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Medication Assisted Treatment: Prescription Drug and Opioid Addiction Expansion Project

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Medication Assisted Treatment: Prescription Drug & Opioid Addiction Expansion Project Year 1 Data Summary

December 2022



Overview

Greater Portland Health (GPH) in collaboration with Preble Street Resource Center was awarded a Medication Assisted Treatment: Prescription Drug & Opioid Addiction (MOUD-PDOA) grant from SAMHSA. The GPH MOUD-PDOA project will include a mixed-methods evaluation led by Catherine E. Cutler Institute. The evaluation team will build knowledge and provide feedback to inform the implementation and refinement of the GPH MOUD-PDOA Program.

Evaluation Goals:

- Document program strategies and identify barriers and facilitators to implementation
- Examine the efficacy of using a continuum of treatment services to increase access to MOUD among vulnerable populations in underserved communities
- Assess the impact of the intervention strategies on patient engagement and outcomes

Data Collection

Process Evaluation

- Partnership Self-Assessment Survey
 - Standardized questionnaire to examine the strengths and weaknesses of a partnership across 6 domains
 - Deployed by the Catherine Cutler Institute through Qualtrics
 - Deployed to Greater Portland Health and Preble Street Resource Center staff & providers
- Key Informant Interviews
 - Recordings of interviews were transcribed and annotated for themes relevant to project implementation and expansion of MOUD access

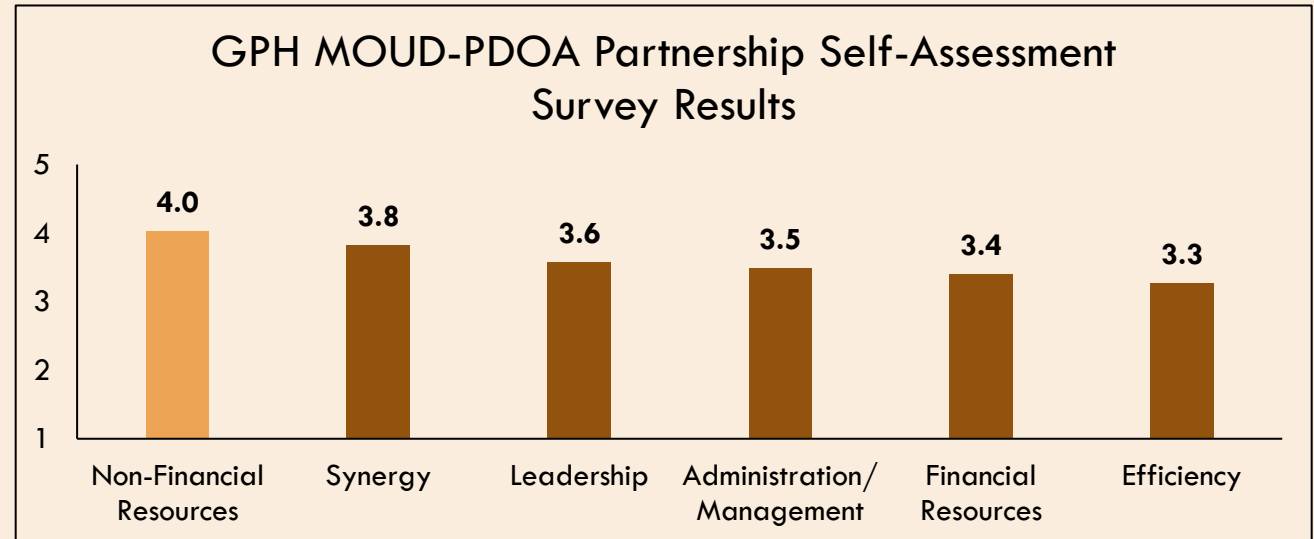
Outcome Evaluation

- Administrative and Clinical Data
 - Data was collected & compiled by Greater Portland Health and Preble Street Resource Center
 - Data was transferred to the Catherine Cutler Institute through a secure file transfer program (FileZilla)
 - Administrative data collected utilized for the evaluation includes:
 - GPRA Assessment
 - Urine Drug Screen
 - Case Management Notes
 - Attestation

Process Evaluation

Partnership Self-Assessment

- 26% response rate (N=19)
- Partnership is doing well in non-financial resources but has potential to progress even further.
- More effort is needed in the other domains (synergy, leadership, administration/management, financial resources, and efficiency) to maximize partnership's collaborative potential.



Scoring:

Target Zone (4.6 – 5): Partnership currently excels in this area and needs to focus attention on maintaining a high score

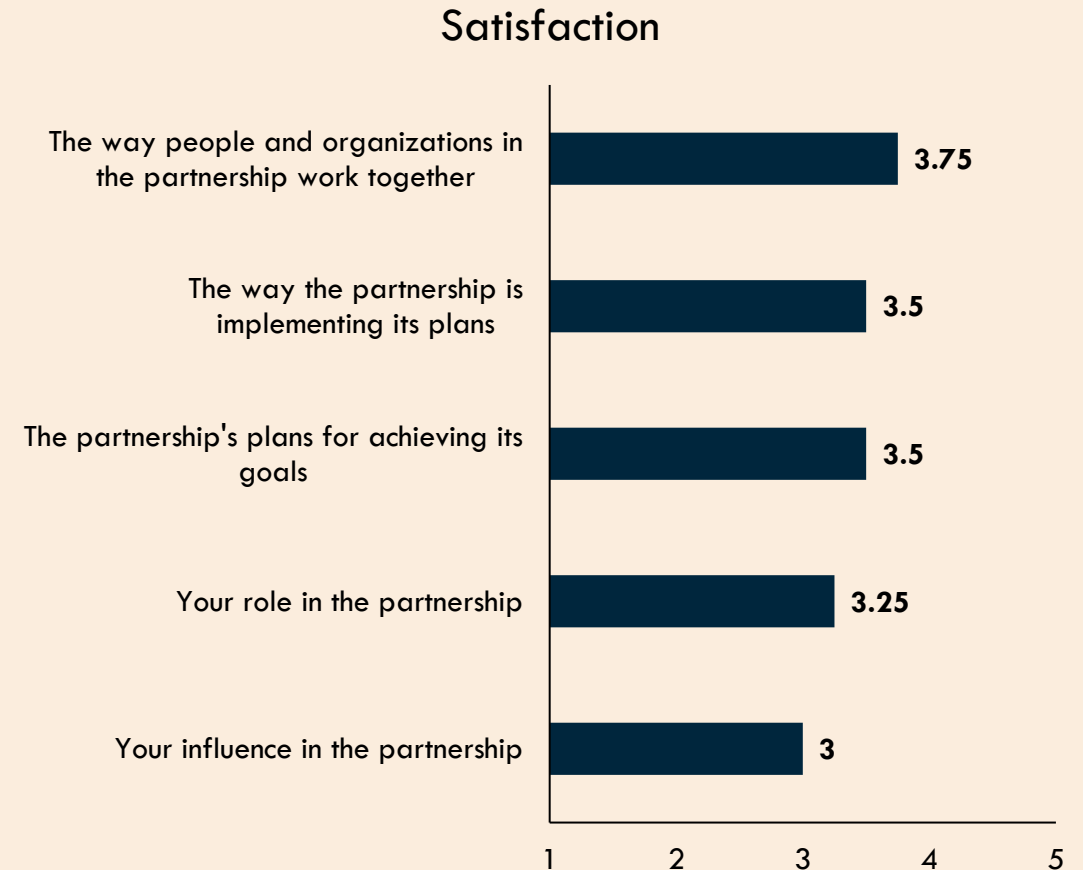
Headway Zone (4 – 4.5): Partnership is doing well in this area but has potential to progress even further

