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

Collin York

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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...



People died every day from opioid-related drug overdoses



11.5 m People misused prescription opioids1



42,249People died from overdosing on opioids2





2.1 million



Deaths attributed to overdosing on commonly prescribed opioids2



948,000People used heroin¹



Deaths attributed to overdosing on synthetic opioids other than



170,000 People used heroin for



overdosing on heroin²

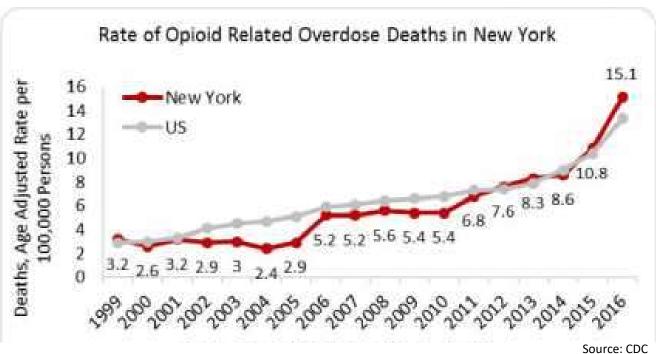


Sources: 1 2016 National Survey on Drug Use and Health, 2 Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, 3 CEA Report: The underestimated cost of the opinid crisis 2017

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

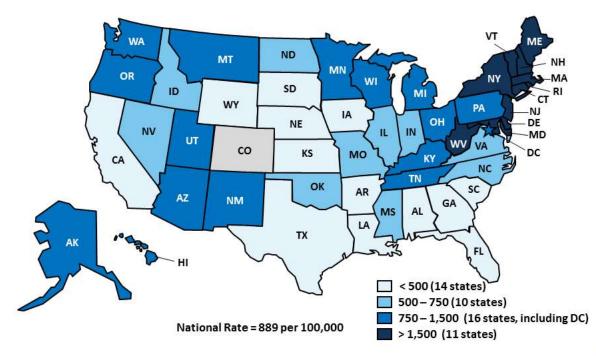


Problem Identification: Local

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

Medicaid Enrollees with Opioid Addiction, FY 2013

Prevalence per 100,000 enrollees

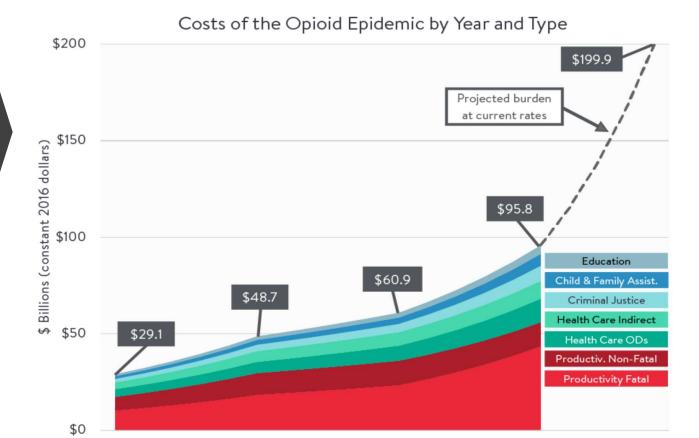


Note: Colorado data were unavailable. 2012 data were used in Rhode Island and Kansas, because of lack of data in 2013. Data shown as prevalence per 100,000 enrollees.

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



^{*} Data between labeled estimates interpolated using constant growth rates

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 HHHN.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

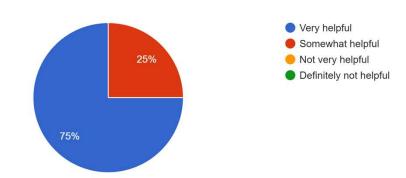
- Topics: Psychosocial Interventions;
 Treatment Models; Pharmacotherapy
- Q&A-style

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



Limitations



KNOWLEDGE → BEHAVIOR?

