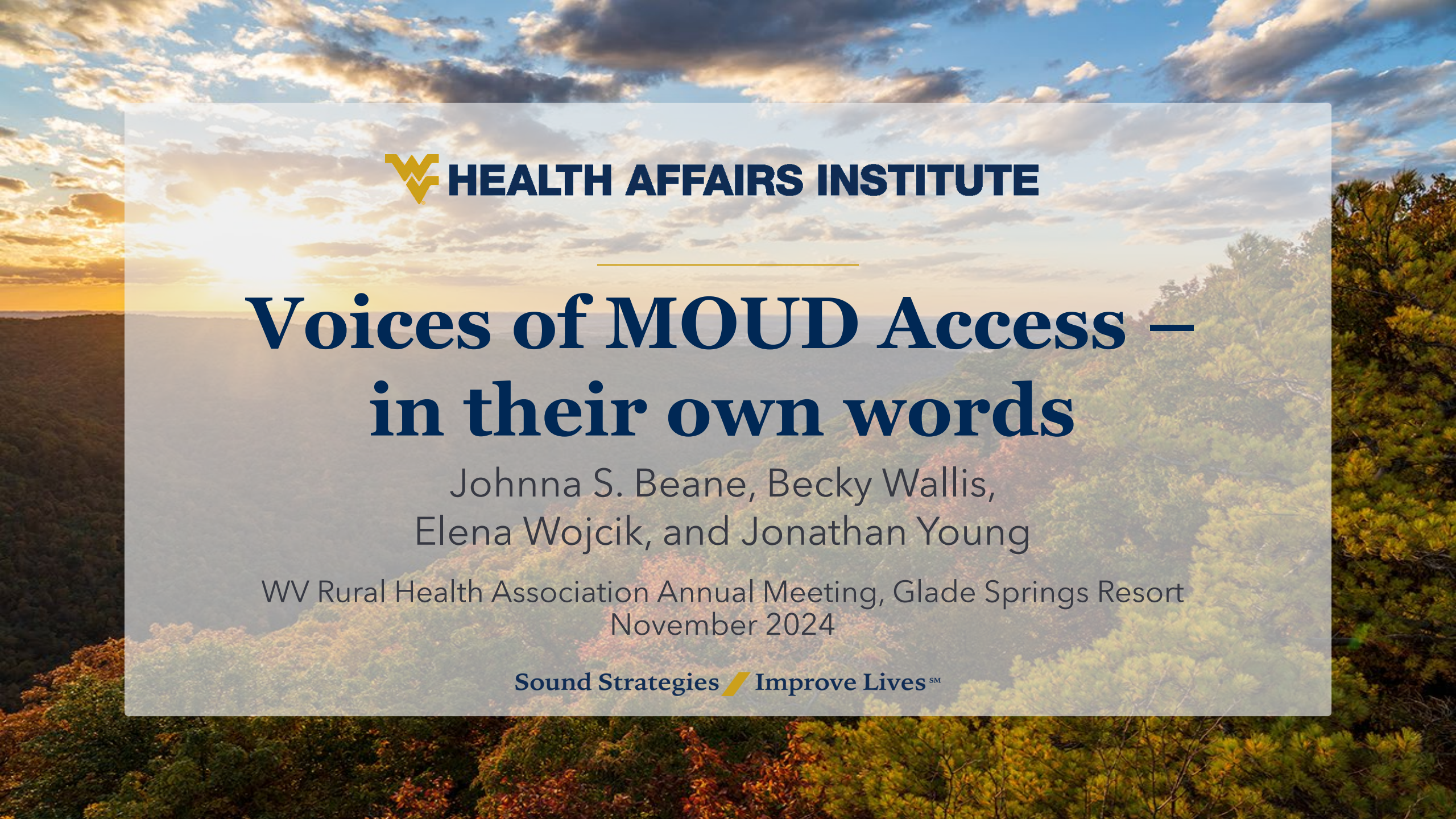

HEALTH AFFAIRS INSTITUTE

Voices of MOUD Access – in their own words

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WV Rural Health Association Annual Meeting, Glade Springs Resort
November 2024

Sound Strategies / Improve Lives℠

HEALTH AFFAIRS INSTITUTE

Sound Strategies / Improve Lives

Who is Health Affairs Institute?

- Established in 2017, Health Affairs began a state-university partnership with the West Virginia Department of Health and Human Resources, which is now split into three separate entities: the Department of Health (DH), Department of Human Services (DoHS), and Department of Health Facilities (DHF)
- Joined AcademyHealth's State-University Partnership Learning Network (SUPLN) the same year
- In 2020 opened second office in Charleston
- West Virginia's Public Health Institute in 2023
- Currently engaged in more than 18 projects providing program evaluation, health data analysis, implementation research, project management services & expertise

Session Learning Objectives

1. Individuals will be able to describe examples of **barriers** to MOUD treatment in WV from the perspective of persons with lived experience with OUD and prescribers of MOUD.

2. Individuals will be able to describe **factors that assist** with MOUD treatment and recovery from the perspective of persons with lived experience with OUD and prescribers of MOUD.

Medicaid Opioid Use Disorder Treatment Outcomes and Recovery (MOTOR) Project

Disclosures

- WVU's Institutional Review Board (IRB) determined MOTOR activities are not human subjects research.
- MOTOR was funded by DoHS' Bureau for Medical Services (BMS).
- West Virginia Medicaid claims data are maintained by DoHS.
- The contents of this study are solely the responsibility of the authors and do not necessarily represent the official views of DoHS or WVU.

Brief History of MOTOR

- Multi-phase/year project
- Phase One:
  - Survey of patients with providers recruiting patients
  - COVID-19 pandemic derailed data collection
- Phase Two:
  - Survey of Medicaid beneficiaries with medication for OUD (MOUD) claims
  - Cognitive testing of survey questions with Peer Recovery Support Specialists (PRSSs)
  - Qualitative interviews of 13 survey respondents about their perceptions of recovery care

Phase One

- Oct. 2019 - Sep. 2020

Phase Two

- July 2021 - June 2022

Brief History of MOTOR

- Phase Three:
  - Continued survey from Phase Two
  - Interviews evaluating Medicaid beneficiaries' experiences with Sublocade compared to other MOUDs or abstinence-based treatment
- Phase Four:
  - Secondary data analysis and examined indirect costs of MOUD treatment and MOUD treatment capacity in WV
- Phase Five is an economic evaluation of MOUD
- **Phase Three will be presented today**

MOUD Overview

- MOUD programs combine Food and Drug Administration (FDA)-approved drugs with therapy and other supports.

