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## Downeast Maine MAT Expansion Project: Year 1 Data Summary

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# Downeast Maine MAT Expansion Project

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YEAR 1 DATA SUMMARY  
2019

# The Project

Through a collaborative effort of Healthy Acadia, its providers, the Downeast Substance Treatment Network and Downeast Substance Use Response Coalition, the project is utilizing multiple evidence-based strategies to combat opioid use disorder (OUD) in Downeast Maine.

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## Project Goals:

- Reduce the barriers to Medication-Assisted Treatment (MAT)
- Enhance MAT services by improving provider capacity through training and implementation of best practice treatment

## Project Components:

- Hub and Spoke model of care with Downeast Treatment Center as the hub
- Project ECHO and the Readiness Academy
- Jail Re-entry Program
- Emergency Department Program
- Recovery Coaching

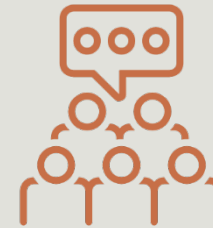
# Methodology

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## Surveys

- Deployed by Qualidigm or the Cutler Institute
- Deployed to relevant stakeholders
  - Pre-Assessment and Echo Session Evaluation available to Readiness Academy participants
  - Partnership Assessment available to Healthy Acadia's partners



## Focus Groups

- Change Team Focus Group
- Readiness Academy Focus Group
- Patient Focus Group
- Recordings of focus groups were transcribed and annotated for themes relevant to treatment capacity and patient access.

# Data Overview

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## Leadership and Partnerships

- Partnership assessment
- Change Team focus group



## ECHO: Readiness Academy

- ECHO Pre-assessment
- Readiness Academy focus group
- ECHO post-session evaluation



## Patient Information and Perspective

- GPRA Data
- 2 Patient focus groups

# I. Leadership and Partnerships

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# Change Team Focus Group

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- The Downeast MAT expansion project change team is charged with overseeing the implementation of the initiative
- Focus group engaged key stakeholders (change team members) involved with MAT Expansion implementation
- Stakeholders reported on:
  1. Change Team Initiatives
  2. Barriers to Implementing and Providing Treatment for OUD
  3. Facilitators to Providing Treatment
  4. Beliefs About Care Transitions

# Change Team Focus Group: Initiatives

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## Rapid Access MAT in ED

- Currently implemented in three area hospitals with plans for expansion
- *“Several supportive entry points for treatments with the same protocols going to the same hub”*
- *“Should be live at Maine Coast hospital by Thanksgiving”*

## Recovery Coaching

- Referrals from emergency departments to the recovery coach program
- *“We follow up with [a fax from the hospital] and ideally in one day or shortly thereafter we try and link that in with a recovery coach.”*

## TeleECHO: Readiness Academy

- Offering trainings and peer support to increase provider and organizational adoption and implementation of MAT
- *“[Echo] has been an extremely valuable resource for us, not only with the educational component, but the opportunity to network and to build relationships amongst the providers.”*

## Jail Re-entry

- Working through drug court and with people coming out of jail to help facilitate treatment and recovery
- Working with the population and their IOP to stay patient centered and serve this *“very high risk population”*

*“The goodwill and the motivation on everybody’s part to make this thing happen is incredible.”*



# Change Team Focus Group: Barriers to Implementing and Providing Treatment

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- Complexities around legal components (CFR 42.2)
  - What constitutes a “program” to which CFR 42.2 applies?
- Collection of GPRA data
- Organization staffing
- Environmental changes
  - Medicaid expansion
  - New treatment facilities
- Provider stigma
  - Addressed in the ED Rapid Access MAT with trainings and committed leadership
- Treatment population
  - Serving special populations (e.g. drug court, uninsured)
  - *“I think we are working with a population who are either coming out of jail or who have really hit rock bottom for a long time.”*

*“It takes time to develop the environment ... They [patients] don’t want to look at what is the psychosocial component that put them there. We are saying let’s focus on it.”*

# Change Team Focus Group: Facilitators to Providing Treatment

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- Collaboration within and across the partner organizations
  - Sharing legal forms and agreements
  - Collectively solving problems and offering support
- Flexible scheduling and programming to increase patient access and engagement
  - Creating evening hours
  - Offering up to 3 days of service a week
  - Eliminating wait times
  - Considering a satellite hub in Stonington to serve a geographically isolated island community of high need
- Medication subsidies for uninsured MAT patients
  - Creating a workflow with pharmacies to cover the costs of MAT

