

Making Addiction Treatment Primary: Enhancing Addiction Medicine Services in Primary Care

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Disclosure Information

☀ Zachary Sartor, MD, FAAFP

☀ No disclosures

☀ Jacqueline Orlor, LCSW

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☀ Jose R. Pena, III, DO, FM-OB

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☀ No disclosures

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☀ No disclosures

Learning Objectives

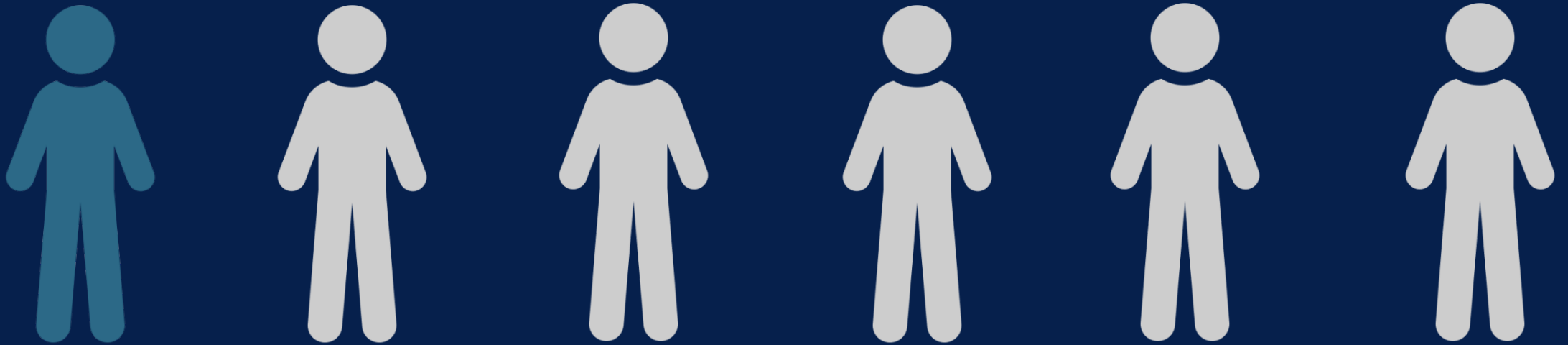
By the end of this session, the learner will be able to:

- ☀ Explain the evidence supporting a primary-care approach to addiction treatment.
- ☀ Differentiate a primary-care approach from a specialty care approach to addiction medicine.
- ☀ Describe the clinical model for a primary-care approach to addiction treatment, including strengths and limitations.
- ☀ Apply knowledge of a primary-care addiction medicine model to case examples.

107,000+ people died from
drug overdose in 2022



Substance Use Disorder Prevalence



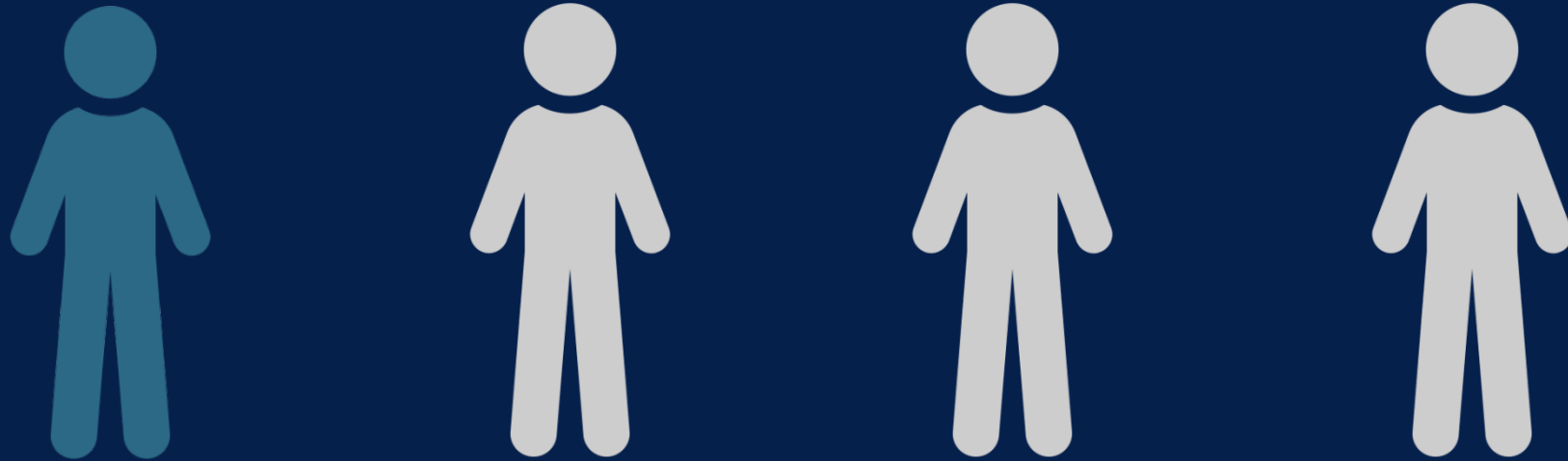
SAMSHA. 2022 National Survey on Drug Use and Health.
Published November 13, 2023. Accessed February 19, 2024.

