

Developing a Profile to Identify Unstable Patients with Opioid Use Disorder on Medication Assisted Treatment

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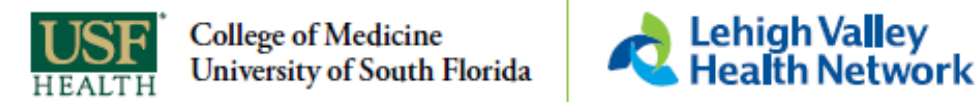
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Developing a Profile to Identify Unstable Patients With Opioid Use Disorder on Medication Assisted Treatment



Introduction:

The opioid epidemic is a nationwide emergency that has led to an estimated 136 people dying every day from an opioid overdose¹. Many solutions have been proposed to combat the opioid crisis, including medication assisted treatment (MAT). With MAT, individuals with opioid use disorder (OUD) are prescribed either methadone, buprenorphine, naltrexone, or a combination along with counseling. While adherence to MAT has been shown to reduce drug use, increase quality of life, and reduce likelihood of death, it is difficult for clinicians to predict which patients can adhere to the program and which patients will have difficulty and require more assistance². Previous research has shown that social determinants of health are associated with OUD³. However, there is limited research on how social determinants of health can impact relapse rates of patients on MAT.

Importance: Through analysis of social determinants of health, formal assessments and patterns of behavior, profile development can assist clinicians in becoming aware of patient's current values and providing values-based patient centered care. By identifying patients who require extra support in maintaining recovery, clinicians can intervene before at-risk patients on MAT relapse.

SELECT Question: Can comparisons between social determinants of health, patient behaviors, and assessments on patient addiction be used to create a profile to identify unstable patients with OUD?

Plan:

- Identify unstable and stable patients with OUD on MAT who have received care from Valley Health Partners Family Health center
- Document social determinants of health and other quantifiable data from each patient who has received MAT
- Compare stable and unstable patients to identify behaviors and patterns unique to unstable versus stable patients.



Resources for You or Someone You Know



Future Directions

Further chart reviews to identify more patients on MAT and perform statistical analysis to determine significant relationships between unstable patients and social determinants of health.

Methods:

- This retrospective analysis was a quality improvement project for the Valley Health Partners Family Health Center.
- Computer randomization identified 30 patients >18 years of age that have received care from Valley Health Partners Family Health Center. Medical records were reviewed for the time period between January 1, 2021 and May 30, 2022
- Patients were classified as either stable, unstable, or excluded from the study.
 - 9 stable patients were defined as patients who are on, or were on, MAT and did not have a history of relapse within the studied time frame.
 - 13 unstable patients were defined as patients who are on, or were on, MAT and have a history of relapse within the studied time frame.
 - 8 excluded patients were removed from analysis. Excluded patients included:
 - 7 patients not receiving MAT within 1/1/2021 and 6/30/2022
 - 1 patient with unmerged data on Epic Medical records
- Stable and unstable patients were compared by analyzing:
 - Brief Assessment of Recovery Capital (BARC-10)⁴
 - American Society of Addiction Medicine (ASAM) Assessment
 - ED visits
 - Hospital Admissions
 - Missed appointments
 - Requested MAT – Medication Refills
 - Reported Pain
 - Reported Cravings
 - Experiences of Withdrawal
 - Behavioral Problems at Clinic
 - Relationship with Certified Recovery Specialists (CRS)
 - Social Supports
 - Homelessness

Discussion:

This project focused on various social determinants of health including healthcare services, housing, social supports, and individual lifestyle factors. Patients' initial BARC-10 scores and ASAM scores were also compared. On average, unstable patients experienced more hospital admissions, ED visits, behavioral problems, episodes of withdrawal, and reported pain than stable patients. Furthermore, unstable patients were more likely to have experienced homelessness within the studied time frame and not have contact with a CRS. These results indicate that stable housing, health maintenance, and professional supportive relationships play an integral part in a patient's recovery.

Unexpectedly, stable patients had lower BARC-10 scores and higher rates of reported cravings. These findings may indicate a stable patient's ability to recognize their OUD appropriately and trust their provider in sharing obstacles they face during recovery when compared to unstable patients. Unstable patients may be underestimating their health or resources and have less trust in healthcare providers.

Lastly, unstable and stable patients had similar ASAM scores, reports of missed appointments, and requested MAT refills.

In total, these findings can assist leaders at Valley Health Partners Family Health Center identify social determinants of health and patient values that must be met for patients to enter and stay in recovery. Future research should focus on social determinants of health, rather than sociodemographics as previously cited, to identify predictors of relapse⁵.

Limitations:

- While the initial study size was 30 patients, 8 patients were excluded after complete chart reviews, minimizing the amount of available data which contributes to potential bias.
- Multiple patients had records from hospitals outside LVHN that could not be accessed which may lead to incomplete data collection.

