



PHYSICIAN CLINICAL SUPPORT SYSTEM (PCSS)

A National Mentoring Network
for Physicians Treating
Opioid Dependence
<http://www.PCSSmentor.org>

PCSS Participating Organizations

The Physician Clinical Support System (PCSS) is made up of practicing clinicians and educators with experience caring for opioid dependent patients, and providing buprenorphine treatment. The PCSS is coordinated by the American Society of Addiction Medicine (ASAM), in conjunction with other leading medical associations.

Under the auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA), the PCSS provides mentoring services by members of these leading medical specialty societies:

- American Academy of Addiction Psychiatry (AAAP)
- American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- American Society of Addiction Medicine (ASAM)

In addition to this collaboration, the PCSS project's strategic planning is conducted by a National Steering Committee, comprised of representatives of the following organizations:

- Addiction Technology Transfer Centers (ATTC)
- American Academy of Family Physicians (AAFP)
- American Association for the Treatment of Opioid Dependence (AATOD)
- American Medical Association (AMA)
- Association for Medical Education and Research in Substance Abuse (AMERSA)
- American Pain Society (APS)
- The College on Problems of Drug Dependence (CPDD)
- Center for Substance Abuse Treatment (CSAT)
- Health Resources and Services Administration (HRSA)
- National Institute on Drug Abuse/Clinical Trials Network (NIDA/CTN)
- New York Academy of Medicine (NYAM)
- Pacific AIDS Education and Training Centers (PAETC)
- Society of General Internal Medicine (SGIM)

PCSS Background

Buprenorphine, developed through scientific research conducted by the National Institutes on Drug Abuse, approved by the Food and Drug Administration, and funded by SAMHSA, holds tremendous promise in increasing access to the estimated 3.5 million untreated prescription opioid and heroin dependent patients in the United States.

Despite rigorous scientific inquiry supporting buprenorphine's effectiveness, legislation enabling its use, and federal expenditures to train physicians in the appropriate use of this medication, adoption by practicing physicians has lagged behind expectations and the clinical and public health need.

To respond to this need, ASAM, in consortium with other specialty addiction medicine, psychiatric, pain and general medicine societies created the PCSS to assist physicians in the appropriate use of this medication.

Office-based treatment of opioid dependent patients is a new phenomenon in American medicine.

Participating PCSS clinicians have had success and fulfillment providing services for patients with addictive disorders in their own practice settings and are now able to work with other clinicians to help them have similar experiences through this innovative nationwide program.

What is the Physician Clinical Support System (PCSS)

The SAMHSA funded PCSS is designed to assist practicing physicians, in accordance with the Drug Addiction Treatment Act of 2000, in incorporating into their practices the treatment of prescription opioid and heroin dependent patients using buprenorphine.

The PCSS service is available, at no cost, to interested physicians and staff, to assist in implementing office-based treatment of opioid dependence with buprenorphine. The essential elements of the PCSS are a national network of trained physician mentors with expertise in buprenorphine treatment and skilled in clinical education, who will be supported by National Experts in the use of buprenorphine and a Medical Director.

The mentors are members of specialty training societies and provide mentoring support and consultative services based on evidence-based practice guidelines. The efforts of the PCSS are coordinated by a Steering Committee composed of representatives from the leading addiction medicine societies, organizations that represent the target physician populations and the federal government.

It is estimated that in its first year of operation the PCSS will provide clinical support services to primary care physicians, pain specialists, psychiatrists and other non-addiction medical practitioners in an effort to increase access to this form of treatment. The PCSS serves to significantly increase access to buprenorphine treatment among the millions of untreated opioid dependent patients.