Work Zone (3 – 3.9): More effort is needed in this area to maximize partnership's collaborative potential

Danger Zone (1 – 2.9): Area needs a lot of improvement

Partnership Self-Assessment: Decision Making & Satisfaction

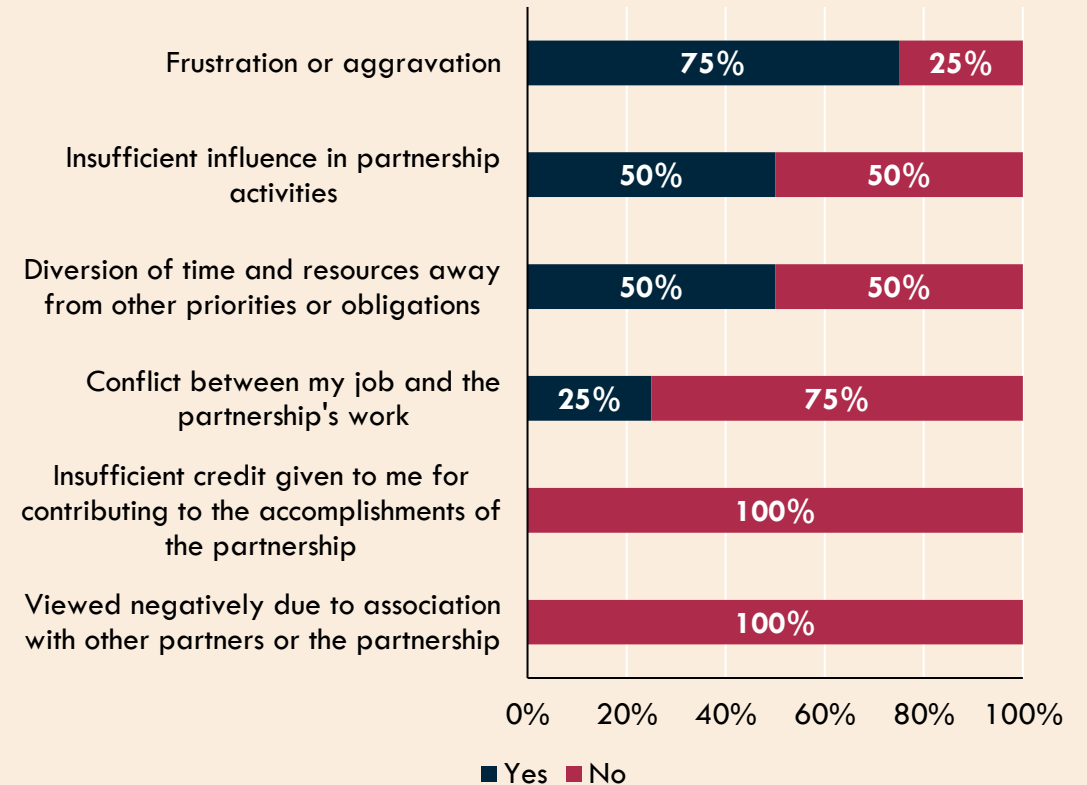
- Respondents were very comfortable with the way decisions are made in the partnership (average rating 3.8).
- Respondents supported decisions made by the partnership most of the time (average rating 3.8).
- Respondents almost never felt left out of the decision-making process (average rating 2.2).



Partnership Self-Assessment: Benefits & Drawbacks

- **All** of respondents said that the benefits of the partnership exceeded any drawbacks.
- Respondents reported benefits including:
 - Enhanced ability to address an important issue
 - Increased utilization of my expertise or services
 - Acquisition of useful knowledge about services, programs, or people in the community
 - Development of valuable relationships
 - Ability to have a greater impact than I could have on my own
 - Ability to make a contribution to the community
 - Acquisition of additional financial support

Drawbacks of Partnership



Key Informant Interviews: Program Implementation (Structural Factors)

Successes:

- Access to Care Management
- Hiring an SUD Coordinator
- Enhanced outreach efforts

“All of our providers, all of our prescribers meet the patients where they are, prescribe appropriate levels, monitor things appropriately...”

Challenges:

- Staffing Hiring, Retention, and Turnover
- Partnership Communication/Coordination
- Patient Engagement
- Patient Proximity
- Limited Availability of Psychiatric Services

Key Informant Interviews: Program Implementation (Programmatic Factors)

Successes:

- Collaboration between Teams
- More Flexibility in Programmatic Requirements to Reduce Patient Demands
 - Weekly vs. Daily
- Increased Access to MOUD for Vulnerable Populations
- Expanded Harm Reduction Efforts

Challenges:

- Coordination Time
- Program Requirements & Guidelines
- Funding & Funding Allocation
- Identifying & Transferring of Patients
- Intake Process including GPRA

“...GPRA asks a lot of judgmental and not necessary questions that I’m sure are helpful in terms of statistics but not actually helpful in terms of patient care and can be off-putting and our patients...”

Key Informant Interviews: Expanding Access to MOUD

Successes

- Increased Care Integration & Collaboration
- Improved Access to Case Management
- Collaborative Approach Promotes Person-Centered Care

Challenges

- Patient Autonomy v. Program Requirements
- COVID Disruptions
- Case Management Turnover
- Patient/Provider Communication

Facilitators

- Availability of & ongoing case management and care integration encourages MOUD program compliance/retention
- Access to Transportation

“The grant has enabled retention to happen because of case managers are able to say ‘you haven’t been to clinic, let’s help you get to clinic.’ So, it expands our reach and relies less on the patient walking in the door and encourages outreach.”

