

Introducing Opioid Use Disorder Resources to Clinic Workflow Without Increasing Provider Burden

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SETTING AND TEAM MEMBERS

- The Comprehensive Care Clinic is an outpatient, primary care-based clinic that actively serves about 3,800 HIV patients and specializes in managing the complexities associated with HIV care.
- Services include primary care, imaging, psychiatry, and nutrition.
- Dr. Raffanti was the PI for this project.
- Capstone Coach, Donna Rosenstiel

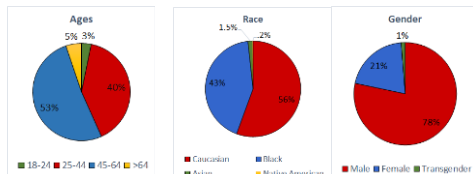
BACKGROUND

Intravenous opioid use can be a primary vector for the spread of HIV. Socioeconomic factors significantly drive both the HIV and opioid epidemics. HIV and opioid use co-occur in populations of low SES status and other marginalized groups.

At the CCC, 6.8% of 3800 active CCC patients have histories of IV drug use, higher than the national average of 2-3%. Additionally, over 50% of patients have a history of mental illness and/or substance use disorder.

With the growing opioid use epidemic, health care providers have a greater responsibility to intervene with and educate their patients. Providing pamphlets to patients at highest risk of being affected by this crisis is an effective modality of disseminating information about accessing medication-assisted treatment and improving outcomes.

CCC PATIENT DEMOGRAPHICS



AIMS

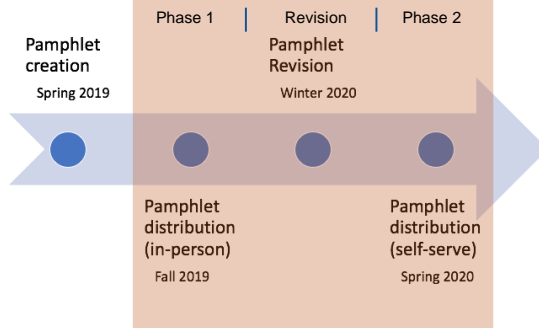
The CCC VPIL team aims to distribute our Opioid Use Disorder Pamphlet with a goal of 25% patient acceptance with an automated system. The initial target date was March 2020 prior to effects of COVID19. The pamphlet was updated utilizing patient feedback. The goal of the automated distribution system to increase patient awareness without increasing provider burden.

PROCESS AND MEASURES

- **Phase 1** (Dec 1st 2019-Jan 30th 2020): Distribute pamphlets through direct, in-clinic patient interactions.
 - This phase is primarily to gauge overall patient interest in opioid use disorder education and garner direct patient feedback.
- **Revision:** Update pamphlet based on patient feedback and create a poster regarding opioid use disorder before the start of phase 2.
 - In the pamphlet revision, we updated to a more visually-appealing layout and included more background information.
 - On the poster, we included opioid use disorder statistics and encouragement to take a pamphlet.
- **Phase 2** (Feb 19th-March 25th 2020): Pamphlets placed in exam rooms February 19th. At the end of each week in Phase 2, count the number of pamphlets left in the exam rooms to calculate pamphlets patients took.
 - Collaborated with the clinic to install posters and electric dispensers in each of the 15 exam rooms in the clinic were equipped with the poster and plastic bins holding 10 of the revised pamphlets.
 - Determine the percentage of patients who took the pamphlet by dividing number of pamphlets taken by number of appointments each week.

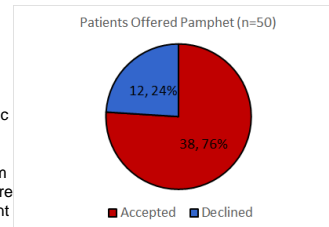
Because of COVID-19 restrictions on student access to the clinic, and institutional protocols that called for the removal of materials from exam rooms, pamphlets were collected by staff and disposed of before data was collected.

VPIL CAPSTONE



RESULTS

- **Phase 1:** 76% of 50 patients accepted the pamphlet after meeting with a team member.
- **Phase 2:** Because of COVID-19 restrictions on student access to the clinic as well as institutional protocols calling for removal of pamphlets from exam rooms, students were unable to retrieve sufficient data.



CONCLUSIONS AND FUTURE DIRECTIONS

The number of pamphlets distributed during phase 1 of this project shows a great interest in education on the resources available for treatment of opioid use disorder within a population of HIV patients. Over three quarters of patients opted to receive a pamphlet, or several, for themselves and people within their social network.

