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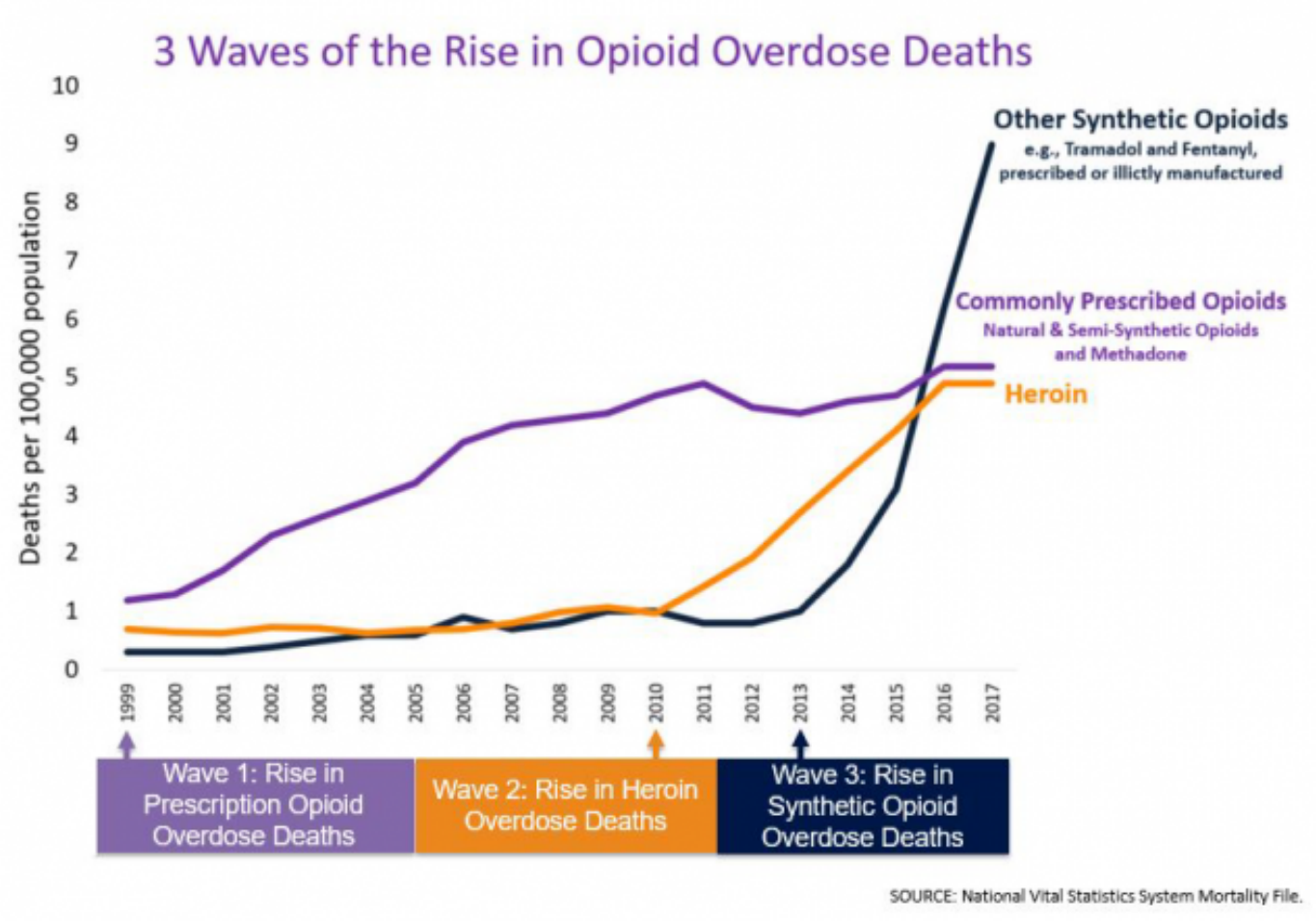
DNP QI Project

Oct 2, 2020


3 Waves of the Rise in Opioid Overdose Deaths
Deaths per 100,000 population
0
1
2
3
4
5
6
7
8
9
10
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
Other Synthetic Opioids
e.g., Tramadol and Fentanyl, prescribed or illictly manufactured
Commonly Prescribed Opioids
Natural & Semi-Synthetic Opioids and Methadone
Heroin
Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths
Wave 3: Rise in Synthetic Opioid Overdose Deaths
SOURCE: National Vital Statistics System Mortality File.

