

Primary Care Addiction Consultation Service: Colorado's Implementation Support Project

INTRODUCTION

- Drug-related overdose and death are increasing.
- Primary care practices are often the first place patients seek treatment for substance use disorder.
- Addiction medicine inpatient consult services have emerged to help address the need for increased capacity for substance use disorder treatment.
- We present results from an addiction consult service in ambulatory primary care practices to increase capacity for evidence-based OUD treatment: Colorado's Implementation Support for Medication for Opioid Use Disorder (MOUD) Project.

METHODS

- Facilitated change package including:
 - Education
 - Access to a subject matter expert
 - Practice coaching
 - Financial incentives
- January 2022 through January 2023
- 15 Colorado primary care practices
- Data sources:
 - Milestone Attestation Checklist (quarterly)
 - Practice facilitator field notes (monthly)
- Analysis:
 - Descriptive statistics
 - Regression analysis

See the change package:



RESULTS

Table 1. Characteristics of participating practices

Practice Characteristics (N=15 practices)	%	n
Organization Type		
Hospital or Health System Owned	20%	3
FQHC	27%	4
Clinician-owned	47%	7
Other	7%	1
Practice Specialty		
Family Medicine only	73%	11
Family Medicine & other specialties	13%	2
Internal medicine only	7%	1
Other	7%	1
Number of Clinicians		
1	33%	5
2	40%	6
3+	27%	4
Rural	60%	9

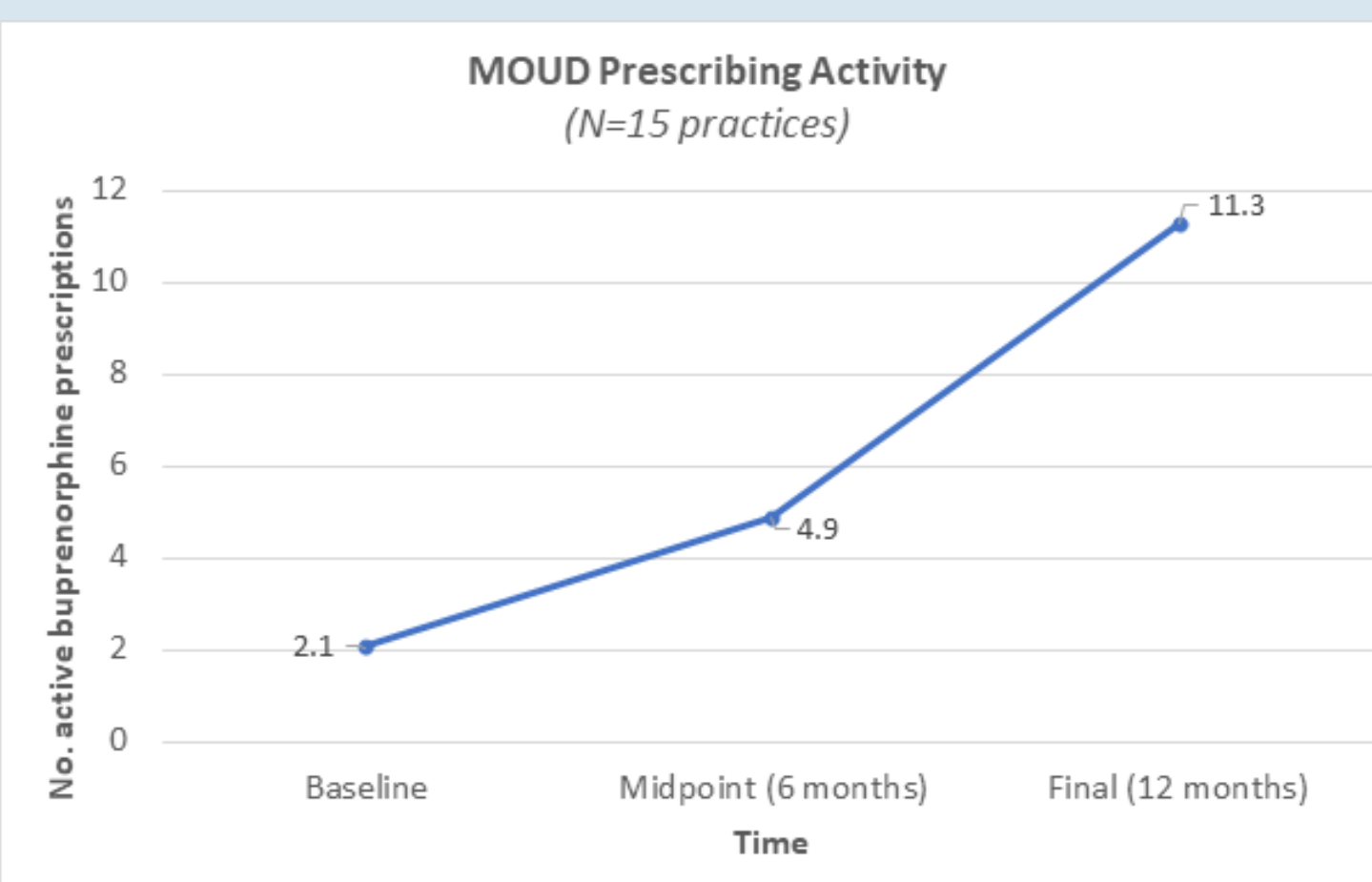


Figure 1. Number of buprenorphine prescriptions reported by participating practices during program participation.

