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## Overcoming Barriers to Care in the Treatment of Opioid Use Disorder

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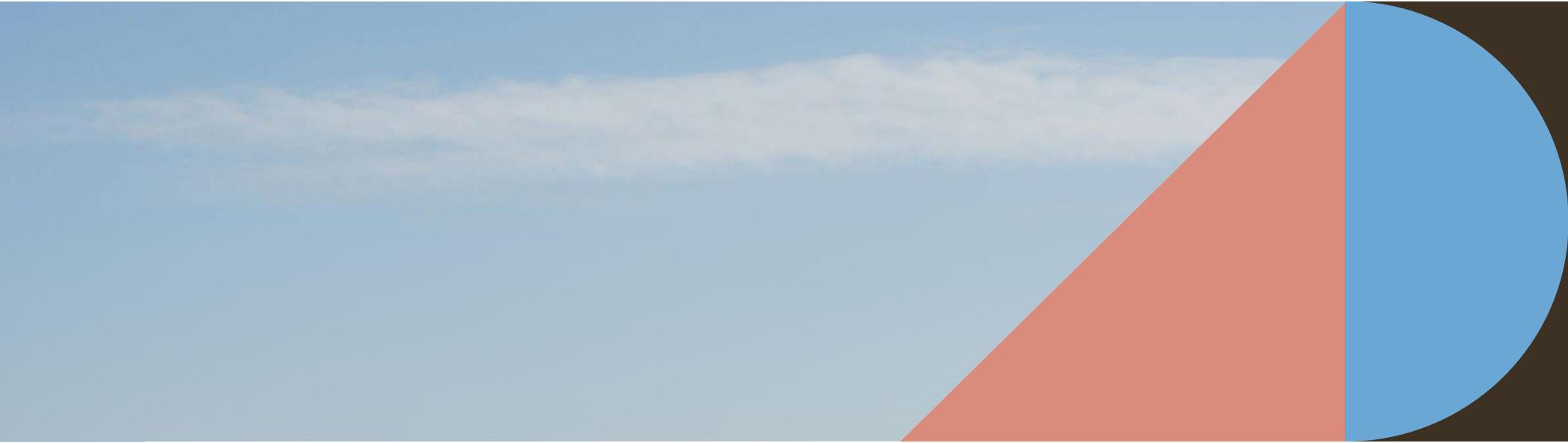
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# **Overcoming Barriers to Care in the Treatment of Opioid Use Disorder**

Lewiston, ME

Max HoddWells

04/2024

Mentors: Dr. Paul Vinsel, Annie Derthick, Bronte Roberts

# Problem Identification

- There are many barriers to care when it comes to the treatment of opioid use disorder (OUD), and many patients require significant resources to achieve success.
- Patients requiring treatment for OUD at Central Maine Medical Center (CMMC) are often started in an intensive outpatient clinic (IOP). In IOP patients must participate in mental health counseling for three hours a day, three days a week, in addition to weekly check-in appointments with a physician in order to get medication treatment for their OUD.
- While these modalities are extremely important for holistically treating and managing OUD, it presents unique challenges for patients who come from socioeconomically disadvantaged backgrounds and have limited access to technology and transportation.
- The demands of IOP combined with the inherent challenges of overcoming OUD can lead to increased patient stress and treatment failure, especially if there is limited access to local resources.

# Cost

- The Centers for Disease Control and Prevention estimates that the total economic cost of prescription opioid misuse in the United States is \$78.5 billion a year<sup>1</sup>.
- The total estimated cost of substance use in Maine was 1.403 billion in 2010, which translates into a cost of \$1,057 for every resident of Maine<sup>2</sup>.
- Additionally, the financial cost to patients seeking treatment for OUD can be extensive.
  - Pay-for-service providers do not require patients to complete a formal treatment program to get medication treatment for OUD, but they do not take insurance and often charge hundreds of dollars a month.
  - Even with medical insurance that covers OUD treatment programs, patients must often sacrifice dozens of work hours and subsequent income in order to participate, which can exacerbate already tight financial situations.

