Editorial
Volume 9:7, 2021

Journal of General Practice

ISSN: 2329-9126 Open Access

# Medication-Assisted Treatment Different Caring Models

**Stephen J. Hunt***

*Department of General Medicine, University of Pennsylvania, 3400 Spruce St, Philadelphia, USA*

## Introduction

MAT involves the utilization of opioid agonists or antagonists within the treatment of OUD. Two medications are currently utilized in the office-based settings for treating OUD: buprenorphine (with or without naloxone) and naltrexone (as daily oral or extended-release formulations). Medications that are utilized in medical care settings in other countries but aren't available for treatment of OUD in office-based settings include methadone and sustained-release morphine; within the U.S., methadone can currently only be dispensed for treatment of OUD in licensed and accredited opioid treatment programs or in rare research or demonstration settings.

A number of MAT models of care in medical care settings were described within the literature and by Key Informants. A challenge in summarizing MAT models of care is that the models of care frequently had overlapping characteristics, and varied within the degree to which they were structured and adapted to specific settings. Key Informants consistently noted four important components of MAT models of care i.e. pharmacological therapy (currently, buprenorphine (with or without coformulated naloxone) or naltrexone (oral or extended-release), (provider and community educational interventions, coordination/integration of substance use disorder treatment and other medical/psychological needs and psychosocial services/interventions. However, they also noted variability within the degree to which each of those components is addressed. We categorized four models as primarily practice-based and eight as systems-based, though most have elements of both. We defined practice-based as a model which will be wiped out a private, standalone clinic; whereas systems-based models involve components across multiple levels of the health care system to affect care throughout a network or local region.

Educational/outreach efforts included local stakeholder meetings for training and to determine and disseminate standards of care (Southern Oregon Model), mentored buprenorphine prescribing and Internet-based provider education and support (Project Extension for Community Healthcare Outcomes [ECHO]), training aimed toward getting more physicians waivered to be used of buprenorphine, and education aimed toward decreasing stigma and increasing use or uptake of MAT by clinicians, office , and patients (various models). The SAMHSA-funded Physician Clinical Support System-Buprenorphine (PCSS-Buprenorphine), a Web-based resource designed to support physicians who prescribe buprenorphine by providing training and education and linking them with a national network of trained physician mentors, was instrumental in increasing the amount of buprenorphine-waivered physicians during the initial expansion of MAT into office-based settings.

The degree to which psychosocial services are integrated into the MAT treatment setting, the intensity of psychosocial treatments, and therefore the intensity of psychosocial services, varied even within programs implementing an equivalent model of care. There's disagreement regarding the kinds or intensity of psychosocial services required to implement successful office-based models of care in medical care settings. Some Key Informants considered models of care without integrated, comprehensive psychosocial services to be inadequate; other Key Informants noted that models of care that included brief counseling with medication treatment are shown to be effective which although such models won't represent the perfect, they'll be easier to implement and already represent an excellent improvement in terms of access to worry and treatment outcomes. A crucial advantage of the Hub and Spoke model is that the availability of tiered care and therefore the availability of regional expertise within the management of OUD.

The established relationships between the hub and spokes promote ongoing coordination and integration, including efficient consultation with the hubs and transfer of care to the hub as required. Within the spoke sites during this model of care, the utilization of designated non physician “care connectors” at the spoke sites and availability of embedded psychosocial services are important advantages over models during which the coordination/integration roles are less well defined or during which psychosocial services aren't available on-site. a possible disadvantage of the Hub and Spoke model is that a hub with the acceptable expertise and resources might not be available altogether settings that wish to implement a MAT model of care. Also, the spokes within the Hub and Spoke model are likely to vary within the degree of experience and kinds of services provided.

**How to cite this article:** S,Hunt . "Medication-Assisted Treatment Different Caring Models." *J Gen Pract*9 (2021) : 7

***Corresponding author**: Stephen J. Hunt, Department of General Medicine, University of Pennsylvania, 3400 Spruce St, Philadelphia, USA, E-mail: huntst36@yahoo.com*



**Received**: July 09, 2021; **Accepted**: July 24, 2021**; Published**: July 31, 2021