UNC SCHOOL OF MEDICINE

A Quality Improvement Initiative: Embedding OUD Treatment in Academic Primary Care

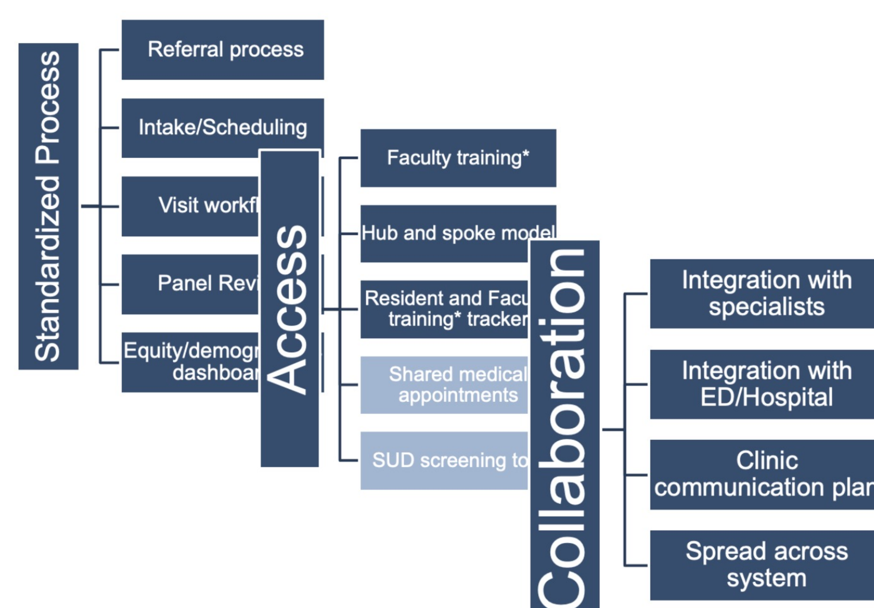
INTRODUCTION

- 80% of North Carolinians with opioid use disorder (OUD) do not have easy access treatment.[1, 3]
- In 2019, the UNC Internal Medicine Residency and Faculty (IMC) clinic had no buprenorphine prescribers nor a training program in place to treat OUD.
- The UNC Addiction Medicine specialty clinic was effective at reducing readmission for high-risk patient with OUD and recent IVDU associated infection. To accommodate their growth, they needed a safe landing place for stabilized patients.
- The IMC MOUD clinic was selected for a year-long, internally – supported IHQI project (Institute for Healthcare Quality Improvement)
- **Global Aim: Develop a sustainable, primary care-based opioid use disorder treatment and training program in Internal Medicine that seamless integrates into and can be spread across the UNC Healthcare System**

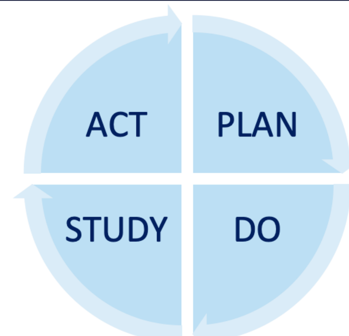
METHODS

Our improvement team included a physician champion, an LCSW/LCAS, a nurse, a medical administrator, a project manager and a quality improvement coach. We utilized QI methods from the IHI Model for Improvement[2] with serial PDSAs to drive our process and used a 5 Dynamics Team Assessment from Simpli5®.

