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Patient Perspectives on Medication Assisted Therapy in Vermont

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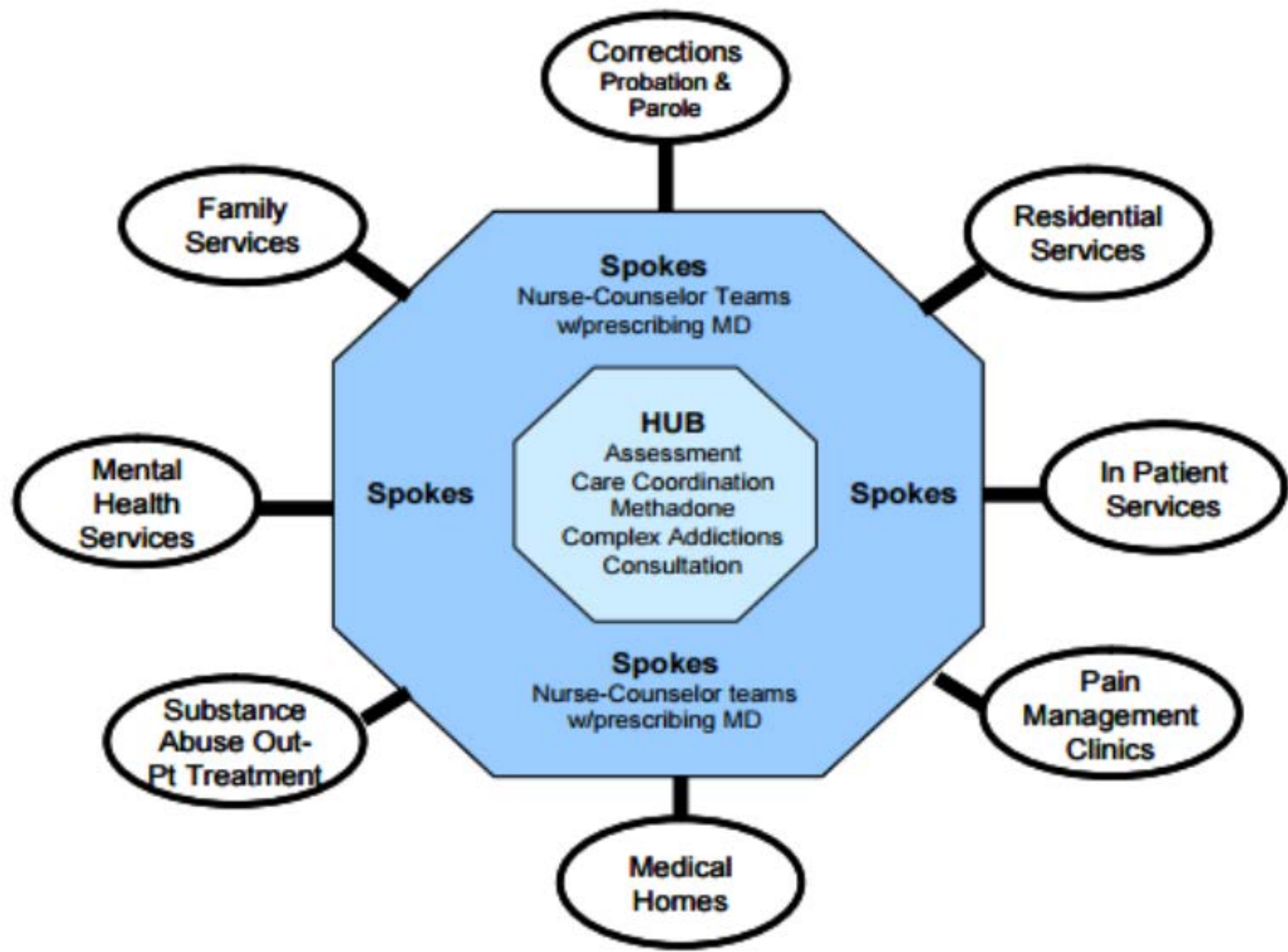
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Authors