Key Informant Interviews: Suggestions & Recommendations

Organizational-Level

- Additional Case Managers
- Enhanced communication / coordination across project staff
- Improved Staffing
- Improved Outreach with Criminal Justice System
- Financial Support for Team Collaboration

Patient-Level

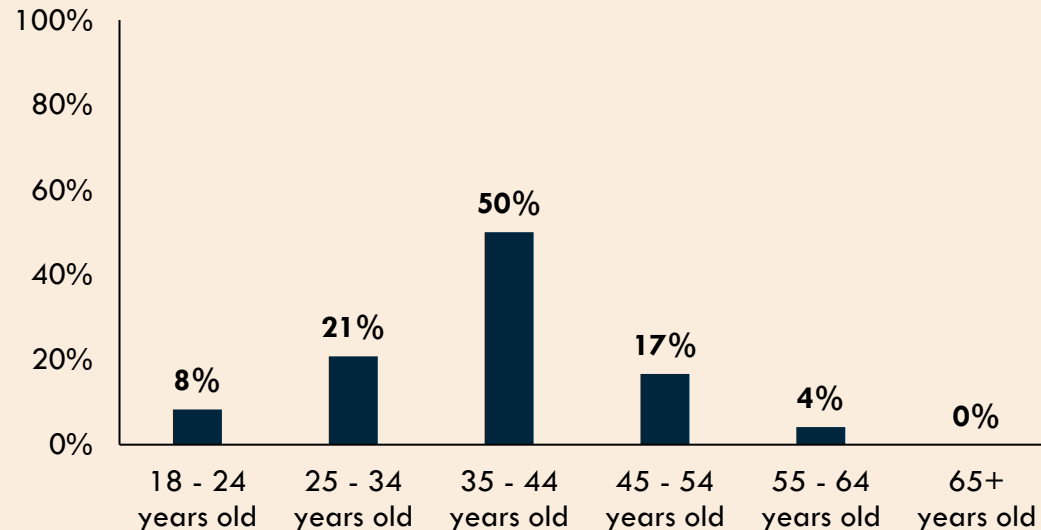
- Enhanced care coordination for patients
- A more well-funded client assistance fund
- Ready Access to Transportation (Uber/taxi vouchers)
- Reliable Access to Cellphones
- Improved Outreach with Criminal Justice System
- Groups via Telehealth
- Safe Injection/Safe Use Facility

Outcome Evaluation

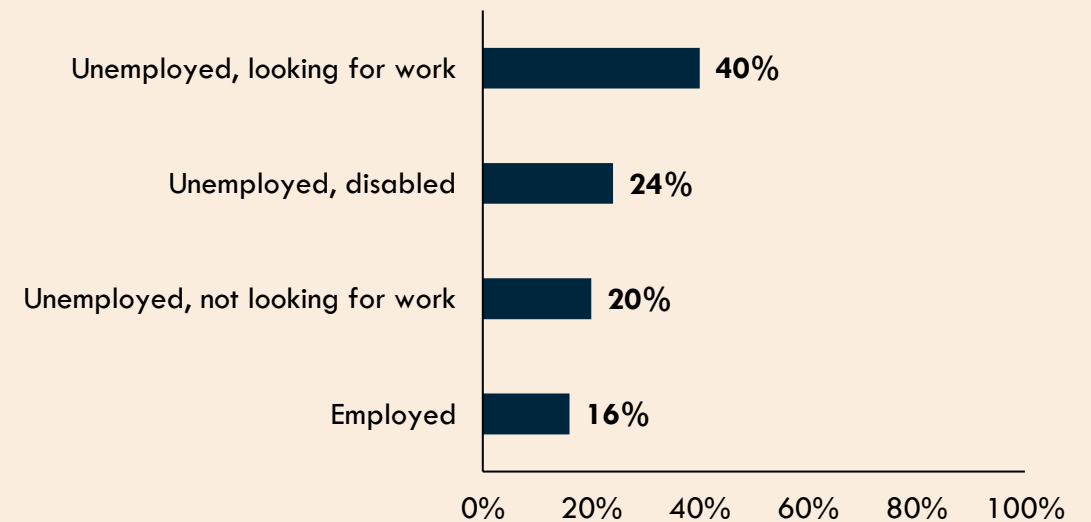
Program Participants: Demographics

- In year 1 of the program, the majority of participants were male (72%), between the ages of 35 to 44 years old, and were housed (60%).
- Of program participants, 40% reported being unemployment but looking for work.

Age Groups
(n=24)



Employment Status
(n=25)



Program Participants: Intake History

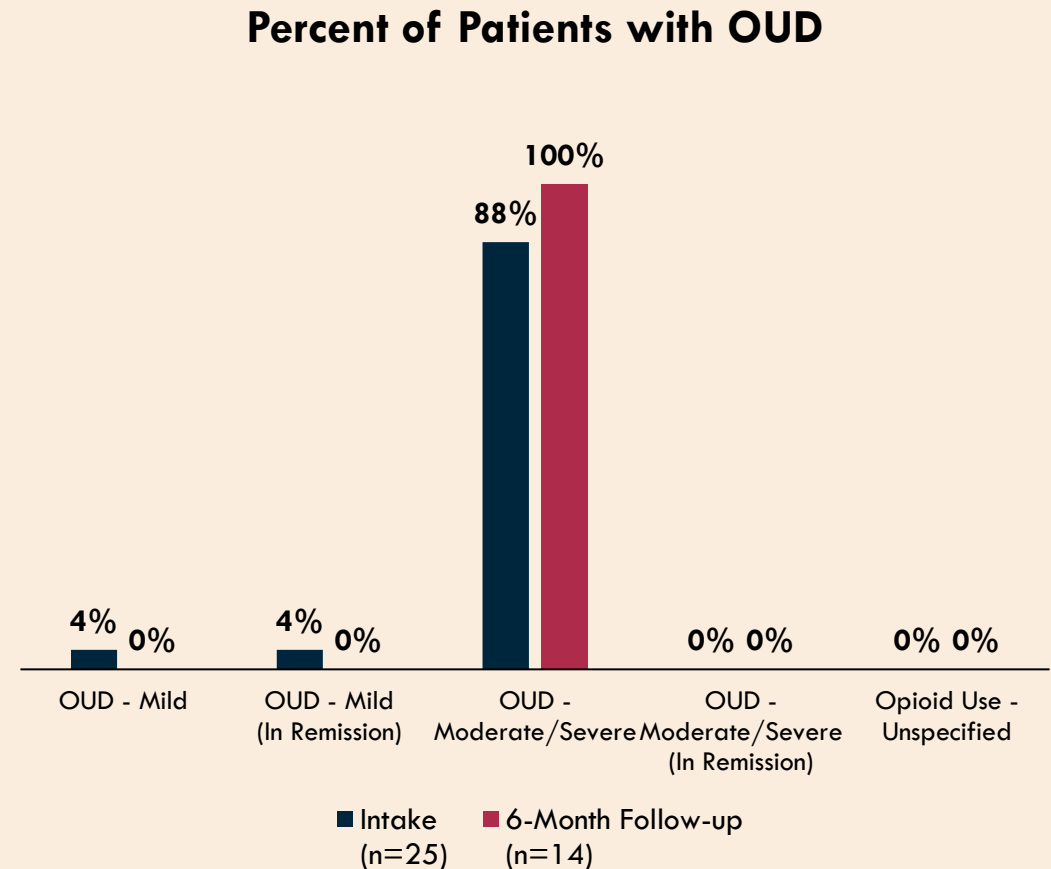
- At intake, 54% of program participants reported injected drug use within the past 30 days.
- All the program participants reported having a history of experiencing violence or trauma.
- Most of the program participants reported experiencing depression in the past 30 days (91%) and the majority reported severe anxiety or tension in the past month (96%).
- Of program participants, 62% reported being considerably (52%) or extremely (10%) bothered by psychological or emotional problems in the past 30 days.

