

Medication for Opioid Use Disorder (MOUD) in the Primary Care Setting

A Comagine Health Educational Webinar Series for Clinical and Systems Support

Background

A study in the National Journal of Drug Policy finds that approximately **86.6% of individuals with OUD nationwide who may benefit from MOUD treatment do not receive it**. MOUD treatment services have increased across states over the past decade, but most regions still experience wide gaps between OUD prevalence and access to MOUD treatment.

Among key health professional groups such as primary care physicians, there are high levels of stigma toward people with opioid use disorder (OUD), according to research from Alene Kennedy-Hendricks, assistant professor at Johns Hopkins Bloomberg School of Public Health. Her work suggests that stigma manifests in both the lack of OUD and MOUD in medical school curricula and the development of often punitive policies targeting people with OUD. Kennedy-Hendricks pointed out that “among clinicians, higher levels of stigma are associated with lower levels of interest in working with patients with opioid use disorder.”

Approach

Comagine Health conducted a six-state monthly educational webinar series featuring faculty presenter Mandy Sladky, MSN, RN, CARN, Advanced Practice Nurse Specialist to assist primary care sites in the development or expansion of MOUD treatment services in primary care settings. Participants were challenged to address the clinical and system support evidence-based practices that result in effective MOUD treatment delivery, as well as the longstanding issue of stigma in health care culture toward people with struggling with substance use disorder.



Sladky is an Advanced Practice Nurse Specialist in Overdose Prevention and Response. Her areas of expertise include engaging internal and external stakeholders to deliver overdose prevention and SUD program administration. She has developed clinical guidelines and protocols for office-based opioid treatment in primary care.

Curriculum Overview

- MOUD Models in Primary Care:** Assess the status of elements important to establishing an MOUD program in your clinic
- Best Practices for Prescribing and Screening:** Evidence-based clinical management of buprenorphine initiation and maintenance
- How to Engage Leadership and Other Partners:** Strategies to obtain and maintain leadership and partnership support
- Effective Patient Engagement:** Principles and benefits of trauma-informed care, motivational interviewing and peer support
- Policies and Procedures:** MOUD program policies, clinical guidelines, agreements and workflows; addressing 42 CFR concerns
- Addressing Stigma:** Impacts of stigma on patient care and health outcomes; approaches to reducing its influence

Results

Participant knowledge was evaluated before and after the series. Results were analyzed using a scale of 1 (Strongly disagree) to 5 (Strongly agree).

Participants Agreed:

- They have the knowledge and training needed to provide care for individuals with opioid use disorder (pre series Mean (M) = 4.25; post-series M = 4.47).
- People with substance use disorders can recover with appropriate therapeutic interventions (pre series M = 4.67; post series M=4.64)
- Substance use disorder is a chronic medical condition, like diabetes (pre series M = 4.50; post series M=4.47)

Pre and Post Evaluations Concluded:

- Before the series, participants neither agreed nor disagreed that their facility has designated staff who are responsible for asking patients about their medical and/or social history related to substance use and substance use disorders (M = 3.20). After the series, participants agreed (M = 4.07)
- Participants find it more satisfying to work with patients with substance use-related problems after the series (pre series M = 4.0; post series M = 4.39)
- Participants now understand that treatment goals don't always include abstinence (pre series M = 3.67; post series M = 4.39)

Questions about this project?

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