

How Do Primary Care Clinics Improve Their Practice With Medications for Opioid Use Disorder?

The Public Health Problem

Millions of people with opioid use disorder lack access to effective medications for opioid use disorder, or MOUD. Fewer than 20% of eligible patients in the United States receive MOUD, despite its proven ability to reduce overdose deaths and support long-term recovery.

Primary care clinics have the potential to be a critical entry point, yet their ability to provide these treatments vary widely.

Background

Primary care settings can dramatically expand access to MOUD and reduce stigma.

Yet little is known about how clinics **develop MOUD capability over time** or which types of clinics succeed or struggle in building this capability.

Understanding growth patterns and trajectories can help direct resources to the clinics that need the most support.

What This Article Addresses

This study identified distinct growth trajectories of MOUD capability in California community health clinics that provide primary care services. They examined how those trajectories relate to patient reach and provider adoption.

What They Did *(Methods)*

The researchers followed 95 community health clinics from 2019 to 2024, assessed MOUD capability at three time points using a MOUD capability tool, and used statistical modeling to group clinics into different capability growth trajectories.

What They Discovered *(Findings)*



Three trajectories emerged: elevated, moderate and low improving. Clinics began at different capability levels and improved at different rates, forming three trajectories to expand MOUD offerings.



Elevated clinics reached the most patients, with 2 to 6 times higher numbers of patients receiving MOUD. Higher capability growth was thus strongly linked to more patients receiving MOUD.



Clinics serving underserved populations faced the biggest barriers. These clinics were more likely to fall into the low-improving trajectory, highlighting structural inequities in MOUD implementation.

Opportunities for Action

The study findings highlight opportunities for:

Health care leaders & providers

- Use MOUD capability tools, such as IMAT-PC, to assess clinic readiness and track progress.
- Invest in staff training, dedicated workflows and organizational support to strengthen MOUD practice.

Policymakers & payors

- Target resources to clinics serving medically underserved areas and populations.
- Fund flexible, tailored implementation supports rather than one-size-fits-all programs.

Researchers

- Study how to match implementation strategies to clinic context.
- Explore provider-level barriers, such as stigma and training gaps, alongside organizational change.

Patients & families seeking recovery

- Ask whether your primary care clinic offers MOUD as part of routine care.
- Advocate for expanded treatment options in community health clinics.