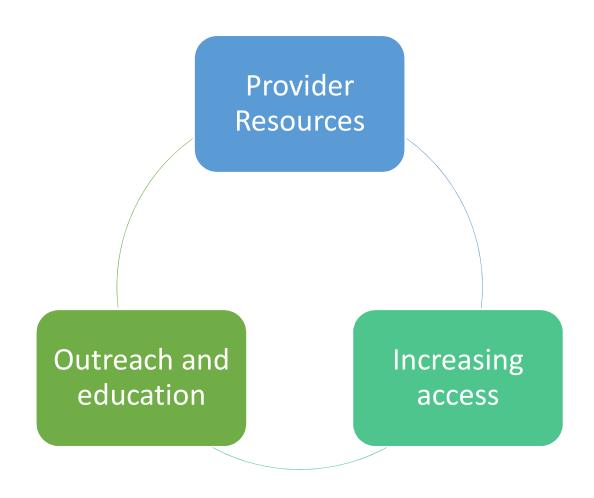


ABSENCE OF EVIDENCE IS NOT EVIDENCE OF ABSENCE



SMALL SAMPLE SIZE

Recommendations



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Moran GE, Snyder CM, Noftsinger RF, et al. Implementing medication-assisted treatment for opioid use disorder in rural primary care: environmental scan, volume 1. (Prepared by Westat under Contract Number HHSP 233201500026I, Task Order No. HHSP23337003T). Rockville, MD: Agency for Healthcare Research and Quality; October 2017. Publication No. 17(18)-0050-EF.



Thank you!

Tom Portuese MD

Colleen Quinn MD

Jane Morrissey

David Alloy PhD

Linda Spokane MS

Martha Seagrave PA-C

Melissa Norton LPN

David Burgess

John Dudla



Written Project:

Students are required to submit a 10-slide PowerPoint summarizing their community project at the end of their clerkship. The first nine slides should summarize the community project and should be uploaded to ScholarWorks separately from page 10. Slide 10 will state the following: Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

entitled. "Name of Project/Interview Consent Form". If an informed consent was not received, please do not upload the consent page to ScholarWorks. However, you should include the consent page when submitting your PowerPoint to the Family Medicine Department.

These projects must be submitted electronically to the Clerkship Coordinator, Luke no later than the morning of the final day, prior to sitting for the exam. Late projects receive an automatic 5 point deduction prior to faculty

Community Health Improvement Project

Activity: Working with community mentors, faculty and/or preceptors, students will identify a need within their host community and develop a project /activity related to that need (speaking to a group, developing and distributing educational information, running a workshop, for example).

Introduction: Students will meet with community mentors familiar with their host regions during FM orientation and will be introduced to some of the more significant areas of need and potential responses in their region.

Identification: Students will identify a focus for a community health improvement project based on needs within their region and/or practice and the student's particular interest, recommendations of the preceptor and community mentor identified activities.

Community Connections: Students will complete a minimum of 2 interviews with active community leaders, members, or social or community service providers with the goal of clarifying the significance of the issue in the host community and current and potential solutions to address the problem. If you are doing a 'shared project' with another student, you each need two different interviews (can do more).

Project: Students will Develop and Implement a Community Health Improvement Project to address the identified problem. This can be a self-contained project or a discrete aspect of a larger project. If your project is a Quality Improvement project in the office, consider getting one perspective outside the office on the topic if applicable, or consider a patient perspective.

Written Project:

Students are required to submit a 10-slide PowerPoint summarizing their community project at the end of their clerkship. The first nine slides should summarize the community project and should be uploaded to ScholarWorks separately from page 10. Slide 10 will state the following: Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes TNO
If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: Kong Killer

If you received informed consent, please upload page 10 as a separate document entitled: "Name of Project/Interview Consent Form". If an informed consent was not received, please do not upload the consent page to ScholarWorks. However, you should include the consent page when submitting your PowerPoint to the Family Medicine Department.

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