Program Participants: Criminal History

- Of the respondents (n=17), 71% reported (at intake) committing a crime in the past 30 days.
- Only 8% of the program participants (n=25) reported a minimum of one arrest in the past 30 days. All of the self-reported arrests were drug related.
- At intake, 20% of program participants were awaiting trial and 24% were on probation or parole.

Access to MOUD: Opioid Use Disorder

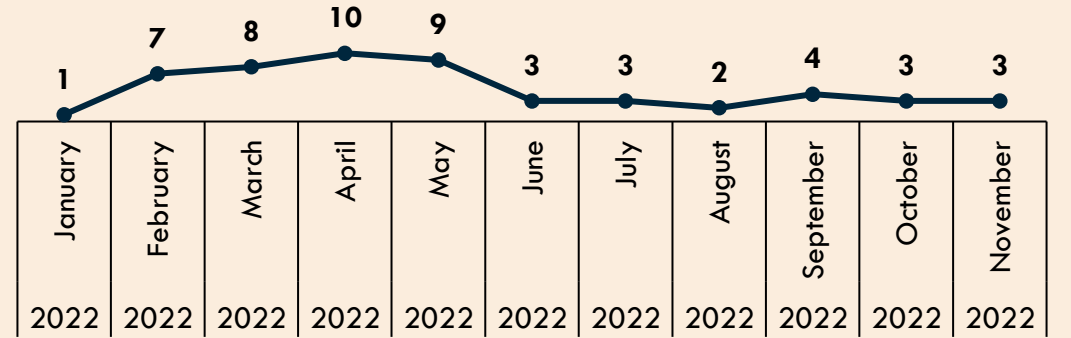
- There was a high percentage of patients who were documented to meet IDC-10 criteria for moderate or severe OUD (Intake: 88%; 6-Month Follow-up: 100%).
- All patients identified with OUD received information about MOUD but not all patients used MOUD as their best treatment or received MOUD from GPH.



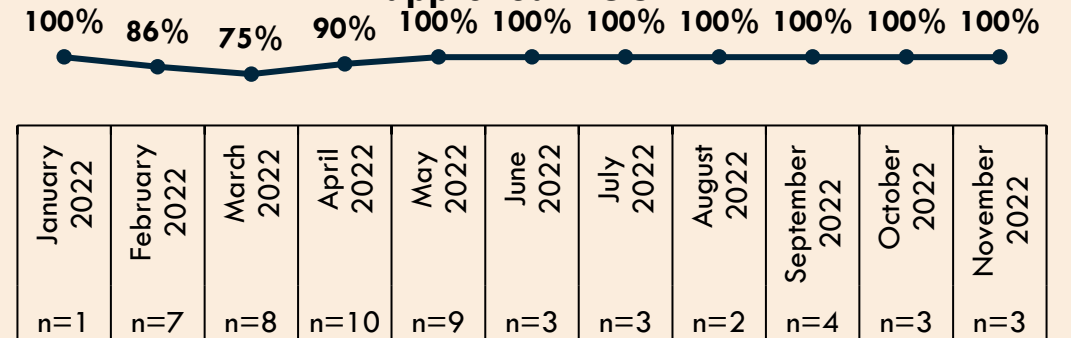
Access to MOUD: UDS & MOUD

- Fewer patients over the reporting period received a urine drug screen once or more a month, although more patients received a urine drug screen in the Spring of 2022.
- Of those who took a urine drug screening, a smaller percent of patients received FDA approved opioid agonist or antagonist medication in early spring but a higher percent of patients received FDA approved medication throughout the remaining reporting period.
- According to the GPRA intake, 96% of clients (n=25) received an FDA approved opioid agonist or antagonist medication. At the 6-month follow-up, 85.7% of respondents (n=14) received an FDA MOUD (Methadone = 14.3% & Buprenorphine = 71.4%).