Picture downloaded from the Noun Project, created by Alice Design.

**17.3% of people in 2022
met criteria for a SUD**



SUD Treatment Receipt



SAMSHA. 2022 National Survey on Drug Use and Health.
Published November 13, 2023. Accessed February 19, 2024.

Picture downloaded from the Noun Project, created by Alice Design.

**24% of people with SUD
received any treatment**



84% of people saw a doctor in 2022

National Center for Health Statistics. Percentage of having a doctor visit for any reason in the past 12 months for adults aged 18 and over, United States, 2019—2022. National Health Interview Survey.



Most seek treatment through Primary Care



Primary Care versus Specialty Care

☀ Primary care offers first-contact for most people



US Dept. of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. Best Practices and Barriers to Engaging People with Substance Use Disorders in Treatment. March 5, 2019.

Primary Care versus Specialty Care

- ☀️ Primary care offers first-contact for most people
- ☀️ Integrated addiction service reduces stigma and increases retention in treatment



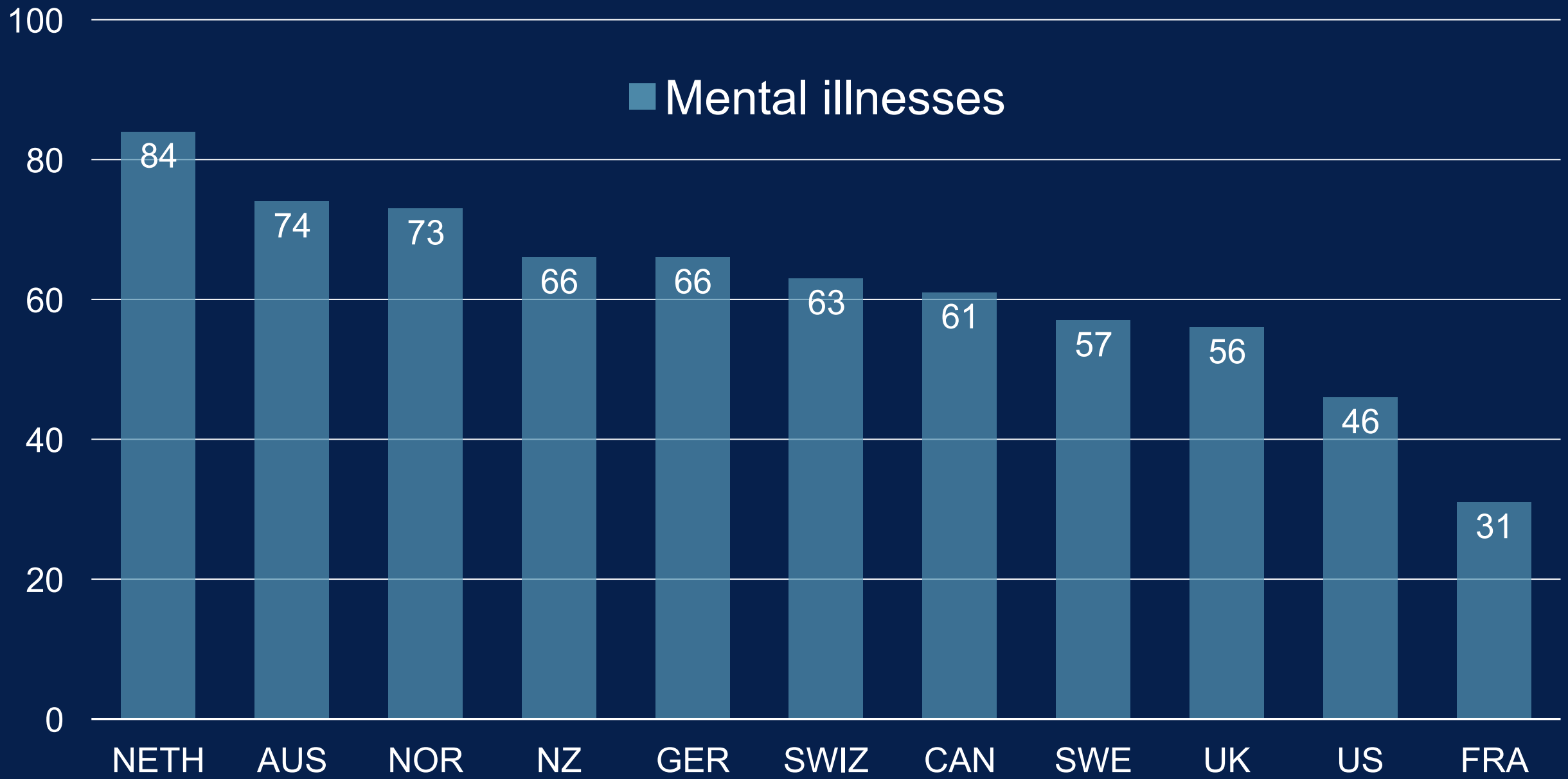
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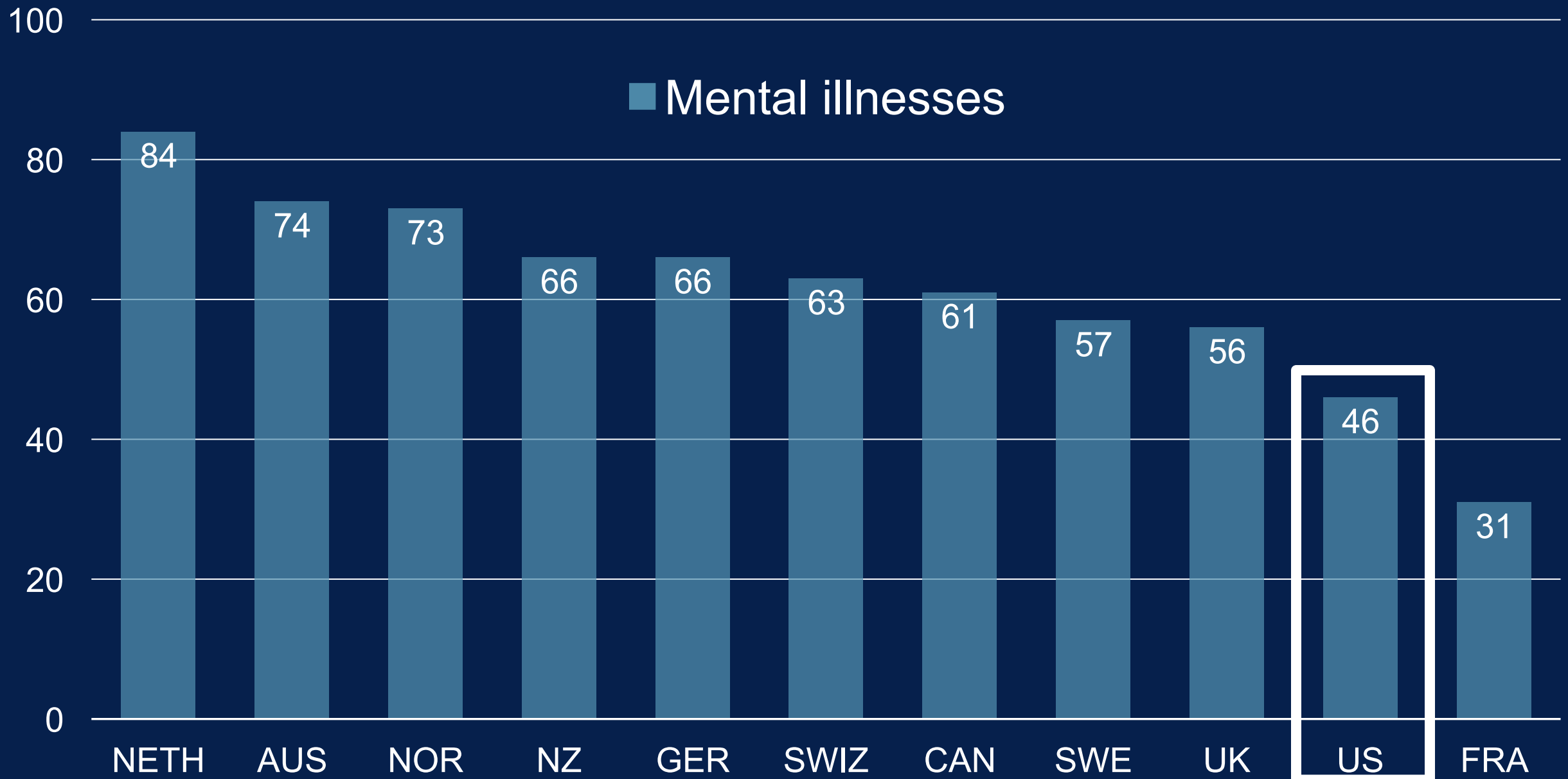
Primary Care versus Specialty Care

- ☀ Primary care offers first-contact for most people
- ☀ Integrated addiction service reduces stigma and increases retention in treatment
- ☀ Primary Care Clinicians (PCPs) often feel uncomfortable with screening, evaluating, and treating addiction



