

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

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Title

Clinician and Staff Experiences with Approaches to Induction of Medication for Opioid Use Disorder in Primary Care Practices

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context

Opioid overdoses and dependency are a United States public health epidemic. Primary care practices can increase access to effective care by providing treatment with buprenorphine for opioid use disorder (OUD) and dependency. Induction is the brief, intense period when patients receive initial buprenorphine doses. HOMER is a pragmatic comparative effectiveness trial led by the State Networks of Colorado Ambulatory Practices & Partners (SNOCAP) in partnership with the AAFP National Research Network (NRN) staff team at DARTNet Institute comparing 9-month treatment outcomes across home, office, and telehealth induction with buprenorphine. Differences in patient and practice experiences with induction methods may influence patients' successful transition to stabilization and long-term maintenance treatment. Funded by Patient-Centered Outcomes Research Institute (PCORI).

Objective

This presentation will describe primary care practice clinician and staff members' experiences with secular trends in medication for OUD (MOUD) and implementing home, office, and telehealth induction.

Study Design and Analysis

Semi-structured interviews from 21 primary care practices. Interviews were audio recorded, transcribed and analyzed with ATLAS.ti software using a thematic summary approach incorporating inductive and deductive strategies.

Setting or Dataset

Primary care practices (PCPs) (N=21) that participated in the HOMER study in multiple US states.

Population Studied

PCP clinicians and staff.

Intervention/Instrument

Semi-structured interview guide.

Outcome Measures

Qualitative description of themes.

Results

Thirty-eight clinicians and staff from 21 PCPs participated. Interviews illustrated the rapidly changed environment to which primary care practices must respond to effectively tailor MOUD treatment to patients' needs. Themes include growing preferences toward home induction, increasing presence of fentanyl, and widespread previous patient experiences with prescribed or illicit buprenorphine. Clinicians and staff exhibited empathetic, harm reduction-focused perspectives. We describe impacts of this perspective and environmental changes on MOUD treatment delivery .

Conclusions

Experiences with MOUD induction from real-world practice settings can inform strategies to address challenges related to the implementation of evidence-based induction guidelines, support effective induction, and ultimately improve access to MOUD and recovery outcomes.

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