

Lowering Barriers to Treatment for Opioid Use Disorder

A growing body of evidence suggests that medications for opioid use disorder (MOUD) are the gold standard of treatment for opioid use disorder (OUD). Evidence also suggests that keeping people with OUD in treatment is key; one [study](#) found those who received MOUD for 15 months to 18 months had better outcomes than those treated for shorter periods. Yet stigma, lack of trained and willing providers, high out-of-pocket costs, and burdensome requirements keep many people from starting or staying in treatment.

Leveraging FORE grants, three organizations are working to lower these barriers by bringing services to patients, removing requirements (such as having to participate in counseling or have clean drug screens), using empathy to build rapport, and/or addressing the social circumstances that hinder people from staying in treatment. Through these approaches, grantees at Allegheny Health Network, Thomas Jefferson University, and Housing Works have engaged people with OUD who are often described as hard to reach, including those in rural areas, those currently unhoused, and those who've experienced trauma or have co-occurring mental health conditions. This issue brief describes their approaches and suggests policy and practice changes that could spread them.

Most people with OUD don't receive treatment

Only 1 in 4 people with OUD receive MOUD.

Source: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790432?resultClick=3>

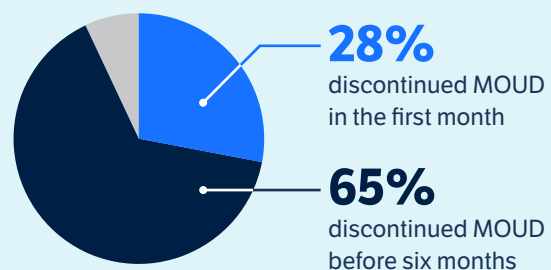
Some groups are less likely to have access to MOUD:

- Residents of rural counties
- Racial and ethnic minorities
- Pregnant women
- Adults in the criminal justice system

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8943638/>

Many people don't stay in treatment

One study of Medicaid beneficiaries across multiple states found:



Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6354252/>

KEY TAKEAWAYS

1 Stigma, lack of providers, and burdensome requirements keep many people from starting or staying in treatment for opioid use disorder.

2 FORE grantees are working to lower barriers to OUD treatment by meeting patients where they are, building trust, and offering comprehensive medical and social supports.

3 Efforts are needed to engage more people in treatment, especially people of color, by building a more racially and ethnically diverse provider and peer support workforce and by offering more treatment options.

Programs That Reduce Barriers to Accessing Treatment and Recovery Supports

These three FORE grants directly increased access to treatment for people with opioid use disorder: 450 new patients received MOUD and nearly 1,900 patients in all engaged in some type of service.

Program	Region Served	Clinical Services	Social Services	OUD Patients Served Over Two-Year Grant Period
Thomas Jefferson University /Pathways to Housing PA/ Project HOME	Philadelphia (4 locations)	Primary care, behavioral health, substance use treatment, peer support, recovery groups, telehealth	Housing benefits counselor, employment programs, food pantry, basic needs for unhoused people (e.g., showers, laundry, clothing)	248 received MOUD (100% increase)
Housing Works	New York City (4 locations)	Primary care, behavioral health, substance use treatment, case management	Housing, job training, legal assistance, harm-reduction services	202 received MOUD; 1,166 received other services
Allegheny Health Network's Mobile Integrated Health program	Western Pennsylvania (home visits)	Led by paramedics, who make referrals to primary care, behavioral health, substance use treatment	Helps patients identify and overcome barriers to accessing social supports	276 received home visits

MEETING PEOPLE WHERE THEY ARE

Meeting people where they are is a mantra in addiction treatment, an approach based on identifying people's goals and helping them take small steps to achieve them. Some OUD treatment programs take this literally by bringing services to people outside of traditional clinics.

