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Linking a Community: Bringing People Together for Comprehensive MAT

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Linking a Community

Bringing People Together for Comprehensive MAT

RECOVERY



UNIVERSITY OF
SOUTHERN MAINE
Muskie School of Public Service



LincolnHealth
MaineHealth

Acknowledgements

We would like to thank all of the individuals who participated in the focus groups. Their time and candid responses has provided invaluable information that can be used to understand the needs of individuals with opioid use and the unique challenges faced by individuals seeking treatment and recovery options in rural areas. A special thank you to the dedicated team at LincolnHealth including Kathy Wright, AnniPat McKenney, and Cathy Cole. We appreciate your help recruiting the focus group participants and coordinating our site visits.

Background

- ▶ In April of 2017, the Maine Health Access Foundation (MeHAF) provided funds to expand access to patient-centered addiction care for people with opioid use disorder (OUD) through their Addiction Care Program.

- ▶ This two year program has provided a total of approximately \$800,000 to ten grantees across the state of Maine.

- ▶ MeHAF's Addiction Care Program includes both planning and implementation grantees:
 - ❖ The four planning sites, including LincolnHealth, are engaging in comprehensive planning processes designed to facilitate the implementation of medication assisted treatment (MAT) in primary care.

 - ❖ The six implementation sites, who already have existing MAT programs, are focusing on strategies to expand their access and capacity to delivery MAT in primary care settings.

Project Overview

- ▶ The primary goal of LincolnHealth's Addiction Care Program project is to expand access to MAT for medically underserved and uninsured people in Lincoln County.
- ▶ In order to achieve this goal, LincolnHealth is engaging in a comprehensive planning process to transform the current model of care available in Lincoln County.
- ▶ LincolnHealth's planning activities are designed to facilitate the implementation of a county-wide, comprehensive MAT program in Lincoln County, a 100% rural community.

Methodology

- ▶ As part of its planning process, LincolnHealth is committed to engaging consumers to understand their treatment needs.
- ▶ In collaboration with the Muskie School, LincolnHealth held a series of focus groups with consumers to help inform the planning and implementation of a comprehensive patient-centered MAT program in Lincoln County.
- ▶ The primary aims of the focus groups were to:
 - ❖ understand the service needs of individuals with opioid use disorders;
 - ❖ examine the barriers and facilitators to engaging individuals with opioid use disorders in treatment and ongoing maintenance; and
 - ❖ assess the supports needed to promote long-term recovery among individuals with opioid use disorders.
- ▶ Individuals who were in recovery or thinking about recovery from OUDs were recruited to participate in focus groups by LincolnHealth staff.
- ▶ Hour long focus groups were held in Boothbay, Damariscotta, and Waldoboro; a total of 14 individuals participate in three focus groups.

Data Analysis

- ▶ All focus groups were audio recorded and transcribed.
- ▶ Qualitative data was systematically coded using multiple coders.
- ▶ Qualitative analysis was done iteratively to build a coding scheme for all textual data.
- ▶ The primary themes that emerged from the coding included:
 - ❖ gateways to use;
 - ❖ treatment initiation;
 - ❖ barriers and facilitators to treatment engagement;
 - ❖ unmet needs;
 - ❖ barriers and facilitators to recovery maintenance; and
 - ❖ auxilliary supports for family.
- ▶ Qualitative data from the interviews was triangulated with survey data from providers at LincolnHealth in an effort to further explicate finding and identifying common themes among consumers and providers.

Findings: Scope

- ▶ All focus group participants agreed that opioid misuse and abuse was common in Lincoln County and throughout the state of Maine.

"It probably wasn't until the early 2000's that everybody started to really abuse pain medications and it was really bad. All my relatives, are chasing drugs from the time they get up and I am talking about all my relatives, even my nieces, nephews all of them right down the line."

"I would say it is a crisis. The people I know, school kids and everything."

"I think it is more than just a little common. Almost everybody that I know has at least dabbled with it you know here and there and most times in dabbling you just don't dabble. It is definitely a big problem."

Findings: Gateways to Use

- ▶ Research indicates that the majority of individuals with OUDs (75%) reported that their first opioid was a prescription drug.¹
- ▶ These findings are consistent with the information provided by focus group participants; the majority began abusing opioids after use of an opioid prescription pain reliever.
- ▶ The most commonly cited introduction to opioids was from a legal prescription to manage pain after an accident or injury.
- ▶ Other common gateways to use mentioned by respondents included: non-medical use of prescription pain relievers (diversion) to manage depression, stress or anxiety, and the introduction to opioids by peers or family members.

"I do think it starts with prescriptions although not necessarily your own."

