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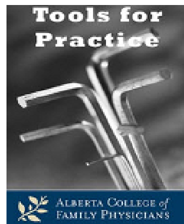

Location, Location, Location: Treating patients with opioid use disorder in primary care

Clinical Question: How well is opioid use disorder (OUD) managed in primary care?

Bottom Line: For patients with OUD, receiving opioid agonist therapy (OAT) in a primary care setting, an additional 1 in 5 patients were opioid abstinent at 46 weeks, compared to patients receiving care in a specialty care setting. Patients were also more satisfied with their treatment and physician explanations in primary care. Rates of retention were similar between groups. Provision of support and/or training was reported consistently throughout the literature

Evidence:

- Six randomized controlled trials (RCTs, 22-221 patients)[1-6] compared OAT (methadone or buprenorphine) in primary care versus specialized opioid treatment; mean follow-up 46 weeks
  - Opioid abstinence (five RCTs; 428 patients; measured by urine toxicology and/or self-report; meta-analyzed by TFP authors):
    - 55% versus 34%; Number Needed to Treat (NNT)=5
  - Retention in treatment (six RCTs; 493 patients; meta-analyzed by TFP authors):
    - 80% versus 63% specialty care; not statistically different
  - Patient satisfaction:
    - Patients were "very satisfied" more often in primary care (77% versus 38%; one RCT, 46 patients)[2], more satisfied with explanations provided by their physicians (numbers not reported; one RCT, 221 patients)[1] and reported higher preference for primary care (70% versus 21% specialty care, 9% no preference)
    - One RCT found similar patient satisfaction between groups[3]
  - Withdrawal symptoms:
    - Statistically reduced from baseline, but no difference between groups[3]
  - Adverse events:
    - One RCT (93 patients) found no difference in emergency department visits or hospitalizations (35% versus 36% specialty care)[4]
    - No other adverse events reported

Context:

- Included populations varied:
  - Patients stabilized for 6-12 months in methadone maintenance programs[2,3,6]

    - Patients not on methadone or switching from buprenorphine[1]
    - Patients recruited from a methadone wait-list or referred[5]
    - Primary care providers varied, including general internists[2,4,5], infectious disease-trained physicians[4], and an addictions-trained physician[3]
- Additional supports were used:
    - Primary care settings were team-based[2-6]
    - Primary care providers had prior training and/or experience[1,4]
    - Support/training was provided[1,2,4,6] and 24-hour pager support[2]
    - Primary care settings were affiliated with or located near a specialty program[1,3,5]
- Over 50% of surveyed physicians reported inadequate staff, training, time and space as barriers to initiating OAT in their practice[7,8]

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Disclosures:

Authors do not have any conflicts of interest to declare.

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