

Collaborative care shown to be successful for patients with opioid addictions

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Researchers from Boston University School of Medicine (BUSM) have found that for the majority of patients with opioid addiction, collaborative care with nurse care managers is a successful method of service delivery while effectively utilizing the time of physicians prescribing buprenorphine. The findings, which appear in the March 14 issue of the *Archives of Internal Medicine*, serve as a model of service delivery for facilitating access and improving outcomes in patients with opioid addiction.

Opioid addiction is a chronic, relapsing [brain disease](#) that affects millions of Americans and places a tremendous burden on the [healthcare system](#). Recent studies have revealed alarming increases in opioid addiction and overdoses, particularly with regard to prescription opioids. Less than 25 percent of individuals addicted to opioids receive addiction treatment.

In 2002, US physicians gained the opportunity to treat opioid-addicted [patients](#) with buprenorphine in primary care settings, commonly referred to as office-based opioid treatment (OBOT). Although OBOT has been shown to be effective in primary care settings, it remains underutilized in traditional care models mainly due to the lack of adequate clinical support given the additional needs for patient monitoring.

From 2003 to 2008, 408 patients with opioid addiction were treated with [buprenorphine](#) utilizing collaborative care between nurse care managers and generalist physicians. At 12 months, 51 percent of patients

(196/382) underwent successful treatment. Of patients remaining in treatment at three, six, nine and 12 months, 93 percent were no longer using illicit opioids or cocaine based on urine drug tests.

"These outcomes were achieved with a model that facilitated physician involvement," said lead author Daniel P. Alford, MD, MPH, FACP, FASAM, an associate professor of medicine at BUSM.

"Our study shows that in this particular setting, collaboration with nurse care managers allowed academic generalist physicians with research, administrative and clinical responsibilities to effectively and safely treat a large number of patients, many of whom had complex psychosocial needs," he added.

According to the researchers this study adds to the growing body of evidence that office-based treatment of opioid addiction is feasible in [primary care](#) settings.

Provided by Boston University Medical Center

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