

Patients receiving opioid agonist treatment less likely to receive high quality primary care

Background

Why is this important?

- Opioid use disorder is a medical condition where users have problematic patterns of opioid use that increases the risk of developing serious health problems. Opioid Agonist Treatment (OAT) - with methadone or buprenorphine - is the first-line treatment for those with an opioid use disorder.
- Many patients receiving OAT must regularly attend specialized treatment clinics; however, it is unclear whether they are also able to access primary care services to ensure that they have appropriate screening and management of chronic diseases.

What were we investigating?

- This study sought to determine if people receiving OAT are receiving high quality primary care.

Key Points

- Individuals who receive OAT were less likely to receive cancer screening and optimal diabetes monitoring even with frequent visits to a physician.
- Less than half of individuals who receive OAT were enrolled with a primary care provider.
- OAT patients taking buprenorphine, those enrolled in a medical home and those seeing a low volume prescriber were generally more likely to receive cancer screening and diabetes monitoring.

Study Details

How was the study conducted?

- We conducted a population-based retrospective cohort study among individuals eligible for public drug benefits in Ontario, Canada who received methadone or buprenorphine for at least six months between October 1, 2012 and September 30, 2013.
- Rates of cancer screening and diabetes monitoring among those who had at least six months of continuous OAT use were compared to matched controls from the general population receiving public drug benefits. Statistical modeling was used to assess differences.
- In a secondary analysis, we compared outcomes by type of OAT (methadone or buprenorphine), and factors related to healthcare delivery (OAT physician prescribing volume and patient enrolment in a medical home).

For more information

Spithoff, S et al. Quality of primary care among individuals receiving treatment for opioid use disorder. *Canadian Family Physician*, 2019.



What did we find?

- We identified a cohort of 20,406 OAT patients who had an average of 31 physician clinic visits over the six-month period. Among this cohort, 95% received methadone and 5% received buprenorphine. OAT patients lived predominantly in urban areas and resided in neighbourhoods in the lowest income quintile.
- Among individuals who received OAT treatment, 43.8% (n=8,948) were enrolled with a primary care physician. Those who received buprenorphine were more likely to receive screening for cervical cancer, colorectal cancer and optimal monitoring for diabetes compared to those treated with methadone
- Compared to controls, OAT patients were much less likely to receive screening for cervical cancer (48.7% vs 62.6%; adjusted Odds Ratio (aOR): 0.34, 95% confidence interval (CI): 0.31-0.36), breast cancer (23.3% vs 49.1%; aOR: 0.19, 95% CI: 0.16-0.24), colorectal cancer (32.5% vs 49.0%; aOR: 0.34, 95% CI: 0.30-0.38) and to have monitoring for diabetes (11.7% vs 28.5%; aOR: 0.16, 95% CI: 0.13-0.21).

Recommendations

Policy makers

- As individuals receiving OAT frequently interact with the healthcare system, models of integrating OAT into primary care may improve access to quality healthcare in this population.

OAT Physicians

- As OAT is a long-term therapy, this patient population will have an increasing need for chronic disease prevention and management as they get older. Providers should aim to ensure that patients taking OAT are also accessing high quality primary care (including screening and monitoring for chronic diseases) within their setting or elsewhere.

Patients

- If you are receiving OAT for an opioid use disorder, talk to your doctor about appropriate screening and preventative measures for chronic diseases.