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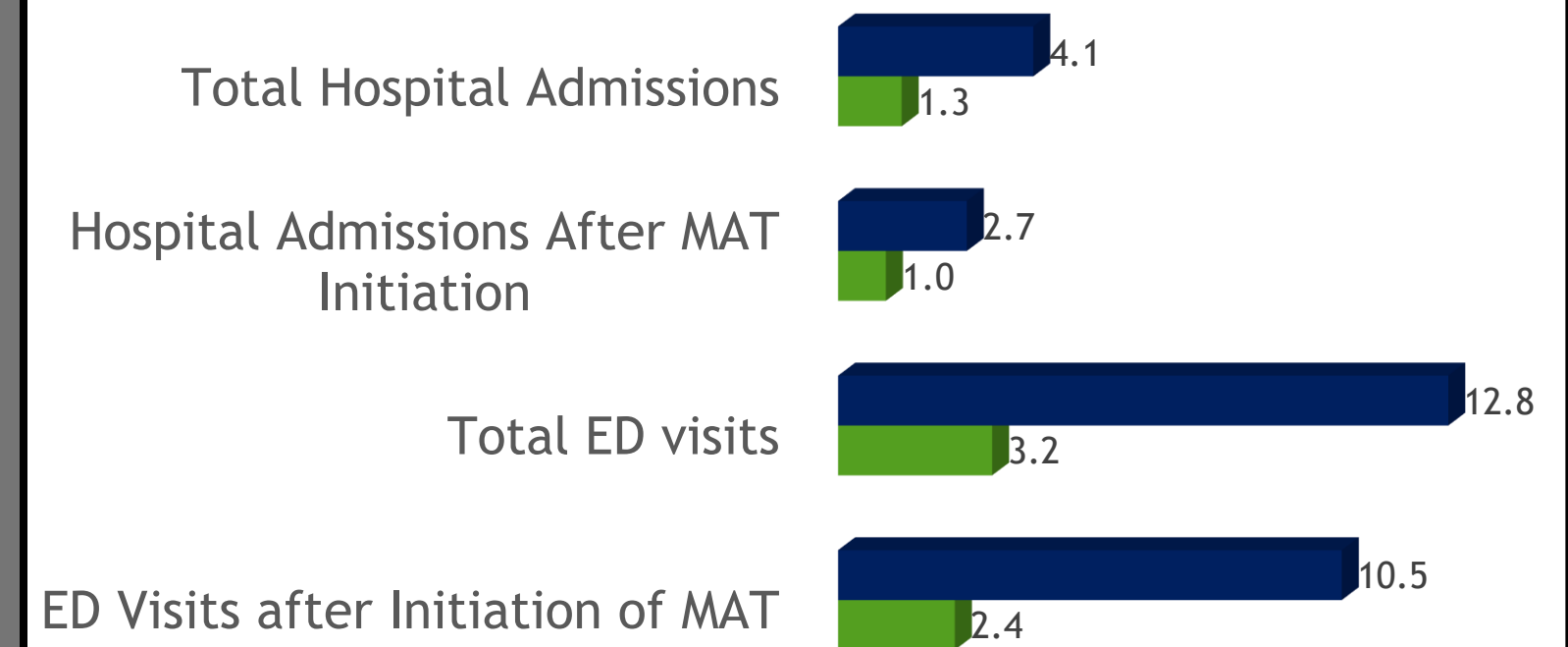
Results:

