



National Institute on Drug Abuse (NIDA)
Clinical Trials Network (CTN) Dissemination Initiative

The PROUD Study & Lessons for Success In Primary Care Opioid Use Disorder (OUD) Treatment

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Poll Questions:

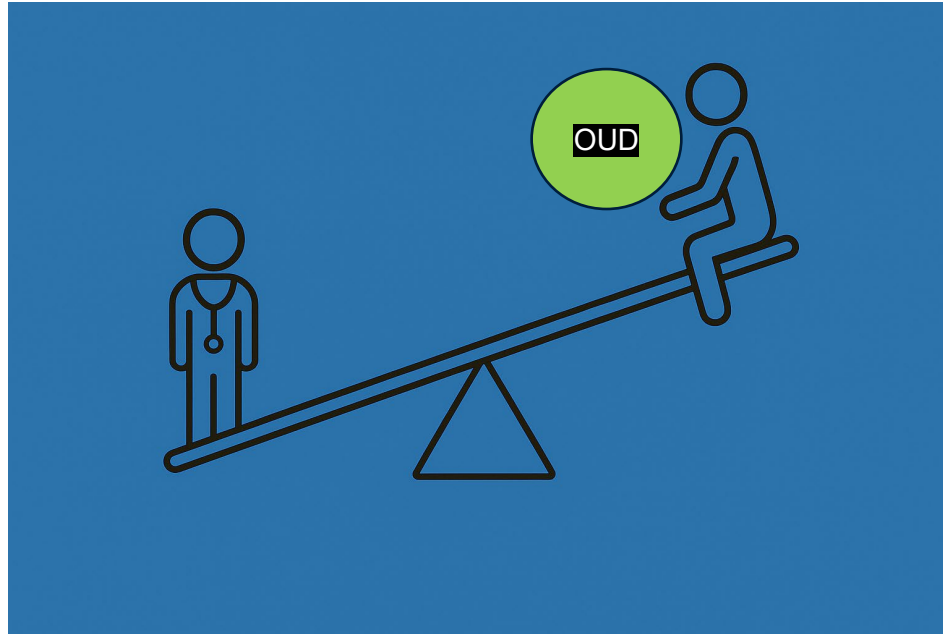
Who are you?

- Med student
- Resident or fellow
- UME faculty
- GME faculty
- Administrator or coordinator
- Other

Where are you?