Number of patients who received a urine drug screen

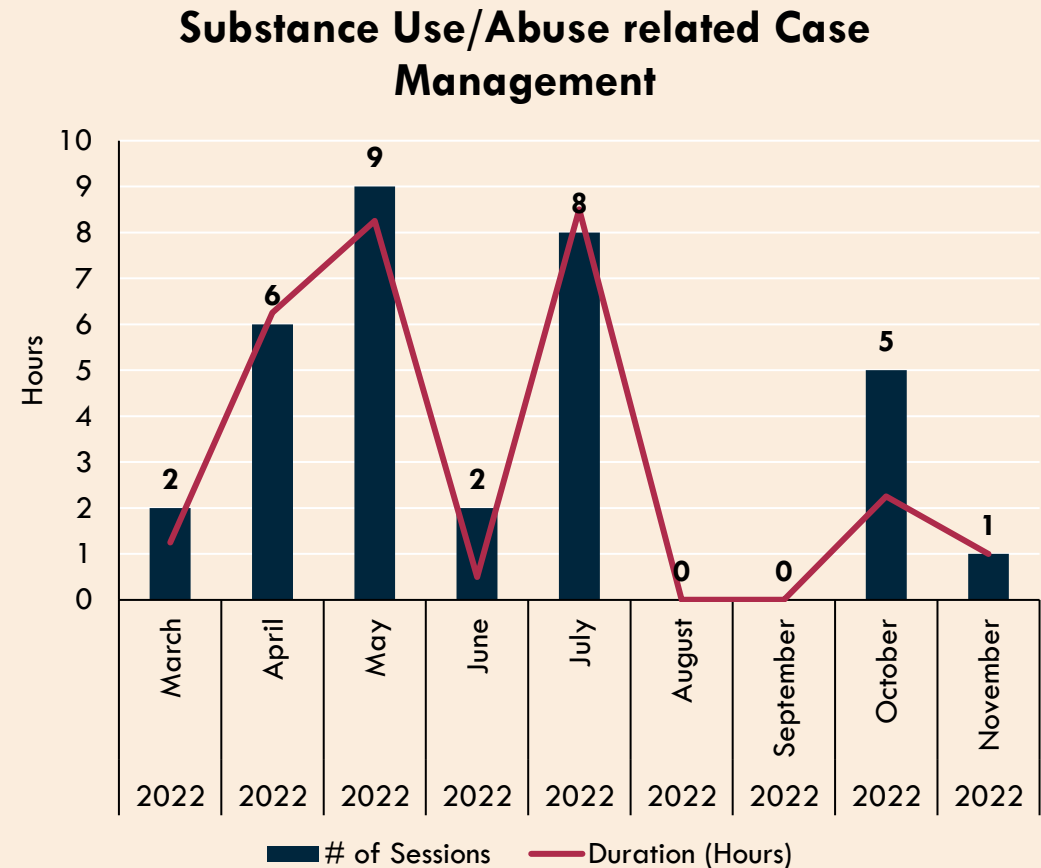


Percent of OUD patients receiving FDA approved MOUD



Access to MOUD: Case Management

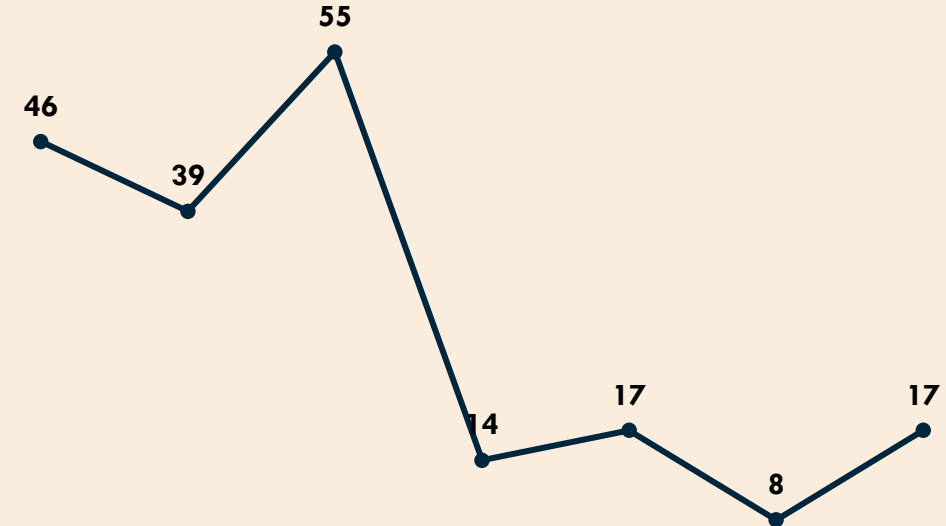
- Looking at the period between March 2022 and November 2022: There were more case management sessions related to substance use/abuse during the Spring and early Summer of 2022. There were fewer case management sessions related to substance use/abuse in the Fall of 2022.
- Activities Included:
 - Plan of Care
 - Assessment
 - Intake
 - Advocacy
 - Monitoring/Follow-up
 - Referral
 - Evaluation



Access to MOUD: Visits with MOUD Prescriber

- There were fewer visits with medication assisted treatment (MOUD) prescriber over the reporting period but nearly all patients (89-100%) had at least one visit with a MOUD prescriber. The decrease in number of visits may in part be related to the smaller study population.

Visit with Medication Assisted Treatment (MOUD) Prescriber

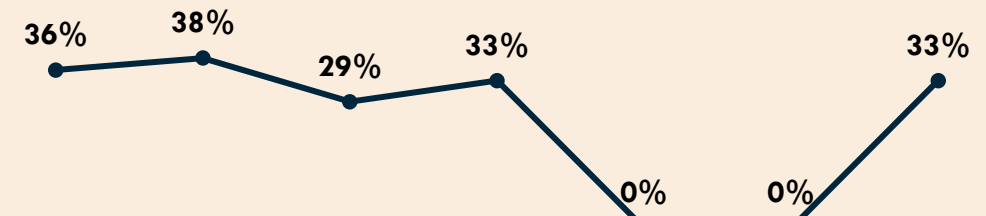


April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022
n=14	n=13	n=14	n=9	n=8	n=6	n=6

Treatment Engagement: Patient Engagement

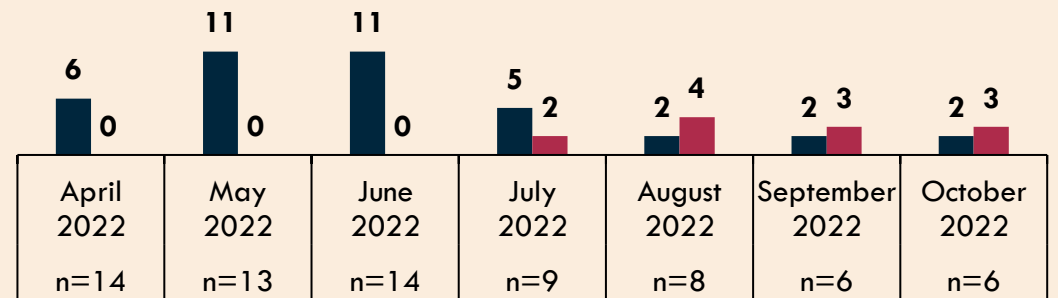
- About a third (29-38%) of patients are seen at least once in-person weekly, except in the months of August and September.
- Fewer patients were in 3 months of continuing care over the reporting period, corresponding to more patients in 6 months of continuing care.

Percent of Patients Seen In-person Weekly



Month	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022
n	n=14	n=13	n=14	n=9	n=8	n=6	n=6

