Oregon Health & Science University
School of Medicine

Scholarly Projects Final Report

Title *(Must match poster title; include key words in the title to improve electronic search capabilities.)*

> Acceptability and Feasibility of a Shared Decision-Making Tool for Medication for Opioid Use Disorder

Student Investigator's Name

> Rachel David

Date of Submission *(mm/dd/yyyy)*

Graduation Year

Project Course *(Indicate whether the project was conducted in the Scholarly Projects Curriculum; Physician Scientist Experience; Combined Degree Program [MD/MPH, MD/PhD]; or other course.)*

> Scholarly Projects

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Scholarly Project Final Report

Concentration Lead's Name

Project/Research Question

> **Acceptability and Feasibility of a Shared Decision-Making Tool for Medication for Opioid Use Disorder**

Type of Project *(Best description of your project; e.g., research study, quality improvement project, engineering project, etc.)*

Key words *(4-10 words describing key aspects of your project)*

Meeting Presentations
If your project was presented at a meeting besides the OHSU Capstone, please provide the meeting(s) name, location, date, and presentation format below (poster vs. podium presentation or other).

N/A

Publications *(Abstract, article, other)*
If your project was published, please provide reference(s) below in JAMA style.

N/A

Submission to Archive
Final reports will be archived in a central library to benefit other students and colleagues. Describe any restrictions below (e.g., hold until publication of article on a specific date).

N/A

Next Steps
What are possible next steps that would build upon the results of this project? Could any data or tools resulting from the project have the potential to be used to answer new research questions by future medical students?

> As data collection has not begun, a future student could continue this pilot project by collecting and analyzing the results. Also, additional projects expanding upon the results of this study could be assessing the decision aid further with focus groups, and even eventually performing a randomized control trial assessing the use of the tool in practice.

Please follow the link below and complete the archival process for your Project in addition to submitting your final report.

https://ohsu.ca1.qualtrics.com/jfe/form/SV_3ls2z8V0goKiHZP

Student's Signature/Date *(Electronic signatures on this form are acceptable.)*
This report describes work that I conducted in the Scholarly Projects Curriculum or alternative academic program at the OHSU School of Medicine. By typing my signature below, I attest to its authenticity and originality and agree to submit it to the Archive.

X _____

Student's full name

Mentor's Approval *(Signature/date)*

X _____

Mentor Name

_____ 3/16/23

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Introduction *(≥250 words)*

In 2020, over 26.8 million people around the world were affected by opioid use disorder, with approximately 2.7 million cases of opioid use disorder in the United States alone[1]. Locally, an average of 5 Oregonians die from opioid overdose weekly[2]. And, since the beginning of the COVID-19 pandemic, this crisis has only worsened, with rates of fentanyl use and opioid related overdoses nearly doubling[3]. There are a number of effective medications for opioid use disorder (MOUD) including buprenorphine, methadone, and extended-release naltrexone. These have been well studied and have been shown to reduce opioid cravings, to reduce opioid use and to prevent opioid related deaths. Despite the availabilities of these MOUD, the medications are largely underutilized. Much of this lack is due to the many barriers to initiating MOUD treatment, including stigma, access to care, perception of strict oversight, and comorbid mental health issues[4].

Shared decision making (SDM) in clinical practice involves making choices about a treatment plan through partnership between the clinician(s) and the patient[5]. In particularly, decision-making tools can help encourage SDM and guide such conversation by using visual aids to informing patients. Not only does SDM have the potential to improve patient satisfaction, but it has also been found in initial studies to increase likelihood of MOUD induction (37% vs. 11%)[6]. Despite these reports, only an estimated 23% of MOUD clinics invite patients into decision making processes[7]. Additionally, there are currently no validated SDM tools available to the public directed towards patients for MOUD initiation. Improving efforts to involve patients in treatment care planning has the potential to improve treatment adherence and reduce opioid-related deaths.

Methods *(≥250 words)*

The initial step was to create a decision aid for MOUD to help patients learn about the various MOUD prior to induction of treatment. Once created, the study focuses on learning about the acceptability and feasibility of the SDM MOUD tool by patients and providers through a pilot cross sectional survey study.

