



Patient-centered care in injectable opioid assisted treatment

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Disclosure Statement

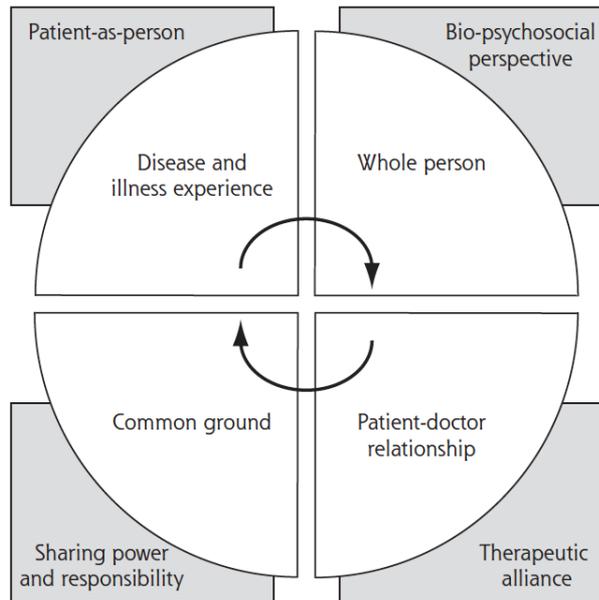
- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Injectable Opioid Agonist Treatment (iOAT)

- For people with severe opioid use disorder, evidence supports the safety, effectiveness and cost-effectiveness of iOAT ¹⁻³.
- Individually titrated doses of diacetylmorphine or hydromorphone are self-administered by injection up to 3 times per day.
- Medications are taken under the supervision of Registered Nurses, in a clinical setting that is staffed with Physicians, a Psychiatrist, Social Workers, and Dietician.

Rationale for exploring Patient-Centered Care

Figure 1. Conceptual framework of patient-centered care (PCC).



- PCC model (Stewart et al)
- PCC model (Mead and Bower)

- Nurses play a very significant role in iOAT
- Participants have unique and diverse treatment goals and expectations, beyond the medication itself ⁴.
- PCC = positive outcomes!

Study Objectives

From the perspective of patients receiving iOAT, the study aims to...

- 1) Explore the concept of PCC for iOAT;
- 2) Explore the perceived relationship between PCC and patient's self-reported outcomes.

A Grounded Theory Study

- **Theoretical sampling and theoretical saturation** guided participant selection, data collection and analysis ⁶.
- Participants with **long-term opioid dependence** receiving iOAT in **Canada's first clinic** (Providence Health Care's Crosstown Clinic).
- Qualitative interviews with n=30 (14 women). Interviews were semi-structured, audio-recorded and transcribed.
- Transcripts were **coded line-by-line**, and underwent focused coding and theoretical coding using **strategy of constant comparison** ⁶.

Findings

Participant-Defined Goals & Outcomes

*“It’s [iOAT] been a chance to put my feet up and **not be on my feet 24 hours a day**, hussling and grinding all day. And, and I knew that eventually because of it, **my life would get better** obviously if I didn’t have to do those things. **I would get healthier**, uhm, I would **stop going to jail**, uhm **my life would become stabilized**, I could start to slowly **build back relationships** in my life with people that love me and that I love that were basically, I was basically absent from their lives...which has happened now, it’s really nice to be able to, you know, do that.”*

(Male Participant, Age = 33, on iOAT approx. 4 years)

Defining Patient-Centered Care in iOAT

Relationships with Health Care Providers:

- Positive daily interactions
- Supportive and empowering care
- Mutually respectful and collaborative care

Comprehensive Care:

- Under one roof
- Catered to the needs of people with addiction
- Support for off-site specialist care

Individualized Programs:

- No fixed treatment length
- Services are not forced upon clients
- Services are available as client's needs expand

Relationships with Health Care Providers

Positive, supportive and respectful relationships **encouraged participants to**: *“attend three times per day”, “let guard down”, “reach out and speak up about what you need”*.

*“If you feel like you need to go up [in your dose], you let them know, if you feel like you need to go down, you let them know. Unless it’s going to harm me and my health somehow, **he’ll [my doctor] listen to me**, he knows that I’m not going to take advantage...That whole sort of shame-based way of thinking of things isn’t there, so you really **feel safe asking for what you need**. I’ve gone down on my dose because I felt like that’s what I need, and then realized it was wrong and then gone back up and **it’s really up to me there.**”*

(Female participant, Age 43, on iOAT for approx. 2.5 years)

Comprehensive Care

When comprehensive care is available in one setting, participants are able to address the complex addiction-related harms:

“People that are addicted to drugs, alcohol or whatever, they’re sick... And so what the sickness does to you is make you homeless, it makes you toothless, all these things. And so when you’re there [iOAT clinic], you can get everything taken care of. You know, I got my teeth fixed there. I got my weight fixed there, I got everything fixed there, I got my housing fixed there, because it was there. It was all right there...I would go from my person-to-person and office-to-office, and get things set up. Right down to the nutritionist. It was amazing.”

(Male participant, Age 48, on iOAT for approx. 3.5 years)

Individualized Programs

Individualized, flexible programming, with no fixed length allowed participant's to have a **personalized recovery experience**:

*“It took a long time for my brain to develop the patterns that it has, and for me to behave the way I was behaving and it’s all become so engrained after such a long period of time that a month or two in a treatment center is really nothing. **It takes a long time to heal** and then move away from that, right? And this has provided me with that, really... **It gives me the opportunity to practice being more healthy** and to learn how to be more healthy and kind of **to live like a normal person** or whatever, right? Uhh to not be a drug addict and I can learn kind of how to do that, uhm while still uhm giving my body the thing that it craves, right?”*

(Male participant, Age 33, on iOAT for approx. 4 years)

Conclusions

- The medication (diacetylmorphine/hydromorphone) was the first treatment need. From here, other goals and outcomes emerged in a person-specific manner.
- Findings confirm the need for a person-centered approach in the treatment of long-term opioid dependence.
- Positive health care provider relationships play a significant role in the delivery of comprehensive and individualized care.

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For more information, please feel free to contact me:

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