



# Mark S. Gold, MD

ASAM's Annual Lifetime Achievement John P. McGovern  
Award & Prize Winner

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# Mark S. Gold, MD

## Disclosures

- Dr. Gold has no disclosures to report.



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# Comprehensive Opioid Addiction Treatment (COAT) Program

- West Virginia University started using buprenorphine in 2004 (treated ~2500 patients)
  - Group Based: Medical Management directly followed by Group Therapy
  - Step Based: Advance through 4 treatment phases
  - Varied Groups: Male only, female only, mixed gender, pregnant
- Currently treat ~500 patients in 53 groups at Morgantown, WV site
- Training environment: medical students, medical residents, social workers, nurses, pharmacists, peer recovery coaches
- Expanding in West Virginia via ECHO and Hub-Spoke

# COAT Clinic Phases

Beginner	Intermediate	Advanced	Maintenance
1-90 days abstinence	91-365 days abstinence	> 365 days abstinence	> 3 years abstinence
Weekly group therapy (8-12 patients)	Bi-weekly group therapy (8-12 patients)	Monthly group therapy (8-12 patients)	Every other month medication management session
Signed peer meeting lists (4 hours/week)	Written report/no signatures required for peer meetings	Mandatory peer meetings no longer required	
Monthly individual therapy	Monthly individual therapy	Monthly individual therapy no longer required	

- Infectious disease screening
- Referral for psychiatric services if necessary
- Referral for other medical conditions if necessary

# Current Outcomes of COAT

## Retention

- Weekly groups
  - 49%-50%
- Beyond weekly groups
  - 65% - 84%

## Abstinence\* (n = 499)

- 71% have attained 90 days continuous
- 207 pts > 1 yr continuous
- 123 pts > 3 yrs continuous
- 16 pts > 10 yrs continuous

\* Abstinence defined as using MAT as prescribed and no use of any intoxicating substance (including THC or ETOH)

# West Virginia COAT Model

## Guiding Principles

- Medication alone is not sufficient
- Group therapy and psycho-education is efficient and effective
- Med management and therapy should be linked together
- Require regular participation in 12-step/peer recovery groups
- Encourage abstinence from all intoxicating substances
- Goal is to increase quality of life and decrease mortality

## Benefits

- Address bio-psycho-social domains
- Build cohesion and create healthy culture
- Shared learning environment
- Maximize structure while being financially sustainable
- Reward and sense of accomplishment
- Increase access
- Minimize provider burnout
- Multidisciplinary training opportunities
- Replicable (e.g. Private office, FQHC, tele-health)