- WV Medicaid covers MOUD with no additional costs to beneficiaries.

MOTOR Phase 3 Overview

- Semi-structured interviews:
  - **Questionnaire development included cognitive interviews** with Peer Recovery Support Specialists and providers
  - Recruitment and **interviews occurred January through April 2023**
  - Conducted with Zoom audio
  - Participants received a **$50 gift card** incentive
  - **Thematic analysis of interviews** will be presented today

- Medicaid providers prescribing MOUD in 2021 and 2022:
  - Targeted to **include prescribers of all MOUDs** (unable to recruit Methadone prescriber)
  - **Ten (10) providers interviewed**

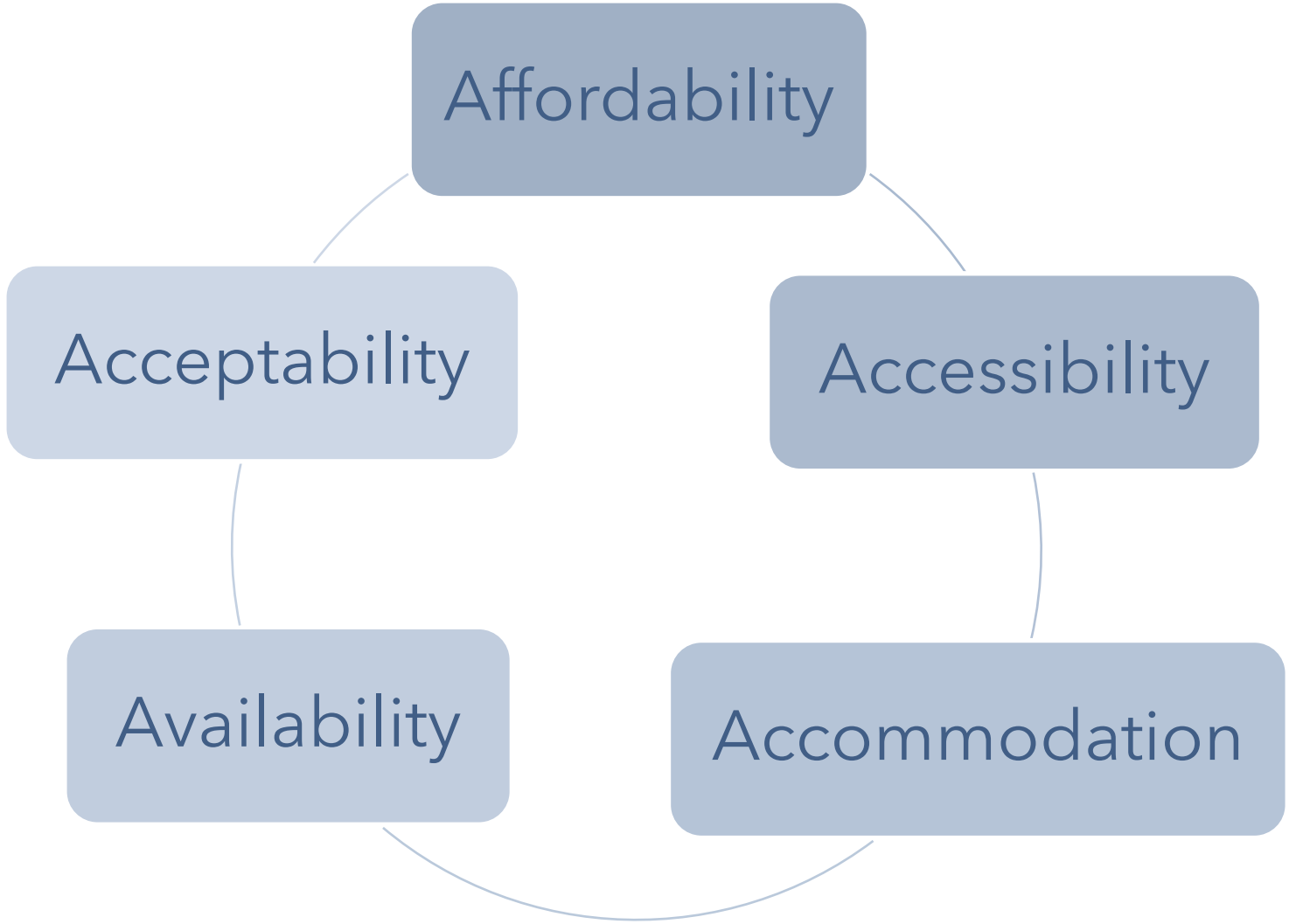
MOTOR Phase 3 Overview

- Medicaid beneficiaries with MOUD claim or opioid use disorder (OUD) diagnosis code between 2021 and 2022:
  - For medication groups, patients **grouped by the last reported medication from claims** data; current MOUDs recorded during interview
  - **Attempted** to recruit up to **10 people** from **each treatment (medication) group**
  - For the **abstinence group**, sampled people with **a claim and an OUD diagnosis** who **did not have an MOUD** between 2019 and 2022
  - Attempted to contact 898 people (323 were wrong or incorrect numbers) resulting in **38 people being interviewed**

