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

Collin York

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Part of the Medical Education Commons, Primary Care Commons, and the Substance Abuse and Addiction Commons

Recommended Citation
https://scholarworks.uvm.edu/fmclerk/454

This Book is brought to you for free and open access by the College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
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...**

- **116** People died every day from opioid-related drug overdoses
- **11.5 million** People misused prescription opioids

- **42,249** People died from overdosing on opioids
- **2.1 million** People misused prescription opioids for the first time

- **2.1 million** People had an opioid use disorder
- **17,087** Deaths attributed to overdosing on commonly prescribed opioids

- **948,000** People used heroin
- **19,413** Deaths attributed to overdosing on synthetic opioids other than methadone

- **170,000** People used heroin for the first time
- **15,469** Deaths attributed to overdosing on heroin

- **504 billion** In economic costs


Updated January 2018. For more information, visit: [http://www.dhs.gov/opioids/](http://www.dhs.gov/opioids/)
Problem Identification: State

- NY overdose rate above national average
- 2011 NY State Medicaid Redesign: opioid use disorder targeted

Source: CDC
Problem Identification: Local

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

Costs of the Opioid Epidemic by Year and Type

*Data between labeled estimates interpolated using constant growth rates*
“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*
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

- Very helpful: 75%
- Somewhat helpful: 25%
- Not very helpful: 0%
- Definitely not helpful: 0%
Limitations

- KNOWLEDGE $\rightarrow$ BEHAVIOR?
- ABSENCE OF EVIDENCE IS NOT EVIDENCE OF ABSENCE
- SMALL SAMPLE SIZE
Recommendations

Provider Resources

Outreach and education

Increasing access
References

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,. Washington, DC, American Psychiatric Association page 541


https://www.samhsa.gov/medication-assisted-treatment/treatment

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.

Yes / No
If not consenting as above: please add the interviewee names here for the department of Family Medicine Information only.

Name: ____________________________

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.

These projects must be submitted electronically to the Clerkship Coordinator, Luke Hebert, at Luke.Hebert@med.uvm.edu 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 scoring.

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.