Average % implementation of MOUD milestones (2022-23, N=15 practices)

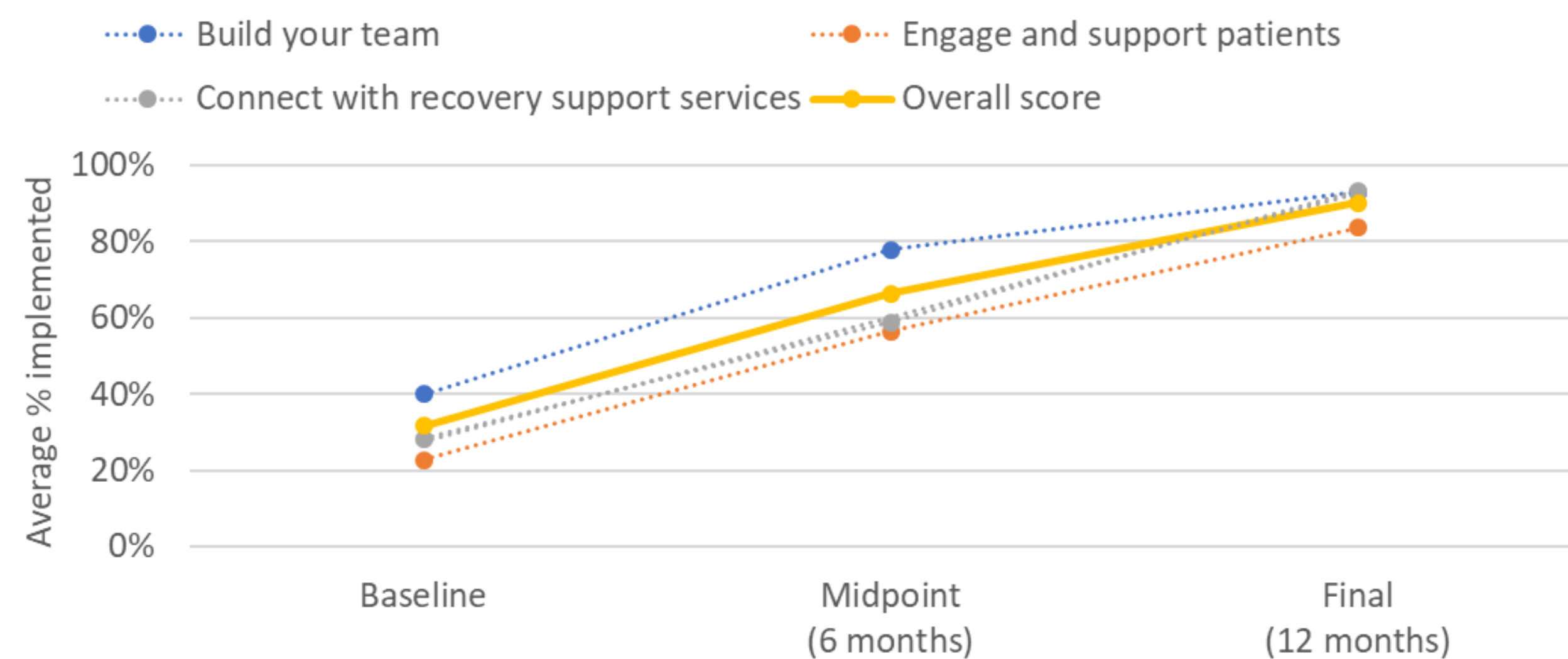


Figure 2. Average percent implementation of MOUD milestones reported by participating practices during program participation.

CONCLUSION

- Practices significantly increased implementation of MOUD workflows and policies.
- Practices demonstrated significant increases in MOUD prescribing after 12 months of program participation.
- Limitations
 - Descriptive evaluation without control or comparison group
 - Cannot assess causality
 - Did not examine patient-reported outcomes
- Scalable model for addiction consultation in primary care and other ambulatory settings:
 - Education and support to primary care practice teams can help them increase capacity to offer MOUD.

AUTHORS & DISCLOSURES

David Mendez, MD, FASAM¹; Tristen Hall, PhD, MPH²; Chelsea Sobczak, MPH²; Susan Mathieu, MPP²; Kathy Cebuhar, MA²; Jacob Weiss, MD²; Kimberly Wiggins, MA, MEd²; Kyle Knierim, MD²

1. Alaska Addiction Medicine Fellowship, Providence Alaska Medical Center
2. Department of Family Medicine, University of Colorado Anschutz Medical Campus

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