GRANVILLE VANCE
public health

HARM NOT
Helping **A**ssess **R**ural **M**edication for Opioid Use Disorder: A **N**ovel **O**ffice-based **T**reatment

OFFERING MEDICATION FOR OPIOID USE DISORDER THROUGH A HEALTH DEPARTMENT PRIMARY CARE CLINIC IN RURAL NORTH CAROLINA

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Disclosures/Conflicts

- I have no conflicts of interest relevant to this presentation.
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NC DEPARTMENT OF
HEALTH AND
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The Problem

Rate of Unintentional Opioid Overdose Deaths

Per 100,000 North Carolina Residents,

Rate of Unintentional Opioid Overdose Deaths per 100,000 North Carolina Residents, 2014-2018	
Vance	16.2
Statewide	13.6
Granville	12.8

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics; Population-NCHS
Analysis by Injury Epidemiology and Surveillance Unit. November 2019 Data

OBOT: Another piece of the Solution

- **Previous** GVPH Efforts around the opioid epidemic: Naloxone distribution, coalition formation via Health Promotion and Wellness Department
- **2018**: Office Based Opioid Treatment (OBOT)
- **2019:** Group medical visits with psychosocial component, additional clinician
- **Care Provided**
  - Medication assisted treatment with buprenorphine/naloxone
  - Individual and/or group medical visits (individualized)
  - Infectious disease testing and Treatment
  - Primary care services: wellness exams, chronic disease management, mental health evaluations, immunizations

OBOT: Program Values

- **Access**
  - Televisits
  - Varied appointment times
  - Outside funding opportunities
- **Chronic Disease Model/Reduce Stigma**
  - Primary care clinic integration
  - “No judgement zone”
- **Harm Reduction**
  - Naloxone distribution
  - Reduction in opioid use
  - Hepatitis C treatment
- **Honesty**
  - Two-way
  - Experiential understanding

Data Collection

- **Password protected spreadsheet**
  - Demographics
  - Funding sources
  - Visit dates
  - Infectious disease status

- Later added
  - Education, work status
  - Mental health screening results
  - Urine drug screening results (3,6,9,12 mo.)

Data Evaluation

- **Mixed-methods approach**
  - Quantitative – descriptive analysis of program outcomes (spreadsheet)
  - Qualitative – in-depth one-on-one phone interviews with patients

- COVID-19 pandemic delayed plans to interview clinicians and clinic staff to describe OBOT, program evolution, challenges, and outcomes

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Findings – Quantitative

- Total 79 patients, including 1478 visits over 2 years
- 3 Month Retention Rate
  - 71% since inception
  - Vance better retention v. Granville County
- Active patient median time in treatment 14 mo (14,29)
- Mean Age 39.6 years, range 24-68 years
- 54% Female
- Majority (73%) are white

Findings – Quantitative

- Median Depression and Anxiety Scores (IQR)
  - Lower = fewer symptoms
  - Screening cutoff over 9
  - 5 mild, 10 moderate…

Measure	Initial assessment (N=35)	Most recent assessment (N=32)	Change (most recent – initial) (N=32)
PHQ (Depression)	10 (6, 19)	4 (2, 10)	-5 (-10.5, -1)
GAD (Anxiety)	13 (7, 16)	4.5 (0.5, 10)	-5 (-11.0, -1)

Qualitative Findings – Group

"Okay, now that first week when I had to come to group, I tried to get out of it. [The doctor] said, 'You can't… I loved it… being able to connect with the people in the group…It really helps with the mental state with me... you're able to speak to people that you can connect with that have the same or similar issues."

- Social support an unexpected and highly valued benefit of the program
- During COVID-19 pandemic many visits via telemedicine
  - Can help address transportation issues
  - Patients miss the social connections from group

Qualitative Findings – Patient Goals

“I am really excited about going back to school… I feel like once I can start going back to school, I can – be normal again… get back into the real world of going to work every day and being able to work a full-time job.”

- Improved relationships
- Employment
- Housing
- Education
- Feel successful due to improvements in quality of life and abstinence/reduced use of opiates

Qualitative Findings – Program Goals

"I can't stress enough how good the staff is. They've been all very good to me, every one of them... like I said, my lifeline is [buprenorphine] and keeping my sobriety at the top of my list... if it weren't for them, I wouldn't be where I am now."

- Worries about cost of medication
- Very positive interactions with staff at the clinics
- Harm reduction model helpful in maintaining patients in treatment
- Feeling that honesty is highly valued in their interactions with the clinicians

Author Contact/Questions?

"The opposite of addiction is not abstinence but rather connection"

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