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BACKGROUND

- Medication-Assisted Therapy (MAT) for opioid addiction has increased in Vermont over the past 10 years, supported by a novel “Hub and Spoke” system that integrates specialty treatment centers (“Hubs”) with primary care offices (“Spokes”).¹
- Vermont has the highest per capita use of buprenorphine-based MAT in the US.¹
- Barriers to successful MAT include: transportation, stigma, waiting time, insurance coverage, and others.²
- Studies of patient perspectives of MAT have identified social barriers (interference of treatment with work, school, or life obligations); rigid program rules; concerns about withdrawal and relapse as common causes of premature discontinuation of treatment.³
- In contrast, patients have reported a high-level of satisfaction with primary care office-based MAT.⁴



Project goal

To elicit patient perspectives on barriers and enablers of successful MAT in Chittenden County, Vermont

METHODS

- Guided interviews of 44 patients enrolled in MAT for opioid addiction at the 2 hubs of the Chittenden Clinic in Burlington, VT were conducted in October 2016.
- Questionnaire items were developed based on previous literature and discussion with program leadership, staff and clinicians and community stakeholders.
- Responses were organized using thematic content analysis with consensus across seven interviewers and two analysts.

RESULTS

Table. Patient Characteristics	N=44
Age, median (range)	34 (21-61)
Sex, % female	72%
Education	
Less than high school diploma	23%
High school diploma	43%
Some college or greater	34%
Duration in treatment, median (range)	42 mo (2 wks - 25 yrs)
Multiple treatment attempts, %	52%
Time on waitlist, median	
Non-pregnant	11 mo
Pregnant	0 mo
Dependent children, %	41%

Comorbidities

- 22/44 (50%) of patients cited a comorbid mental health conditions, most commonly depression, anxiety, ADD/ADHD, PTSD
- 9/44 (20%) cited chronic pain
- 5/44 (11%) cited a physical disability or musculoskeletal injury

Patient Perspectives

Access, housing and financial problems were important barriers to successful treatment