Addiction

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

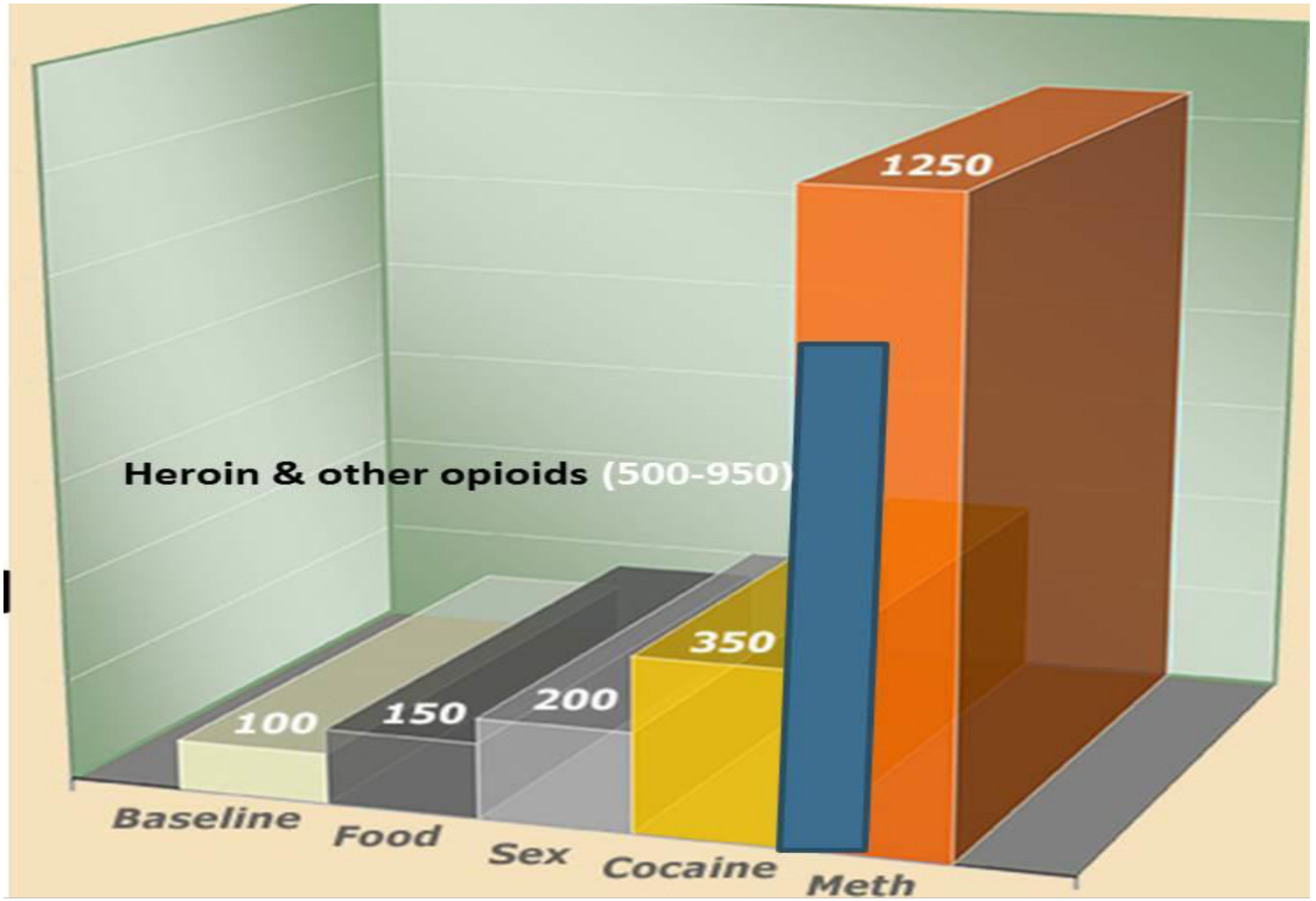
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

- **This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.**

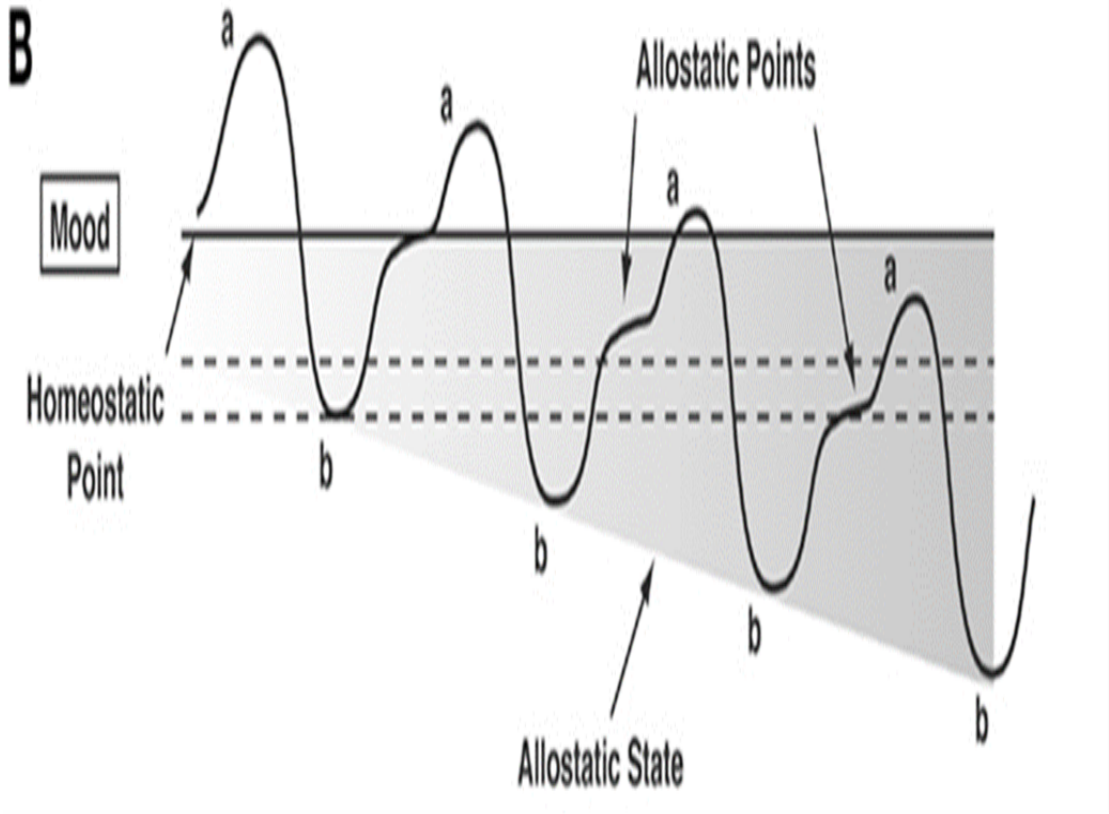
Addiction
is characterized by:

