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Medication-Assisted Treatment in the Hudson Headwaters Health Network

Jordan Munger

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Medication-Assisted Treatment in the Hudson Headwaters Health Network

Jordan Munger

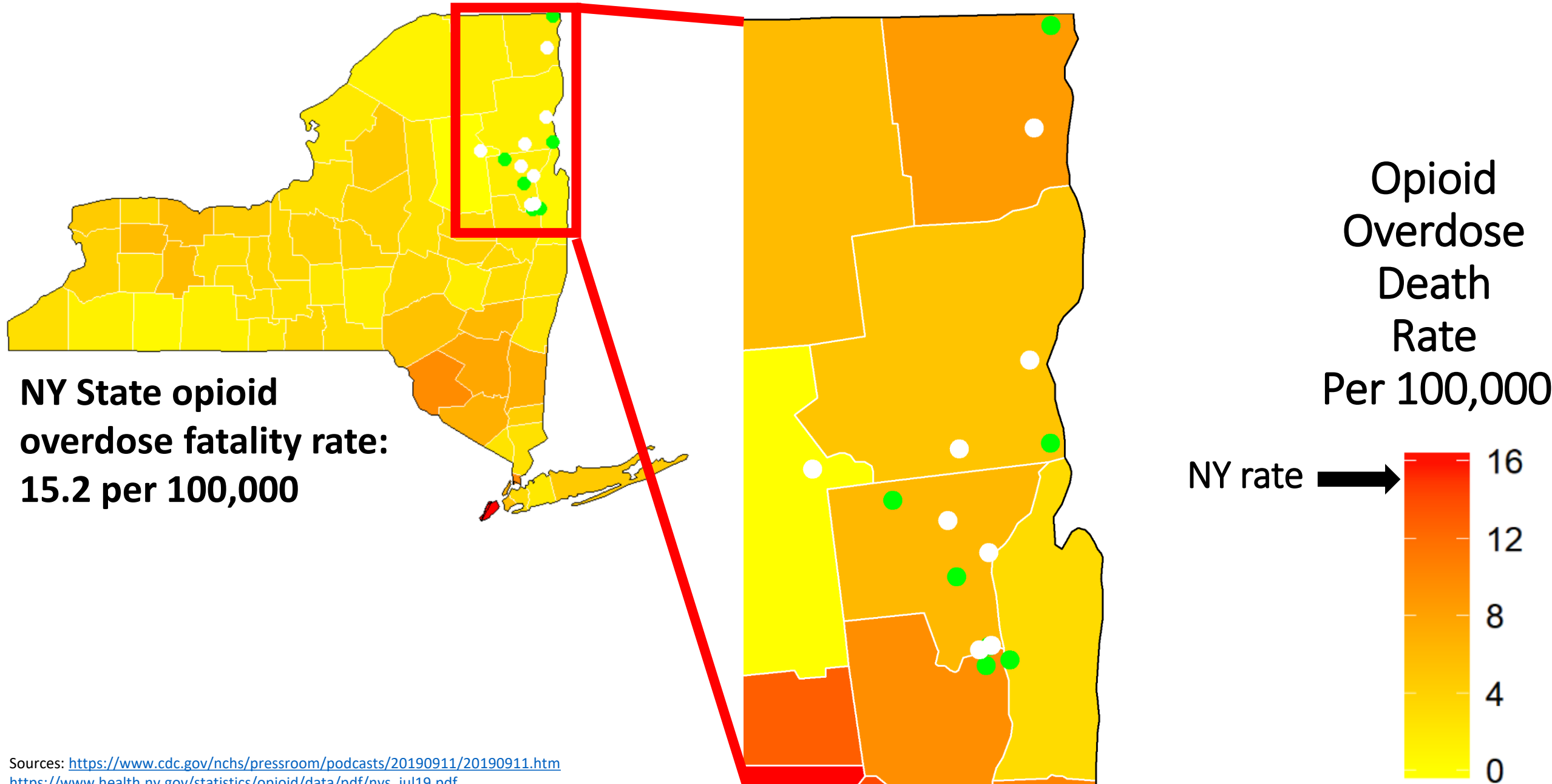
Longitudinal Integrated Clerkship, 2019-2020

Glens Falls, NY

Mentors: Thomas Portuese, MD and David Burgess

Working closely with patients in the MAT program in the Hudson Headwaters Health Network inspired me to look for ways that might improve their care

Opioid Overdose Fatality Rate in Northeastern New York



Methods:

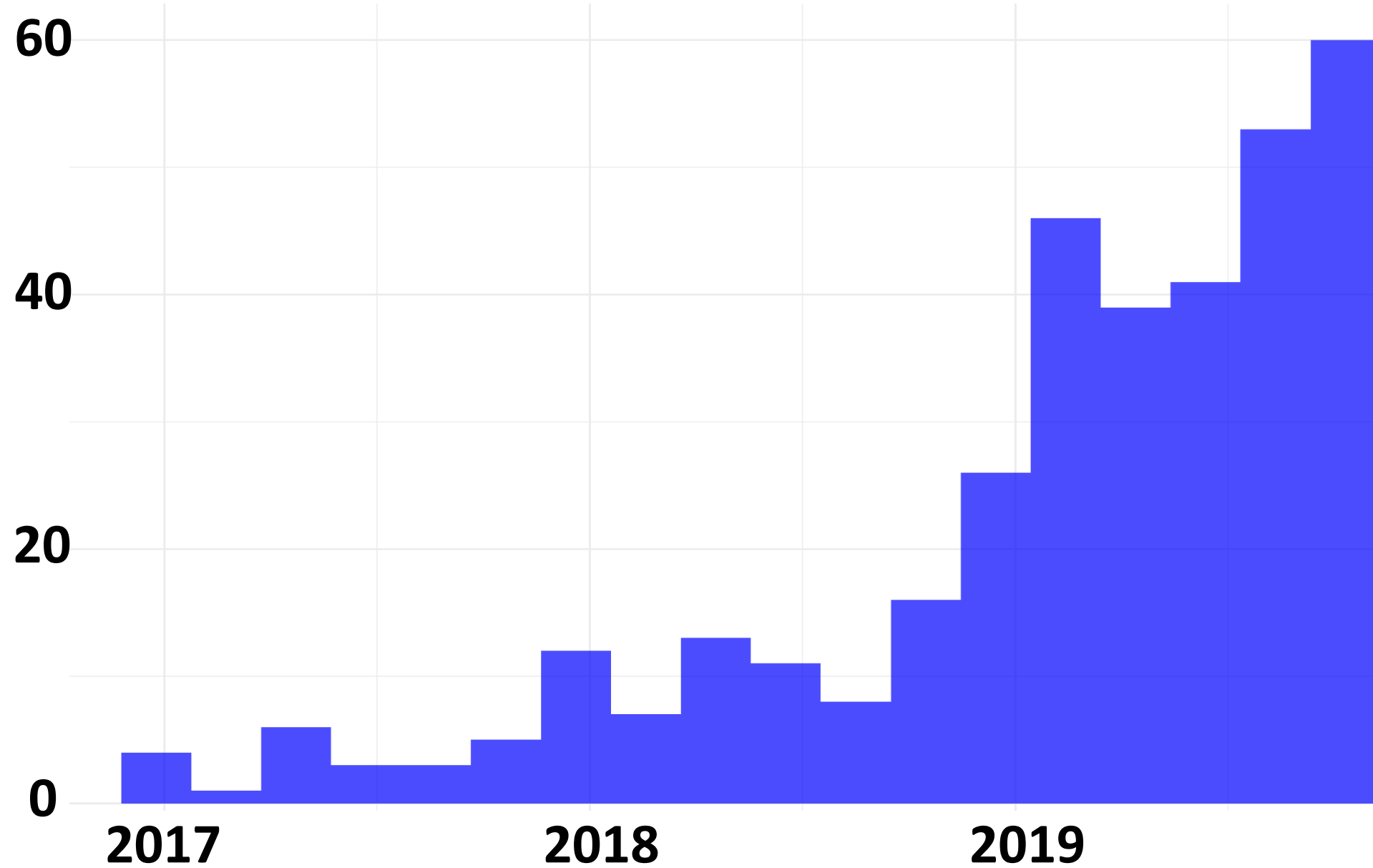
**371 patients seen
between December, 2016
and November 30th, 2019**



Excluded:
-2 patients not
receiving opioids
-15 patients without
diagnosis of OUD

