

Addressing the Opioid Crisis in Primary Care

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Peninsula Community Health Services



Integration of treatment for Substance Use Disorders

Primary care providers have stepped up to the front lines as an appropriate response to the epidemic

Treating patients for Opioid Use Disorder will have an impact on prescribing practices

Benefits of “chronic disease management” model

1. Primary Care Providers treat OUD just like any other chronic, relapsing, remitting condition (e.g., diabetes)
2. PCP’s can address comorbid conditions (hepatitis, cellulitis)
3. Holistic medical care decreases stigma

Flexible Duration of Treatment

1. Short term opioid “detox” is ineffective and increases relapse/OD risk
2. Medications for Opioid Use Disorder are more effective the longer people are on them
3. Primary care for other medical conditions doesn't have an end point

Low & High Barriers to Access

Intake visits, requirements to initiate and stay in treatment can create barriers

Missed appointments: homeless population and patients with comorbid mental health conditions -- greatest need, but least able to follow through

Every program needs to balance access with integrity of their treatment setting

Buprenorphine Basics

1. Partial-opioid agonist and antagonist
2. Providers must complete specialized training and are assigned a new DEA license
3. Well-studied for efficacy and safety. Meets the standard of “best practices” in combination with behavioral support

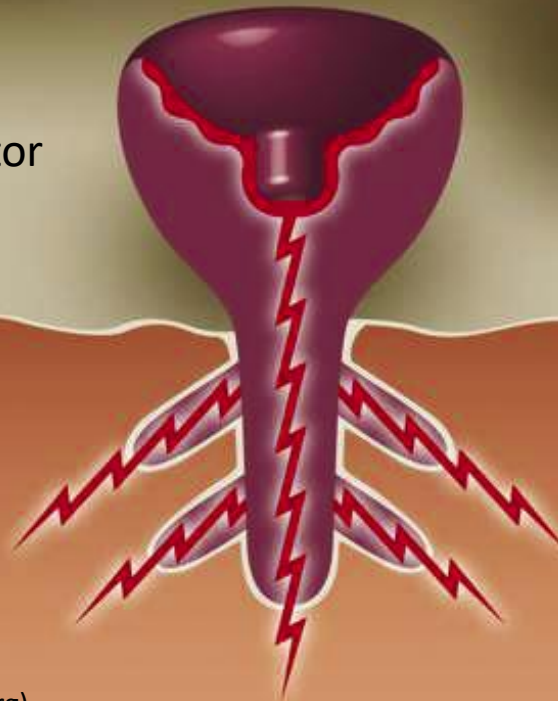
Buprenorphine



Opioid



Empty Receptor



Opioid Receptor in
the brain

Withdrawal Pain

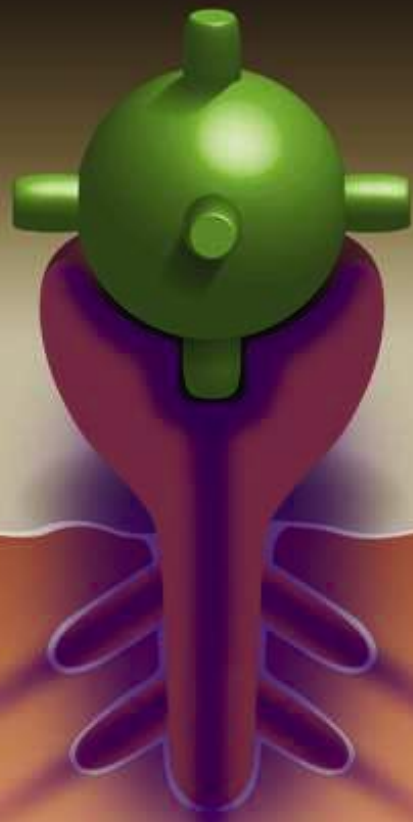
Courtesy of NAABT, Inc. (naabt.org)

