

Improving Medication Treatment for Substance Use Disorders (SUD) in SFDPH BHS Clinics

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UCSF Public Psychiatry Fellowship 2022-2023

Background

- SFDPH clinics have seen a major increase in SUD-related overdose deaths and co-morbid mental illness.
- FDA-approved medications can be successfully used to treat individuals with opiate use disorder (OUD), Alcohol Use Disorder (AUD), and Nicotine Dependence (ND).
- SFDPH leadership reports few BHS prescribers actively prescribe medications for SUD.
- *Capstone Objective:* To understand the barriers/facilitators that SFDPH BHS adult providers face when prescribing FDA-approved medications to treat SUD

Methods

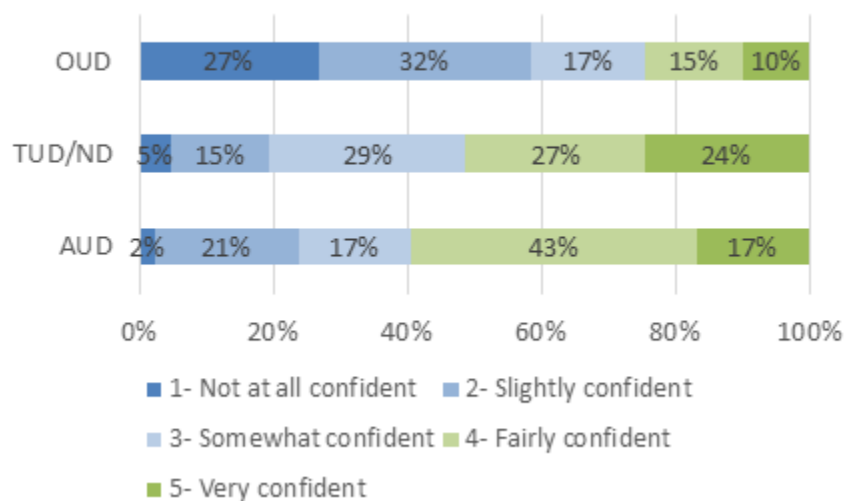
- 5-minute online survey assessing frequency of medication prescription for SUD and treatment beliefs

Results

- N=45 prescribers, MD (64.4%), Pharmacist (17.8%), Nurse Practitioner (15.6%), Formally Addiction Trained (13.3%)
- Prescribers are less comfortable with medications for OUD than for ND/AUD.
- Clinicians report more logistical hurdles with OUD and more patient resistance with TD/AUD.
- Prescription rate did not vary significantly based on years of practice or formal addiction training.

	Currently prescribing	Avg. patient encounters in past week	Rate of prescription
AUD	71.4%	2.3	41%
ND	67.5%	4.3	34%
OUD	19.5%	1.9	25%

Confidence in prescribing medication for:



Discussion

- Did not determine if clients actively receiving treatment elsewhere.
- Prescribers feel underprepared and lack necessary tools to care for SUD (OUD in particular) in mental health clinical settings (e.g., lack of billing capacity as primary diagnosis).

Implications for Future

- Bolster support for providers with training, simplified guidelines, and formal expert consultation
- Improve systemic workflow with coordinated care and administrative support