

Increasing Access to Same-Day Addiction Services in Primary Care Clinics Among Veterans: A Pilot Study



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Background

- The primary care clinic is a key point of first contact for medical care for veterans
- Substance use disorders (SUDs) are undertreated among veterans^{1,2,3}
- We developed a telemedicine addiction medicine consult service to increase timely care for patients with SUD, including same-day prescribing of SUD pharmacotherapy within primary care
- Medications for AUD include naltrexone, acamprosate, and disulfiram, off-label gabapentin, and topiramate
- Medications for OUD include methadone, buprenorphine, and naltrexone. Only buprenorphine and naltrexone are available outside the opioid treatment program setting for OUD treatment

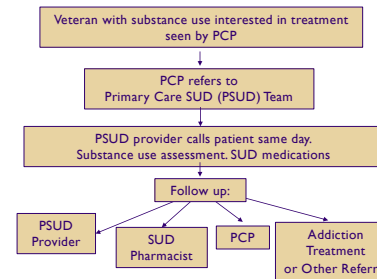
Setting and participants

- Service started in February 2022; first 7 months included in this study
- Veterans referred by PCP from primary care clinics in VA Puget Sound Healthcare System or associated community-based outpatient clinics

Methods

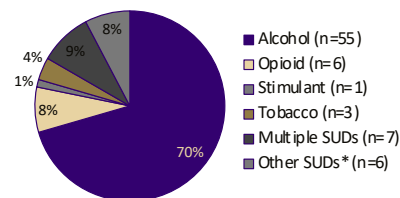
- Eligible veterans identified by PCP as having possible SUD and interested in medication treatment. Referral placed to primary care SUD (PSUD) team (Figure 1) consisting of physicians and pharmacists providing staffing during weekday clinic hours
- Same-day telemedicine visit included assessment and management of SUD, prescribing SUD medications if appropriate, and follow-up arrangement
- Data logged into secure registry, including SUD diagnoses, prescribed medications, and referrals made; Descriptive statistics were performed

Figure 1. PSUD referral service process



Results

Figure 2. SUD diagnoses made as result of visit



*Including benzodiazepine, cannabis, and non-SUD diagnoses

Figure 3. Medications prescribed for AUD at conclusion of visit

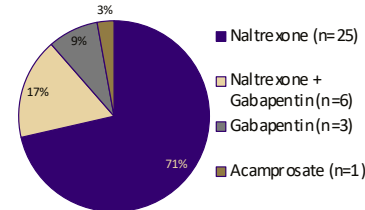


Figure 4. Follow-up arranged after visit

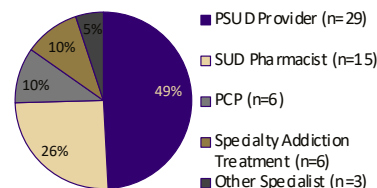


Figure 5. OUD Medications

- 6 patients referred with OUD
- 4 (67%) patients successfully contacted
- Of those contacted, 3 (75%) were started on buprenorphine MOUD
- One patient not started on buprenorphine was referred to VA specialty addiction services

Conclusions

- We demonstrated feasibility of a telemedicine referral service to increase veterans' access to SUD care
- Most patients were referred for AUD and started on naltrexone. Gabapentin also used
- Most patients received second visit with a PSUD provider, rather than specialty referral

Future Directions

- Addressing no-show visits
- Retention in care
- Medication adherence
- SUD-related outcomes related to recovery goals

References

- Harris, A. H., Oliva, E., Bowe, T., Humphreys, K. N., Kivlahan, D. R., & Trafton, J. A. (2012). Pharmacotherapy of alcohol use disorders by the Veterans Health Administration: patterns of receipt and persistence. *Psychiatr Serv*, 63(7), 679-685. <https://doi.org/10.1176/appi.ps.20100053>
- Perumalswami, P. V., Kilpatrick, S., Frost, M. C., Adams, M. A., Kim, H. M., Zhang, L., & Lin, L. A. (2023). The impact of COVID-19 on trends in alcohol use disorder treatment in Veterans Health Administration. *Addiction*. <https://doi.org/10.1111/add.16156>
- Wyse, J. J., Shull, S., Lindner, S., Morasco, B. J., Gordon, A. J., Carlson, K. F., . . . Lovejoy, T. I. (2023). Access to Medications for Opioid Use Disorder in Rural Versus Urban Veterans Health Administration Facilities. *J Gen Intern Med*, 1-6. <https://doi.org/10.1007/s11606-023-08077-4>

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