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High Retention in an FQHC MOUD Program Despite Substantial Vulnerabilities in Population

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Background: Seventy-thousand people in Philadelphia use heroin, and another 50,000 misuse prescription opioids. Philadelphia has increased its capacity for medication for opioid use disorder (MOUD) with buprenorphine from 100 slots in 2017 to 2,906 as of December 2018, but clearly there is still a need for thousands of more treatment slots. Additionally, recent evaluations reveal people from vulnerable populations, including homeless, non-white, and those with chronic medical diseases, have compounded difficulty accessing MOUD, even if there is sufficient capacity. Our objective was to describe and report initial outcomes of a low-threshold MOUD program at our Federally Qualified Health Center (FQHC) in Philadelphia.

Methods: We followed 79 patients at our FQHC from their time of initiation until their unplanned treatment termination. Additionally, the relationship of time retained in treatment was compared against homelessness status or cocaine use at baseline through Kaplan-Meier Survival estimates.

Results: 3 month retention: 82%. 6 month retention: 63%. No significant differences in treatment retention were found between individuals experiencing homelessness vs. not homeless (p=0.25) and cocaine use vs. no cocaine use (p=0.12).

Conclusions: Our FQHC MOUD Program engaged a high level of marginalized groups facing multiple vulnerabilities, and retained them in treatment at rates comparable or higher than reported figures from other FQHCs. This shows that the low-threshold, group based model

integrated into a primary care setting shows promise in increasing access to and retention in MOUD services.