MOUD Access In Their Own Words

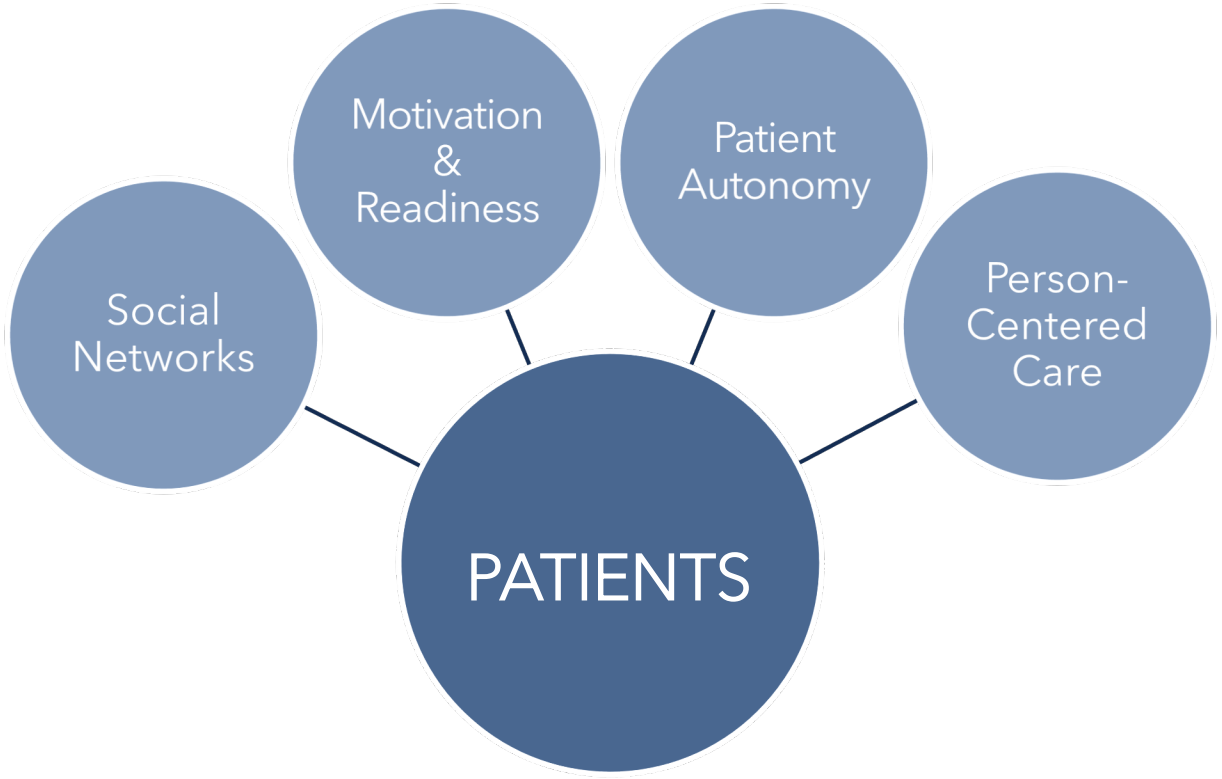
Access

- Theory developed and tested by Penchansky and Thomas in 1981
- Describes the fit between the patient and the healthcare system
- Identified five dimensions related to different areas of access



Source: Penchansky R, Thomas JW. The concept of access: definition and relationship to consumer satisfaction. Med Care. 1981 Feb;19(2):127-40. doi: 10.1097/00005650-198102000-00001. PMID: 7206846.

Patient Facilitators

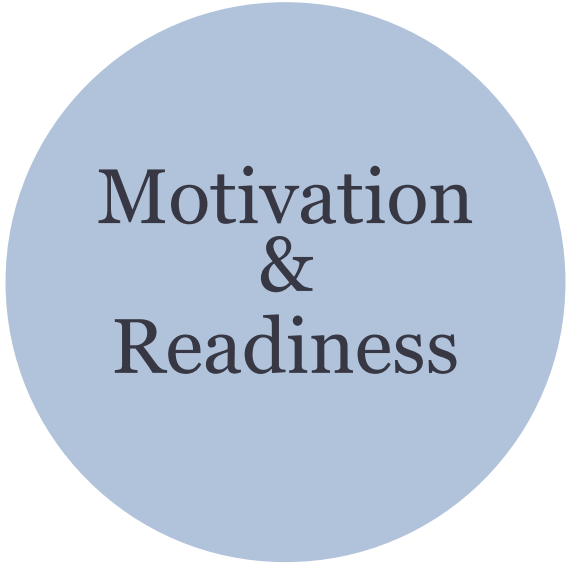


Patient Facilitators

- Learned about treatment through social networks, including family and friends
- Combined word of mouth with internet searches to make informed decisions

"I think my brother's been going to the clinic for three years. And my mom's been going for a year, close. Seeing them first-hand, I've seen the potential it had to help someone in our situation."

Patient Facilitators



"It was easy because I was wanting to change my life."

- Choice of treatment or continued use was a choice between life and death
- Desire for normalcy, financial savings, legal compliance, getting their kids back, or repairing relationships
- Treatment doesn't just help with addiction; it also helps build coping skills and stability for all aspects of life

Patient Facilitators

- Ability to change MOUD or switch providers
- Having control over their treatment plans
- Autonomy over choices, even if that includes illicit MOUD, such as receiving Suboxone from a friend who is in treatment or buying it off the street
- However, external pressures (e.g., court-ordered programs) force their hand because they must choose between jail/losing kids and treatment

Patient Facilitator: Patient Autonomy

"I did get them illegally, buy them off the streets before I was capable of getting into a clinic."

"[My doctor] makes absolutely sure that I'm ready with my mentality and things like that. And another thing that he's really big on is my life stressors. If something really bad is going on in my life right then, he won't taper me down because he doesn't want to trigger a relapse."

