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Evaluation of patient-centered tool for measuring opioid addiction recovery

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Family Medicine Clerkship Community Project
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Mentors: Laura Dewey, LPC & Katie Marvin, MD
Scope of Problem

- Addiction “recovery” or “success” has historically focused on survivorship, relapse, and maintenance medication discontinuation/detox as outcome measures. There is little standardization or tracking of broader measures in the US (1).

- VT has significantly expanded access to Medication Assisted Treatment (MAT) programs, but little is known yet about the trajectory of suboxone patients or tapering process in our particular population (2, 3). National data reveals only 10-50% abstinence following detox, but suggests length of taper and lower mean maintenance dose may predict “successful” detox (4).

- Given this uncertainty, providers and patients must reframe their understanding of treatment “success” to appreciate overall social and medical stabilization, despite a plateau in suboxone dose taper or prospect of indefinite treatment.

- A 20-question, interactive “POWERS Form” has been developed by Stowe’s MAT team as part of routine counseling and clinical visits. Tracking score changes with patients allows reflection on the broader life changes during recovery process. This activity can perhaps challenge harmful perceptions of pharmacotherapy as either a “silver bullet”, indefinite crutch, or sign of failure.
Status of VT Epidemic and Hub & Spoke Program

• As of Jan 2018, 228 patients were on maintenance medication in Lamoille Region with 0 on waitlist

• Number of prescribers has doubled from 7 to 14 in Lamoille since 2014, but Dr. Marvin is only 1 of 4 providers that see more than 10 MAT patients (2)
  • She estimates about 1/3 of her patient visits are MAT

• Several tools already exist and are available to guide clinicians in determining the appropriateness of Hub vs. Spoke placement (ex, Stability Index), but these do not necessarily aid in patient-provider interaction or patient reflection (3).

• In 2017, 70% of Spoke patients cited their relationship with their prescribing doctor as the most important element of their treatment journey (5), emphasizing need for options in choosing a prescriber
Contacts & Community Perspective

• Stowe Family Practice MAT Team would like to formally validate the POWERS form and give a poster presentation at the 2018 Family Medicine state meeting. Promoting its use could empower more FM providers to become prescribers and further destigmatize long-term suboxone treatment

• Established prescribers/known MAT advocates at Burlington-area community health center report that for their own use, they have tracked certain social markers for individual MAT patients in notes and spreadsheets, but not in any formalized way
Methodology

- PubMed search for existence and/or evaluation of similar tools used at the state, national, and international level
- Review of latest state-level data for context
- Medical student immersion into MAT counseling sessions and provider meetings to allow insight into use of POWERS tool and individual patient journeys to stability
- Data cleaning, entry, and organization in Excel to prepare descriptive statistics for poster, but also to lay groundwork for future analysis
- Informal correspondence with established prescribing FM physicians at community health centers and with evaluation experts at the Jefferson Institute
Results

• **Validity of tool**: POWERS form question content consistent with:
  • “Domains of life functioning” identified & used in 2017 Hub & Spoke evaluation (5)
  • “Indicators of recovery” identified in large-scale studies of Australian providers (6)
  • Components of well-established WHO Quality of Life index tool (7)

• **Preliminary Data**: Mean score change over course of treatment (max score=100): **36.75 points**
  • Greatest change in domains pertaining to coping, overall med compliance, and confidence in sobriety.
  • Smallest changes seen in access to resources such as insurance, safe living spaces, or childcare.
Evaluation of Effectiveness & Limitations

- Small sample size (n=24) of patients with >2 POWERS scores limits options for further data analysis at this time.
- Scores in domains for legal compliance and childcare access were likely artificially raised at initial score due to blank score conversion to 4/4 to preserve total score=100. MAT team should communicate to standardize how to classify “irrelevant” or blank domain scores in a way that will allow better representation of true changes.
- Without integration of form into EHR or designating a team member to maintain data, long-term compilation may not be feasible. Also, there may be missed opportunities to collect additional information on treatment timelines and relapse events.
- The “organic” emergence of tool and its content suggests that it is rooted in valuable patient and provider experience, but there has been little documentation of revision process.
- Emerging connection and collaboration between Jeffords Institute and Stowe providers should yield process for validation/evaluation of form that would be realistic within a busy clinical setting.
Recommendations

• Continue connection with Jeffords Institute to capitalize on their expertise, as well as to increase visibility of tool and its purpose

• Formalize process of tool revision, perhaps via focus groups with more prescribers, current patients, or with patients exiting MAT. These could be vital opportunities to receive feedback on POWERS form content, ease of use, and impact on patient experience

• Potentially arrange future pilot of POWERS form at Burlington CBHC’s to gain provider perspective and gauge its use in a different patient subpopulation

• Poster presentation is a reasonable first step to expand use of tool to other FM providers, uncover similar tools or processes currently in use at other clinics, and empower FM providers to become waivered prescribers
References