- **A**bstaining – inability to consistently Abstain
- **B**ehavioral control impaired
- **C**raving like you need it to survive
- **D**iminished consequence recognition
- **E**motional dysfunctional response

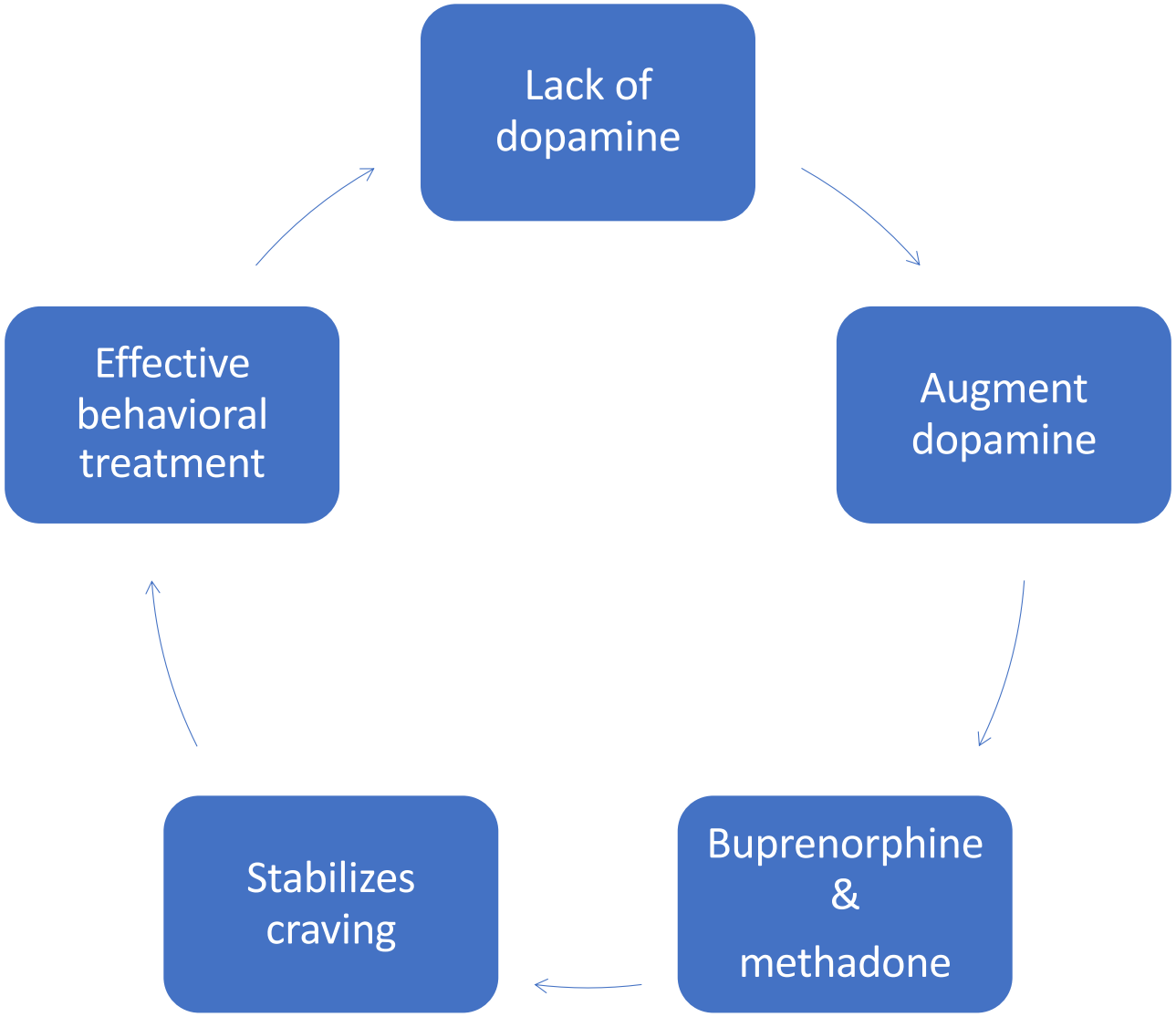
Dopamine – Reward of Pleasure



The Disease Deepens As Time Goes On




Lack of dopamine
Craving
Survival mode
Primal Action


Lack of dopamine
Augment dopamine
Buprenorphine & methadone
Stabilizes craving
Effective behavioral treatment

Medication Assisted Treatment (MAT)
Medications for Opioid Use Disorder (MOUD)

