

A Protocol for a Pragmatic Pilot Trial Implementing Measurement-Based Care in Community Opioid Treatment Programs

Kelli Scott¹, Lawrence A. Palinkas³, Francesca Beaudoin², Melissa Clark¹, Sara J. Becker¹

¹Brown University, School of Public Health RI, ²Alpert Medical School of Brown University, ³University of Southern California, CA,

Overview

This pragmatic pilot trial protocol aims to enhance the quality of opioid use disorder (OUD) care through adaptation and evaluation of a stakeholder-driven Measurement-Based Care (MBC) system for use in community opioid treatment programs.

Background

- The opioid overdose epidemic is a public health emergency in the United States¹
- Medication is the gold standard treatment for opioid use disorder (OUD), but treatment engagement and long-term outcomes are suboptimal²
- Measurement-based care (MBC) is one evidence-based intervention that may enhance OUD treatment engagement and outcomes³
- MBC may be particularly valuable in opioid treatment programs (OTPs) because of frequent dosing and large patient populations typically receiving group counseling

Study Aims

Aim 1: Rapid Assessment Procedure Informed Clinical Ethnography (RAPICE)

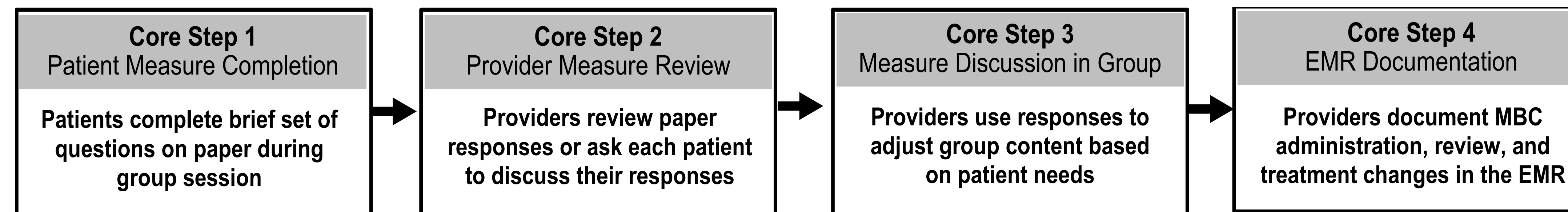
- Community Partnership Building
- RAPICE Mixed Method data collection and analysis
- Phase 2 MBC Implementation site selection

Aim 2: MBC Assessment Protocol Adaptation

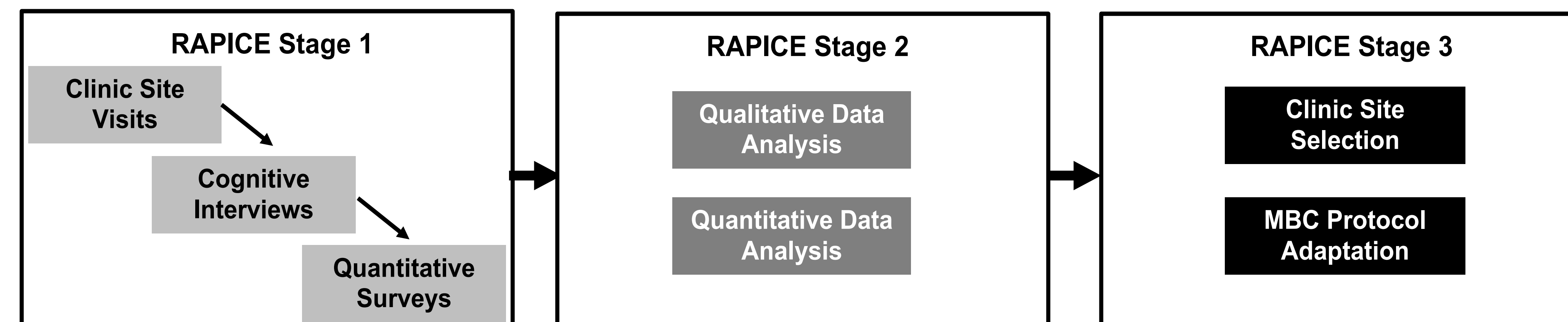
Aim 3: Pilot MBC Implementation

- MBC training and ongoing supervision
- MBC effectiveness and implementation outcome assessment

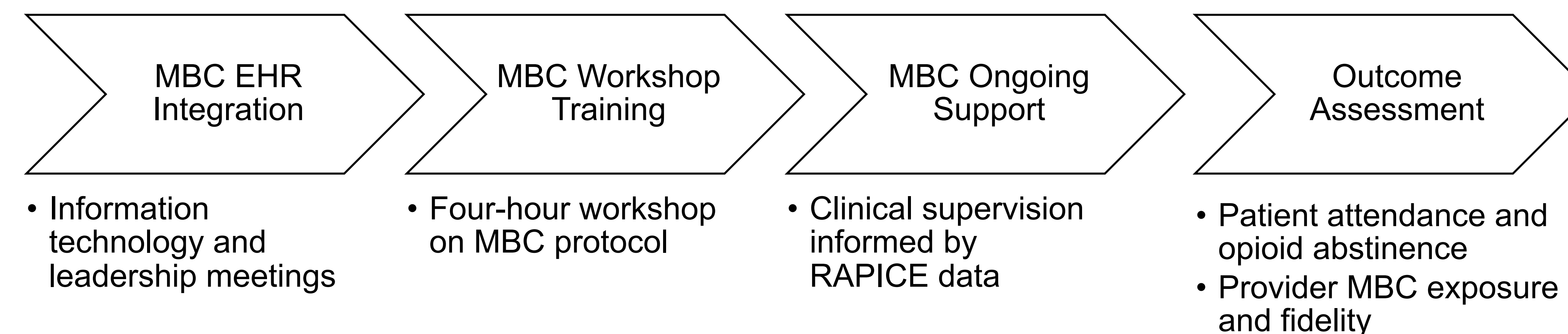
Measurement-Based Care Core Steps



Phase 1: RAPICE Study Design (Years 1-3)



Phase 2: MBC Implementation Study Design (Years 3-5)



Stakeholders

Setting : 8 community OTPs in New England

Participants: *N* = 40 providers, leaders and patients for cognitive interviews; *N* = 80 providers, leaders, and staff for quantitative surveys

Inclusion Criteria:

- *Leaders:* a) supervise providers delivering group counseling at OTP; b) employed at OTP at least four months; and c) fluent in English or Spanish.
- *Treatment Providers:* a) provide group counseling at OTP; b) employed at OTP at least three months; and c) fluent in English or Spanish.
- *Staff:* a) employed at OTP at least three months; and b) fluent in English or Spanish.
- *Patients:* a) initiated treatment at the OTP within the past 6 months; and b) fluent in English or Spanish.

Conclusion

This research program advances a significant public health issue by a) improving assessment of treatment progress in OTPs, and b) enhancing the implementation of an evidence-based psychosocial intervention in community OTPs

References

1. National Center for Health Statistics. Table 17. Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2016. 2017.
2. Bao YP, Liu ZM, Epstein DH, Du C, Shi J, Lu L. A meta-analysis of retention in methadone maintenance by dose and dosing strategy. *Am J Drug Alcohol Abuse*. 2009 Jan 21;35(1):28–33. doi:10.1080/00952990802342899 PMID: PMC3689307
3. Scott K, Lewis CC. Using measurement-based care to enhance any treatment. *Cogn Behav Pract*. 2015;22(1):49–59. doi:10.1016/j.cbpra.2014.01.010 PMID: 27330267 PMID: PMC4910387