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C. Wesley Cubberley

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Improving Patient Educational Materials for a Suboxone Clinic in Southeastern Vermont

Springfield Health Center

Wes Cubberley

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Susan White
Problem Description A

- The opioid epidemic is a national crisis. Impoverished and rural communities are disproportionally impacted by opioid addiction\(^1,2\).
- Many Vermonters with opiate use disorder are enrolled in the “hub and spoke” model of care. Methadone induction and maintenance therapy has become a pillar of treatment for many patients\(^2\).
- Suboxone (buprenorphine + naloxone) is an alternative to methadone for induction and maintenance therapy that may be more effective and feasible for some people to use\(^3\).
The closest opioid treatment hub is 30 minutes away, leaving people without means or transportation at a higher risk for treatment failure in this rural population. Currently, Springfield Health Center is in the process of developing a Suboxone clinic to address this gap in resources. In order for the program to be successful, potential patients must be aware of the existence of the program, knowledgeable about whether Suboxone is right for them (through education), and have enough enrollment to qualify for financial support from the state.
14 Windsor County residents died from opioid overdoses in 2018. This accounts for 12% of the total accidental opioid and undetermined opioid-related fatalities in the state. Of Windsor County residents that died from opioid-related overdoses in 2018, 4 deaths were attributed to prescription opioids, and 9 were related to heroin overdoses.
Jim Walsh, NP is a psychiatry nurse practitioner who spoke with me about the challenges of starting this program:

He emphasized the importance of patients knowing the program was available locally. This would largely fall on the shoulders of local community workers and providers referring patients they think would be good candidates.

One challenge he identified was the heterogeneity in the educational resources that are available for potential patients—although providers do provide much of the counselling before induction into a Suboxone treatment program, the availability of patient educational resources is not streamlined.
Community Perspective on Issue and Support for Project B

- Lindsy Mack, Behavioral Health and Substance Use care coordinator at Springfield Health Center spoke with me about the challenges she has observed people with opiate use disorder having with the current available local resources
  - Some patients she has worked with have encountered difficulty securing transportation from private companies to the closest hub because of the stigma towards drug addiction.
  - Some patients are unable to secure reliable childcare while going to the closest hub, further exacerbating the financial strain they face.
  - Others have encountered overt prejudice from local pharmacies in spite of years of documented compliance with opioid maintenance therapy.
  - She also commented on challenges in recruitment for medication assisted opioid treatment (MAT) in local hospitals, which has made enrollment into a Suboxone program challenging.
Intervention and Methodology

- Intervention: develop an educational flyer that could be freely distributed to people considering enrollment in a Suboxone clinic at Springfield Health Center

- Methodology: Using evidence-based online resources, write a single-page informational flyer at a fifth-grade reading level that outlines the effectiveness of Suboxone vs. methadone for maintenance therapy, the benefits and drawbacks of Suboxone, cost considerations, and who may benefit from use of Suboxone

- Provide PDF copy of handout to Springfield Health Center team members developing Suboxone program for feedback and ultimate distribution in clinics
Results

- Developed a single-page *Frequently Asked Questions About Suboxone* informational sheet.
- Overall, educational flyer was well received. It provided necessary information in an understandable way.
- Feedback from Springfield Health Center Suboxone team included refining language used meet the reading levels of potential patients at a wide range of literacy levels.
- Provided completed PDF file for distribution of educational material once future Suboxone clinic at Springfield is established.
Evaluation of Effectiveness and Limitations

Evaluation of effectiveness and limitations could be measured in three ways:

1) **Quantitative measurement** of the number of flyers being distributed in clinic by providers and staff as a surrogate for number of potential/interested patients considering enrolling in the Suboxone Clinic in Springfield who wanted more information.

2) **Quantitative feedback** from future patients enrolling in the Suboxone clinic at Springfield including “*How did you hear about the Suboxone clinic at Springfield?*”
   1) This information could be quickly and anonymously assessed by an MA during a patient intake.
   2) This could help to guide the allocation of resources for improving outreach and publicity about a Suboxone clinic in Springfield.

3) **Qualitative feedback** from potential patients with brief in-clinic questions such as “*What questions do you still have after reading the educational pamphlet about Suboxone?*” and “*How did this educational pamphlet influence your decision to enroll in a Suboxone clinic?*”
   1) This information could be used to improve future versions of the educational handout and help to guide clinician-patient conversations.
Future Interventions and Projects

- Digitization of FAQs about Suboxone informational flyer on Springfield Health Center Website to expand access.
- Distribution of FAQs about Suboxone informational flyer at local Narcotics Anonymous or similar peer support groups to garner enrollment into the Suboxone clinic at Springfield Health Center.
- Distribution of educational materials about Suboxone and the Suboxone clinic at Springfield Health Center at local emergency departments.
References