# Change Team Focus Group: Beliefs About Care Transitions

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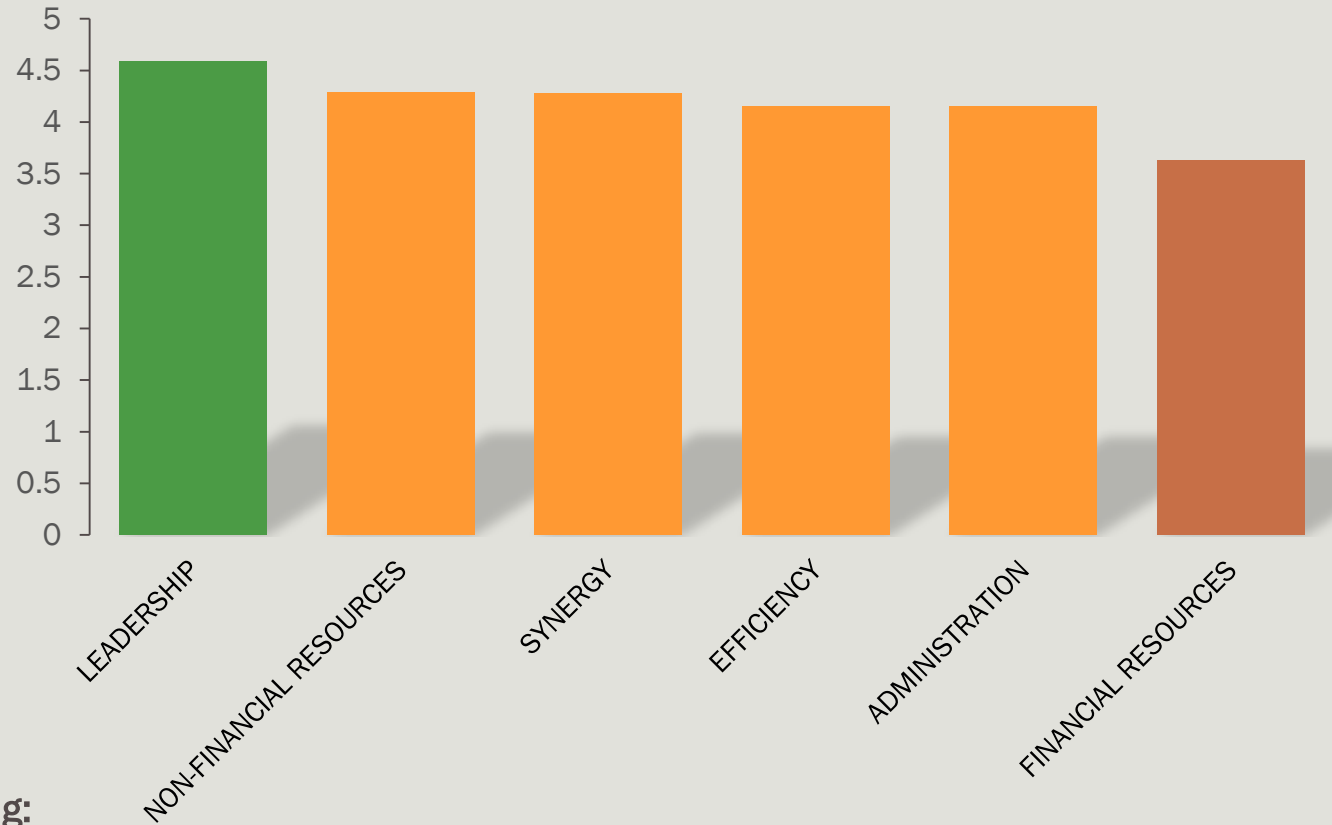
Many patients are not being transitioned from the hub to their primary care provider because they want to maintain treatment with initial provider and receive group therapy.

*"People aren't moving out like initially we thought ... it is not really happening that much because they get relationships and they want to stay with it."*

# Partnership Self-Assessment

- (n=8), 66.7% response rate
- Conducted by the Cutler Institute at USM
- Deployed to Healthy Acadia partners
- Standardized questionnaire to examine the strengths and weaknesses of a partnership across 6 domains

Healthy Acadia MAT Pilot Partnership Survey Results



## Scoring:

**Target Zone:** Partnership currently excels in this area and needs to focus attention on maintaining a high score

**Headway Zone:** Partnership is doing pretty well in this area but has potential to progress even further

**Work Zone:** More effort is needed in this area to maximize partnership's collaborative potential

**Danger Zone:** Area needs a lot of improvement

# Partnership Self-Assessment: Decision-Making and Satisfaction

- Respondents were either extremely comfortable (50%) or very comfortable (50%) with the way decisions are made among the collaborative partners
- Respondents supported decisions made by the partnership either all of the time (37.5%) or most of the time (62.5%)
- Everyone was either completely satisfied or mostly satisfied with the partnership