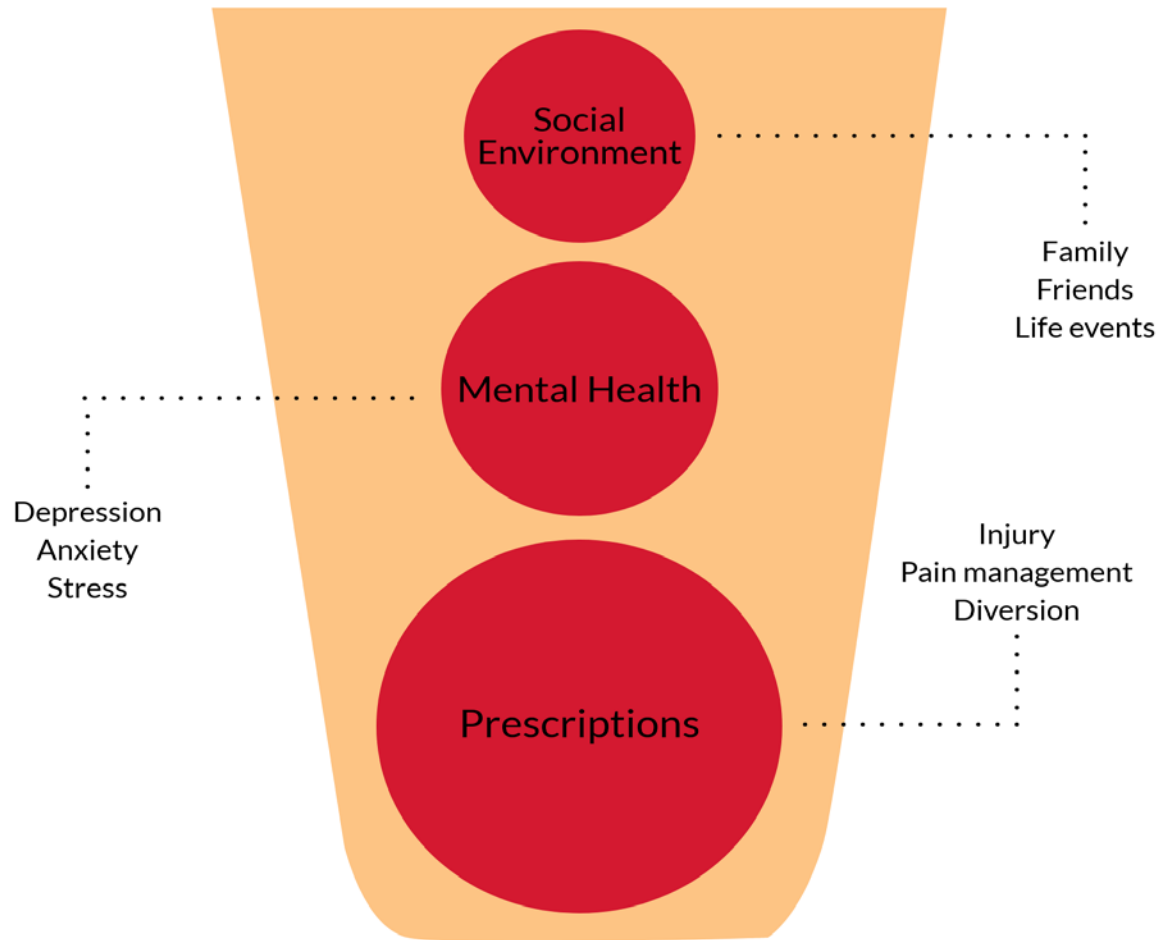
"I think it has to do with a lot of peer on peer or who you are with."

"If you can't get the pain meds that is when heroin comes in."

"You hurt your back, you have a work related injury and you are prescribed something and you have a habit by the end of that month."

Findings: Gateways to Use

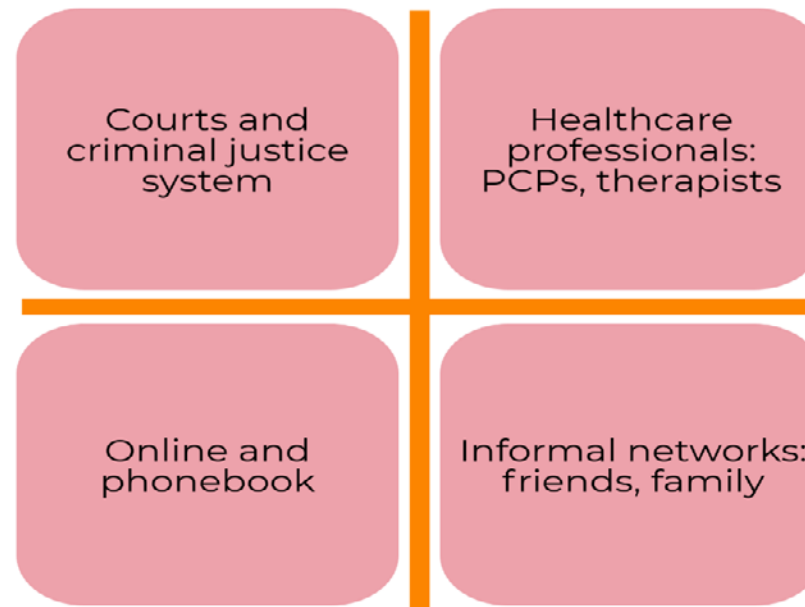
Initiators of Use



Findings: Treatment Initiation

- ▶ Overall, respondents indicated that there are often no clear paths for individuals seeking treatment for opioid use disorders (OUD).
- ▶ The majority of respondents indicated that they relied on informal social networks to identify sources of treatment and gain an understanding of how to access care.
- ▶ Other mechanisms for identifying treatment options included: entry through the criminal justice system, seeking help through a healthcare provider, and using online resources or the phonebook to identify treatment options.

