Northwest (HHS Region 10)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Northwest ATTC presents:

Patient-centered care in Opioid Treatment Programs (OTPs)

Thank you for joining us! The webinar will begin shortly.

- Please mute your phone/microphone!
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- A recording of this presentation will be made available on our website at: http://attcnetwork.org/northwest

Today's Presenter

Michelle Peavy, PhD

- Licensed clinical psychologist
- Research and Training Manager, Evergreen Treatment Services (ETS)
- On the front lines of the opioid epidemic:
  - Provides clinical care to opioid users
  - Directs research projects at ETS
  - Develops/implements clinic-wide policies and practices

Patient-centered care in Opioid Treatment Programs (OTPs)

Evergreen Treatment Services
K. Michelle Peavy, PhD

Today's agenda

- Patient centered care
- Our take on patient centered care in an OTP: retention policy
- Evaluation of our policy
- Clinical implications

What is patient centered care?

- A buzz word
- An expectation*
- An evidence based approach yielding positive outcomes**
- The right thing to do.

*(SAMHSA)

**(Beach et al., 2005)

Patient Centered Care (PCC) at ETS

- **Compassion**
  - **High tolerance; avoid punishment.**
- **Empowerment**
  - **Patients as agents of change.**
- **Collaboration**
  - **Shared decision making**
  - **Patient satisfaction survey**

Everyone has a clock for change

Treating OUD like the medical disorder it is: The medical context for policy change

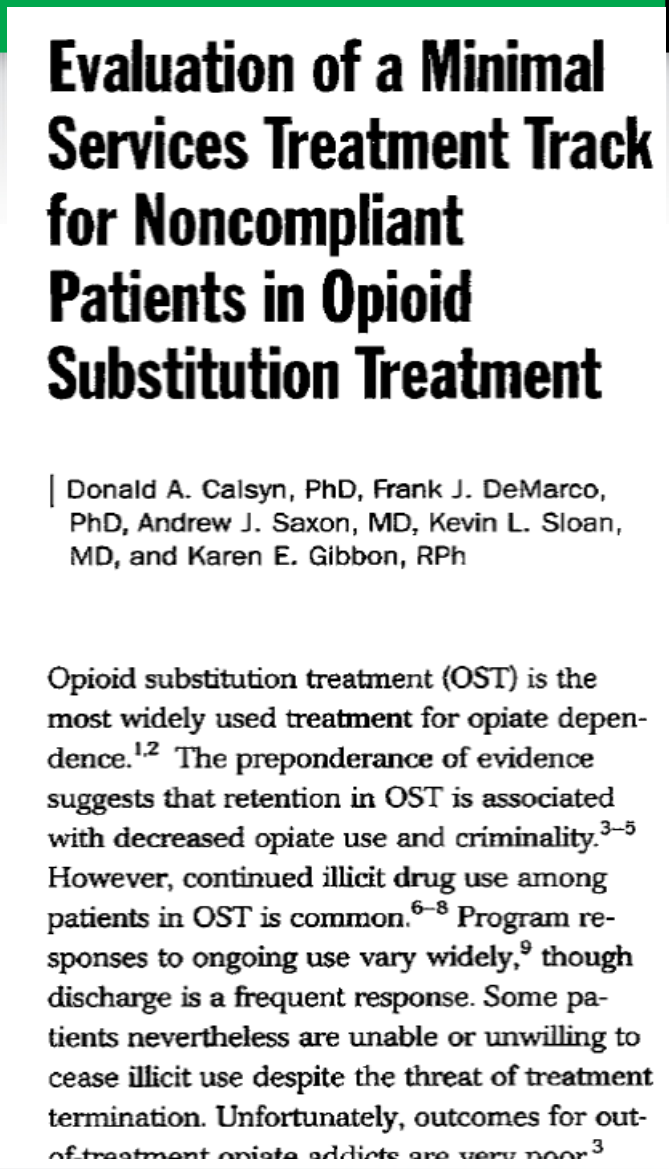
SUD Treatment	Medical Treatment
"Addiction is a disease."	Views addiction as a "chronic relapsing medical disorder."
Treatment begins when patient has already made behavior change or "is ready" make behavior change.	Treatment begins at or before the time when symptoms are interfering with patient health and functioning.
Views an increase in symptoms as a sign to withhold treatment.	Views an increase in symptoms as a reason to apply more or different treatment.
Not always 100% effective	Not always 100% effective
Blames patient for "failing" in treatment.	Blames treatment for failing patient.

How do we respond when tx is only partially effective?