Increases

- Social functioning
- Retention in treatment

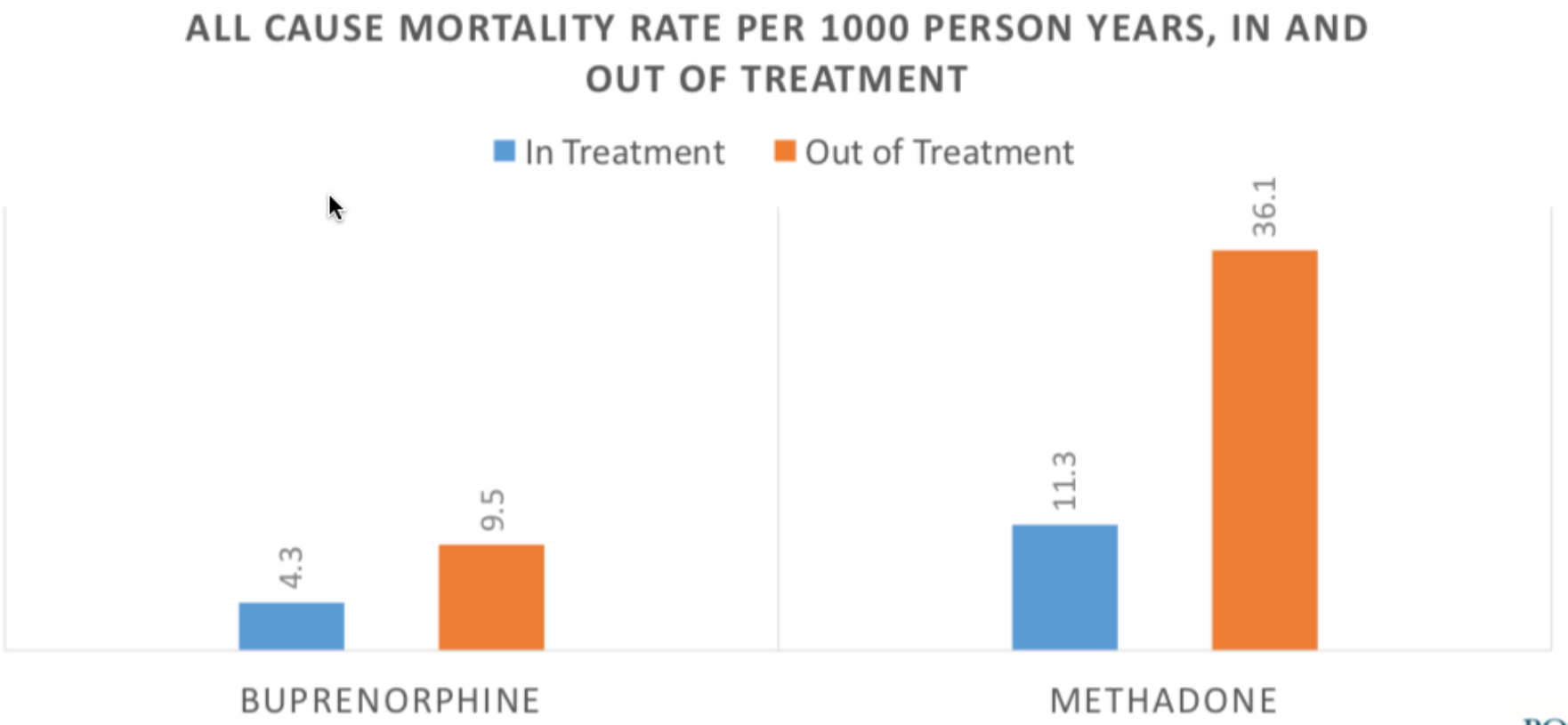
Decreases

- Opioid use
- Criminal activity
- Infectious disease transmission
- Opioid related OD deaths

Buprenorphine/naloxone

- Can be prescribed in outpatient settings

Medication saves lives. People die when medication stops.



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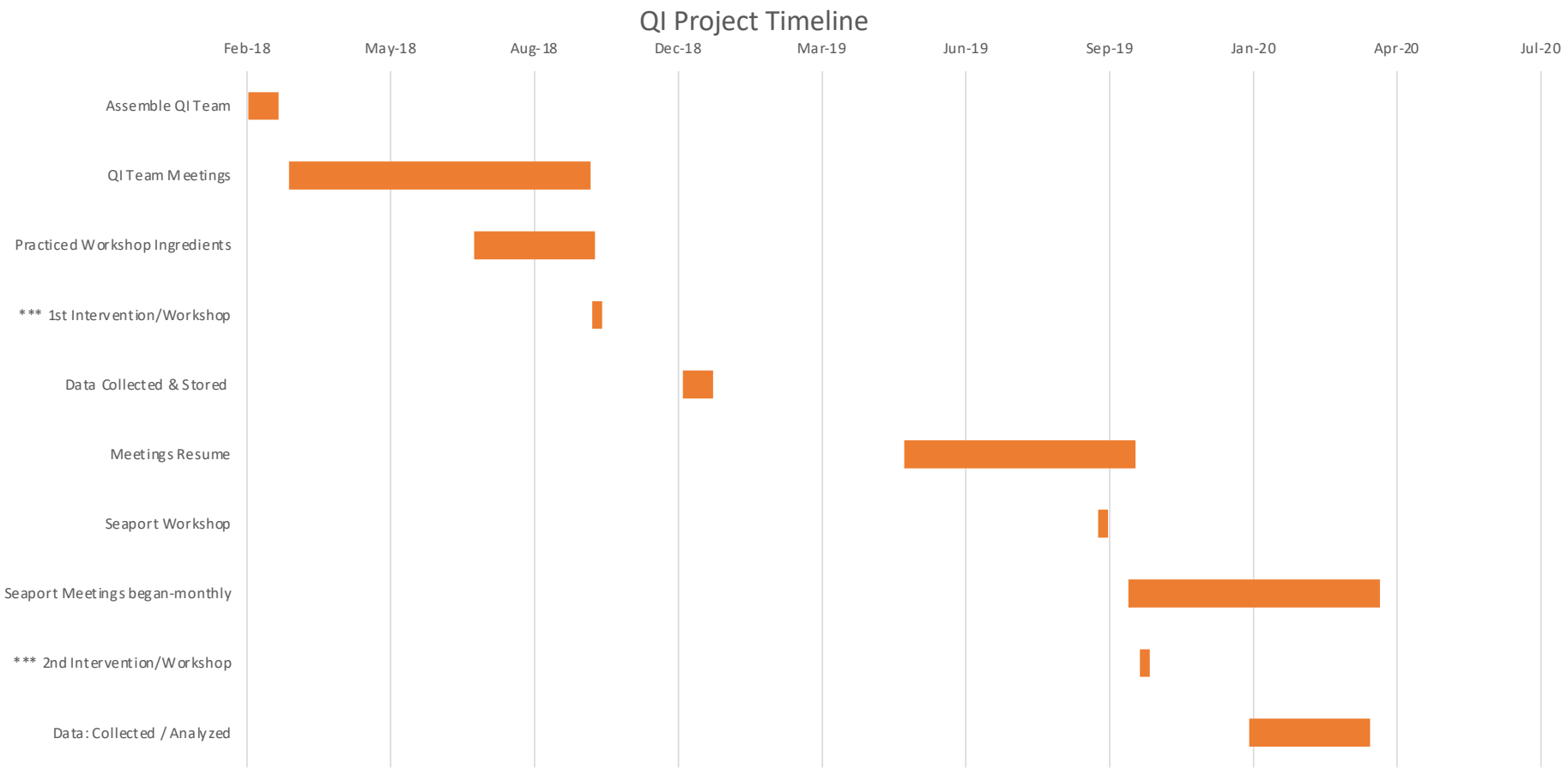
“Improving access to treatment with OUD medications is crucial to closing the **wide gap** between treatment need and treatment availability, given the strong evidence of effectiveness for such treatments”.