FORE grantee Lara Carson Weinstein, M.D., M.P.H., Dr.P.H., associate professor of family medicine and director of Thomas Jefferson University's addiction medicine fellowship, is the co-founder of primary care-based OUD treatment programs in Philadelphia in partnership with [Project HOME](#) and [Pathways to Housing PA](#). The programs serve people experiencing housing instability or homelessness, many with psychiatric conditions. In addition to offering OUD treatment at clinics, the programs bring services to people living in shelters or on the street. Project HOME offers MOUD in the [Hub of Hope](#), a drop-in center located in Philadelphia's Center City train station. In addition to treatment, the Hub of Hope clinic offers a safe place where people can have a cup of coffee, take a shower, wash their laundry, and speak to peers or resource coordinators to help them find housing.

Project HOME clinicians, led by Kara Cohen, C.R.N.P., also practice street medicine, visiting shelters and homeless encampments to engage people in OUD treatment and connect them with ongoing services. Between March 2019 and March 2021, Project HOME's MOUD programs retained most patients (79%) in treatment for at least six months, with no significant differences by race or gender identity.

MINIMIZING REQUIREMENTS ON PATIENTS

Project HOME and [Housing Works](#) in New York City, a nonprofit that provides housing, health, and other services to people affected by HIV/AIDS and others, don't make MOUD treatment contingent on patients' meeting certain targets, such as always having clean urine screenings or agreeing to take part in counseling. They also offer treatment to all, regardless of their insurance coverage or ability to pay. "Instead of requiring things of patients, we require ourselves to be the best trained we can be and the most available we can be for our patients," says Thomas Jefferson's Weinstein. "And we also require ourselves to learn how to partner with people who are in hard places."

All Housing Works staff received training on harm-reduction principles and MOUD so they can be opportunistic, offering treatment to patients as soon as they express interest. "The trainings empower all staff to feel confident in identifying clients who may benefit from treatment and knowing how to connect them with services," says Bethany Davison, L.M.S.W., M.P.H., quality assurance specialist.

Pierre Arty, M.D., Housing Works' chief psychiatric officer, serves as a MOUD champion, answering other staff members' questions and encouraging them to identify patients for treatment. And the first time he meets a patient with OUD, he prescribes buprenorphine, if appropriate. "If the individual used the night before and they can't start that day, then we are open to providing them with take-home doses," he says. "Our patients have friends who are already on Suboxone and they're very astute."

Over a two-year period, Housing Works provided MOUD to 202 new patients; about 80 percent filled their buprenorphine prescriptions for at least 90 days.

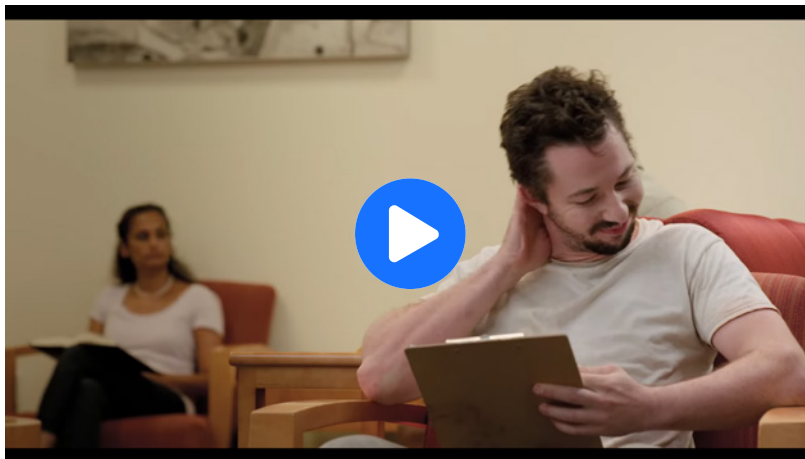


◀ All of Housing Works' staff are trained in the principles of harm reduction. Offering services to prevent overdoses and otherwise keep people safe keeps Housing Works' patients coming back.