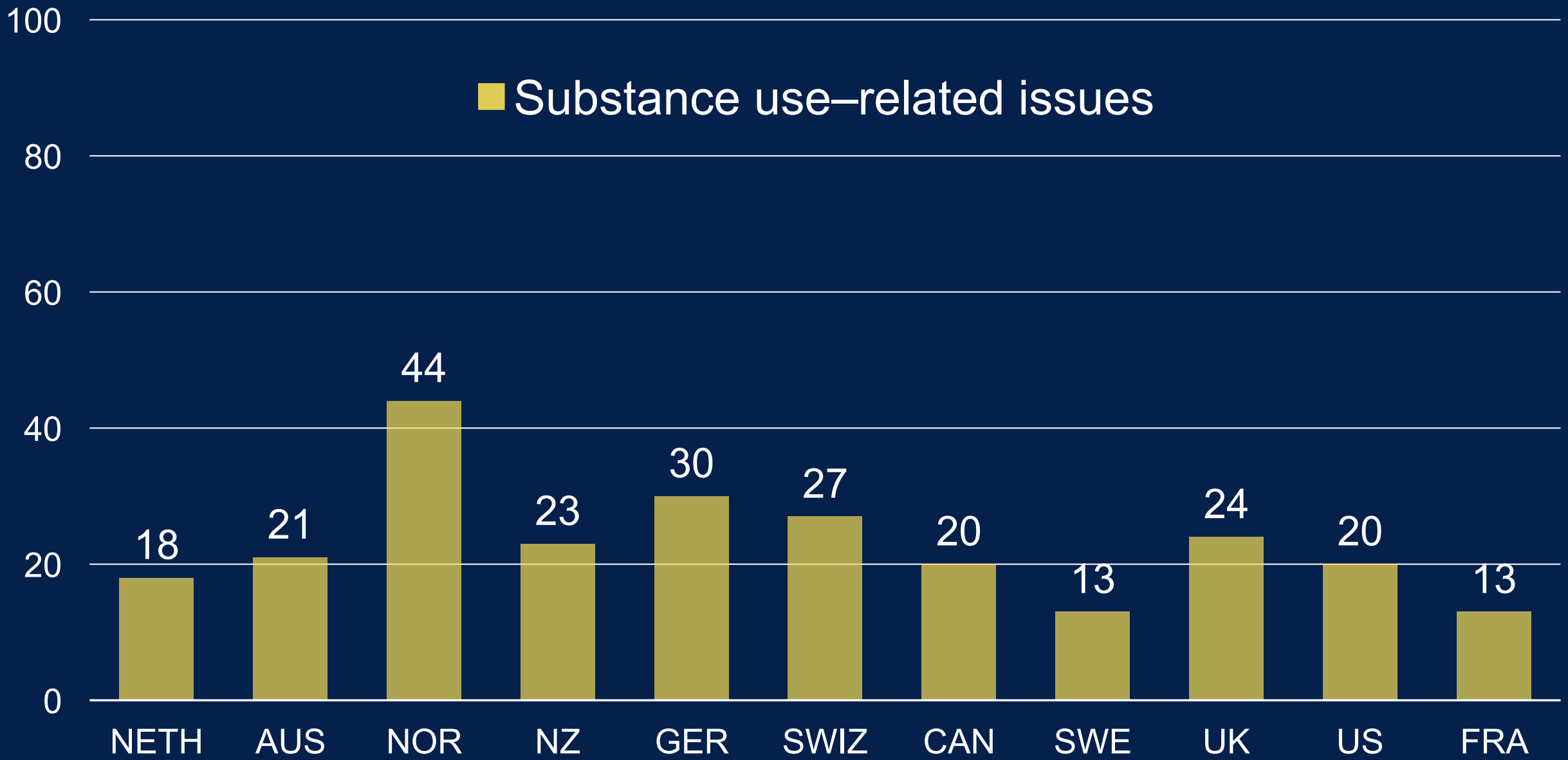
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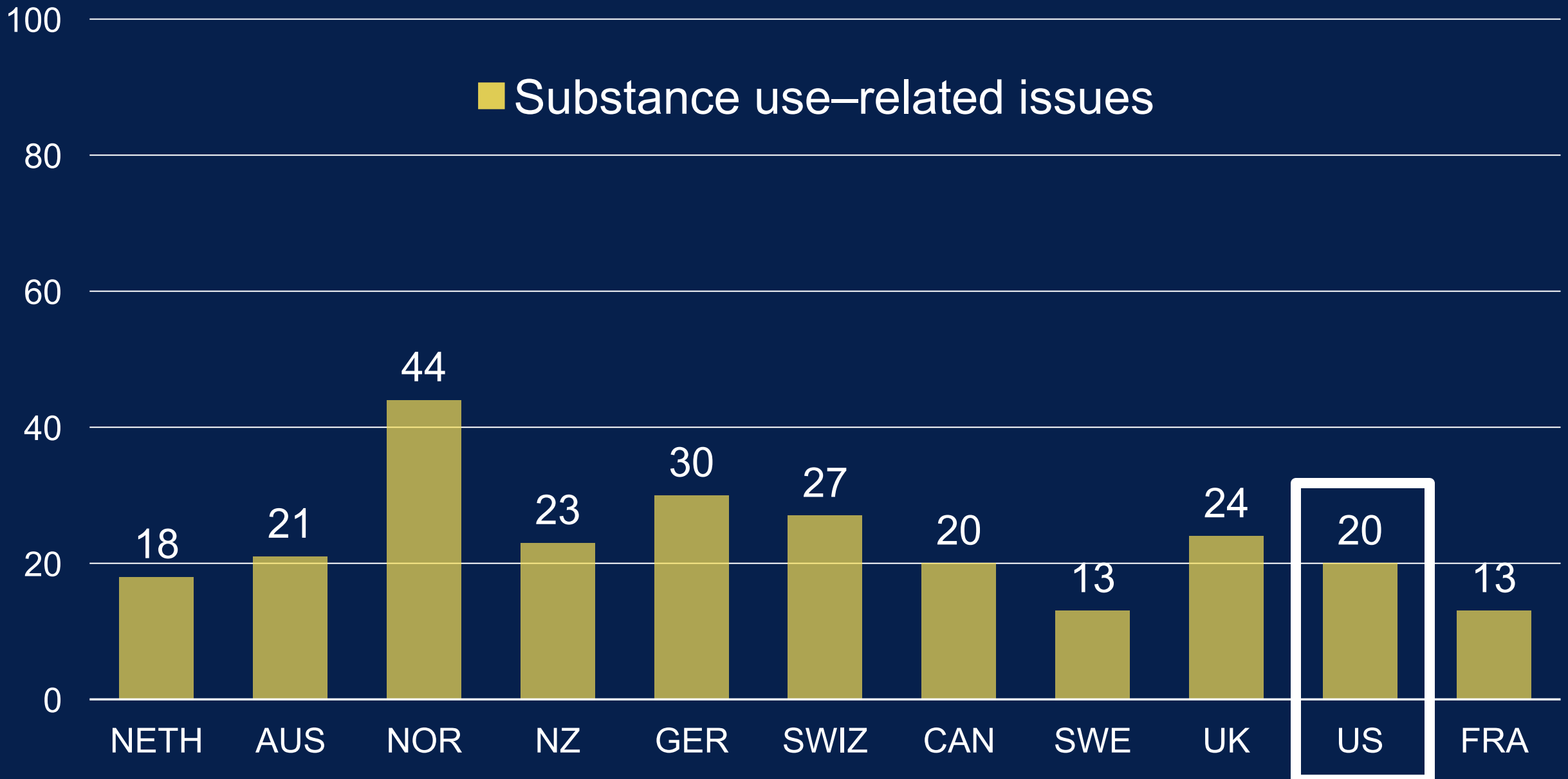