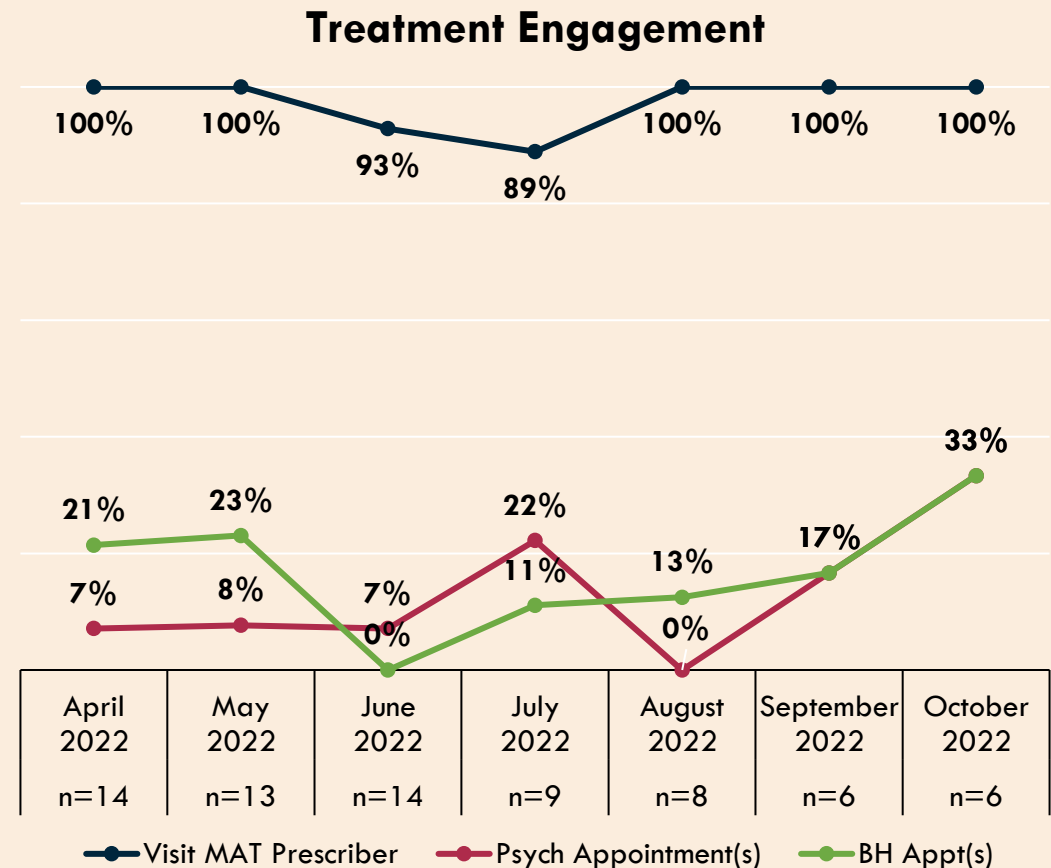
Number of Patients in Continuing Care



■ 3 Months ■ 6 Months

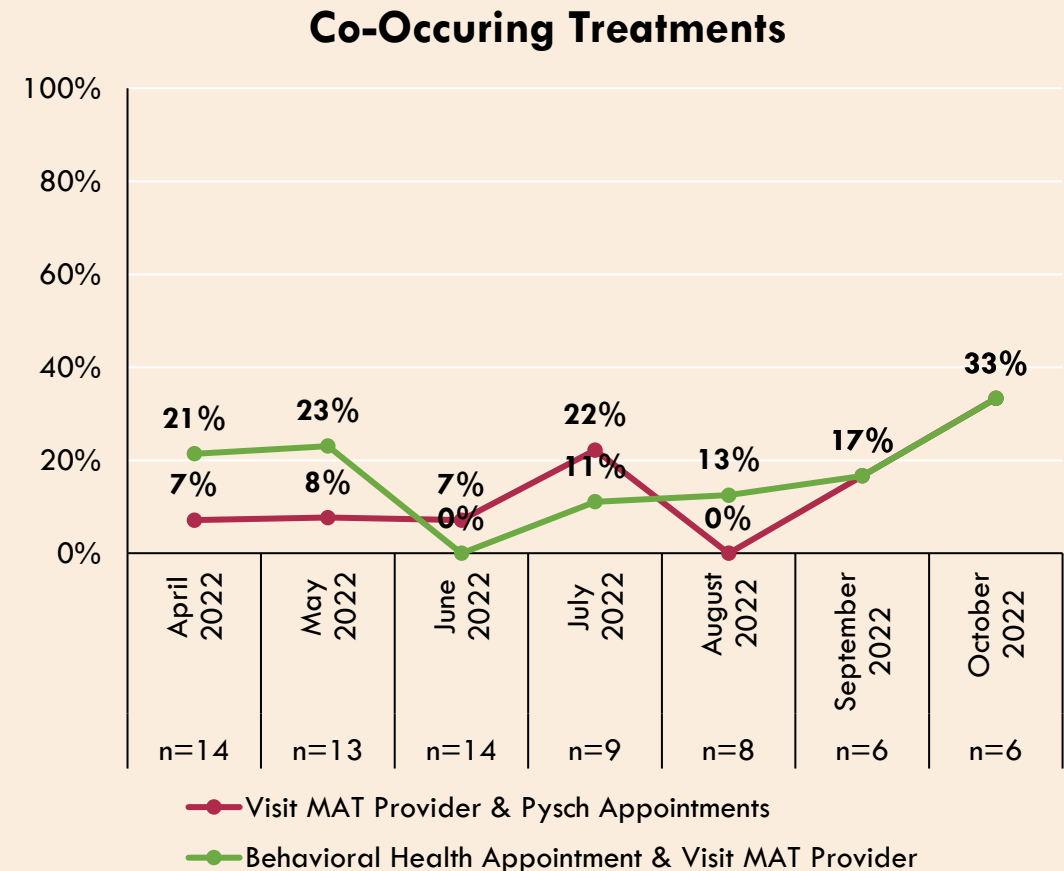
Treatment Engagement: Mental & Behavioral Health

- Almost all patients had visits with a MOUD prescriber for addiction treatments.
- Higher percent of patients had psychological appointments for mental health over the reporting period compared to April of 2022.
- Higher percent of patients received behavioral health appointments over the reporting period compared to April of 2022.



Treatment Engagement: Co-Occurring Treatments

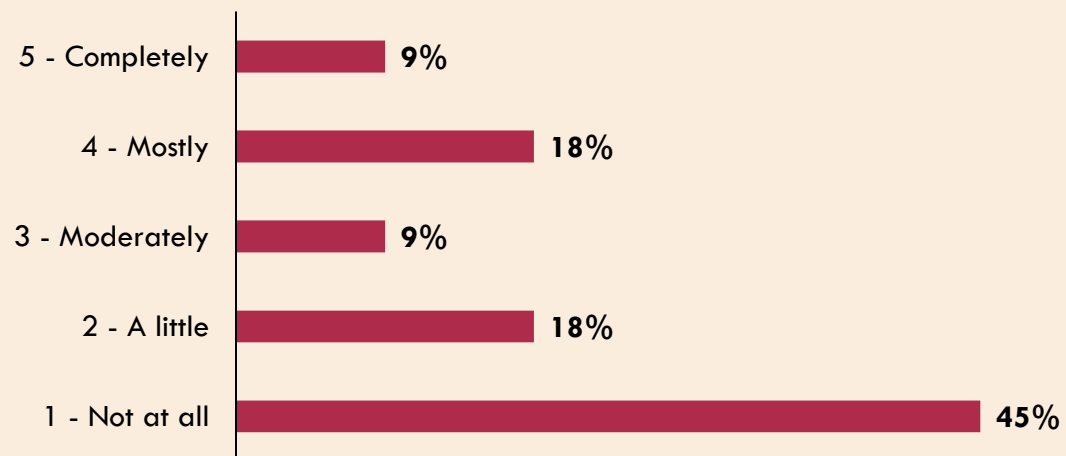
- Higher percent of patients had coordination of care for co-occurring mental health and addiction treatments over the reporting period compared to April of 2022.
- Higher percent of patients with OUD received behavioral and SUD disorder therapies compared to April of 2022.



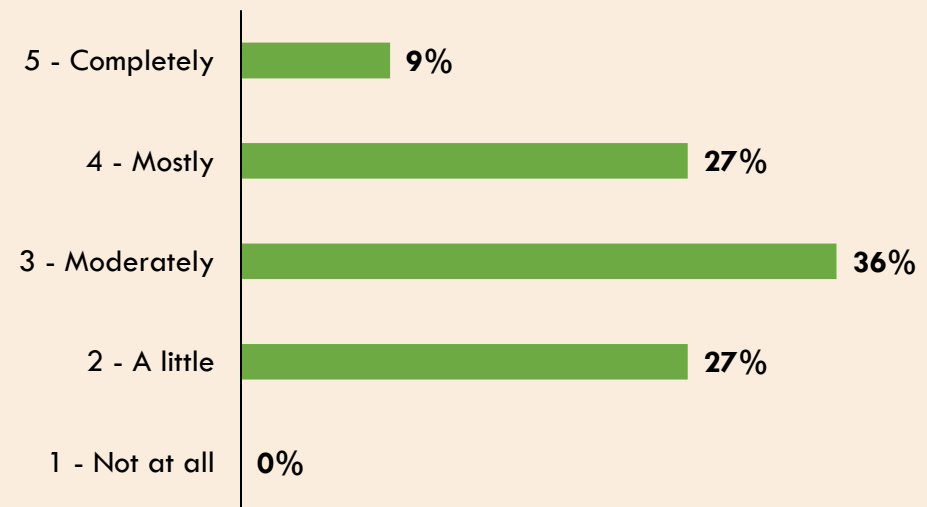
Patient Outcomes: Living Conditions & Finances

Clients indicated that they are a little to not at all satisfied with their living conditions (average rating 2.3) but reported moderately to mostly/completely having money to meet basic needs (average rating 3.2).

