

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

Submission Id: 5896

Title

Primary Care Addiction Consultation Service: Colorado's Implementation Support for Medication for Opioid Use Disorder (MOUD)

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

Tristen Hall, PhD, MPH, William Calawerts, MD, Jacob Weiss, Kathy Cebuhar, MA, LPC, Lauren Quintana, MS, Chelsea Sobczak, MPH, Kimberly Wiggins, MA, MEd

Abstract

Context

Drug-related overdose and death in the US continue to rise. Primary care practices are often the first location a patient seeks treatment for substance use disorder (SUD). Addiction medicine consult services have emerged to help address the shortage in access to SUD treatment. This intervention used a primary care addiction consultation service model including education, an addiction medicine consultant, and practice facilitation to increase capacity for opioid use disorder (OUD) treatment.

Objective

This presentation describes evaluation findings from a yearlong, multicomponent intervention to increase primary care practice capacity to offer Medication for Opioid Use Disorder (MOUD).

Study Design and Analysis

Evaluation of intervention. Data sources include quarterly ratings of milestone progress and monthly semi-structured field notes documenting practice interactions. We used the Wilcoxon signed rank test to compare number of buprenorphine prescriptions and milestone implementation before and after intervention participation.

Setting or Dataset

Twenty-two Colorado primary care practices of varying organizational structure participated from 2022 through 2024.

Population Studied

Primary care practice teams.

Intervention/Instrument

Practices received education, practice facilitation and peer-to-peer consultation support from an addiction medicine physician.

Outcome Measures

Number of buprenorphine prescriptions; practice-reported ratings of implementation of MOUD-related milestones.

Results

Practice types included clinician-owned, FQHCs, and system-owned; most specialized in family medicine (91%, N=22). Practices reported significant increases in buprenorphine prescribing and implementation of MOUD milestones. Among the 22 participating practices, the mean number of patients prescribed buprenorphine increased from 1.5 per clinic (SD=6.4) at baseline to 8.5 (SD=10.2, $p<.001$) at program completion (9-12 months). Ratings of implementation for core aim 1) Build your team increased from an average of 35% complete at baseline to 94% complete ($p<.001$); implementation ratings for core aim 2) Engage and support patients increased from 24% to 85% ($p<.001$); and ratings of implementation for core aim 3) Connect with recovery support services increased from 25% to 91% ($p<.001$).

Conclusions

This primary care addiction consultation model illustrates how education and support to clinical teams can help practices change implementation and behavior related to MOUD.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.