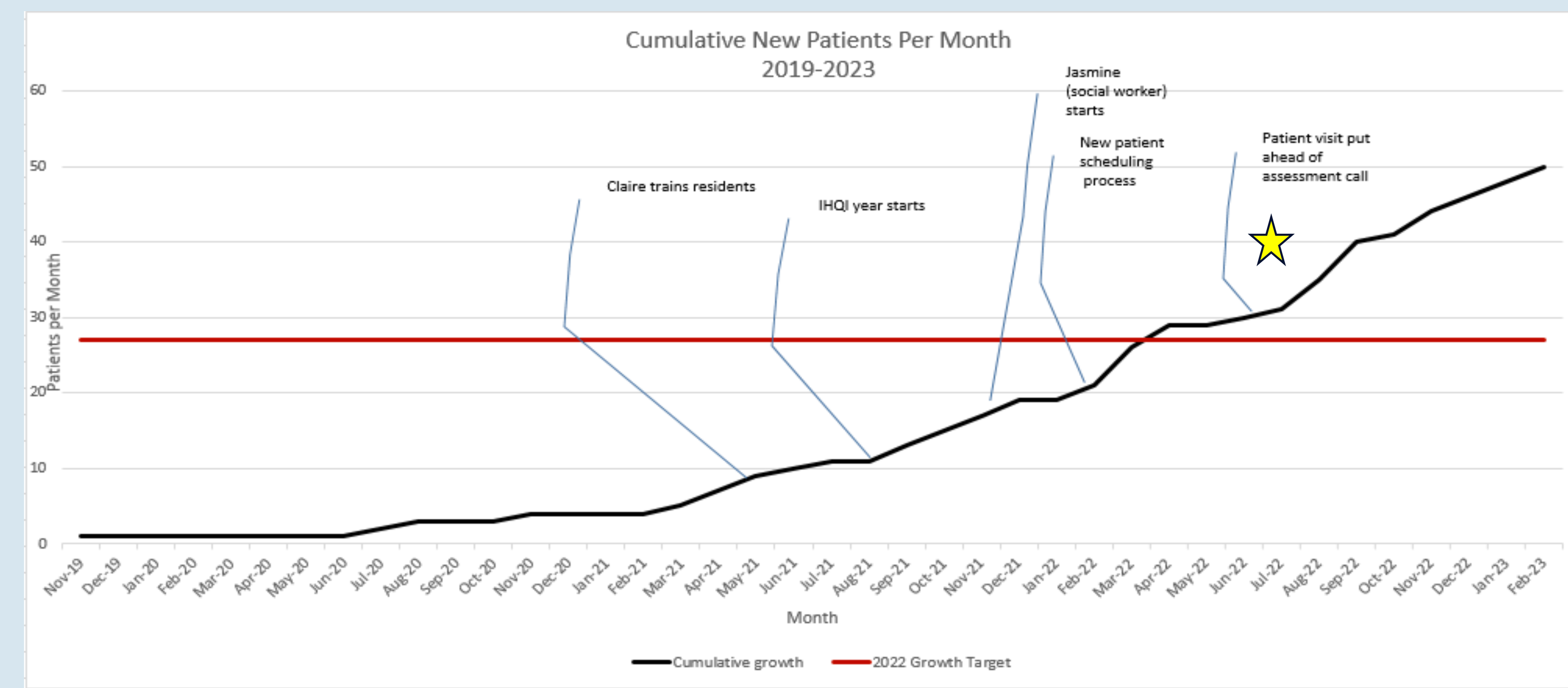
- **Smart Aim:** Double growth from 13 to 26 patients from 9/21-9/22 and maintain capacity for growth of at least 2 patients per month
- **Process Measures:** Turn around time from referral to first appointment of 21 days or less, social determinants of health screening, number of providers able to prescribe buprenorphine

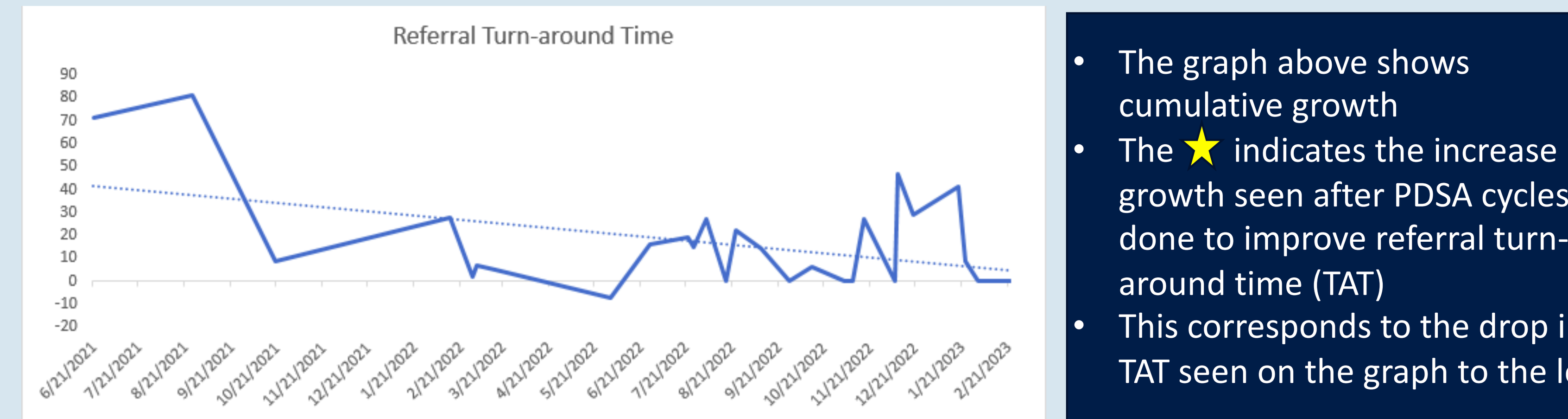


This diagram shows our tiered drivers of change. Each driver generated multiple PDSAs



