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**Title**

*Primary care patients with moderate to severe opioid use disorder (OUD) symptoms: engagement in medication treatment for OUD*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

Claire Simon, MD

**Abstract**

Context: Opioid use disorder (OUD) is common in primary care (PC) and efforts are underway to increase treatment with medication for opioid use disorder (MOUD). Little is known about how often patients receive MOUD after reporting OUD symptoms on measures that are integrated into routine care.

Objective: This study describes MOUD treatment among PC patients who report opioid use and report moderate to severe symptoms on a DSM-5 Substance Use Symptom Checklist (Checklist) in routine PC.

Study Design: Retrospective cohort study.

Dataset: This study uses practice-based data extracted from electronic health records and insurance claims from 33 Kaiser Permanente Washington PC clinics that screen for substance use and ask patients to complete a Checklist if they report daily cannabis use or any illicit substance use or misuse of prescription medications.

Population Studied: The sample includes adult patients with a PC visit (3/1/2015-2/28/2023) who completed a Checklist as part of routine care and reported use of opioids in the past year on the Checklist.

Instrument: Substance Use Symptom Checklists assessed DSM-5 OUD symptoms and have demonstrated reliability and psychometric validity in this setting; 4-5 symptoms reflect moderate OUD, 6-11 reflect severe OUD.

Outcome Measures: The primary outcome measures were dispensed MOUD within 14 days of the Checklist and continued engagement in MOUD in the following 34 days, consistent with Healthcare Effectiveness and Information Set (HEDIS) definitions.

Results: Of 1,580 eligible patients (53% male, 76% non-Hispanic White), 172 (10.9%) were dispensed MOUD within 14 days and 81 (5.3%) remained engaged in MOUD treatment in the following 34 days. Among 79 (5%) patients who reported moderate OUD symptoms, 5 (6.3%) were dispensed MOUD

within 14 days and 4 (5%) remained engaged in MOUD treatment in the following 34 days (80% of those initiating). Among 579 (36.6%) who reported severe OUD symptoms, 144 (24.8%) were dispensed MOUD within 14 days and 66 (11.4%) remained engaged in MOUD treatment in the following 34 days (46% of those initiating).

Conclusions: Most patients with moderate to severe OUD did not receive MOUD and far fewer remained engaged in the following month. Patients reporting severe symptoms were more likely to be dispensed MOUD, but those with moderate symptoms were more likely to continue on MOUD. PC systems should implement systematic changes to link patients with moderate to severe OUD symptoms to MOUD.