

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

**Submission Id:** 7164

### **Title**

*Bup-ing Up Residency: A Dose of Change for OUD Care*

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

Education and training

### **Presenters**

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### **Abstract**

**Context:** With buprenorphine prescribing restrictions lifted, primary care physicians (PCP) are frequently the first contact for patients who have opioid use disorder (OUD) and require treatment with buprenorphine. To prepare family medicine (FM) residents for OUD care post graduation, it is critical they receive robust residency training in OUD diagnosis and management.

**Objective:** This study aimed to increase educational experiences for residents to increase comfort with diagnosing OUD and prescribing buprenorphine.

**Study Design:** A behavioral health curriculum was designed for second year residents. It included training in OUD diagnosis and management with modules, medication assisted therapy (MAT) clinics, inpatient addiction psychiatry rotations and didactic lectures.

**Setting:** Family Medicine Residency

**Population Studied:** Second year residents (n=14)

**Intervention/Instrument:** Interventions: Behavioral Health Rotation created for 2nd year residents

**Outcome measures:** A pre-and post-rotation survey to evaluate the impact of the curriculum on resident's comfort with OUD diagnosis, initiation, titration and maintenance dosing of buprenorphine was conducted. The survey was anonymous both before and after the rotation.

**Results:** Residents primarily managed patients with OUD in MAT clinic and on inpatient rotations but also encountered them in primary care clinics. Post-rotation, 64% of residents felt more comfortable diagnosing OUD. Post-rotation, residents felt more comfortable initiating (71.4%), titrating (78.6%) and prescribing buprenorphine (71.4%). Notable, 92.9% of residents expressed interest in continued

addiction medicine education, Nearly half the residents (92.9%) expressed interest in prescribing buprenorphine in their future practice.

Conclusions: Adequate residency training in OUD is crucial to ensure that primary care physicians can recognize OUD and initiate treatment with buprenorphine. As demonstrated, ensuring this training is a standard part of the FM curriculum will increase the number of primary care physicians who are comfortable treating OUD, therefore closing the gap between patients and lifesaving medications like buprenorphine.

Residents' OUD education will continue longitudinally throughout the curriculum through didactic teaching and incorporating patients with OUD into continuity clinics. We plan to utilize the information to adjust current teaching models to best address knowledge gaps surrounding OUD in primary care.

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