



Various Models For Treating Substance Abuse Patients

Most Involve Medical Home-Style Forms Of Care

The number of people with opioid use disorder (OUD)—which is marked by a dependence on opioids, including prescription pain relievers and illicit drugs such as heroin—far exceeds the treatment capacity across the country.¹ In 2017, more than 450,000 individuals with OUD were unable to access treatment.

Increasingly, states and local communities are implementing models that aim to improve the availability and effectiveness of OUD treatment. We describe here four innovative treatment models that show promise in improving patient outcomes and that have been or will soon be replicated in other jurisdictions.

The treatment models described do not represent an exhaustive list of approaches but instead serve as examples of programs that states and communities have successfully implemented. All of them offer medication-assisted treatment (MAT)—which combines drugs approved by the Food and Drug Administration (FDA) with behavioral interventions—and focus on care coordination for individuals with OUD.

Hub-And-Spoke Model

In 2013, Vermont implemented the Care Alliance for Opioid Addiction, a statewide treatment response to the opioid crisis that integrates care across primary, acute, and behavioral health settings (see Figure 1).² Recognizing the important role of MAT, this model expands access to FDA-approved drugs and related counseling services by creating two interrelated systems of care called hubs and spokes.³

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A Medical Home For Substance Abuse Patients

Like Any Other Group, They Require Coordinated Care

By Alice Geis

More than 63,000 individuals died from drug overdoses in the United States in 2016 (Centers for Disease Control and Prevention [CDC], 2018). The reality of the increased incidence of drug overdose is all too familiar to professionals and the public alike. Much focus has been on the opioid epidemic, but misuse of other classes of drugs, singly or in combination with alcohol or other prescription or illicit drugs, can also result in harm.

Eighteen percent of the population reports use of illicit substances or misuse of prescription medications (CDC, 2018). Prescribing medications that have a high potential for patient harm, especially when combined with illicit substances or alcohol, can pose significant risks of patient morbidity and mortality, and can expose prescribers and organizations to liability. Interprofessional healthcare teams are increasingly being called on to help mitigate these risks and to work together to relieve symptoms of medical and psychiatric disorders safely and effectively.

Opioids and benzodiazepines, due to their capacity to induce tolerance and dependence, are two risky medication classes that are especially dangerous when taken together, or in combination with alcohol. Use of these medications in individuals with an existing substance use disorder (SUD) can precipitate relapse. Although benzodiazepines have some use in the treatment of anxiety disorders and insomnia and opioids can help manage acute pain, new guidelines recommend that these medications be used less frequently, and not combined (CDC, 2016; Dowell, Haegerich, & Chou, 2016).

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