



*Stories from the American Board of Family Medicine*

## Board-Certified Physicians Collaborate with Opioid Treatment Program to Change Patient Lives

Drs. Jessica Richardson, Christine Neeb and Nicole Gastala are ABFM Diplomates who provide family medicine care at the Mile Square Health Center in Chicago, a federally qualified clinic that sees patients regardless of status or ability to pay. In 2021, they and their staff began implementation of an Integrated Community Collaborative Care Model which allows patients seeking primary care to receive treatment for opioid use disorder in the same office building through a partnership with an opioid treatment program.

This work came to ABFM's attention when the group submitted a Health Disparities/Health Equity Self-Directed Performance Improvement (PI) activity detailing the program's implementation. Encouraged by the patient-centered model, we reached out to learn what prompted this innovation and how patients have responded.

Understanding the program requires knowledge of the clinic's patient population. Having previously practiced in Iowa, Dr. Gastala was surprised by the difference in those patients affected by opioid use disorder when she arrived in Chicago.



Dr. Nicole Gastala

"In Iowa, the opioid epidemic was newer. The afflicted patients were younger. While in Chicago, the opioid epidemic is older. In fact, it has been impacting marginalized communities in the city for the past 20-30 years, particularly African American men in their 50s, 60s and 70s," said Dr. Gastala, the Mile Square Health Center's Director of Research, Behavioral Health, and Addiction.

"The challenge with this patient population is that they also have co-occurring health problems. You have to balance medications for opioid use disorder with their other treatment requirements. For example, we learned from our oncology colleagues that Suboxone is not the best choice for cancer patients with opioid use disorder.

We needed to instead use Methadone to control their pain and their addiction so the patient could engage with clinicians and feel supported in their care."

Addressing this medically complex patient population was difficult, in part, due to siloes of distance and organizational disparity. From the group's ABFM PI submission, it was clear that patients with untreated substance use disorders tended to have difficulty completing routine health screenings. Mile Square Health Center's physicians recognized that something needed to change to facilitate improving screening rates and to improve patients' overall health.

In 2019, Dr. Gastala and her colleagues began developing an integrated program that would address not only opioid abuse but access to care, patient satisfaction, health screenings, and numerous conditions that could be improved by treating the whole patient.



Dr. Christine Neeb

"There are a lot of disparities in treatment for opioid use disorder," said Dr. Christine Neeb, Assistant Professor of Clinical Family Medicine. "During treatment, the patient has to go get a dose of methadone or a comparable medicine every single day. That leaves them very little time to also go to a primary care appointment. Our goal was to provide access to all FDA approved medication for opioid

use disorder through a co-location model, so they didn't have to choose between getting treatment for opioid use disorder or receiving primary care."

After careful planning, this became a reality in 2021 when the University of Illinois Hospital Mile Square Health Center partnered with Family Guidance Center, an opioid treatment program. There were numerous security issues to untangle and address, but a careful balance has allowed the co-habitation to thrive.

Family Guidance Center remains in charge of the DEA license, dispensing, nursing, security, and therapy. Meanwhile, Mile Square Health Center provides patient history and physical exams; interprets lab and other studies; determines optimal treatment, including appropriate dosing and titration; documents code status changes; and anything other needs that the patient has. The organizations operate from separate EMRs, but people on both sides have access to each patient's complete documentation.

"It's really the best of both worlds because we felt we could offer our patients any option they wanted in the safety of their medical home. Plus, there was anonymity for them," added Dr. Gastala. "When you come to a family medicine practice, no one knows why you're there. No one has to know that you're being treated for addiction as part of your care."

All three physicians agreed that the program has been rewarding, and it allowed them to change the lives of their patients in new ways. Some had been visiting Mile Square for years without disclosing they had an opioid use disorder.



Dr. Jessica Richardson

"I had a patient that I knew for years, but I didn't know he had an opioid use disorder. When I found out, I said, 'You know, I can treat that too.' The look on his face said it all. I ended up treating both he and his wife. They've been purchasing opioids off the street for pain treatment. It was such a relief to provide better care for them and do it in one place to ease access as well," said Dr.

Jessica Richardson, Assistant Professor of Clinical Family Medicine.

"One of the most positive experiences I had," said Dr. Gastala, "was a patient who was unsheltered, homeless, and pregnant. She was able to enroll in our program. She stopped using while pregnant, went into recovery housing, and was able to retain custody of her child. It's been nine months since the patient delivered, and

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*Dr. Christine Neeb*

she remains substance free and doing very well. So, I think that was one of those really big wins that you don't always get."

Dr. Richardson submitted the program's implementation to ABFM as a PI activity and noted, "This project has proven that providing patients with the tools to decrease barriers to care can increase the patient's ability to establish and maintain a relationship with a primary care provider and to complete routine care maintenance screenings."

All three physicians were positive about the program's success and advocated for other family medicine practices around the country to consider something similar for their populations dealing with opioid use disorder.

Dr. Neeb closed by saying, "I think we really demonstrated that family physicians can treat this, and it can be treated very well when integrated into primary care. It helps our patients by giving them the freedom to live their lives as best they can."

Thank you to Dr. Richardson, Dr. Neeb and Dr. Gastala for sharing your story and submitting this program as a PI activity.

***If you have been involved in the development and implementation of changes in your practice setting, they may qualify for PI credit, visit the ABFM website to learn more.***



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