Introduction and Objective

The opioid crisis continues to be a growing public health concern across the United States. Americans struggling with Opioid Use Disorder (OUD) can seek different resources to help curtail their addiction. These include abstinence-based programs such as Narcotics Anonymous and Speciality treatment facilities including methadone and suboxone clinics. It has been shown that increased availability of drugs to treat opioid use addiction, such as methadone and buprenorphine, is linked to a lower likelihood of relapse and fatal overdoses. Therefore, Medication Assisted Treatment (MAT) is a valuable asset because it combines behavioral therapy and medications to treat opioid use disorder. Despite the potential benefit of primary care MATs, there are factors leading to low access and utilization of these programs. They include limited number of trained prescribers, policy barriers such as insurance coverage, and both patient and provider stigma associated with MAT. Demographics from the primary care MAT program of Project HOME Health Services of Philadelphia were reviewed for this project.

Methods

- Population:
  - 108 patients enrolled in MAT program since July 2017
- Collection Method:
  - Electronic Medical Record database
- Planned Analyses:
  - Demographic Descriptive Statistics

Results

Enrolled patients: 108
Age Range: 27-71
Mean: 46.6 Median: 49

MAT patients active in MAT program: 39*  
21 Male, 18 Female

Active Pt Homeless Status:  
25% reported Shelter, Street, Transitional, Supportive Housing, Formerly Homeless

Medical
69 patients received a Hepatitis C Virus Antibody Test  
26 of tested patients >11.0  (38%)  
8 reported Positive  
20 negative

39% reported Hypertension  
54% reported Depression  
94% reported Current Tobacco Use

Race

- Black
- White
- Multiracial
- Declined to Specify

Zipcode of All Patients Enrolled

Potential Areas for Further Research

- Statistical Comparisons  
  - Of adherence of participants in MAT programs  
  - Demographics  
  - Zip code and distance from clinic sites  
  - Comorbidities including Hepatitis C
- Additional information to be gained through Urine Drug Screens  
  - Number of months until only prescribed drugs in urine  
  - Number of drug screens positive for fentanyl
- Determine specific additional primary care needs

Conclusions

The reported findings describe the demographics of the MAT participants of Project Home of Philadelphia. This data will be utilized in conjunction with other research that assesses adherence to MAT programs and quality of life. Future areas for research involve statistical comparisons to determine factors leading to patient retention in the program. Another future project would be to review the patients’ urine toxicology screens for additional information, including the number of months in the program until only the prescribed drugs are in the urine and how many drug screens were positive for fentanyl. Finally, further research may determine specific additional primary care needs of the participants.

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References