**Ratings of Satisfaction with Living Conditions
(n=11)**



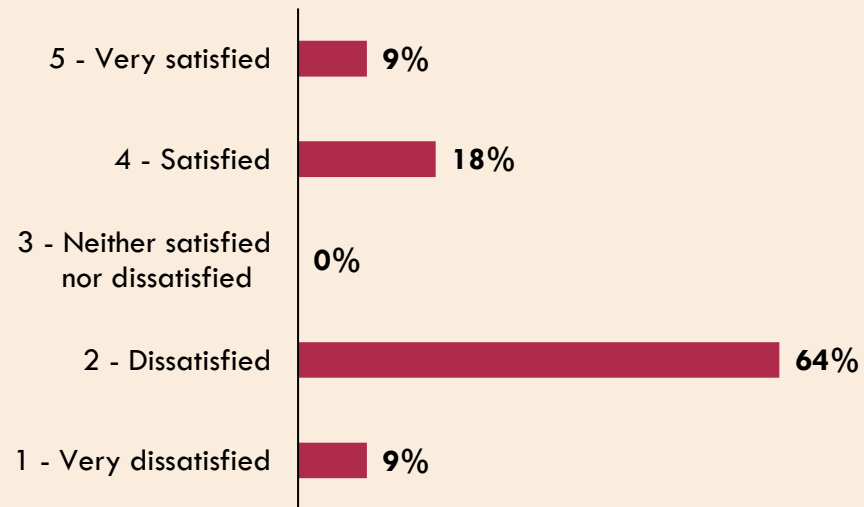
**Ratings of Enough Money for Needs
(n=11)**



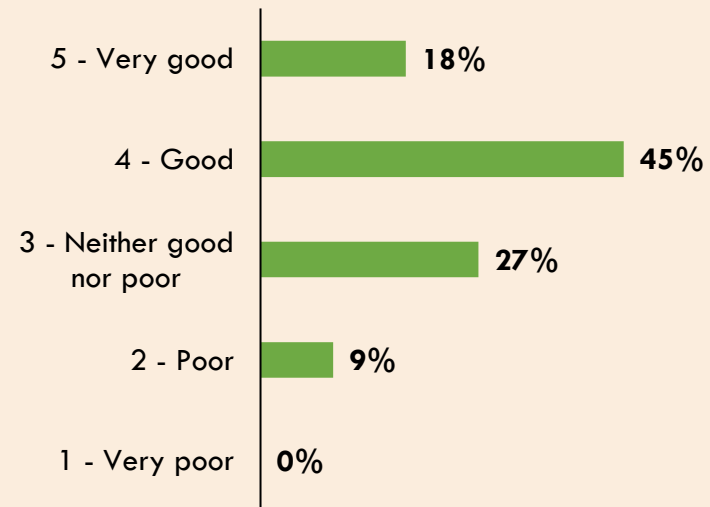
Patient Outcomes: Quality of Life

Clients indicated that they were dissatisfied with themselves (average rating 2.5) but their quality of life was good to very good (average rating 3.7).

**Ratings of Self Satisfaction
(n=11)**



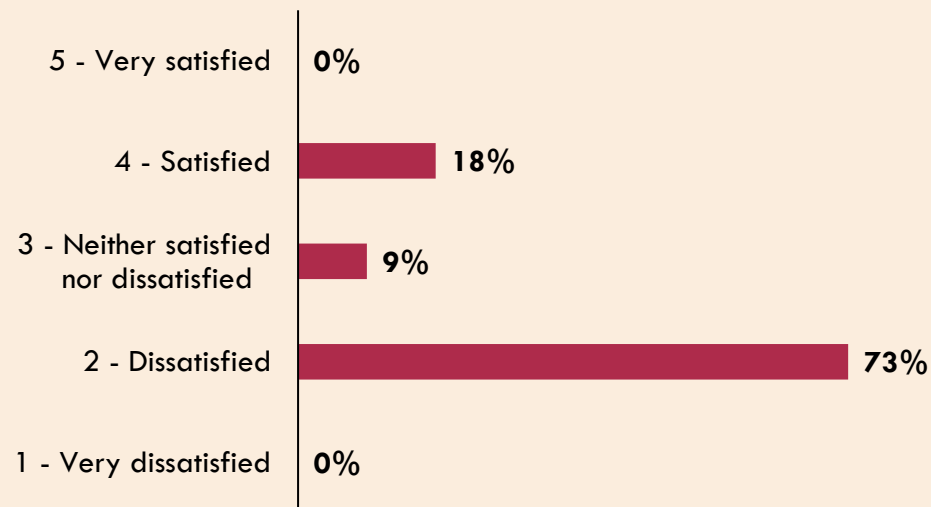
**Ratings of Quality of Life at Discharge
(n=11)**



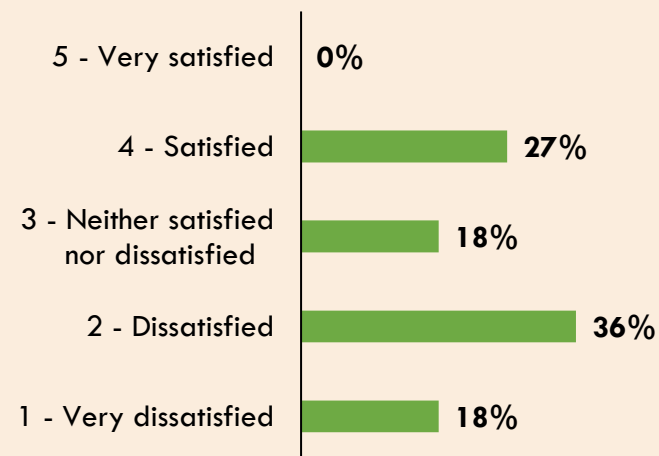
Patient Outcomes: Health-Related Quality of Life

Clients indicated that they were dissatisfied with their health (average rating 2.5) and performance of daily activities (average rating 2.5) with a majority rating dissatisfied/very dissatisfied on these domains (54-73%).

