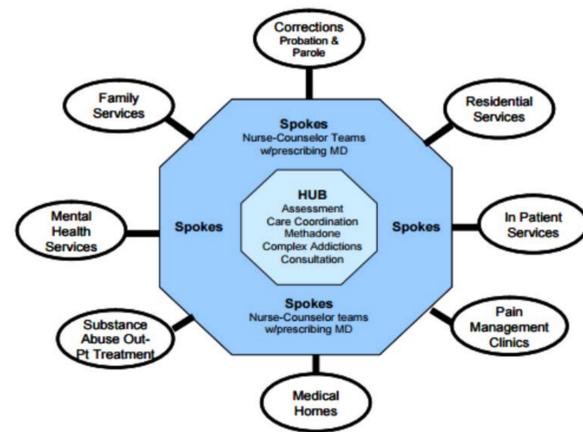


## BACKGROUND

- Medication-Assisted Therapy (MAT) for opioid addiction has increased in Vermont over the past 10 years, supported by a novel “Hub and Spoke” system that integrates specialty treatment centers (“Hubs”) with primary care offices (“Spokes”).<sup>1</sup>
- Vermont has the highest per capita use of buprenorphine-based MAT in the US.<sup>1</sup>
- Barriers to successful MAT include: transportation, stigma, waiting time, insurance coverage, and others.<sup>2</sup>
- Studies of patient perspectives of MAT have identified social barriers (interference of treatment with work, school, or life obligations); rigid program rules; concerns about withdrawal and relapse as common causes of premature discontinuation of treatment.<sup>3</sup>
- In contrast, patients have reported a high-level of satisfaction with primary care office-based MAT.<sup>4</sup>



### Project goal

To elicit patient perspectives on barriers and enablers of successful MAT in Chittenden County, Vermont

## METHODS

- Guided interviews of 44 patients enrolled in MAT for opioid addiction at the 2 hubs of the Chittenden Clinic in Burlington, VT were conducted in October 2016.
- Questionnaire items were developed based on previous literature and discussion with program leadership, staff and clinicians and community stakeholders.
- Responses were organized using thematic content analysis with consensus across seven interviewers and two analysts.

## RESULTS

Table. Patient Characteristics	N=44
Age, median (range)	34 (21-61)
Sex, % female	72%
Education	
Less than high school diploma	23%
High school diploma	43%
Some college or greater	34%
Duration in treatment, median (range)	42 mo (2 wks - 25 yrs)
Multiple treatment attempts, %	52%
Time on waitlist, median	
Non-pregnant	11 mo
Pregnant	0 mo
Dependent children, %	41%

### Comorbidities

- 22/44 (50%) of patients cited a comorbid mental health conditions, most commonly depression, anxiety, ADD/ADHD, PTSD
- 9/44 (20%) cited chronic pain
- 5/44 (11%) cited a physical disability or musculoskeletal injury

### Patient Perspectives

*Access, housing and financial problems were important barriers to successful treatment*

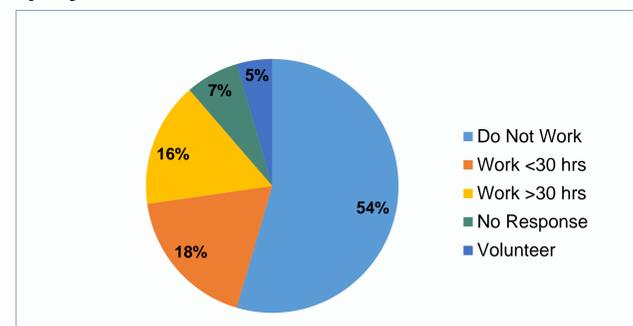
#### 1. Access

- 11/44 (25%) reported access issues, most commonly transportation or time commitment

#### 2. Housing

- 27/44 (61%) have permanent housing, of which 7/44 (16%) are in section 8 housing
- 15/44 (34%) are transitory or live with relatives

#### 3. Employment



*“Sober Housing is crucial”  
“It is easier to stay clean with good finances”*

#### 4. System

*Having a highly functioning treatment system and good social supports were important enablers of success*

- 31/44 (70%) felt they understood the MAT system, though navigating the system was difficult when initiating treatment
- 30/44 (68%) had no issues with clinician availability
- 10/44 (23%) reported some negative experiences

#### 5. Social Support & Stigma

- 36/44 (82%) felt well-supported to prevent relapse
- 23/44 (52%) felt they were supported by healthcare professionals
- 16/44 (36%) did not feel supported by healthcare professionals, feeling disrespected at times (both at MAT centers and other settings such as the Emergency Department)
- 18/44 (41%) highlighted at least one source of stigma

*“Depends on the person. Sometimes they treat you like a dirt bag. Sometimes they respect you”*

#### 6. Self-Efficacy



#### 7. Success

- 26/44 (59%) defined success as staying sober
- 12/44 (27%) defined success with feeling a sense of independence

#### 8. Motivators

- 12/44 (27%) identified family as a major motivator
- 12/44 (27%) reported that being healthy, free from numerous hospitalizations was a motivator to continue treatment

*“My loved ones”  
“Getting a good job and having a better life”*

## DISCUSSION

- Patients in MAT have complex medical, mental health, social, personal, and work lives, all of which need attention to maximize treatment success.
- Patients reported confidence in the Hub and Spoke system and high levels of self-efficacy.
- Sobriety, family support and developing independence motivated patients to succeed in the program.
- In this sample, patients felt well-supported by family, friends and the treatment system, but feelings of stigma remain.
- Some interactions with health providers were perceived as disrespectful and dismissive of pain complaints. Understanding health care provider and patient perspectives in these situations has the potential to suggest solutions.

## FUTURE DIRECTIONS

- Develop a quantitative questionnaire for deployment across the statewide MAT system.
- Assess and understand common comorbid conditions and how they affect success in the program.
- Compare patient and provider perspectives to further inform system improvement and allocate resources effectively.
- Explore better ways to integrate social support services with substance abuse programs to create a unified system.
- Offer provider education on effective approaches to meet the needs of patients.
- Work to reduce stigma and increase empathy among both providers and communities.

## REFERENCES

- <sup>1</sup>Integrated Treatment Continuum for Substance Use Dependence. Vermont Agency for Human Services. 2012.  
<sup>2</sup>Peterson 2010. Why don't out-of-treatment individuals enter methadone treatment programmes? Int J Drug Policy. Jan;21(1):36-42.  
<sup>3</sup>Bentley 2015. Patient Perspectives Associated with Intended Duration of Buprenorphine Maintenance Therapy. Journal of Substance Abuse Treatment. Vol. 56: 48-53  
<sup>4</sup>Barry 2007. Patient Satisfaction with Primary Care Office-Based Buprenorphine/Naloxone Treatment. Journal of General Internal Medicine. 22(2):242-245.  
Hub & Spoke graphic: <http://www.healthvermont.gov/adap/documents/HUBSPOKEBriefingDocV122112.pdf>