- Continue to treat despite complications.
  - What do we do when patients continue to use while in tx?
- SAMHSA's TIP 43 (MAT) advises:

"Policies favoring treatment termination for patients who use substances negate a fundamental principle—that longer retention in treatment is correlated highly with increased treatment success." (p. 186)

- Some precedent… (Calsyn et al., 2003).

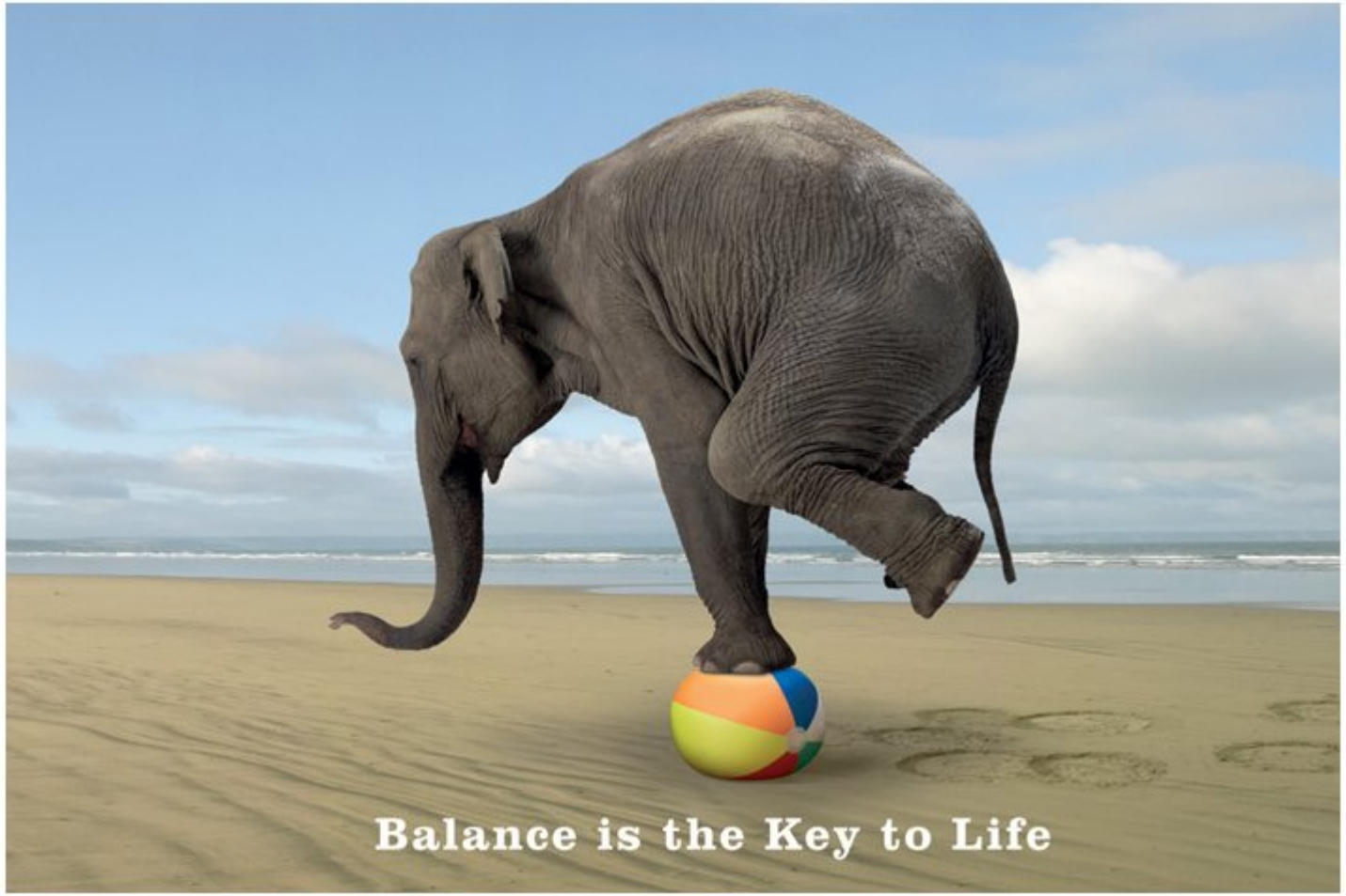


Evaluation of a Minimal Services Treatment Track for Noncompliant Patients in Opioid Substitution Treatment

Donald A. Calsyn, PhD, Frank J. DeMarco, PhD, Andrew J. Saxon, MD, Kevin L. Sloan, MD, and Karen E. Gibbon, RPh