WHY?


QI Project Timeline
Feb-18
May-18
Aug-18
Dec-18
Mar-19
Jun-19
Sep-19
Jan-20
Apr-20
Jul-20
Assemble QI Team
QI Team Meetings
Practiced Workshop Ingredients
*** 1st Intervention/Workshop
Data Collected & Stored
Meetings Resume
Seaport Workshop
Seaport Meetings began-monthly
*** 2nd Intervention/Workshop
Data: Collected / Analyzed

QI Team

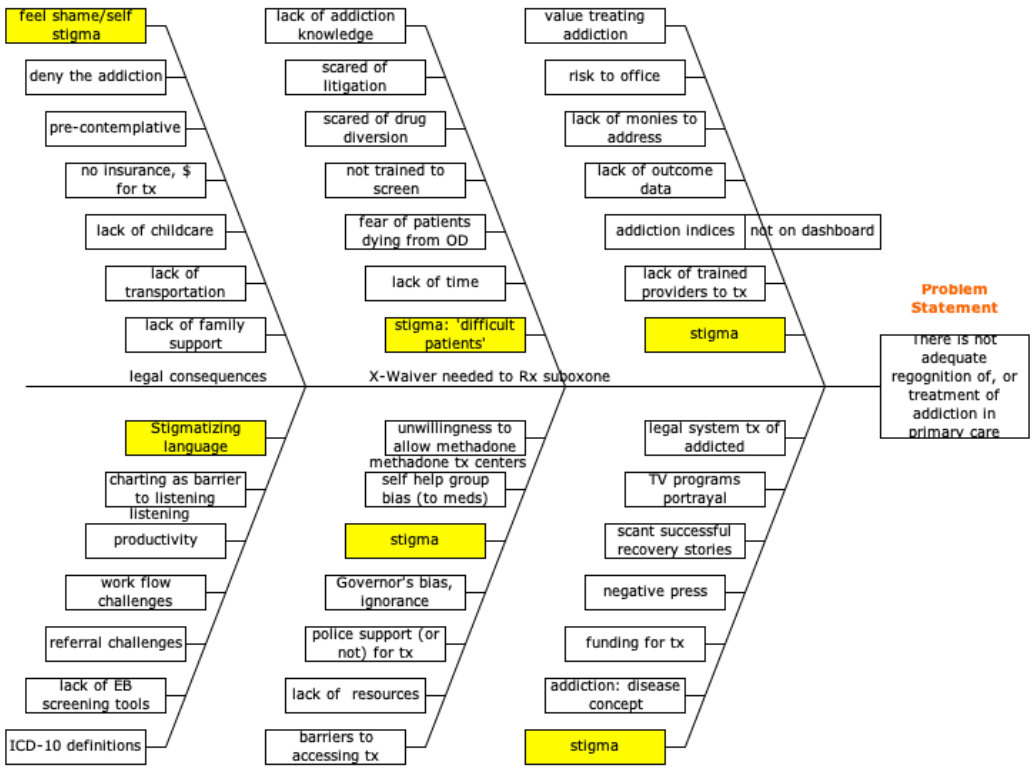
- Project Lead
- Project Mentor
- Seaport employees (FQHC)
  - Physician
  - therapists
  - MAs
  - Clinical pharmacist
- Sites of workshop/intervention
- 2 local hospitals
- Partnered with NPs, RNs

Cause and Effect Diagram

Description

Providers (cont'd)

