Foundation *for* Opioid Response Efforts

March 2022
Issue Brief

Training Primary Care Providers to Treat Opioid Use Disorder

Recent generations of medical students and other young health care professionals have seen the devastating impacts of the opioid crisis firsthand, and many are eager to help. But their clinical training often provides scant information on the science of addiction and evidence-based practices to treat opioid use disorder (OUD), including proper prescribing of buprenorphine and other medications for opioid use disorder (MOUD). While MOUD have proven to be one of the most effective treatments, lack of information and support discourages many clinicians from offering treatment and leaves far too many people without help.

Several FORE grantees are targeting this problem by offering training to health care professionals interested in treating OUD. This issue brief spotlights two innovative efforts. Both leverage the "hub-and-spoke" model that enables experts at hubs, typically academic medical centers or specialty centers, to lend oversight and support to primary care providers at spoke clinics to help them care for patients with OUD. Both grants are training providers at federally qualified health centers (FQHCs) and other community health centers, which provide care to all regardless of their ability to pay.

TAKEAWAYS

1 While there are effective treatments for opioid use disorder (OUD), lack of training discourages many clinicians from offering treatment and leaves many people without help.

2 FORE grantees are leveraging the hub-and-spoke model — in which experts lend oversight and support to primary care providers — to substantially expand the number of OUD providers.

3 Further investigation may be needed to identify the supports and incentives that could encourage more primary care practices to treat OUD, but lessons from FORE grantees' work may point the way.

Many primary care clinicians enter the workforce unprepared to treat opioid use disorder...

Only 10%

of family medicine physicians felt they'd been adequately trained to prescribe buprenorphine; only 7 percent were doing so, per a 2016 **study**.

Just 29%

of family medicine residencies made addiction medicine part of the required curriculum, per a 2017 **study**.

...but this may be starting to change.

Most (87%)

medical schools reported in **2018** they'd introduced curricula in response to the opioid crisis, including content on the science of addiction and non-opioid approaches to treating pain.

- Some medical residency programs now have OUD training, including how to prescribe buprenorphine. The American Medical Association and American Society of Addiction Medicine offer a **free training course**.
- The FORE-funded **Get Waivered campaign** is training emergency medicine clinicians to initiate OUD treatment and connect patients with ongoing care.

A Hub for OUD Training and Support — UNIVERSITY OF ALABAMA AT BIRMINGHAM

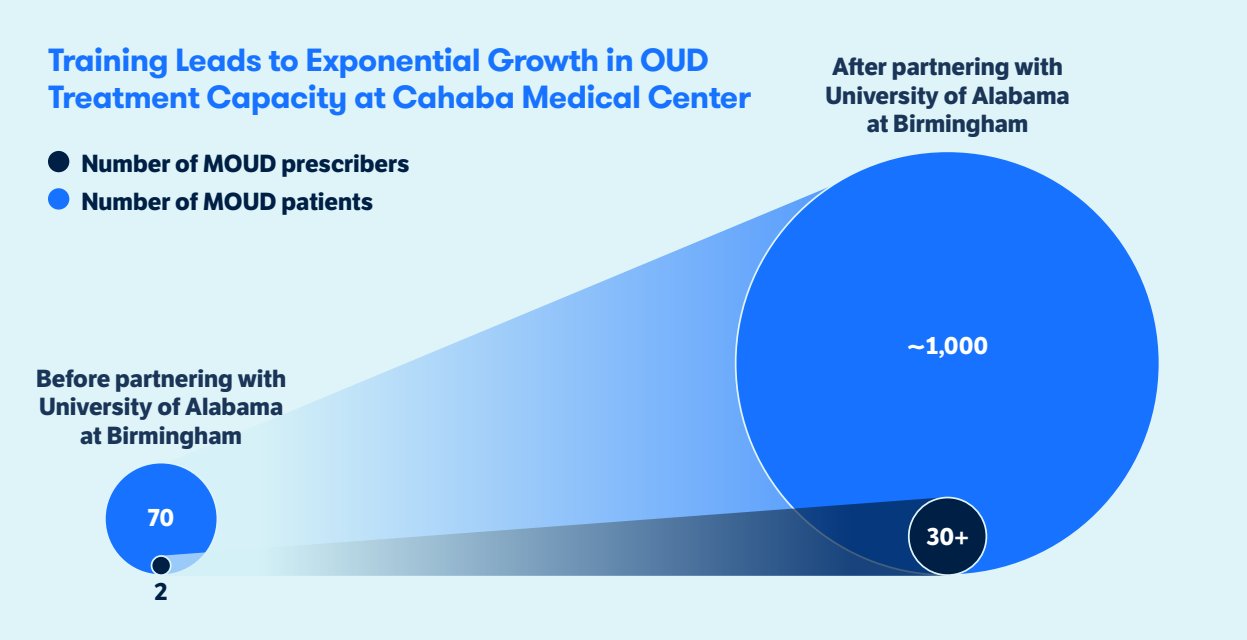
In Alabama — where fatal drug overdoses, mostly involving opioids, **rose 27 percent** during the pandemic — there is an acute shortage of MOUD providers.

