

Proceedings from Bridging Health Disparities to Address the Opioid Epidemic: A Symposium at the Warren Alpert Medical School of Brown University

LUBA DUMENCO, MD; KRISTINA MONTEIRO, PhD; MICHAEL MELLO, MD, MPH; SALLY COLLINS, BA; DON OPERARIO, PhD; KAREN SCANLAN, RICHARD DOLLASE, EdD; PAUL GEORGE, MD, MHPE

ABSTRACT

OBJECTIVE/BACKGROUND: In response to the unprecedented rates of illicit drug use, including opioid addiction and overdose in Rhode Island, local healthcare institutions, led by the Warren Alpert Medical School (AMS) of Brown University, collaborated to present “Bridging Health Disparities to Address the Opioid Epidemic.” This symposium sought to educate a wide array of healthcare providers and professionals around opioid use disorder, including the state of the opioid crisis in Rhode Island, national efforts around opioid misuse and how providers can work together to stem the opioid crisis in the state.

DESIGN AND METHODS: The symposium included a keynote session which aimed to increase knowledge and decrease stigma. This was followed by two rounds of breakout sessions which focused on various components of opioid disorder treatment. We elicited feedback from participants in order to plan further interventions to educate providers in Rhode Island around the opioid epidemic.

PRIMARY RESULTS: Initial feedback was positive. More importantly, this workshop allowed us to identify gaps in knowledge amongst healthcare providers in Rhode Island in order to plan further interventions for healthcare providers, including physicians, around opioid misuse, in Rhode Island.

PRINCIPAL CONCLUSIONS: This symposium is one of the first steps that a consortium of healthcare institutions, including AMS, will take to address the opioid crisis in Rhode Island. Feedback from the event was elicited to identify gaps in healthcare provider knowledge and will be used to design and implement further interventions.

KEYWORDS: opioid, naloxone, overdose, addiction

INTRODUCTION

In recent years, Rhode Island has led the country in rates of illicit drug use, including opioid addiction and overdose, and across the country the incidence of drug overdose deaths has reached an unprecedented rate.¹ Furthermore, from 2014 to 2015 in Rhode Island, the rate of overdose deaths from

natural and semisynthetic opioids increased by 23.9%, and the rate of overdose deaths from synthetic opioids other than methadone increased by 67.1%.² While the usage of illicit drugs is widespread, incidence of chronic usage and overdose is highly concentrated in certain demographic groups. In the United States, nearly half of incarcerated individuals can be classified as having a substance abuse disorder or substance dependence.³ The homeless population, too, exhibits a higher rate of occurrence of substance use disorders than the general public. These marginalized and underserved populations have poorer access to healthcare in general, and the issue of access is exacerbated by the stigma surrounding substance use disorders.⁴ Consequently, while the care of patients with substance use disorders can be challenging, systemic health inequities can make it even more difficult for providers to effectively diagnose and treat individuals in these susceptible populations.

In response to this public health crisis, The Warren Alpert Medical School of Brown University, Brown University School of Public Health, and the Injury Prevention Center at Rhode Island Hospital collaborated to present a symposium entitled “Bridging Health Disparities to Address the Opioid Epidemic” in October 2016. The evening featured a keynote speaker followed by several breakout sessions. Physicians, pharmacists, social workers, physician assistants, nurses, public health professionals, health professional students, and community stakeholders participated in this learning experience. This symposium sought to educate a wide array of healthcare providers and professionals around opioid use disorder, including the state of the opioid crisis in Rhode Island, national efforts around opioid misuse and how providers can work together in interprofessional teams to stem the opioid crisis in the state.

THE SYMPOSIUM

The planning committee for this event included faculty, administration, and students from the Warren Alpert Medical School, faculty and administration from Brown University School of Public Health, and faculty from the Rhode Island Hospital Injury Prevention Center. The committee members collaborated to design three main learning objectives for the evening. Namely, the event sought to ensure that at the conclusion of the activity, participants would be able to:

1. Identify opioid addiction as a public health crisis in Rhode Island
2. Identify available treatment options for at-risk populations
3. Apply the skills and strategies learned to improve care for individuals with substance abuse disorders

In addition, one of our goals of the evening, while delivering increasing knowledge and skills and changing attitudes around opioid misuse, was to elicit through our evaluation where the gaps in knowledge lie, in order to design and implement future training events.