**354 patients included
286 active patients at
time of data collection**

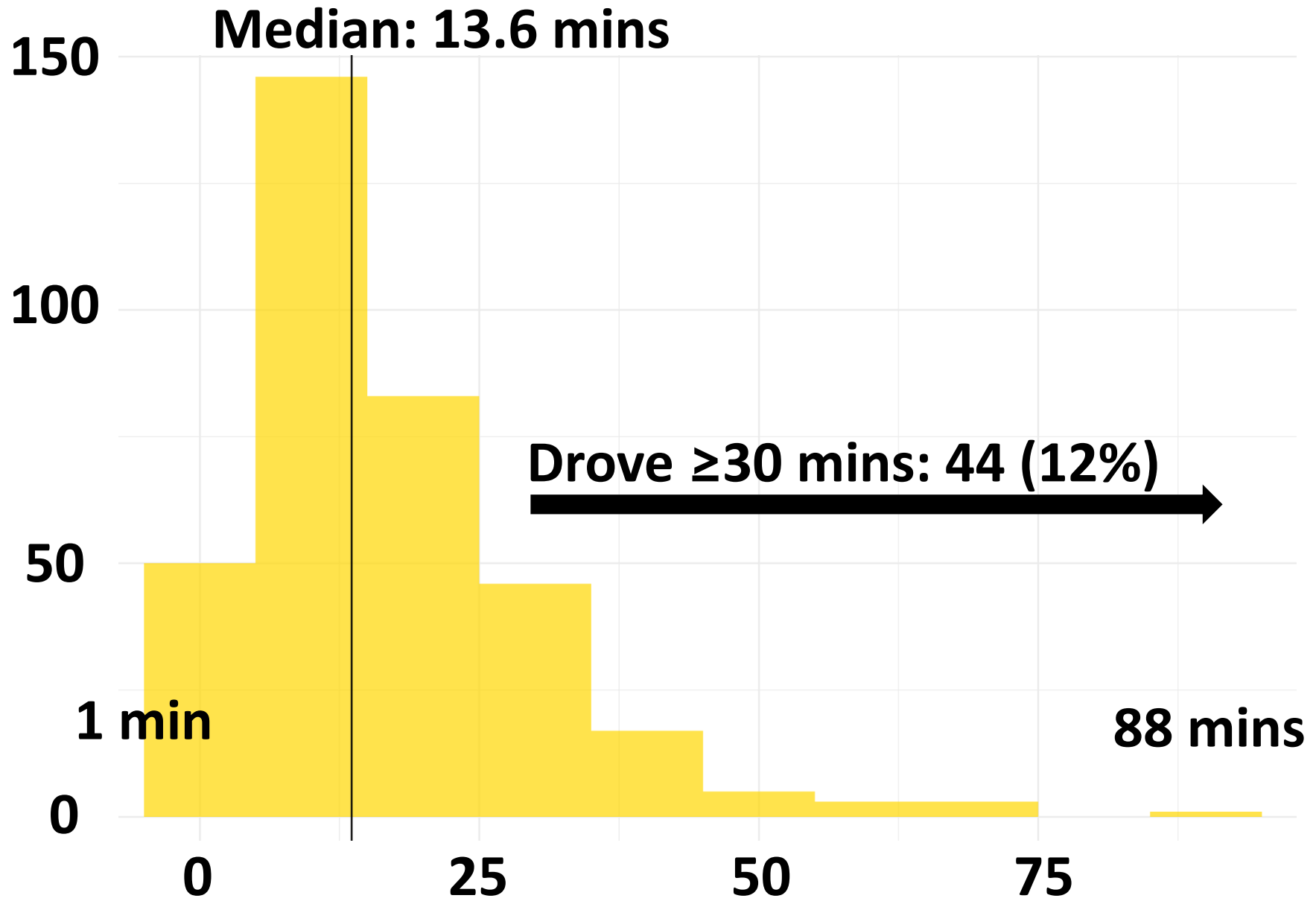
New Inductions/MAT Patients at Hudson Headwaters



