



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

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VA Quality Enhancement Research Initiative  
**QUERI**  
Evidence Into Practice



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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

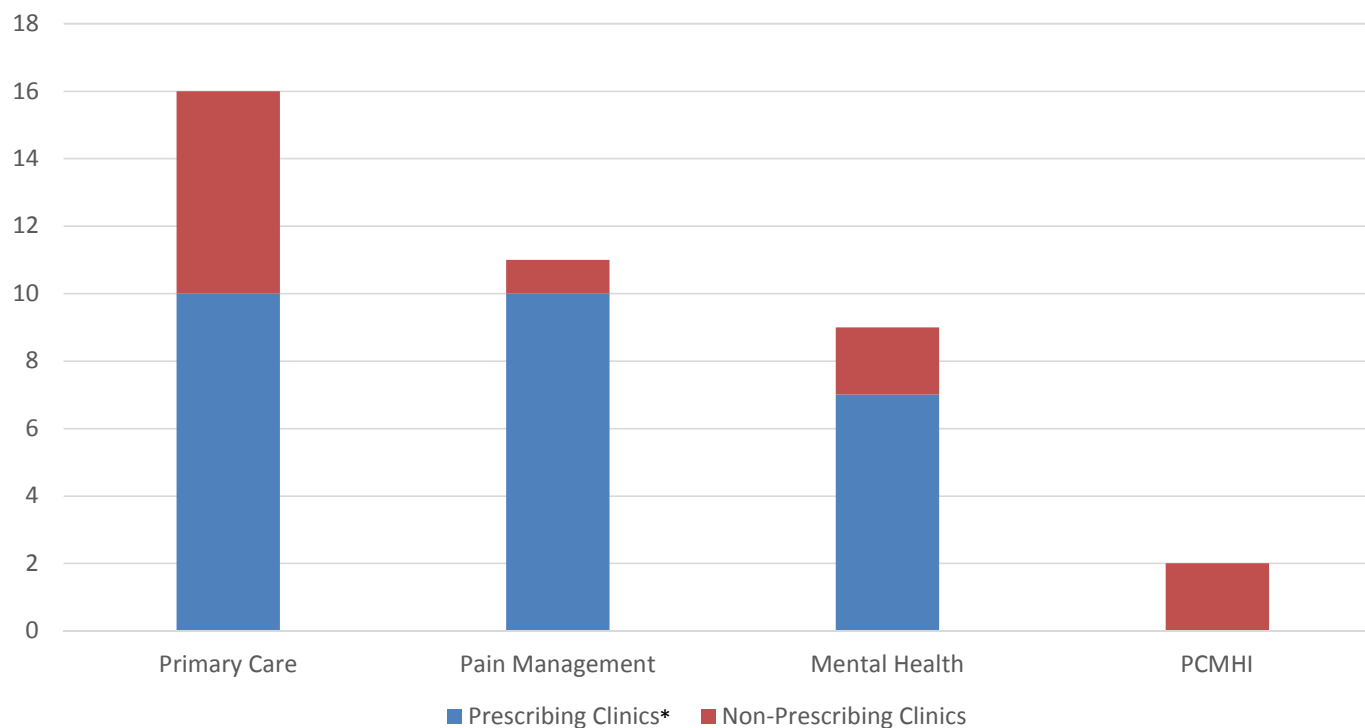


# Outcomes

- Prescribing Outcomes
  - Patients
    - # of patients with an OUD prescribed buprenorphine
    - % of patients who initiated treatment and received buprenorphine for  $\geq 90$  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



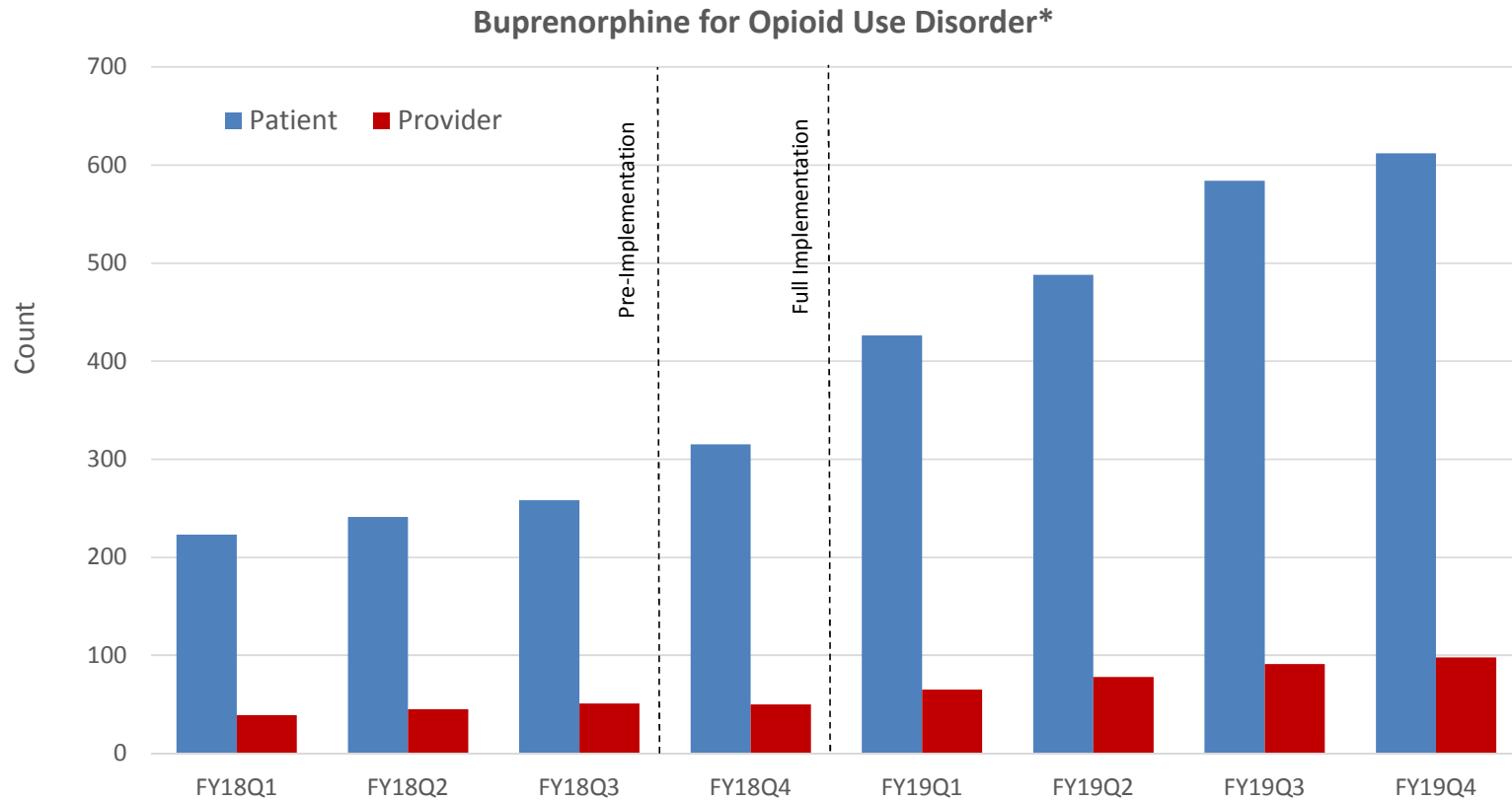
# SCOUTT Clinic Type and Buprenorphine Prescribing for OUD Status



\* Defined as  $\geq 1$  patients receiving buprenorphine during the last quarter of FY 2019