Patient Facilitators

Person-Centered Care

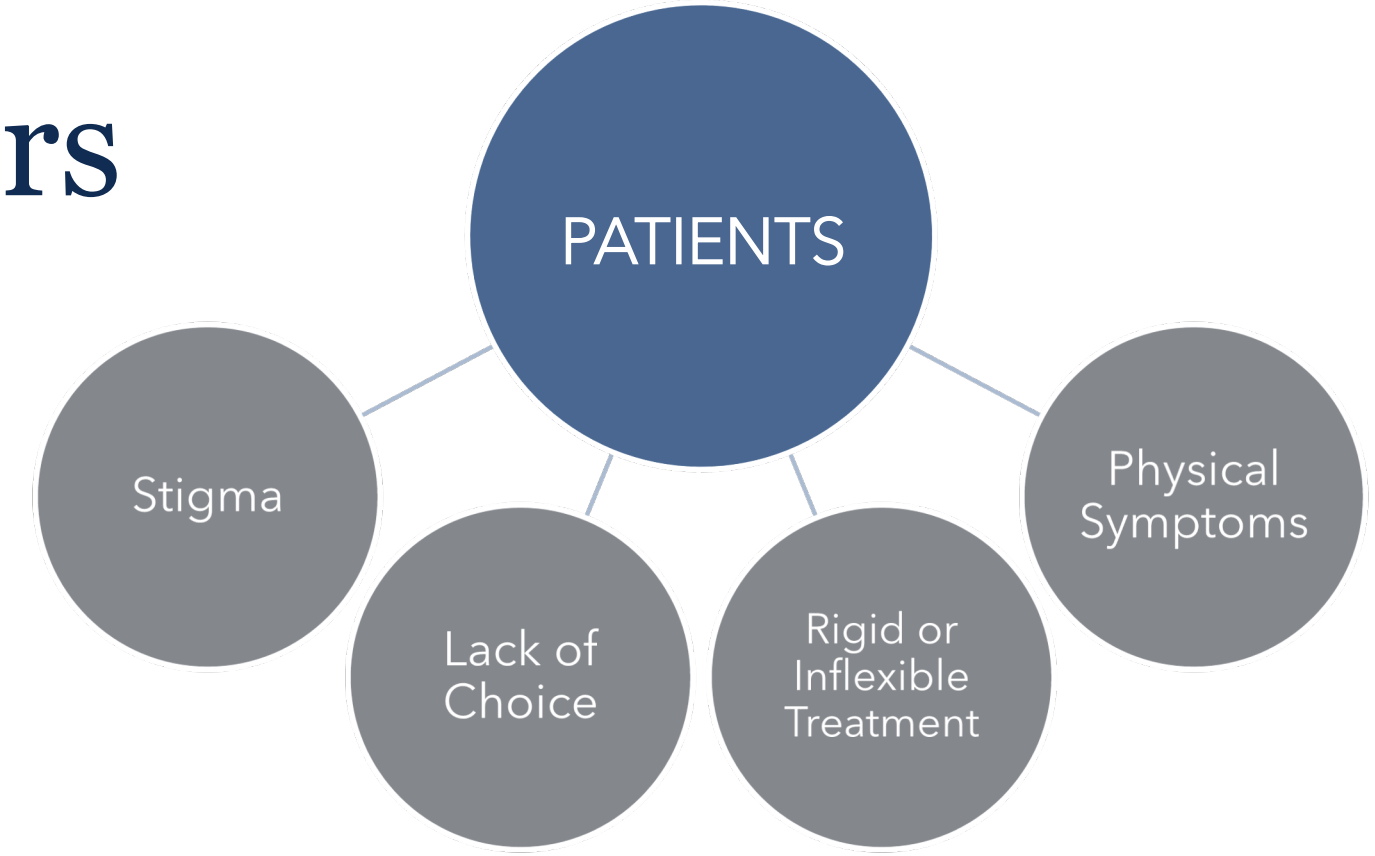
"You can't learn being addicted to drugs from a book."

- Trial and error: successful treatment plans are tailored to each patient and often require trying different things
- Rituals such as 12-step meetings, daily counseling, daily methadone
- Use of "transitional MOUD"- Sublocade and Naltrexone (Vivitrol) - seen as ways to taper off MOUD altogether
- Providers with lived experience: peer recovery support specialists are an important part of keeping patients in treatment

Patient Facilitator: Person-Centered Care

"Well, it's always nice to have help when you're trying to achieve something, and it's a lot. Some things ... you can't do it by yourself, or it's hard to do it by yourself."

Patient Barriers



Patient Barriers

"Trading a demon for a devil."

- Stigma comes from community, family, friends, and self-stigma
- Can lead to delayed start of MOUD
- Pregnant participant was afraid of partner knowing her MOUD status because, "*if he knew, he would flip out*."

Patient Barriers

- Lack of treatment options in geographic area or affordable treatment (e.g., limited methadone clinics)
- Stigma from providers and surveillance requirements result in lack of choice
- Feeling forced into treatment, e.g., court-mandated

"I didn't want to go to begin with. I was court-ordered to go, and I took drugs with me in there. I mean, that's why it didn't work, just because I didn't want it. I wasn't ready for it."

"…they weren't really trying to get me clean, clean-clean, like off of everything. They were just like, 'Okay, as long as you're not doing drugs, you're good. That's the mission, but the mission should be to get you off of everything."

Patient Barriers

Rigid or Inflexible Treatment

- Feeling like a number due to high patient volume and understaffed providers
- "Handcuffed" or "stuck" in treatment
- Restrictions on MOUD access:
  - Traveling to different states
  - Take home doses

"You don't give everybody the same medication for 100 different reasons. You give them the same medication for the same reason. And then everybody's treatment plan should be different. Everybody should have a different exit strategy."

Patient Barriers

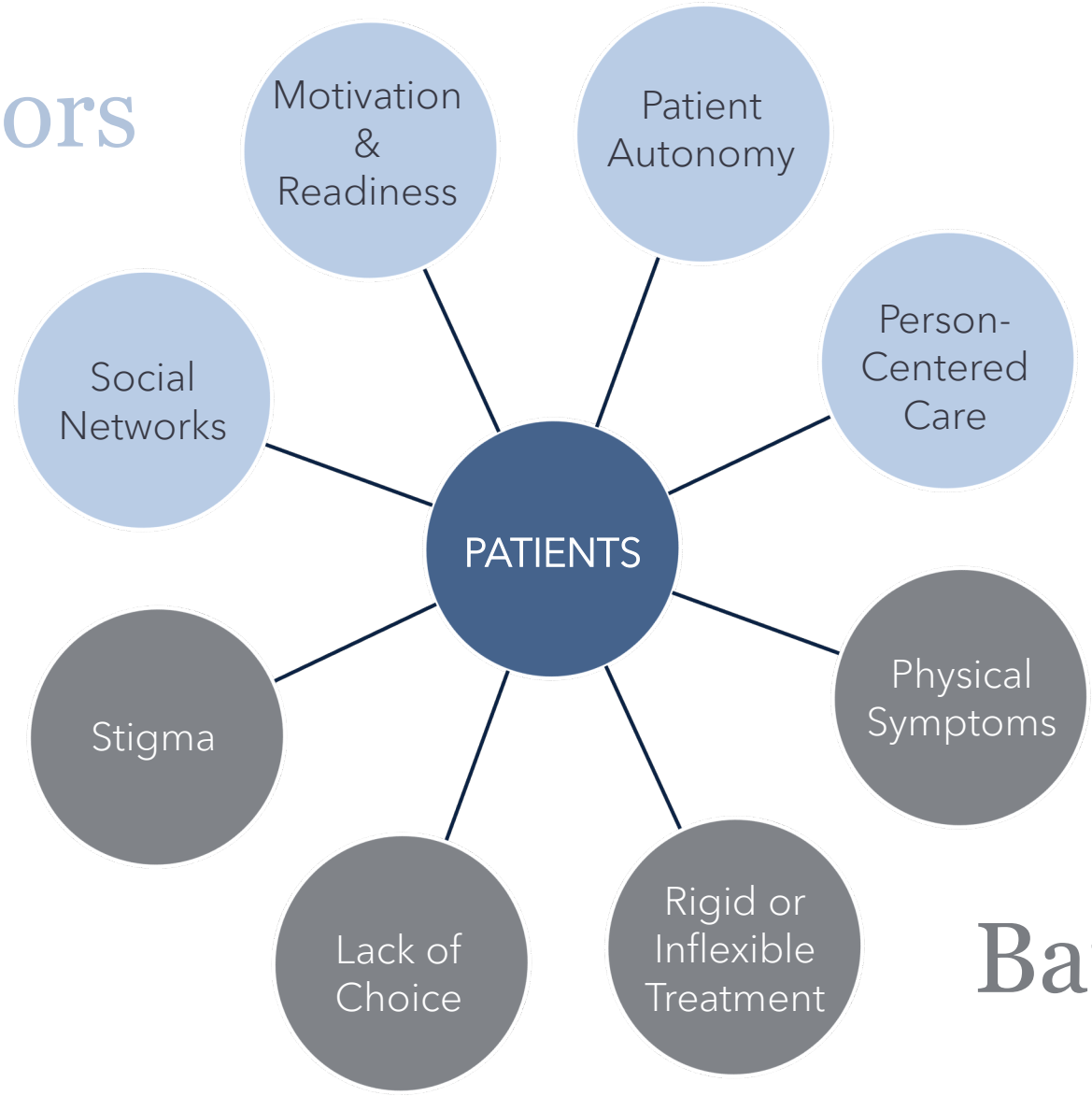
- Severity of MOUD withdrawal and fear of experiencing it can be deterrent.