Finding and Accessing Treatment



Findings: Treatment Initiation

- ▶ Respondents also indicated that they feel they need to “game the system” in order to gain access to treatment for their OUD.

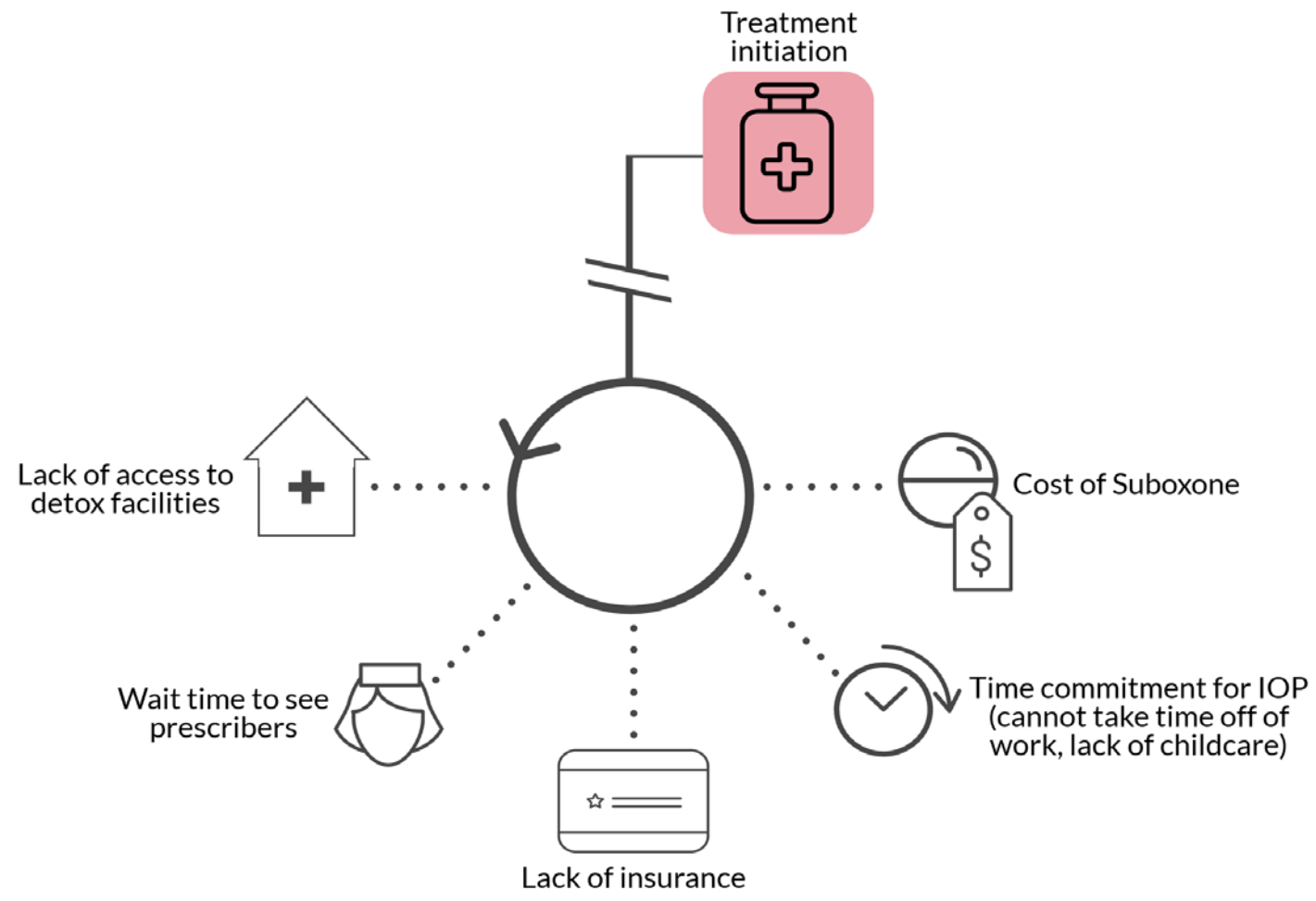
“Everybody and their brother has a suggestion - so they will tell you where to go to get treatment. They will tell you how to cheat the programs and everything else, people have ways of doing everything.”

- ▶ Finding Suboxone providers who are accepting new patients is difficult so a few respondents reporting using “work arounds” to gain access to waived providers such as using other health concerns as a way to get initial appointments with these providers.

“You have to literally lie and tell them that you need to see them for something completely different and fight your way through it. Maybe when you get face to face with them you will luck out”

Findings: Barriers to Treatment Initiation

- ▶ Respondents cited a number of reasons why initiating treatment can be difficult even when they are ready to seek help.



Findings: Barriers to Treatment Initiation

- ▶ Respondents most common answers for why people do not seek treatment for their OUD when they are ready and willing were:
 - **COST:** Lack of insurance, high cost of prescriptions and treatment
 - **ACCESS:** Lack of treatment options nearby, not enough prescribers
 - **BURDEN:** Time commitments and inflexible policies of treatment programs

"I sat online for two hours one day, and called 56 doctors. Every one of them said we are not taking new patients or you had to have cash before you come in."

