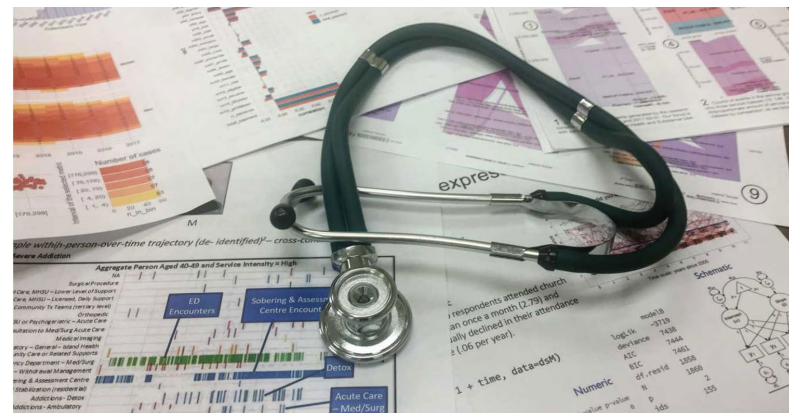




UNIVERSITY OF CENTRAL FLORIDA

github.com/dss-hmi/gss-2019-hsr

Thursday
April 25, 2019
12 pm - 3 pm
HPA II 247





UCF

Department of Health Management and Informatics

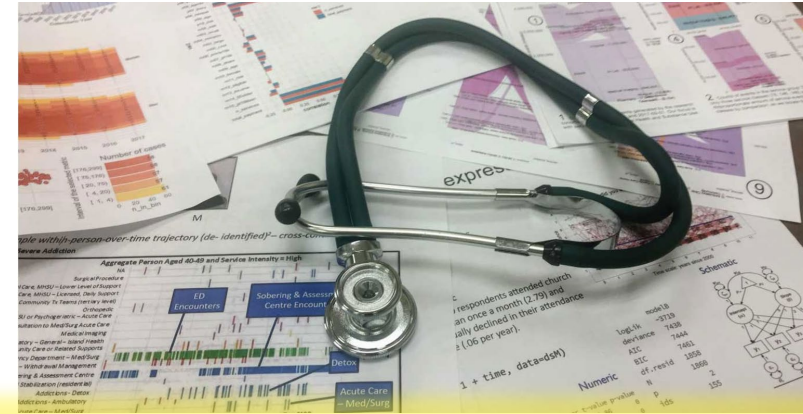
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Graduate Student Symposium

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Health Services Research

**Thursday
April 25, 2019
12 pm - 3 pm
HPA II 247**



01- Olivia Randall-Kosich

Reasons for starting and stopping medications for opioid use disorder: a qualitative analysis

02-Stephen Mhere

Reducing health care costs and improving health outcomes: Is patient-centered care the means to achieve the incongruent objectives?

03-Rachel Totaram

Participating in 12-step support groups while undergoing medication-assisted treatment for opioid use disorder: a qualitative study of individuals' experiences with stigma

04-Xian-Cao

A Comparative Analysis of home and community-based long term care between the USA and China

Reasons For Starting and Stopping Medications for Opioid Use Disorder: A Qualitative Analysis

Olivia Randall-Kosich

Department of Health Management and Informatics, University of Central Florida



Background

- 3 effective medications for treating opioid use disorder (OUD)
 - Methadone
 - Buprenorphine
 - Naltrexone
- Variances in efficacy
- Prescribing/dispensing differences



Background

- MOUD is more effective than behavioral treatment alone
- MOUD is underutilized in the U.S. due to:
 - Stigma
 - Financial barriers
 - Lack of providers
- Gaps in current research

Objectives

To identify reasons why individuals start and stop 3 most common MOUD: methadone, oral buprenorphine, and extended-release naltrexone.



Methods

- 31 semi-structured interviews
- Snowball sampling across 9 U.S. states
- Interviews were audio-recorded, transcribed, coded in Dedoose© software, and analyzed using thematic analysis



Results: Learning about MOUD

- Learned about methadone and buprenorphine from other individuals with OUD
- Became interested in starting methadone and buprenorphine after seeing it work effectively in peers
- Learned about naltrexone from health professionals



Results: Starting MOUD

- Only interested in starting methadone after exhausting all other treatment options
- More likely to describe buprenorphine as both a relapse prevention mechanism and a harm reduction mechanism (i.e. blocking other opioids)



Results: Stopping MOUD

- Desire to stop medication or health service dependency across all 3 medications
- Stopping medication after non-opioid relapse
- Health service delivery problems
- Stigma prompting MOUD discontinuation



Discussion

- Peer education initiatives
- Peer support specialists with MOUD experience
- Buprenorphine should be described as a relapse prevention and harm reduction mechanism during MOUD education
- Policies preventing clinics from abruptly discontinuing treatment due to lack of payment



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- Co-authors:
 - Dr. Barbara (Basia) Andraka-Christou
 - Rachel Totaram
 - Jessica Alamo
 - Mayur Nadig

Thank you!

Questions? Comments?

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