  "I went on the Sublocade to get off the Suboxone because I heard it was easier. Because I was ready to be off of everything, and I heard that it was easier. All the research I did, it was easier to come off of the Sublocade than it was to come off the Suboxone."

- Side effects, e.g., pain at injection site from Sublocade or feeling sick from medication.

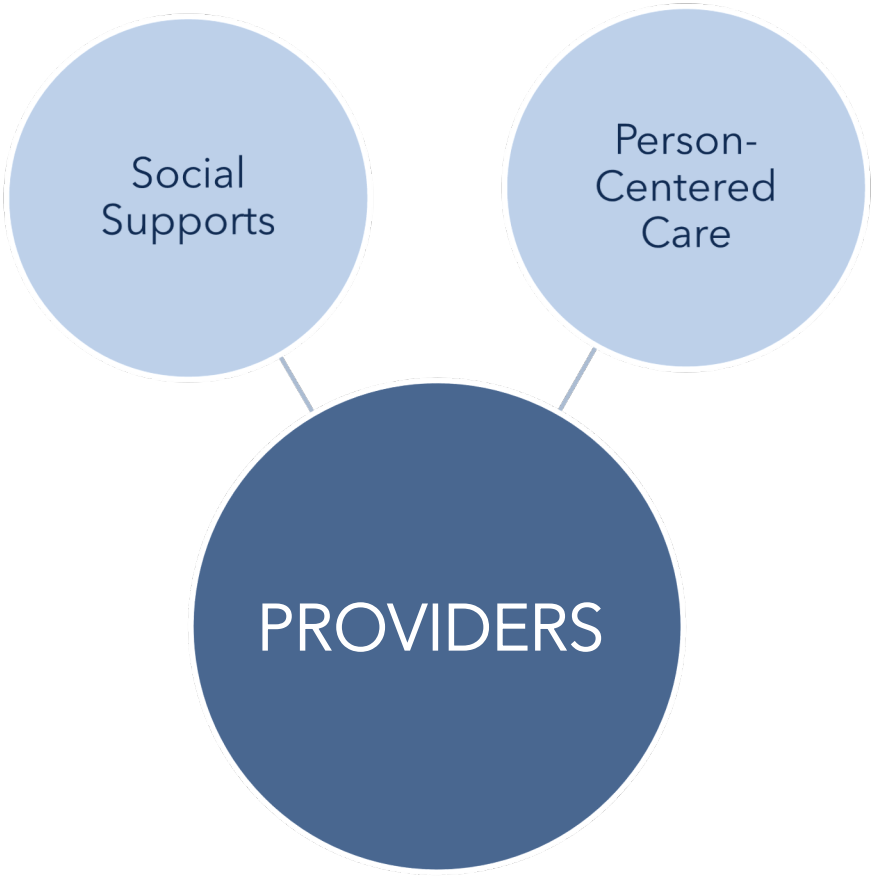
"I mean, once you stop taking Methadone, you get deathly sick. So ... once you start taking it, you're kind of handcuffed there unless you want to be deathly sick every day."

Facilitators



Barriers

Provider-Reported Facilitators



Provider-Reported Facilitators

Social Supports

"...we actually had several patients that we treated them and family members. So they kind of had each other to ... help each other through sobriety and recovery."

- Supportive family and friends
- Peer-recovery support services

Provider-Reported Facilitators

Person-Centered Care

- Supportive social services and assistance.

"We have case managers that also help get people longer-term housing. One other thing we do, social support…we have folks with ongoing CPS cases, and we actually have an advocate that works with us now that meets with the patients and will support them and go to hearings with them."

- Patients' motivation for MOUD treatment.

"… just about everybody who uses has known multiple people that have died of overdose. And the reality is that people that die of overdose are the ones that aren't on medicine, and people that survive and have thrived are typically taking medicine…And at the end of the day, people don't want to die. Plus, opioid craving, folks do not like to go through horrible withdrawals, and that prevents you from ever getting to that point. So, it's a comfort level thing too."

Provider-Reported Facilitators

Person-Centered Care

- Withdrawal management
- *"…a handful of reasons. Probably the primary one is withdrawal management …. and so, MAT allows us to effectively control those symptoms while also providing therapy to address … the underlying behavior leading to the substance use. There also is some secondary benefits in the form of pain control, maybe some antidepressant-type effects, anti-anxiety-type effects, and management of physical cravings."*

- Patient choice and involvement in treatment decisions
- Being involved in what MOUD they take
- MOUDs in general are a facilitator

Provider-Reported Facilitators

Person-Centered Care

- Certain MOUDs help with patient adherence.

"…I'm guaranteed that when I see that patient and I inject them, I know that for the next 28 days, they are going to have buprenorphine in their system because once the depot's injected, the only way to get it out is surgical removal. …patients seem to do really well on it because of the time-release formulation of the Sublocade, and they get a consistent plasma serum concentration through that entire 28-day period as opposed to the peaks and troughs you see with Suboxone."

