

Tackling Overdose with Networks (TOWN) Evaluation- Emergent Outcomes

SUMMER 2021 QUALITATIVE INTERVIEW - 1/20/22

Introduction

Tackling Overdose with Networks (TOWN) is a clinic-based model advocating a multi-strategy approach to reduce opioid overdose through efforts to 1) decrease chronic opioid prescriptions; 2) increase access to Medication for Opioid Use Disorder (MOUD), otherwise referred to as Medicated-Assisted Treatment (MAT); and 3) increase community coordination and prevention efforts. The TOWN grant provides funding and technical assistance to twelve rural clinics across Minnesota. Funding for this work was provided by the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program (BJA COSSAP), award number 2019-AR-BX-K050 and the Center for Disease Control and Prevention, Overdose Data to Action (OD2A), award number 5NU17CE924985-02-00.

TOWN Clinics by Initiating Grant Year

Clinic	County	Grant Starting Year
Alomere Health- Alexandria Clinic	Douglas	2018
Carris Health	Redwood	2018
Chippewa County-Montevideo Hospital (CCMH)	Chippewa	2018
Fairview Mesaba Clinic	St. Louis	2018
FirstLight Health System/Welia - Mora	Kanabec	2018
Lake Region Healthcare	Ottertail	2018
Mille Lacs Band of Ojibwe-Ne-La-Shing Clinic, Onamia	Mille Lacs	2018
Riverwood Healthcare Center	Aitkin	2018
Altru Clinic - Warroad	Roseau	2020
Mille Lacs Health System - Onamia Clinic	Mille Lacs	2020
Ortonville Area Health Services	Big Stone	2020
Wadena Tri-County Health	Wadena	2020

Prior evaluation efforts have documented the success of clinics adopting the TOWN model in decreasing prescription opioid use, increasing the availability of evidence-based treatment for opioid use disorder (OUD), and improving community collaboration to monitor and decrease opioid use and misuse. The current evaluation seeks to continue that work by 1) documenting the impact of the TOWN model on people who misuse opioids, clinic systems, and communities; 2) describing the model as implemented; and 3) identifying resources needed for sustainability. This brief highlights information learned from interviews conducted with clinic staff during July and August 2021. Across the twelve TOWN sites, 22 staff participated in an interview, including ten MOUD-waivered physicians, ten nurse coordinators, one clinic director,

and one pharmacist. At least one person participated from each site. Previous evaluations and ongoing quarterly reporting mechanisms have documented decreases in opioid prescriptions and increased availability of MOUD at TOWN clinics. This interview series sought to provide additional context to those trends and identify other outcomes, reported below, beyond the primary intended effects. Future evaluation efforts will work to expand the monitoring of these additional outcomes to document the impact of the TOWN model as the opioid epidemic evolves. Additional reports in this series describe model implementation, lessons learned, and implications for sustainability.

Outcomes

When asked to describe the impact of the TOWN model, staff identified positive changes for MOUD patients, physicians, and the clinic culture, as well as impacts on community coordination and multi-sector systems.

Observed impact on physicians and clinics

As of the last reporting period (July-September 2021), the 12 TOWN clinics had 44 MOUD-waivered providers, up from zero waived providers prior to TOWN implementation. **With additional MOUD waived clinicians, clinics report more positive patient interactions and less staff burnout.**

Since implementation, multiple sites have noticed that the physicians in their clinic are appreciative of MOUD as they now have a viable medical option for patients with OUD. Staff reported observing how prior to beginning MOUD at their clinic, physicians had no real viable alternative for treatment among patients displaying opioid-seeking and other behaviors concerning for opioid misuse, apart from refusal to prescribe opioids. In turn, physicians were exhausted and frustrated by interacting with patients displaying high-risk behaviors; a few regular patients contributed to most of the physician stress and fatigue. Now, **staff reported that in many instances, interactions between MOUD patients and their primary care physician have become more positive, productive, and more honest**, even when the primary care physician is not their MOUD provider. This shift in overall interactions between patients and physicians within the clinic was reported as lessening physician burnout. Similarly, some clinic staff reported that fewer people are presenting to their associated emergency department (ED) with opioid-seeking behaviors and ED staff have more resources (referral to MOUD) to compassionately follow up after responding to an overdose than previously. **Overall staff reported observing less stigma within their clinic, and greater acceptance of OUD as parallel to other treatable diseases**- meaning that OUD is a medical health condition that can, and should, be treated within the clinic setting. Additionally, staff **observed greater physician awareness of their opioid-prescribing behaviors and more physicians express their commitment to pain management approaches beyond opioids.**