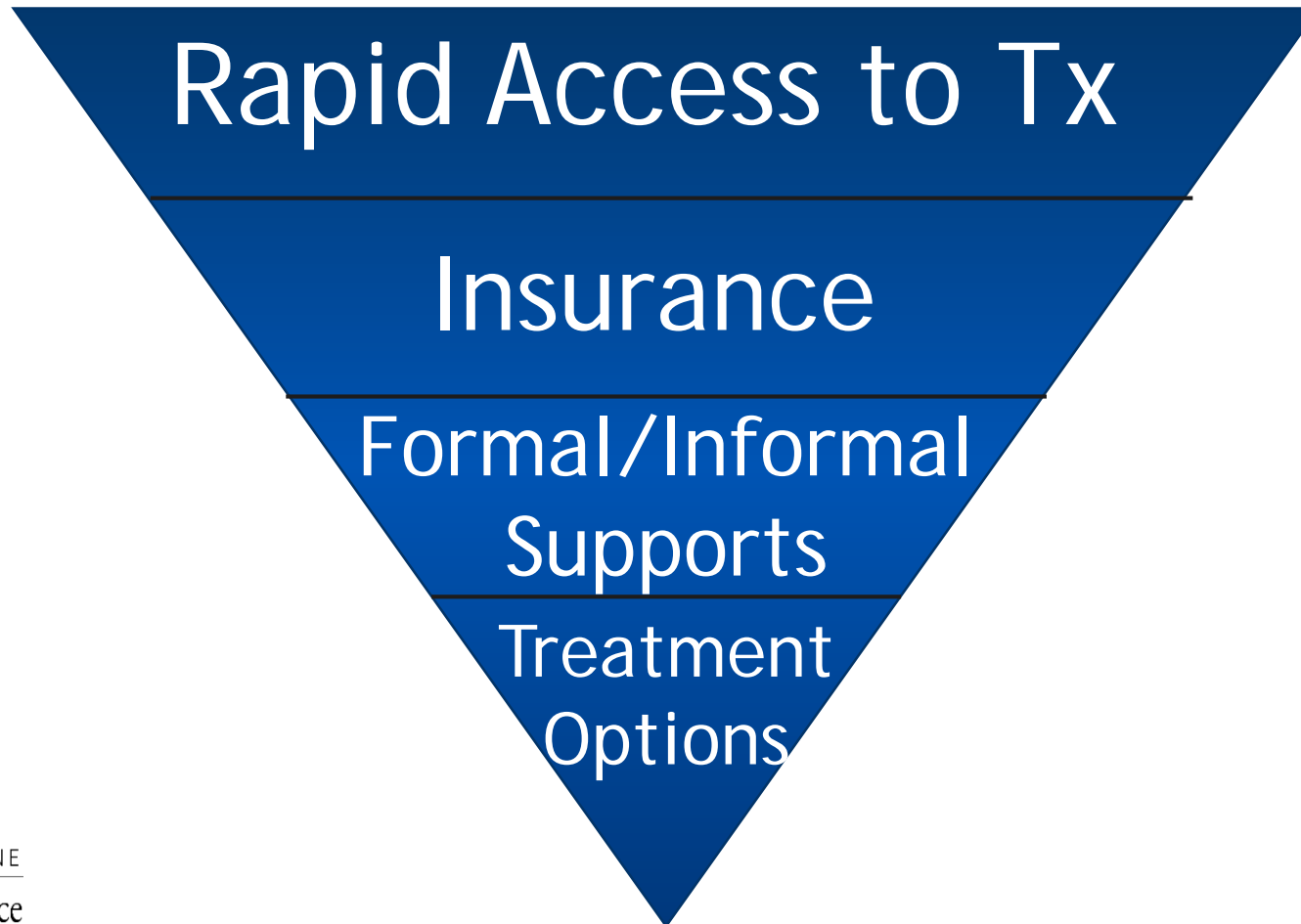
"I am paying for ARC and on top of the medication if you do not have insurance that is almost impossible."

"You want to get into a place and it takes 7 days. It is real easy to give up you know."

"A lot of work places like you can't just take a week off your work because you have a problem because they won't see it that way and probably fire you."

Findings: Facilitators of Treatment Initiation

- ▶ Respondents overwhelmingly agreed that rapid access to care, including detoxification services, facilitated treatment initiation and engagement.
- ▶ Insurance coverage (private or public), supports to identify paths to treatment and having treatment options were also frequently cited as a key factors in being able to access and initiate treatment.



Findings: Facilitators of Treatment Initiation

- ▶ Rapid access to treatment was a key facilitator to treatment engagement. Immediate access to MAT through detoxification or by a provider facilitated entry into treatment. Access to medication supports was so important that some participants reported resorting to using expensive cash providers as it was the quickest way for them to get access to Suboxone and stabilize themselves.

"So those doctors are a lot easier you know the cash doctors in Portland. You call on a Monday and Wednesday just like that you are prescribed on the spot. You have to show up and you have to piss before you can get Suboxone and that is it."

"I personally when detoxing I went into a clinical situation... I thought there was no way I was going to ever get out of or get off the heroin. Yes, they put me on it right when I got there [Suboxone]. They basically prescribe you Suboxone there and they get you on it right then, because all these other doctors have waiting lists and they kick you on the street."

"We're lucky now with people like Holly and Bob at Lincoln Health, they fit you in like that week. That's crazy, you go into the office and then you have an appointment like 2 days later."

