



Incorporating Interdisciplinary Medication Assisted Treatment (MAT) for Opioid Use Disorder into our Rural, Tribally-Affiliated Residency Clinic

Saranah Linscott, D.O., PGY2, Eric Gillette, D.O., PGY3, James Stull, D.O., PGY3, Clark Austin, PharmD, Rashad Riazuddin, M.B.B.S., PGY2, Zachary Cruse, D.O., PGY1, Daniel Stacy, D.O., PGY1
Faculty Mentors: Ashton Clayborn, D.O., Cody McCorkle, M.D., Vu Ngo, D.O.

INTRODUCTION

During a 12-month period ending in April 2021, provisional data from the Center for Disease Control's National Center for Health Statistics show an estimated 100,306 drug overdose deaths in the United States, an increase of 28.5% from the previous year. This data estimates that opioid overdose deaths increased to from 56,064 to 75,673 during the same period. Opioid-related deaths occur from overdose as well as from cardiovascular disease or infectious diseases such as hepatitis C, human immunodeficiency virus, and sepsis. The mortality rate for those with opioid use disorder (OUD) is up to 10-fold higher than in the general population. The American Academy of Family Physicians recommends treatment of OUD by primary care physicians with a longitudinal, team-based, patient-centered approach. MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opioid use and other criminal activity, improve patients' ability to gain and maintain employment, and improve birth outcomes in mothers with substance use disorders. Furthermore, MAT may lower risk for hepatitis C and HIV by decreasing relapse rates.

OBJECTIVE

Over a six month period, our aim was to establish a clinical plan for induction and continuation of MAT for OUD then incorporate interdisciplinary MAT services into the daily primary care provided at Choctaw Nation Family Medicine Residency Clinic.



METHODS

Using an osteopathic approach, residents and faculty developed a written procedure for the induction and continuation of MAT in our clinic setting with consideration for current, evidence-based recommendations, local resources, and patient-centered decision making. Our pharmacy team aided with benefits coordination and plan customization for adjunct medical treatment during induction. Approval for this new MAT service using buprenorphine-naloxone was obtained through Executive Medical Staff, Pharmacy, and Therapeutics committees. Electronic health record experts customized software to facilitate referrals from outlying clinics thus expanding access to MAT. Behavioral health specialists and a dedicated MAT nurse case manager assisted with coordination and provision of care including mental health services, continuity, and follow-up.

CONCLUSIONS

Through an osteopathically-based interprofessional team, MAT services were incorporated into the daily primary care practice of our residency clinic this academic year. We are awaiting construction of our new clinic space which will allow use of rooms specifically for inductions. We now have a small panel of active MAT patients with intent to further expand our service.

REFERENCES

Drug overdose deaths in the U.S. top 100,000 annually. (2021, November 17). Retrieved April 14, 2022, from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm