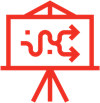
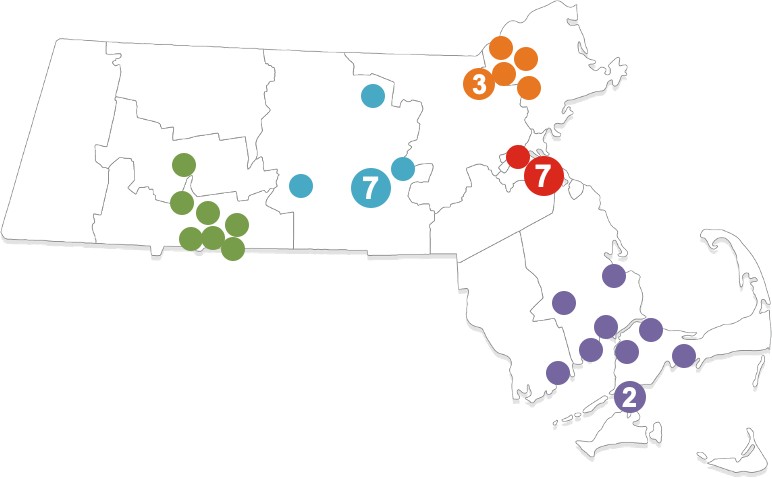
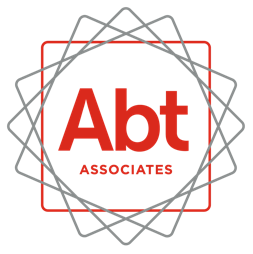
Fostering Continuity of Care for MA Long-Term Care Residents on Medication for Opioid Use Disorder (MOUD)

# Background Methods Findings



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# Discussion



## Opioid Use Disorder (OUD) affects people of all ages, races, ethnicities, income levels, and in all geographic regions.

* The Centers for Disease Control and Prevention (CDC) estimates that two million Americans had OUD in 2018.1
* Upon hospital discharge with an unrelated diagnosis, some patients with OUD need continued long-term care facility (LTCF) care.
* The Massachusetts Department of Public Health issued a 2016 Circular Letter advising that LTCF administrators are expected to admit individuals with OUD and to provide medication for opioid use disorder, as prescribed (MOUD).
  + Failure to provide care is a violation of the Americans with Disability Act.
  + Many facilities still express concern for admitting residents with OUD.
* MOUD is an evidence-based treatment, supporting long-term recovery.
* MOUD is highly regulated, and a stay in a LTCF can pose challenges to providing coordination between LTCFs and

## Site Selection

* Criteria: Quality scores on MA Nursing Home Survey Performance Tool, history of residents admitted with OUD, and geographic spread.
* 42 LTCFs (nursing homes and rest homes) selected with intention: half admitted residents with OUD, half had not.
* Facilities divided into five communities of practice (CoP) centered around a local OTP and OBOT.

**Participating Facilities**

**by CoP**

* + Springfield
  + Worcester
  + Lowell
  + Boston
  + Wareham/Plymouth

## Program Components

* Pre-program staff interviews.
* In-person learning session offered in each of the five CoPs.
* Topic-specific discussions led by subject matter experts.
* Pre-post session assessments.
* Event evaluations.
* Virtual site visits
* A series of six ECHO sessions

## Baseline Interview Results

* Baseline interviews completed with 5 OTPs and 5 OBOTs (one each, in each CoP).
* 137 baseline interviews completed with staff from all 42 LTCFs – 38 in-person, 99 via telephone.
* Six of 42 facilities admitted residents in need of MOUD within the past year.
* Four of 28 medical directors interviewed had obtained a waiver to prescribe certain MOUD.

**Types of Training Staff Reported Receiving**

12 0 Yes No

10 0

**Number of Responses**

80

60

40

20

0

## Post-Learning Session Evaluation Results

**Number of Facilities Represented at the Learning Sessions per CoP**

|  |  |
| --- | --- |
| **CoP** | **Number of Attending Facilities/Total Number Participating Facilities\*** |
| Boston | 4/8 |
| Springfield | 7/7 |
| Worcester | 7/10 |
| Wareham | 7/10 |
| Lowell | 7/7 |
| **Total** | **31/42** |

\*Note. Multiple staff from most facilities attended, as did representatives from corporate offices.

**Extent to Which Learning Session Objectives Were Met**

Met Partially Met No t Met

10 0

**Percent of Responses**

80

60

40

## Pre-Post Learning Session Assessment Results

**Percent Correctly Understanding Overall OUD and MOUD Before and After the Learning Session\***

80 %

60 %

40 %

20 %

0%

Pre-Test Score Post-Test Sco re

\*Note. t = 9.28013, p<0.0001

**Percent Correctly Recognizing Stigmatizing Words Before**

**and After the Learning Session\***

80 %

60 %

40 %

20 %

* It was clear that very few facilities were prepared to admit and provide proper care for residents in need of MOUD. They lacked a general understanding of OUD and MOUD.
* SMEs led topic-specific discussions in the learning session to educate on OUD/MOUD and address stigma, help make community connections, and provide resources.
* Core Competencies identified during the interviews as important were covered in the learning session.
* The learning sessions were very well received; attendance was often over capacity.
* Participants agreed that the session met the objectives.
* There was a significant increase in overall understanding of OUD/MOUD.
* The learning sessions were considered hugely successful. Attendees were enthusiastic and asked for more similar training.
* To sustain improvement and encourage facilities to admit residents with OUD additional, similar training events and technical support activities are planned.
* The MOUD Toolkit developed for this project and disseminated to participating LTCFs is available online: https://[www.mass.gov/info-](http://www.mass.gov/info-) details/medication-for-opioid-use-disorder-in-long- term-care-moud-in-ltc-toolkit

treatment centers:

* + Opioid treatment program (OTP)
  + Office-based opioid treatment (OBOT)
* Misconceptions about OUD present
* Post-session evaluations
* Post-program staff surveys

## Study Design

Note. Components in grey are not included in the current study

20

0

Understand OUD as a Chronic

Recognize OUD

Stigma

Knowledge of Treatment Including

Identify

Bi-Directional Strategies to

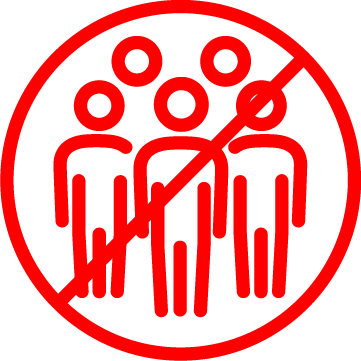
0%

Pre-Test Post Test

\*Note. t = 4.42595, p<0.0001

# Limitations

* Due to COVID-19, additional training/technical support changed from in-person to virtual.



barriers.

## Study Purpose

* Cross-Sectional and Pre-Post Evaluation

## Data Sources

* Most common challenges reported at baseline:

– Transportation

Disease

MOUD

Enhance Best Practices

**Percent of Attendees Noting that MOUD can be a Long-Term Solution\***

* After an overwhelmingly positive reaction to the first learning session, it was difficult to maintain engagement because LTCFs had to

The purpose of *this study* was to:

* Characterize the state of LTCFs’ admission of residents with OUD and their understanding of OUD and MOUD.
* Report on the impact of the first training session on educating LTCF staff on OUD/MOUD, addressing stigma, and making community connections with OTPs/OBOTs.

1 Centers for Disease Control and Prevention. 2019 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States Surveillance Special Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published November 1, 2019. Accessed May 22, 2020 from https://[www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-](http://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-) surveillancereport.pdf.

* Pre-Program Staff Interviews (Baseline)
  + Administrators, Directors of Nursing, Medical Directors and other staff (e.g., certified nursing assistants, staff developers):
  + Fourteen core questions regarding admission, policies/ procedures, training, and barriers to admission.
  + Analyses: Descriptive analyses of key questions.
* Post-Learning Session Evaluations:
  + Eleven question survey to elicit participant feedback on the value of the learning session.
  + Administered after the learning session.
  + Analysis: Descriptive analyses of key questions.
* Pre- and Post-Learning Session Assessments:
  + Nine question survey to assess OUD/MOUD knowledge gained.
  + Administered before and after each of the five learning sessions.
  + Analysis: Two sample t-tests.
  + Lack of Training/knowledge of OUD and MOUD
  + “Risky/difficult” population (behavior, combativeness)
  + Mixing perceived younger population with frail elderly
* Core competencies reported at baseline by staff as necessary to care for residents with OUD:
  + Recognizing signs & symptoms of OUD, misuse and relapse
  + Understanding MOUD
  + Understanding/managing behaviors
  + Dispelling myths and addressing stigma

**Attendees Reporting on the Positive Value of the Learning Session**

Strongly Agree Agre e

**26%**

**74%**

Di sagre e

Strongly Disa gree

10 0%

80 %

60 %

40 %

20 %

0%

Pre-Test Post Test

\*Note. t = 3.73879, p=0.0003

prioritize emergency response and

management of COVID-19.

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