What is so novel about this?
Addiction Care in Primary Care...

Adam J. Gordon, MD MPH FACP DFASAM
Professor of Medicine and Psychiatry
University of Utah School of Medicine
Chief of Addiction Medicine
Salt Lake City VA Health Care System
adam.gordon@hsc.utah.edu
CONFLICT OF INTEREST AND DISCLOSURE

• Dr. Gordon has no fiduciary conflicts of interest
• Some of the material presented herein has been previously published or presented
• The views expressed in this presentation are Dr. Gordon’s and do not necessarily reflect the position or policy any institution, agency, or government
• Buprenorphine (BUP) = buprenorphine + naloxone unless otherwise stated
Currently, it is an Opioid Addiction Epidemic not Opioid Prescription Epidemic...

3 Waves of the Rise in Opioid Overdose Deaths

- **Wave 1:** Rise in Prescription Opioid Overdose Deaths
- **Wave 2:** Rise in Heroin Overdose Deaths
- **Wave 3:** Rise in Synthetic Opioid Overdose Deaths

**Other Synthetic Opioids**
e.g. Tramadol and Fentanyl, prescribed or illicitly manufactured

**Commonly Prescribed Opioids**
Natural & Semi Synthetic Opioids and Methadone

**Heroin**


www.cdc.gov/drugoverdose/epidemic/index.html
www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates
Addiction is a Chronic Disease

Public Health Reviews, Vol. 35, No 2

Can Substance Use Disorders be Managed Using the Chronic Care Model? Review and Recommendations from a NIDA Consensus Group

A. Thomas McLellan, PhD,1 Joanna L. Starrels, MD, MS,2 Betty Tai, PhD,3 Adam J. Gordon, MD, MPH,4 Richard Brown, MD, MPH,5 Udi Ghitza, PhD,3 Marc Gourevitch, MD,6 Jack Stein, PhD,3 Marla Oros, RN, MS,7 Terry Horton, MD,8 Robert Lindblad, MD,9 Jennifer McNeely, MD, MS6

So then:
1. Why are our treatments (and funding for treatments) episodic?
2. Where can longitudinal care for addictions be provided?
Stepped Care for Opioid Use Disorder Treatment

Level 0 - Self-management or community:
- Mutual help groups
- Skills application

Level 1: Addiction-focused medical management in:
1) Primary Care
2) Pain Clinic
3) Mental Health
4) Non-Addiction Specialty Care Settings (e.g., ID clinics)

Level 2: SUD Specialty Care:
- Outpatient
- Intensive outpatient
- Residential
Primary Care is an option for treatment.

• Resistance to referral to addiction specialty care may impact access to treatment
  • Not available
  • Wait times
  • Stigma
  • Patient preferences

• Where can we provides care in settings where patients are most likely to present?
  • Or a landing spot when patients are treated in ER, hospital, and addiction specialty care settings?

• Medication treatment for opioid addiction saves lives and can be successfully implemented in non-addiction specialty settings
  • Clinical Practice Guidelines recommend medication treatment as primary treatment
  • Not all addiction treatment programs are set up to provide ($, lack of prescribers)
Majority of evidence for treatment is in Primary care ...

A Randomized Trial of Cognitive Behavioral Therapy in Primary Care-based Buprenorphine

David A. Fiellin, MD; Declan T. Barry, PhD; Lynn E. Sullivan, MD; Christopher J. Cutter, PhD; Brent A. Moore, PhD; Patrick G. O’Conner, MD, MPH; and Richard S. Schottenfeld, MD

Department of Internal Medicine, Yale University School of Medicine, New Haven, Conn

Primary Care-Based Models for the Treatment of Opioid Use Disorder: A Scoping Review

P. Todd Korthuis, MD, MPH; Dennis McCarty, Ph.D; Melissa Weimer, D.O., M.C.R.; Christina Bougatsos, M.P.H.; Ian Blazina, M.P.H.; Bernadette Zakher, M.B.B.S.; Sara Grusign, B.S.; Beth Devine, Ph.D.; Pharm.D., M.B.A.; and Roger Chou, M.D.

1Pacific Northwest Evidence-based Practice Center, Oregon Health & Science University, Portland, OR
2Department of Medicine, Oregon Health & Science University, Portland, OR
3OHSU-PSU School of Public Health, Oregon Health & Science University, Portland, OR
4Department of Pharmacy, University of Washington, Seattle, WA
5Department of Medical Informatics, Oregon Health & Science University, Portland, OR

Collaborative Care of Opioid-Addicted Patients in Primary Care Using Buprenorphine

Five-Year Experience

Daniel P. Alford, MD; Colleen T. LaBelle, RN; Natalie Kretsch, BA; Alexis Bergeron, MPH, LCSW; Michael Wonier, MPH; Michael Botticelli, MEd; Jeffrey H. Samet, MD, MA, MPH

Adjunctive Counseling During Brief and Extended Buprenorphine-Naloxone Treatment for Prescription Opioid Dependence