Opioid substitution treatment (OST) is the most widely used treatment for opiate dependence.[1,2] The preponderance of evidence suggests that retention in OST is associated with decreased opiate use and criminality.[3–5] However, continued illicit drug use among patients in OST is common.[6–8] Program responses to ongoing use vary widely,[9] though discharge is a frequent response. Some patients nevertheless are unable or unwilling to cease illicit use despite the threat of treatment termination. Unfortunately, outcomes for out-of-treatment opiate addicts are very poor.[3]

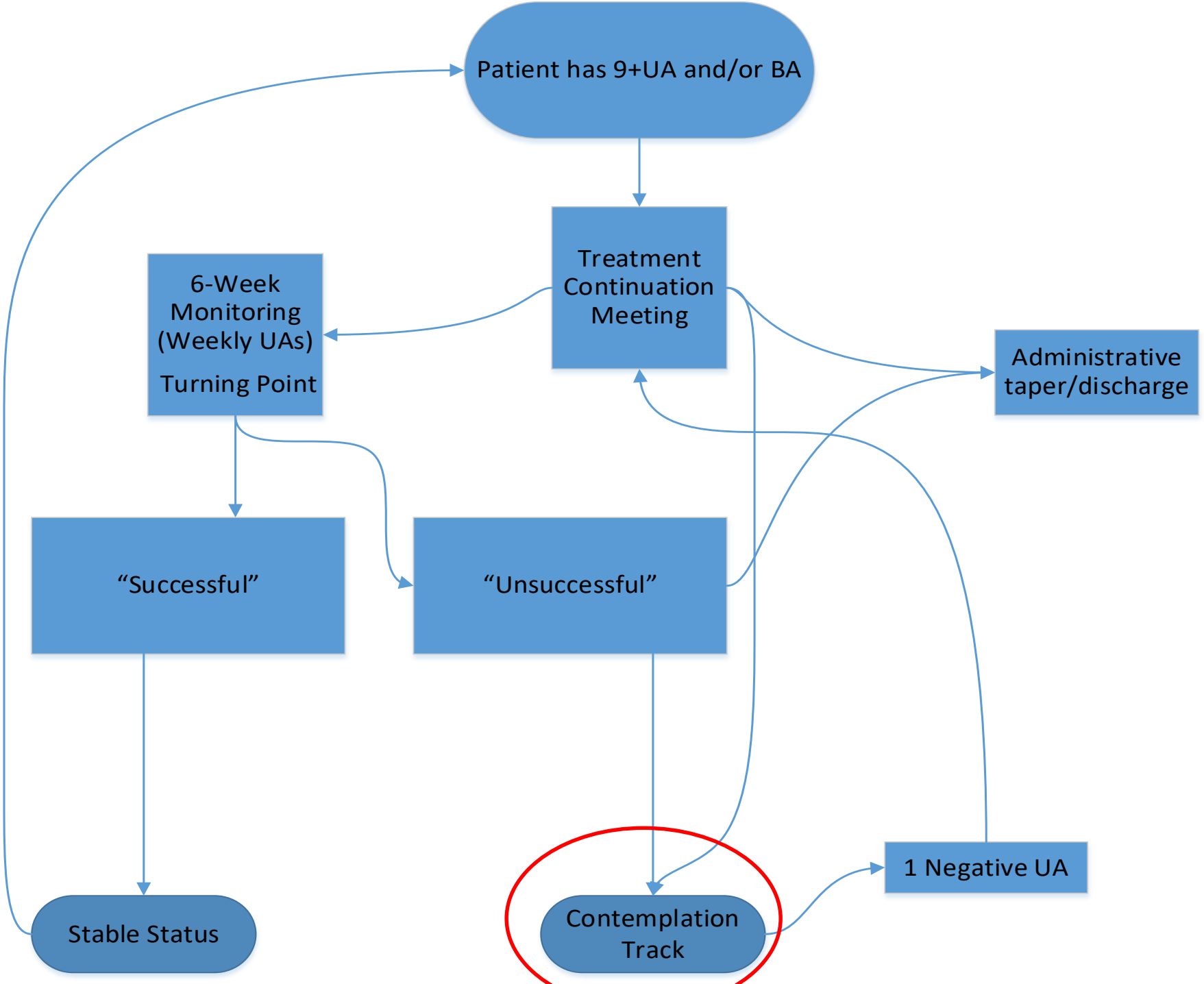
A decisional balance



Pros and cons of Discharge: Milieu preservation vs. Premature death

- Many patients will not respond to "treatment as usual." We could either:
  - Discharge as "not ready." - OR -
  - Adjust treatment/expectations to meet the patients' need.
- The dilemma of striking a balance:

*Gibson et al., 2008; Schwartz et al., 2013


Patient has 9+UA and/or BA
Treatment Continuation Meeting
6-Week Monitoring (Weekly UAs)
Turning Point
Administrative taper/discharge
"Successful"
"Unsuccessful"
1 Negative UA
Stable Status
Contemplation Track

“Contemplation Track”

- A treatment continuation option for patients struggling with ongoing drug use.
- What’s in a name?
- The use of restrictions for Contemplation Track patients:
  1. Promote a recovery-oriented treatment environment.
  2. Serve as a motivator for change.

