: 413-733-7891

  **Men**
  **Gandara Addiction Recovery Program**
  29-33 Arch place Springfield Ma 01107
  Phone: 413-781-2234

  **Hairston House**
  25 Graves Ave Northampton Ma 01060
  Phone: 413-585-8390

  **Opportunity House-BHN**
Opiate Abuse Prevention and Overdose Prevention

Tapestry Health Needle Exchange Program
16 Center St Northampton Ma 01060
Phone: 413-586-0310

15A Main St Holyoke Ma 01040
Phone: 413-315-3732

Opiate Abuse Prevention and Overdose Prevention

Tapestry Health - Family Planning Services
320 Riverside Drive
Florence, MA 01062
Phone: (413) 586-2539

Tobacco Cessation Services
1-800-QUIT-NOW (1-800-784-8669)

Crisis Services

Clinical and Support Options
29 N. Main St Florence MA 01062
Phone: 413-586-5555

140 High St Greenfield Ma 01301
Phone: 413-774-5411

Emergency Services

Coolie Dickenson Hospital
30 Locust St Northampton Ma 01060
Phone: 413-582-2000

Or any local Emergency Room