

# Front-line caregivers given tools to play bigger role in the fight against opioid abuse

August 26 2019, by Rob Cahill

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UTHealth's Angela Stotts, PhD, and Thomas Northrup, PhD, are tackling the opioid overdose crisis. Credit: Rob Cahill/UTHealth

Buprenorphine and naltrexone can help break a person's addiction to life-threatening opioid use disorder, but they can be hard for front-line,

primary care providers to prescribe, according to researchers at McGovern Medical School at The University of Texas Health Science Center (UTHealth).

"Currently, evidence-based treatment for [opioid](#) use disorders available to [primary care physicians](#) is not being delivered to patients in most primary care settings," said Angela Stotts, Ph.D., professor and vice chair of research in the Department of Family and Community Medicine at McGovern Medical School. "Before a physician can prescribe these drugs, he or she must get special training and receive a waiver. The patients must be monitored closely, including routine checks of the patients' prescription histories."

To get more of these potentially lifesaving medications to people in need, Stotts and UTHealth colleagues Mohammad Zare, MD, and Thomas Northrup, Ph.D., are leading the Houston site of a nationwide clinical trial to increase buprenorphine prescription rates in [primary care](#). It is called the PRimary Care Opioid Disorders (PROUD) study.

Every day, more than 130 people in the United States die after overdosing on opioids, according to the Centers for Disease Control and Prevention, which describes the misuse of and addiction to opioids as a serious national crisis that affects public health as well as social and economic welfare. When patients and physicians were surveyed by the Substance Abuse and Mental Health Services Administration about the effectiveness of buprenorphine, they reported on average an 80% reduction in illicit opioid use.

In the study, a nurse care manager is assigned to a clinic to manage the patients with [opioid use disorder](#) and expedite the prescription process. They follow up with patients, daily at first and then less often as they adjust to the medication.

This collaborative team-based approach to opioid care is referred to as the Massachusetts Model and is a novel approach to office-based addiction treatment.

Over a two-year period, the approach is being tested at six sites across the United States. Two clinics in Houston are participating: one with a nurse care manager and one without for comparison. All the clinics have electronic health record systems and are tracking the number of days that patients are on opioid treatment medications, as well as how often the patients seek urgent care or visit a hospital. Zare and Stotts are co-site principal investigators and Northrup is a co-investigator.

Provided by University of Texas Health Science Center at Houston

Citation: Front-line caregivers given tools to play bigger role in the fight against opioid abuse (2019, August 26) retrieved 27 April 2024 from <https://medicalxpress.com/news/2019-08-front-line-caregivers-tools-bigger-role.html>

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