"But really, the big thing goes back to diversion for me to make sure that the patient is actually taking the medication. They're getting it… You're witnessing the injection in the office."

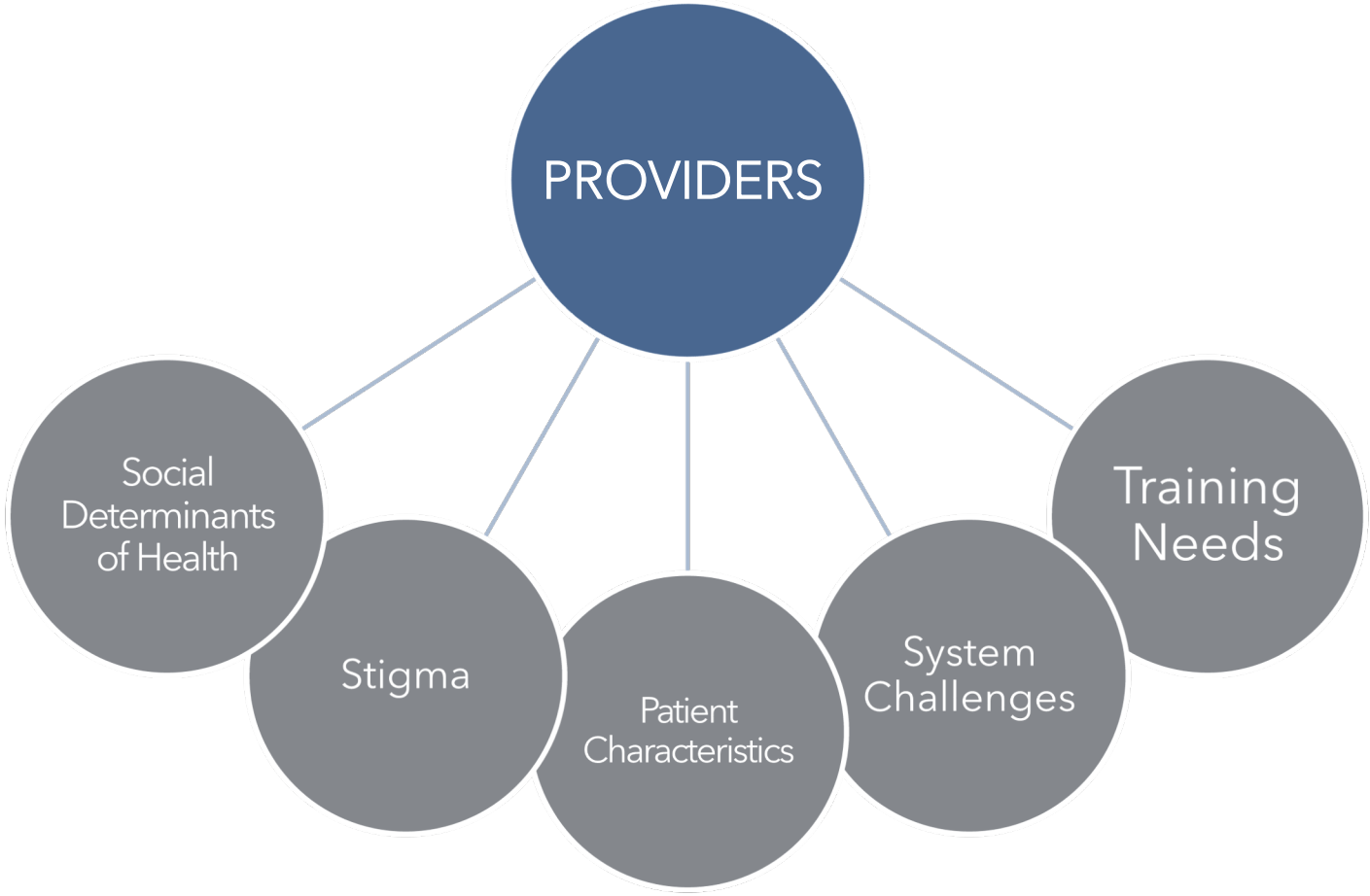
Provider-Reported Facilitators

Person-Centered Care

- Accommodations for patient needs.
  - Telehealth appointments.
- Open access treatment model.

  "So, we have open access at our clinic, and so patients sort of can come in without an appointment and be seen."

Provider-Reported Barriers



Provider-Reported Barriers

Social Determinants of Health (SDOH)

- Transportation issues
  - Causes missed appointments & difficulties filling prescriptions.
  - Difficulty attending support group meetings.

Provider-Reported Barrier: SDOH
Transportation

"Transportation is really a horrible issue and although Medicaid provides transportation through - they call it, Modivcare - it's pretty burdensome for people. They have to book a week in advance and so it really interferes with care if it's not more flexible than that."

"She was hitchhiking, she was hitchhiking 20 miles to get not only to our meetings but to the required NA meetings… that was one of the most horrible situations I've ever seen. It was unsafe. So eventually, I told her she could do her NA meetings by telehealth…We have a very limited way to help with that, and my experience is that Medicaid's help is limited."

Provider-Reported Barriers

- Limited patient support systems
  - Employment
  - Legal Issues
  - Limited Positive Living Environments

"…Gaining employment [is] … one of the biggest -- there's no clear path for patients [to be] successful in MAT to transitioning to full gainful employment and able to afford to continue their treatments…at times, employment will interfere with their ability to participate in active treatment."

"I think where they live, obviously, can be a barrier because lot of them will live in low-income areas in which the prevalence of substance use is going to be much higher, and so there's a lot of temptation… which affects their ability to maintain sobriety..."

Provider-Reported Barriers

- Stigma among those with OUD

"I mean, one factor that would keep people away from taking medicine is honestly just the stigma and perceptions. And as much as we definitely encourage peer meeting attendance, there is still a negative attitude, especially amongst the NA population towards medicine."