Contemplation Track – Restrictions

- Restricted dosing hours or the requirement to move to a different dosing unit.
- Not allowed on ETS campus outside specified dosing hours.
- Certain restrictions on Sunday, Holiday and other take-home doses.
- Limited dose adjustments.
- Limited access to groups and acupuncture.
- Incident reports, including impairment at the time of clinic attendance, will result in an administrative taper.
- The standard Unable to Obtain urine policy (3 consecutive misses will result in discharge) will apply.
- Required monthly counseling.

Evaluation - Data Sources & Variables

1. Electronic Medical Record
   - Retention
   - Rates of “Success”
2. Staff survey
   - Understanding of the policy
   - Perceptions about/attitudes towards the policy

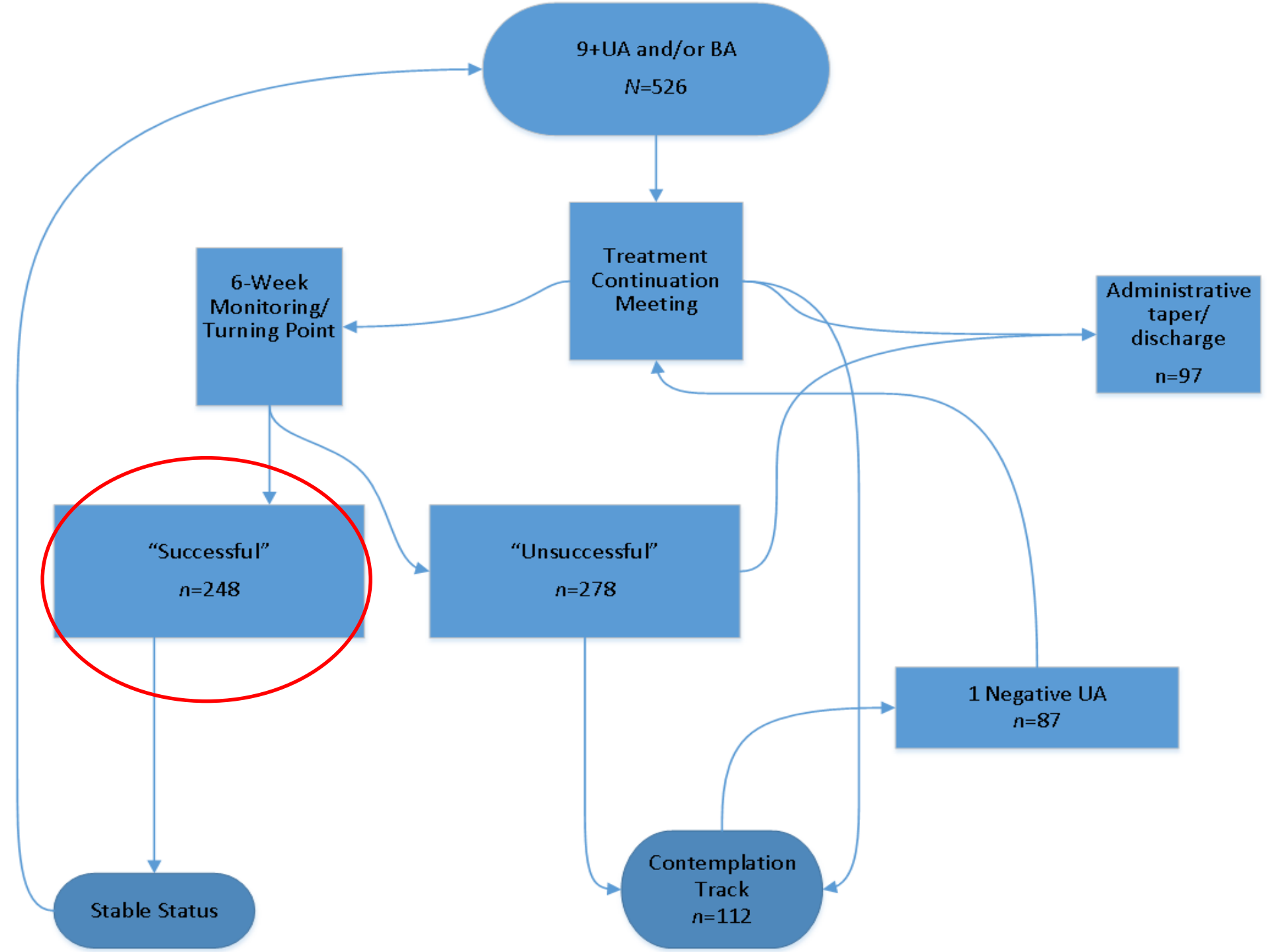
Retention

- Census

  “Before” July 1, 2014 = 1,060

  “After” July 1, 2015 = 1,484

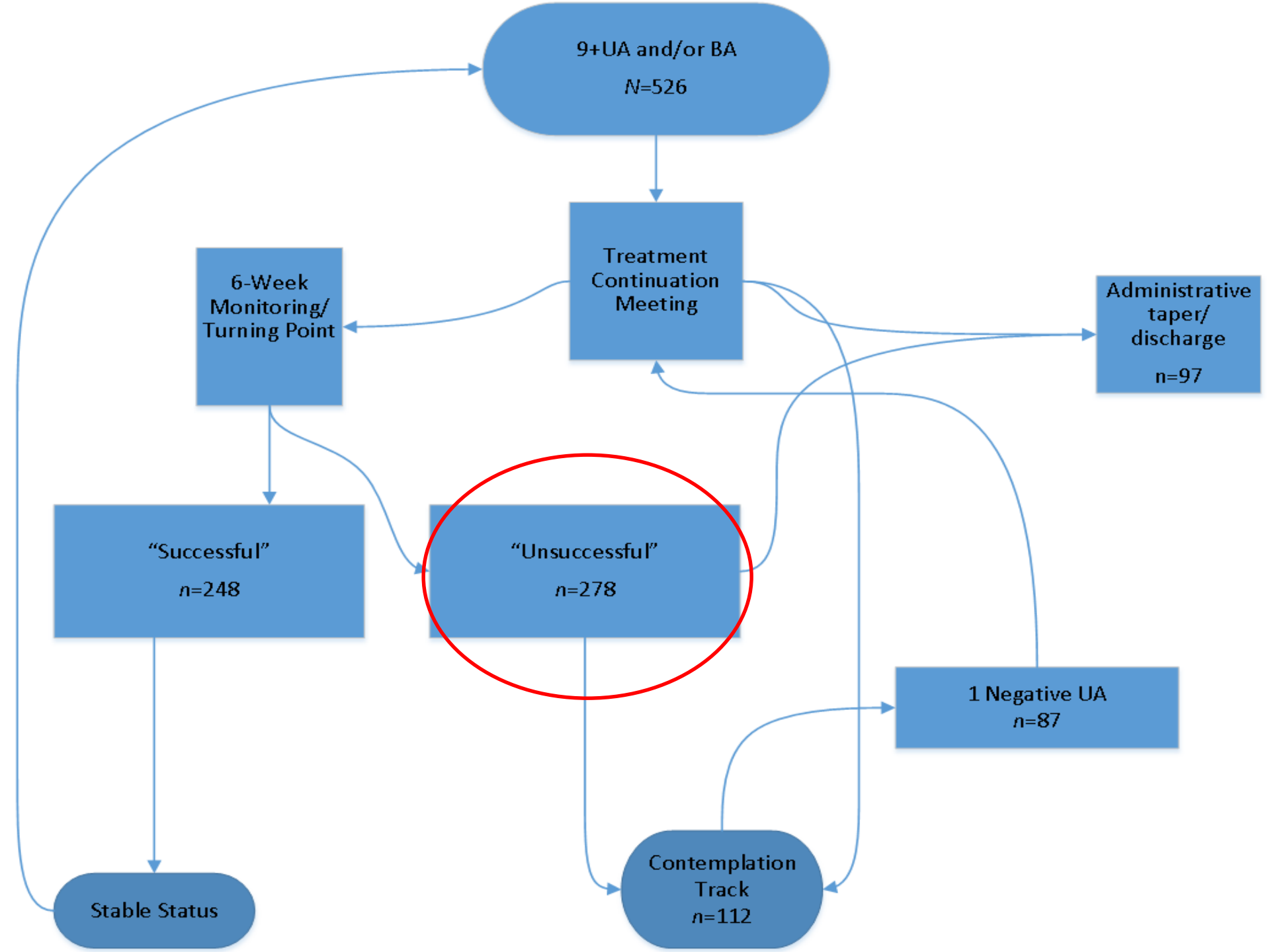
  40% increase in census


9+UA and/or BA
N=526
Treatment Continuation Meeting
6-Week Monitoring/ Turning Point
Administrative taper/ discharge
n=97
"Successful"
n=248
"Unsuccessful"
n=278
1 Negative UA
n=87
Contemplation Track
n=112
Stable Status

Rates of “Success”

- November 2014-November 2016…
  - 526 patients subject to current “+UA/BA policy.”