**Ratings for Health Satisfaction
(n=11)**



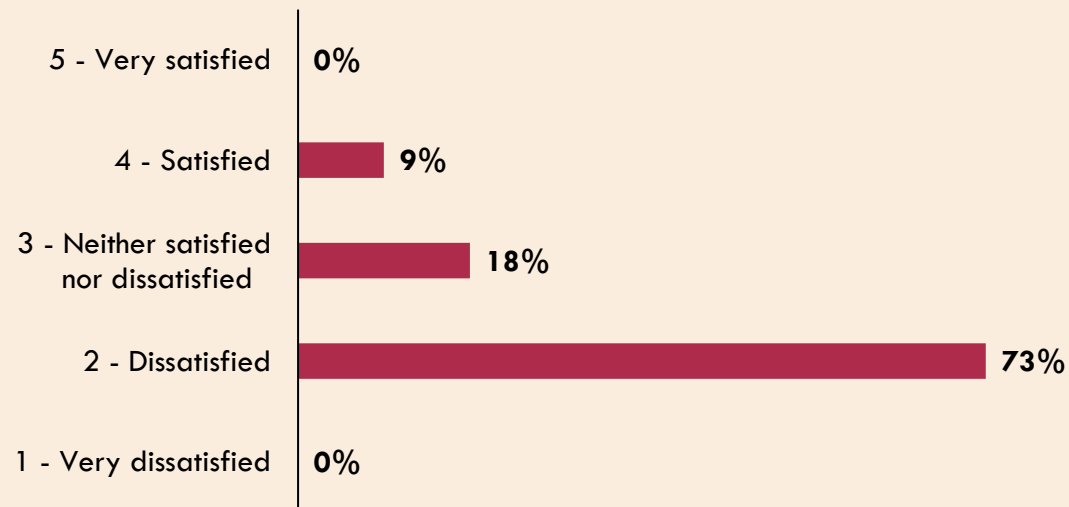
**Ratings of Perform Daily Activities Satisfaction
(n=11)**



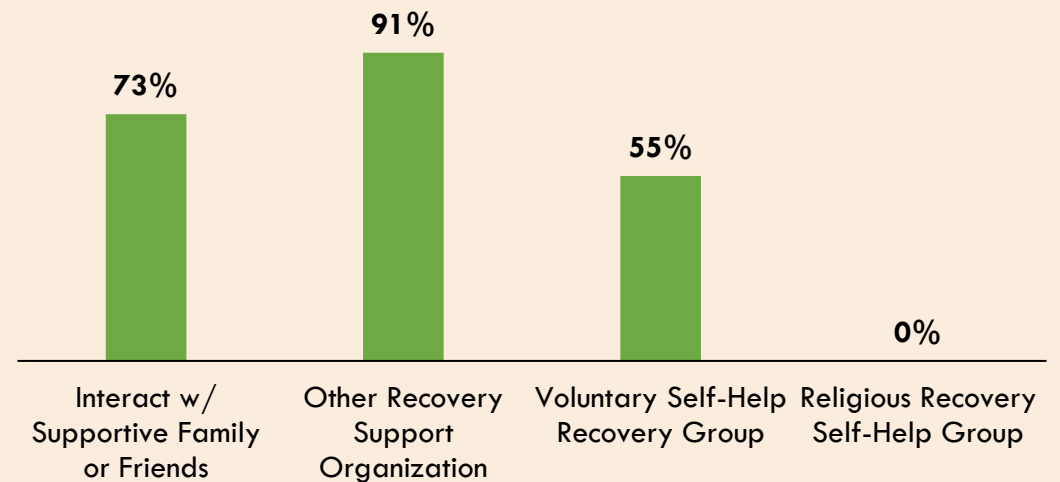
Patient Outcomes: Social Connectedness

Clients indicated that they were dissatisfied with their relationships (average rating 2.4). Most clients reported social connectedness through other recovery support organizations and interaction with supportive family or friends.

**Ratings of Relationship Satisfaction
(n=11)**



**Client Social Connections - 30 Days Before Discharge Interview
(n=11)**



Summary of Key Findings

Key Findings: Program Implementation

- The non-financial resources domain is in the Headway Zone.
- The other domains (synergy, leadership, administration/management, financial resources, and efficiency) are in the Work Zone.
- All of respondents said that the benefits of the partnership exceeded any drawbacks.
- Some of the successes reported in interviews were access to care management; SUD coordinator; outreach; collaboration between teams; flexibility in patient contact demands; and patient safety.
- Some challenges reported in interview were staffing hiring, retention, & turnover; partnership communication/coordination; patient engagement; patient proximity; and limited psych availability.

Key Findings: Expansion of Access to MOUD

- Some of the successes reported in interviews were increased care integration & collaboration; improved access to case management; and collaborative approach promotes person-centered care.
- Some of the challenges reported in interviews were patient autonomy v. program requirements; COVID disruptions; case management turnover; and patient/provider communication.
- Some of the facilitators reported in interviews were availability of & ongoing case management and care integration encourages MOUD program compliance/retention and access to transportation

Key Findings: Access to MOUD

- A high percentage of patients were documented to meet IDC-10 criteria for moderate or severe OUD.
- Fewer patients over the reporting period received a urine drug screen once or more a month.
- Almost all clients received an FDA approved opioid agonist or antagonist medication at intake but during the 6-month follow-up, fewer respondents received an FDA MOUD.
- There were more case management sessions related to substance use/abuse during the Spring and early Summer of 2022, but fewer substance use/abuse case management sessions over the reporting period.
- There were fewer visits with MOUD prescriber over the reporting period but nearly all patients had at least one visit with a MOUD prescriber.

Key Findings: Treatment Engagement

- About a third (29-38%) of patients are seen at least once in-person weekly.
- Over the reporting period, fewer patients were in 3 months of continuing care but this corresponds to more patients in 6 months of continuing care.
- Almost all patients had visits with a MOUD prescriber for addiction treatments; and a higher percent of patients had psychological appointments for mental health and behavioral health appointments over the reporting period.
- Higher percent of patients had coordination of care for co-occurring mental health & addiction treatments and received behavioral & SUD disorder therapies over the reporting period.

Key Findings: Patient Outcomes

- Discharging clients reported:
 - Living Conditions: Little to not at all satisfied (2.3)
 - Money to Meet Basic Needs: Moderately to mostly/completely (3.2)
 - Self Satisfaction: Dissatisfied with themselves (2.5)
 - Quality of Life: Good to very good (3.7)
 - Health Satisfaction: Dissatisfied with their health (2.5)
 - Performance of Daily Activities: Dissatisfied with daily activities performance (2.5)
 - Relationship Satisfaction: Dissatisfied with their relationships (2.4)
- Most clients reported social connectedness through other recovery support organizations and interaction with supportive family or friends.

Next Steps

- Deployment of Patient Surveys to clients
- Annually deploy Partnership Self-Assessment survey and conduct Key Informant Interviews
- Continuation of data collection, compilation, and analyzation of administrative & clinical data
 - Government Performance and Results Act (GRPA) Client Outcome Measures
 - Urine Drug Screen
 - Case Management Notes
 - Attestation

For More Information

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