# Colorado Medication for Opioid Use Disorder Program Implementation Outcomes

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## Purpose

To evaluate the expansion of Medication Substance Used Disorder (MOUD) Program in rural Colorado and plans for sustainability

## Background

- The US faces an opioid crisis, disproportionally affecting rural areas
- Under SB01, the Colorado Legislature funded the implementation of a Medication for opioid use disorder (MOUD) program to lower disparities and expand the nurse-led workforce to treat OUD throughout Colorado (Hub and Spoke System)
- A Hub and Spoke system of training and expertise has shown effectiveness in rural areas in other states

## Methods

- MOUD lunched in 20 sites (8 grantees) in rural Colorado
- Organization and de-identified patient-level data collected monthly
- PRISM/RE-AIM framework to inform context, reach, adoption, implementation and plan for maintenance
- Addiction Severity Index used to measure OUD's impact across various life domains (health, substance use, social aspects).
- SWOT analyses with each grantee to inform sustainability plans
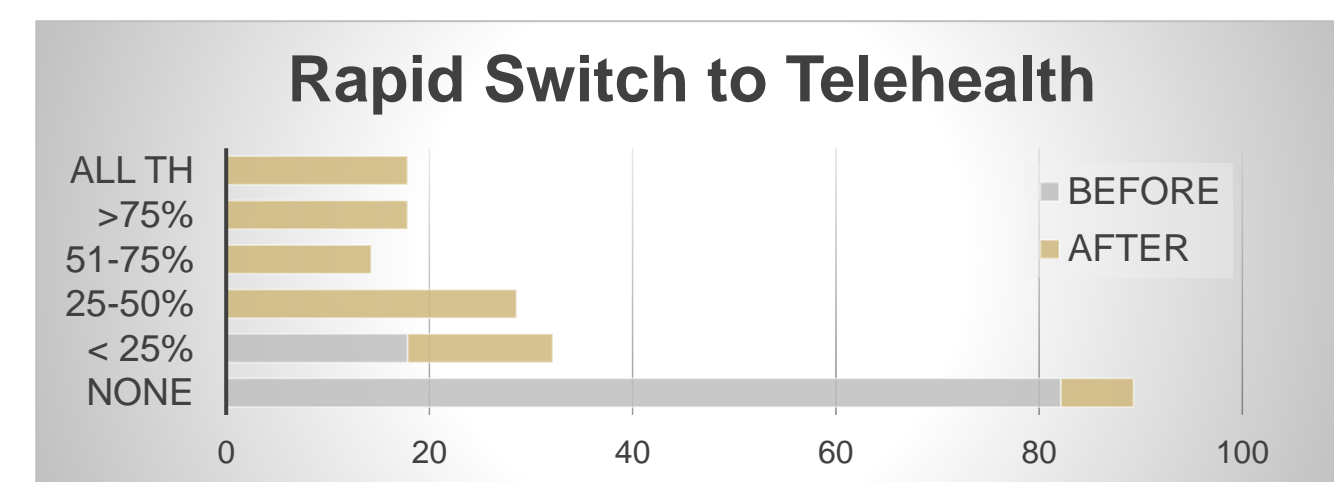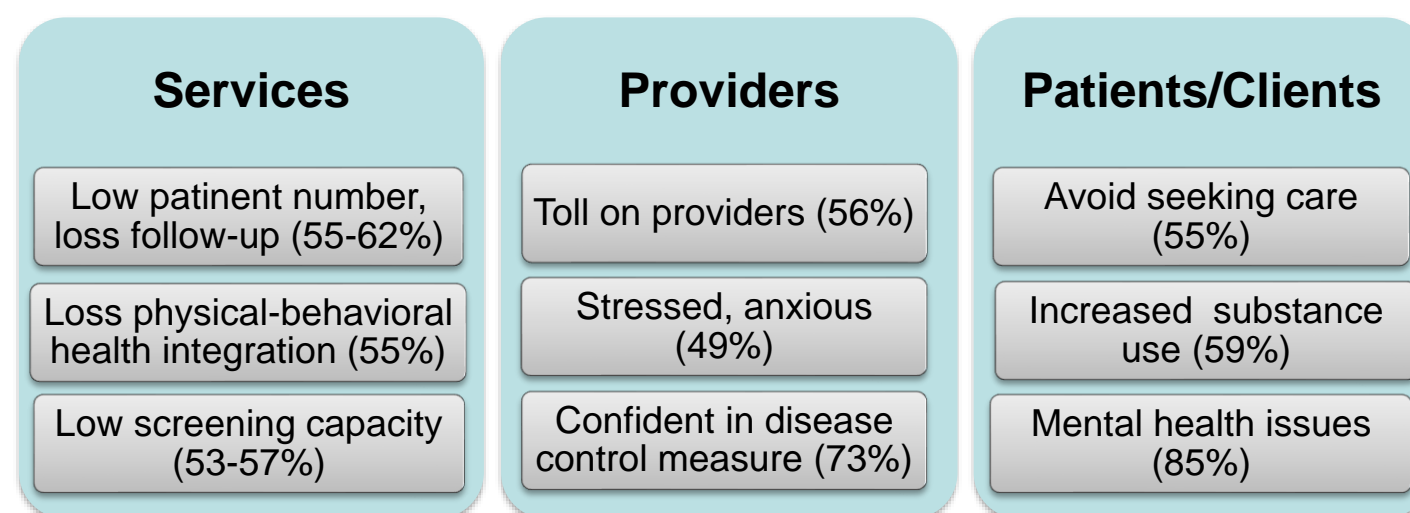
### SB01 Colorado MOUD Expansion
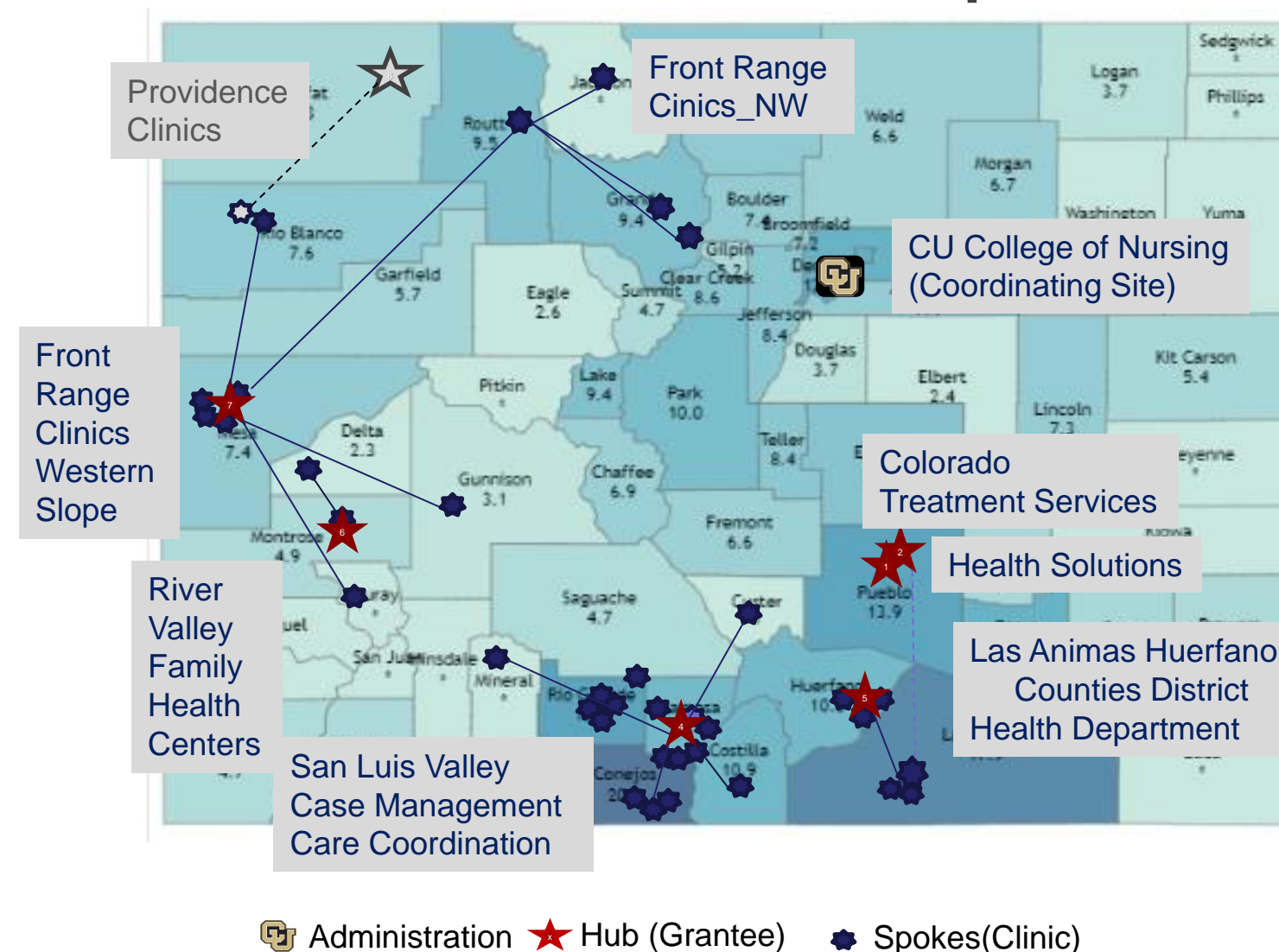
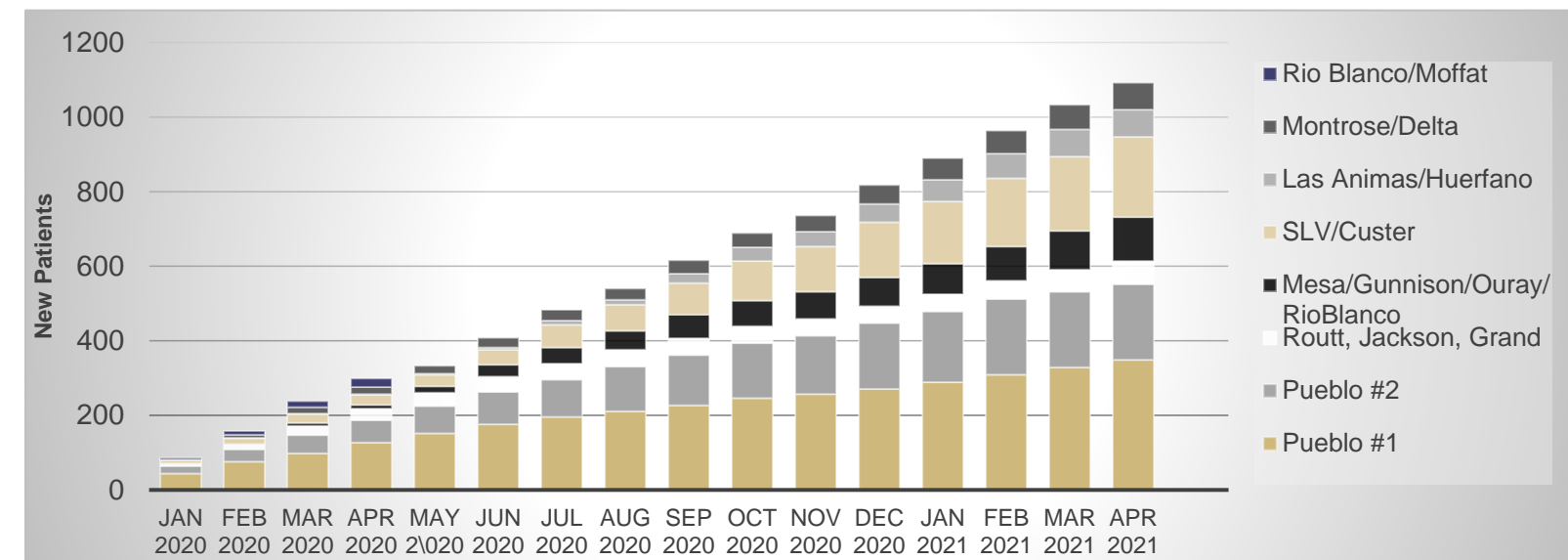

## Results

### Patients
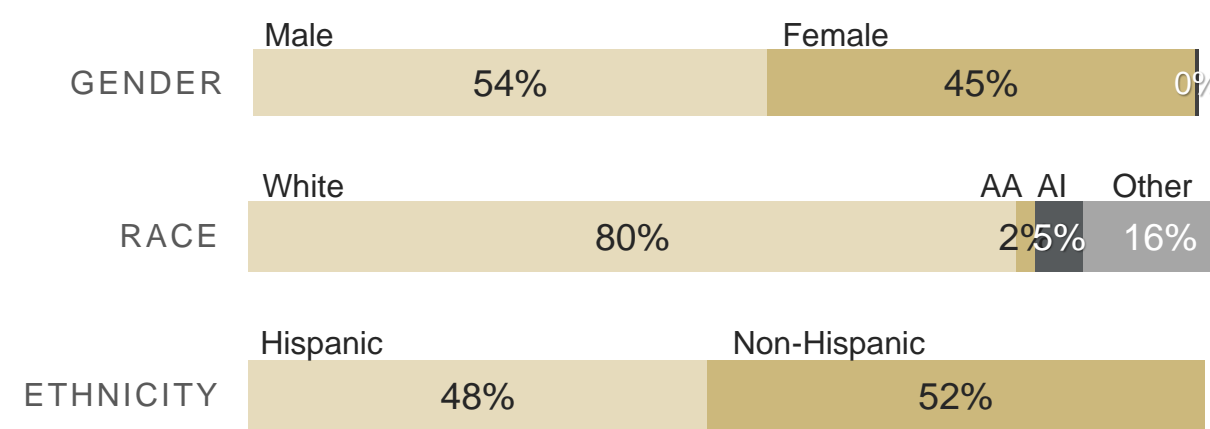


- Avg 36 y.o, not married (74%)
- Medicaid (86%)+
- Unemployed (46%), part-time (26%)
- Some Legal concerns (40%) parole (25%)
- Health less than average (83%); Pain (65%)
- Substance use in last mo: Opiates (77%), Heroin (69%), Alcohol (26%). Cannabis (48%); Meth (27%)
- Previous SU treatment (75%)
- Moderate Depression (53%)/Anxiety (57%)

### COVID-19 Impact

| Services | Providers | Patients/Clients |
|---|---|---|
| Low patient number, loss follow-up (55-62%) | Toll on providers (56%) | Avoid seeking care (55%) |
| Loss physical-behavioral health integration (55%) | Stressed, anxious (49%) | Increased substance use (59%) |
| Low screening capacity (53-57%) | Confident in disease control measure (73%) | Mental health issues (85%) |

### Rapid Switch to Telehealth



### MOUD Service Growth



| TREATMENT | Methadone | Buprenorphine | Naltrexone |
|---|---|---|---|
| | 38.70% | 49.20% | 9.50% |

| | period | CTS | HS | FRC-NE | FR-West | SLV-CMCC | LAH | River Valley | Provid. | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| Patients | Jan'20-Feb'21 | 349 | 203 | 62 | 118 | 215 | 73 | 72 | 23 | 1115 |
| Providers | current | 3 | 6 | 3 | 3 | 28 | 15 | 9 | 0 | 67 |

### Comprehensive SWOT Analysis

| STRENGTHS | WEAKNESSES |
|---|---|
| Pilot agencies: established clinic structure/ patient-centered services | Low retention of patient in MOUD treatment; no-shows are discouraging for providers |
| New grantees: Grow # providers to expand patient-centered services | Not all agencies in partnership offer BH for patients |
| Partnership solidifying/growing; cover massive geographical areas | Most services centralized, and lack of unified system for patient follow up |
| Community partners: law enforcement/judicial/jails, schools | Inconsistency in EHR and policies and clinical guidelines across partners and systems |
| Established case Manager/peer specialist to help patient navigation | Incompatible local tracking and program needed reporting |
| Establishing presence in the community | Sites not prepared to provide remote services/telehealth |
| Expert support from CU | |

| OPPORTUNITIES | ENVIRONMENTAL CHALLENGES |
|---|---|
| Develop further opportunities for telehealth initiated through the pandemic | Social challenges in patients (homeless, basic needs, hard to reach populations) |
| Continue to grow MAT service, behavioral health, community partnerships | COVID-19 impact on organization, services and patients (increase |
| Continue training providers to coverage at each site and county serviced | Patients lack access to technology/service/coverage to engage in telehealth |
| Leverage care coordination, peer support, resources (i.e. housing) | Stigma in the community |
| Effective ways to ensure retention and re-engaging patients in relapse | Unreliable transportation and vast geography |
| Move from induction to retention and harm-reduction | Polysubstance use on the rise: Meth, alcohol, marijuana, tobacco |
| Continue outreach to be known in the communities and lower stigma | Unstable levels of funding, barriers for reimbursement |

## Conclusion

✓ Legislation and academic-community collaboration allowed expansion of MOUD Program to > 20 rural counties

✓ Exponential growth since start of program at state level:
  ✓ Access to services in geographically diverse areas
  ✓ Reach a high need population
  ✓ New providers, peer assistance, care coordination

✓ COVID-19 posed serious barriers in emerging care systems

✓ Capacity building and leveraging partnerships meant valuable lessons learned despite the COVID-19

✓ Acquired successful program templates for future expansions

## Future Directions

✓ Ongoing advocacy for legislative support and to overcome health insurance and telehealth barriers

✓ Outreach and education to lower stigma

✓ Continue solidifying partnership and care coordination

✓ Systematically assess/address needs and public health impact

✓ Renewal funding for further MAT expansion in Colorado.

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