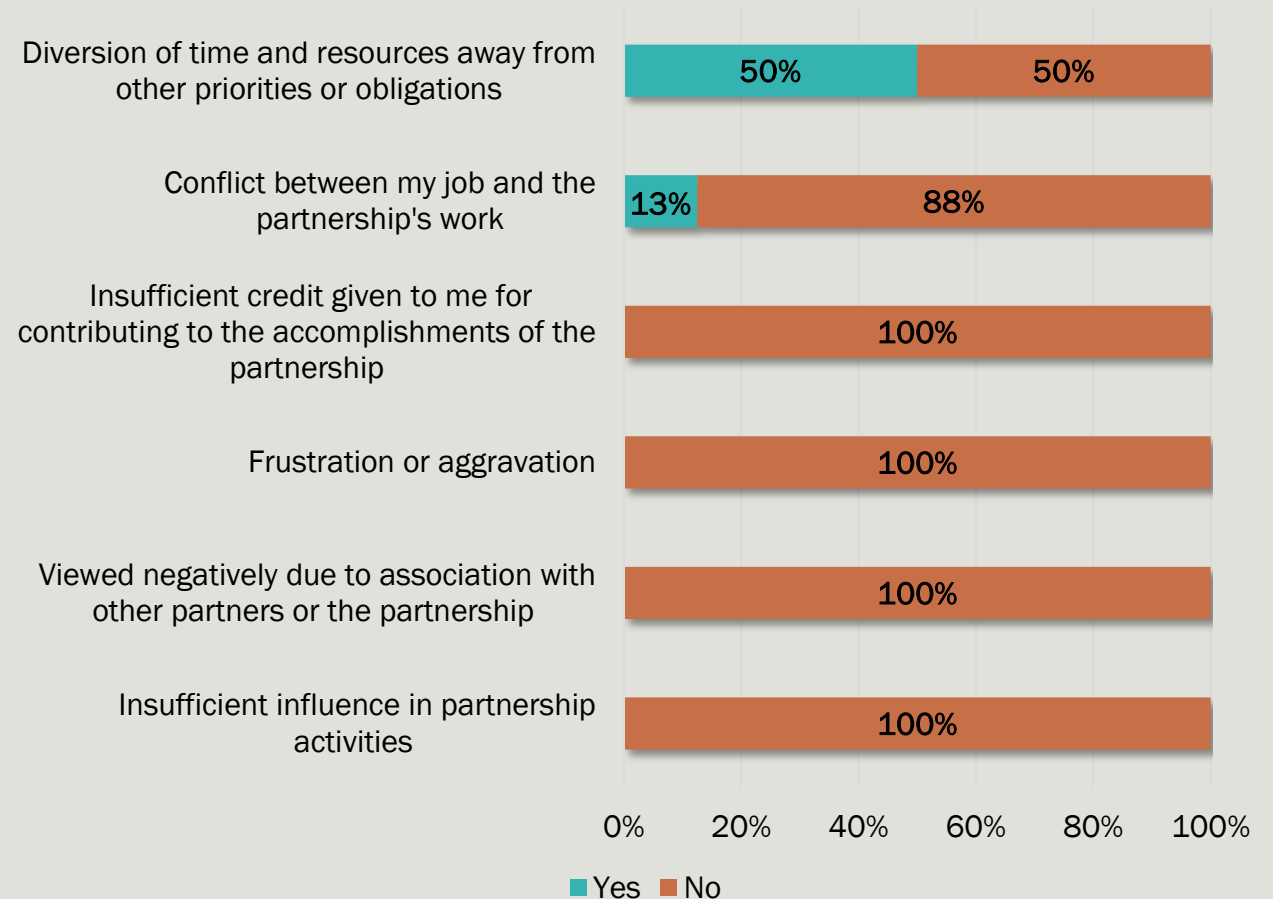
## How satisfied are you with...



# Partnership Self-Assessment Results, *cntd*

- Very few people responded that they'd experienced drawbacks from participating in the partnership
- **100%** of respondents said that the benefits of the partnership greatly exceeded any drawbacks

Have you experienced the following drawbacks of participation?