■ Unstable Patients ■ Stable Patients

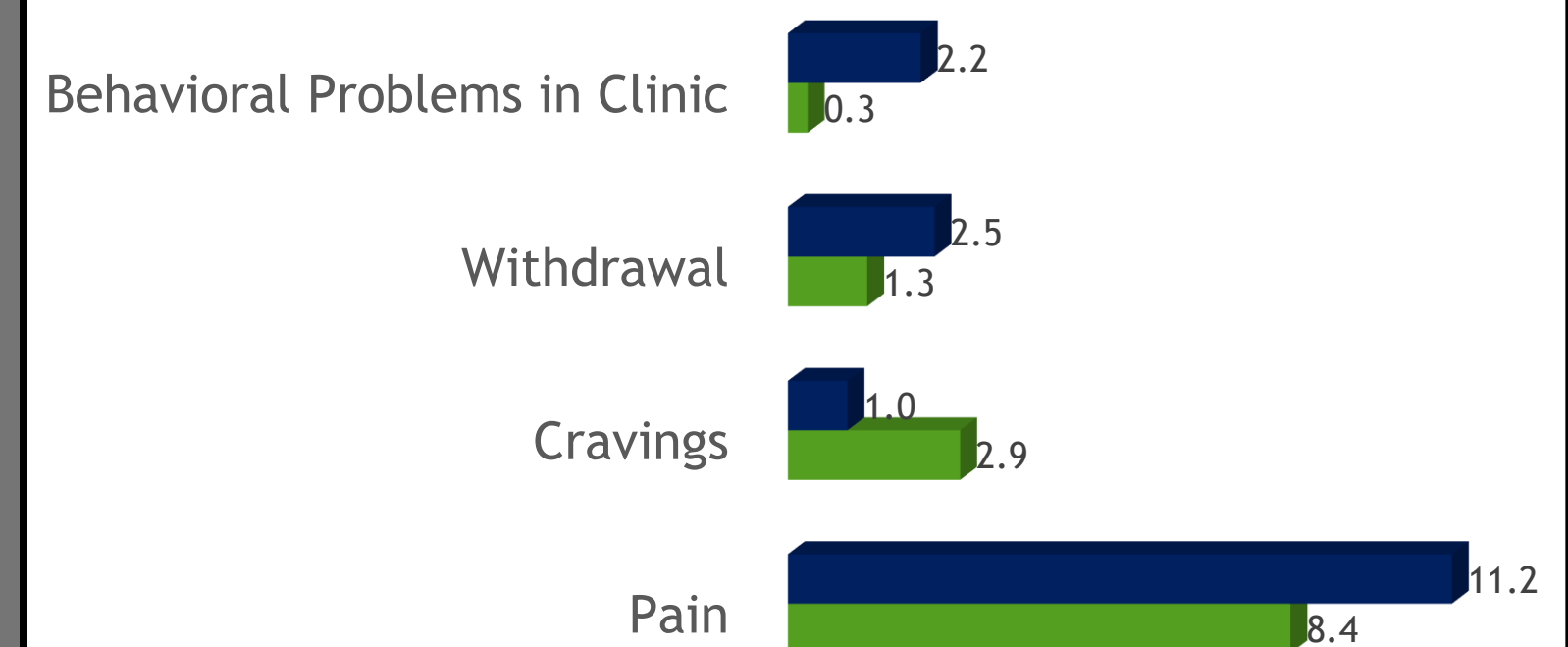
Average Formal Assessment Scores



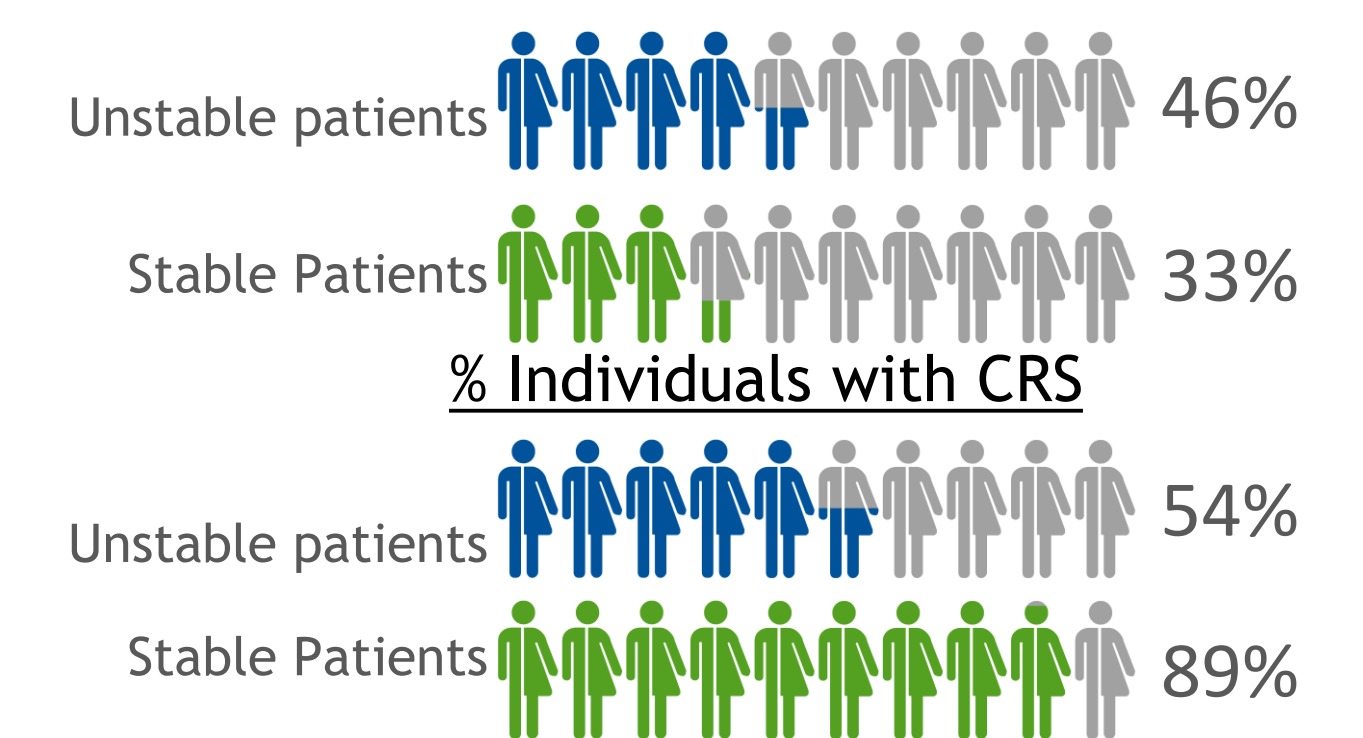
Average Number of Hospital Admissions and ED Visits



Average Reported Instances of Behavioral Problems, Withdrawal, Cravings, and Pain



% Patients Who Experienced Homelessness During MAT



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