

# Screening, Interventions and Collaborative Care Models for Increasing SUD Treatment in Primary Care: Introduction

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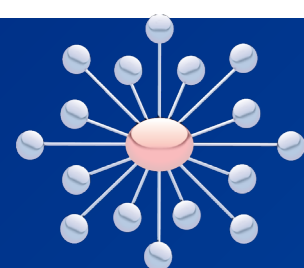


The views expressed do not reflect the official policies of the Department of Health and Human Services or the National Institute on Drug Abuse

# Financial Disclosure

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No financial conflicts

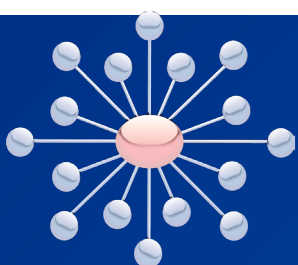


# Learning Objectives

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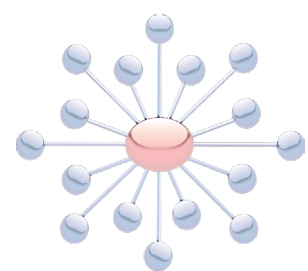
This session will provide an overview and rationale of establishing primary care models for screening and interventions for SUD, and the main objectives are to learn about:

- (1) Importance of addressing SUD/ODU in primary care and related settings;
- (2) Approaches for incorporating alcohol and drug screening into primary care practices, integrated with the electronic health record (EHR);
- (3) Lessons learned from SUD collaborative care trials in primary care settings; and
- (4) Establishing collaborative care models in Federally Qualified Health Centers (FQHC), including pharmacists, in SUD/ODU treatment and management.



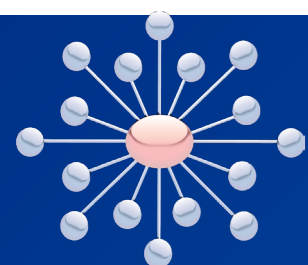
# Treatment and CTN Research

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# OUD Treatment Trends

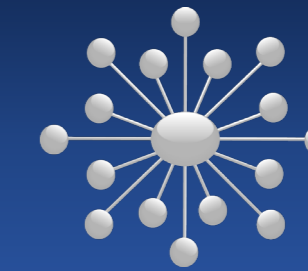
- Only 7.6% of individuals with AUD and 14.6% of individuals with SUD obtain treatment within a one-year period.
- Most primary care (PC) providers don't screen, diagnose or treat people with alcohol or drug/opioid use.
- Lower rates of diagnosis and treatment in PC, compared to estimated prevalence.
  - Rates increase when information is from confidential research (4-6 times higher).
- Low rates of FDA-approved medications for patients with documented AUD or OUD.
- Even though the number of providers willing to prescribe buprenorphine has increased, it is still low (<10% nationwide in 2017, 6% in Philadelphia in 2020).
  - Of those with waivers, most prescribe infrequently;
  - Small number of providers (those with a large number of patients with OUD) are responsible for most prescriptions;
  - New legislation has removed waiver requirements.
- PC clinics with co-located behavioral health specialists may be more likely to diagnose and treat AUD and OUD with effective medications.
- Screening and treatment in PC settings may be more accessible, convenient and potentially more cost effective.





National Institute on Drug Abuse

# Clinical Trials Network



**Appalachian Node**  
University of Pittsburgh  
West Virginia University

**Big South/West Node**  
**UT Southwestern Medical Center**  
**UT Health Science Center at San Antonio**  
**University of California, Los Angeles**