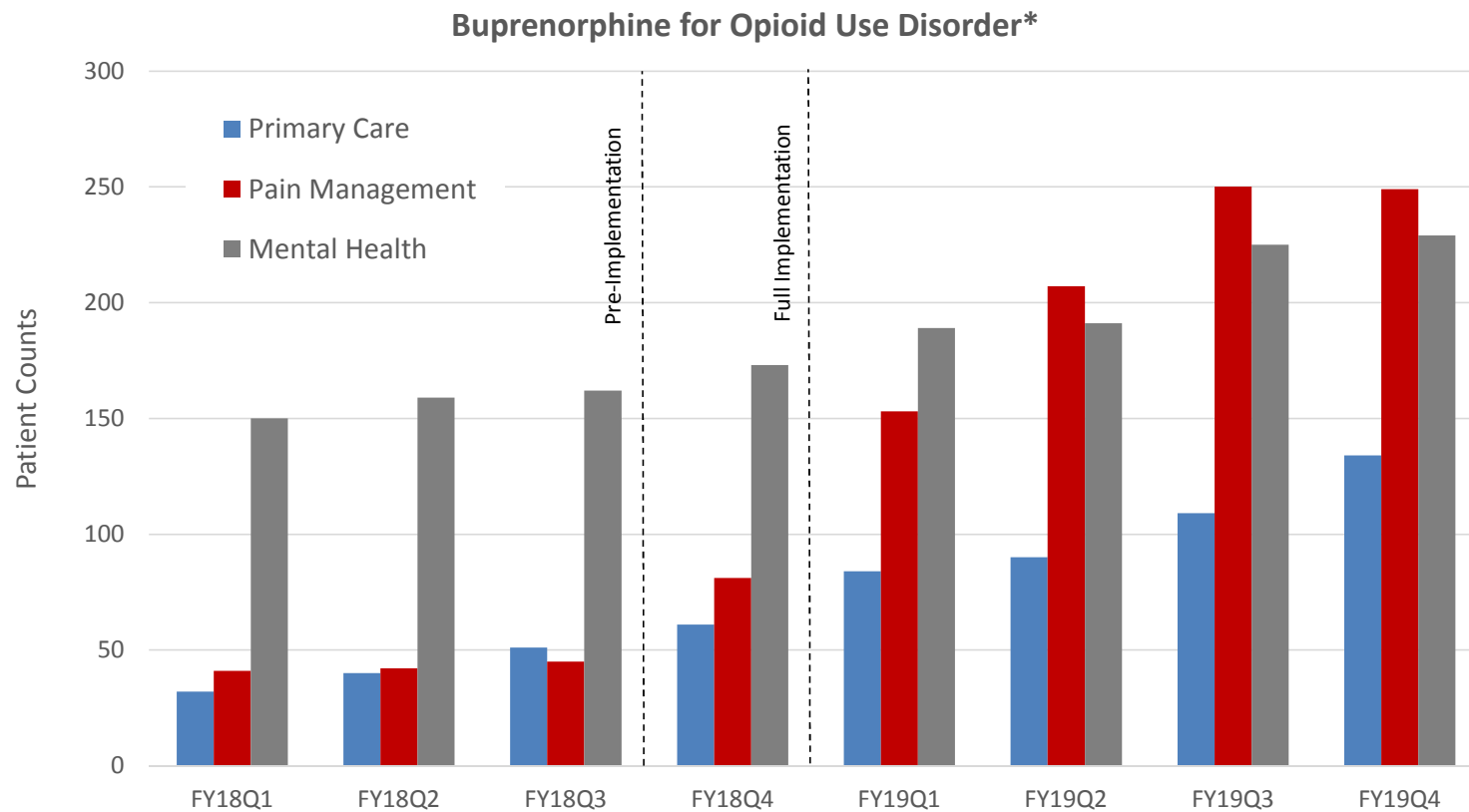
# National Buprenorphine Prescribing for OUD among Implementation Clinics 12-months Before and After SCOUTT Launch