BUILDING TRUST AND REDUCING HARM

Arty says his most effective engagement approach is to treat patients with compassion and respect. “First impressions count,” he says. “It’s important to look someone in the eye, show that you’re not judging them and make sure people feel they are heard.” Building trusting relationships can also open the door to harm-reduction approaches, with patients more likely to be honest about their drug use and willing to accept help to reduce their risks, such as test strips or naloxone, Housing Works’ Davison says.

Weinstein and her colleagues created a [series of videos](#) to educate clinicians and other health care professionals about situations they’re likely to encounter in treating people with OUD and ways of reacting that build trust, rather than further stigmatizing patients. They based the videos — which dramatize episodes including a patient with a history of injection drug use feeling triggered by giving blood or someone experiencing active withdrawal in a waiting room — on stories they heard from patients. “As we were writing these scripts, we were able to play them out for the patient groups,” says Kelsey Smith, then-clinical research coordinator for the Opioid Use Disorder Program Research at Thomas Jefferson. “We asked patients whether the video showing someone in active withdrawal in the clinic waiting room was too dramatic. Patients said no, ‘This is really how bad I would be feeling, this is how quickly it can go south, this is absolutely how quickly I would get security called on me.’”



◀ Staff at Thomas Jefferson University created a [series of videos](#) to educate health care professionals about harm reduction, an evidence-based approach to reducing the risks of drug use. The videos also illustrate practical strategies health care professionals can use to build trust with patients.

GETTING TO ROOT CAUSES AND GUIDING PATIENTS TO HOLISTIC SUPPORTS

In rural Western Pennsylvania, community paramedics working in [Allegheny Health Network’s](#) Mobile Integrated Health program visit people in their homes to help them navigate the barriers they face in accessing clinical and social services. Patients are referred to the program following emergency department visits or after encounters with emergency medical services staff or the health system’s social workers and case managers. Some have experienced an opioid overdose or other issue related to substance use or have dropped out of addiction treatment at Allegheny’s Center for Recovery Medicine clinic.



Social Determinant Barriers to Self-Management

- 1 Labile or terminal complex medical condition
- 2 Current skilled medical need
- 3 New complex medical condition
- 4 Depression/Anxiety/Loneliness
- 5 Other mental health
- 6 Chronic pain with/without Substance Use Disorder
- 7 Cognitive impairment
- 8 Mobility impairment
- 9 Other physical disability
- 10 Medication issue
- 11 Social support issue
- 12 Caregiver support issue
- 13 Housing concern
- 14 Home utilities
- 15 Home maintenance or environmental hygiene
- 16 Food concern
- 17 Transportation
- 18 Literacy
- 19 Technology issue
- 20 Safety or security issue
- 21 Clinician relationship issue
- 22 Other
- 23 No barriers identified
- 24 Unable to identify barriers

▲ Community paramedics working in Allegheny’s Mobile Integrated Health program use standardized terminology to document the issues that patients say are keeping them from getting healthy. Poor mental health and problems with transportation are most common. Over the course of the FORE grant, the paramedics reached 276 people with substance use disorders. Source: Allegheny Health Network

Instead of starting by asking people about drug use, Allegheny Health Network’s community paramedics — who are trained in motivational interviewing — ask people about the problems they face and how they can help, leveraging the trust many people have in first responders. “I get to knock on somebody’s door and say, ‘Hey, my name’s Jonah, I’m a paramedic. What can I do to help?’” says Jonah Thompson, Allegheny’s director of Prehospital Care Services, who oversees the Mobile Integrated Health program. People’s immediate goals may not be to stop using, but to get help in managing chronic pain, finding better housing, or leaving an abusive relationship.

Following an initial assessment, the paramedics document the patients’ goals and barriers in their medical records using standard categories, making that information available to the entire care team. The team then helps patients connect to clinical and social resources that can stabilize their lives in ways that may eventually lead them to treatment. One such resource is Faces and Voices of Recovery (FAVOR-Western PA), a recovery community organization in the rural town of Bolivar. The organization was founded by two mothers whose children were affected by substance use disorder. FORE funding helped FAVOR hire a director and two recovery support specialists, who offer a wide range of supports to help people find recovery and employment services. And to lower barriers to treatment, Allegheny staff travel to FAVOR once a week to offer MOUD on site in the recovery community organization.

