

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6426

### **Title**

*Primary Care's Most Pressing Needs to Address Opioid Use Disorder*

### **Priority 1 (Research Category)**

Survey research or cross-sectional study

### **Presenters**

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### **Abstract**

Context: Opioid use disorder (OUD) continues to increase across the US, with over 105,000 OUD-related deaths reported in a 12-month period ending in October 2023. Primary care practices are frequently the first and sometimes the only healthcare setting where patients with OUD seek care, and practices need support with resources and training in how to best treat this growing population.

Objective: To understand perspectives and needs of primary care clinical staff in addressing the OUD epidemic.

Study Design and Analysis: The American Academy of Family Physicians (AAFP) hosted a year long, monthly Project ECHO® educational series on OUD. Participants were surveyed at pre- and post-intervention. Thematic analysis was conducted on responses to an open-text question that appeared in both surveys: "Please list your most pressing needs related to OUD."

Setting or Dataset: Survey responses before and after a 12-month OUD Project ECHO.

Population Studied: 130 primary care clinic staff from 27 practices across the US. Roles included physicians, pharmacists, nurses, MA's, office managers, advance practice nurses, behavioral health staff, and office staff.

Intervention/Instrument: Survey

Outcome Measures: Primary care staff's self-reported most pressing needs in addressing OUD pre- and post-intervention.

Results: At baseline, participants (n=130) enrolled in the AAFP Project ECHO OUD series overwhelmingly noted education and training were their most pressing needs in addressing OUD in their patient

population. Responses within this theme ranged from the need for baseline knowledge of OUD to the need for more specific training on treating OUD with comorbidities and managing side effects. The second most common theme was the need for additional resources in the form of staff, behavioral health and counseling services, and community resources such as housing, transportation, and residential treatment facilities. At post-intervention, the need for additional resources became the predominant theme cited in participants' (n=58) responses. The second most common theme was the need for organizational or institutional support in the form of standardized protocols for OUD treatment, addressing stigma among providers, and better access to necessary medications.

Conclusions: While knowledge and training are paramount to equipping primary care in treating OUD, the need for additional support from communities and healthcare organizations should be considered in tandem.

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