# Summary – Leadership and Partnerships

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Members of the MAT Expansion Project:

- Showed strong support of the partnership
- Rated their leadership as highly effective
- Tackled problems together
- Adjusted their program to better serve patients

*“This collaboration amongst representatives from disparate and sometimes competing organizations has been extremely satisfying, rewarding, and inspirational work. Progress is slower than I would have hoped, but steady, branching, and continuous.”*

*“It is really a high-level collaborative partnership which is one of the things I really loved—that it really came off as a partnership. It really was we are in this together, jointly working at it.”*

# **II. Readiness Academy and Project ECHO**

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# Readiness Academy Focus Group

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Various stakeholders came together to create a Downeast Maine MAT Project ECHO curriculum for Downeast partners with the goal of increasing provider capacity and enhancing the quality of MAT services through education and training. This curriculum became known as the Readiness Academy.

Focus Group Stakeholders reported on:

1. Strengths of the Readiness Academy
2. Unique aspects of the curriculum
3. Benefits to providers
4. Lessons learned

# Readiness Academy Focus Group: Strengths and the Curriculum

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## Strengths

- Holistic Program
  - A variety of participants creates a “full picture”
- Shared Resources
  - Participants take away recommendations and materials
- Flexible Support
  - Ability to address concerns and offer specific feedback

## Curriculum

- Includes both administrators and clinical staff
- Addresses organizational readiness
- Addresses provider stigma
- Creates trust and provides a resource for providers
- Creates an appreciation of and encourages family involvement in treatment plan

# Readiness Academy Focus Group: Provider Benefits and Lessons Learned

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## Provider Benefits

- Stigma Reduction
- Collaboration and Community
  - An informal mentor model seen as a “game changer”
  - Acknowledges the importance of it being an organizational-wide and community-wide process
- Peer Support and Consultation
  - *“You really build a community, and we build those connections, and that really helps with provider burnout. It helps reduce isolation. It helps makes people feel that they’re not alone in the work that they do.”*

## Lessons Learned

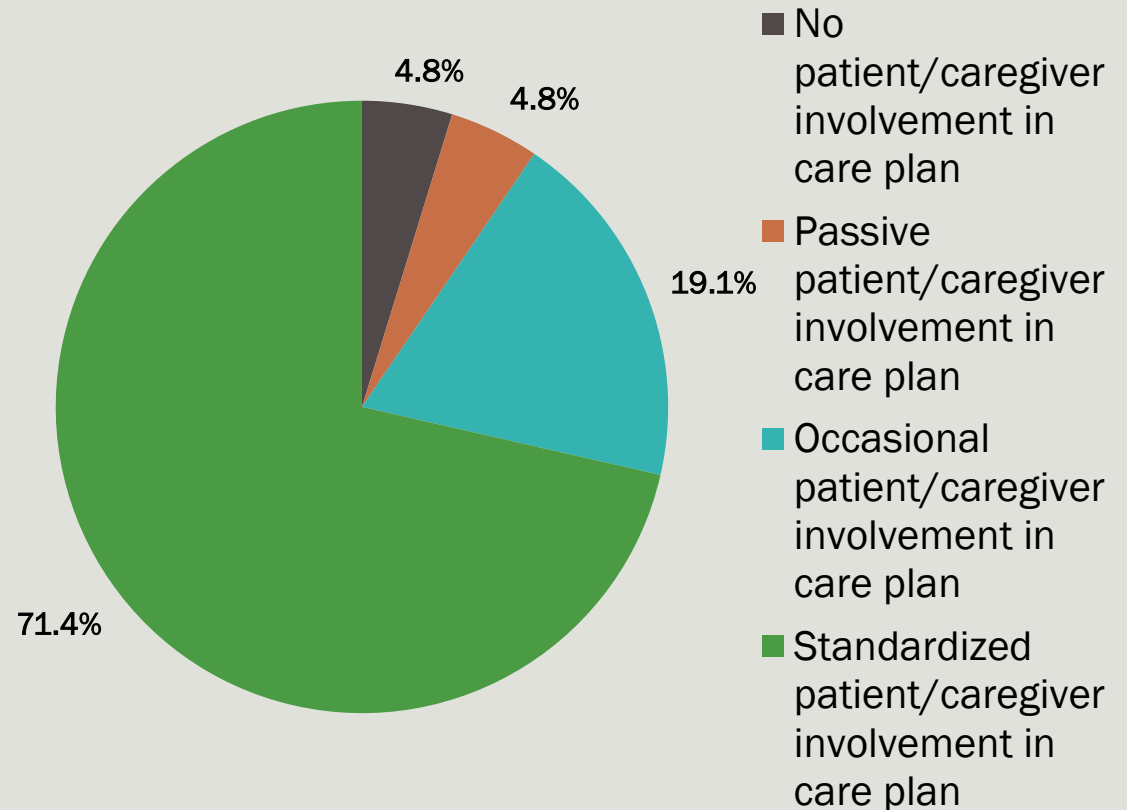
- Marketing and Recruiting
  - Some confusion around the “Readiness” of the academy
  - People felt as though they either weren’t ready or were already in implementation
    - *“They didn’t know it applied to them.”*

