



Colorado Medication for Opioid Use Disorder Program Implementation Outcomes

College of Nursing

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Purpose

To present outcomes from a pilot Medication Substance Used Disorder (MOUD) Program in rural Colorado

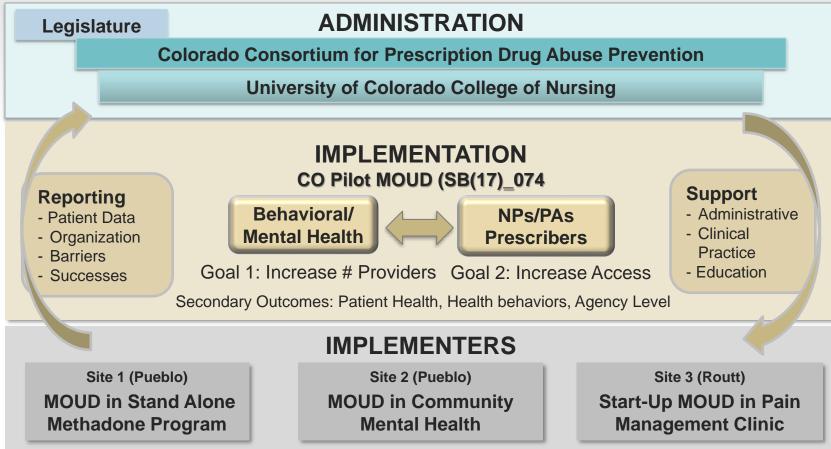
Background

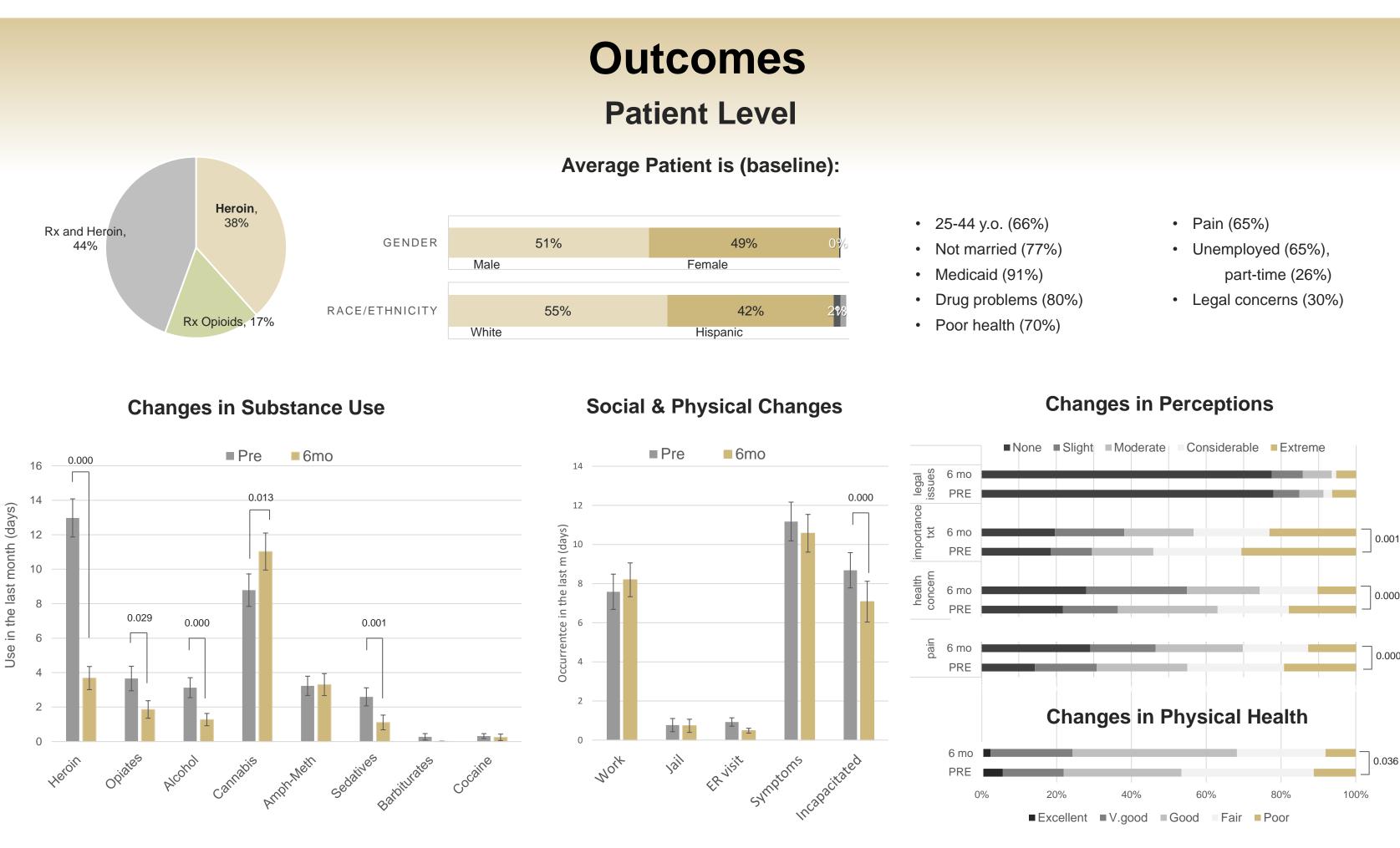
- The US faces an opioid crisis. Opioid use is associated with high morbidity and mortality, legal problems, and health care utilization.
- Medication for opioid use disorder (MOUD, formerly Medication Assisted Treatment –MAT-) is an evidence-based approach to address OUD.
- The Colorado Legislature funded the implementation of a MOUD program in two rural counties with the highest OUD rates and access disparities, with the purpose of expanding the nurse practitioners (NPs) or physician assistants (PAs) workforce to treat OUD.
- The pilot MOUD program increased access and number of providers.