- Stigma towards professionals treating OUD

"…all people in medicine should take advantage of that…an ongoing need for our profession, is to be person-centered and to use shared decision-making. …they need that as part of the effort to combat stigma because I think that there's a lot of misunderstanding of people who use illicit drugs, and a lot of judgment towards people who use illicit drugs…"

Provider-Reported Barriers

- Public stigma
- Stigma from other professionals or community members

"….I think, law enforcement agencies thought that it was just trading one drug for another… And they're not the only ones too…probably some of the most difficult people to work with are pharmacists…"

"…we've had people that have had simple traffic citations for running a red light or something and then they're given a DUI because of simply being on a medicine, without any justification or anything. Historically, cops would wait outside of NA meetings to pull people over and kind of get them. That was a thing back in the day. But it really hasn't changed that much. So, if anybody gets wind that someone's on a prescription, there are still areas within the state where they will give people DUIs over being on medicine. Again, in the absence of any true impairment, just because they have medicine means, in their mind, that they're impaired."

Provider-Reported Barriers

- Co-occurring mental health conditions
- Other comorbid conditions
- Polysubstance use
- *"…after we get that one under control then our next goal might be to work on any kind of stimulants that they have been using. I mean, even though we would love-- in a perfect world, it would be great if they would stop all illicit drug use immediately. But realistically, one thing at a time."*

Provider-Reported Barrier: Patient Characteristics

"It depends on people's attitudes, because some people, they just want their medicine, and they don't want anything else…. I think if that's what someone's used to and that's all they really care about, is getting the medicine, and then maybe they're selling it or whatever, then maybe they're not going to do as well in our treatment."

Provider-Reported Barriers

System Challenges

- Provider availability for Medicaid patients

"For outpatient therapy…most community therapists refuse to take Medicaid, so that's a big barrier. Or they'll only take limited numbers. So, if it's a Medicaid patient, absolutely, it's very difficult. If it's a private patient, it's not too difficult..."

Provider-Reported Barriers

System Challenges

- Treatment delays due to requirements
- Patient adherence issues because of appointment requirements

Provider-Reported Barrier: System Challenges

"…transitioning patients to Vivitrol, they would have to be abstinent from opioid use. So that was a limitation, because most patients could not abstain from using something because of the withdrawal process for the 7-to-10-day period that they would need to be abstinent."

"I would say that I get some complaints about having to come every week. And some patients that do have jobs, they complain that their bosses are getting onto them about having to leave for a few hours once a week to go to the doctor."

"I have somebody that I want to start on Vivitrol, and I have to wait three or four days for what's in their screen because you got to wait for your send-off to come back."

Provider-Reported Barriers

- Medication acceptance and non-compliance.

"So patient factors, at the end of the day, they're the ones that have to take it, not me."

"Sometimes they don't want to take it a second time after getting it the first time. Some patients have -- or a few patients have reported that they didn't feel like the injection lasts the full month, and so they'll start to have some withdrawal symptoms prior to the next injections."

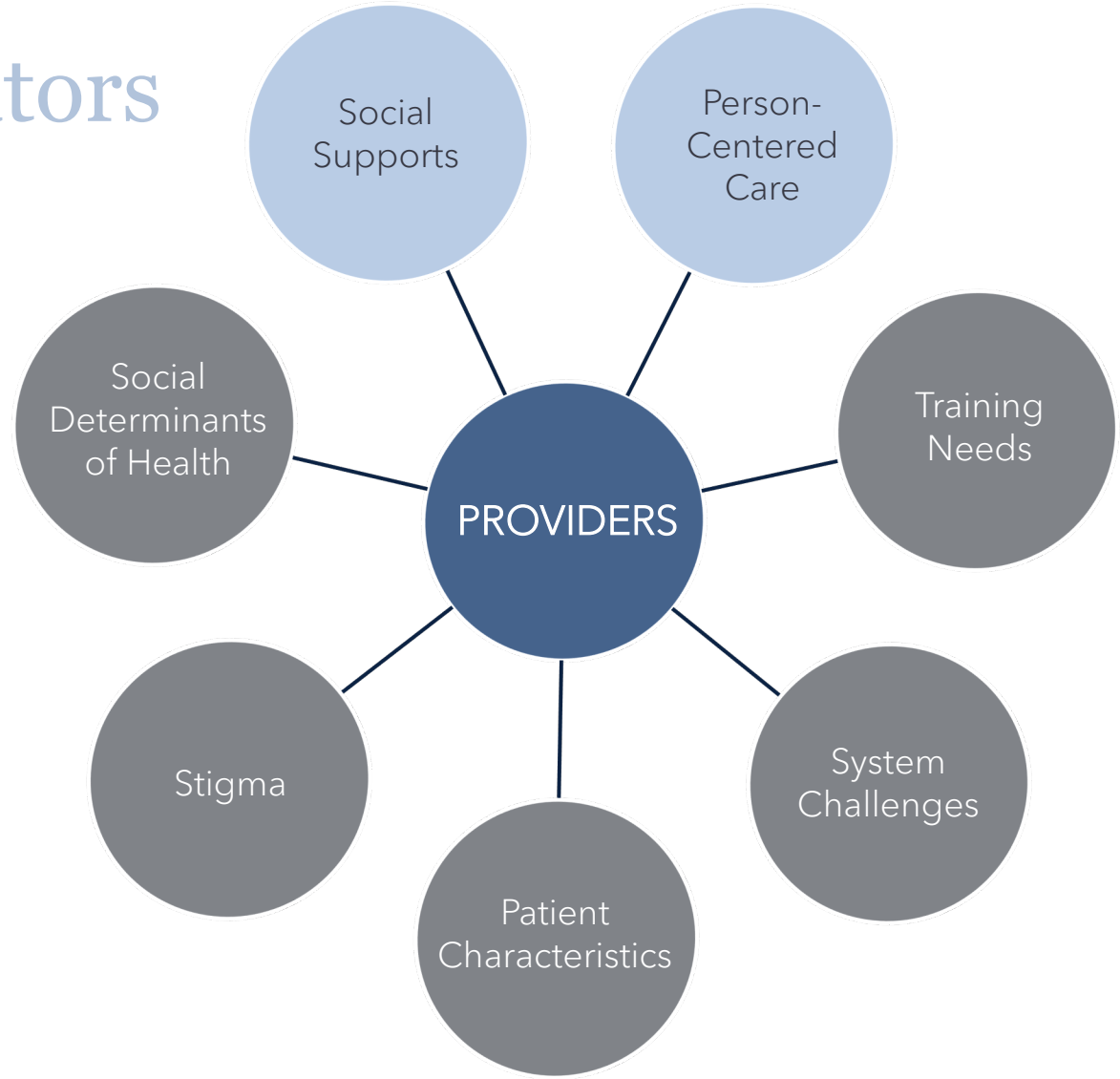
Provider-Reported Barriers

- Limited training
  - Addiction
  - Substance Use
  - Mental Health
  - Polysubstance Use

"…they don't really get any specific training on addiction because they look at that I guess as more of a specialized care. …you might do a residency in it or a specialization…it's never really been looked at as part of primary care until recently. But ultimately, I think opioid use addiction, its place is in primary care."