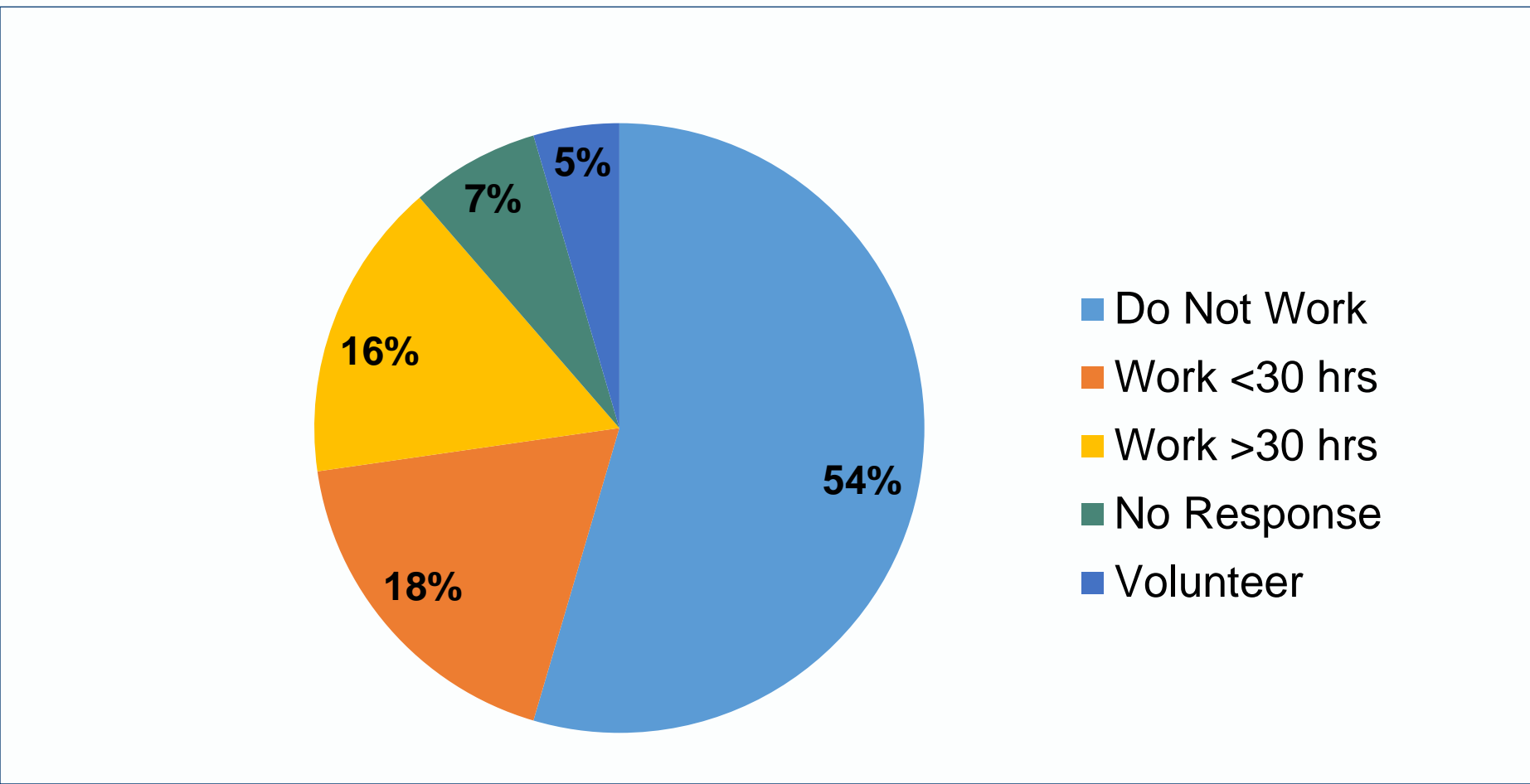
1. Access

- 11/44 (25%) reported access issues, most commonly transportation or time commitment

2. Housing

- 27/44 (61%) have permanent housing, of which 7/44 (16%) are in section 8 housing
- 15/44 (34%) are transitory or live with relatives

3. Employment



“Sober Housing is crucial”
“It is easier to stay clean with good finances”

4. System

Having a highly functioning treatment system and good social supports were important enablers of success

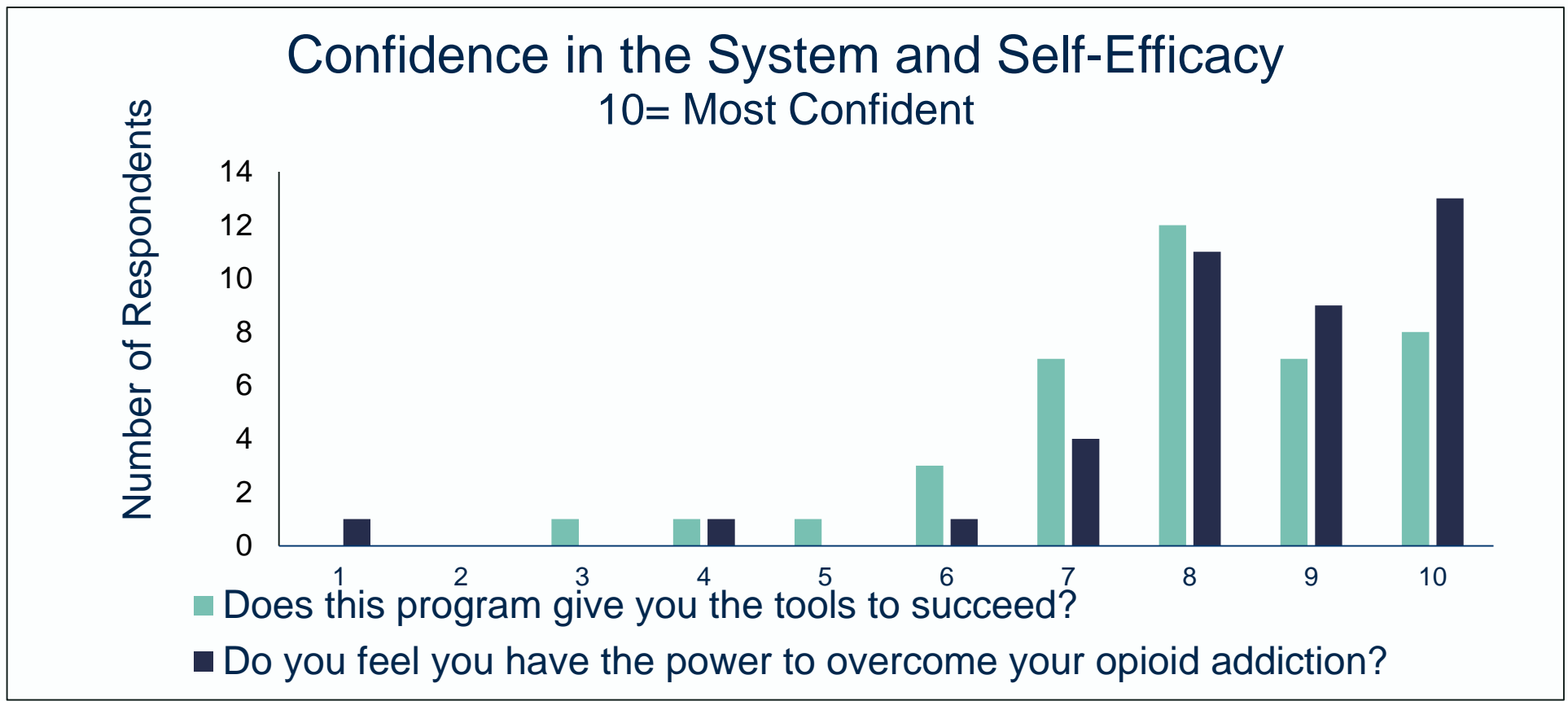
- 31/44 (70%) felt they understood the MAT system, though navigating the system was difficult when initiating treatment
- 30/44 (68%) had no issues with clinician availability
- 10/44 (23%) reported some negative experiences