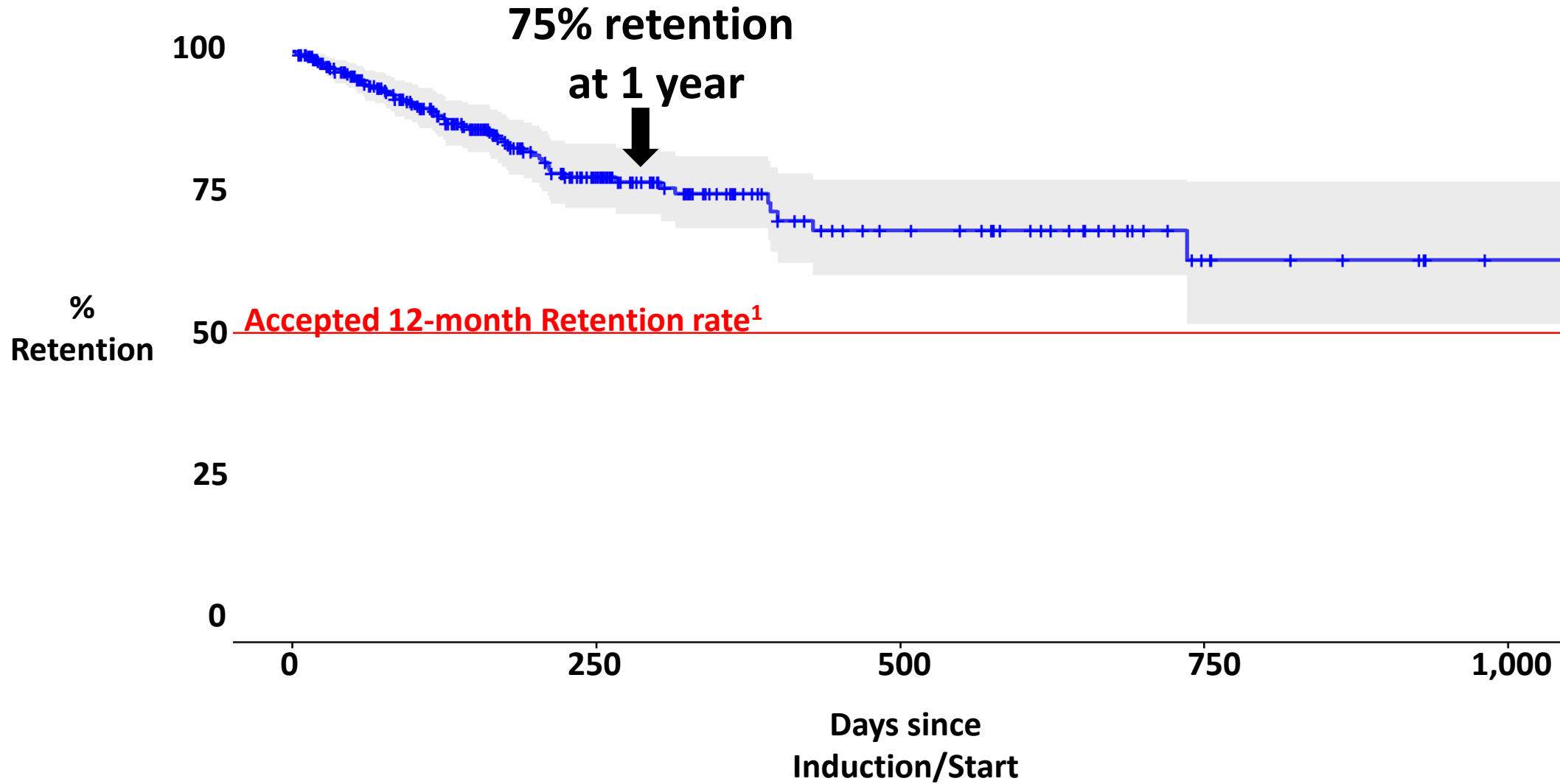
MAT Patient Characteristics

Characteristic	
Age, median (interquartile range)	35 (12)
Self-identified as female, n (%)	177 (50%)
Concordance of MAT and PCP provider, n (%)	
Different MAT provider and PCP	277 (78%)
Same MAT provider and PCP	77 (22%)
Insurance Provider, n (%)	
Medicaid/self-pay	255 (72%)
Commercial	60 (17%)
Medicare Part B	39 (11%)
Medication, n (%)	
Buprenorphine	344 (97%)
Naltrexone	9 (3%)
Months in Program, median (interquartile range)	
Retention/Success	13 (19)
Prematurely discontinued	10 (12)