    248 or **47.1%** of patients were successful with initial intervention (6-weeks of monitoring).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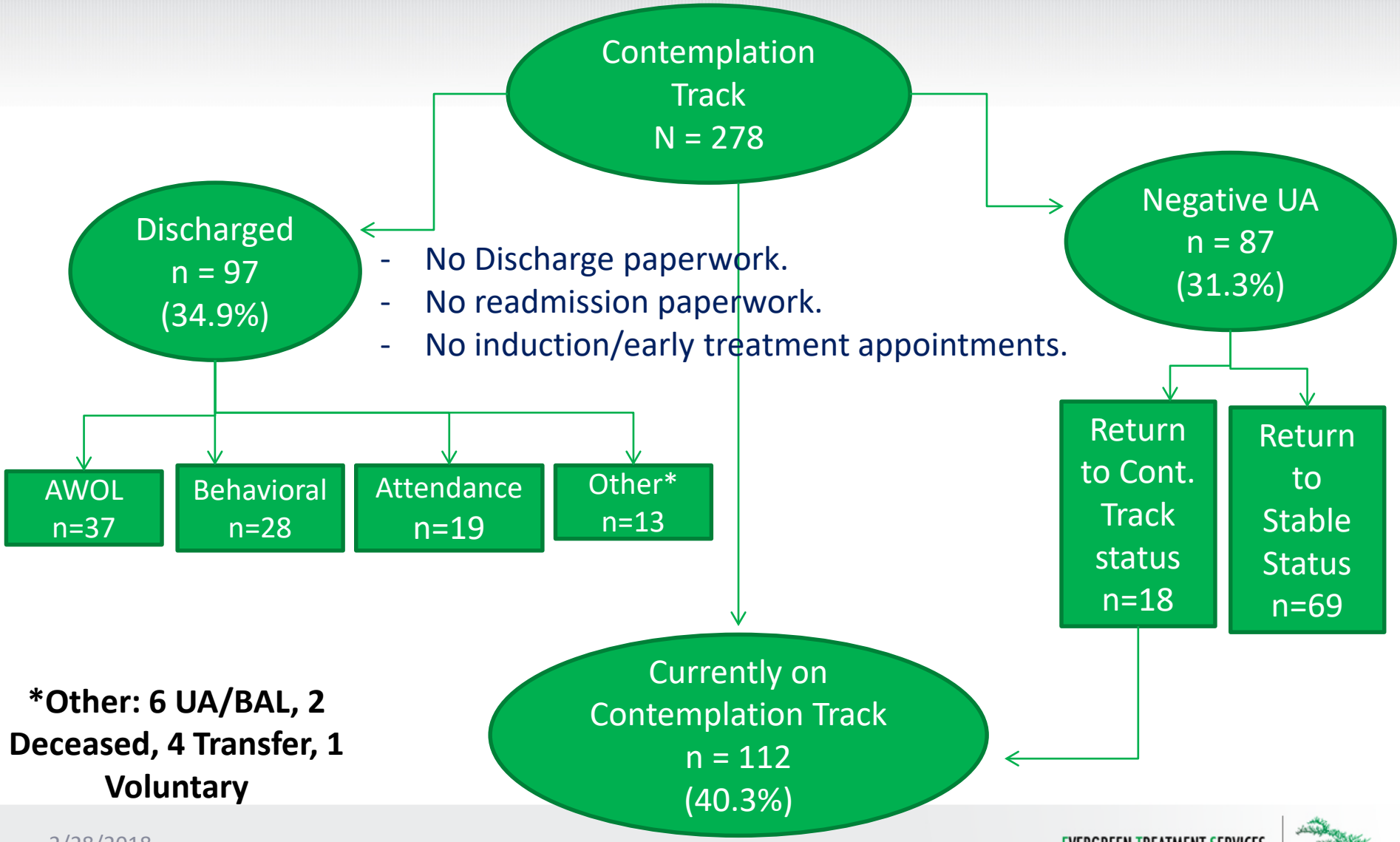
Contemplation Track