**Clinical Coordinating Center**  
The Emmes Corporation

**Data & Statistics Center**  
The Emmes Corporation

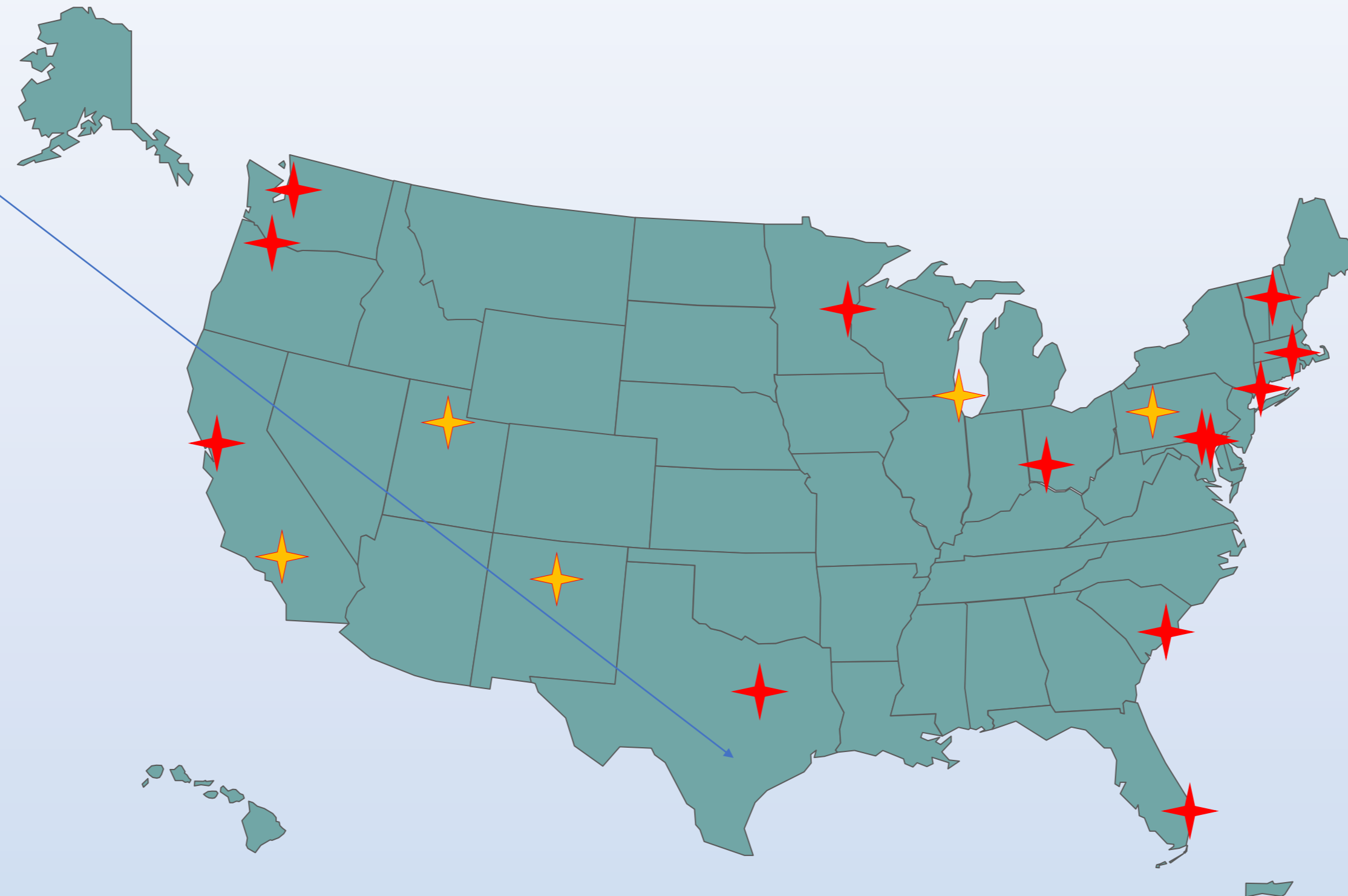
**Florida Node Alliance**  
University of Miami  
Columbia University

**Great Lakes Node**  
Rush University

**Greater Intermountain Node**  
University of Utah

**Greater Southern California Node**  
University of California, Los Angeles

**Health Systems Node**  
Kaiser Foundation Hospitals



**New England Consortium**  
Yale University  
McLean Hospital

**New York Node**  
New York University  
New York State Psychiatric Institute

**Northeast Node**  
Dartmouth College

**Northstar Node**  
Hennepin Healthcare Research Institute

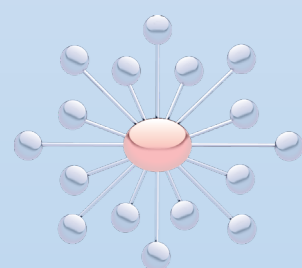
**Ohio Valley Node**  
University of Cincinnati

