MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN

Capstone for Impact Submission | GY2019

Project Title: Interdisciplinary Approach to Improve Access to Medication-Assisted Therapy in Detroit for Opioid Dependence

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Branch: Procedure Based Care

Path of Excellence: Innovation and Entrepreneurship

Handover/Transition:
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Summary:

Through the use of evidence-based, community-driven solutions, the Detroit Health Department (DHD) is building capacity to address the opioid epidemic and reduce its consequences. DHD is particuarly interested in increasing the accessibility of medication-assisted treatment (MAT) in Detroit, particularly Buprenorphine.

Under the advisement of Professors Comstock and Jacobson, myself and a group of fellow public health students have been tasked with providing DHD analysis and policy recommendations on achieving this common goal. We have been working on this since January, 2019 and developed an organized project plan and approach.

The first half of our project consisted of creating a standardized interview protocol for stakeholders to elicit their perspectives regarding the barriers and facilitators of prescribing MAT as well as potential solutions to increasing access. Stakeholders consisted of major health systems, community health organizations, MAT experts, physicians, and advocacy organizations.

The second part of our project was the undertaking of a comprehensive literature review aimed at creating evidence-based policy recommendations. Our team reviewed material such as medical guidelines, local and

federal laws, and existing government programs. We then followed up on our literature review by speaking to individuals to help us solidify our policy recommendations; the main of which is removing Buprenorphine prior-authorization requirements for Medicaid patients.

Our deliverables for this project included solution decks and mid-point and final presentations. We have already touched base with DHD on the bulk of our findings, and we hope to help create a pathway for this work to continue after this semester. Additionally, we are exploring methods of disseminating the findings of this preliminary study through the venues of publication or other alternative means.

Methodology:

A letter of engagement was initially created that outlined the background behind the intiative, the objective of the intiative, the expected deliverables, the scope of work, the approach and timing of the project, and other relevant items. This was signed by both parties at the beginning of the project. A comprehensive project plan using a Gantt chart was then created. A standardized interview guide was created to elicit from stakeholders the barriers to and facilitators of prescribing Buprenorphine as well as potential solutions to increasing access. The first group of stakeholders contacted included primary care physicians certified to prescribe Buprenrophine through a government-list. Other stakeholders included community health centers in Detroit, MAT experts, major health systems in the area, and advocacy organizations. Informed consent was obtained from interviewees prior to interview start-time and data was collated in a de-identified manner. IRB ethical standards were followed to the best of our ability for this quality improvement project. Literature review was conducted with the help of a healthcare policy librarian and healthcare lawyer; materials reviewed included media pertaining to Buprenorphine, government-sponsored programs, written local and federal law, medical guidelines pertaining to Buprenorphine, and existing policy intiatives nationwide pertaining to improve access to Buprenorphine. Data was used to create a preliminary solution deck and mid-point and final presentations. The team is exploring methods to continue this work and widely disseminate findings after this semester concludes.

Results/Conclusion:

There is much discussion nationwide about opioid dependence and inceasing access to Buprenorphine; however, communication amongst key stakeholders in Michigan has significant room for improvement. Within Detroit, there is little awareness about the availibility of Buprenorphine either amongst prescribers, patients, or health systems.

Multiple barriers exist to prescribing Buprenorphine; these consist of many providers, health systems, and community health clinics not recognizing Buprenorphine as a need of the community (many think its already freely available), regulatory barriers involving prescription, stigma attached to the medication and to patients, fears regarding diversion of the medication, and costs involving the medication. Facilitators to increasing access to Buprenorphine consist of prior-authorization waivers by ceratin health providers (i.e. VA, certain private insurers), government sponsored programs (340B Drug Discount Program), partnerships between health providers, and discussion forums for invested parties (i.e. such as the previous ECHO program sponsored by the government).

Potential solutions to increasing access include increasing communication amongst stakeholders by revitalizing discussion forums, increasing availiability of generic Buprenorphine, and advocating to end prior-authorization requirements for Medicaid patients. Ending prior authorization for Medicaid patients is our primary recommendation for DHD as this requirement disproportionally affects people of lower

socioeconomic classes and those with opioid dependence. Several other states have already waived this requriement utilizing the Mental Health Parity and Addiction Equity Act of 2008.

Reflection/Lessons Learned:

After clinical experiences in addiction treatment services here, my medical training, and my many readings, I had many assumptions going into this project with DHD about what my findings would be and what the utility of these findings would be. Once I started talking to more people involved in the crisis, however, I quickly learned that I knew much less than I thought I did.

The wealth of information I learned regarding the crisis from physicians in the community, community advocates, lobbyists, community health leaders, medical societies, and MAT experts really opened my eyes to what barriers communities face in overcoming major health crises such as the opioid epidemic. I learned that having a very open-minded approach when taking on new intiatives is essential to project success because I believe that without the guidance of my advisor my team and I would have had too much "confirmation bias" in our project.

Keeping a check on my own "confirmation bias" is something I will have to be very wary of in the future. I've also had multiple experiences before on research projects, but working under the tutelage of Professors Comstock and Jacobson really helped to reiterate to me the critical importance of seeking persistent guidance from experienced individuals if I wish to grow as a researcher and professional.

I also learned very valuable communication skills from this project both through working with my interdisciplinary team and with DHD. My interdisciplinary team consisted of individuals with business, public health, policy, global health, management, and law training. The different ways my teammates, my advisors, and myself approached the same situation really was a very valuable learning experience for me because it helped teach me how to better communicate with people who have different perspectives, objectives, and experiences. My interactions with DHD also helped to teach me valuable professional communication skills.