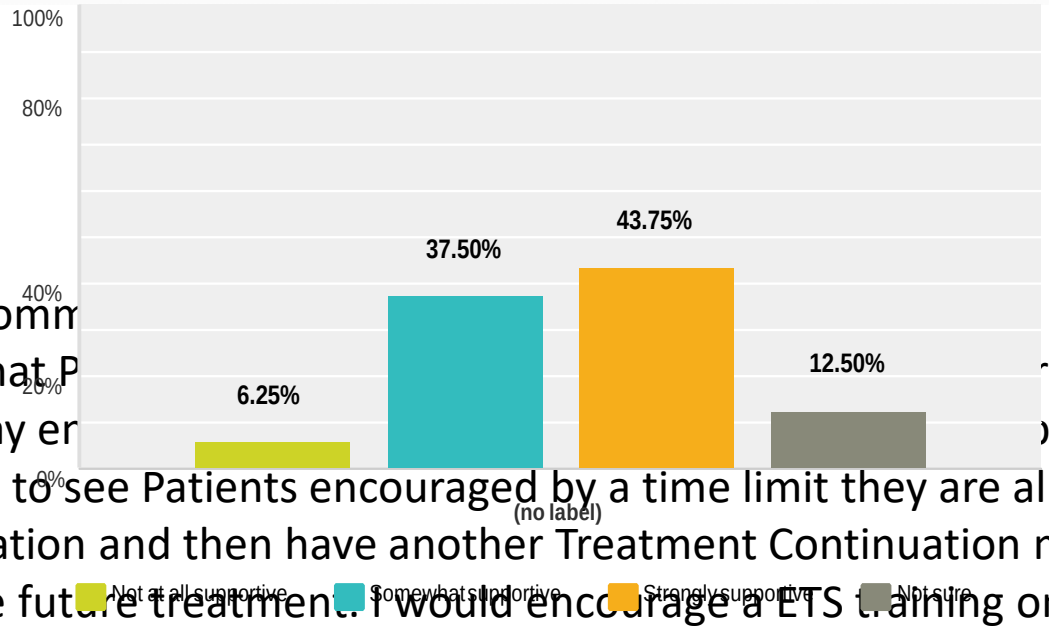


***Other: 6 UA/BAL, 2 Deceased, 4 Transfer, 1 Voluntary**

Staff Survey

Staff survey question: How much do you agree with the following statement? "I support what our +UA/BA Policy does to give patients the chance to remain in treatment even though they are struggling to meet agency expectations."

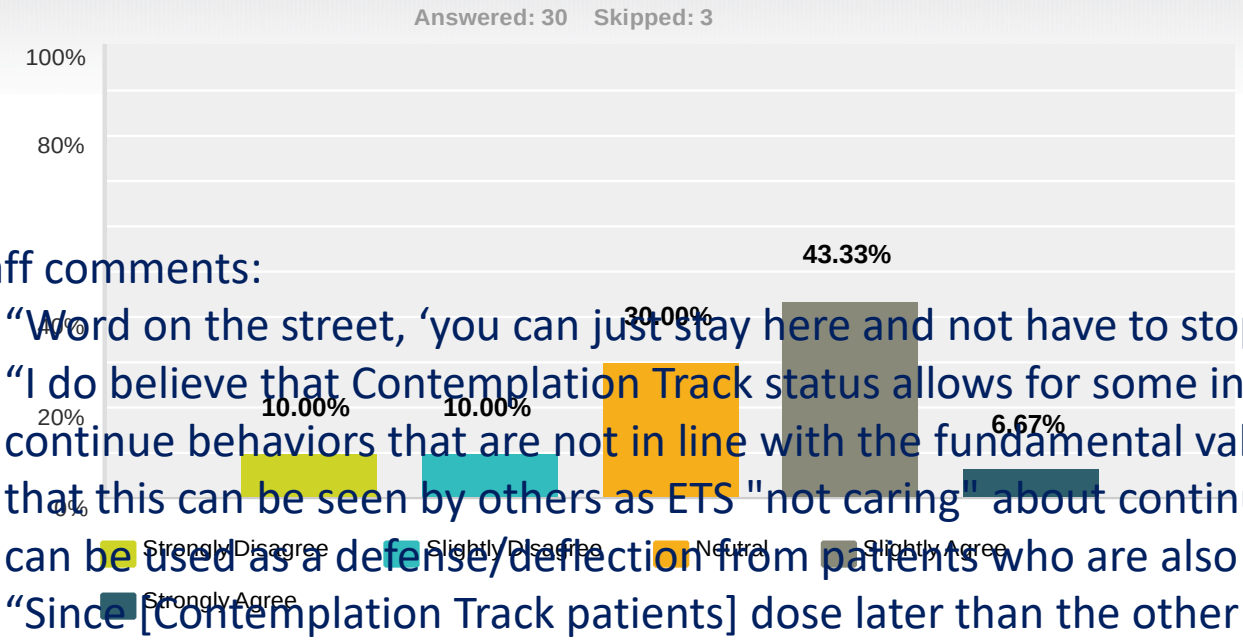
Answered: 32 Skipped: 1



- Staff Comm

"I agree that P reatment and be able to stay er e involved in. I would like to see Patients encouraged by a time limit they are allowed to stay in contemplation and then have another Treatment Continuation meeting to determine future treatment. I would encourage a ETS training on MI to help those who are helping our Patients with their ambivalence."

