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

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Background

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 treatment centers:
  – Opioid treatment program (OTP)
  – Office-based opioid treatment (OBOT)
- Misconceptions about OUD present barriers.

Study Purpose

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-surveillancereport.pdf.

Methods

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
- Post-session evaluations
- Post-program staff surveys

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

Study Design

- Cross-Sectional and Pre-Post Evaluation

Data Sources

- 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.

Findings

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.
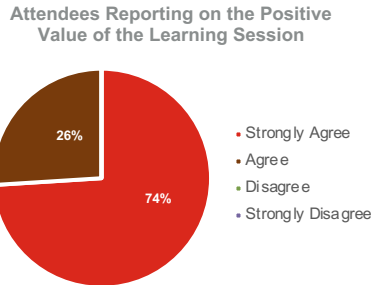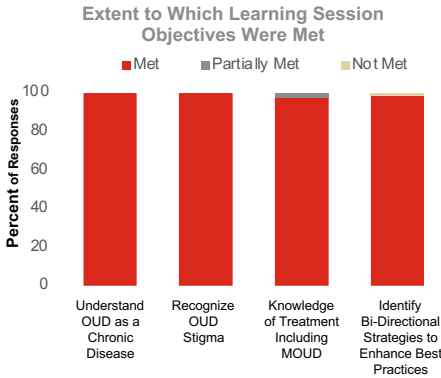- Four of 28 medical directors interviewed had obtained a waiver to prescribe certain MOUD.

Types of Training Staff Reported Receiving
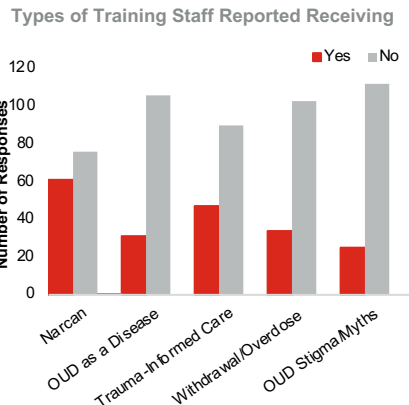
- Most common challenges reported at baseline:
  – Transportation
  – Lack of Training/knowledge of OUD and MOUD
  – "Risky/difficult" population (behavior, combativeness)
  – Mixing perceived younger population with frail elderly
- Core competencies reported at baseline by staff as necessary to care for residents with OUD:
  – Recognizing signs & symptoms of OUD, misuse and relapse
  – Understanding MOUD
  – Understanding/managing behaviors
  – Dispelling myths and addressing stigma

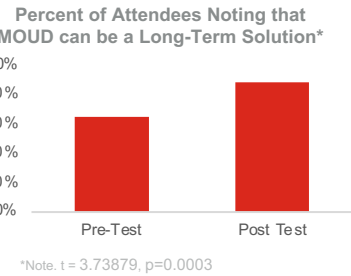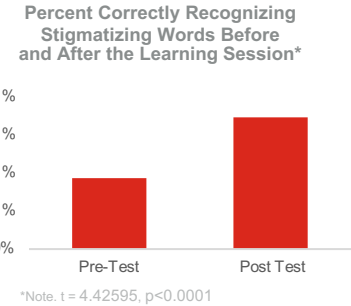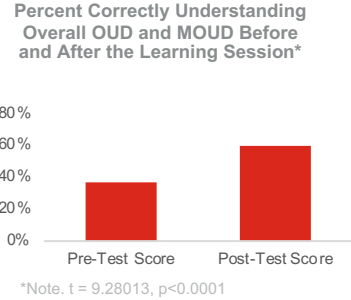### Post-Learning Session Evaluation Results

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

Attendees Reporting on the Positive Value of the Learning Session

- 74% Strongly Agree
- Agree
- Disagree
- 26% Strongly Disagree

Pre-Post Learning Session Assessment Results

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

*Note. t = 9.28013, p<0.0001

Percent Correctly Recognizing Stigmatizing Words Before and After the Learning Session*

*Note. t = 4.42595, p<0.0001

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

*Note. t = 3.73879, p=0.0003

Discussion

- 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-details/medication-for-opioid-use-disorder-in-long-term-care-moud-in-ltc-toolkit

Limitations

- Due to COVID-19, additional training/technical support changed from in-person to virtual.
- After an overwhelmingly positive reaction to the first learning session, it was difficult to maintain engagement because LTCFs had to prioritize emergency response and management of COVID-19.

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