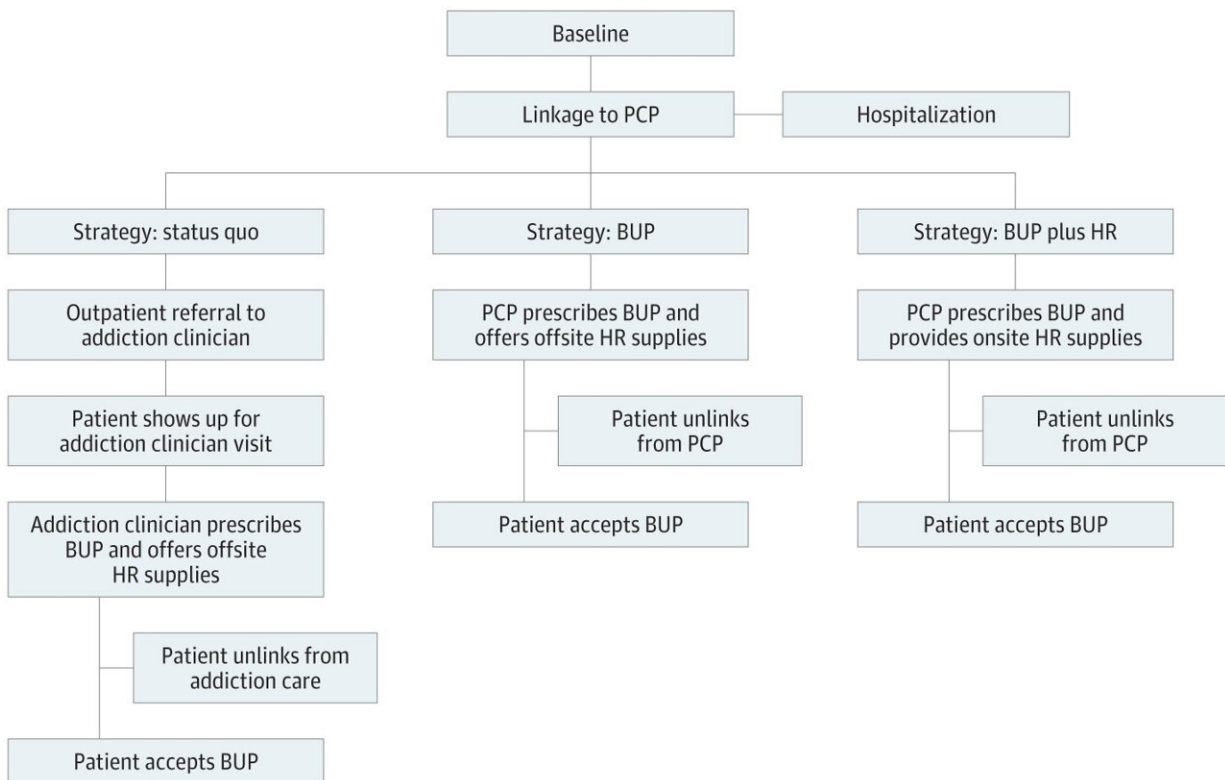


Integrating addiction medicine into primary care found to be clinically effective

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Model Schematic for 3 Strategies Integrating Addiction Care Into Primary Care
 The 3 strategies were (1) primary care practitioner (PCP) services with external referral to addiction care (status quo), (2) PCP services plus onsite buprenorphine prescribing with referral to offsite harm reduction kits (BUP), and (3) PCP services plus onsite buprenorphine prescribing and harm reduction kits (BUP plus HR). Credit: *JAMA Network Open* (2023). DOI: 10.1001/jamanetworkopen.2023.7888

Introducing harm reduction strategies and addiction medicine practices into primary care offices would save patients' lives and lower health care costs, according to the results of a computer model published today in *JAMA Network Open* by University of Pittsburgh and University of Colorado Anschutz Medical Campus researchers. The study demonstrates how primary care can play a critical and cost-effective role in treating the spectrum of substance use disorders.

"Traditionally, [addiction](#) care has been largely siloed," said Raagini Jawa, M.D., M.P.H., assistant professor of medicine at Pitt's Center for Research on Health Care and lead author of the study.

"Over the past few years, there have been national movements to adopt addiction care delivery into primary care practices. Primary care offices offer a unique way to treat addiction because they are widespread throughout the country, unlike specialty treatment settings. For this research, we wanted to look at what would happen if, in a perfect world, all primary care offices across the country were able to adopt on-site addiction treatment with buprenorphine into their practice."

The researchers used the Reducing Infection Related to Drug Use Cost-Effectiveness (REDUCE) model that simulates the progression of injection drug use, including complications like overdose, infections and changes in injection behavior.

The researchers fed this model a cohort of 2.25 million patients who reflect the demographics of Americans who inject opioids, according to U.S. Census data, and compared the outcomes if they received one of three services: the "status quo" of a referral to an outside addiction medicine clinic, a buprenorphine prescription to treat opioid use disorder, or a buprenorphine prescription and a harm reduction kit that contained sterile syringes, safer smoking supplies and wound care tools.

The study found that compared to the "status quo" method, the life expectancy of patients who received just buprenorphine, as well as those who received the prescription and harm reduction kits, increased by over two and a half years. In addition, when patients received a buprenorphine prescription and a harm reduction kit, they were 33% less likely to die because of an injection drug use infection or overdose compared to their "status quo" counterparts.

The research also found that prescribing buprenorphine and delivering harm reduction kits was the most cost-effective treatment strategy. The study showed that by integrating these addiction medicine practices into primary care clinics, [health care](#) expenses would be shifted toward outpatient treatments rather than in-hospital settings. The researchers estimate buprenorphine prescription and harm reduction kits will cost \$13,000 per primary care clinic over five years.

"Providing these services in primary care settings and keeping patients healthier may help decrease costly emergency and hospital services by preventing overdoses and severe infections that can come with injection drug use," says Josh Barocas, M.D., associate professor at the University of Colorado School of Medicine. "Additionally, adopting harm-reduction kits in primary care settings is an act of compassion and would likely help vulnerable users feel more compelled to step forward when in need of help."

Although the research is promising, many [primary care physicians](#) may face challenges in implementing these addiction medicine methods, including the stigma of caring for patients with substance use disorders and lack of resources to manage more complex cases.

"Patients suffering from [substance use disorders](#) often have concurrent health issues and will often require more wrap-around resources in your office. As a practicing [primary care](#) physician, I can understand some of

these challenges," Jawa said. "I hope that this research empowers physicians and health systems to lobby for the resources they need to better care for our patients."

More information: Raagini Jawa et al, Estimated Clinical Outcomes and Cost-effectiveness Associated With Provision of Addiction Treatment in US Primary Care Clinics, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.7888](https://doi.org/10.1001/jamanetworkopen.2023.7888)

Provided by University of Pittsburgh

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