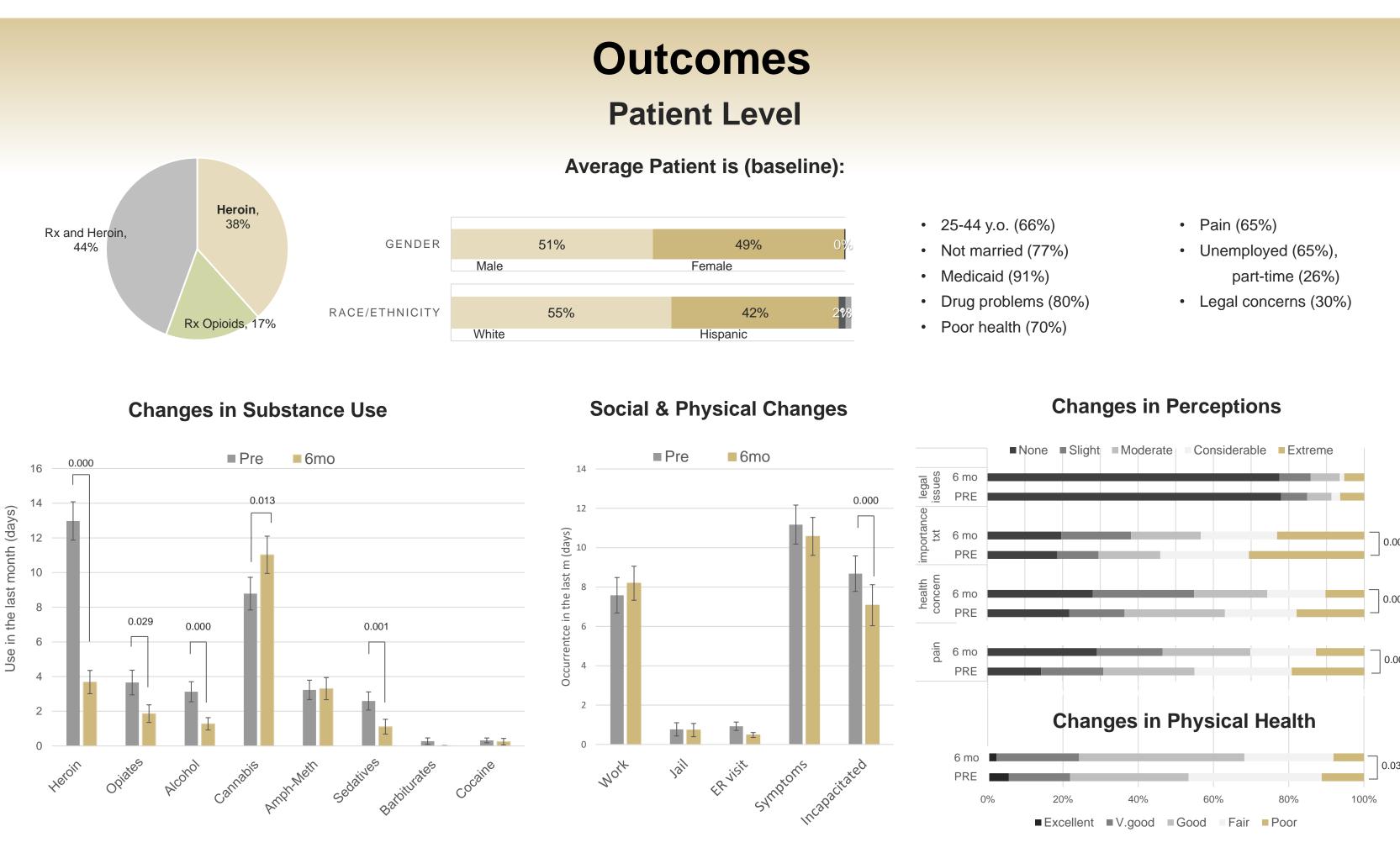
Methods

- MOUD in 3 pilot clinics in rural Colorado
- De-identified patient-level data collected at baseline and after 6 months of treatment.
- Addiction Severity Index used to measure OUD's impact across various life domains (health, substance use, social aspects, etc).
- Of 1005 patients seen during 2018-2019, 29% received >6 months of MOUD, with ~ 20 % missing data.
- Tested pre-post changes using McNemar and *t*-tests
- Anecdotal client's feedback was collected by the agencies









"Got my life back, my children back, and my dignity back. I could not have done with it without the (agency)." "Suboxone has literally saved my life. I didn't think I was going to live at the rate I was going. I am clean and I am sober and feel like I have a second lease on life." "My family trusts me again enough to where I can live with them again. My children are happy to have their mommy again." "I have a new job, my own apartment, and was able to grieve the loss of my pregnancy appropriately without using drugs, and focus on my two children. And lead a healthy life, like normal people do." "We don't know what we would have done if you were not available to see me today. We had called several other places and no one is accepting new patients... You saved his life and our family."



Clients' Feedback

Practice Level

Enhanced access to induction, same day appointments, shared

Strengthen collaboration/referrals (jail, court, Harm Reduction, EMT) Marketing and community outreach and education

Medicaid reimbursement Provider stigma Social Determinants of Health Client Retention ~29% in treatment at 6 mo Cap for NP prescription (100 patients)

Conclusion

Promising results from a pilot program to address opioid epidemic

- Policy, legislation, and academic-community collaboration contributed to increased MOUD access in rural counties
- Patient participation in 6 months of MOUD treatment led to:
 - Significant decrease in substance use
 - Improvements in wellbeing, pain, overall health concerns
 - Satisfaction

Future Directions

- \checkmark SB(19)-01 Expansion of MOUD Program to ~ 20 rural counties in 2020
- ✓ Continue MOUD provider education
- Ongoing advocacy and legislative support
- X Lower health insurance barriers
- X Lower stigma through community outreach and education
- Strengthen collaborations to ensure referrals
- ✓ Systematically assess needs and impact of these programs
- ✓ Address prevention at public health level

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