

Trends in Abstinence and Retention Associated with a Medication-Assisted Treatment Program for People with Opioid Use Disorders

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What Is the Purpose of the Study?

- To describe the Utah Opioid Community Collaboration—a community-based, collective impact approach deployed within three counties in Utah to combat the opioid epidemic.
- To assess the rate of abstinence and retention associated with participation in the Opioid Community Collaboration's medication-assisted treatment (MAT) program for individuals identified with an opioid use disorder.

What Is the Problem?

- Widespread, population-level access to MAT remains a barrier in reducing the prevalence and deaths associated with opioid use disorders.
- Despite the demonstrated effectiveness to treat opioid use disorders with MAT, within Utah this program has not been widely available, promoted, or adopted within the public sector.
- Inadequate addiction-related training, stigma associated with treating individuals who have opioid use disorders, unpredictable insurance coverage along with a requirement of frequent check-in visits, drug monitoring tests, and chronic prescription refills make it difficult to convince physicians alone to provide effective addiction care using MAT.

What Are the Findings?

- Collective impact provides a successful mobilization framework in Utah for increasing community engagement and expanding patient access to under-resourced MAT programs for individuals with opioid use disorders.
- Engaging a broad group of aligned community organizations while developing aligned and coordinated action demonstrated that participation in a community-based MAT program resulted in promising abstinence rates and program retention for up to 1 year after enrollment.

Who Should Care Most?

- Individuals, families, and health care professionals impacted by opioid use disorder need to be aware and open to the use of MAT as an evidence-based treatment option.
- Community-based organizations should recognize their value in delivering this much needed treatment in the communities that they serve.
- Health systems may consider adopting a collective impact approach when pressing public needs rooted in the community intersect with internal health system priorities such as reducing opioid use disorders.

- Other anchor institutions (i.e., established academic universities or faith-based institutions) may be well-positioned to leverage the full resources and collective action of a community—including partnership among public, private, and not-for-profit organizations like health systems—to tackle deeply entrenched and complex social problems.

Recommendations for Action

- Health systems should recognize their distinct role in the community as an anchor institution—rooted in the community with a public mission, capital and enduring relationships that can help mobilize social change.
- Efforts to address social determinants of health and its effects on health care outcomes is relatively new with limited available evidence regarding what works. Organizations should proceed cautiously, focusing time and effort on the most promising practices.
- Identifying capable community health leaders within the health care system that can create and sustain community relationships is essential.
- Early and frequent engagement by community health leaders with key stakeholders is critical so that the right initiatives are identified that have broad support.