2019 Commonwealth Fund International Health Policy Survey of Primary Care Physician







Why is preparedness so low?

☀️ Structural barriers to implementing addiction medicine care



Austin EJ, Chen J, Briggs ES, Ferro L, Barry P, Heald A, Merrill JO, Curran GM, Saxon AJ, Fortney JC, Ratzliff AD, Williams EC. Integrating Opioid Use Disorder Treatment Into Primary Care Settings. JAMA Netw Open. 2023 Aug 1;6(8):e2328627.

Why is preparedness so low?

- ☀ Structural barriers to implementing addiction medicine care
- ☀ Patient engagement challenges



Why is preparedness so low?

- ☀️ Structural barriers to implementing addiction medicine care
- ☀️ Patient engagement challenges
- ☀️ Low clinician prescribing proficiency and confidence



Why is preparedness so low?

- ☀ Structural barriers to implementing addiction medicine care
- ☀ Patient engagement challenges
- ☀ Low clinician prescribing proficiency and confidence
- ☀ Attitudinal beliefs regarding primary care's role in addiction medicine



Improving System Preparedness by “Mainstreaming Addiction Medicine”



Structural Barriers

Primary Care Addiction Medicine



Structural Barriers



Created by IconLion
from Noun Project



Primary Care Addiction Medicine (PCAM)

Consultation
Clinic

Behavioral
Health
Services

PCP Support

Clinic services

Graduate
medical
education

Brief
Behavioral
Interventions

Formal review

Curbside
consultations

Needs Assessment

☀ Nursing initiative and flexibility

Needs Assessment

- ☀ Nursing initiative and flexibility
- ☀ Clinician champion(s)

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- ☀ Behavioral Health Provider (BHP) or access to behavioral health support

Needs Assessment

- ☀ Nursing initiative and flexibility
- ☀ Clinician champion(s)
- ☀ Behavioral Health Provider (BHP) or access to behavioral health support
- ☀ Resources and tools to succeed

Nursing Procedures



Patient Engagement

Clinical Workflow: Intake

- ☀ Direct referral process to prioritize same week or next week access

Clinical Workflow: Intake

- ☀️ Direct referral process to prioritize same week or next week access
- ☀️ Day before appointment: chart review for screening needs (hepatitis, HIV, IPV) or paperwork needs

Clinical Workflow: Intake

- ☀ Direct referral process to prioritize same week or next week access
- ☀ Day before appointment: chart review for screening needs (hepatitis, HIV, IPV) or paperwork needs
- ☀ Intake appointment: completion of new paperwork, provide other screening instruments as needed

Clinical Workflow: Intake

- ☀ Direct referral process to prioritize same week or next week access
- ☀ Day before appointment: chart review for screening needs (hepatitis, HIV, IPV) or paperwork needs
- ☀ Intake appointment: completion of new paperwork, provide other screening instruments as needed
- ☀ Schedule follow-up before departure and provide direct contact information

Clinical Workflow: Follow-Up

- ☀️ Maintain a list/registry for tracking follow-up and refill needs

Clinical Workflow: Follow-Up

- ✦ Maintain a list/registry for tracking follow-up and refill needs
- ✦ Schedule follow-up prior to refill needs

Clinical Workflow: Follow-Up

- ☀️ Maintain a list/registry for tracking follow-up and refill needs
- ☀️ Schedule follow-up prior to refill needs
- ☀️ Find out what modalities for visits work best for your patients (e.g., phone visits after missed in-person appointment)

Most important things?



