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How to Improve a Medication-Assisted Treatment Program for Opioid Use Disorder: First, Look at the Evidence

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How to Improve a Medication-Assisted Treatment Program for Opioid Use Disorder: First, Look at the Evidence

Collin York

Longitudinal Integrated
Curriculum

Larner College of Medicine
at the University of
Vermont

Hudson Headwaters Health
Network

Glens Falls, NY

2018-2019

Problem Identification: National

- Opioid Use Disorder
- Opioid epidemic
- Medication-Assisted Treatment (MAT): *The use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.*



THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day from opioid-related drug overdoses



11.5 m

People misused prescription opioids¹



42,249

People died from overdosing on opioids²



2.1 million

People misused prescription opioids for the first time¹



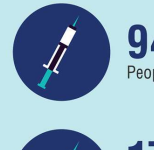
2.1 million

People had an opioid use disorder¹



17,087

Deaths attributed to overdosing on commonly prescribed opioids²



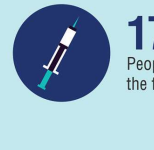
948,000

People used heroin¹



19,413

Deaths attributed to overdosing on synthetic opioids other than methadone²



170,000

People used heroin for the first time¹



15,469

Deaths attributed to overdosing on heroin²



504 billion

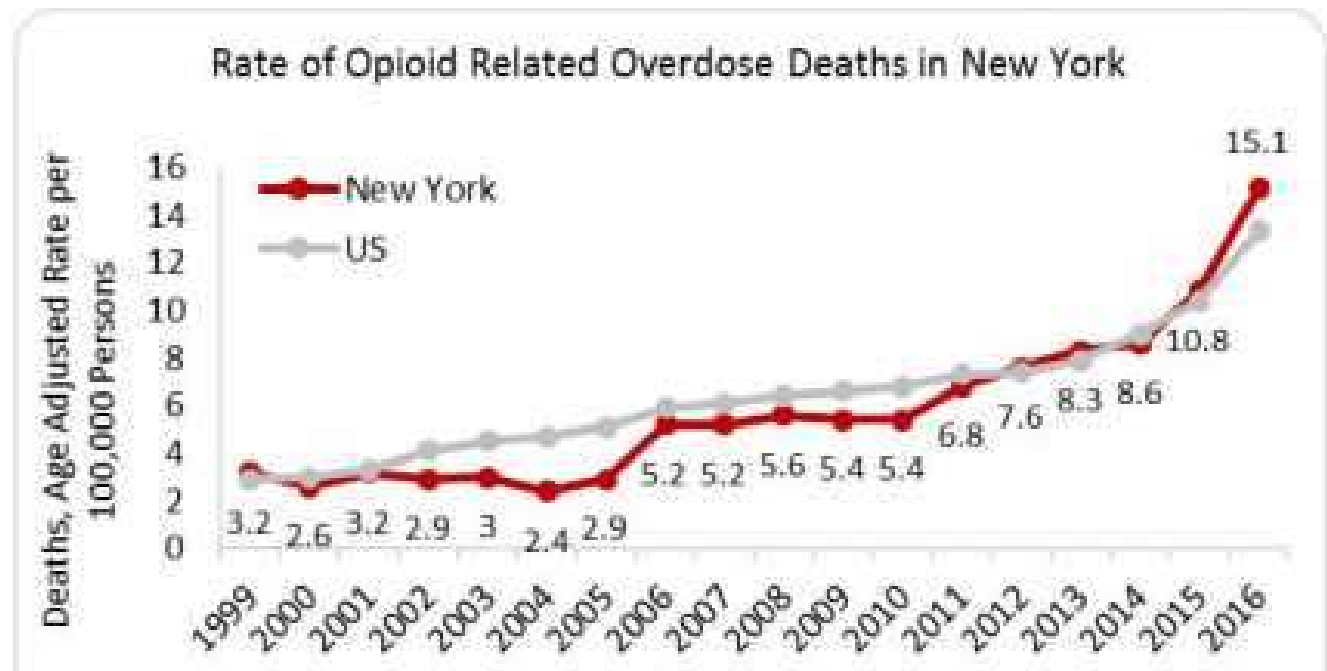
In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017

