

Capsule Commentary on Wakeman et al., Effect of Integrating Substance Use Disorder Treatment into Primary Care on Inpatient and Emergency Department Utilization



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Wakeman and colleagues [1] performed a retrospective cohort study exploring associations between deployment of integrated addiction treatment across a large primary care network and acute care utilization. Patients exposed to the multi-modal intervention (recovery coaches, local champions, use of medications for addiction treatment, and availability of expert consultation) were compared to matched control patients in practices with usual care, including referral for addiction treatment. The authors found an association between availability of the intervention and lower levels of acute care utilization, specifically shorter hospital stays and fewer ER visits; however, this came at the expense of significantly more primary care visits.

This innovative study adds to a growing body of literature supporting the importance of engaging patients with substance use disorders in evidence-based treatments in order to address the current crisis of addiction and overdose [2]. While not a randomized trial, the use of a propensity-matching strategy to compare intervention and control groups strengthens the study's results, as does the use of outcomes that are widely recognized to be of importance to health care systems and society at large. Deploying recovery coaches in primary care is a relatively novel aspect of this study and worthy of further investigation [3]. As with any multi-modal intervention, the essential components of the intervention are uncertain, which could be important to clarify given the sizeable increase in primary care utilization required in the intervention group. Additionally, the magnitude of the effect found by Wakeman and colleagues could be attenuated in real-world conditions, where enthusiasm and resources might be more constrained.

In light of the ongoing epidemic of addiction sweeping the country, this study provides further support for the integration of substance use disorder treatment in primary care. Such an approach not only aligns with recommendations of major organizations but also provides the most realistic means of rapidly scaling up treatment availability to meet demand [4]. What remains unclear is how practices and health systems can sustainably fund interventions that require substantial up-front investment, particularly given the many competing demands on our nation's primary care infrastructure [5].

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