- little knowledge re: MAT: medication assisted tx
- lack of behavioral health in office for consults, warm hand offs, etc.
- lack of easy access to mentors to learn how to manage addiction



AIMS

- Reduce healthcare professionals' stigma toward those with opioid use disorder
  - Context
  - @ 2 local hospitals
  - FQHC
- To address learning needs of healthcare professionals around OUD
- To increase willingness to treat OUD / provide buprenorphine/naloxone

Why Healthcare Professionals…

- they see people at the height of distress= pessimism about recovery=frustration (whatever they're doing doesn't mean anything)

- lack of skills / confidence (lack of knowledge and training for mental illness: don't know what to do, what to say)

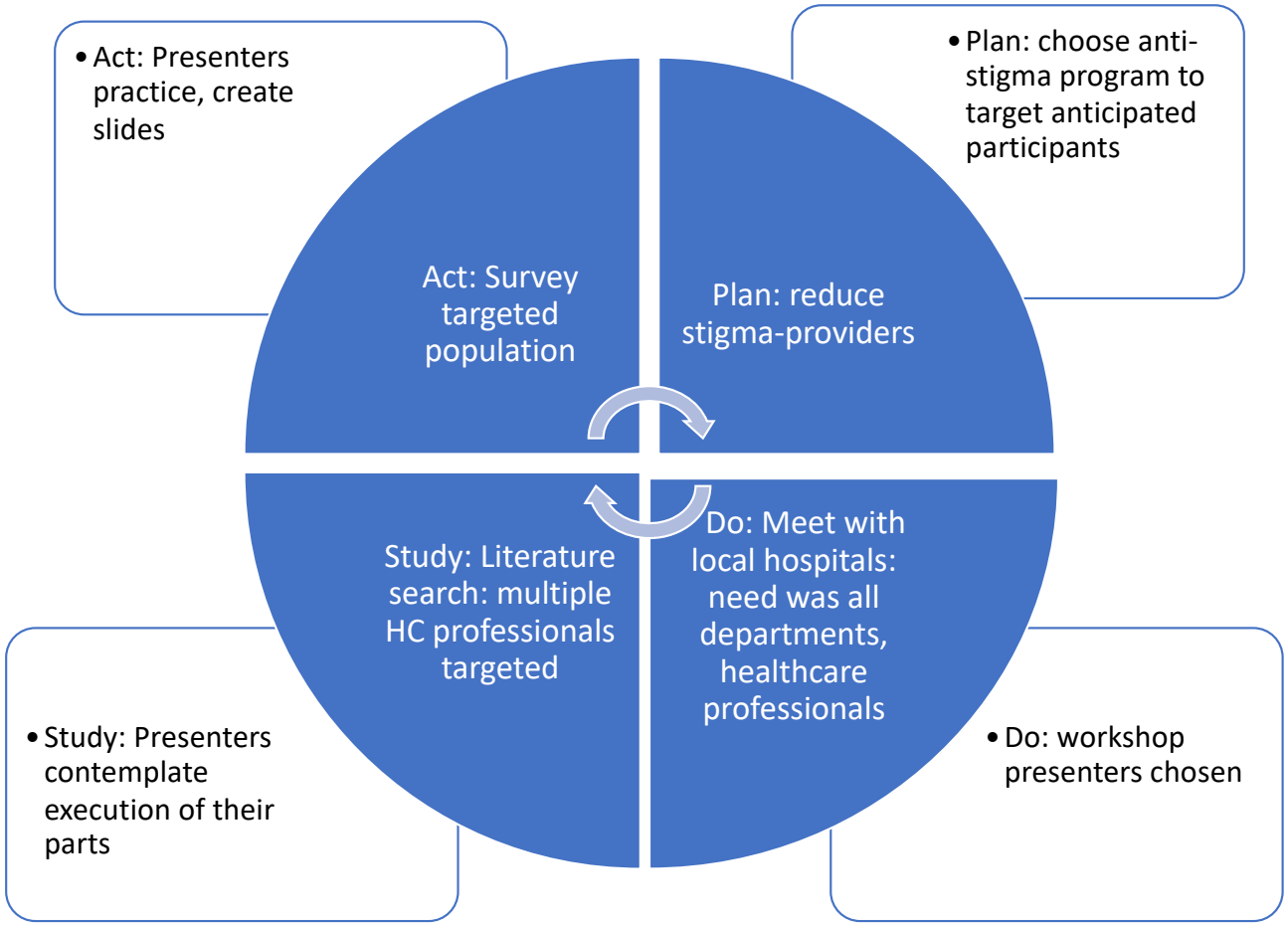
- lack of awareness: of own prejudices (i.e.: unaware certain terms are offensive or stigmatizing)

Why Healthcare Professionals…

- ‘diagnostic overshadowing’: medical professional may associate physical symptoms with the mental illness itself (physical problems overshadowed by psychiatric diagnosis)

- Attitudes: unwillingness to treat, lack of empathy, lack of motivation, low regard, low satisfaction, avoidant approaches, blaming

- **Health care professionals are pivotal in connecting patients to treatment**


• Act: Presenters practice, create slides
• Plan: choose anti-stigma program to target anticipated participants
Act: Survey targeted population
Plan: reduce stigma-providers
Study: Literature search: multiple HC professionals targeted
Do: Meet with local hospitals: need was all departments, healthcare professionals
• Study: Presenters contemplate execution of their parts
• Do: workshop presenters chosen

Intervention

- Opening Minds: Understanding Stigma
- Targets healthcare provider stigma toward people with mental illness