To achieve our goals and objectives, we selected Joshua Sharfstein, MD, who serves as Associate Dean, Public Health Practice & Training at the Johns Hopkins Bloomberg School of Public Health, as our keynote speaker. Dr. Sharfstein's work has framed prescription opioid use as a public health crisis. A focus of his work is on challenging the stigma associated with opioid use disorder, including those held by physicians, and he has advocated for the use of medication in its treatment.⁵ His presentation discussed the barriers to achieving health equity, and how these barriers stymie effective addiction treatment for certain population groups. He emphasized that the negative way in which society generally views individuals with addiction impedes progress toward improving treatment access and outcomes. He also identified populations that have a historically disproportionately low rate of success in recovery, potentially due to prejudice and inaccessibility of treatment. Dr. Sharfstein's presentation provided the framework for the symposium: there exists inequity in not only the treatment of but the incidence of opioid use disorder, and the elimination of barriers and stigma is necessary to address this health crisis.

Following the keynote presentation, conference attendees separated into preselected breakout sessions. Each of the 10 sessions focused on a specific facet of opioid abuse and its manifestation in disparate populations. Prevention, diagnosis, and treatment across these populations, and in general, were discussed. The committee culled presenters from the group of research experts and local leaders in the combat against opioid misuse and the opioid overdose crisis to fill in what the planning committee perceived as gaps among physicians and other healthcare providers. Sessions included:

- Naloxone administration training session
- Legal implications for healthcare providers around substance misuse
- Community resources around opioid misuse
- Local (Rhode Island) efforts to address the opioid crisis
- Homelessness and street medicine
- Motivational interviewing techniques
- Development of opioid curriculum for health professional students
- Methadone treatment in prison populations
- Substance abuse rehabilitation services as specific to the LGBT population
- Alternative medicine approaches to pain management

ATTENDEE FEEDBACK

In total, 86 providers and 110 students attended the symposium. To elicit feedback from attendees, we used a standardized evaluation from the Government Performance Results Act or GPRA, as the event was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). We obtained responses from 65% of our attendees. Results are summarized in **Table 1**. Generally, our respondents reported being satisfied to very satisfied with the overall training experience, including quality of the training, quality of the instruction, and quality of the training materials. Respondents also agreed/strongly agreed that the material presented will be useful in dealing with substance abuse and that the training was relevant to substance abuse treatment.

We also elicited demographic, quantitative, and qualitative feedback from participants using the continuing medical education evaluation from the Warren Alpert Medical School of Brown University. Of those attending the symposium, approximately 13% were MD/DOs and 17% were registered nurses. Other occupations represented included social workers (15%), nurse practitioners (7%), PhDs in various fields (4%), pharmacists (2%), and physician assistants (1%). Many of the non-physician providers who attended were front line workers around the opioid epidemic, including social workers and nurse care managers, who are screening for opioid misuse and often referring individuals for treatment. Other occupations outside of the health care fields listed on the evaluation (25%), included educators, students, and program directors. Specialties represented largely included primary care (~27%).

More importantly, we analyzed qualitative feedback, using grounded theory methodology, with three authors reviewing feedback (PG, LD, SC) and agreeing on common themes within the qualitative data. We did this for two main reasons: 1. To determine additional training gaps among physicians and healthcare providers in Rhode Island around opioid misuse and 2. To ensure the transfer of knowledge and skills around opioid misuse.

In regards to the transfer of knowledge and skills, qualitative data indicates this objective was met. Participants noted that the symposium influenced them to re-focus on patient-oriented care, and reminded them of the "importance

Table 1. Results from the Evaluation as part of GPRA (N=128)

Item	Mean	SD
How satisfied are you with the overall quality of the training?	1.30	.51
How satisfied are you with the quality of the instruction?	1.30	.50
How satisfied are you with the quality of the training materials?	1.48	.63
Overall, how satisfied are you with the training experience?	1.34	.55
The material presented in this class will be useful to me in dealing with substance abuse.*	1.38	.63
This training was relevant to substance abuse treatment.*	1.23	.44

Note: All items were measured on a scale from 1 (Very satisfied) to 5 (Very dissatisfied), unless denoted with an asterisk (*). Items with an asterisk were measured on a scale from 1(Strongly agree) to 5 (Strongly disagree).

of empowering patients in their own care.” Beyond personal edification gained, qualitative data reflected an increased appreciation of degree of collaboration, among physicians and other health professionals, which is necessary to adequately address and treat substance use disorder. Finally, qualitative data indicated that providers have a profound self-awareness around the perception of substance addiction and a consciousness of the profound stigma associated with this disease. This self-awareness seemed to primarily focus on the linguistics of treatment; namely, “the proper uses of language surrounding opioid use” and “[the importance of] alternatives to stigmatizing language.” Qualitative data pointed to the language shift as a result of fitting addiction into the schema of chronic disease, noting how important it is to accept “addiction as a chronic disease and the language shifts that can go along with this.”