Perfect Fit - Maximum
Opioid Effect

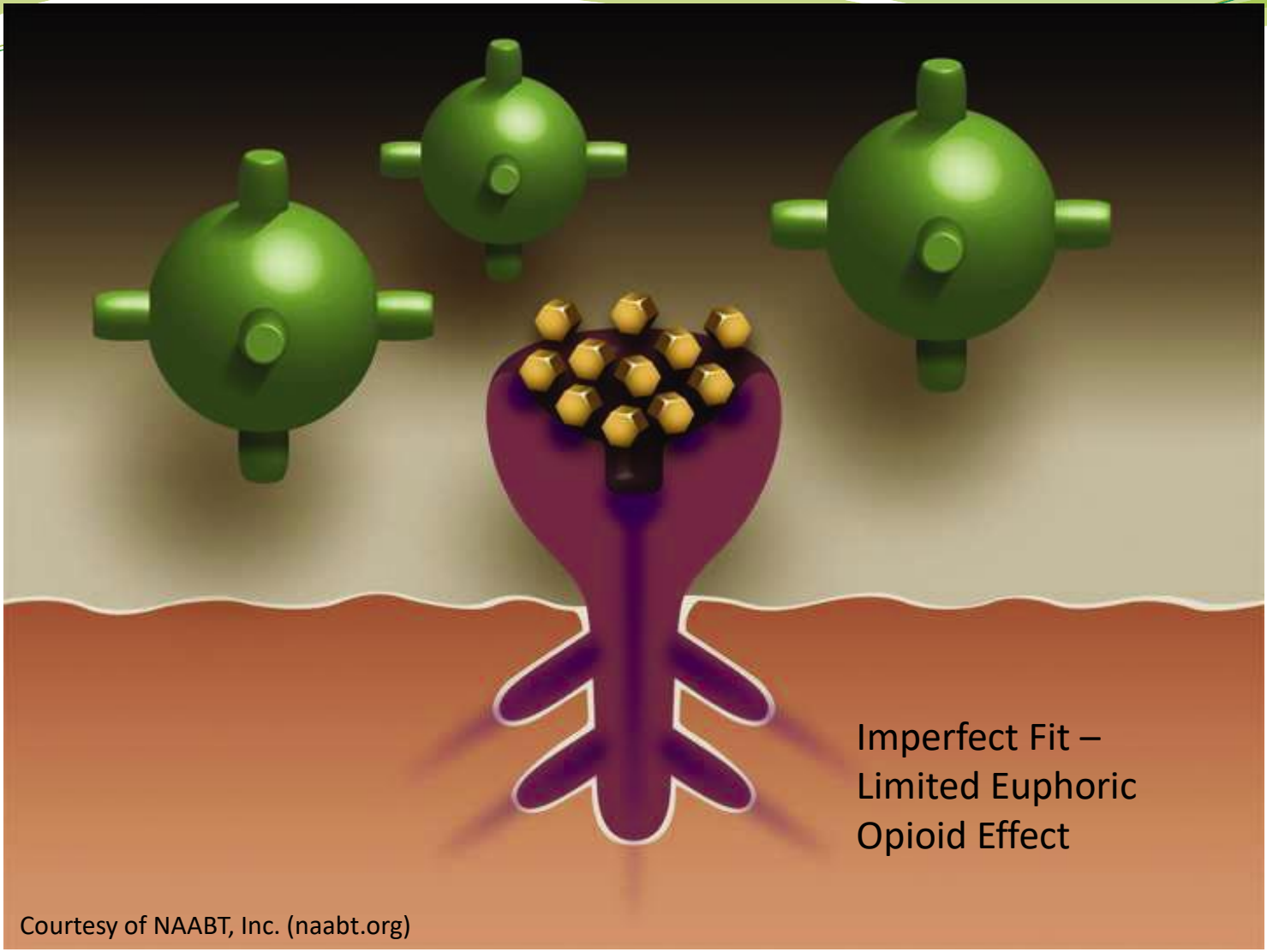
Empty Receptor

No Withdrawal
Pain

Euphoric
Opioid Effect

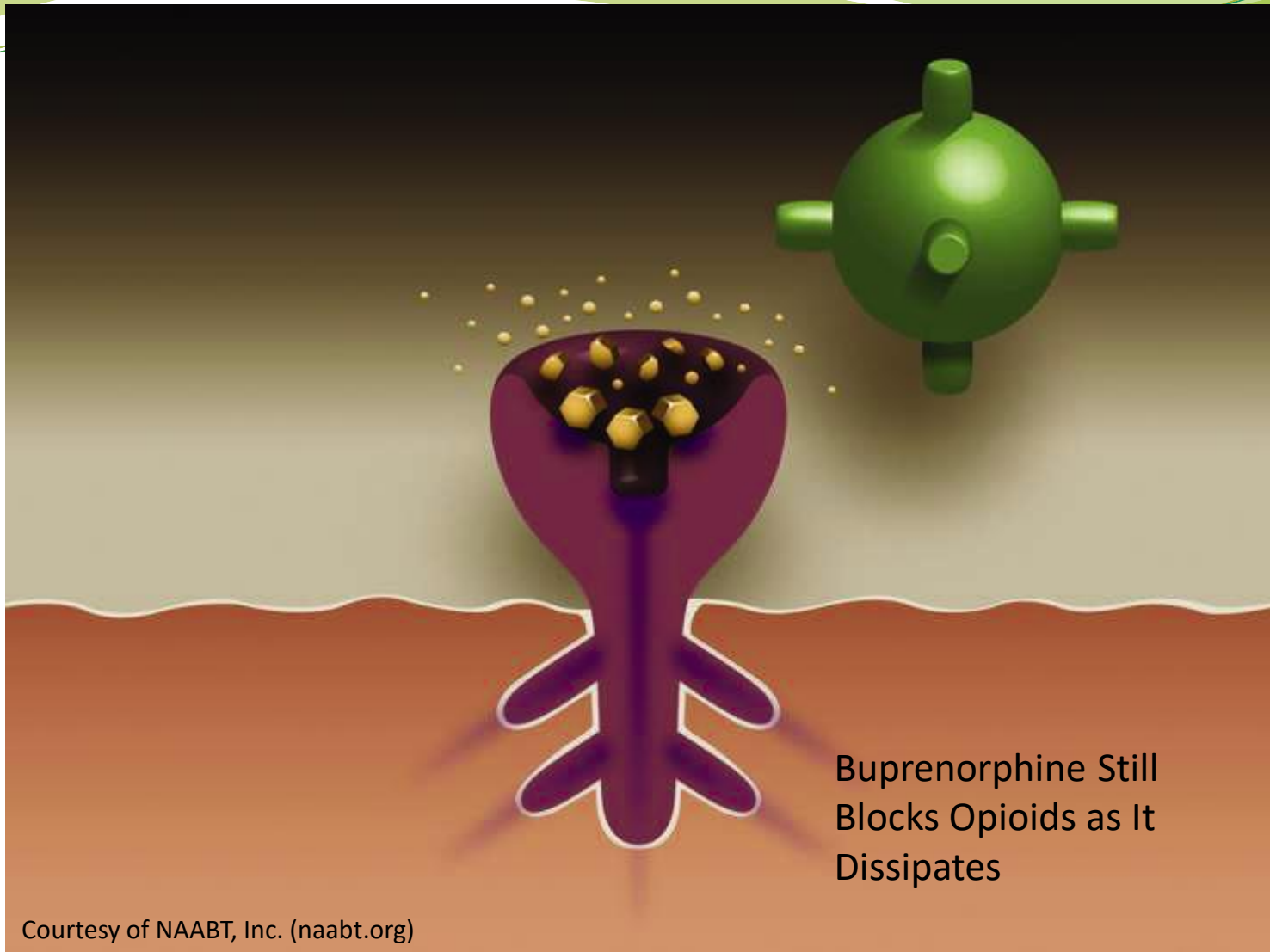


Courtesy of NAABT, Inc. (naabt.org)



Imperfect Fit –
Limited Euphoric
Opioid Effect

Courtesy of NAABT, Inc. (naabt.org)



Buprenorphine Still
Blocks Opioids as It
Dissipates

Courtesy of NAABT, Inc. (naabt.org)