The OUD treatment programs in Philadelphia and New York City take similar approaches, offering both clinical and social supports through teams that include psychiatrists, primary care providers, social workers, case managers, and peers. In an evaluation, Housing Works staff found that case managers were particularly effective in retaining people in treatment by helping patients overcome hurdles, like signing up for health insurance or finding stable housing.

Program leaders also routinely ask patients what's important to them. When asked what they hoped to get from OUD treatment, patients from the Pathways to Housing PA program said that in addition to being free of substances, they wanted to feel happy and have basic comforts, like being able to take regular showers and wear clean clothes.

LESSONS FOR POLICY AND PRACTICE

As the nation seeks to end the opioid crisis, these low-barrier approaches offer lessons about ways to make it easier for more people to find and stay in treatment.

Remove financial barriers to treatment.

These three programs provide services to all patients, without any copayments, and subsidize their operations with grants from public and/or private sources, including FORE. But not all OUD patients have access to these kinds of safety-net providers. An estimated one of five people with OUD are uninsured. Providing federal and state funds to expand treatment capacity and expanding Medicaid eligibility to more low-income adults could make treatment more accessible to more people.

Patients with Medicare coverage or private insurance may face high out-of-pocket costs for MOUD. Given that OUD patients may need to stay in treatment for several months, cost-sharing is often cited as a significant barrier to treatment. Reducing cost-sharing and other barriers, such as prior authorization requirements for MOUD, could make lifesaving treatment more accessible to more people.

In addition to directly paying for treatment, public and private funders can expand access by building providers' capacity and responsiveness. For example, FORE funding helped reduce barriers to treatment by:

- Enabling OUD providers to conduct rapid-cycle improvements during the pandemic to identify and lower barriers to care;
- Supporting patient advisory councils, enabling providers to hear directly from patients about what matters to them;
- Investing in staff training to create MOUD champions who encourage patients to seek treatment and answer colleagues' questions; and
- Creating communities of practice around OUD treatment.

Train providers in approaches that build trust with patients and reduce risks.

The approaches taken by these providers offer models to others, not just those serving ostensibly hard-to-reach patients, about how to forge bonds with patients to reduce the risks of drug use and engage them in treatment. Providers could benefit from training in how trauma, mental illness, racism, and other factors are linked to substance use and should find opportunities to listen to and learn from patients. Several FORE grantees are developing these types of training resources.

“Working with folks to reduce their risks without creating further shame and stigma can be an incredibly powerful tool, not only in helping someone stay alive but also helping them feel socially connected,” Davison says. “Many of our clients feel they have burned all their other bridges or lost social supports, but they know they can come to Housing Works without judgement. By keeping clients engaged, we are more likely to catch them on a day when they feel empowered to change or step in a different direction.”

Particular efforts are needed to reach underserved groups, including racial and ethnic minorities.

New data from the Centers for Disease Control and Prevention show that certain groups are at greater risk from the recent rise in overdoses linked to a more lethal drug supply. While drug overdoses among whites, Asians/Pacific Islanders, and Hispanics increased by about 22 percent from 2019 to 2020, rates increased by 44 percent among Black individuals and by 39 percent among American Indians/Alaska Natives. And yet greater proportions of white than Black people with OUD receive MOUD treatment.

OUD treatment programs can tailor their approaches to engage more patients of color in treatment, including by hiring diverse staff including peer support specialists. Greater efforts are also needed to ensure MOUD services are available and accessible to communities of color.

“

When people are ready for treatment, we need to remove all barriers that stand in their way. Treatment needs to be frictionless from the point of view of patients as well as practical for providers.”

– Ken Shatzkes, Ph.D., program director at FORE

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FORE is a national, private, grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.

We are committed to convening and supporting partners advancing patient-centered, innovative, and evidence-based solutions to make the greatest impact on the crisis.

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