# ECHO Pre-assessment

- Survey given to Readiness Academy participants to determine their levels of best practice implementation for substance use disorder treatment (i.e. their level of “Readiness”)
- (n=23)

## Pre-Assessment: Patient Involvement in Care Plan

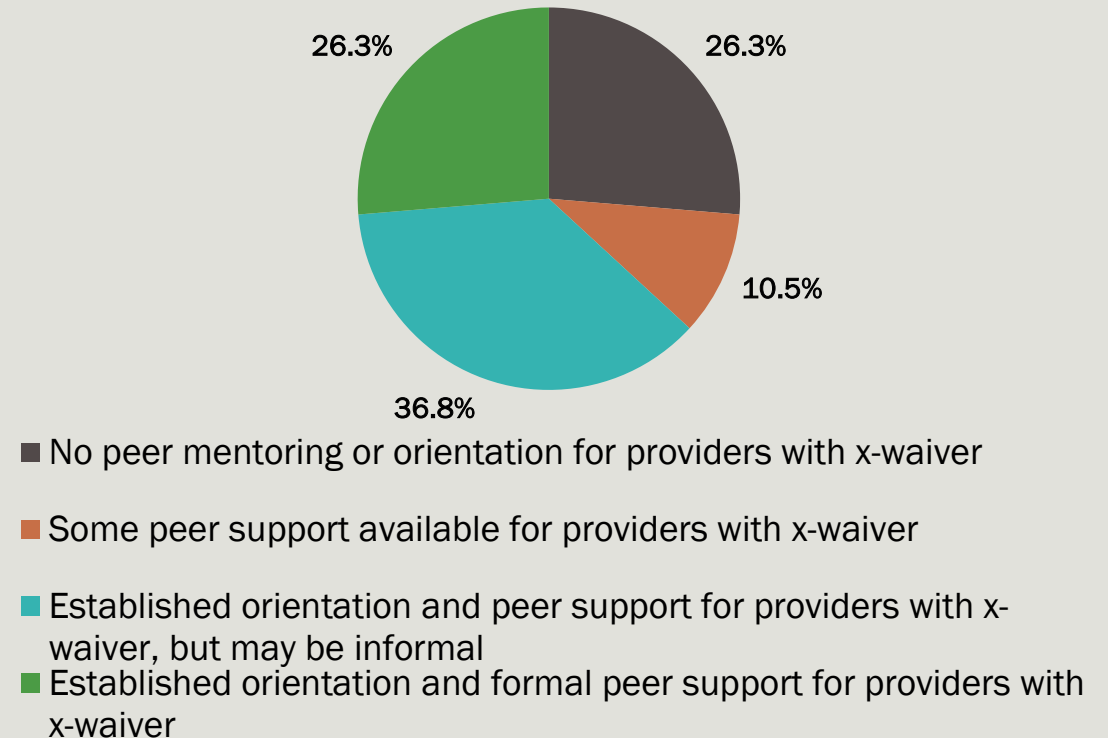
The majority of respondents (71.4%) report that their organization has established standardized workflows for patients and caregiver involvement in their care plan indicating a high quality, patient-centered care.



# ECHO Pre-Assessment: Provider Education and Support

- Fifty percent of respondents report lack of organization-wide, standardized training about MAT best practices
- Only 26.3% of respondents report formal orientation and peer support for providers with x-waiver
- *These findings indicate there is a need for formal training and support*

Provider Support



# ECHO Session Evaluation

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- Qualidigm administered evaluations to participants after each ECHO session
  - The evaluation team aggregated data from 3 sessions in July, October, and November.
- Readiness Academy Echo Sessions have hosted 44 unique participants.
- Survey responses represented *8 health care organizations* and 31 ECHO session participants

# ECHO Session Evaluation: Ratings of Session Components

The average ratings of all session components approximate 4.5, with the highest ratings attributed to *contribution from faculty*.

Average rating of the ECHO session's...