Li Li, M.D., Ph.D., associate professor of psychiatry and behavioral neurobiology at the University of Alabama at Birmingham

Li Li, M.D., Ph.D., an associate professor of psychiatry and behavioral neurobiology at the University of Alabama at Birmingham (UAB), has been working to build this workforce. In 2019, Li obtained a grant from the Substance Abuse and Mental Health Services Administration that enabled her and her team to train other UAB clinicians to screen for OUD and initiate MOUD. Her challenge then became finding places to refer patients for long-term or maintenance treatment. A social worker suggested she consider Cahaba Medical Care, an FQHC that had much shorter waiting times than most OUD providers. The social worker "pulled out a map and showed me their nine locations across the state. That caught my attention," Li says.

With grant funding from FORE, Li approached leaders at **Cahaba Medical Care** with a proposal: any clinician interested in becoming an OUD provider could join a new training program, free of charge. The group training sessions would be held about every month, on a telehealth platform. In addition, Li began offering virtual consultations with Cahaba patients being treated for OUD and other conditions.

Thus far, Li has helped more than 100 clinicians, including 31 from Cahaba, work through their waiver training; most have gone on to become MOUD prescribers. In addition to helping people become certified prescribers, she has also offered lessons on OUD treatment to prescribers —primary care physicians, nurse practitioners, and physician assistants — as well as nurses and social workers from Cahaba, UAB Medicine, local health departments, and elsewhere. Participants also can present cases for discussion, similar to the **Project ECHO** approach of training primary care providers to offer specialized care. Li also offers one-on-one teleconsultations for clinicians just starting to deliver MOUD. "In the beginning, they depend on me pretty heavily," Li says. "But after six to nine months, they start to develop their independence and gain confidence in their approach."



Even though the Biden Administration in April 2021 waived the requirement for physicians, nurse practitioners, and physician assistants who plan to treat fewer than 30 patients to undergo special training to prescribe buprenorphine, Li still offers the X waiver training because she believes it is useful and because many clinicians hope to serve more than 30 patients. “The training provides essential information about OUD, medication initiation and monitoring, and topics like how to care for special populations including pregnant people,” she says. “But clinicians still need mentorship to build their confidence and talk though real-world situations, like buprenorphine diversion.”

Cahaba Medical Care

Like some other FQHCs, Cahaba Medical Care has developed a care model that enables providers to offer OUD treatment in a way that maximizes their resources and enables patients to receive comprehensive care while minimizing the number of visits. The model is structured around group visits, each involving 10 to 12 patients. During each visit, behavioral health providers lead counseling sessions on relapse prevention, problem solving, and healthy relationships. Patients meet one on one with their prescribing clinicians to review their medications and get treatment for any other medical needs. Those with OUD and co-occurring psychiatric disorders meet via telehealth with Li or other psychiatrists. “It’s really an all-encompassing form of care,” says Alexander Young, M.S.W., a behavioral health consultant.

Lauren Linken, M.D., assistant chief medical officer, says that having the support of Li and UAB has been helpful in talking through treatment plans for patients with psychiatric disorders along with OUD. Linken — who was required as a condition of her medical residency to go through waiver training to prescribe buprenorphine — says she’s grown to love treating patients with OUD because she’s seen the transformation it brings to their lives.