Intervention: 6 key ingredients

- A facilitator who models a person–centered approach
- Social contact in the form of a personal testimony
- Multiple forms or points of social contact (live speaker or video .... presentation)
- Focus on behavior change by teaching skills that help health care professional know ‘what to do’, ‘what to say’
- Engage in myth–busting
- Emphasize and demonstrate recovery as a part of key messaging

Intervention

- **WORKSHOP AGENDA**
- Welcome, Opening Remarks / objectives /setting the tone, introductions
- Music video on need to treat persons with OUD
- Addiction, Brain Science Powerpoint
- First Voice testimony: a personal story of recovery:

Intervention

- Skit # 1: what to do, what to say...
- Myth Busting presentation
- **Words Matter presentation**
- Skit # 2: what to do, what to say
- Video testimony of recovering persons with OUD
- Group discussion: turn to someone next to you & discuss what you might do differently, report bac
  - Question: what might you do differently? (commitment to self, to change the workplace)
  - Wrap up

Words Matter

Are you using “person first” language?

- Person with substance use disorder: has a problem but the term “Addict” implies the person is the problem.

Words Matter:

Technical language vs Stigmatizing language
Examples of stigmatizing language:

Addict

Former/reformed addict/alcoholic

Alcoholic

Opioid replacement

Drug problem, drug habit

Drunk

Drug abuse

Junkie

Drug abuser

A dirty drug screen

Words Matter

What is fear based language and why do we use it?

Words Matter

Moral judgements in our language can have unintended consequences.

Measures

- Opening Minds Stigma Scale for Health Care Providers (OMS–HC)

- Likert–type 15–item questionnaire
- Higher scores denote more stigmatizing attitudes
- Modified: replaced ‘mental illness’ with ‘opioid use disorder’
  - OMS–HC (revised for OUD) with permission

(S. Knaak, personal communication, May 3rd, 2018)

Measures: OMS–HC (revised for OUD)

- 1. total stigma score
- 2. attitude toward those with OUD
- 3. willingness to seek help if one personally had OUD
- 4. desire for social distance from those with OUD

- if you are a physician or NP/PA, would you be willing to obtain the X waiver to prescribe buprenorphine?

Results: Evaluations

1st workshop: N = 12
2nd workshop: N = 8

- Comments: 'very good', 'great', 'interactive', 'multidisciplinary', 'awesome', 'very needed', 'should be mandatory'
- learning objectives were 'absolutely' met
- effective learning, should be repeated, increased knowledge

- "more understanding of the importance of language", "not use labeling terms", "great to have people in recovery speak", "understanding myths", "clear description of what substance use does to the brain, very informative"

Results: OMS–HC (revised for OUD) N=13

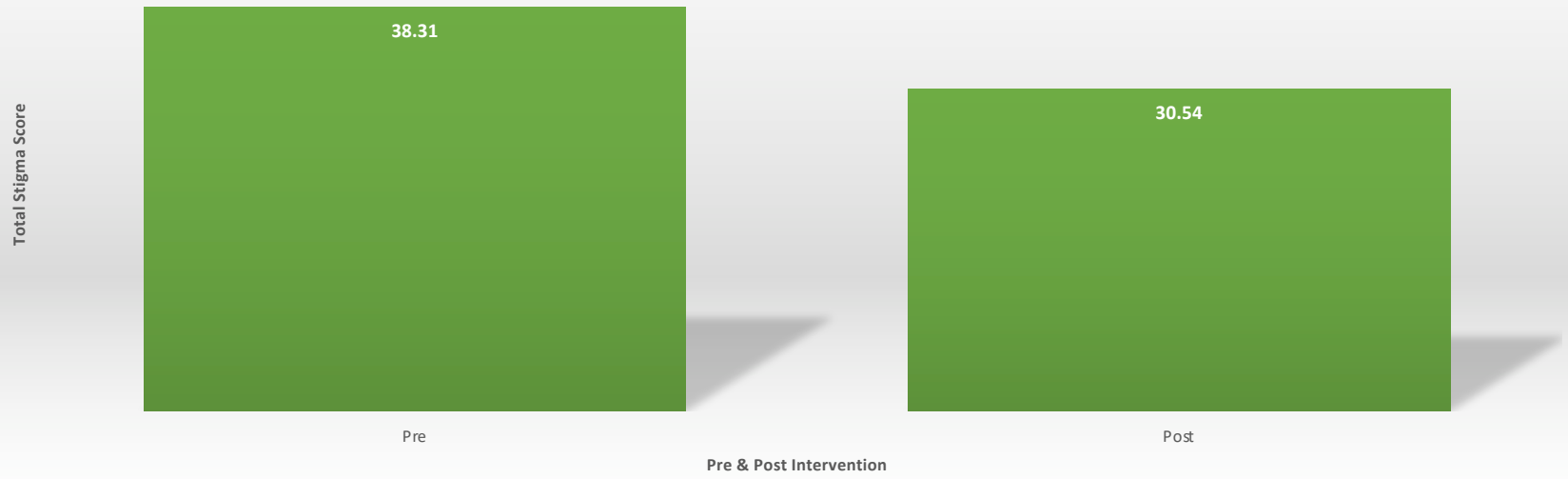
- Decrease in **total scores** from Time 1 (M = 38. 31, SD = 8. 70) to Time 2 (M = 30. 54, SD = 8. 12), t (12) = 3. 794, p = . 003 (two–tailed)