Most important things?

Accessibility, Patience, and Persistence



Clinical Decision Support



Clinician Proficiency

Top-level evidence
Expert opinion
Tailored to primary care



THE WACO
GUIDE
TO PSYCHOPHARMACOLOGY
IN PRIMARY CARE





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TOP-LEVEL EVIDENCE, EXPERT OPINION, TAILORED TO PRIMARY CARE

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BUY THE BOOK



Components of Decision Support Tools

Algorithms

Logic to complement medical decision making

Prescribing

Info

Dosing, titration schedules, and monitoring parameters

SORT Ratings

SORT statements with important references



MGH VISITING



WACO
FAMILY
MEDICINE

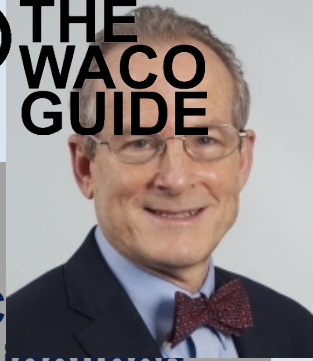


Massachusetts General Hospital

Consultants



THE WACO GUIDE



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THE WACO GUIDE

Primary Care Review

Final Review





ABOUT METHODOLOGY THE TEAM NEWS CONTACT US



PSYCHOPHARMACOLOGY IN PRIMARY CARE

TOP-LEVEL EVIDENCE
EXPERT OPINION
TAILORED TO PRIMARY CARE



Step-by-Step Guided Tool View

Answer patient-focused questions to
arrive at recommendations.

[VIEW TOOLS](#)



Comprehensive Tool View

View a disorder's entire tool at a
glance.

[VIEW TOOLS](#)



Additional Treatment Resources

Medication search, calculators, and
more.

[VIEW TOOLS](#)



THE WACO GUIDE

TO PSYCHOPHARMACOLOGY
IN PRIMARY CARE



All Tools

Adult

Pediatric

Perinatal

Geriatric

Cardiac

Hepatic

Renal

Obesity

Substance Use Disorders

Acute Stress Disorder

ADHD



Alcohol Use Disorder



Anorexia Nervosa

Antipsychotic Management



Autism Spectrum Disorder, Pediatric

Benzodiazepine Deprescribing

Binge Eating Disorder

Bipolar Disorder



Bulimia Nervosa

Depressive Disorder



Female Sexual Interest/Arousal Disorder

Fibromyalgia



Generalized Anxiety Disorder



Insomnia, Acute



Insomnia, Chronic



Intermittent Explosive Disorder

Neuropsychiatric Symptoms of Dementia



[All Tools](#)

[Adult](#)

[Pediatric](#)

[Perinatal](#)

[Geriatric](#)

[Cardiac](#)

[Hepatic](#)

[Renal](#)

[Obesity](#)

[Substance Use Disorders](#)

SUBSTANCE ABUSE DISORDERS

Alcohol Use Disorder



Benzodiazepine Deprescribing

Opioid Use Disorder



- Identifying Patients, Adult
- Home Induction, Adult
- In-office Induction, Adult
- Stabilization and Maintenance, Adult
- Transition from Methadone, Adult
- Discontinuation, Adult
- Opioid Use Disorder, Perinatal
- Opioid Use Disorder, Adolescent