Updated January 2018. For more information, visit: <http://www.hhs.gov/opioids/>

Problem Identification: State

- NY overdose rate above national average
- 2011 NY State Medicaid Redesign: opioid use disorder targeted



Source: CDC

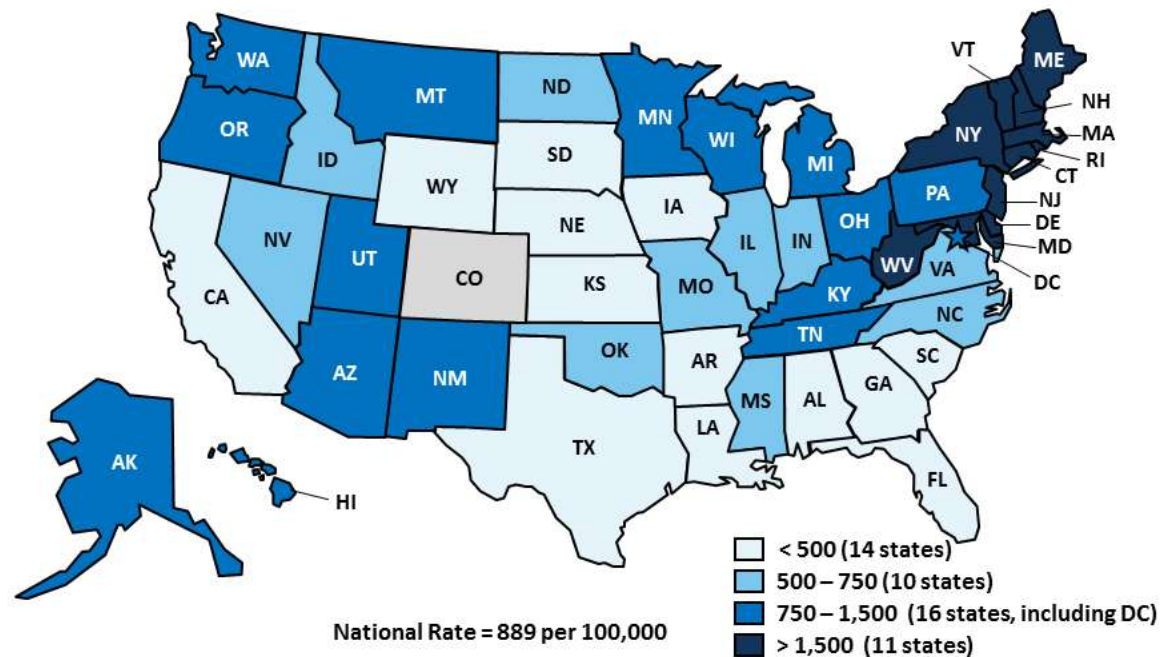
Problem Identification: Local

- Safety Net context
- HHHN introduced MAT late 2016
- 111 active patients
- 8 providers
- Demand for treatment outsizes supply

