Overview
Both chronic pain and opioid use disorder (OUD) are more common among Veterans compared to the general population. As the VA transitions toward a greater emphasis on non-opioid chronic pain treatments, improving access to OUD treatment will be critical for those Veterans with new diagnoses of OUD in the context of long-term opioid therapy. Strong evidence supports the treatment of OUD with medications, including naltrexone, buprenorphine, and methadone. Buprenorphine and naltrexone can be easily prescribed in primary care settings, but prescribing rates lag behind demand. The primary objective of the Addiction Treatment In Primary Care EXPansion (APEX) QUERI-VISN Initiative is to implement and evaluate the evidence-based, effective practice of medication treatment of opioid use disorder in primary care settings. Specifically, investigators will:

- Evaluate the implementation and impact of a multifaceted provider support initiative at two VA medical centers and four community-based clinics in VISN19 (Rocky Mountain Network); and

- Create an interactive implementation toolkit with guidance on facilitation and incentive strategies and resources for broader dissemination across the VISN and VA.

Methodology
Across all APEX projects the integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS) implementation framework will be used to evaluate the implementation and impact of the multifaceted provider support initiative. The i-PARIHS model provides APEX with information on the characteristics associated with positive facilitation of the initiative and helps identify important factors that need addressing as part of the facilitation strategy. This model also provides key insights on facilitator roles during different phases of the initiative. APEX investigators are conducting several implementation strategies, including Individualized Physician Training Support, in which care providers can access mentorship opportunities, attend buprenorphine waiver training (X-Waiver), and participate in OUD webinars and journal clubs. In addition, Hub and Spoke MAT Implementation will allow VA Community Based Outpatient Clinics (CBOC) primary care providers (hub) three different ways to personalize patient treatment, such as receiving personalized e-consultation from an addiction care specialist to assist in developing a treatment plan for specific patients being treated at local CBOC. Investigators also will utilize Incentivize Waivering to encourage local healthcare providers to complete buprenorphine training and obtain a buprenorphine waiver. This will hopefully decrease panel loads on currently waivered providers and give Veterans with more timely care, and more OUD providers to choose from.

(Over)
Findings and Anticipated Impacts

As of March 2019, the APEX project has been able to make significant progress towards its objectives. APEX has conducted four visits to CBOCs located in VISN 19. During these visits more than 40 practitioners received training and Substance Use Disorder (SUD) instruction. Providers also were educated on how to use the three different “Hub and Spoke Models” that are available in VISN 19. In addition, CBOCs were provided information about X-Waiver Training, information about monthly SUD webinars, and were informed about mentorship opportunities available to assist primary care physicians in implementing SUD treatment.

The APEX study was recently able to complete interviews with 10 Veterans about their experience with Opioid Replacement Therapy (ORT) in the VA. Veterans were interviewed in person, with interviews ranging between 6 and 55 minutes. These interviews identified common concepts and concerns shared during the interview process. The study concluded that Veterans were generally pleased with the ORT they received. Veterans reported that the treatment was convenient, personalized, and that they felt like they were included in the decision-making process. Some small suggestions for improvement were shared, but the Veterans overwhelmingly reported that ORT had been a positive life-changing experience. Future interviews will be conducted on both the patient and provider level.

Future studies are required to get a better understanding of the patient experience in having ORT transitioned to primary care. Additionally, future studies should focus on understanding how Veterans experience the separation of their specialty and primary care during Opioid Replacement Therapy.

APEX Outreach Activities

Interactive webinar series ➔ Archived, accessible, targeted to needs of primary care teams
E-consult service ➔ Actionable recommendations for individual patients
Academic Detailing ➔ More intensive problem-solving
ECHO program ➔ Longitudinal provider support
Telehealth Visits

Operations Partner: VISN19, Rocky Mountain VA Network.