# Echo Session Evaluation: Open Responses

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## *Participants valued learning about...*

- person-centered language and care
- combatting stigma and bias
- community resources and recovery coaching
- harm reduction
- disorders comorbid with OUD, and how to treat them
- understanding 'noncompliance' and relapse

## *Participants want more information around ...*

- disorders comorbid with SUD and how to treat them
- how to continue engaging with patients who relapse
- urine drug screens
- new synthetic drugs in the community



# Summary – Readiness Academy and Project ECHO

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- The Readiness Academy has created a community of support and opportunities for collaboration that have helped providers in their work
- The Pre-Assessment of participants shows a strong level of patient engagement but potential for improvement of provider training and support practices.
- ECHO Session Evaluations reveal that participants are learning new things and rate the value of the sessions highly

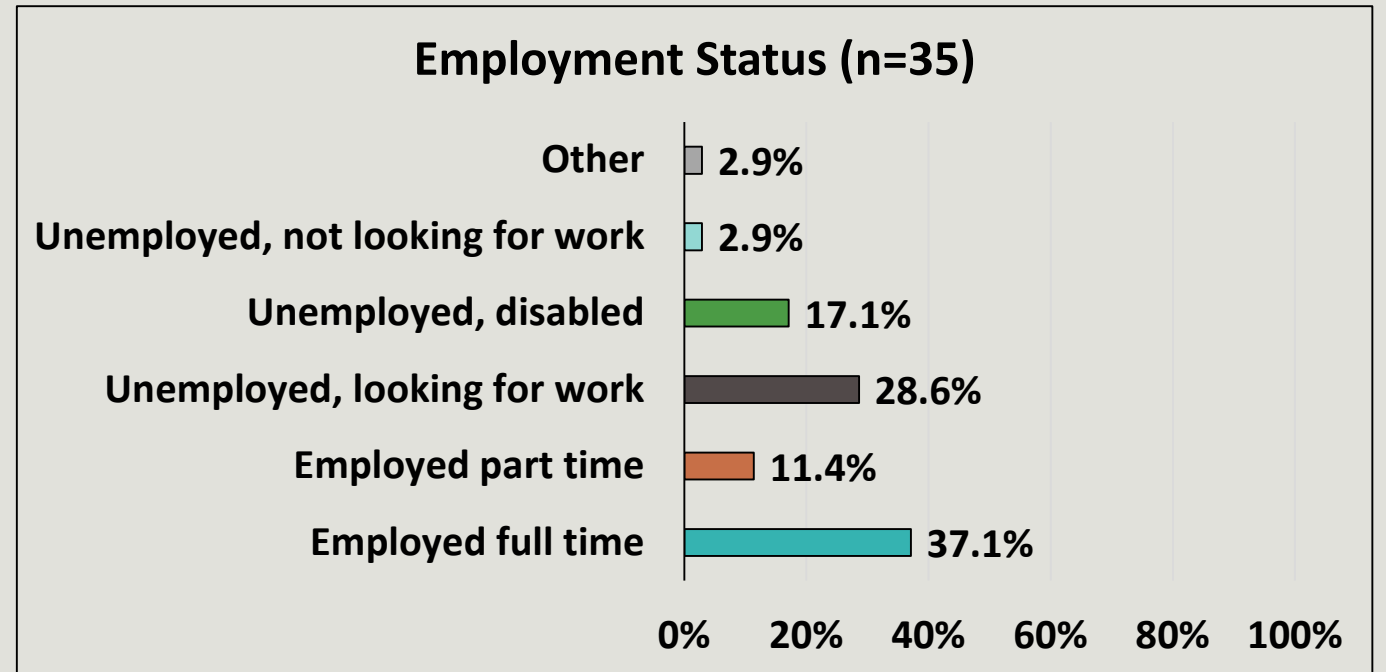
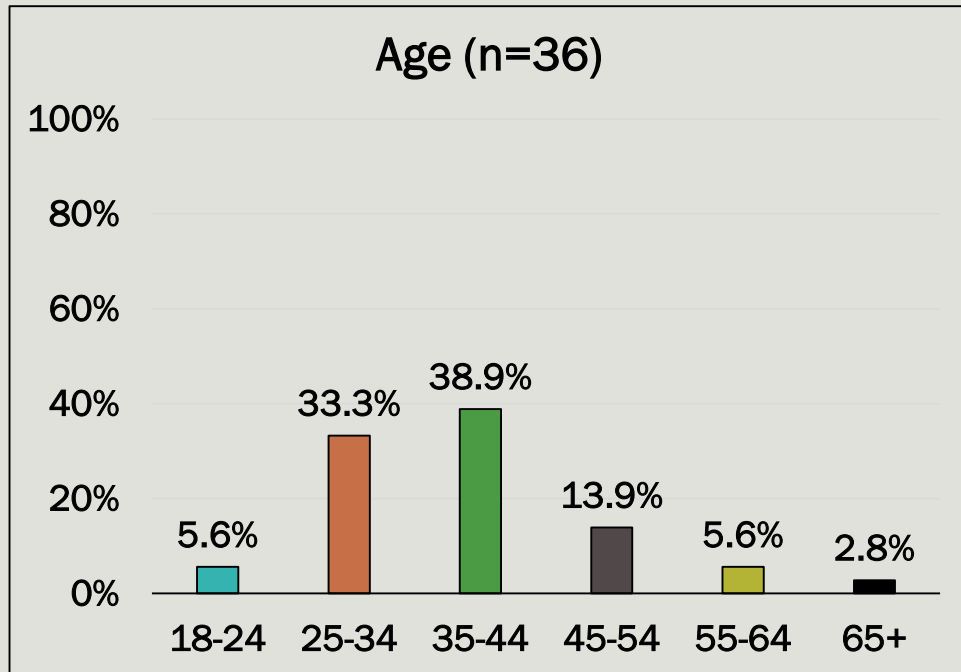
*“The work is difficult and emotionally exhausting, and it is uncharted territory for some of our providers. So to have ECHO resources as well as the partnership group has been a tremendous benefit for us.”*