Travel Time From Home Address to MAT Clinic

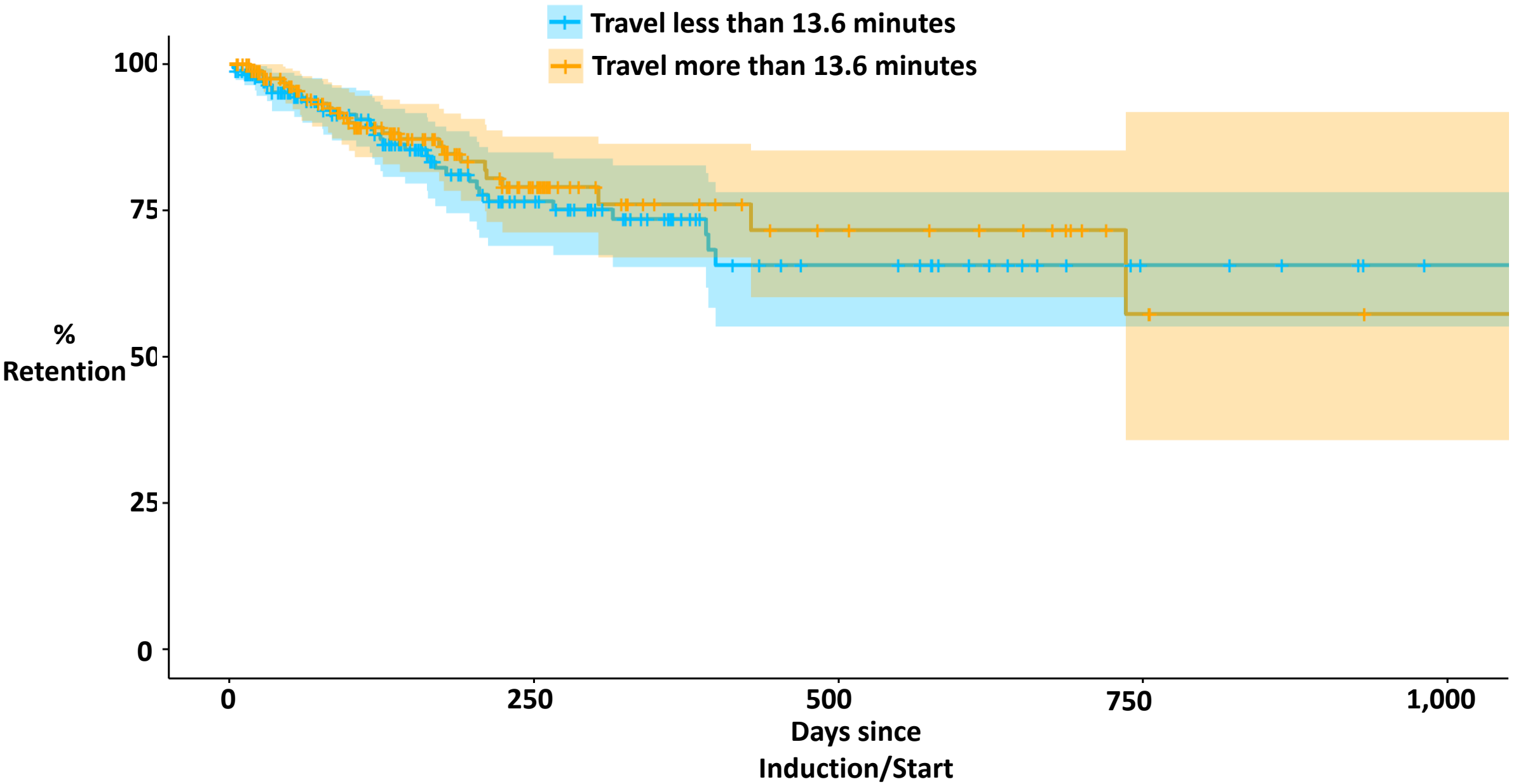


Overall MAT Retention at Hudson Headwaters

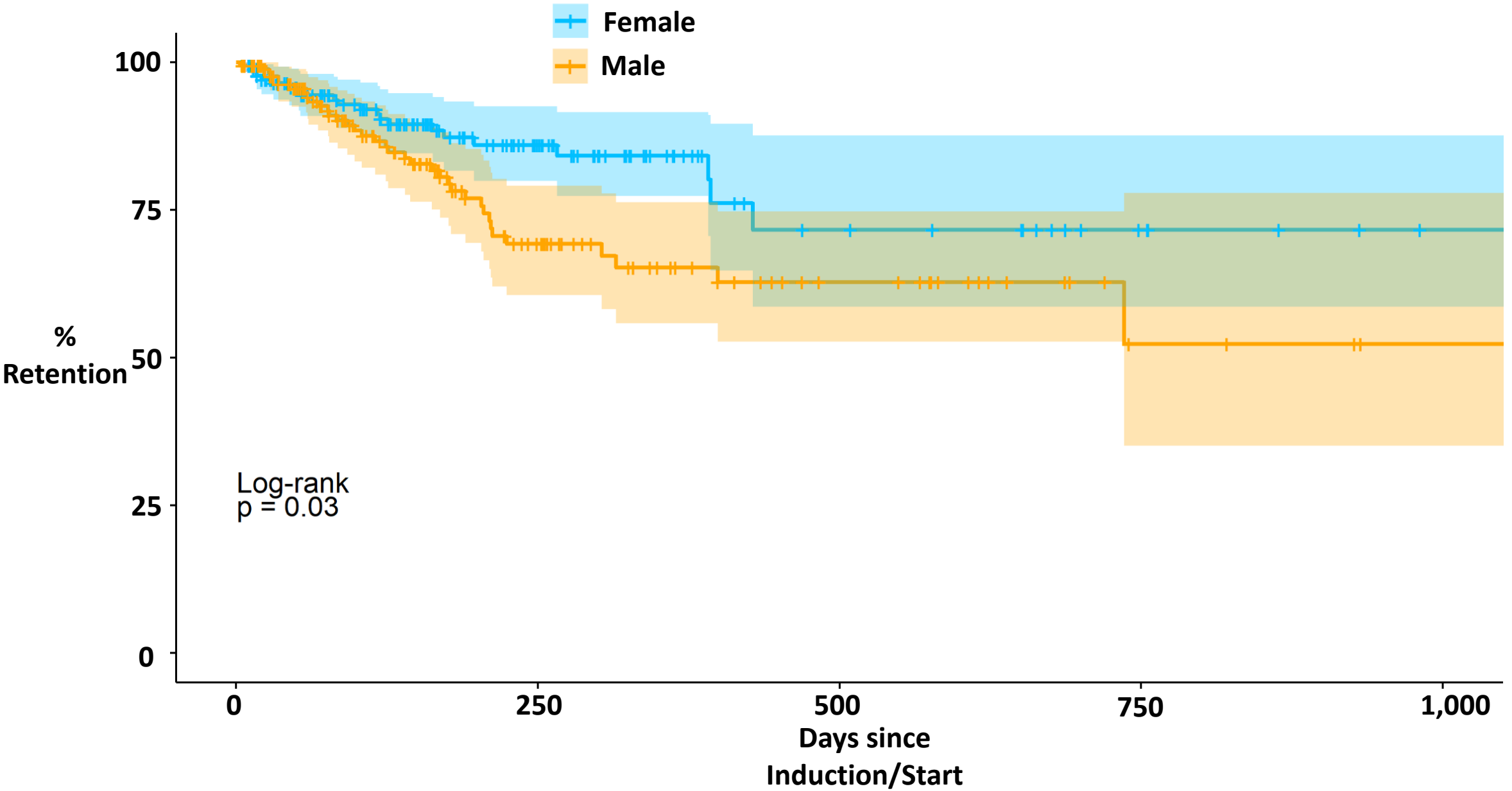


Source: Retention in medication-assisted treatment for opiate dependence: A systematic review. Timko C, Schultz NR, Cucciare MA, Vittorio L, Garrison-Diehn C. J Addict Dis. 2016;35(1):22-35