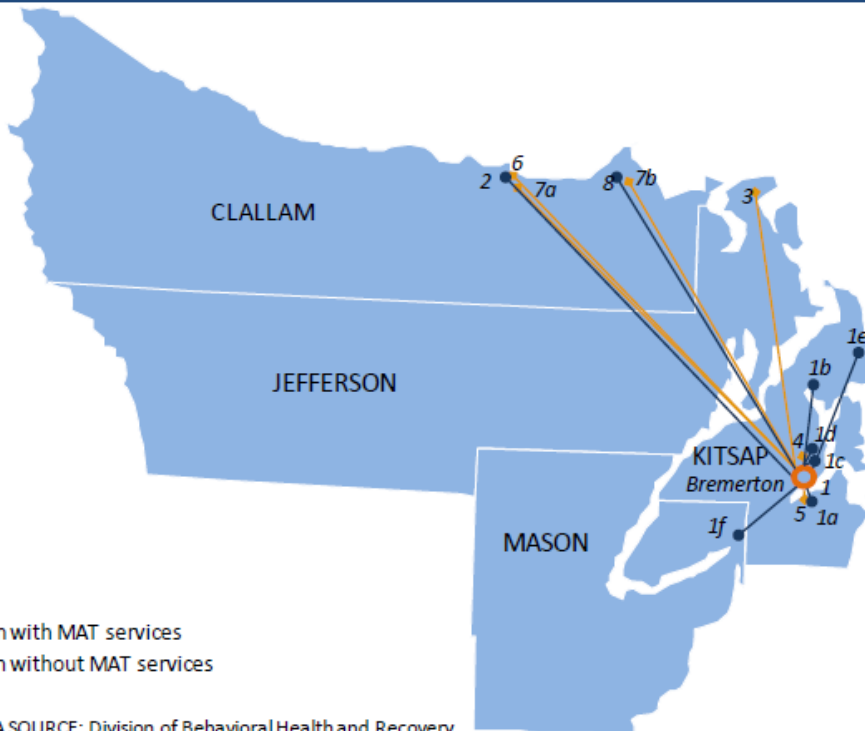
Naltrexone Basics

1. Opioid antagonist

2. Oral tablets or Extended-Release monthly injection (Vivitrol)

3. Requires abstinence from opioids for 7-10 days

Peninsula Community Health Services Network



CLINIC	LOCATION
Peninsula Community Health Services (PCHS) 6 th Street Bremerton Medical Clinic (1)	Bremerton
PCHS Port Orchard Medical Clinic (1a)	Port Orchard
PCHS Poulsbo Medical Clinic (1b)	Poulsbo
PCHS Wheaton Medical Clinic (1c)	Bremerton
PCHS Almira Medical Clinic (1d)	Bremerton
PCHS Kingston Medical Clinic (1e)	Kingston
PCHS Belfair Medical Clinic (1f)	Belfair
North Olympic Healthcare Network (2)	Port Angeles
Discovery Behavioral Health Network (3)	Port Townsend
Kitsap Mental Health (4)	Bremerton
Kitsap Recovery Center (5)	Port Orchard
Clallam County Syringe Exchange (6)	Port Angeles
Peninsula Behavioral Health (PBH) Port Angeles (7a)	Port Angeles
PBH Sequim (7b)	Sequim
Jamestown Family Health (8)	Sequim

- STR Hub site
- STR Spoke location with MAT services
- ◆ STR Spoke location without MAT services



DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spokes may be behavioral health providers, primary care providers, referral only agencies, or provide other wrap around services. Hub and Spoke numbers correspond to contact information on next slide.

Hub and Spokes Peninsula Community Health Services

STR Monthly Summary Report

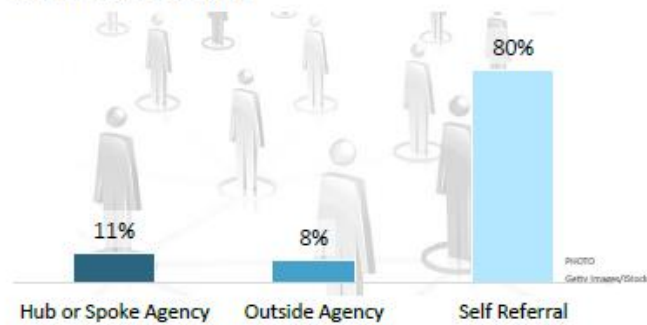
Total Treatment Events **842**
Unduplicated Patients **838**



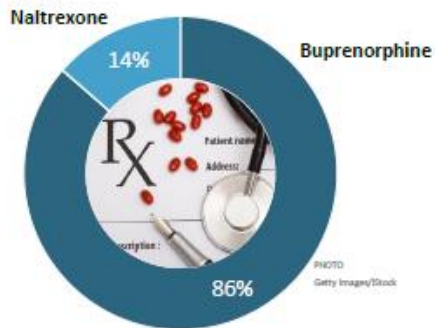
PCHS TARGET



REFERRAL SOURCE



MEDICATIONS



DEMOGRAPHICS