There was also a sense of frustration among participants, including physicians, about the subsequent implementation of best practices for addressing and treating opioid and other addictions in clinic settings. A number of participants reported that while they would work to treat opioid use disorders without bias, the “attitudes of other coworkers and stigma within the medical community” would remain unchanged. Individuals mentioned that being surrounded by an environment of providers set in their habits and unwilling to change would be detrimental to their own efforts to make changes in their practice behavior. Symposium attendees predicted encountering resistance not just from fellow providers, but from patients who may be resistant to alternative therapies and a dynamic treatment environment. Finally, participants expressed skepticism regarding their own abilities to implement that which they learned at the symposium into their own practice in the long-term. One respondent noted that “without frequent reminders of the importance of language in talking about opioid use, it could be easy to slip back into the more commonly used words ‘abuse’ ‘addict’ ‘clean’ ‘dirty’ etc.” Despite these general misgivings, nearly thirty attendees explicitly reported that they do not anticipate encountering any barriers that would prevent them from making changes in their practice behavior, which bodes well for the longevity of the lessons imparted by this event.

LOOKING TO THE FUTURE

As mentioned previously, this symposium is the first in a number of training sessions aimed at physicians and other providers in Rhode Island around substance misuse. Data indicated that providers information on topics such as neonatal abstinence syndrome (NAS), medication-assisted therapy for opioid misuse disorders, substance misuse in pregnant women, workplace stigma towards individuals who suffer from substance misuse and the impact of legal marijuana in Massachusetts on healthcare practices in Rhode Island. In addition, because our data revealed a persistent stigma around opioid misuse, we will focus on imparting skills to providers to empower them in conversations with colleagues and others around opioid misuse.

While this event is a small, first step in combating the

opioid and substance misuse epidemic in Rhode Island, it is our hope that this symposium provides a framework (and impetus for change) for healthcare providers and community stakeholders to address this important issue. The importance of combating this epidemic cannot be understated. In 2015, nearly 300 Rhode Islanders died from drug overdose, and preliminary data from 2016 indicates that as many, if not more, Rhode Islanders died from drug overdose in this past year as well.⁶ It is key that all those who interact with patients be able to contribute to combating this epidemic.

References

1. Rudd RA1, Aleshire N1, Zibbell JE1, Gladden, RM1. Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. *MMWR. Morbidity and Mortality Weekly Reports*. Centers for Disease Control and Prevention (CDC). 2016;64(50):1378-1382.
2. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep*. ePub: 16 December 2016.
3. The National Center on Addiction and Substance Abuse at Columbia University. (2010). *Behind Bars II: Substance Abuse and America's Prison Population*. Retrieved from CASAColumbia website:<http://www.centeronaddiction.org/addiction-research/reports/substance-abuse-prison-system-2010>
4. Wakeman SE. Medications for Addiction Treatment: Changing Language to Improve Care. *J Addict Med*. 2016. Epub ahead of print.
5. Olsen Y, Sharfstein J. Confronting the Stigma of Opioid Use Disorder- and Its Treatment. *JAMA*. 2014;311(14):1393-1394.
6. State of Rhode Island. Department of Health. Drug Overdose Deaths. <http://www.health.ri.gov/data/drugoverdoses/> Accessed December 15, 2016.

Authors

Luba Dumenco, MD, The Warren Alpert Medical School of Brown University, Providence, RI.
 Kristina Monteiro, PhD, The Warren Alpert Medical School of Brown University, Providence, RI.
 Michael Mello, MD, MPH, The Warren Alpert Medical School of Brown University, Providence, RI.
 Sally Collins, BA, The Warren Alpert Medical School of Brown University, Providence, RI.
 Don Operario, PhD, The Brown University School of Public Health, Providence, RI.
 Karen Scanlan, The Brown University School of Public Health, Providence, RI.
 Richard Dollase, EdD, The Warren Alpert Medical School of Brown University, Providence, RI.
 Paul George, MD, MHPE, The Warren Alpert Medical School of Brown University, Providence, RI.

Disclosures

The authors report no conflicts of interest, financial or otherwise, in this study.

Funding

This work was supported by SAMHSA [grant number H79TI024938 and grant number H79TI025950].

Correspondence

Luba Dumenco, MD, Assistant Dean for Medical Education
 The Warren Alpert Medical School of Brown University
 Providence, RI 02912
Luba_Dumenco@brown.edu