- Northeast
- Midwest
- South
- Southwest
- West
- Other

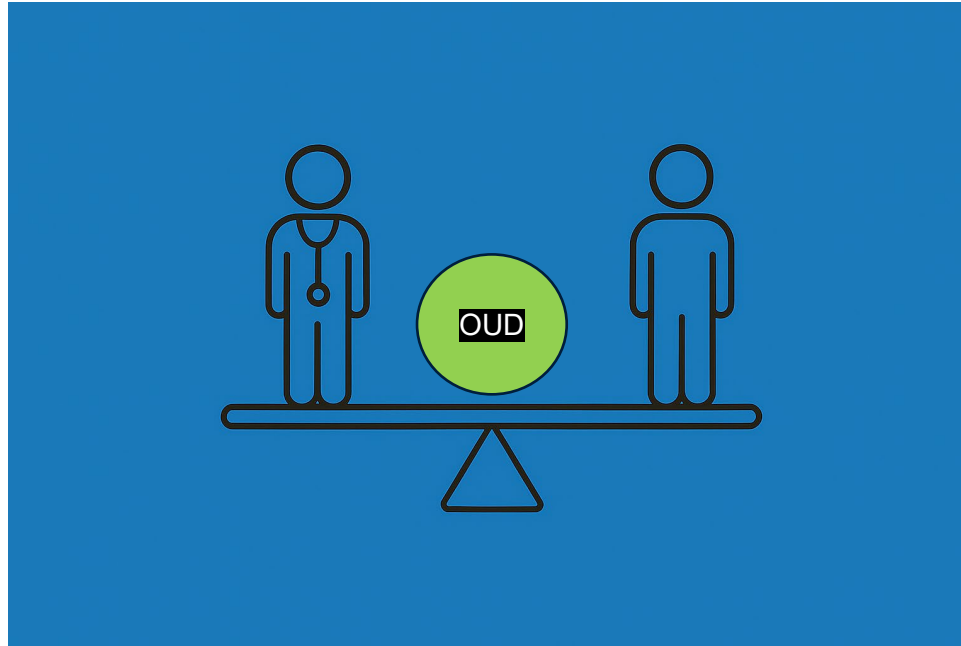
The Doctor - Patient Relationship



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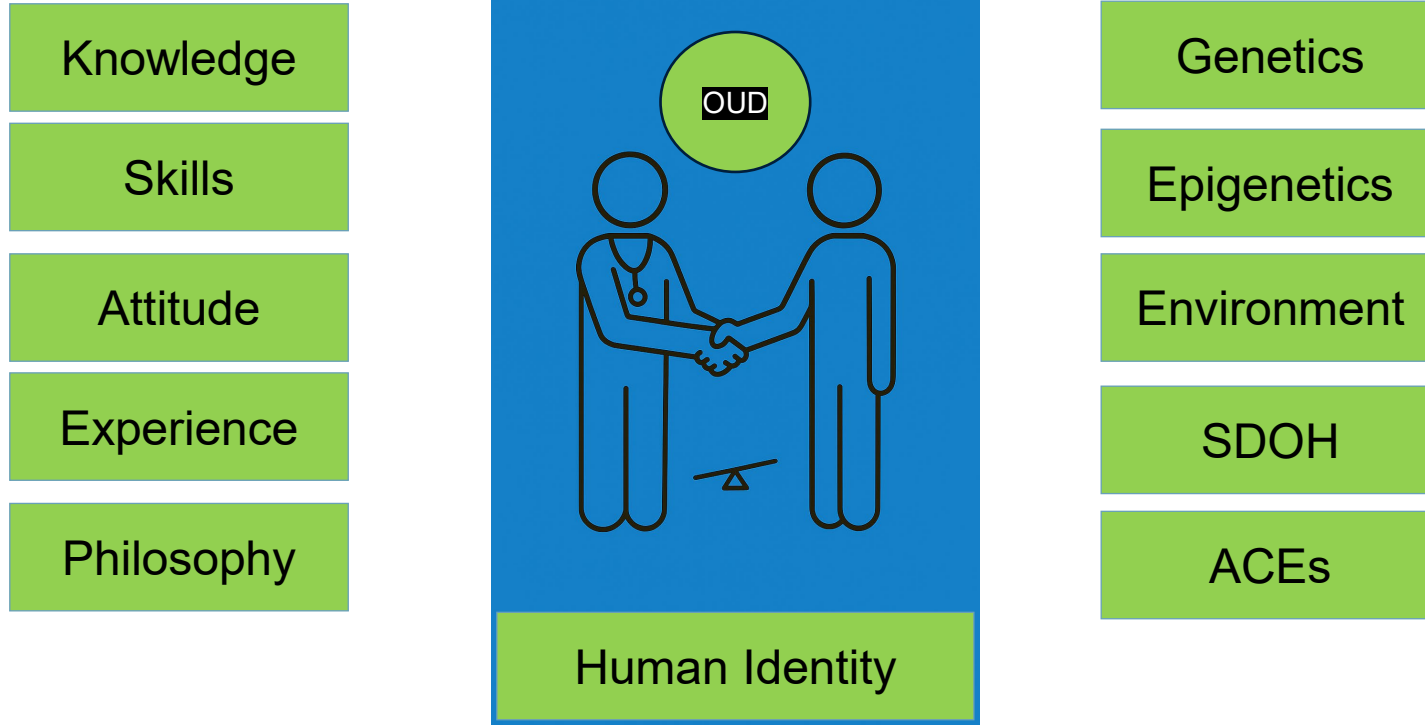
The Family Doctor - Patient Relationship



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The Family Doctor - Patient with OUD Relationship



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Objectives for this presentation



List

3 factors that can facilitate successful OUD treatment



Describe

2 strategies for reducing stigma associated with treating people with OUD



Develop

1 action plan for mentoring family medicine residents to become champions for OUD treatment



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PROUD Trial Basics

Primary Care Opioid Use Disorders Treatment (PROUD)

Mixed-methods, implementation-effectiveness cluster randomized clinical trial



Clinical problem: High numbers of opioid overdose deaths and low numbers primary care practices prescribing evidence-based medications for opioid use disorder (MOUD) which can reduce overdose deaths.


Trial objective: Does the “Massachusetts model” of nurse care management increase MOUD (buprenorphine and XR naltrexone) in primary care?



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The Massachusetts Model



Grayken Center for Addiction
Training & Technical Assistance

Boston Medical Center

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Resources

OBAT Clinical Guidelines

2021 Boston Medical Center OBAT Clinical Guidelines

Collaborative care management of substance use disorders with emphasis on integration of low-barrier, evidence-based treatment utilizing medications for opioid use disorder. The focus of this most current guideline has expanded from Massachusetts and the Nurse, to a broader national audience of collaborative care teams including prescribers, recovery coaches, behavioral health team members, administration and support staff. Updated: June 2021.