Observed impact on MOUD patients

In the last reporting period alone, the 12 TOWN clinics provided MOUD to 516 patients (July-September 2021). MOUD efforts was described as improving lives and increasing rural access to care for this chronic medical diagnosis. Establishing MOUD services within clinics helped identify existing patients as having OUD while also connecting new patients to the clinic who were particularly seeking MOUD. Staff reported that many of the new patients who came to the clinic to seek MOUD were previously driving three hours or more to access their previous MOUD provider. **Accessing MOUD locally means patients have fewer transportation barriers and can more readily fit MOUD treatment alongside other life commitments such as family and employment, making consistent MOUD use more sustainable and recovery possible.** Staff reported that many of their MOUD patients demonstrated improvement in their lives while on MOUD including gaining employment, re-establishing relationships with children otherwise separated due to child protection, and reduced recidivism. Additionally, staff reported that a surprising number of new patients were referred via word of mouth from current MOUD patients, sharing examples of how families, couples, and friends were seeking MOUD together. Clinic staff observed a stronger, more connected recovery community who in turn provided informal support to one another.

“One of the biggest problems (...) is that people will go away for treatment. They will be sober. They'll do a halfway house in a different community. But to come back to the community, there are really two options- you can associate with the same people that had substance use problems in the past, there is easy access to the substances, or the only other option, was to become completely isolated with really no social connections and the relapse rate was huge. I think they've now reached kind of a tipping point where you can come back to the community. There are enough people who are in recovery that you can have sober social relationships. And that's been a huge help.” - Physician

Observed impact on communities and multi-sector systems

Due to strategic efforts to build partnerships and facilitate monthly multi-sector taskforce meetings, sites reported increased coordination and prevention efforts within their community, observing **increased referrals and successful continuation of MOUD care in partnership with treatment facilities and other local mental and behavioral health providers, local public health, law enforcement, and jails.** This resulted, in some communities, in a coordinated continuation of MOUD across critical transition points such as transitioning into or exiting incarceration or inpatient treatment.

“I think the task force is an incredible piece of this, frankly, because you know you can do as much as you can as physicians and nurses, but when you've got law enforcement, ambulance crew, mental health facilities, (...) when you literally get a face with a name right? Then you know who you're talking to on the phone when you're calling these

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places, they know they can contact you. I think that that personal touch and that networking is huge.” -Physician

Additionally, **sites described increased coordination of cross-sector prevention efforts including naloxone distribution, community awareness-raising events, and school-based education efforts.** One community reported that **the largest employers in their region updated their employment policies to decrease employment barriers for people with prior substance-related convictions.** A multi-sector taskforce in another community coordinated the purchasing of a vehicle and hiring drivers to address the lack of transportation which they identified as a significant barrier to accessing treatment.

“This has brought us together as a community.” -Physician

Conclusion

The TOWN model has shown amazing improvements in care and access for patients through a collaborative multi-pronged method to reducing opioid misuse and overdose. For more information on the details of the TOWN model components, technical assistance provided to TOWN sites and lessons learned from model implementation across sites in the past year, please see the companion evaluation report “Tackling Overdose with Networks (TOWN) Evaluation- Model Implementation and Best Practices”. While each site implements TOWN in ways that are best suited for that community and thus the examples of impact shared in this report cannot be generalized across all sites, there are examples of successes that are possible through the TOWN model beyond direct impact to patients. Further data collection efforts can be implemented to determine the extent to which the emergent outcomes identified through qualitative interviews are consistently demonstrated across sites. The various examples of community-level change documented demonstrate that systems can change and communities that are challenged by opioid misuse and overwhelming rates of overdose can find ways to change social norms and increase availability of recovery supports. The flexibility of the TOWN model make it a promising practice for rural clinics and communities to address the pervasive challenges of opioid misuse and demonstrate that MOUD treatment and recovery is possible at the local level.

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