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Providing Medication Assisted Treatment (MAT) for Opioid Use Disorder in Family Medicine Clinics in Vermont

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UVM College of Medicine, Class of 2018

Rotation 2, May - June 2016

South Burlington, Vermont

Project Mentor: Dr. Whitney Calkins

Opioid Use Disorder

According to the Vermont Department of Health:

Opioid use disorder is a major problem in Vermont.

“Medication assisted treatment was originally developed because detoxification followed by abstinence-oriented treatment had been shown to be unsuccessful in preventing relapse to opiate use. Methadone and Buprenorphine are medications that decrease cravings for opioids.”

The number of individuals receiving MAT increased “by more than 40%” in the state of Vermont between 1/1/2013 and 7/30/2014. The number of physicians who are prescribing buprenorphine is “only beginning to increase.”

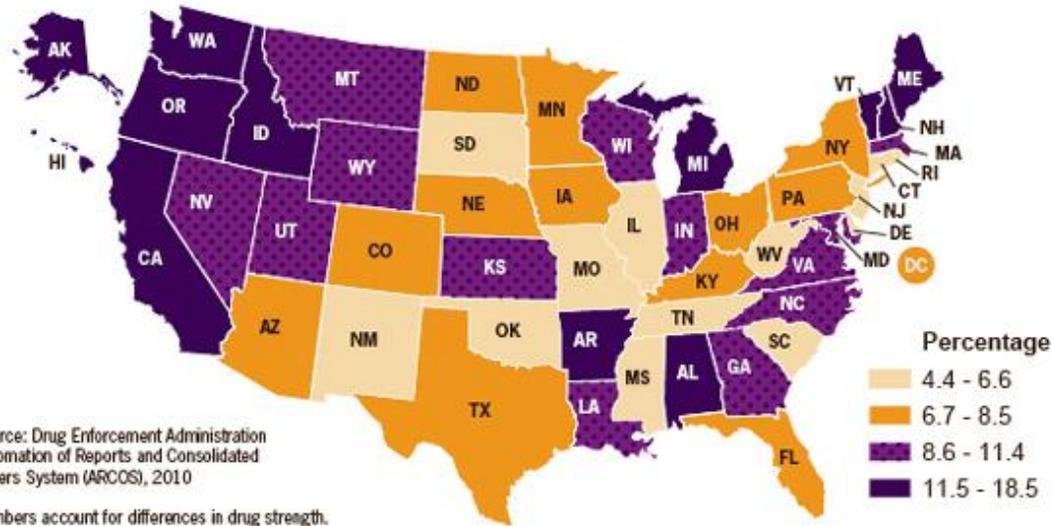
Many family medicine practitioners affiliated with the University of Vermont started prescribing MAT in March 2016 and many are currently in the waiver process.

In an effort to increase the number of MAT providers at various “spokes” locations in Vermont, many family medicine physicians have recently completed MAT training, or are currently in the process of being trained.

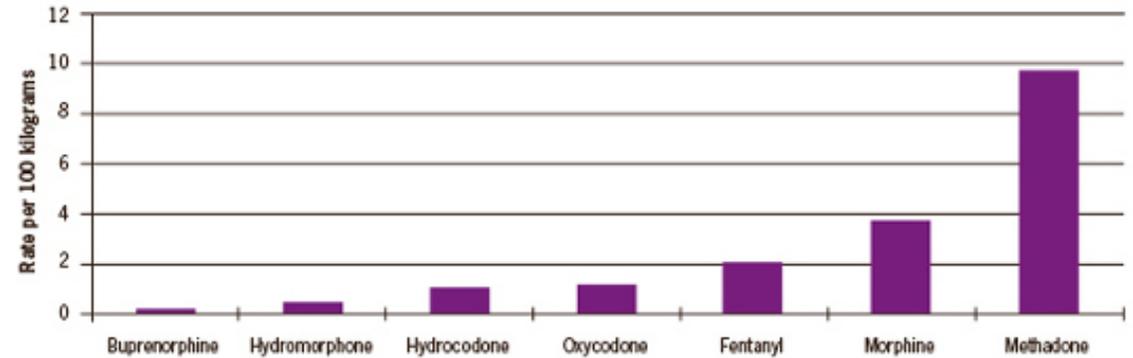
By recognizing some of the challenges of prescribing MAT in family medicine clinics and by identifying the concerns of family medicine practitioners regarding becoming MAT providers, family medicine physicians can become more effective at this new role and learn from each other.