In this study, the SDM MOUD tool will be evaluated by patients and providers through feedback collected from surveys. The surveys, which will be distributed by OHSU REDCap software, will solicit feedback on the tool, specifically on how to improve it, as well as general thoughts on SDM in MOUD. We will also solicit interest and projections from participants on how and if the tool would be helpful for patients initiating MOUD and what barriers they would expect in using it. We plan to survey at least 55 patients, defined as adults being treated for opioid use disorder at an OHSU or OHSU affiliated outpatient clinic, as well as at least 10 providers, again from OHSU and OHSU affiliated outpatient clinics. Patients will be recruited via printed and digital flyers, and additionally will receive a $10 gift card for their participation. Providers will be recruited via direct email from the study team. Once the survey is conducted, data will be summarized using Excel and R, and the results will be shared in the form of a manuscript and/or poster presentation. For clinics who are interested, the edited SDM MOUD decision aid, can be printed and provided for their use.

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Results *(≥500 words)*

The SDM aid for MOUD was created following International Patient Decision Aid Standards Collaboration[8] recommendations. The tool compares current MOUD options, especially noting the side effects and dosing which previous studies have demonstrated are important factors when discussing patient adherence to medications[9], for patients using patient-friendly language (Figure 1).

Starting Treatment for Opioid Use Disorder

The purpose of this shared decision making tool is to help patients communicate preferences about treatments for opioid use disorder (OUD) to aid in shared decision making with providers.

1 TALK TO A PROVIDER

- Opioid use history: *What type of opioid(s) do you use? How much, how often? When was your last use?*
- Other health history: *What other health problems do you have? What medications do you take?*
- Treatment goals: *Why are you interested in treatment now? What do you think will be easy or difficult?*

2 CHOOSE A TREATMENT PLAN

With any treatment for OUD you are expected to reduce your risk of death by overdose by more than 2x and your risk of using opioids by more than 4x.

	BUPRENORPHINE	METHADONE	NALTREXONE
Initial dose	>12 hrs after heroin >36 hrs after methadone >24 hrs after other opioid -or- less if microinduction	anytime	7-10 days after last use
Features	-Tablet, film, or injection -No potential for overdose -Do not need to stop before surgery -Most safe to use with other opioids	-Tablet -Potential for overdose - Do not need to stop before surgery	-Tablet or injection -Potential for overdose -Need to stop multiple days before surgery -Least safe to use with other opioids
Side effects	Abdominal pain, constipation, nausea, headache, insomnia	Dizziness/hypotension, sweating, constipation, nausea, low respiratory rate	Abdominal pain, diarrhea, nausea, muscle aches, dizziness, headache
Maintenance	Meet with provider at clinic every week initially, eventually up to every 3 months	Meet with provider at methadone clinic every day initially, potentially up to weekly	Meet with provider at clinic every week initially, eventually up to every 3 months