\*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.*

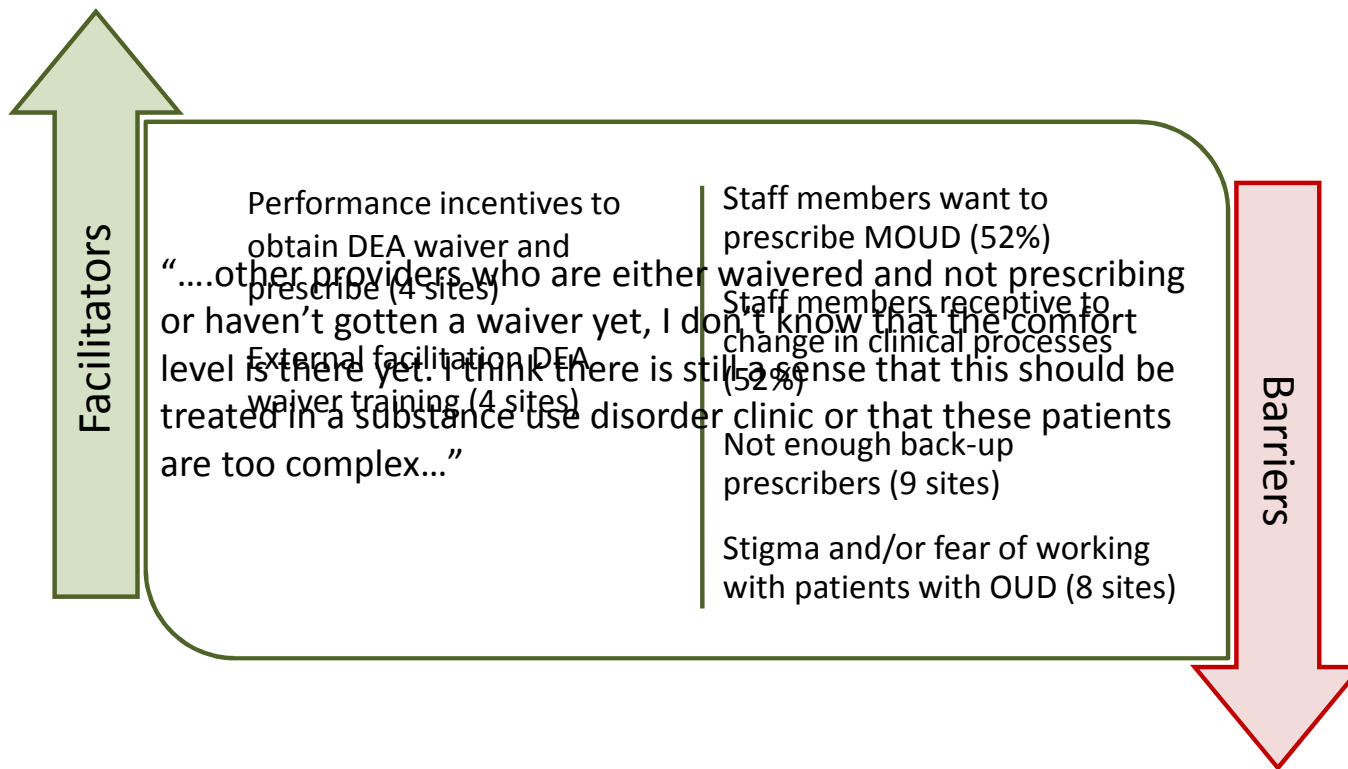


# Key Barriers and Facilitators

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

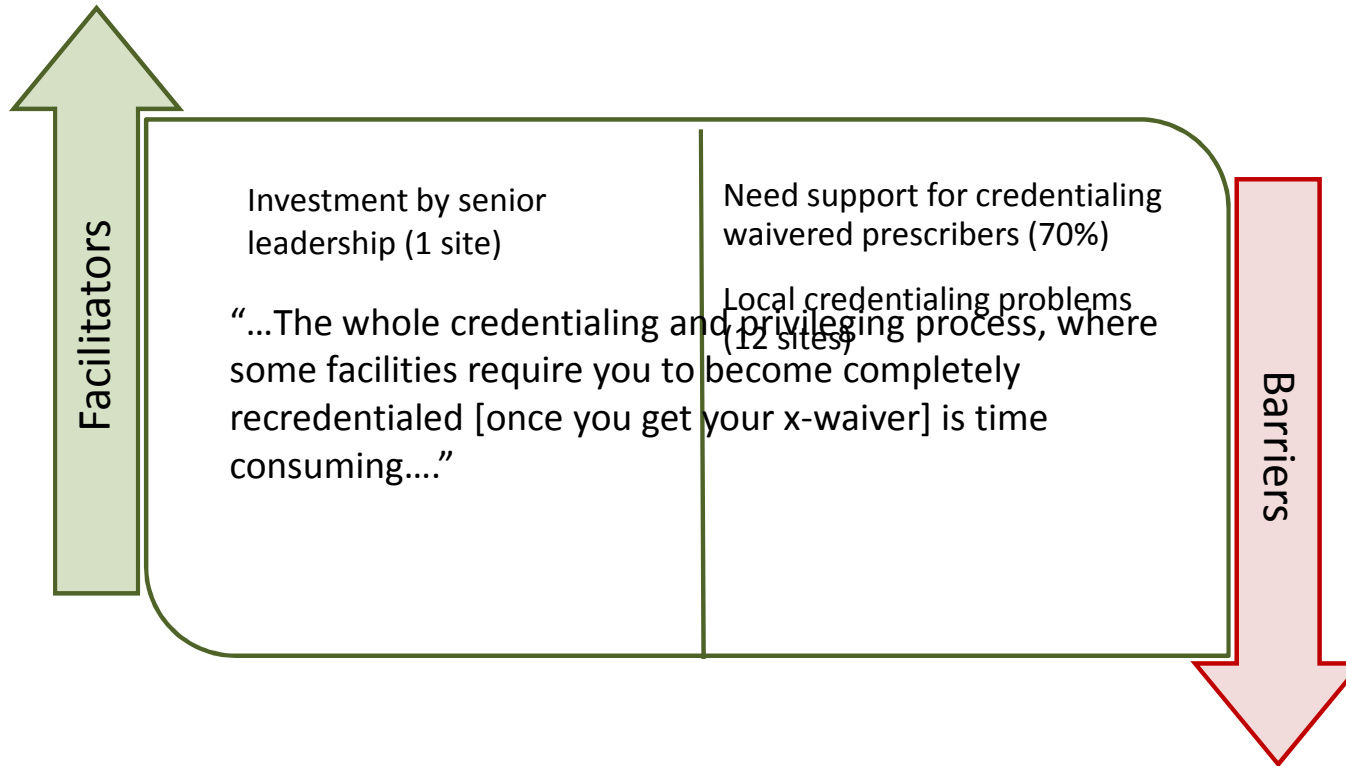