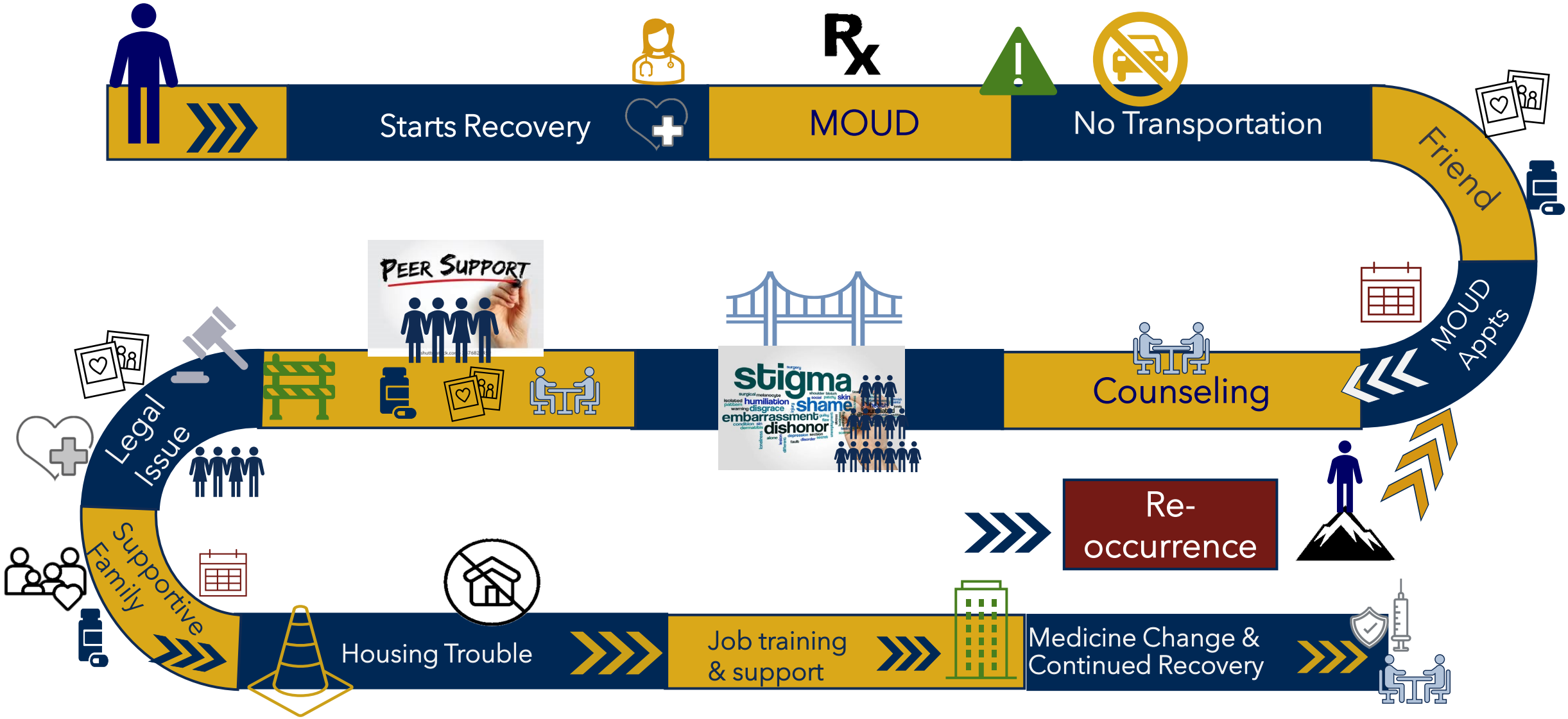
"I wish I had better training or more training and was more adapted at treating individuals with more significant mental health issues."

Facilitators



Barriers

Conclusion and Final Thoughts


Starts Recovery
MOUD
No Transportation
Friend
MOUD Appts
Counseling
stigma
shame
humiliation
disgrace
embarrassment
dishonor
PEER SUPPORT
Legal Issue
Supportive Family
Housing Trouble
Job training & support
Medicine Change & Continued Recovery
Re-occurrence

Summary: In Their Own Words

- Patients often explore multiple treatment options before identifying their treatment and recovery path. Motivation and Readiness for treatment are important components.
  - Having options and pathways are important for treatment success.
  - Some view MOUD as a temporary tool in the recovery journey.
- Positive social networks and supports are valuable parts of recovery.
- Person-Centered Care models and treatment concepts help create positive outcomes.

Summary: In Their Own Words

- Stigma continues to create barriers to those in MOUD programs.
- Social determinants of health remain a large issue for WV Medicaid patients seeking MOUD care.
- Patient characteristics and physical symptoms of MOUD medications hinder successful treatment.
- System challenges and rigid treatment requirements impact MOUD treatment success.

Lessons Learned from Their Own Words

- Person-centered care training aimed at prescribers and other care team personnel may benefit MOUD programs.
- Continued work to enhance care access to people with OUD, especially in rural areas is necessary.
- Providers may want to include social networks to help support their patient's recovery.
- New and continued efforts to address stigma toward MOUD for various professionals is needed (e.g., law enforcement, CPS, and others in healthcare, etc).

"What does recovery mean to me?" In Their Own Words

"Recovery to me is waking up in the morning not being sick. Recovery to me is waking up and having healthy relationships. Recovery to me is being able to free myself from the chains that I bound myself in when it came to addiction. Recovery was facing all of the demons that I had inside myself and facing them head-on with the help of someone else that had been in my shoes. Recovery is ... freedom."

"Recovery is ... working on staying sober, bettering myself, and changing my life, changing my ways. Because whenever you get sober, it's not just being absent from drugs. You have to change your whole lifestyle."

"It's a journey, an adventure. It's a lot of work, but there's no greater gift in life than to get your life back and to become a happy and productive and content member of society."

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Questions or Comments?

Thank you! The information summarized here is one phase of a larger project examining substance use MOUD services in West Virginia.

To learn more about Health Affairs Institute and the services we provide, please visit, healthaffairsinstitute.org.

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