Stimulant Use Disorder

Tobacco Use Disorder

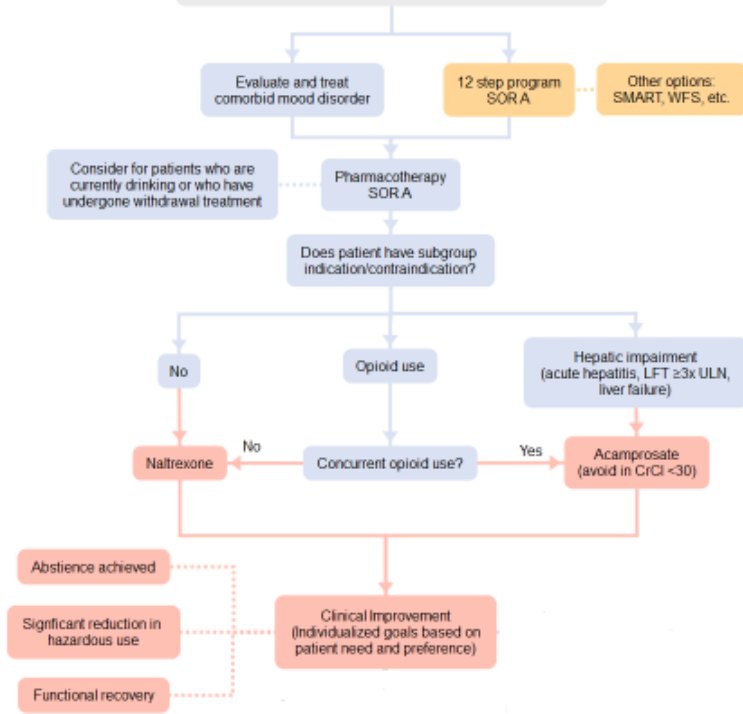


< BACK

Tool Medications References

GUIDED VIEW

Medications for Alcohol Use Disorder





< BACK

Tool

Medications

References

GUIDED VIEW

MEDICATIONS

Aldehyde Dehydrogenase Inhibitor

Disulfiram *Aldehyde Dehydrogenase Inhibitor*



Anticonvulsants

Topiramate *Anticonvulsants*



Benzodiazepines

Chlordiazepoxide *Benzodiazepines*



Diazepam *Benzodiazepines*



LORazepam *Benzodiazepines*



Oxazepam *Benzodiazepines*



GABA Analog

Gabapentin *GABA Analog*



Glutamate Multi-Modal

Acamprosate *Glutamate Multi-Modal*



mu-Opioid Receptor Antagonist

Naltrexone *mu-Opioid Receptor Antagonist*



< BACK

Tool

Medications

References

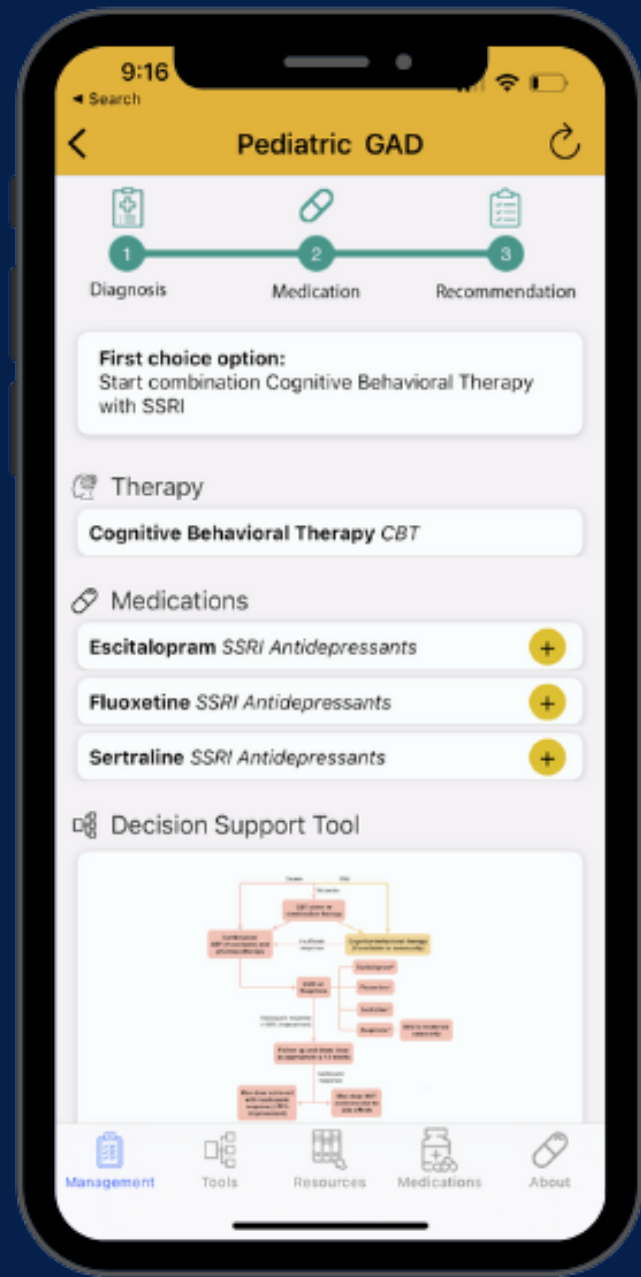
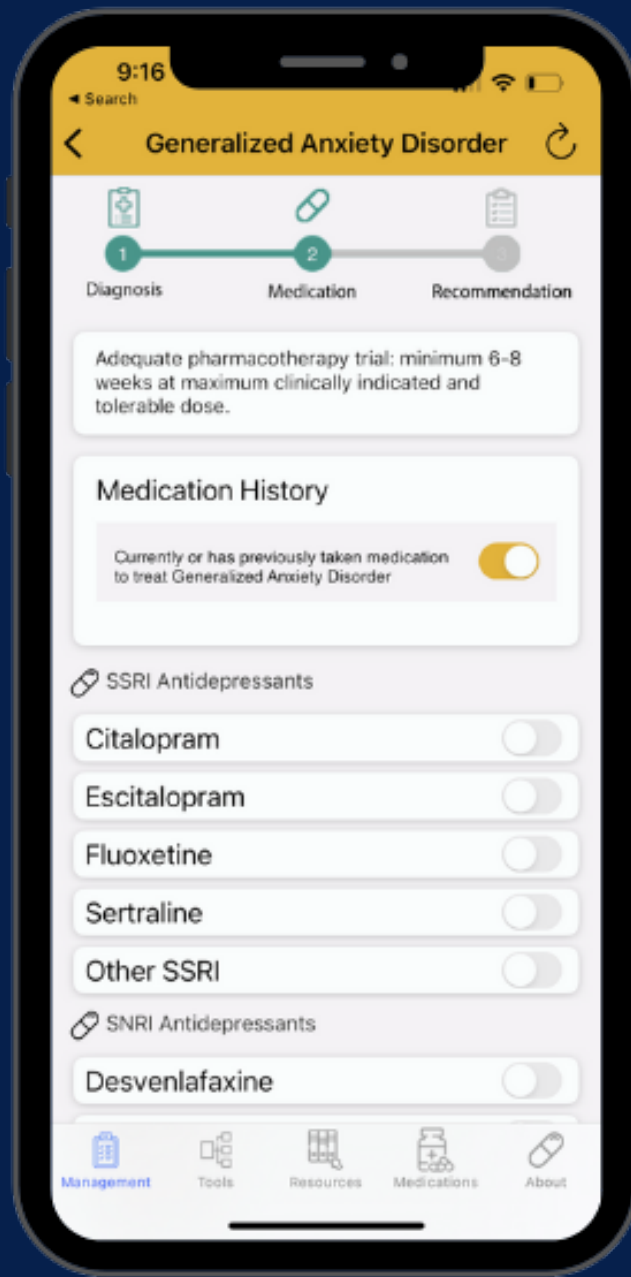
GUIDED VIEW