Staff survey question: How much do you agree with the following statement? "I believe that patients on Contemplation Track status have a negative impact on the clinic's milieu, dragging other patients down with them."



Staff comments:

- "Word on the street, 'you can just stay here and not have to stop using'."
- "I do believe that Contemplation Track status allows for some individual Patients to continue behaviors that are not in line with the fundamental values of treatment, and that this can be seen by others as ETS "not caring" about continued substance use. This can be used as a defense/deflection from patients who are also struggling."
- "Since [Contemplation Track patients] dose later than the other pts, [Contemplation Track patients] have little contact with [other patients]."

A range of staff opinions

- “Judging by number of pts in contemplation, which keeps growing, it is a failure.”
- “I like it!”
- “It is a moral quandary for me. One I revisit quite frequently. I can see the benefits of both sides and in theory, our policy makes sense. However, in practice, I see increased drug use and an erosion of morale at ETS among patients and staff.”
- “I think the policy is in line with the beliefs and values of our agency, and like most things, it can be improved with knowledge gained with experience.”

"I think the policy is in line with the beliefs and values of our agency, and like most things, it can be improved with knowledge gained with experience."

- Continue changing the policy:
  - Reassess Contemplation Track patients regularly; offer a return to 6-week action.
- Engage in collaborative discussions with patients and staff.
- All ETS Patient Survey: What do you think about the policy?

Conclusion

The ETS “+UA/BA policy” is a compassionate approach that improves retention, reduces costs associated with admission/discharge, and protects our population from overdose death by individualizing treatment to fit the patient’s stage of change.

Elephant reentering the room

Addressing the criticisms

- **“Does Contemplation Track ‘work’?”**
- **“What motivation do people in Contemplation Track have to change? Won’t they just keep using?”**
- **“Without the threat of discharge, I don’t have any tools to keep my patients accountable!”**

Pierce et al., 2016

Clinical Implications

- What if…?
  - …we could shift th ?
  - …we could shift th ?
  - …we could shift ou punishment?
- Might we..?
  - Slow down.
  - Have the real conv
  - Individualize treatı
  - Demonstrate compl

Thank you!

- For listening! Also…
- NWATTC and ADAI
- Data support:
  - Monica Russo, MSW – Clinical Informatics
  - Chelsea Melton
- Turning Point leaders/Policy Champions: Steve Shack, MSW; Hillary Witte, MSW; YunHee Choi, MSW
- ETS Patients and Staff

References

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Surveys

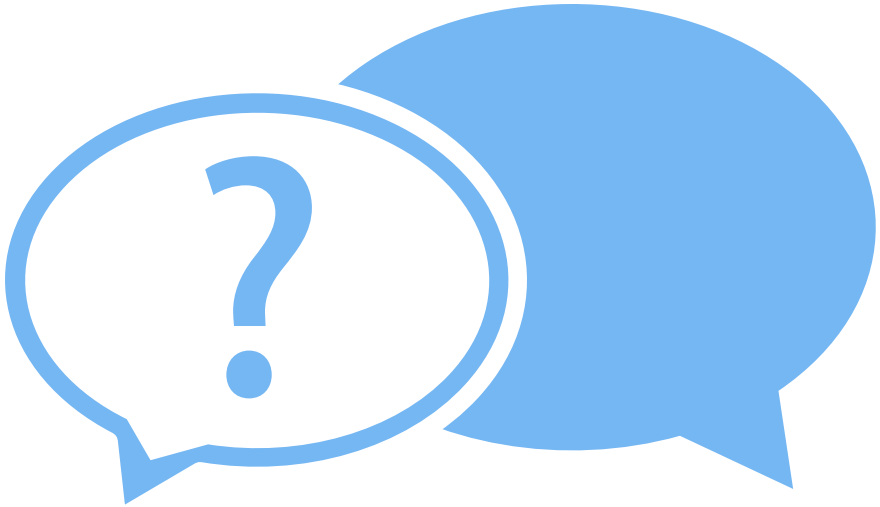
Look for our surveys in your inbox!

We'll send two surveys:
one now, and
one in a month.

We greatly appreciate your feedback! Every survey we receive helps us to improve and develop our programming.

Q&A

Questions? Please type them in the chat box!



Upcoming Events

Thank you for coming!

Join us for our next webinar:

Washington State Targeted Response (WA-Opioid STR)

Tom Fuchs, WA DBHR
March 28, 2018, 12-1pm