Public Health Cost of Opioid Use Disorder

Methadone's share of prescription painkillers dispensed in each state



Death rate from overdoses caused by a single prescription painkiller



Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Statistics and Quality, Drug Abuse Warning Network Medical Examiner Component, 2009.

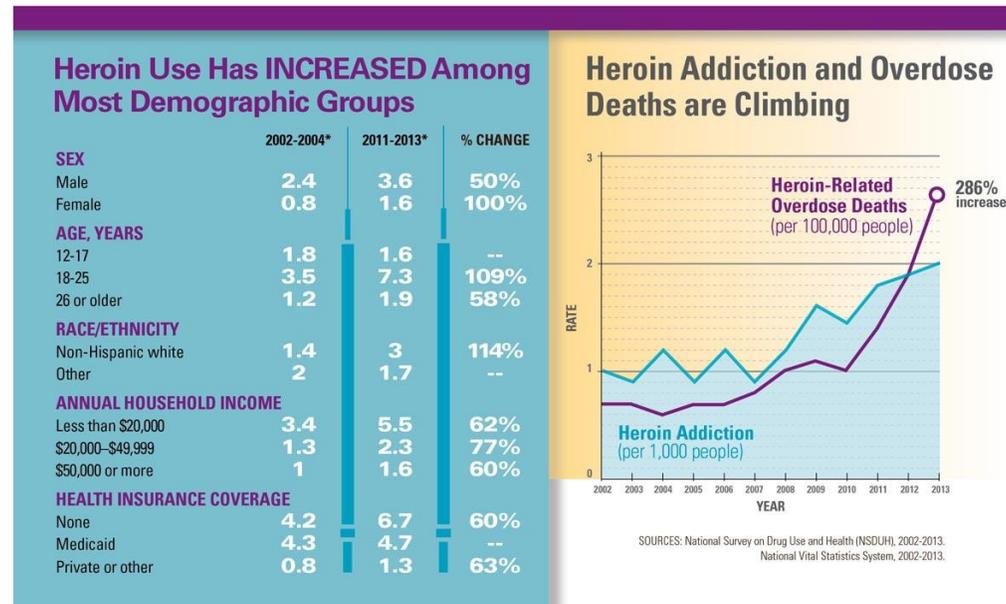
<http://www.cdc.gov/vitalsigns/MethadoneOverdoses/index.html>

Public Health Cost of Opioid Use Disorder

Medication assisted treatment outcomes include: “abstention from or reduced use of illicit opiates; reduction in non-opioid illicit drug use (e.g. cocaine); decreased criminal behavior; and decreased risk behavior linked to HIV and hepatitis C.”

According to the Vermont Department of Health: “For every dollar invested in prevention efforts there is a \$10-\$18 savings in societal cost (health care costs, lost productivity, etc.)”

“Four in five new heroin users started by misusing prescription painkillers.”



<http://www.cdc.gov/vitalsigns/heroin/index.html>

“94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were ‘far more expensive and harder to obtain’”

Community Perspective

Interview with Dr. Thomas Peterson, Professor and Chair, Department of Family Medicine at the University of Vermont, family medicine physician at Colchester Family Practice

“It’s hard to get your head around the idea of harm reduction versus curing patients.”

“The more we [family medicine physicians who are providing MAT] can have common knowledge, the better.”

“A peer support group would be helpful.”

Interview with Dr. Kathy Mariani, Assistant Professor, Department of Family Medicine at the University of Vermont, family medicine physician at South Burlington Family Practice

“The key is to have as many MAT providers at one site for support.”

Interview with Dr. Clara Keegan, Assistant Professor, Department of Family Medicine at the University of Vermont, family medicine physician at South Burlington Family Practice

“There are a lot of details to keep track of. I don’t want to feel like a detective but we also have to stick to rules.”

“We have great resources for ongoing training with the OBOT collaborative. It has been wonderful to learn from each other.”

Intervention and Methodology

Intervention:

In an effort to better understand barriers to providing medication assisted treatment to patients with opioid use disorder in family medicine clinics in Vermont, family medicine physicians were asked to identify current challenges to prescribing MAT or concerns about becoming MAT prescribers. Once these challenges and concerns are identified, they will be presented to family medicine physicians.

Methodology:

Attended MAT training 5/26/16

Developed two surveys, which were reviewed by three physicians at South Burlington Family Practice prior to being dispersed.