ALCOHOL USE DISORDER RECOMMENDATIONS AND REFERENCES

Recommendations with Key References	Strength of Recommendation
Use benzodiazepines for ambulatory withdrawal treatment ¹⁻⁶	A
Gabapentin is a reasonable option for withdrawal and may be equally effective compared to benzodiazepines ^{7,8}	B
Twelve-step program participation should be encouraged for all patients ⁹	A
First choice pharmacotherapies should include either naltrexone or acamprosate, which are equally effective ^{2,3,10}	A
If a patient does not achieve abstinence with first choice pharmacotherapy options, consider using disulfiram or topiramate ^{3,4,6}	B

References

1. Amato L, Minozzi S, Vecchi S, Davoli M. Benzodiazepines for alcohol withdrawal. Cochrane Database Syst Rev. Mar 17 2010;(3):Cd005063. doi:10.1002/14651858.CD005063.pub3



Behavioral Interventions



Asynchronous

Hallway
Handoff

Warm
Handoff

Reverse
Warm
Handoff

Co-Visit

Asynchronous

Hallway
Handoff

Warm
Handoff

Clinician to BHP

Reverse
Warm
Handoff

Co-Visit

Asynchronous

Hallway Handoff

Warm Handoff

Clinician to BHP

BHP to Clinician

Reverse Warm Handoff

Co-Visit

Asynchronous

Hallway Handoff

Warm Handoff

Clinician to BHP

BHP to Clinician

Reverse Warm Handoff

Co-Visit

Clinician & BHP

Brief Behavioral Interventions

Motivational interviewing

- Elicit patient's motivations for making behavioral change.

Acceptance and Commitment Therapy

- Increase psychological flexibility.

Cognitive Behavioral Therapy

- Change unhelpful thinking and behavioral patterns.

Solution-Focused Therapy

- Identify and incorporate helpful coping mechanisms.

CBT-I

- Co-morbid onset or maintenance insomnia.

**Behavioral Interventions are NOT
required for treatment**



Graduate Medical Education



Attitudinal Beliefs

Final Takeaways/Summary

- ✦ Primary care is an optimal way to treat addiction
- ✦ The PCAM model addresses the most essential elements that hold back the primary care system in treating addiction
- ✦ Key elements of a successful primary care response:
 - ✦ Nursing initiative
 - ✦ Clinician proficiency
 - ✦ Ad hoc behavioral interventions
 - ✦ Educating the clinicians of the future

References

1. SAMSHA. 2022 National Survey on Drug Use and Health. Published November 13, 2023. Accessed February 19, 2024.
2. US Dept. of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. Best Practices and Barriers to Engaging People with Substance Use Disorders in Treatment. March 5, 2019.
3. 2019 Commonwealth Fund International Health Policy Survey of Primary Care Physician
4. Austin EJ, Chen J, Briggs ES, Ferro L, Barry P, Heald A, Merrill JO, Curran GM, Saxon AJ, Fortney JC, Ratzliff AD, Williams EC. Integrating Opioid Use Disorder Treatment Into Primary Care Settings. *JAMA Netw Open*. 2023 Aug 1;6(8):e2328627.
5. Laschober RD, Kelley LP, Sartor ZR, Johnson S, Griggs JO. Waco Guide to Psychopharmacology in Primary Care. <https://wacoguide.org/>