A Hub for OUD Training and Support — MOUNTAIN AREA HEALTH EDUCATION CENTER

With funding from FORE and North Carolina’s **Dogwood Health Trust**, clinicians at the University of North Carolina (UNC) at Chapel Hill and the Mountain Area Health Education Center (MAHEC), an academic health center based in Asheville, are working to expand access to MOUD treatment throughout North Carolina. As we described in an earlier **issue brief**, addiction medicine specialists at UNC Chapel Hill and MAHEC have offered training and technical assistance to 1,430 staff at 13 FQHCs and two health departments across the state.

Kintegra Family Medicine

Because treating OUD is a team sport, UAB and MAHEC are offering training to behavioral health counselors, nurses, and administrative staff as well as prescribers. Sarah Dergins, L.C.S.W., director of behavioral health services at **Kintegra Family Medicine**, a FQHC serving 72,000 patients in central North Carolina, joined MAHEC’s OUD training program to stay abreast of the latest evidence in what she describes as a “quickly changing field.”

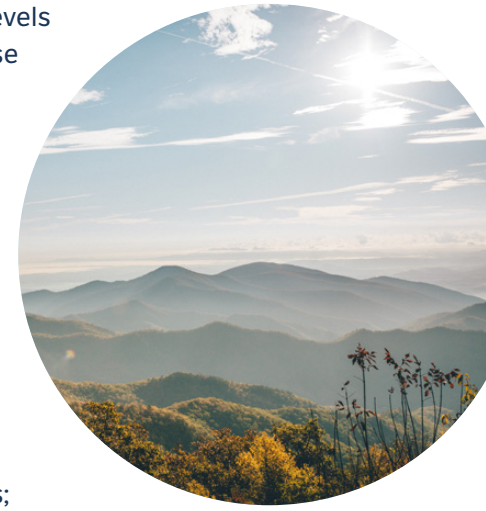
Sarah Dergins, L.C.S.W., director of behavioral health services at Kintegra Family Medicine

Dergins and her colleagues began working with OUD patients in 2017, when staff from the Gaston County Health Department approached them for help. Health department clinicians were providing maternity services to women with substance use disorders (SUD) and realized many lost access to their substance use treatment when they became pregnant because their providers felt ill prepared to treat them. "They were seeing a huge gap in services," says Dergins. To help, Kintegra began sending behavioral health providers to the health department's OB clinic, so pregnant women could have prenatal visits and counseling at the same time, and then visit a Kintegra clinic for SUD treatment. They patterned their approach to integrating maternity, substance use, and counseling services on **Project CARA** (Care that Advocates Respect/Resilience/Recovery for All), a model developed at MAHEC.

Kintegra's behavioral health providers now offer services to pregnant women with OUD and other SUDs in Gaston, Catawba, Cleveland, and Iredell County Health Departments as well as in private OB practices, reaching nine sites in all. Their clinicians also deliver MOUD to OUD patients with Hepatitis C and/or HIV/AIDS, those involved with Child Protective Services as a result of substance use, and those with both psychiatric diagnoses and SUDs.

Working with MAHEC has helped Dergins counsel pregnant women about MOUD treatment; many are nervous and would prefer just to stop using substances "cold turkey." "There's a lot of stigma, there's a lot of fear, there's a lot of unknowns in terms of neonatal withdrawal syndrome symptoms and what that's going to look like," she says. "We validate that we understand those fears. Then we do a lot of education, saying 'Here's what the research is showing. Here's what is safest.' And having the actual statistics, the language to have that conversation, I think it helps retain patients in treatment."

Dergins says the training program has also helped Kintegra clinicians adjust their protocols as needed. For example, while a few years ago clinicians tended to refer patients who repeatedly screened positive for illicit or non-prescribed substances to higher levels of care, now they may retain the patient and address the additional substance use concerns, often bringing in such patients on a more frequent basis. Some have stimulants in their system but seem to be doing well on MOUD. "Some of what the training has really instilled is that we're treating an opiate use disorder, but that doesn't mean somebody might not have a stimulant issue. So we need to treat them as two very separate things."



