The CORE Buprenorphine Project – an HIV Primary Care Program Demonstration (BUP)

BUP Patient Face Sheet

BUP Script

BUP Patient Flyer
BUP PATIENT FACE SHEET

Last Name: _____________________________  First Name: _____________________________

MR# _____________________________

Gender: □ Male   □ Female  Age: □  DOB: __/__/____

Referring Provider: _____________________________

Mental Health - 

Have you ever been Dx with a serious mental illness? Yes □ No □

Have you ever been hospitalized for a serious mental illness? Yes □ No □

If yes, what was the Dx: Depression □ Anxiety □ Schizophrenia □ Schizoaffective □ Bipolar Disorder □ Dementia □ PSTD □ or Personality Disorder □ Other □

Are you current taking any medication for any psychological or emotional problems? Yes □ No □

Psychotropic Medication:

DRUG USED: Heroin □ Cocaine □ Benzo □ Methadone □ Marijuana □ Alcohol □

LAST DRUG USE: __/__/____

DSM IV Criteria

Primary:

Heroin Dependence □ Cocaine Dependence □ Alcohol Dependence □

Secondary:

Cocaine Abuse □ Alcohol Abuse □ Marijuana Abuse □

Lab

Tox Screen Completed Yes □ No □  Date: __/__/____

Heroin □ Cocaine □ Benzo □ Methadone □ Marijuana □ Alcohol □ +/- Date: __/__/____

Pregnancy Test Completed Yes □ No □ Date: __/__/____

Are you currently taking HIV Medications? Yes □

HIV Medication:

Date

AST: __/__/____  VL: __/__/____

ALT: __/__/____  CD4: __/__/____
Hi Mr. Smith,

How are you? Thanks for your interest in our project. First, my name is Melody. May I ask you who referred you? What did your provider tell you about our project? Good. Chit-Chat, etc.

Again my name is Melody. I am the Clinical Coordinator of the BUP project and part of a team of 4 providers, Dr. Watts, Dr. Arenas and Mary Jo. I screen/evaluate all potential participants for our project.

Let me tell you about our project. The Buprenorphine (BUP) Project is a 5 year grant. The grant started in 2004. It is specifically for CORE patients who are HIV positive and meet specific enrollment criteria. The purpose of our study is not to determine if the medication works or is effective. It is to see if it will help decrease our patients’ long-term substance use and/or increase their visits to primary care providers.

The project has two arms, arm A & arm B. Arm A is the intervention arm and arm B is the comparison arm. Arm A, the intervention arm, is for the people who choose the BUP medication. Arm B is the comparison arm. Think of the comparison arm as having two parts: B1 and B2. B1 is for participants who choose methadone. Arm B2 is for patients who choose not to be on methadone or BUP. Should you select arm A we will schedule you for an induction. Choosing arm B1, methadone, results in a referral to a methadone clinic closest to your address.

We are recruiting participants who are able to commit for one year. To participate in our project you must complete a screening process. Whichever arm you choose you will be asked to follow this screening procedure. The eligibility screening includes lab work and consultation with your provider. This process could take approximately one week.

If you want to participate and pass the initial screening process, I will explain the purpose of each required form involved in the consent and follow-up for the project. Then I will read the informed consent to you, if appropriate. The consents are signed and copies given to you. At this time you will be given a follow up appointment. At the appointment, you will be informed if you are eligible and if time permits the baseline survey will be completed.

Whichever arm is chosen, there are 7 visits that are part of the program requirements. Five of the 7 visits are with Mary Jo, Project Coordinator, to complete the follow-up surveys; 1 visit will be with Jennifer Camacho, QI (quality improvement) Coordinator, for a patient satisfaction survey, and the other with Dr. Arenas or Dr. Watts for a psychiatric evaluation. Basically, the purpose of these visits is to follow up with you, to see how things are going with you and if things have changed or if there are any needs that are not being met. After each of these seven visits you will be given 2 CTA transit cards and a Jewel Food Stores $10.00 Gift Certificate. In addition to these visits there will be your weekly, then monthly visits to pick up your prescription and interface with a project staff.
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The CORE Buprenorphine Project
- An HIV Primary Care Study Program Demonstration (BUP)

For this buprenorphine research project we need HIV+ CORE patients who are opioid dependent.

1. If you are interested in receiving a new treatment for your addiction

OR

2. Want to start/continue methadone maintenance

OR

3. Don’t want medication treatment for your addiction

Call the BUP Clinical Coordinator at 572-4518
or the BUP Project Coordinator at 572-4818 to schedule eligibility screening.