www.addictiontraining.org

Words Matter

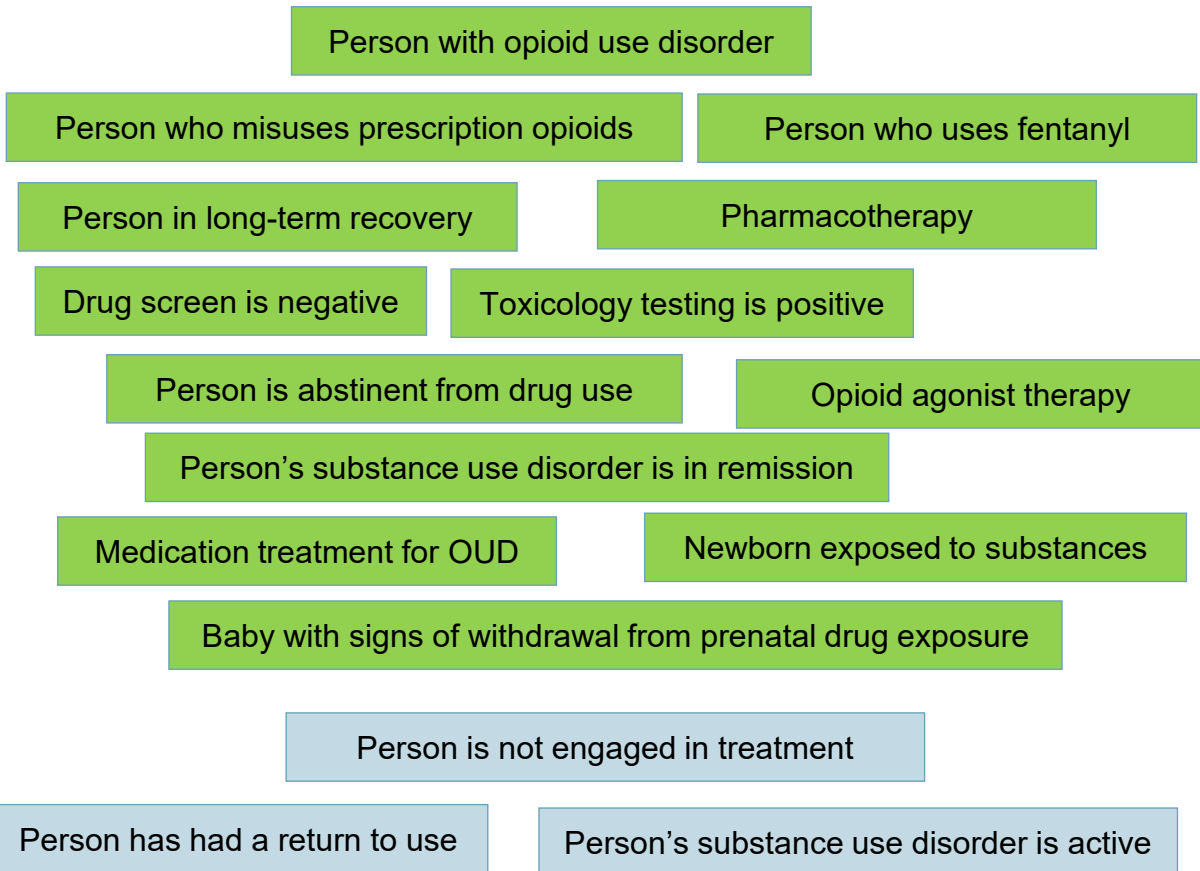
Stigma

Reduces a person's
willingness to seek
treatment and remain
engaged

Use words carefully and
deliberately

Verbal and non-verbal
communication matters

NIDA 06-23-2021



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PROUD Trial Details



Training and Technical Assistance



Primary Outcome:

Clinic level, patient-years of OUD treatment per 10K primary care patients in the 2 years post-randomization. Data obtained from EHRs.



Intervention:

1. FT nurse care manager for OUD
2. TTA for nurse care managers
3. 3+ buprenorphine prescribers



Patient characteristics:

- Mean age late 40's
- Female 60%
- White, Hispanic, Black
- 16-18% below federal poverty level



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PROUD Trial Results – Focusing on the Primary Outcome



Results

- ❑ 8.2 more patient-years of OUD treatment (initial study)
- ❑ 19.7 more patient-years of OUD treatment (secondary analysis)



Who benefitted

- ❑ Patients who were new to the clinic following randomization
- ❑ Patients who first received treatment following randomization.



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Success Factors



Support

All leadership supports the nurse care manager (NCM)

Attitudinal

Support

Financial coverage supports the patient obtaining MOUD

Financial

Support

Workflows support easy access for patients to NCM

Systematic

Find Your Why



Recovery Mantras & Family Medicine Values

Serenity Prayer

God, grant me the serenity to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.



First, do no harm.

SAMPLE – NOT FOR MEDICAL USE

R_x

Dr. [Name]

Patient: Buprenorphine/naloxone

Take as directed

Date

Signature

Second, try to do some good.



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Mentoring Residents

Start with a Needs Assessment,
Then develop an Action Plan



- ☐ Do you prescribe MOUD?
- ☐ Is your leadership supportive?
- ☐ Can patients easily access MOUD?
- ☐ Is de-stigmatizing language the norm?
- ☐ Do you have a nurse care manager?
- ☐ Do you model what you expect?



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Family Medicine can make MOUD a Standard in Primary Care



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Thank you. Questions?



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