The Blue Ridge Mountains of North Carolina

Blue Ridge Health

Another participant in MAHEC's training program is **Blue Ridge Health**, a FQHC serving more than 50,000 patients across a wide swath of western North Carolina. Blue Ridge began offering MOUD treatment six years ago with just a few clinicians; today, they have 60 MOUD prescribers working across 10 sites to treat 817 patients, most of whom are uninsured. "In many of our counties, we're the only place where people can afford the treatment that they need," says MaryShell Zaffino, M.D., Blue Ridge's chief medical officer.

In addition to waiver training and didactic sessions, Zaffino says she and other clinicians have benefitted from case discussions and one-on-one consults with Shuchin Shukla, M.D., a family physician and opioid educator at MAHEC. "They've talked about what to do about abnormal drug screens," she says. "They've talked about pain management surrounding buprenorphine and what to do if someone has surgery."

LESSONS FOR POLICY AND PRACTICE

The experiences of clinicians at Cahaba Medical Care, Kintegra Family Medicine, and Blue Ridge Health suggest several lessons for those working to train more primary care providers to deliver lifesaving OUD treatment.

Primary care providers need more than information to deliver OUD treatment; they also need practical assistance and support.

The hub-and-spoke training model can fuel exponential growth in the number of OUD treatment providers. Creating a base of shared knowledge and a network of providers can also normalize OUD treatment as part of primary care and mitigate the **stigma** that many clinicians still feel about the disease of addiction. Just having colleagues to bounce ideas off is important, says Zaffino: "If you're working in a silo and there are two or three patients that you're frustrated with, you might say, 'OK, this is not worth it.'" Both Shukla at MAHEC and Li at UAB share their cell-phone numbers with new MOUD prescribers so they can easily reach out for information or reassurance.

> "We are learning that merely getting waivered to prescribe MOUD is not enough to drive significant increases in access to care. As our grantees are showing, primary care providers need training, mentorship, and coaching to build a community of practice in which clinicians can provide high-quality, effective care to patients with OUD."

Ken Shatzkes, Ph.D., senior program officer, FORE

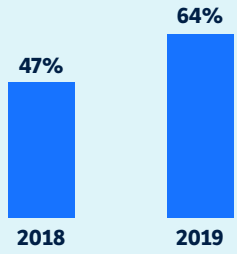
At Kintegra, the training program has helped clinicians who've had varying experiences with OUD treatment — some had previously worked in methadone clinics or intensive outpatient programs — develop a shared language and approaches, according to Dergins. And staff have spread their approaches to partners beyond Kintegra. Dergins has, for example, educated clinical staff at partnering health departments and departments of social services. Most recently, the Cleveland County Public Health Department and Department of Social Services have planned a joint training with Kintegra and Project CARA to learn more about this approach to treating pregnant people with OUD. "It helps to get everybody on the same page and really educate the community," she says. "Because once you are able to do that with your partners, it just transforms the whole endeavor."

FQHCs are well positioned to provide OUD treatment, but they struggle.

Because OUD is a chronic condition, treatment costs may be occurred over months and years. Many FQHCs are the **only affordable source** of OUD treatment in their communities. FQHCs can provide affordable treatment in part due to the 340B Drug Pricing Program, which requires drug manufacturers who participate in Medicaid to provide discounts to providers who serve a substantial proportion of low-income patients. Many also leverage grant funds and benefit from having integrated behavioral health providers. Still, their resources are limited and providing MOUD is harder in states that have not expanded Medicaid eligibility to more low-income adults, including Alabama and North Carolina.

Further investigation may be needed to identify the types of supports and incentives that could encourage more FQHCs and other primary care practices to treat OUD, but lessons from FORE grantees' work may point the way.

The number of federally qualified health centers providing MOUD



Source: **https://www.kff.org/uninsured/issue-brief/community-health-centers-and-medication-assisted-treatment-for-opioid-use-disorder/**

Partnerships among providers, such as Kintegra's partnership with county health departments and private OB practices, can also help. In western North Carolina, Blue Ridge Health recently merged with **Meridian Behavioral Health Services** so they have sufficient capacity to offer same-day appointments for any OUD patient ready to start treatment, which begins with a psychosocial assessment. "Our goal is to get people in immediately because we have learned that when people are ready, they need you to be able to help them right then," Zaffino says.