Patient Perspectives on Medication Assisted Therapy in Vermont
Ashley Adkins, Holly Bachilas, Florence DiBiase, Michael Marallo, John Paul Nsubuga, Lloyd Patashnick, Curran Uppaluri, Elizabeth Cote, Charles MacLean MD, Jan Carney MD MPH
The Robert Larner, MD College of Medicine at the University of Vermont, Burlington, VT

BACKGROUND
- Medication-Assisted Therapy (MAT) for opioid addiction has increased in Vermont over the past 10 years, supported by a novel “Hub and Spoke” system that integrates specialty treatment centers (“Hubs”) with primary care offices (“Spokes”).
- Vermont has the highest per capita use of buprenorphine-based MAT in the US.
- Barriers to successful MAT include: transportation, stigma, waiting time, insurance coverage, and others.
- Studies of patient perspectives of MAT have identified social barriers (interference of treatment with work, school, or life obligations); rigid program rules; concerns about withdrawal and relapse as common causes of premature discontinuation of treatment.
- In contrast, patients have reported a high-level of satisfaction with primary care office-based MAT.

METHODS
- Project goal
  - To elicit patient perspectives on barriers and enablers of successful MAT in Chittenden County, Vermont

RESULTS

4. System
Having a highly functioning treatment system and good social supports were important enablers of success:
- 31/44 (70%) felt they understood the MAT system, though navigating the system was difficult when initiating treatment.
- 30/44 (68%) had no issues with clinician availability.
- 10/44 (23%) reported some negative experiences.

5. Social Support & Stigma
- 36/44 (82%) felt well-supported to prevent relapse.
- 23/44 (52%) felt they were supported by healthcare professionals.
- 16/44 (36%) did not feel supported by healthcare professionals, feeling disrespected at times (both at MAT centers and other settings such as the Emergency Department).

5. Comorbidities
- 22/44 (50%) of patients cited a comorbid mental health conditions, most commonly depression, anxiety, ADD/ADHD, PTSD.
- 8/44 (20%) cited chronic pain.
- 8/44 (11%) cited a physical disability or musculoskeletal injury.

6. Self-Efficacy
- 12/44 (27%) reported that being healthy, free from numerous hospitalizations was a motivator to continue treatment.
- 10/44 (23%) reported some negative experiences.

7. Motivators
- 12/44 (27%) identified family as a major motivator.
- 12/44 (27%) reported that being healthy, free from numerous hospitalizations was a motivator to continue treatment.

8. Employment
- 26/44 (59%) defined success as staying sober.
- 12/44 (27%) defined success with feeling a sense of independence.

DISCUSSION
- Patients in MAT have complex medical, mental health, social, personal, and work lives, all of which need attention to maximize treatment success.
- Patients reported confidence in the Hub and Spoke system and high levels of self-efficacy.
- Sobriety, family support and developing independence motivated patients to succeed in the program.
- In this sample, patients felt well-supported by family, friends and the treatment system, but feelings of stigma remain.
- Some interactions with health providers were perceived as disrespectful and dismissive of pain complaints. Understanding health care provider and patient perspectives in these situations has the potential to suggest solutions.

FUTURE DIRECTIONS
- Develop a quantitative questionnaire for deployment across the statewide MAT system.
- Assess and understand common comorbid conditions and how they affect success in the program.
- Compare patient and provider perspectives to further inform system improvement and allocate resources effectively.
- Explore better ways to integrate social support services with substance abuse programs to create a unified system.
- Offer provider education on effective approaches to meet the needs of patients.
- Work to reduce stigma and increase empathy among both providers and communities.

REFERENCES