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Shannon Li
University of Vermont

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Implementing a mentorship group to encourage long-term treatment of opioid addiction

Shannon Li

EMMC FM Residency Clinic, Bangor, Maine

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Mentors: Dr. Robin Pritham

Scope of the Problem and the Need for Ensuring Adequate Treatment Length

- ▶ Since the 1990s, there's been a steady increase in opioid use and abuse
 - ▶ The increase in opioid abuse correlates with the increased prescription opioids handed out by Drs.
 - ▶ A majority of the illicit opioids are obtained from a single physician rather than drug dealers, according to 2006 NSDUH Survey
 - ▶ In 2002, 5,528 deaths were related to prescription opioid overdose, more than either heroin or cocaine overdose
 - ▶ Nationally, 259 million prescriptions for opioid were written by healthcare providers in 2012
- ▶ In 2012, Maine topped the nation's list for prescription opioid abuse
 - ▶ For every 100 residents, 21.8 prescriptions for opioid pain relievers (either long acting or extended-release) were written by the healthcare providers
 - ▶ This is 2x higher than the national average of 10.3 prescriptions/100
 - ▶ Between 2009-2013, there's approximately 3,876 primary treatment admissions for prescription opioid abuse
 - ▶ Although there has been a decrease in opioid prescription by 17% from 2012 to 2013, the number of patients seeking treatment has also increased, thus it's imperative to encourage/ensure long term treatment of opioid addiction in the state of Maine

Public Health Costs

- ▶ Substance abuse cost ~ \$600 billion/year
- ▶ Cost of 1 year methadone maintenance treatment for opioid addiction: ~ \$4,700/patient
- ▶ Compare to 1 year of imprisonment: \$24,000/person
- ▶ In Maine:
 - ▶ In 2010, \$47 million was spent on addiction treatment
 - ▶ Since 2010, the number of people seeking opiate addiction treatment has increased 15%
 - ▶ In order for treatment to be effective in an outpatient setting, a minimum of 90 days is required
 - ▶ For methadone maintenance program, a minimum of 12 months is required for the treatment to be effective
 - ▶ The longer the treatment length, the more positive the outcome

Community Perspective

- ▶ [Name withheld], DO: “Opioid abuse is a big problem in Maine, but at our family residency clinic, we try to be as diligent and strict as possible with our prescription of opioids. There’re 2 populations of opioid abusers: pregnant vs non-pregnant. It’s harder to control the pregnant population because we don’t want them to go into withdrawal, which would endanger the well-being of the fetus. For the non-pregnant population, we try to give some patients who have relapsed more chances, but we can’t keep giving them chances if they keep slipping and go back to using. It’s hard to find that balance. I did have one patient who struggled with opioid addiction, but managed to turn her life around before her 4th pregnancy. The patient is interested in starting a mentorship program to share her experiences with others who are currently undergoing suboxone treatment, and I think this is a great idea because sometimes having a supportive environment is more important than just treating patients with medicine alone.”
- ▶ [Name withheld], FNP: “Maine doesn’t understand how serious the opioid addiction is, Vermont does. There are not enough suboxone/methadone clinics to provide treatment for patients. Sometimes the ones who are receiving suboxone/methadone treatment do not get the social support they need from friends/family, and thus they go back to using again.”

Community Perspective Continued

- ▶ [Name withheld], patient: “ I did all kinds of drugs, and my life has been a mess. I wasn't there for my kids before, and I regret it so much. I want to come clean and stay drug free so I could be there for my little one and be a good father, but I don't have supportive friends/family because they are all doing drugs and they don't understand why I want treatment. That's why I'm so glad the local rehab has accepted me because it will provide me the supportive environment that I need to stay focused on my goal of becoming clean. I come to the clinic weekly to check in with my healthcare provider so I could make sure I stay on track. Having a supportive environment is so important to me.”
- ▶ [Name withheld], patient: “The suboxone film is crazy expensive, and for those who don't have a lot of money with a bad insurance plan, the cost add up...and when you have people around you that are using, it's really hard to stay clean...I think if there's a place where I could talk to people that understand, it would help me to stay focused and get the treatment I need to become clean.”

Intervention and Methodology

- Studies have shown that the most effective method for opioid addiction treatment is a combination of counseling, support groups, motivation interviewing, and drug replacement therapy like methadone or suboxone until patients are ready to be tapered off
- As part of intervention and methodology
 - I have created a pamphlet with a list of questions that the mentorship group could use as a guide during their discussions/meetings
 - The pamphlet also includes a list of available local suboxone and methadone clinics for patients and/or family members
 - However, as a FM resident pointed out, it's important to screen the patients first by either using the Med-monitoring tool embedded in the electronic health record system or perusing the patient chart to see who might benefit the most from the mentorship group.
 - If some patients are not compliant as others and are not ready for this step, the group will be of little benefit for them

Results and Response

- The effectiveness of the mentorship program could be evaluated by a survey/questionnaire to be filled out at the end of each session by the patients
 - Most of these questions would be qualitative in nature, asking patients to reflect on how they felt after each session, what could be improved at the next session, what worked well and should be kept as an ongoing theme
 - We could also ask the patients if they would recommend the mentorship group to people they know
- The healthcare providers (physicians, nurses, clinical social worker, behavioral health professionals) could monitor the patient's progress by using the med-monitoring tool during the clinic visits and score the patient based on how often they participate in the group and how likely they're ready to be tapered off suboxone



Effectiveness and Limitations

- ▶ The effectiveness and limitations of the mentorship program depend on several factors:
 - ▶ Patient access to the mentorship group (e.g. do they have the transportation needed to get to the group site?)
 - ▶ Community/patient awareness of the existence of the mentorship group
 - ▶ How many times the patient has participated in the group
 - ▶ Patient compliance: how willing are they to show up and participate
 - ▶ Was the group environment supportive enough to encourage open discussions among participants
 - ▶ Communication between patients and group session leaders
 - ▶ is there a way to encourage effective and open communication between the patients and the group leaders
 - ▶ The size of the group: what's the most optimal number of patients to have per session?
 - ▶ Some patients prefer medium to large groups
 - ▶ While others prefer smaller groups
 - ▶ This may have to be figured out through trial and error



Future directions

- ▶ As a way to encourage patient compliance and participation in the mentorship group, we could utilize the internet resources e.g. a private Google group to expand the availability of the group to patients who have transportation issues
- ▶ We could also establish an online support group to ensure prompt and effective communication between the patients and the healthcare providers, or just the sharing of useful information in general in a safe environment
 - ▶ EMMC is already using a secure message system to communicate with patients regarding their confidential information, so if the healthcare system could utilize this system as part of the mentorship program, it would be beneficial to both the patients and the healthcare providers
- ▶ For those who are limited by financial/transportation issues, we could maybe also implement a home visit team, so the patients could still get the support and treatment they need
 - ▶ FM residents are actively involved in home visits at the EMMC healthcare clinic, so if some residents are interested in opioid addiction treatment, they could start a home visit group targeting this specific patient population

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