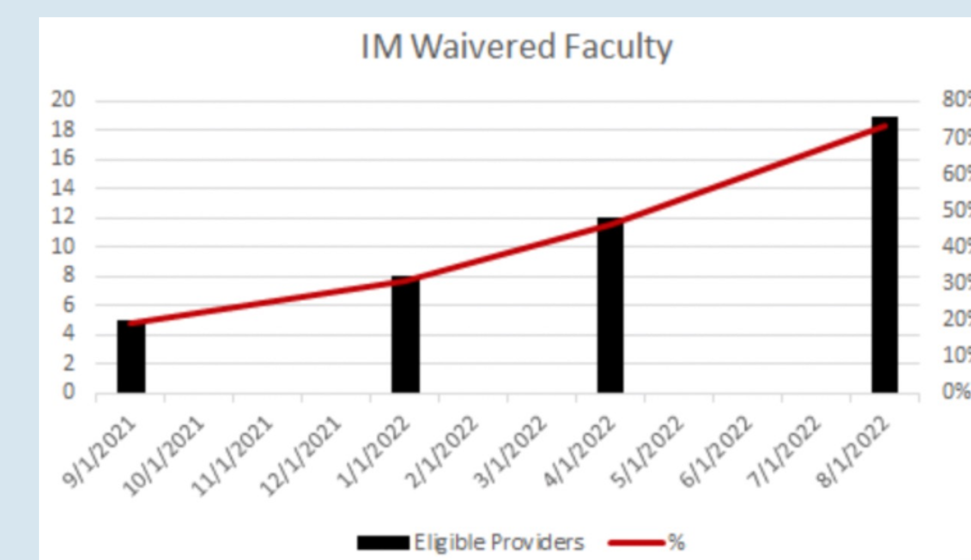
RESULTS

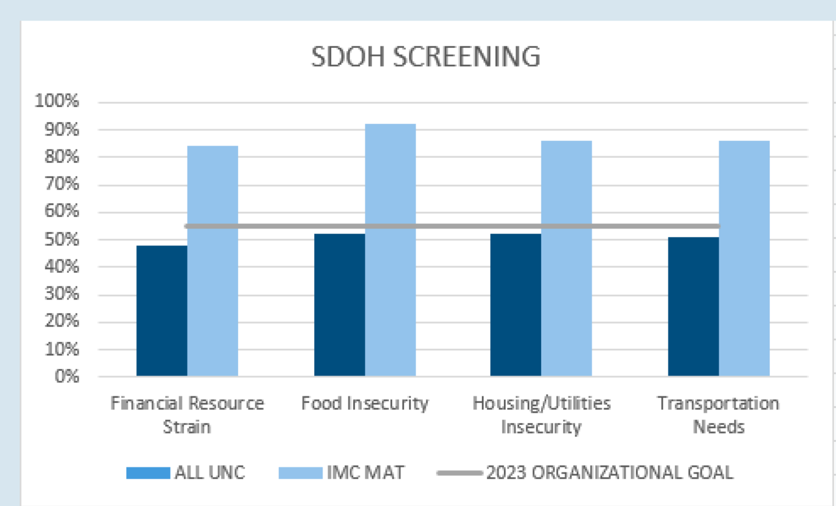




- The graph above shows cumulative growth
- The ★ indicates the increase in growth seen after PDSA cycles done to improve referral turn-around time (TAT)
- This corresponds to the drop in TAT seen on the graph to the left

- To maintain growth and sustain or improve TAT we needed to grow our provider pool
- Graph at right shows progress in number of faculty in clinic waivered to prescribe buprenorphine during this program (prior to repeal of waiver)





- UNC has a System-Wide quality goal of screening 55% of patients for Social Determinants of Health (SDOH)
- Patients in our OUD clinic have above average SDOH insecurities; unmet needs jeopardize their stability in treatment
- Results of PDSAs on adding SDOH screenings to our protocol shown here. We are exceeding our system average and organizational goal for screening

CONCLUSION

- Use of a quality improvement approach resulted in over **200% growth of our OUD clinic, exceeding our goal of 50% growth.**
- We were successful in increasing provider engagement through qualitative interviews, surveys, clinic support documents, frequent communication, multiple training modalities and engaged leadership.
- Embedding OUD treatment in primary care has resulted in:
  - 62% retention in OUD treatment
  - Higher capacity for new patients in the UNC specialty addiction clinic (highest risk patients)
  - Completion of Hepatitis C treatment in primary care
  - Connecting vulnerable patients with a PCP and preventive care
  - Enhanced trainee exposure to training in substance use treatment
- Our standard work approach has resulted in higher-than-average screening rates for Social Determinants of Health (SDOH).

Current work/Next Steps:

- PDSA Substance use screening and equity in screening
- Resident-driven QI project on OUD training in primary care
- Continued PDSAs on improving access, reducing TAT
- Spread Embedded OUD in Primary Care model across UNC health System

AUTHORS & DISCLOSURES

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3. Haffajee RL, Lin LA, Bohnert ASB, Goldstick JE. Characteristics of US Counties With High Opioid Overdose Mortality and Low Capacity to Deliver Medications for Opioid Use Disorder. *JAMA Netw Open.* 2019;2(6):e196373. doi:10.1001/jamanetworkopen.2019.6373

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