# Buy-in and/or engagement of other clinic providers





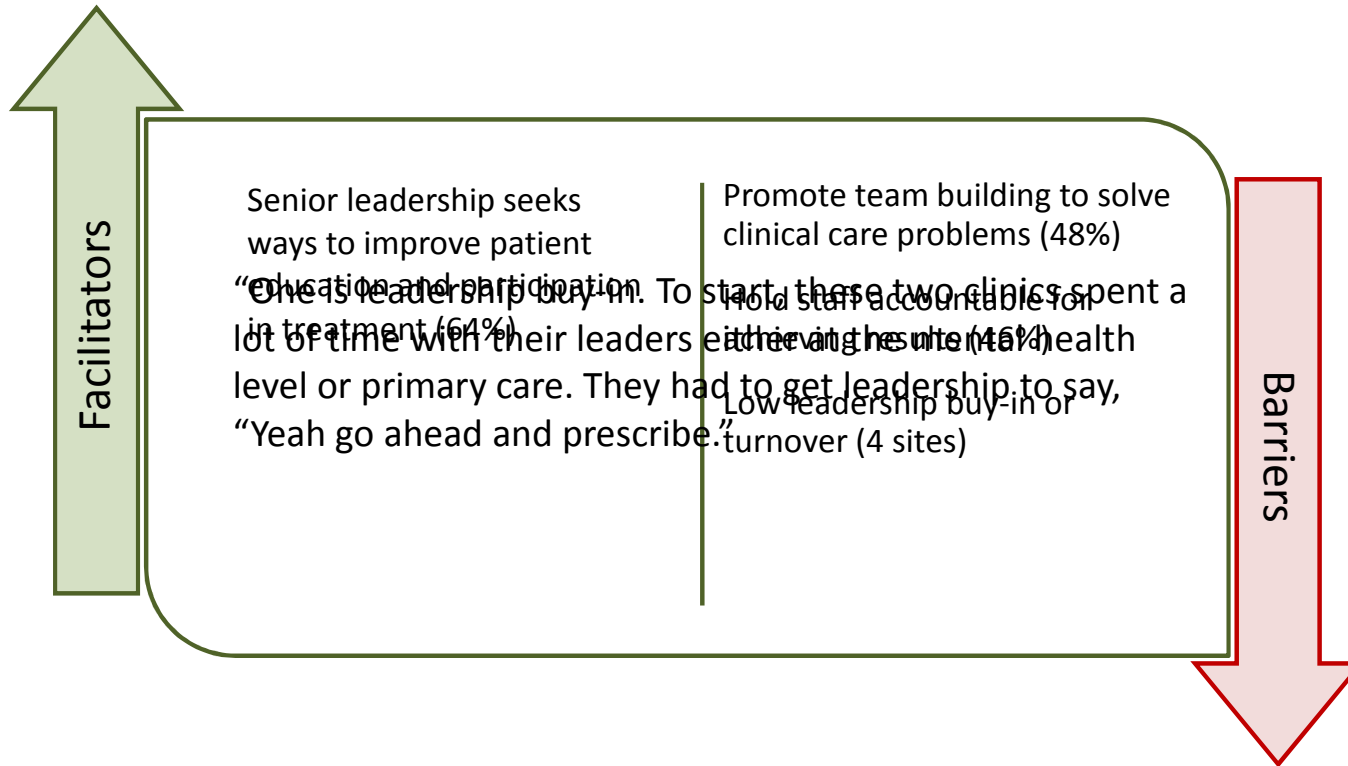
# Credentialing and Privileging Issues





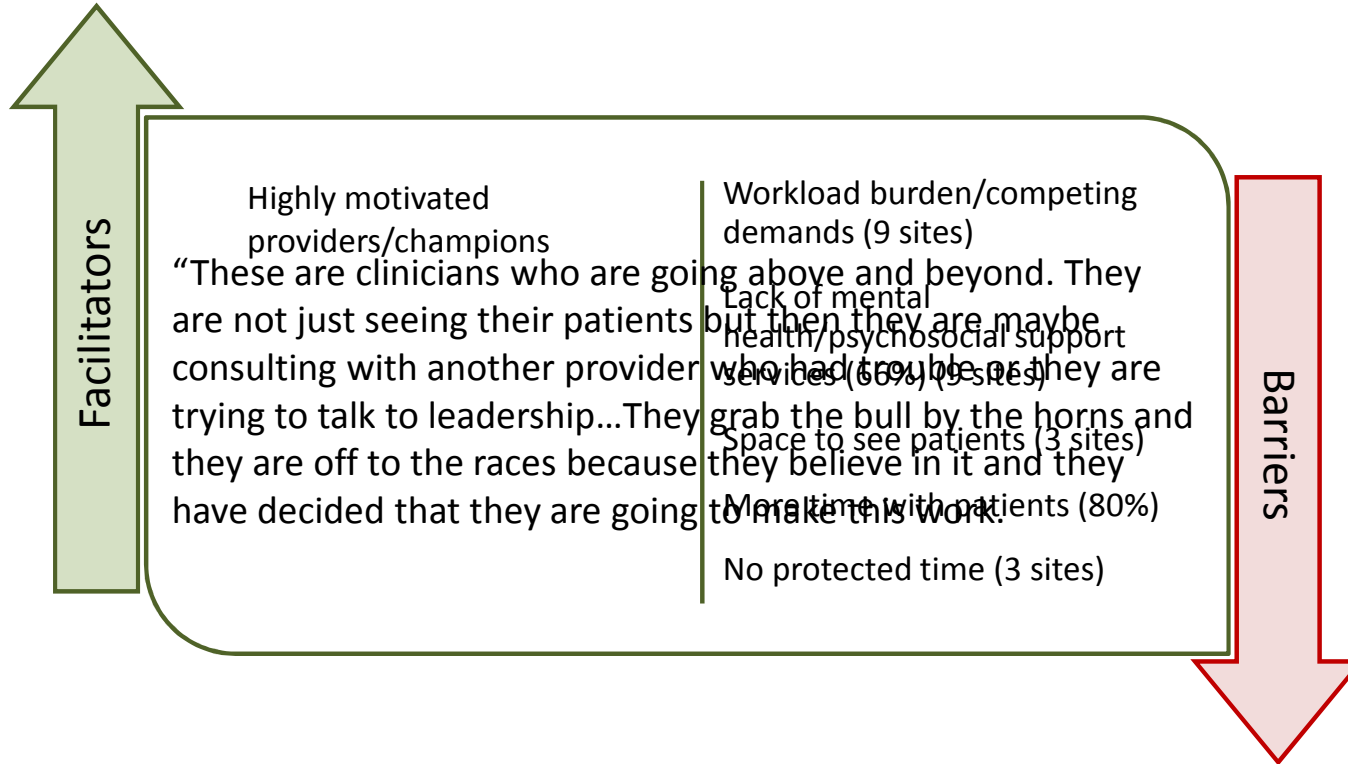


# Leadership Support





# Resources





# 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  
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# Thank you!

- Questions
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