A 2-Phase Randomized Controlled Trial

Roger D. Weiss, MD; Jennifer Sharpe Potter, PhD; David A. Fiellin, MD; Marilyn Byrne, MSW; Hilary S. Connelly, MD, PhD; William Dickinson, DO; John Garvin, PhD; Margaret L. Griffin, PhD; Marc N. Gourvitch, MD, MPH; Deborah L. Haller, PhD; Albert L. Hasson, MSW; Zhen Huang, MD; Patricia Jacobs, MD; Andrew S. Kolodin, PhD; Robert Lindblad, MD; Elinore F. McCusker-Katz, MD; Scott E. Prevent, MSW; Jeffrey Selzer, MD; Eugene C. Somogy, MD, PhD; Susan C. Sonne, PharmD; Walter Ling, MD
Office-Based Settings for Addiction

• Addiction treatment for can be provided in office-based settings similar to treatments for
  • Like other medical and mental health disorders

• Barriers to initiate or provide addiction care occur when providers in office-based settings attempt to make these environments “feel” like formal substance abuse treatment program environments
  • These environments are different!
  • It hard to replicate an addiction treatment environment

Gordon AJ, et. al. . Facilitators and barriers in implementing buprenorphine in the Veterans Health Administration. Psychol Addict Behav. 2011
Changing Primary Care Environment

• Integrated mental health providers
• Active addiction engagement and treatment
  • Pharmacotherapy and non-pharmacotherapy approaches

CMS Tools for Transforming the Delivery System

- Shared Savings, Episode-based Bundled Payments, Value-based payments, Partial Capitation
- Payment Reform
- Electronic Health Records and HIE
- ACOs and Medical Homes
- Health Care Delivery System Transformation
- Service Delivery Redesign Investments
- Quality and Cost Transparency

Patient-Aligned Care Team

- Patient Centered
- Team Work
- Continuous Improvement
- Data Driven, Evidence Based
- Provides Value
- Prevention and Population Based

PCMH 6: Measure and Improve Performance

Standard
- Measure performance (preventive/chronic/acute care clinical measures)
- Track utilization measures
- Patient experience survey - identifies vulnerable populations
- Continuous quality improvement
- Report performance - Clinical measures

Meaningful Use Criteria
- Ambulatory clinical quality measures to CMS/state
- Immunization data to registries
- Syndromic surveillance data to public health agencies
Primary Care Environment

“Sometimes I think the collaborative process would work better without you.”
Addiction Primary Care Approach

• Major push has been to screen for nicotine use disorder and hazardous alcohol use in primary care
  • Push to consider addiction pharmacotherapy for all
  • Standards to offer addiction pharmacotherapy for everyone admitted to hospital

• SBIRT
  • SCREENING (S)
    • then ASSESSMENT
  • BRIEF INTERVENTIONS (BI)
    • or other TREATMENT in the office
  • REFERRAL TO TREATMENT (RT)

  All primary care practitioners should be doing...

• Emerging literature - how to screen for drug/prescription drug problems
• Primary care may be more individualized and patient centered care than other treatment environments
Clinical Staff Considerations

• Frontline clinical staff can manage most of the day-to-day issues with buprenorphine care
  • There are models of care where the nurse (nurse care manager), pharmacist, or other health care professionals are the main patient contact/provider

• For example:
  • Manage induction/stabilization
  • Follow up visits
  • Urine screens, monitor labs, call backs
  • Ongoing education
  • Co-manage with medical psychiatric services
  • Prescriptions/pharmacy
  • Tracking of patients and outcomes
Primary Care Nurse Care Manager (NCM) or Collaborative Care Model

• Primarily relies on Nurse Care Managers (NCM)
  • often in FQHCs where reimbursement services can occur for the NCM
• Primarily a supporting and directing role of prescribers

• Prescriber performs:
  • Confirms OUD diagnosis and appropriateness of MAT
  • Co-manages patients with NCM

• NCM performs:
  • Screening, intake, education, scheduling
  • Facilitates ongoing medical and OUD management
  • Main contact for patient
  • Main conduit for patient to the rest of health care

From 2003 to 2008, 408 patients with opioid addiction were treated with buprenorphine. Twenty-six patients were excluded from analysis as they left treatment due to preexisting legal or medical conditions or a need for transfer to another buprenorphine program. At 12 months 51% of patients (196/382) underwent successful treatment. Of patients remaining in treatment at 3-, 6-, 9- and 12 months, 93% were no longer using illicit opioids or cocaine based on urine drug tests. On admission, patients who were older, employed, and used illicit buprenorphine had significantly higher odds of treatment success; those of African American or Hispanic race had significantly lower odds of treatment success. These outcomes were achieved with a model that facilitated physician involvement.
Nurse Care Manager Model

• Advantages include:
  • utilization of a skilled nurse to do what they do best – collaborative care
  • Empowers nurse to direct care
  • financial sustainability through Medicaid-reimbursed nurse care manager

• This model may be attractive over a wide range of primary care practices in states with Medicaid programs or other payers that could adopt reimbursement of nurse care manager visits for OUD

• Challenges include variable availability of:
  • Psychosocial services and nurse care managers trained in MAT management
  • In most states, a lack of Medicaid coverage for nurse OUD care management
Many guides on how to do this...
Program for Addiction Research Clinical Care Knowledge and Advocacy (PARCKA)
WEB: www.tinyurl.com/UofUPARCKA
TWITTER: @UofU_PARCKA

Contact me!
Adam J. Gordon, MD MPH FACP DFASAM
adam.gordon@hsc.utah.edu