

Implementing Nurse Care Management for OUD in Primary Care: What Were the Difference-Making Factors for Medication Treatment?

The Public Health Problem

The factors that influence successful implementation of opioid use disorder (OUD) treatment across environments, organizations, and individuals remain poorly understood.

As a result, it is difficult to explain why the same intervention succeeds in some settings but not others.

Background

The Massachusetts Model — a nurse care manager (NCM) approach to treating OUD in primary care settings — integrates OUD treatment into primary care through shared care between a nurse care manager and prescribing clinicians.

The PRimary Care Opioid Use Disorders treatment (PROUD) trial demonstrated that this model can increase treatment rates, but outcomes varied across clinics — highlighting the important role of context.

What This Article Addresses

This secondary study examines which contextual factors determined whether clinics with a nurse care manager increased OUD treatment at two-year follow-up, with a focus on identifying what actually drove outcomes.

What They Did *(Methods)*

Researchers used a mixed-methods approach combining qualitative implementation data, quantitative treatment outcomes, and coincidence analysis to identify which combinations of contextual factors distinguished higher- from lower-performing clinics.

What They Discovered *(Findings)*



External need can drive success, even without strong internal support

Clinics with a full time nurse care manager for OUD in communities with limited OUD treatment options increased treatment rates despite weaker primary care support for the nurse.



Staff support consistently distinguishes high-performing clinics

Clinics with strong provider and staff support achieved higher rates of OUD treatment at follow-up compared to those without it.

Opportunities for Action

The study findings highlight opportunities for:

Health care leaders & providers

- Engage staff across all roles, both clinical and non-clinical, to build buy-in
- Provide meaningful support such as dedicated space, workflow integration, and training
- Address stigma and normalize OUD treatment within care teams

Policymakers & payors

- Hire a full time nurse care manager if located in an OUD treatment desert
- Support and enable the nurse to lead OUD care

Researchers

- Identify all stakeholders impacted by implementation, not just direct users
- Use stories and real-world examples to increase engagement and reduce resistance
- Collect contextual data to better understand what drives success across settings

Patients & families seeking recovery

- Ask your primary care provider if they prescribe Suboxone
- Seek primary care in practices with low barriers to OUD treatment