3 PLAN FOR THE FUTURE

- Verify how often you will see your provider, when they will provide prescriptions, and what random urine drug screening they plan on doing.
- Identify local meetings, individual therapy, group therapy, detox programs and other services to help your recovery.
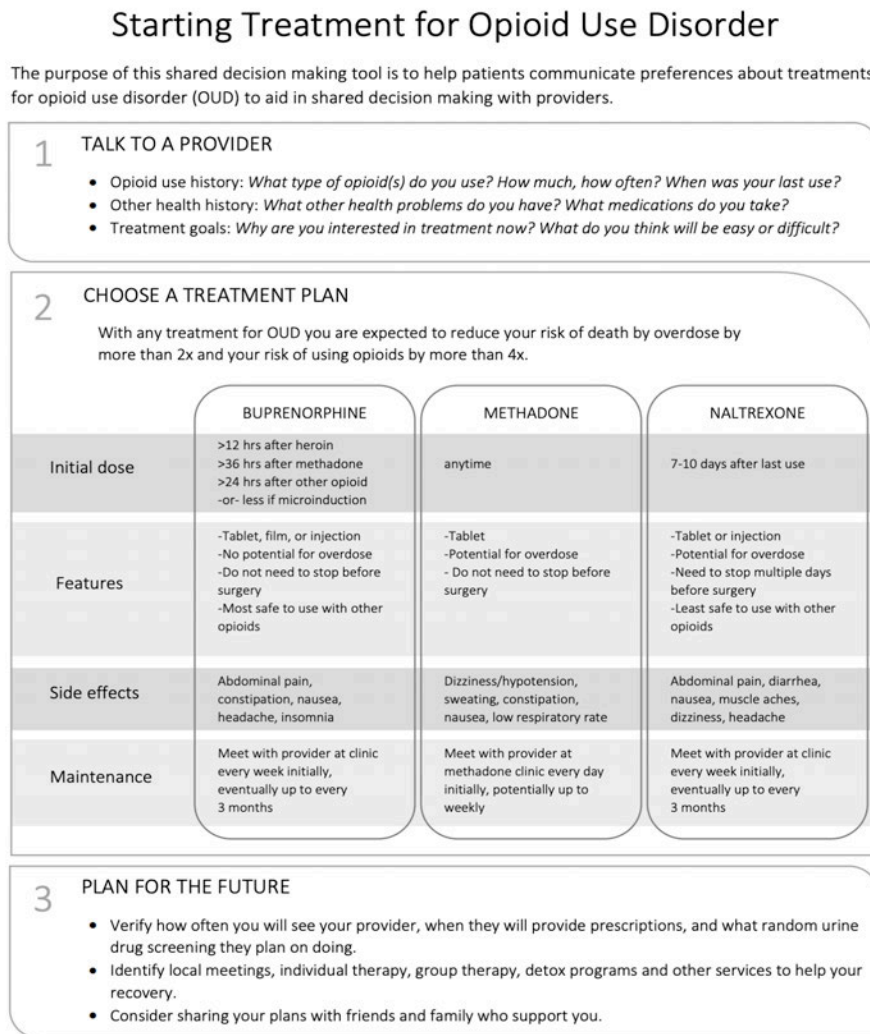- Consider sharing your plans with friends and family who support you.

Figure 1. Decision aid created to help guide SDM conversations in MOUD.

The study is still under IRB review, so no results have been collected at this point. Data on participants' experiences with SDM in MOUD, as well as on the decision aid created, will be both quantitative and qualitative. Additionally, the patient-specific surveys will elicit information on patient demographics, while the clinician-specific survey will collect provider-related data for example about how long they have been prescribing MOUD what types are offered. Results will be analyzed and used to improve the SDM MOUD tool.

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Discussion *(≥500 words)*

A full discussion at this point is difficult due to the lack of results. However, it is expected that the data collected from the surveys will help inform knowledge surrounding SDM in MOUD. The results will also provide valuable feedback to shape future iterations of the SDM tool. Eventually this tool could be utilized in clinical practices to direct SDM discussions in MOUD, potentially improving patient satisfaction with medical institution interactions, with their OUD treatment plan, and adherence to said plans.

The study does however have a number of limitations, the most importantly related to sample population and sample size. Inherently, the external validity of the study is limited due to the localized nature of the sample population from one city and one institution. Another limitation in terms of sample population, is its restriction to English-only speakers. While we struggled with this limitation from a diversity and health equity lens, we did not have the resources at this time to translate the SDM tool, surveys, and responses to other languages. The sample size of an estimated 50-100 is certainly on the smaller size for a research study. However, since this is a pilot study and the aim is to evaluate the accessibility and feasibility of the created SDM tool from the point of view of the potential users, the sample size seemed reasonable for this initial step. Finally, given the nature of OUD, the participant survey is designed in such a way that captures patients undergoing OUD treatment at any stage – first initiation, ongoing treatment, return to treatment. While this gives us a broader range of patients, it also always the chance for recall bias.

Conclusions *(2-3 summary sentences)*

This study will hopefully elucidate patient and provider views on SDM in MOUD induction and provide constructive feedback which will be used to edit the SDM. Ideally, the finalized decision aid can be tested in a randomized control trial to add to current literature surrounding the potential benefit of SDM in MOUD induction.

References *(JAMA style format)*

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