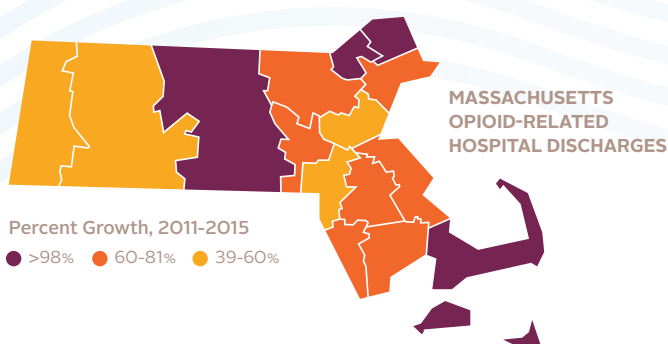


# TREATING OPIOID USE DISORDER (OUD) IN PRIMARY CARE

Insights from a peer-to-peer learning session\*  
on strategies for implementing pharmacologic-assisted  
treatment of OUD in primary care settings

## There is a growing need for access to appropriate OUD treatment in Massachusetts:



2X

The MA age-adjusted opioid-related death rate was twice that of the national average in 2015.<sup>‡</sup>

4X

Opioid-related deaths were more than 4 times higher in 2015 than in 2000 in MA.<sup>§</sup>

18%

Opioid-related hospital discharges increased by 18% between 2014 and 2015 in MA.<sup>§</sup>

### These trends reveal a need for earlier OUD intervention, such as in the primary care setting.

There are a variety of pharmacologic treatment options for use in the primary care setting. In this session, clinicians described the care models they follow to treat OUD with buprenorphine. Clinicians report buprenorphine has an immediate impact on opioid-seeking behavior and increases treatment engagement and retention. Buprenorphine can be prescribed in a variety of clinical settings – including primary care – by trained and waived providers.<sup>†</sup>

“The need and demand is out there; patients show up, ask for help, and get turned away. This is our generation's issue to figure out.”

“This is not rocket science. This is another chronic disease.”

## If you're a primary care clinician, getting started with treating OUD can be easier than you think. The clinical experts recommended:



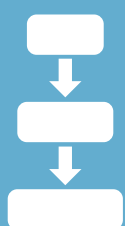
### TEAM

- At least two trained and waived prescribers
- One medical assistant to collect urine screens, room patients, and coordinate contracts



### CASELOAD

- Caseload depends on the model you choose
- Start small: **You can control your caseload** to a level that you and your practice are comfortable with



### OPERATIONS

- Conduct a **workflow and practice layout assessment** to identify a feasible model
- Identify **referral partners** for patients who may require treatment beyond the outpatient setting
- Gather **organization and provider agreement** on patient criteria and volume to treat



### BUY-IN

- **Champions** from clinical and administrative leadership are critical for success
- Educate staff to **reduce stigma** and **foster collaboration**
- Ensure that your **business model** supports success

## Primary care practices can choose a model for OUD treatment that works for them.



### THE CLINICIAN MODEL

Several prescribing clinicians supported by one medical assistant. In this model, physicians see patients regularly and coordinate with integrated or external behavioral health providers as needed.



### THE GROUP MODEL

Several prescribing clinicians supported by a licensed behavioral health counselor who runs group therapy for patients at different stages of treatment. The prescriber sees the patient frequently until stable, and then monthly. Patients participate in weekly group therapy sessions to support the treatment plans.



### THE OFFICE BASED ADDICTION TREATMENT (OBAT) MODEL

Pioneered by Boston Medical Center, this model features a small number of prescribers who see patients at initiation of treatment and then as needed. Patients are closely managed by RNs who titrate medication, facilitate refills, counsel patients, collect urine samples, and generally manage the treatment plan. Prescribing clinicians and RNs coordinate with integrated or outside behavioral health providers as needed.

“The short-term wins are rewarding. I love hearing when a patient is able to go to a job interview, or visit their children. You see the lives of your patients change.”

“There's a problem. There's a solution. There's an ROI.”

### † Looking for more information? Visit these additional resources:

- » Substance Abuse and Mental Health Services Administration (SAMHSA):
  - Buprenorphine training for physicians
  - Buprenorphine training for NPs and PAs
- » Providers' Clinical Support System (PCSS):
  - Online training and learning opportunities
- » Buprenorphine Waiver Notification:
  - Once waived, prescribing clinicians (i.e., physicians, qualified nurse practitioners, and physicians assistants) can treat up to 30 patients and may apply to treat up to 100 patients after one year. Clinicians who have prescribed buprenorphine for 100 patients for at least one year may apply to treat up to 275 patients at one time.
- » National Institute on Drug Abuse: Chart of Evidence-Based Screening Tools for Adults and Adolescents

### HEALTH POLICY COMMISSION

50 Milk Street, 8th Floor  
Boston, MA 02109  
[www.mass.gov/hpc](http://www.mass.gov/hpc)

JANUARY 2018



### WATCH THE WEBINAR

\* In collaboration with Health Management Associates, the Health Policy Commission hosted a peer-to-peer knowledge sharing session on August 8, 2017. The panel, facilitated by Suzanne Mitchell, MD, featured Massachusetts providers with experience treating OUD in primary care settings.

### SOURCES

‡ The Commonwealth of Massachusetts Executive Office of Health and Human Services. The Massachusetts Opioid Epidemic. <http://www.mass.gov/chapter55/#chapter55>. 2017.

§ The Commonwealth of Massachusetts Health Policy Commission. Opioid Use Disorder Report Updates. <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/publications/20170822-opioid-chart-pack.pdf>. 2017.