(see Figure 1)

Results: OMS–HC (revised for OUD) N=13

Figure 1

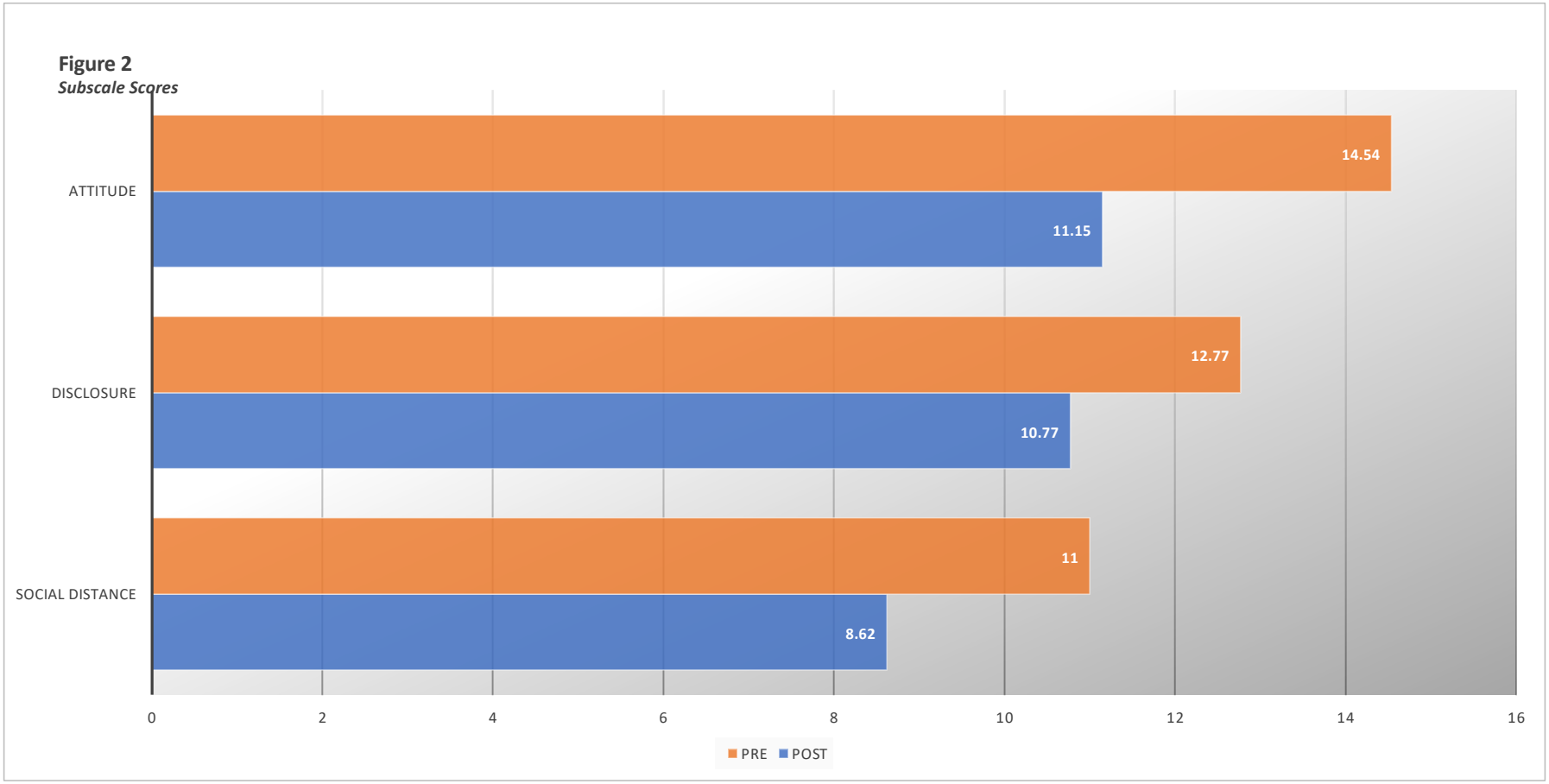
Total Score: OMS-HC (revised for OUD)



Results: OMS–HC (revised for OUD) N=13

- statistically significant decrease – attitude scores $p = .001$
- no statistically significant decrease – help–seeking/disclosure scores $p = .067$
- statistically significant decrease – social distance scores $p = .008$

Results: OMS–HC (revised for OUD) N=13



Summary

- Healthcare professional OUD related stigma can be decreased in rural Maine using anti–stigma programming modeled after Understanding Stigma
- Despite small number of completed measures (N = 13), results are encouraging – large effect size for 3 of 4 measures (total stigma scores, attitude, and social distance,) and medium for help–seeking / disclosure scores.
- Additional question – willingness to prescribe buprenorphine – answered by 3 providers – all willing pre & post intervention

Limitations

- Small data set
- Confounding variables
- Short–term effects may not translate long–term
- Unknown if stigma reduction affects behavior
- Prescriber #s too small to determine willingness to Rx buprenorphine

Sustainability

- administration requested workshop @ all–staff meetings
- stigma discussions – embedded into monthly staff meetings – reflecting systemic change
- to seek ways to embed anti–stigma programming, based on this QI project, into the organization
- organization – involved in a National Institute on Drug Abuse study: Rural Expansion of Medication Treatment for Opioid Use Disorder
- outside requests for anti–stigma workshop in various venues

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Addiction Is Treatable

Recovery Is Possible

We All Play Key Roles

Questions?