Asked Lise Vance for permission to have surveys dispersed at Hinesburg, Colchester, Milton, and South Burlington family practice clinics (6/6/16)

Asked family medicine physicians (including family medicine residents) to complete the survey (N=26) most-aligned with their current practice:

Currently prescribing MAT (n = 9)

Not currently prescribing MAT (n = 17)

Presented findings to Dr. Whitney Calkins, Site Preceptor at South Burlington Family Practice 6/16/16

Survey Results

Family Medicine physicians who are currently MAT providers

What has been challenging about providing MAT for your patient(s)?

Coordinating visits with the MAT team staff

Getting patients through the system – Hub – Day One and then back to clinics

Patients not showing up for appointments

Would like to provide more services to patients

Scheduling

What support, if any, is missing from your clinical site to make providing MAT for patients easier?

Expectations for ongoing mental health counseling

Consistent MAT team support

Random pill counts

Do you wish you had additional training to be able to successfully provide MAT to a patient?

No

Yes, more training on inductions

OBOT is a great resource

Yes, training on co-occurring substance use disorders and for acute pain management

General Themes

Most current MAT providers did not know how many other physicians at their clinical site were MAT providers or how many total patients were being prescribed MAT by their clinic.

Each family physician, who is currently prescribing MAT and completed the survey, is providing MAT for 1 to 20 patients, with most providing MAT for 1 or 2 patients.

Most family physicians currently prescribing MAT responded that the number of their patients that currently need MAT is twice the number of patients currently on MAT.

Survey Results Continued

Family Medicine Physicians not currently prescribing MAT

What concerns, if any, do you have about becoming an MAT provider?

Too many other clinical responsibilities

How to fit these visits into work day schedule

How to make this an organized process

Importance of maintaining longitudinal relationships with MAT patients

Can create an antagonistic relationship with patient

Having support in case prescriber is away

The nurse case manager aspect is important

Would need more support on-site if providing for more than 30 patients

Evaluation of Effectiveness & Limitations

This project achieved its goal of providing family medicine physicians with the opportunity to state their concerns over prescribing medication assisted treatment to individuals with opioid use disorder, as well as identifying barriers to effectively prescribing MAT in a family medicine clinic. Prior to dispersing the surveys, they were evaluated by three different family medicine physicians at the South Burlington clinic; changes were made to the surveys in response to feedback regarding the effectiveness of the survey questions. The information gathered from the surveys was then presented to the site preceptor at the South Burlington clinic and efficacy of survey questions was again evaluated.

In response to completing the survey, several physicians stated that it is still very early in the MAT prescribing process for many of them and felt that the survey may be more useful if administered 6 months from now. It would be helpful to administer a follow-up survey in 6 months, when more family medicine physicians have completed the waiver process and are actively prescribing MAT to patients. Additionally, it would be appropriate to have a pilot peer support group meeting in 6 months to address some of the concerns identified in the surveys.

In the future, it would be beneficial to have the surveys reviewed and evaluated by more physicians prior to administering them.

Limitations

It took quite a bit of time and effort to learn about the implementation and intricacies of prescribing MAT in family medicine clinics. It was important to get feedback from family medicine physicians at multiple sites in order to gain different perspectives on prescribing MAT. It would have been beneficial to have a longer period of time to continue this project in order to develop a pilot peer support group for family medicine physicians who are currently prescribing MAT or are interested in becoming MAT providers.

Given that family physicians have very busy clinic schedules, the surveys were only 1 page in-length to encourage completion. This limited the number of questions that were able to be asked.

Future Directions

Incorporating MAT into one's clinical practice can be daunting; the process involves training, maintaining longitudinal relationships with patients, developing expectations with patients who are being prescribed MAT, and more. As identified through the administered surveys, most FM physicians who are current MAT providers do not know how many other physicians in their clinic are also providing MAT. It could be helpful to develop an effective and easy way for family medicine providers to communicate about the challenges that they have experienced while trying to implement MAT and ways in which they have overcome those challenges.

Future projects:

- *Developing an educational resource for family medicine providers on the MAT induction process.*
- *Surveying family medicine physicians on challenging patient scenarios in the context of providing MAT and how to approach these scenarios.*

Future interventions:

- *Holding a peer support meeting once a month with interested physicians who are currently prescribing MAT or are interested in becoming prescribers. At this meeting FM physicians could share challenging patient experiences and develop solutions together.*
- *Further training for interested family medicine physicians on the induction process. Most patients are induced at the "Hub" and there is currently a waitlist to be induced at the "Hub."*
- *Implementation of an MAT trained nurse manager at each clinical site to improve continuity of care and serve as an MAT site expert.*

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Consent Form

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 _____ / No _____

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

Name: _____