Figure 1

Medicaid Enrollees with Opioid Addiction, FY 2013

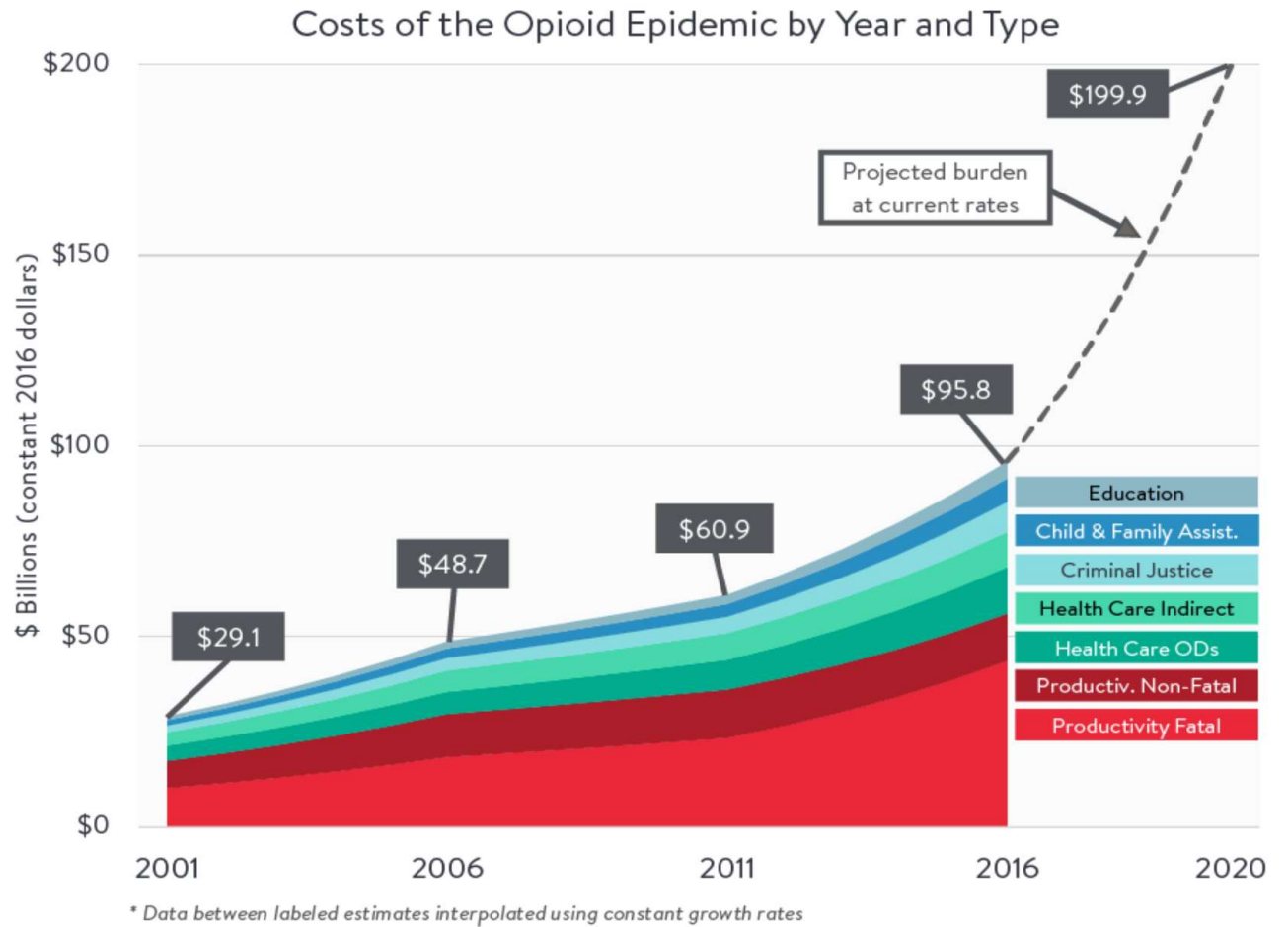
Prevalence per 100,000 enrollees



Note: Colorado data were unavailable. 2012 data were used in Rhode Island and Kansas, because of lack of data in 2013. Data shown as prevalence per 100,000 enrollees.

Source: KFF estimates based on analysis of data from the FY 2013 Medicaid Statistical Information System (MSIS). Enrollees with opioid addiction were identified using ICD-9-CM codes provided in the claims data.

Public Health Costs



Community Perspectives on MAT

“I think it saved my son’s life... Evidence shows that people live longer... But there is a stigma against it - people think it’s replacing one chemical with another chemical, and this is something you try to fight against by educating people.”

- Judy Moffitt, *Family Member in Recovery/Recovery Coach/Community Advocate*

“The most rewarding part is the patients who are living life and doing great. They have jobs. They’re living a life they never thought they could. They’re free of thinking about drugs... You can sense how happy they are that the medication is working for them.”

- Scott Miller, PA, *MAT Provider at Hudson Headwaters Health Network*

Project Rationale

Opportunity Identification:

Program quality improvement (*systems level*)

Improvement of clinical practice (*provider level*)



Specific need: *evidence*

Intervention and Methodology

1: Opioid Program Literature Review

- Input from Behavioral Health, Population Health, and Special Projects
- Wrote literature review specific to MAT in *rural, primary care*
- Distributed to HHHN employees involved in MAT program design

2: MAT Provider Evidence Guide

- Key informant interview
- Wrote “Evidence Guide for MAT Providers” and distributed
- Participants to complete online survey
- Evidence Guide made available at HHN.org