Findings: Past Treatment Experiences

- ▶ All respondents reported having multiple past treatment experiences in Maine and surrounding states including detoxification services, 30-60 day inpatient programs, intensive outpatient treatment, and office based MAT.
- ▶ Most participants reported that their past treatment experiences were challenging for a number of reasons such as: limited access to treatment locally; the high costs associated with care; and stringent program requirements.

"People went there to get off of drugs and it is like ok you show up here every week for the next 2 or 3 weeks and we will put you on medication. A lot of them are sick, don't feel well, don't have transportation, and you are discouraging them if they think they miss a class, your recovery options are gone or they treat you differently."

"I was getting my Suboxone out of Portland and that is quite a hike when you have to chase your pills."

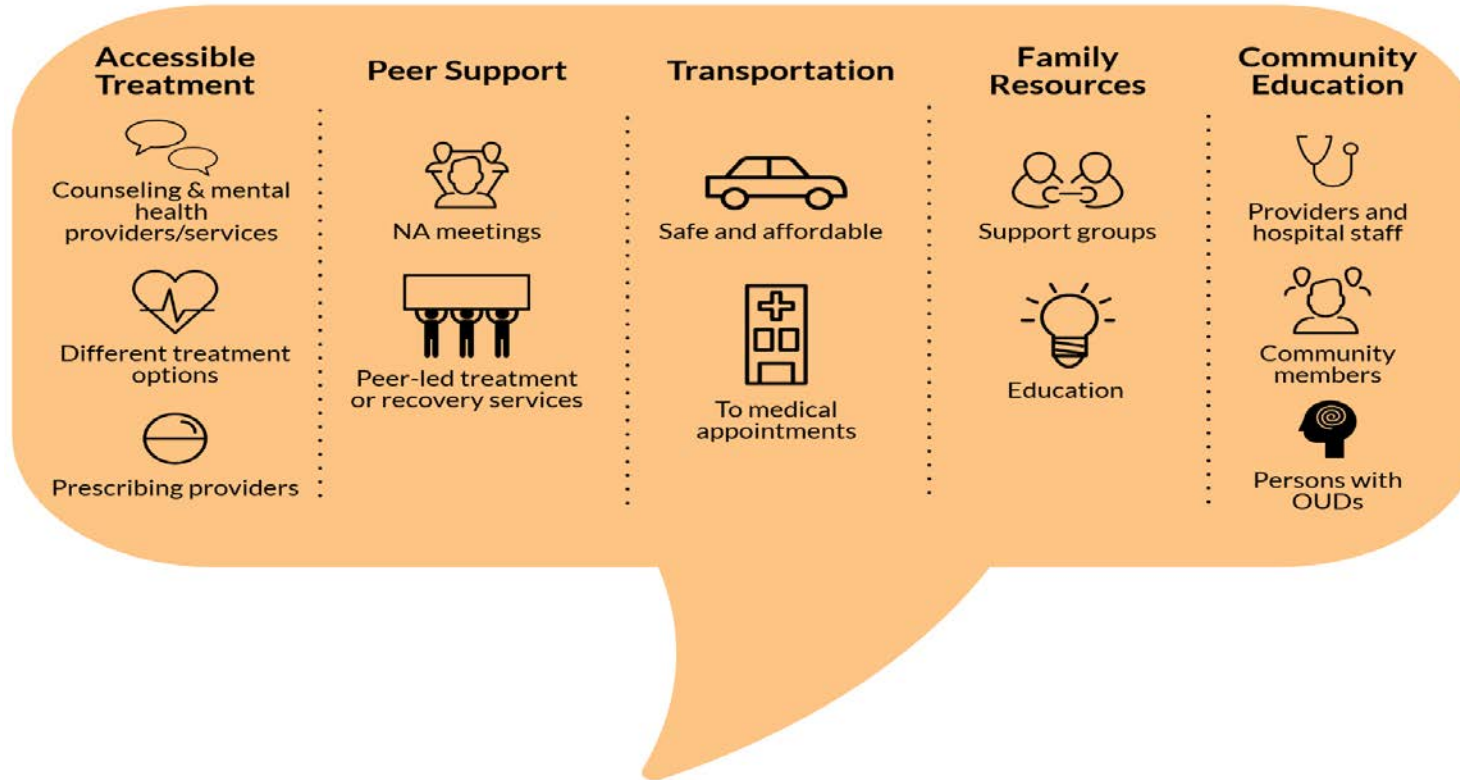
"I watched people that I knew or met in and out in and out and it is mostly because of money. There is not enough funding out there to get clean."

You have to jump through the hoops down there [at ARC] and I'm sorry, I am not sitting 3 hours a day, 3 days a week down there, it is a waste of my time."

Findings: Gaps in Treatment Services and Auxiliary Supports

- ▶ Focus group participants identified a number of gaps in services and unmet needs. Transportation was the most frequently cited barrier to access and engaging in treatment.
- ▶ Participants also identified poor care coordination, limited access to mental health services, inadequate peer supports and family resources, as current gaps in treatment services and auxiliary supports.

Unmet Needs



Findings: Gaps in Treatment Services and Auxiliary Supports

- ▶ Providers at LincolnHealth, as well as focus group respondents, reported that there is a lack of local treatment options that are accessible to most people with OUDs.

