

## **Somos looks to treat addiction via primary care**

Somos, a network of more than 2,000 physicians, is looking to grow a buprenorphine initiative in primary care settings to increase access to the medication, which is used to treat opioid-use disorder.

Chief Medical Officer Dr. Diego Ponieman is leading the charge and believes the initiative—known as the Bupe Group—is an effective tool to recruit and support primary care physicians as buprenorphine prescribers. It also incorporates the shared medical appointment model, which can be cost-effective and encourage patients with similar substance-abuse conditions to serve as peer support for one another.

"The idea is to get as many physicians involved and as many patients exposed to treatment as possible," Ponieman said.

Opioid-use disorder is similar to other chronic diseases in that not every patient needs to be referred to a specialist, he said. But one challenge can be getting primary care physicians comfortable with the idea of treating patients with a substance-use disorder. Many are concerned they will be flooded with patients, but that is largely a myth, he said.

Physicians can start by adding treatment for opioid-use disorder for patients being seen for other conditions. The goal is not for primary care physicians to become addiction specialists, Ponieman said. Rather, it's to add to treatment for their own patients.

And while federal regulations require physicians to complete training to prescribe buprenorphine, many physicians who do don't end up writing any prescriptions. Continued support through the Bupe Group can be helpful in bridging the gap between training and treatment.

For patients, the Bupe Group can provide consistent access to medication that stops opioid cravings as well as a network of peer support.

Many addiction centers that prescribe medication to treat opioid-use disorder require patients to be there every day, which may hinder some in their daily lives. And emergency departments offer only limited prescriptions for buprenorphine.

Bupe Group patient Milton Wilson, 59, said receiving care through the group helped to eliminate cravings that plagued him for decades and to get other health conditions, including high blood pressure and diabetes, under control.

"It helped me to change everything in my body," he said.

The shared medical appointments, he said, helped him to realize he wasn't alone.

Late last year New York City Health + Hospitals said it was expanding access to buprenorphine for primary care patients.

And just last week the state Department of Health announced it is leading a coalition of 22 states and territories in calling for the removal of federal restrictions—including training hours—from providers' ability to prescribe buprenorphine.

"Removing federal restrictions on prescribing buprenorphine will ultimately save lives and eliminate unnecessary barriers that prevent people with opioid-use disorder from having access to treatment," state Health Commissioner Dr. Howard Zucker said last week.

Ponieman echoed the sentiment: "To me, the less barriers, the better."

But, Ponieman added, guidance and support from other physicians treating the disorder is critically important to increasing the number of prescribers and expanding access to buprenorphine for patients.

About 70 physicians who are part of the Somos network have expressed interest in joining the Bupe Group, Ponieman said. He's hoping that number grows.