# III. Overview of Program Participants

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# Program Participants: Demographics

- The majority of program participants in Year one were male (63.9%), between the ages of 25 and 44, and housed (91.7%).
- Nearly half of program participants reported being unemployed (48.6%).



# Program Participants: Intake History

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- At intake, 14% of program participants reported intervening drug use within the past 30 days.
- Over half of the program participants (55.6%) reported having a history of experiencing violence or trauma.
- Fifty-three percent of program participants reported experiencing depression in the past 30 days and the majority reported severe anxiety or tension in the past month (63.4%).
- Nearly 45% of program participants reported being moderately or considerably bothered by psychological or emotional problems in the past 30 days.

# Program Participants: Criminal History

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- Nearly 31% of program participants reported (at intake) committing a crime in the past 30 days.
- At intake, 11% of respondents reported a minimum of one arrest in the past 30 day, of those 50% were drug related arrests.
- Twenty percent of program participants were on probation or parole that the time of enrollment in the program.

# IV. Patient Perspective

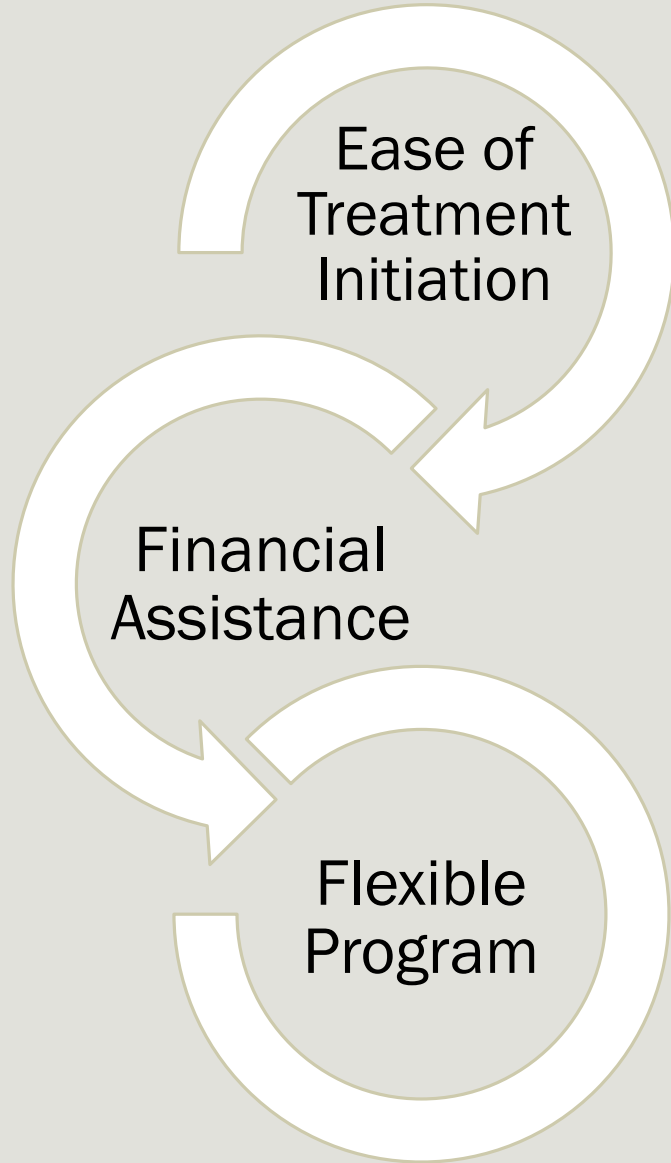
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# Patient Focus Group

