

Prescribing Outcomes over 12-months Post-Implementation of VA Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) Initiative

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Background

- Dramatic rise in opioid prescribing is associated with increases in nonmedical opioid use, overdose deaths and opioid use disorders
- Access to treatment is often a problem and medication treatment for opioid use disorder (MOUD) is underutilized
- The Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) initiative aims to improve access to MOUD in the VA health care system



VA Health Care System

- Largest integrated health care system in the US
 - > 150 medical centers
 - > 1000 outpatient clinics
- VA health care facilities are organized into 18 regional networks
- Over 9 million Veterans enrolled in VA health care
- 42% of patients with an outpatient OUD diagnosis received MOUD in FY18



What is SCOUTT?

- A national VHA initiative to improve access to MOUD in clinics where Veteran patients receive care
 - Pain management
 - Primary care
 - · General mental health

Implementation Clinics

- Sponsored by Office of Mental Health and Suicide Prevention
- Train-the-trainer approach to spread these delivery models
 - Providers are trained to implement one of these delivery models who then become responsible to train other providers

SCOUTT Launch

- In person, two-day meeting to train interdisciplinary implementation teams to deliver two evidenced-based models
 - Training included description of core components of delivery models by experts, resources to support implementation and X-waiver training
 - Teams started to formulate their sites' implementation plan
- Two proven office-based models
 - Office-based opioid treatment
 - Massachusetts Nurse Care Manager Model
- Year 1 Implementation Goals
 - Implement MOUD in one implementation clinic
 - Spread MOUD to one other implementation clinic at same facility



External Facilitation Activities post-SCOUTT launch

- SCOUTT initiative includes ongoing external facilitation
- Activities provided by the external facilitation team (Drs. Gordon, Hagedorn, Midboe and teams) include:
 - Ongoing virtual technical assistance
 - Consultation with experts
 - Education via monthly training webinars
 - Guidance/consultation via monthly community of practice calls
 - Audit/feedback
 - Site visits
 - Meetings with site and/or network leaders to support implementation



Evaluation Objectives Year 1

- Over initial 12 months of SCOUTT launch, describe:
 - 1) Buprenorphine prescribing outcomes, and
 - 2) Key implementation barriers and facilitators

Methods

- Design: Prospective quality improvement project
- Setting: 18 VA facilities
 - One implementation team in each regional network
- Data Sources:
 - Prescribing data from the VA Corporate Data Warehouse
 - Barriers and facilitators data from
 - Baseline survey on implementation teams' initial perspectives on MOUD, clinic receptivity, and barriers and facilitators
 - Ongoing documentation of external facilitation contacts with facilities
 - Ongoing semi-structured interviews with external facilitators after site visit

Outcomes

Prescribing Outcomes

Patients

of patients with an OUD prescribed buprenorphine % of patients who initiated treatment and received buprenorphine for >90 days

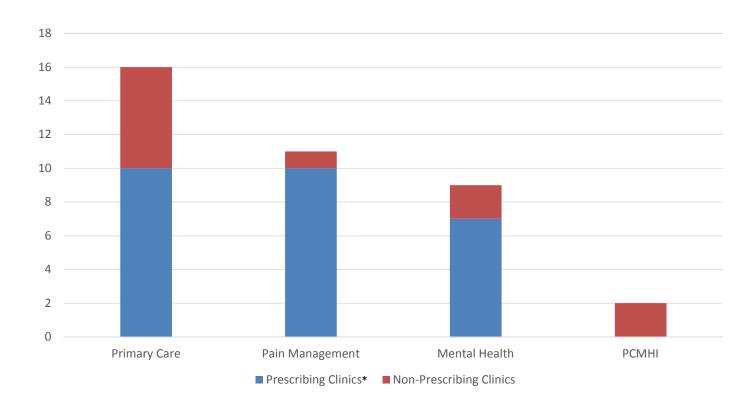
Providers
 # of providers who prescribed buprenorphine

Barriers and Facilitators

- Identified key findings from each data source
- Triangulated data to identify findings supported by more than one data source



