Studying Implementation of Medication Assisted Treatment

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Faculty Disclosure

I do not have any relevant financial relationships with any commercial interests.
Objectives

- Participants will be able to:
  1. Describe the initiatives in four prisons and jails focused on medication assisted treatment.
  2. List three facilitators and barriers to implementation of MAT.
  3. Describe necessary elements to sustain MAT programs.
Conceptual Framework

• Create a learning collaborative among four correctional systems
• Employ Aaron’s model of EBP implementation in public service sectors
• Use EPIS model to describe EBP adoption
  – Exploration
  – Preparation
  – Implementation
  – Sustainment
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Methods

• Develop Memoranda of Understanding with Correctional Systems
  – Systems create interdisciplinary team
  – Develop project goal statement
  – Monthly reporting

• Conduct learning sessions in conjunction with this conference
  – Assistance provided by practice transformation coach
Methods

• Data Collection on 3 Functions
  – SUD screening
  – Treatment
  – Community Care Referrals at release and show rate

• Monthly progress reports employing EPIS model
Progress Report Objectives

• Document and characterize your efforts
• Understand your prioritizes (problem/aim statement)
• Understand how you are analyzing the forces at work that may facilitate or impede movement forward
• Capture your innovations
• Understand your barriers
Objectives for Data Collection

• To measure improvements in systematic data collection
• To measure improvements in screening for SUD
• To measure improvements in proportion of inmates treated with MAT before release
• To measure improvements in proportion of inmates referred and continuing with MAT post release
Big picture observations

- Two systems focused on antagonist MAT, two primarily with agonist MAT (and also initiating antagonist as well)
- All sites have very dedicated staff and are passionate about making an impact on treatment of opioid use disorders
- Strong leadership is a key dimension to success
Big picture observations

• Very heterogeneous systems
  – Size of system, urban vs. rural service area
  – Geographic distribution of communities to which inmates return
  – Classification and movement of inmates

• Strong opinions about agonist (including therapy of choice) vs. antagonist treatment
Data Reports

– Population of Focus ranged from 40-350
– Screening rates became consistently excellent
– Opioid SUD positive screen range from 27%-65%
– MAT provided to 9-61% with opioid SUD
– 35-100% of those with appointments keep appointments
IMPLEMENTATION-Facilitators

• Screening
  – Integration of tablet technology to replace paper
  – Employment of evidence-based screening tool developed by CJ-DATS
  – Interdisciplinary staff developed best way to screen increasing number of patients

• Bigger question: Just how important is screening if someone is obviously in withdrawal?
IMPLEMENTATION-Facilitation

• **Treatment**
  – Secure contract with community based partner
  – Capacity to problem solve based on individual patient needs
  – Engage nursing staff to increase support of expansion effort
  – “Holding focus groups among inmates to better understand why they are not choosing Vivitrol.”
  – “Developing MAT education groups.”
Implementation-Facilitation

• Care Coordination at Release
  – “Decision made to invest in part time staff member to reduce administrative workload on MAT navigator.”
  – “Developing re-entry group meetings with inmates and staff.”
IMPLEMENTATION – Barriers

• Inmate movement throughout system creates challenges
• Impact of release area
• Difficult to obtain data from community partners
IMPLEMENTATION-Challenges

• Space availability and design can be challenging
• Buy in from Security and Nursing
• Medical services not 24/7
• Challenge in initiating standard induction services
Key Facilitators to Sustainment

Outer Context
- Funding
- Successful, high impact pilot
- Strong relationships with community partners
- Recognition (Social Media, Press)
- Other tangible assets (e.g. relationship with medical school)

Inner Context
- Strong leadership
- Support from those responsible for security mission
- Adequate staffing for screening, treatment, referrals and data collection
- Community based partners on site
SUSTAINMENT-Barriers

- Lack of available community follow up appointments
- Not returning to immediate community
- Not returning to contracted community provider
- Not able to be evaluated by nurse and physician
- Not able to be induced pre-release due to security concerns
- Unexpected incidents can impact pace of progress
DATA
Screening Data: Two sites

**Site A**

- % Screened for SUD
- % Screened with Opioid SUD

**Site B**

- % Screened for SUD
- % Screened with Opioid SUD
Community Referral Data: Two Sites

Site A

- % released with appt for CBT
- Of those with CBT appt, % kept

Site B

- % released with appt for CBT
- Of those with CBT appt, % kept
Conclusions

• Opioid epidemic in Northeast is a public health crisis
• So impressed by commitment and passion for helping people with SUD
• Innovations and best practices clearly emerging
• Decisions on treatment should be driven by evidence but need to engage security mission
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