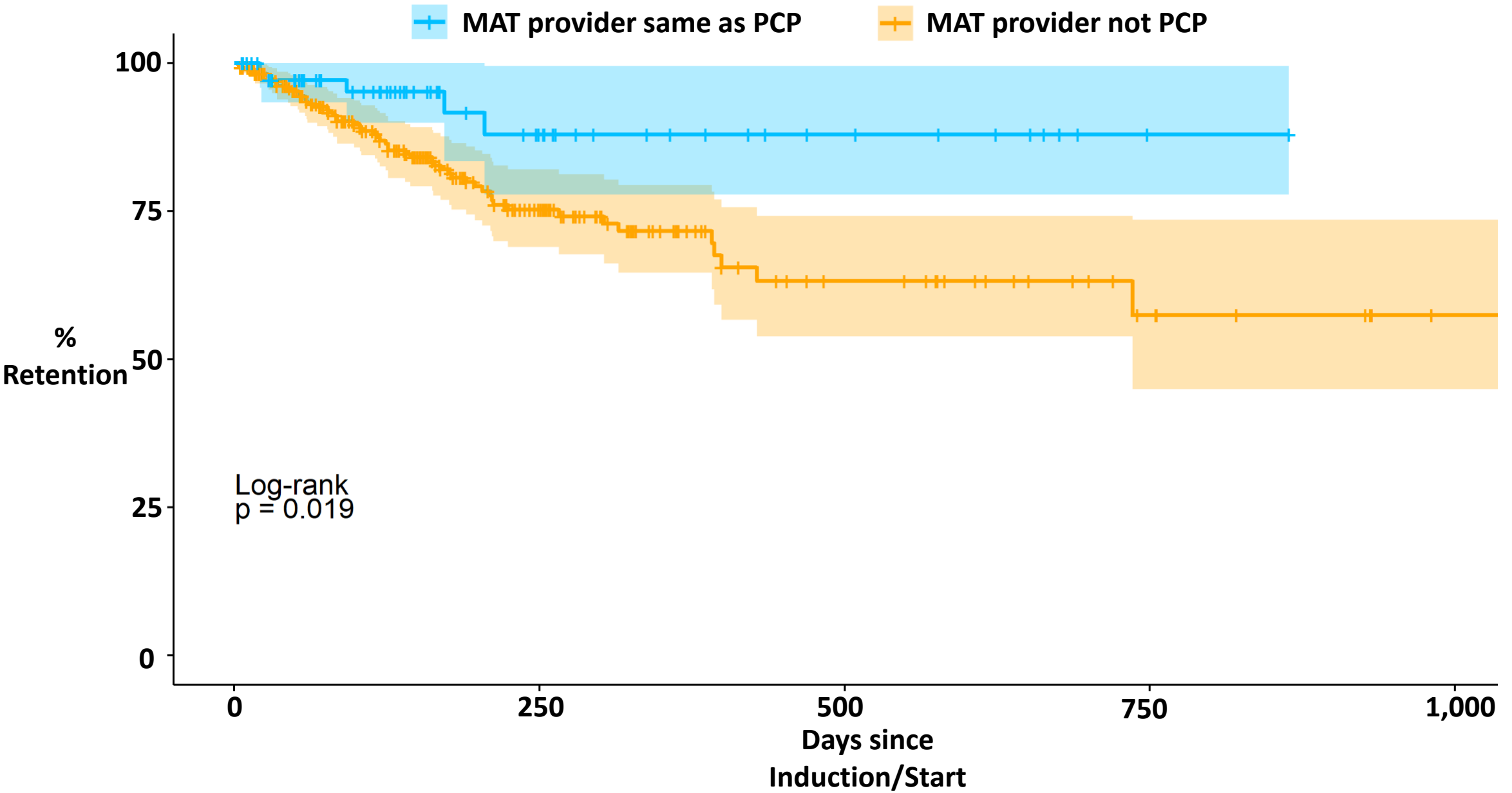
Travel Time and MAT Program Retention



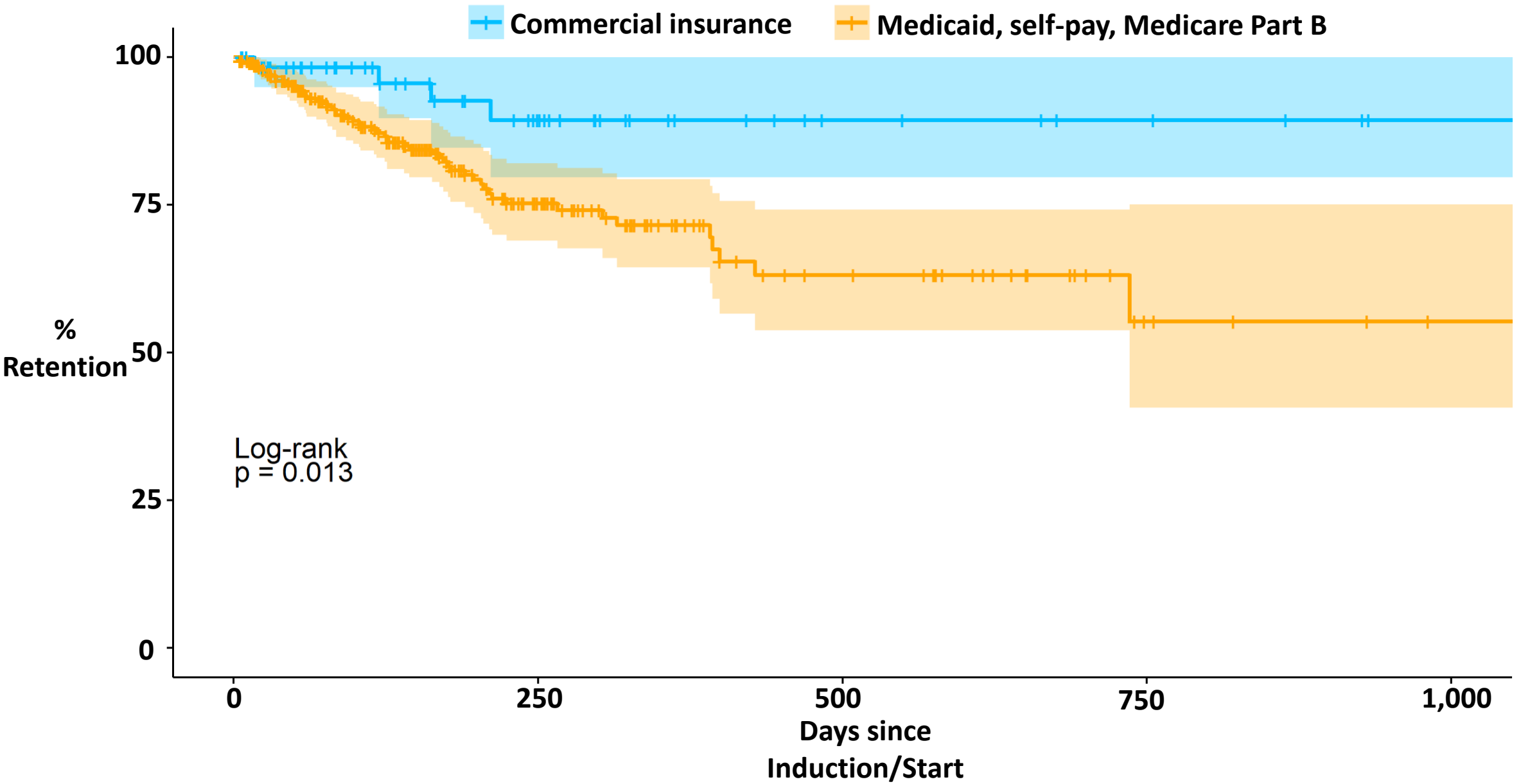
Patient Gender and MAT Program Retention



MAT Provider Same as PCP and Retention



Insurance and MAT Retention



Conversations with patients and providers

- Need for MAT providers
- Challenge of matching each MAT patient to a PCP
- Importance of “whole person”
 - Social support
 - Legal issues
 - Meaning in life

Limitations

- Accuracy
- Sample size
- **No** causal relationships

Conclusions

- Hudson Headwaters has a good MAT retention rate
- Travel time may be a less influential barrier to MAT retention¹
- Premature discontinuations are driven by
 - Induction period²
 - Male gender³
 - Different PCP from MAT provider⁴
 - Lower SES^{2,3,5}

1: Provider and patient perspectives on barriers to buprenorphine adherence and the acceptability of video directly observed therapy to enhance adherence. Godersky ME, Saxon AJ, Merrill JO, Samet JH, Simoni JM, Tsui JI. *Addict Sci Clin Pract.* 2019 Mar 13;14(1)

