Addiction Treatment in a Primary Care Setting: The Massachusetts Model
Implications for International Communities

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Introduction

The emerging Massachusetts Primary Care Model of Addiction Recovery has been in existence for fourteen years, serving 30 communities in Massachusetts (US). 3

Objectives

In this model, individuals with substance abuse disorders are treated on an outpatient basis in a primary care practice focusing on the physical, mental and social consequences of the disease. This modality offers consultation services in neurology, psychiatry, psychology, social work, drug safety and pharmacotherapy. Agonist-based treatments, such as methadone and buprenorphine maintenance, are not incorporated, but referrals are made based on case matching. 4

Interventions for Sobriety Maintenance

Vivitrol® for Sobriety Maintenance

References


Methodology

The majority of the treatment is done outpatient with short-term, highly monitored use of medications for de-addiction and emphasizing long-term sober living. The offices are self supporting through third-party billings and are not funded by government or charitable institutions. The model incorporates evidence-based SBIRT Technologies with the key components being constant, long-term monitoring of progress by performing surveillance of the disease state and brief interventions by the providers. The Massachusetts Model encourages family involvement and recovery community participation. On demand access to care through providers is allowed in the family practice setting in contrast to the conventional crisis center referral.

Conclusion

Long-term, integrated medical and substance abuse related services are delivered. This treatment is accepted by the health insurance industry as a safe and effective model of care. While this model is currently utilized only in Massachusetts, United States evidence suggests that it could be a less-costly, easily accepted alternative to inpatient detoxification and rehabilitation in other countries as well.