"[m]any people need multiple opportunities for treatment and I think affordable multiple pathways toward MAT are important."

-Provider G

- ▶ Focus group participants and providers at LincolnHealth discussed the unrealistic expectations of many treatment programs in the area. Additionally, both groups identified other challenges associated with accessing treatment for individuals with OUDs, including treatment cost and not enough providers.

"It's not reasonable to expect someone with a full time job to be able to access a treatment program that requires a multiple hours per week commitment. Nor can many of my patients afford to pay inordinate sums of money for their treatment AND their prescription medication."

-Provider C

Findings: Gaps in Treatment Services and Auxiliary Supports

- ▶ Lack of access to community services and specialists for patients was identified as a challenge to implementing MAT by both patients and providers.
 - ❖ Many patients described the need for community supports and integration, including employment opportunities, sober activities, counseling, and peer supports, in order to maintain recovery.
 - ❖ Providers also described the importance of access to wrap-around services, including ongoing mental health assistance, job support, and family support, in order to ensure the success of MAT and a full recovery, and, for some providers, to even consider engaging in this work.

- ▶ Both providers and patients see the costs associated with MAT as a major barrier to maintaining recovery and that a lack of financial support for those without insurance is a current gap in providing recovery services.

- ▶ Focus group participants and providers at LincolnHealth both described the stigma associated with opioid use as a major barrier to treatment and recovery. Both groups reiterated the need to address stigma surrounding opioids and to educate the community about OUDs and MAT.

Findings: Facilitators of Maintenance and Recovery

- ▶ Consistent access to ongoing MAT, peer support groups, and informal social supports were the most frequently mentioned factors necessary to support ongoing maintenance and recovery.



Findings: Facilitators of Maintenance and Recovery

- ▶ Participants frequently mentioned the importance of formal (MAT program and providers) as well as informal supports (family and peer support) as critical resources for maintain their sobriety.

"The NA groups. I go to my groups, plus I have a sponsor that I have had for 17 years."

"Having the support of my parents. You need a supportive team around you."

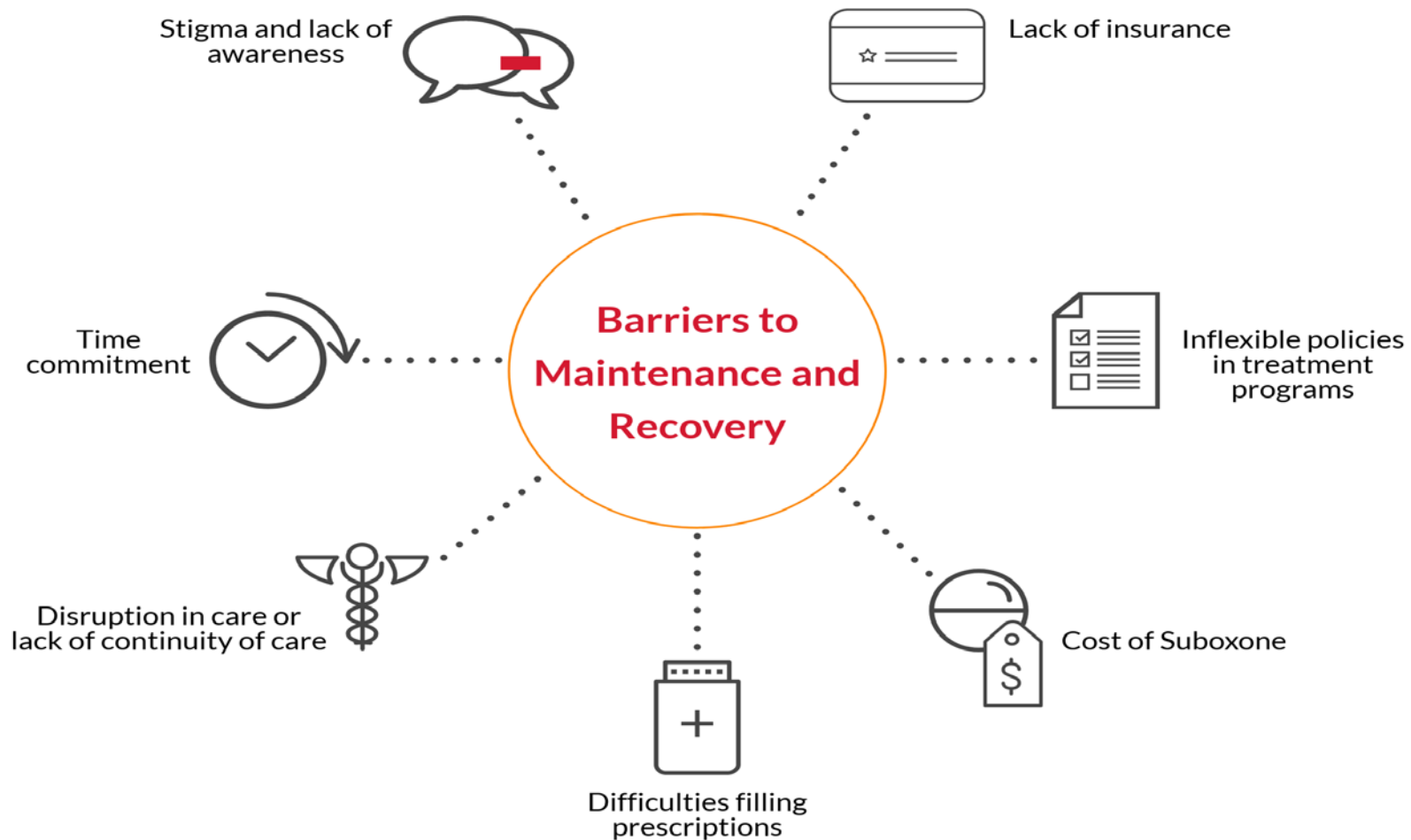
"Suboxone is what keeps me clean."

