



Addressing Substance Use Disorder in Primary Care: The Role, Integration, and Impact of Recovery Coaches

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Title Page

Scholarly Report submitted in partial fulfillment of the MD Degree at Harvard Medical School

Date: 31 January 2018

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Scholarly Report Title: Addressing Substance Use Disorder in Primary Care: The Role, Integration, and Impact of Recovery Coaches

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Abstract

TITLE: Addressing Substance Use Disorder in Primary Care: The Role, Integration, and Impact of Recovery Coaches

Purpose: Only 10% of people with substance use disorder (SUD) receive treatment, partially due to inadequate access to specialty SUD care and limited management within primary care. “Recovery coaches” (RCs), peers sharing the lived experience of addiction and recovery, are increasingly being integrated into primary care to help reach and treat people experiencing SUD, yet little is known about how their role should be defined or about their clinical integration and impact.

Methods: Semi-structured interviews with RCs (n = 5) and their patients (n = 16) were used to explore patient and RC perspectives on the RC role. Maximum variation sampling was employed to select patients who displayed diversity across gender, RC, housing status, and number of contacts with an RC. Patients were sampled until no new concepts emerged from additional interviews, and a semi-structured interview guide was used for data collection. To analyze interview transcripts, the constant comparative method was used to develop and assign inductively developed codes. Two coders separately coded all transcripts and reconciled code assignments.

Results: Four core RC activities were identified: system navigation, supporting behavior change, harm reduction, and relationship building. Across these activities, benefits of the RC role emerged, including accessibility, shared experiences, motivation of behavior change, and links to social services. Challenges of the RC model were also evident: patient discomfort with asking for help, lack of clarity in RC role, and tension within the care team.

Conclusions: These findings shed light on RCs in primary care. Many patients and coaches perceived that RCs play a valuable role within primary care, providing both tangible system navigation and intangible, social support that promote recovery and might not otherwise be available. Enhanced communication between RCs and health center leadership in defining the RC role may help resolve ambiguity and related tensions between RCs and care team members.

Student Contribution to Work

I approached Dr. Wakeman and asked if there was an area within substance use disorder (SUD) care at MGH that would benefit from a qualitative study, and she suggested the new recovery coach program. After speaking with Dr. Wakeman about the program's needs, I drafted a study protocol and developed interview guides for recovery coaches and patients. I got feedback on the protocol from Drs. Wakeman and Kelly. I conducted all of the interviews with patients and recovery coaches. I led the analysis process. Dr. Wakeman and Dr. Oller participated in the development of the code list, and Dr. Oller and I coded all of the transcripts then worked on developing an overall analysis framework. I drafted the manuscript, and all of the other authors provided edits.

Citation and Link to Published Work

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