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Title

A Multiphase Implementation of Medication for Opioid Use Disorder Services in Primary Care

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

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Abstract

Context: Increased availability of evidence-based medication for opioid use disorder (MOUD) treatment within primary care is urgently needed.

Objective: The present study describes efforts to implement MOUD services within a large urban primary care practice and to increase the number of physicians prescribing MOUD and the number of patients receiving it.

Study Design and Analysis: A two-phase approach guided by the RE-AIM implementation model, was used to educate providers and to implement MOUD services within a single primary care practice over 2.5 years. In the education phase, physicians were mandated to complete four training sessions and to become X-waiver certified. Pre-post training surveys assessed intent to prescribe MOUD. In the implementation phase, low-barrier MOUD services began in June 2021. Data was extracted from medical records, self-reported provider surveys (n = 31), provider focus group (n = 6), and patient interviews (n = 6) to evaluate the implementation.

Setting or Dataset: A large primary care practice within Philadelphia. Physician faculty and staff (physicians, nurses, medical assistants, social workers, behavioral health consultants) and patients.

Population Studied: Primary care practice teams who participated in training for or delivered MOUD services and individuals who received MOUD services within their primary care practice.

Intervention/Instrument: Education about and implementation of dedicated clinical hours to provide MOUD services.

Outcome Measures: Outcomes include pre-post education surveys, pre-post changes in the number of physicians prescribing MOUD, the number of patients prescribed MOUD, focus group responses by primary care team members about the implementation process, and patient interviews about clinic experiences.

Results: Provider pre-post training surveys indicated that providers remained hesitant to prescribe MOUD and there were no significant changes in MOUD prescriptions. Once the MOUD services were operational, the number of providers prescribing and the number of patients treated with MOUD increased significantly. The patients who received these services found them to be low-barrier, low stigma, and very effective at addressing their needs. The primary care team was satisfied with the services delivered but offered suggestions to improve the training and implementation of services.

Conclusion: MOUD service expansion within primary care takes thoughtful, prolonged effort but is achievable.