2: Buprenorphine retention in primary care. Stein MD, Cioe P, Friedmann PD. *J Gen Intern Med.* 2005 Nov;20(11):1038-41

3: Long-term retention in Office Based Opioid Treatment with buprenorphine. Weinstein ZM, Kim HW, Cheng DM, Quinn E, Hui D, Labelle CT, Drainoni ML, Bachman SS, Samet JH. *J Subst Abuse Treat.* 2017 Mar;74:65-70.

4: Integration of Buprenorphine Treatment with Primary Care: Comparative Effectiveness on Retention, Utilization, and Cost. Hsu YJ, Marsteller JA, Kachur SG, Fingerhood MI. *Popul Health Manag.* 2019 Aug;22(4):292-299.

5: Primary care models for treating opioid use disorders: What actually works? A systematic review. Lagisetty P, Klasa K, Bush C, Heisler M, Chopra V, Bohnert A. *PLoS One.* 2017 Oct 17;12

Future directions

- Formal study of having the same PCP as the MAT provider
- Analyze quality measures and other structural barriers to MAT retention
- Patient survey of perceived and real barriers to MAT retention

Recommendations

- Encourage PCPs to provide MAT
- Encourage patients to establish care with a PCP who also provides MAT
- Don't give up on the patient in front of you

Thank you