Using Shared Medical Appointments to Increase Access to Buprenorphine Treatment

David Roll, MD, Margaret Spottswood, MD, and Hsiang Huang, MD

Introduction: This study examines patient experiences with shared medical appointments for buprenorphine treatment at a safety net primary care clinic.

Methods: This is a cross-sectional observational study of 28 participants in a primary care buprenorphine shared medical appointments program.

Results: Participants reported appreciating the group visit format, gaining increased coping skills, and having more stable housing and less legal difficulty after starting the program.

Conclusion: The implementation of shared medical appointments for buprenorphine treatment benefits clinicians and patients. The nurse care manager and buprenorphine prescriber can efficiently attend to the clinical needs of multiple patients. (J Am Board Fam Med 2015;28:676–677.)

Keywords: Drug Abuse, Patient-centered Care, Substance Abuse
Results
Over 88% reported liking visits; reasons were “group support” (82%), “learning things from other people that help me” (82%), and “others in the group have a positive influence on my sobriety” (75%). Dissatisfaction included concerns about privacy (25%). Among the participants, 79% thought the group sizes were “about right.”

Patients identified important topics covered in the educational modules as anxiety management (61%), pain management (50%), nutrition (50%), and relationships (39%). Since starting treatment 60% reported learning more about hepatitis C, 43% reported receiving hepatitis vaccinations, and 36% reported having additional monitoring tests.

Of the 32% of patients reporting “unsuitable housing” (i.e., homeless, living with drug abusers) before treatment, ~80% indicated housing improvement. About 35% reported increased time spent working. Participation in outside recovery groups reportedly increased from 30% to 80%. Nearly all patients who reported outstanding legal cases said they had resolved after starting treatment.

Discussion
This study explored experiences of opioid use disordered patients in primary care buprenorphine shared medical appointments. Most found the format highly acceptable. Members noted benefit from social support and increased involvement in Narcotics/Alcoholics Anonymous, demonstrating format compatibility.

A quarter of participants reported privacy concerns. Although patients sign a waiver to keep contents of the group visits confidential, the possibility of sharing information is real. However, the risk is not substantially different from that of other common group therapy models.

Members expressed a desire for the expansion of shared visits for others in need of opioid use disorder treatment. Appointments scheduled outside working hours may increase the rate of participation and optimize functional status for these patients.

The implementation of buprenorphine shared medical appointments benefits both clinicians and patients. The nurse care manager and buprenorphine prescriber can efficiently attend to the clinical needs of multiple patients using this model. A recent study showed that only half of patients screening positive for substance use disorder were referred for addictions treatment, highlighting the need for such programs. Limitations for this cross-sectional observational study include recall bias and social desirability bias, especially since the survey was administered at the time of visits.

Conclusion
Buprenorphine shared medical appointments for opioid use disorder were found to be highly acceptable. Modifiable factors for improvement include increased availability of groups outside working hours and expanding the range of educational modules (eg, pain, anxiety management, nutrition, relationships).

The authors thank Francyne Puopolo, RN, for her commitment to the buprenorphine program and Erin Bettendorf, MD, for her assistance in the development of the survey used in this study.

References