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- Seven patients offered their feedback on the program
- Patients reported on:
  1. Facilitators to Treatment Access
  2. Barriers to Treatment Access
  3. Overall Barriers to Recovery
  4. Treatment Experience

# Patient Focus Group: Facilitators to Treatment Access



- ←
  - Low wait time with efficient system
  - Treatment program coordinates with drug court making coordination of care easier
- ←
  - Subsidies for medication allow people to initiate treatment and stay engaged
- ←
  - Program accommodates patients on other prescribed medications
  - Staff accommodates the schedule limitations of their patients with changes to group and prescribing requirements



# Patient Focus Group: Barriers to Treatment Access

- **Transportation**
  - Many patients don't have reliable transportation to, from, and between treatment centers
  - Different locations involved in treatment (AMHC, DETC, Court House, etc.)
  - Some patients rely on taxi or MaineCare transportation
- **Geographic Barriers**
  - Long commute times, suggesting that going to a PCP may be easier
  - Patients emphasize uncertainty about travelling in inclement weather

*“I haven't gone through a winter yet and I come from Stonington. I don't know what's going to happen if there's bad snowstorms. I can't get over here and how am I going to get medication? In a situation like that, I don't know what their deals are. “*

# Patient Focus Group: Overall Barriers to Recovery

## Housing

- No transitional housing
- Lack of affordable housing

*“Housing’s a big, big issue right now.”*

*“There’s only one transitional housing place I know of.”*

*“It’s supposed to be sober living but it’s far from it. It’s not transitional because you pay just as much as you pay anywhere else for a room.”*

## Stigma

- Exclusion from “sober” recovery communities because of their use of MAT led participant to create own social support group
- Perceived stigma in pharmacy setting

# Patient Focus Group: Treatment Experience

## Group Sessions

- Convenient schedule
- Personalized
- Can be long (1.5 hours) and repetitive

## Patient Experience

- Low awareness of opportunities to taper or transition to PCP
- Experience long days in order to meet treatment requirements
- Experience the creation of a network that aids in overall recovery

*“This is by far the best Suboxone clinic I’ve been to.”*

# Summary – Patient Perspective

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- Patients reported an ease of treatment through the program and a staff that responded to their needs
- Patients reported barriers to treatment such as transportation and housing as an overall barrier to recovery
- Patients reported a positive treatment experience though felt as though therapy sessions were at times long and repetitive

*“It’s pretty easy to get in here. You call, do intake, get a physical and get your first group appointment, and get medicine. They seem to help a lot of people.”*

# **V. Summary of Key Findings**

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# Key Findings

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- **Capacity Building:** Education and training opportunities, such as the Readiness Academy, are critical to building primary care practices capacity to deliver MAT.
- **Stakeholder Engagement:** Creating sustainable, effective linkages between clinical and community settings can improve patients' access to treatment and recovery supports by fostering partnerships between clinical providers, community organizations, and public health agencies. The strong collaborative partnership between the project partners has been instrumental in expanding access to treatment and recovery supports in the area.
- **Organizational and Peer Support:** Organizational resources and supports for providers can facilitate the expansion of MAT for OUD. Professional mentoring, particularly among new MAT providers is also essential for supporting the expansion efforts.

# Key Findings

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- **Payment / Reimbursement for Services:** Both providers and patients cited the costs associated with MAT as the primary barrier to accessing treatment and maintaining recovery. Access to insurance coverage, affordable treatment options, or subsidies, such as those provided by the Downeast Maine MAT Expansion Project, are critical components to initiating and engaging patients in MAT.
- **Low Barrier Access to Treatment:** Given the chronic nature of OUD, creating low barrier access to MAT is a critical component to ensuring treatment initiation and ongoing engagement. Creating multiple points of entry, such as through the emergency department, and reducing wait times for induction, helps reduce barriers to accessing treatment.

# Key Findings

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- **Patient-Centered Approach:** Both patients and providers indicated that the creation of flexible treatment protocols and policies that include interventions specific to the tasks and challenges faced by patients at each stage of the treatment, maintenance and recovery are critical to ongoing treatment engagement. The patient-centered strategies used by the partner organization in the Downeast Maine MAT Expansion Project make patients feel like the care they are receiving is tailored to their specific needs.
- **Stigma:** The stigma associated with opioid use remains major barrier for providers of MAT as well as patients in treatment and recovery. Both groups reiterated the need to address stigma surrounding opioids and to educate the community about OUDs and MAT.
- **Auxiliary Recovery Supports:** Both providers and patients described the importance of access to wrap-around services, including safe housing, food security, employment opportunities and transportation are crucial elements of patient recovery that promote long-term maintenance and recovery for individuals with OUDs.