**Pacific Northwest Node**  
University of Washington  
Washington State University

**Southwest Node**  
University of New Mexico

**Southern Consortium Node**  
Medical University of South Carolina

**Western States Node**  
Oregon Health & Science University  
Stanford University



# CTN Research Portfolio



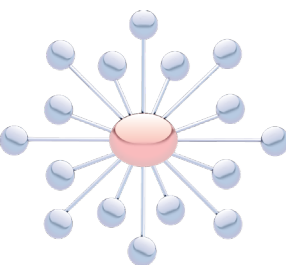
## Studies that address:

- Prevention & treatment strategies
- Optimize effective treatments
- Enhancing/increasing treatment capacities/access
- Implementation & Health Services Research
- Data science

~ 25,000 participants recruited

- 27% African American
- 15% Hispanic
- 6% Multi-race
- 3% Asian American
- 1% American Indian/Alaskan Native
- 39% Women

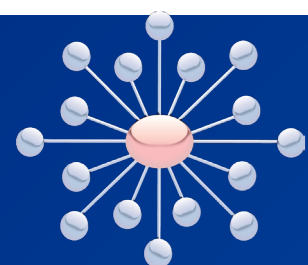
~785 publications submitted/reviewed by Publications Committee  
> 103 concepts reviewed since 2020



Ancillary/platform studies, secondary data analysis

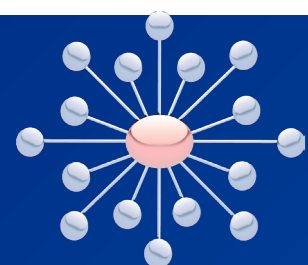
# **CTN: Addressing SUD/ODU in primary care and related settings**

- **CTN 0059: The TAPS Tool: Screen and Brief Assessment Tool Validation Study**
- **CTN 0060-A-1: Validating 3 Substance Use Screening Tools for Adolescents (TAPS, S2BI and BSTAD)**
- **CTN 0062: Incorporating screening tools into EMR in primary care settings**
- **CTN 0074: Primary Care Opioid Use Disorder Treatment (PROUD)**
- **CTN 0075: Pharmacy Screening and Collaborative Opioid Use Disorder Care (Pharm-ODU-Care)**
- **CTN 0077: Medical Cannabis Use among Primary Care Patients: Using EHR to Study Large Populations**
- **CTN 0080: Medication Treatment for Opioid Use Disorder in Expectant Mothers (MOMs)**
- **CTN 0095: Clinic-Randomized Trial of Clinical Decision Support for OUD in Medical Settings**
- **CTN 0096: Culturally Centered MOUD Implementation Facilitation for Primary Care and Addiction Treatment Programs Serving American Indian/Alaska Natives**
- **CTN 0101: Subthreshold Opioid Use Disorder Prevention (STOP) Trial**
- **CTN 0116: Pharmacist-Integrated Model of Medication Treatment for Opioid Use Disorder (Pharmico)**
- **CTN 0131: Office-based Methadone Versus Buprenorphine to Address Retention in Medication for OUD Treatment**
- **CTN 0139: Collaborative Care for Polysubstance use in Primary Care Settings (Co-Care)**



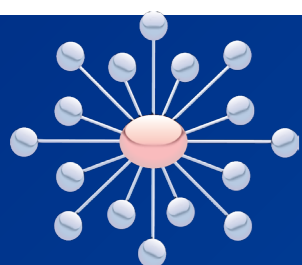
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# Resources

- <https://nida.nih.gov/>
- <https://nida.nih.gov/about-nida/organization/cctn/clinical-trials-network-ctn>
- <http://ctndisseminationslibrary.org/>
- <https://datashare.nida.nih.gov/>
- <https://nida.nih.gov/nidamed-medical-health-professionals/ctn-dissemination-initiative>



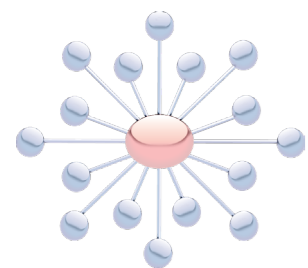
# Thank You

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NIDA

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# Panel Speakers

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- Gavin Bart, M.D.
- Jennifer McNeely, M.D.
- Katharine Bradley, M.D.
- Lisa Marsch, Ph.D.