Intervention and Methodology

Opioid Program Literature Review

- Big picture of MAT in rural, primary care
- Evidence to support particular models
- How to grow
- Policy considerations

Provider Evidence Guide

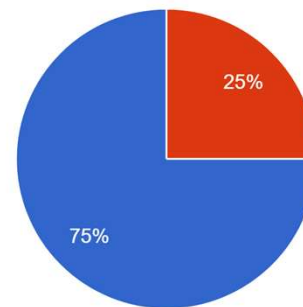
- Topics: Psychosocial Interventions; Treatment Models; Pharmacotherapy
- Q&A-style

Results

- 50% survey response rate (4/8 MAT providers)
- 1 FNP, 1 MD, 2 PAs
- 75% found resource “very helpful”
- 75% plan to use resource in future, 25% may use in future

How helpful did you find this resource?

4 responses



- Very helpful
- Somewhat helpful
- Not very helpful
- Definitely not helpful

Limitations



KNOWLEDGE → BEHAVIOR?

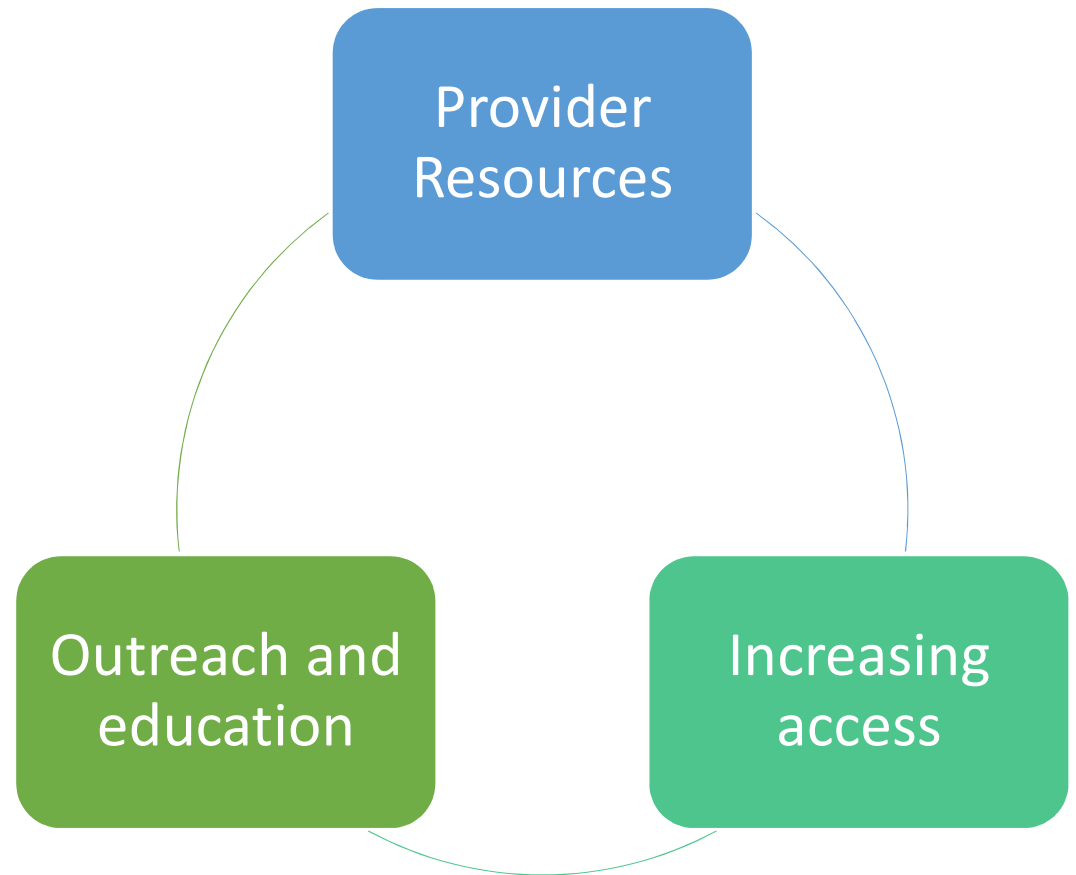


ABSENCE OF EVIDENCE IS
NOT EVIDENCE OF ABSENCE



SMALL SAMPLE SIZE

Recommendations



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Thank you!

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