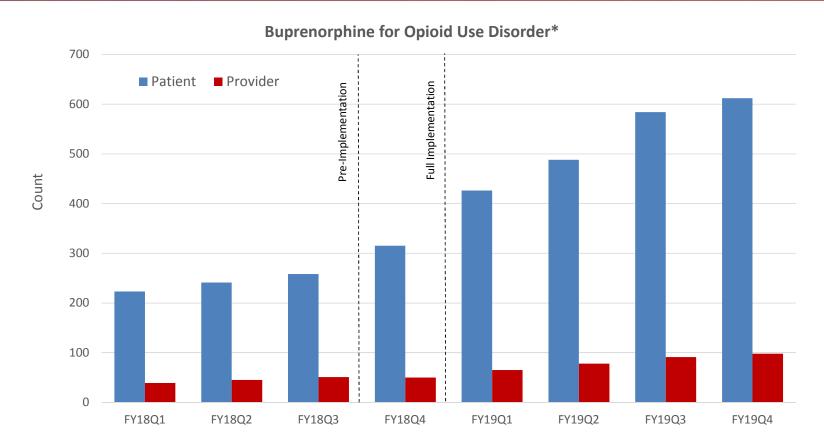
SCOUTT Clinic Type and Buprenorphine Prescribing for OUD Status



^{*}Defined as ≥1 patients receiving buprenorphine during the last quarter of FY 2019



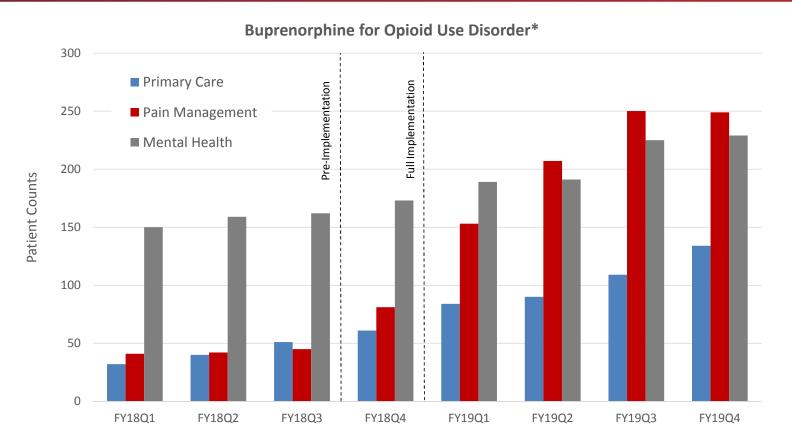
National Buprenorphine Prescribing for OUD among Implementation Clinics 12-months Before and After SCOUTT Launch



^{*}Includes patients with a diagnosis of OUD seen in the implementation clinics.



National Buprenorphine Prescribing for OUD among Implementation Clinics 12-months Before and After SCOUTT Launch by Clinic Type



^{*}Includes patients with a diagnosis of OUD seen in the implementation clinics.

Key Barriers and Facilitators

- Baseline survey (response rate: 56 of 98 = 57%)
- Ongoing
 - Facilitation contacts (n = 127)
 - Semi-structured interviews (n = 4)
- Survey findings reported with percentages

Buy-in and/or engagement of other clinic providers

Facilitators

Performance incentives to obtain DEA waiver and "...other providers who are either waivered and not prescribing or haven't gotten a waiver yet, I don't know that the comfort change in clinical processes level is there is still a substance use disorder clinic or that these patients are too complex..." are too complex..."

Staff members want to prescribe MOUD (52%) prescribers (9 sites)

Stigma and/or fear of working with patients with OUD (8 sites)



Credentialing and Privileging Issues



Investment by senior leadership (1 site)

some facilities require you to become completely recredentialed [once you get your x-waiver] is time consuming...."

Need support for credentialing waivered prescribers (70%)

"...The whole credentialing and privileging process, where

Leadership Support

Facilitators

Senior leadership seeks ways to improve patient "Cheative and rentificial times at the sactor of the sact Idt tretmentien heir leaders either wing hes untentalen ealth level or primary care. They had to get leadership to say, "Yeah go ahead and prescribe." turnover (4 sites)

Promote team building to solve clinical care problems (48%)

Facilitators

Highly motivated providers/champions

"These are clinicians who are going above and beyond. They are not just seeing their patients consulting with another provider

demands (9 sites)

demands (9 sites)

Lack of mental but then they are maybe their patients who it demands (9 sites) trying to talk to leadership...They grab the bull by the horns and Space to see patients (3 sites) they are off to the races because they believe in it and they have decided that they are going to make the with with making (80%)

Workload burden/competing demands (9 sites)

No protected time (3 sites)



Conclusions

- SCOUTT appears to have increased the number of patients receiving and providers prescribing buprenorphine in implementation clinics in Year 1
- Key factors facilitating efforts include highly motivated champions and providers and facilitator-led DEA waiver trainings
- Credentialing and privileging issues and low engagement of other providers in implementation clinics have delayed progress
- Limitations include small number of interviews with facilitators, response bias and provider perspectives obtained only at baseline
- Interviews with clinic providers and analyses using interrupted time series design are underway



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The views expressed reflect the opinions of the authors and not the Department of Veterans Affairs

Thank you!

- Questions
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