The PCSS is designed to offer support to clinicians on the following topics:

1. Patient Assessment:
 - Selection for office-based opioid treatment
 - Considerations of appropriateness for opioid maintenance
 - Considerations of appropriateness for opioid withdrawal
 - The use of DSM-IV checklists and opioid withdrawal scales
 - Pharmacologic withdrawal follow-up procedures
2. Induction:
 - Induction methods
 - Physician or nurse availability during induction and early stabilization
3. Dosing and patient monitoring:
 - Buprenorphine dosing
 - Appropriate use of ancillary medications
 - Frequency of monitoring
 - Complications and treatment of complications
 - Timing and processes of referrals to higher levels of care
4. Treatment of poly-substance dependence or co-morbid conditions, including:
 - Psychiatric conditions
 - Medical conditions, especially Hepatitis C
5. Issues related to treatment of special populations:
 - Adolescents
 - Pregnant patients
 - Elderly
 - HIV/AIDS, including HIV and HCV screening, counseling and referrals
 - Pain
6. Development of support and referral networks:
 - Involvement of nurse, non-physician health professionals, pharmacists and certified alcohol and other drug abuse counselors
 - Collaboration with opioid treatment programs
 - Integrating counseling and urine toxicology testing into the treatment regimen
 - Involvement of family members and significant others
 - Patient and family education for appropriate expectations on symptom decrease and treatment outcomes
7. Use of non-pharmacologic strategies:
 - Motivational counseling
 - Limit setting
 - Appropriate use of contingencies
 - Use of 12-step and other self-help programs
8. Patient tracking:
 - Tracking procedures
 - Recommended visit schedules
9. Office logistics:
 - Staff education
 - Paper work:
 - Screening and initial and follow-up visit forms
 - Coding with proper CPT codes, and billing

PCSS: How Does It Operate?

Physician Clinical Support System (PCSS) clinicians are practicing clinicians. PCSS clinicians will be available within reason and based upon demand, to provide services via telephone, email, or at their place of clinical practice. This means that you will be able to observe a clinician providing office-based treatment with buprenorphine at a time and place that is mutually convenient to you and your PCSS clinician.

PCSS clinicians are available to assist you in your practice and will work with you to arrange a time that is mutually convenient. Based on your need, and the availability of your local/regional PCSS clinician, services can be rendered within 24 hours.



While it is expected that inquiries presented to mentoring physicians will be based on fact patterns related to actual cases, remarks and opinions from mentoring physicians should be understood as being general in nature and not directed at a specific patient or case. The PCSS program is a vehicle for the sharing of knowledge and information; it is not a referral mechanism. Of course, opinions and counsel from a mentor should not be used as a substitute for the opinion, judgment, and knowledge of the treating physician. Finally, no physician-patient or other relationship, expressed or implied, is created between a mentoring physician and any patient by virtue of participation in the PCSS program.

How to get involved

Getting involved in this free nationwide network is simple. Contact staff to find a PCSS clinician in your locale or region, to become a PCSS mentor, or for more information about the project. Call, email or fax us at PCSSproject@asam.org, tel. 877-630-8812, fax. 301-576-5156. <http://www.PCSSmentor.org>

Useful Resources

Physician Clinical Support System (PCSS)
<http://www.PCSSmentor.org>

SAMHSA Buprenorphine Information Page
<http://www.buprenorphine.samhsa.gov/>

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction
<http://www.buprenorphine.samhsa.gov/publications.html>

U.S. Food and Drug Administration Center for Drug Evaluation and Research Buprenorphine Information Page
http://www.fda.gov/cder/drug/infopage/subutex_suboxone/default.htm

California Society of Addiction Medicine (CSAM) Buprenorphine Information Page
http://www.csam-asam.org/buprenorphine_information.htm

American Society of Addiction Medicine (ASAM)
<http://www.asam.org/>

American Academy of Addiction Psychiatry (AAAP)
<http://aaap.org>

American Psychiatric Association (APA)
<http://www.psych.org>

American Osteopathic Academy of Addiction Medicine (AOAAM)
Physician Training website: <http://www.docoptin.com>

The American Society of Addiction Medicine
4601 North Park Avenue,
Upper Arcade, Suite 101
Chevy Chase, MD 20815
Web: www.asam.org