How an Innovative Program in Kentucky is Addressing the Opioid Crisis through Refining the Delivery of Integrated Primary Care

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STATEMENT OF THE PROBLEM

The state of Kentucky has one of the highest rates of both opioid prescription and addiction (CDC, 2017). High levels of opioid-based coping patterns exist concurrently with high levels of health disparity and lack of access to routine medical care for disenfranchised underserved minority populations in urban as well as rural areas (Luu, et.al., 2019). This is further complicated by comorbid trauma histories of patients, which is known to also be disproportionately high in this state (U.S. Dept. of Health and Human Services, 2017).

Patients present in Primary Care with a complex interplay of medical, dental, and mental health problems that complicate the clinical picture, create treatment obstacles, increase risk of provider burnout, and may lead to poor health outcomes. Being able to assess and address all of these concerns simultaneously from a multi-disciplinary approach is critical. Differential diagnosis and ascertaining clinical pain requiring medication management from opioid-seeking behaviors is challenging. Those scenarios are not mutually exclusive and are further complicated by neurologically-based pain sensitivity, which increases with long term use of opioids as well as with trauma-related psychopathology (Roth, Geisser, & Bates, 2008; Pud, Cohen, Lawental, & Eisenberg, 2005; Arout, Edens, Petrakis, & Sofouglu, 2015).

APPROACH TOWARD SOLUTION

Refinement of integrated treatment team approaches to address opioid use mitigates many concerns in the primary care environment. Patients have the opportunity to discuss the numerous and interweaved health concerns that have accumulated over years of opioid use and lack of access to treatment. Providers are empowered to treat complex health considerations associated with dual-diagnosis concerns by accessing the broad knowledge base and skill set of interdisciplinary experts on their team. The integrated treatment team provides a pathway to better develop and understand the context of the patient. Reduction of stressors and increased adjunctive supports allow patients to focus on acquisition of more adaptive coping measures and reduction of extraneous emotional sources of pain. Additionally, peripheral supportive services reduce the shame and guilt cycle which is often implicated in relapse narratives (Randles & Tracy, 2013; Tangney, Stuewig, Mashek, & Hastings, 2011)

Approaching these cases from an integrated perspective and skill set requires multi-modal competencies and cross-training across providers. Shared responsibility across a healthcare team with complementary competencies reduces patient burden on individual providers and increases problem solvability, thereby reducing provider burnout while improving patient health outcomes. Understanding these cases as an intersection of culture, physical, dental, mental health, trauma, and other legal and socio-political determinants is necessary. This requires cultural competency, cultural humility, and empathy on the part of providers as a core competencies in addition to those associated with providers' specialties. Eliciting community support and inter-organizational collaboration is key as well as establishing a bi-directional referral network and pipeline to meet the broad and diverse needs of these patients. A multi-disciplinary team that strategically coalesces can help both patients and providers effectively navigate a network of peripheral services which often includes intersection with legal services and court systems due to the increased focus on and pressure to contain this epidemic via means that are often punitive vs. rehabilitative. Criminal record associated with substance abuse can have far reaching and long-term implications that contribute to risk of relapse, such as difficulty obtaining housing, employment, and critical access to government programs, such as food assistance.

IBHSP PROGRAM

A model of addressing the opioid crisis within integrated primary care resulting from a HRSA-funded behavioral health training program at a university in Kentucky is highlighted.

Psychologists, physicians, dentists, nurse practitioners, physician's assistants, and social workers collaborate to conceptualize and deliver interventions aimed at addressing the opioid crisis within the context of integrated primary care in underserved communities with elevated risks.

The role of the BHC in dealing with the opioid crisis includes within primary care includes:

- Assessment
- Consultation
- Psycho-education
- Advocacy
- Liaison with criminal/legal system
- Mobilize community support services
- Targeted Intervention
- Referral for traditional mental health/SA treatment

DISCUSSION & FUTURE DIRECTIONS

The IBHSP program discovered serendipitously that the role of the behavioral health consultant (BHC) in integrated priamry care serves an important function in assessing and responding to opioid misuse within the primary care setting.

In communities where opioid misuse is known to be disproportionately problematic, like areas within Kentucky, designating a BHC to specifically focus on this issue may be a justifiable strategy for primary care clinics that encounter opioid misuse as a common concern.