

Fighting stigma, building a career treating substance-use disorders

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Staff News Writer

When Alena Balasanova, MD, began her psychiatry residency at Boston University, she encountered patients with substance-use disorder (SUD) the way all too many people do—with judgment.



“I wanted to treat patients with depression and anxiety—I didn’t sign up to treat people with a drug addiction,” she told the AMA in an interview. “I held some very stigmatizing beliefs.”

Over the course of her residency, however, she started working with patients who are on medication-assisted treatment (MAT) and saw firsthand the transformation that occurs when a patient comes in the door very ill, is provided evidence-based care and begins to heal. Her perspective shifted drastically.

“My patients receiving MAT were repairing relationships, finding jobs and becoming healthier,” said Dr. Balasanova, an AMA member. “I began to understand how remarkable it was that I could participate in helping a patient turn his or her life around.”

After completing her residency, Dr. Balasanova moved to Nebraska, where she was raised, because she saw an opportunity to improve the lives for patients with SUDs.

“There are so few MAT treatment providers in Nebraska,” she said. “I wanted to fill that gap.”

Filling the gap meant working to develop an outpatient addiction psychiatric clinic at the University of Nebraska Medical Center in 2017, where patients with SUD could get medication while also having their other psychiatric conditions treated.

After the clinic was up and running, Dr. Balasanova then set her sights on something even bigger: an inpatient addiction psychiatry service where patients with SUDs could be seen in the hospital and medical intervention could begin immediately while clinic follow-ups are scheduled.

Dr. Balasanova did not stop there.

These new programs needed knowledgeable medical staff to run them, so she worked to develop a new rotation for psychiatry residents, the Longitudinal Integrated MH/SUD Outpatient Clinic (LIMSOC). During the rotation—which lasts a year with a half, one day a week in the clinic—residents learn how to use different treatment modalities and are encouraged to get their buprenorphine waivers. This means that no matter where residents choose to go after their residency, they are equipped to treat patients with SUDs.

“The journey I’ve taken has opened my eyes,” said Dr. Balasanova. “But there is so much more work to do.”

One of the biggest impediments to care for patients with SUDs Dr. Balasanova has faced is prior authorization for MAT.

“Prior authorization for MAT has been a big problem for me and my residents. It’s something we deal with on a regular basis,” Dr. Balasanova said, “but it shouldn’t be—MAT is evidence-based, but the insurance companies don’t seem to get that.”

Looking ahead, Dr. Balasanova is encouraged that she is helping train another generation of physicians to treat SUDs.

“I am very lucky to be back in my home state to literally help my neighbors, and I hope all my residents go on to help end the epidemic where they can as well,” she said.



Learn more about what the AMA is doing to end the opioid epidemic. Have you experienced any barriers to care for opioid-use disorder? Share your story: opioidtaskforce@ama-assn.org.