5. Social Support & Stigma

- 36/44 (82%) felt well-supported to prevent relapse
- 23/44 (52%) felt they were supported by healthcare professionals
- 16/44 (36%) did not feel supported by healthcare professionals, feeling disrespected at times (both at MAT centers and other settings such as the Emergency Department)
- 18/44 (41%) highlighted at least one source of stigma

“Depends on the person. Sometimes they treat you like a dirt bag. Sometimes they respect you”

6. Self-Efficacy



7. Success

- 26/44 (59%) defined success as staying sober
- 12/44 (27%) defined success with feeling a sense of independence

8. Motivators

- 12/44 (27%) identified family as a major motivator
- 12/44 (27%) reported that being healthy, free from numerous hospitalizations was a motivator to continue treatment

DISCUSSION

- Patients in MAT have complex medical, mental health, social, personal, and work lives, all of which need attention to maximize treatment success.
- Patients reported confidence in the Hub and Spoke system and high levels of self-efficacy.
- Sobriety, family support and developing independence motivated patients to succeed in the program.
- In this sample, patients felt well-supported by family, friends and the treatment system, but feelings of stigma remain.
- Some interactions with health providers were perceived as disrespectful and dismissive of pain complaints. Understanding health care provider and patient perspectives in these situations has the potential to suggest solutions.

FUTURE DIRECTIONS

- Develop a quantitative questionnaire for deployment across the statewide MAT system.
- Assess and understand common comorbid conditions and how they affect success in the program.
- Compare patient and provider perspectives to further inform system improvement and allocate resources effectively.
- Explore better ways to integrate social support services with substance abuse programs to create a unified system.
- Offer provider education on effective approaches to meet the needs of patients.
- Work to reduce stigma and increase empathy among both providers and communities.

REFERENCES

¹Integrated Treatment Continuum for Substance Use Dependence. Vermont Agency for Human Services. 2012.
²Peterson 2010. Why don't out-of-treatment individuals enter methadone treatment programmes? Int J Drug Policy. Jan;21(1):36-42.
³Bentley 2015. Patient Perspectives Associated with Intended Duration of Buprenorphine Maintenance Therapy. Journal of Substance Abuse Treatment. Vol. 56: 48-53
⁴Barry 2007. Patient Satisfaction with Primary Care Office-Based Buprenorphine/Naloxone Treatment. Journal of General Internal Medicine. 22(2):242-245.
Hub & Spoke graphic: <http://www.healthvermont.gov/adap/documents/HUBSPOKEBriefingDocV122112.pdf>