"Wash your hands of all those associates. You can't put yourself in those situations."

"Its support. I'm lucky enough I have good family who never gave up on me for some reason."

Findings: Barriers to Maintenance and Recovery

- ▶ Participants identified three primary barriers to treatment maintenance and ongoing recovery: the costs associated with treatment and/or medication, inflexible treatment program policies, and the stigma associated with having an OUD.



Findings: Barriers to Maintenance and Recovery

- ▶ All focus group participants felt that the greatest challenge associated with treatment maintenance was the cost of Suboxone.
 - ❖ A wide variation of pricing was reported, with some pharmacies charging double what others charge for Suboxone.
 - ❖ Patients reported shopping around, traveling significant distances to get their prescriptions for less, and illegally selling a portion of their prescription to cover the costs of the medication.

"One is price of the pills. A lot of times people have a hard time coming up with the money. It is like \$300 something dollars and they sell many of their pills to cover the cost, and they keep what is left for themselves to deal with, that is how they have to deal with the high price of the pills."

"It's \$400 a month for me to get 60 Suboxone strips, and that is recently."

"My insurance doesn't pay for my prescriptions. At Rite-Aid in town, it's \$200 more than if I drive [40 miles] to Rockland. Rite Aid told me the price and I said 'never mind' and called around."

Findings: Barriers to Maintenance and Recovery

- ▶ A majority of focus group participants reported that the inflexible policies of some treatment programs, particularly IOPs, have made it difficult to have continuity of care in their recovery.
 - ❖ Patients report past “slip-ups” either with relapse, missing appointments or group therapies and changes in insurance often put them back to “square one” in an intensive outpatient program.
 - ❖ Patients want a treatment model that has incorporated an understanding that relapse is often part of recovery, and are grateful that this is happening with their prescribers at LincolnHealth.

“They (IOP) said you miss one appointment and you are done. They were being real strict with because I’ve failed so many times - but they made it so hard on me that I didn’t go back.”

“You go to ARC, and if you mess up one time or two times they don’t want to take you back. You know addicts are going to relapse and it’s like they don’t want to just keep giving you chances.”

“You should be able to own up to your problems and not have to start over ... as long as it is not every day.”

Findings: Barriers to Maintenance and Recovery

- ▶ Several focus group participants reported that stigma can be a barrier to maintenance and recovery.
 - ❖ Patients report feeling stigma in their personal relationships, from their providers, their therapy groups, their pharmacists, and from the community.
 - ❖ While some had success with NA, several patients expressed frustration with the Narcotics Anonymous (NA) model that seems to discourage the inclusion of persons on medication assisted treatment.

"You go to pharmacies and they treat you so bad when you are on Suboxone. They just treat you with a disgusting attitude."

"You leave recovery once or twice and your family and friends stop believing you can do it and then it's just like well I'm forever labeled. I'm known as the drug addict around town ... every job I get ... (even if) I am not using any more."

"They (NA) think Suboxone is postponing your recovery because you're still taking drugs, you're not totally clean, they express that they don't think you're half as clean as they are."

"There are biases and stigmas. We are not bad people. We are hardworking intelligent people. Opioid addiction isn't in the closet any more. It's mainstream America."

Findings: Resources for Family and Friends

- ▶ Respondents overwhelmingly indicated a need for family and friends to have access to education about substance use disorders and MAT.
- ▶ Several participants also pointed out the need for support groups for family and friends.
- ▶ Many respondents also mentioned the need for more advertising about the services available in the area so family and friends can help individuals get access to treatment when needed.

"I think there should be more information available. For such a small town or community we have an amazing system but still people know nothing about it."

"Some families want to know what they are up against."

"Sometime they just want some reassurance because this is probably one of the hardest things they are ever going to hear."

"More knowledge is needed (about Suboxone) ... my family can't understand you can't get high off it."

Findings: Cross-Site Differences

- ▶ Respondents in Damariscotta and Waldoboro reported long wait times and having to advocate for themselves to initiate and access treatment.
- ▶ Participants from Boothbay currently receiving MAT did not report wait times as a barrier at the time of their treatment initiation, but noted that there is often a gap between discharge from detoxification and MAT induction due to the limited number of MAT providers in the area.
- ▶ While at least one participant in each group traveled to Portland to find a doctor who prescribes Suboxone, the Damariscotta & Waldoboro patients were more likely to travel outside of Lincoln County to see a prescribing doctor and receive other support services such as group therapy.
 - ❖ Respondents at these sites reported traveling as far as Portland and Kennebunk to receive care citing a lack of MAT providers in their communities and affordable access to prescription medications.
- ▶ Participants from Boothbay overwhelmingly agreed that they were grateful for the physical space in their community where they can go for nearly all of their treatment.
- ▶ Respondents from both Boothbay and Damariscotta praised LincolnHealth staff for helping them access and coordinate care. Many said they would not be in recovery today without the efforts of the LincolnHealth team at the Boothbay site.