# Community Perspective

Dr. Paul Vinsel, an emergency department physician who now works exclusively with the local OUD population, says that his team has encountered several barriers to care when it comes to treating OUD. Patients frequently have difficulty:

- Getting transportation to appointments
- Accessing the technological resources required to participate in counseling sessions, which are on Zoom
- Understanding and navigating local resources, which are often not user friendly
- Accessing members of the treatment team and knowing who to talk to if the physician is unavailable

Additionally:

- Stigma around OUD can lead to a lack of support for patients undergoing treatment.
- Many providers are not comfortable managing patients with OUD
  - According to the Chief of Primary Care at CMMC, only about 5-10% of providers in network are x-waivered and can prescribe treatment for OUD.

## Community Perspective Cont.

Shawn Hibbard, a current patient of the IOP clinic, has been dealing with OUD for years.

- He was originally managing his OUD through a pay-per-service physician in order to avoid going through a formal program. He was poorly managed and eventually ended up in the IOP clinic because nothing else was working.
- “The biggest problem for me is my job. I have three kids at home and a house to manage. At first, I said no because of how much of a time demand it is. I didn’t think it was possible because the appointments are during peak work hours.”
- “I have a car, which makes it much easier for me to come to appointments. But I’m lucky because not everyone has that.”
- He felt that there were numerous hoops he had to jump through in order to get treatment, which were necessary but also frustrating because not everything was streamlined to make it easier on him.
- Ultimately, Shawn has found great success in CMMC’s IOP clinic, but the demands of treatment have been difficult for him to overcome.

# Intervention

- A consolidated resource document was created in order to provide information and steps for quick and easy access to local resources, including:
  - Free phone and wireless services
  - Free library services
  - Free computer access
  - Technology needed for counseling sessions
  - Contact numbers for specific members of the IOP team
  - Free local transportation
- The document was made to be one page, front and back, in order to streamline information in a clear and efficient manner.
- The document will be provided to all future IOP patients starting in the clinic, and any present patients who may benefit from it.

# Results

- The document was reviewed, edited, and validated by the members of the CMMC IOP team, who confirmed its utility and potential benefit to patients undergoing treatment for OUD.
- Input from multiple providers, patients, and behavioral health specialists was gathered to make the document as understandable and patient-centered as possible.
- All resources highlighted in the document were verified as high yield needs of the local OUD population undergoing treatment in the CMMC IOP clinic.
- The document will be distributed to IOP patients by members of the IOP team and patient response data can be collected as it is utilized.

# Evaluation of Effectiveness

- Patient feedback is essential to assess the utility and effectiveness of this intervention.
- I would propose either an informal verbal assessment performed by members of the IOP team during patient appointments, or a formal survey mailed to all new patients of the IOP clinic.
  - A formal survey would be useful to quantify patient perceptions on the document's utility. Some useful data points to include would be resources that were found most helpful, ease-of-access and document clarity, overall user experience, and information relevance.
  - An easier assessment could simply determine how many patients utilized the resource document in any capacity.
  - Benefits of an informal verbal assessment would be that it is free to perform and could easily gather patient reactions to the document. Direct patient feedback could be useful in identifying any unmet needs and determining how to continue moving forward.

# Recommendations for Future Interventions

- One prominent barrier to OUD treatment in the Lewiston, Maine area is the lack of x-waivered providers available to prescribe treatment.
- It could be useful to assess the barriers that providers encounter to becoming x-waivered and exploring potential ways to increase provider participation in the treatment of OUD.
- If more providers become credentialed and comfortable with treating OUD it could allow patients to participate in more flexible treatment plans.
  - Rather than the current dichotomy between pay-for-service physicians, who can be very expensive and only provide medication treatment, and more rigid treatment programs like IOP, increasing the number of accessible providers could offer patients a more personalized experience tailored to their specific needs.

# References

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