While we were not able to complete the second phase of the project, the high interest in receiving educational material regarding opioid use disorder suggests that such interventions could be used to effectively increase patient knowledge on options for medically assisted treatment.

While we did not expect as high of a rate of pamphlet acceptance without direct clinician interaction, we hope that the initial interest is reflected in the number of pamphlets that would be taken in phase 2. Additionally, as the intervention is applied for a longer period of time, we would expect there to be a drop in interest as patients who have already accepted pamphlets return for follow up.

Future projects should implement the low provider burden exam room educational materials while also considering a drop in interest over time. Further education, such as seminars and programs that work with opioid addiction treatment providers should be considered for deeper education.

Revised Pamphlet Exterior

What is Opioid Use Disorder?

The CDC defines opioid use disorder (OUD) as the "problematic pattern of opioid use leading to clinically significant impairment or distress"



People with OUD may:

experience cravings and the desire to use opioids, **try to cut down** on opioid use and are unsuccessful, **continue opioid use** despite experiencing negative side effects, **exhibit tolerance to and withdrawal from** opioid use.

Every day, at least 3 Tennesseans die from an opioid-related overdose.

Each year in Tennessee, more opioid prescriptions are written than there are people living in the state. Over 6 million people live in Tennessee.

People can become dependent on opioids after only 5 days of use.

There are many risks and possible side effects to taking opioids. Yet, over time they do not treat pain better than non-opioid medicines.

**VANDERBILT COMPREHENSIVE
CARE CLINIC
CONTACT US:**

Phone: (615) 875-5111
One Hundred Oaks
719 Thompson Ln Suite 37189
Nashville, TN 37204

WHAT IS
Opioid
Use Disorder?

Revised Pamphlet Interior

How to find treatment:

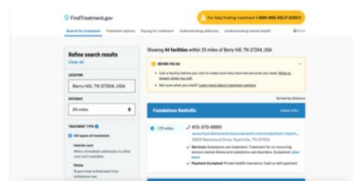
1. Go to findtreatment.gov



2. Scroll down, enter the desired zip code, and press "Search"



3. Treatment options near the zip code will show up. This page also allows you to filter results by **distance**, **treatment type**, **payment options**, **ages**, **language**, **special programs**, and more



Support Services

TENNESSEE REDLINE

T: 800-889-9789

THE REDLINE IS A 24/7 TREATMENT AND RECOVERY HOTLINE THAT CONNECTS TENNESSEE RESIDENTS WITH STATE FUNDED, TREATMENT AND RECOVERY SERVICES

VANDERBILT PSYCHIATRIC ASSESSMENT SERVICES (PAS)

T: 615-327-7000

PAS HAS A 24/7 CRISIS HOT LINE AS WELL AS WALK-IN ASSESSMENT HOURS M-F FROM 8 AM-11 PM AND 8 AM-7 PM ON WEEKENDS AND HOLIDAYS

Effective Strategies

COGNITIVE BEHAVIORAL THERAPY (CBT)

CBT IS A TYPE OF PSYCHOTHERAPY THAT HAS BEEN PROVEN EFFECTIVE IN MANAGING CHRONIC PAIN AND TREATING SUBSTANCE USE DISORDERS

MIND-BODY INTERVENTIONS

CHRONIC PAIN HAS BEEN SUCCESSFULLY TREATED USING A VARIETY OF MIND-BODY TECHNIQUES SUCH AS BREATHING EXERCISES, RELAXATION TRAINING, YOGA, AND OTHER MINDFULNESS ACTIVITIES

Medication-Assisted Treatment

Medication-Assisted Treatment (MAT) is an option for treating opioid use disorder that uses prescription medications to battle withdrawal symptoms and cravings. Sometimes, it can even reduce someone's desire to continue using opioids.

Methadone (Dolophine)

- Reduces cravings and withdrawal symptoms
- Good for people who have made other unsuccessful attempts to stop using opioids
- Recommended for treatment during pregnancy

Buprenorphine/Naloxone (Suboxone)

- Controls withdrawal symptoms and blocks cravings
- Good for people with shorter and less extensive histories of heavy opioid use, however it also works for those with severe opioid use disorder and those who want to make the switch from methadone

Naltrexone (Vivitrol)

- Reduces the desire to continue opioid use in several ways
- Good for people who are highly motivated to stop opioid use and people eager to stop all opioids

Exam Room Poster

THE OPIOID EPIDEMIC IS A CRISIS IN
TENNESSEE.

**At least 3 Tennesseans die
from an opioid related
overdose every day.**

DO YOU KNOW SOMEONE WHO NEEDS HELP?

Please take a pamphlet!

Speak to your provider for more information or assistance.