Summary of Key Findings

- ▶ Opioid misuse and abuse is common in Lincoln County; the most commonly reported introduction to opioids among respondents was through a legal prescription to manage pain.
- ▶ Respondents frequently reported that finding and accessing treatment for OUDs was difficult and that they often did not know what services were available in their community.
- ▶ One of the greatest challenges associated with initiating treatment was finding providers in their communities offering MAT and taking on new patients.
- ▶ Rapid access to treatment and affordable treatment options were critical components to initiating and engaging participants in treatment.
- ▶ Participants identified a number of gaps in services and supports including:
 - ❖ safe and affordable transportation to treatment and appointments;
 - ❖ a lack of treatment options that meet their specific needs and challenges;
 - ❖ limited peer supports and resources for informal support such as family and friends; and
 - ❖ difficulty accessing behavioral health providers.
- ▶ The greatest challenges associated with recovery maintenance include:
 - ❖ the costs associated with ongoing treatment and lack of insurance;
 - ❖ difficulty accessing or affording Suboxone;
 - ❖ stigma from providers, pharmacists, as well as the broader community; and
 - ❖ lack of care coordination.

Implications

What works at LincolnHealth?



Findings: Implications

- ▶ Participant feedback suggests that there is a need for greater visibility about available treatment options in Lincoln County so that individuals with OUDs and their families or friends can readily access information about the treatment and recovery services in the county.
- ▶ Respondents clearly indicated that open-access settings such as primary care and emergency room departments that can provide easy, rapid access to MAT are critical to increase treatment engagement among individuals with OUDs.
- ▶ Results demonstrate a need for more providers certified and willing to provide MAT in primary care settings.
- ▶ Respondent feedback points to a continued need to reduce the stigma related to OUDs and MAT among providers and pharmacists.
- ▶ In order to effectively meet the diverse needs of individuals with OUDs, findings indicate a need to explore implementing a continuum of treatment options and protocols that provide services for individuals at various stages of maintenance and recovery.
- ▶ Consumers expressed a need for a wide range of auxiliary recovery supports including: reliable transportation, employment opportunities, safe and affordable housing, and mechanisms for community engagement.
- ▶ Based on consumer feedback, it would appear that there is a need for a health education campaign designed to educate families and the broader community about substance use disorders and MAT.

Questions?

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Appendix A: Coding Structure

Theme	Primary Sub-Theme	Secondary Sub-Themes
Gateways	Access	Community-level
	Diversion of RX	
	Over prescribing doctors	
	Mental Health	Stress, Depression
	Pain medication prescription	
	Pain management	
	Peer group	
Prevalence	Scope	
Treatment Initiation	Finding treatment options	Word of mouth, healthcare professional, doctor referral, court mandated, being turned away
	Treatment type	Detox, rehab, IOP/out-patient, in-patient, LincolnHealth
	Facilitators	Support system, money, Suboxone subsidy
	Barriers	Requirements to obtain a prescription, wait time, finding a prescribing doctor

Theme	Primary Sub-Theme	Secondary Sub-Themes
Barriers to Treatment	Access	Treatment availability, doctor availability, variety in treatment options, wait to be accepted
	Clinical record notation	
	Cost	Pharmacy, lack of insurance
	Self-denial	
	Treatment program requirements	Inflexible policies
	Insurance	Inadequate insurance, lack of coverage, MaineCare eligibility requirements
	Lack of resources	Child care, treatment options
	Stigma	
	Time	Employment
	Transportation	Rurality, cost, lack of access

Theme	Primary Sub-Theme	Secondary Sub-Themes
Barriers to Recovery Maintenance	Accidents/Injury	Ignorance of healthcare professionals
	Continuity of care - disruptions	
	Cost	Medication, medical appointments
	Counseling	Trust, continuity of care
	Inflexible policies	IOP, program requirements, time commitment
	Lack of insurance	MaineCare eligibility requirements
	Lack of resources	Transportation, time, financial, healthcare professionals
	Peer support	Lack of support, stigma
	Pharmacy policies	
	Stigma	Care Partners, Suboxone
Facilitators of Recovery Maintenance	Access	Timeliness of treatment appointments
	Activities	Exercise, new way of life, staying active
	Financial relief/support	
	Formal supports	Medication assistance, groups, care team, therapy
	Personal goals	Purpose, self esteem, rewards
	Social supports	Family, change social circle, community/peer supports

Theme	Primary Sub-Theme	Secondary Sub-Themes
Unmet Needs	Access	Additional resources (counseling, mental health services/specialists, transportation), MAT providers, treatment programs
	Auxiliary supports for family	Education, family supports, group sessions, Narcan, advertising/education campaigns
	Community education	Stigma
	Family resources	Education and Training
	Financial assistance	Expanding Suboxone subsidies, cost of medication
	Peer support	
	Provider education	
	Transitions between treatment programs	
What's Working Well at LincolnHealth	Access	MAT, quick access
	Community supports	
	Employment connections	

Citations

1. Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA Psychiatry*. 2014;71(7):821-826.