



Department of Health Management and Informatics

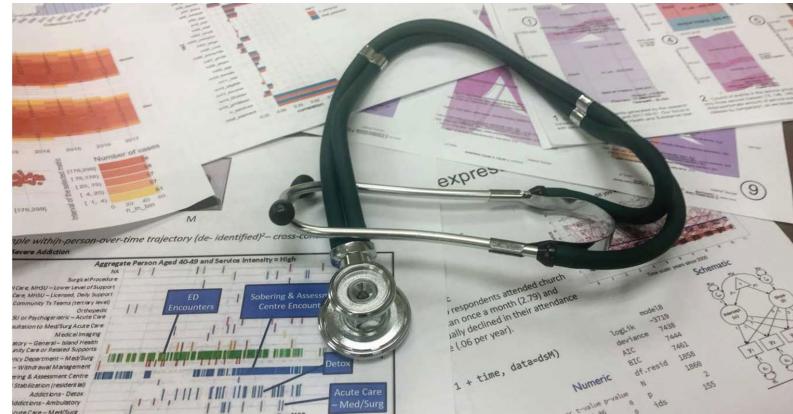
UNIVERSITY OF CENTRAL FLORIDA

Graduate Student Symposium

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

Health Services Research

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





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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

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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

Acknowledgments

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

Thank you!

Questions? Comments?

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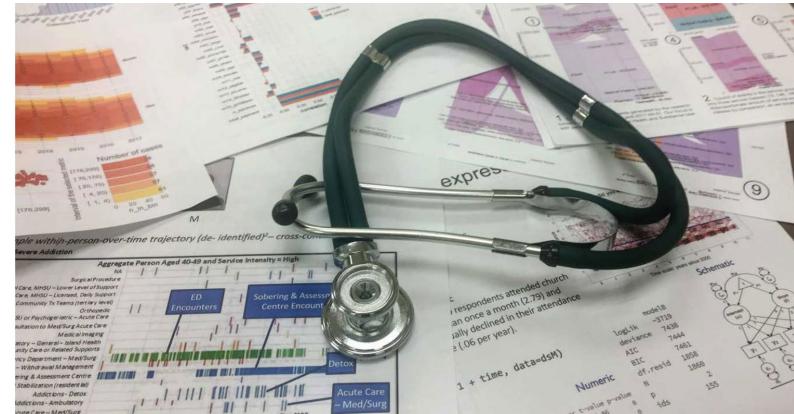
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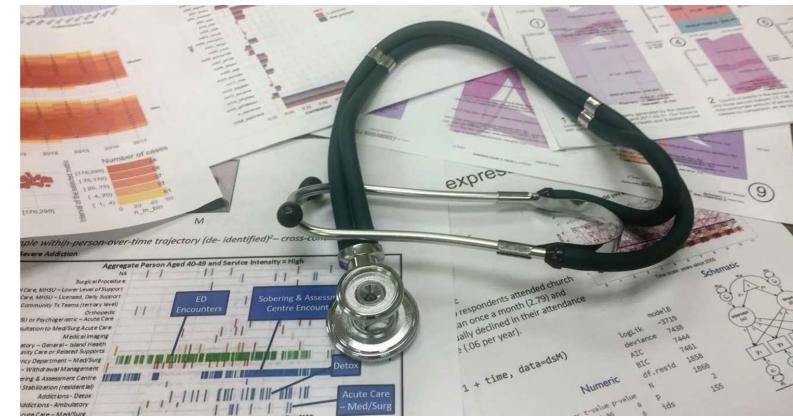


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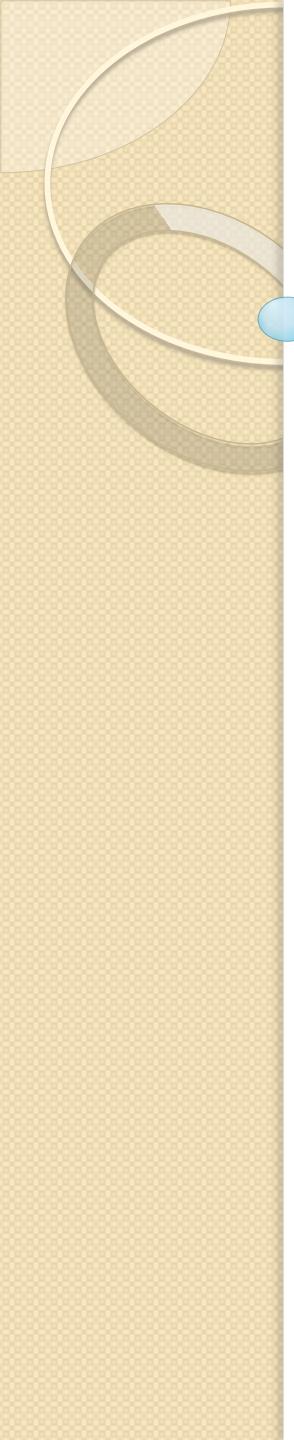
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Reducing healthcare costs while improving health outcomes: Is the adoption of patient-centered care the way?

Stephen Mhere

Department of Public Affairs
College of Community Innovation and Education
University of Central Florida

April 20, 2019

Structure of Presentation

1. Statement of problem
2. Purpose of Study
3. Study Summary
4. Conclusions
5. Limitations/Discussion
6. Bibliography

Statement of Problem

- ❖ The continued rise of healthcare costs compels state governments to implement policies that reduce expenditure in programs like Medicaid
- ❖ **Problem**
 - Critics of budget cuts argue that reductions compromise health outcomes
- ❖ **Solution**
 - Policy proponents say by adopting patient-centered care (PCC) practices, expenditure can be reduced & health outcomes can be improved

Purpose of Study

- ❖ To assess the veracity of the statement that PCC implementation leads to healthcare cost reduction as well as the improvement of health outcomes.

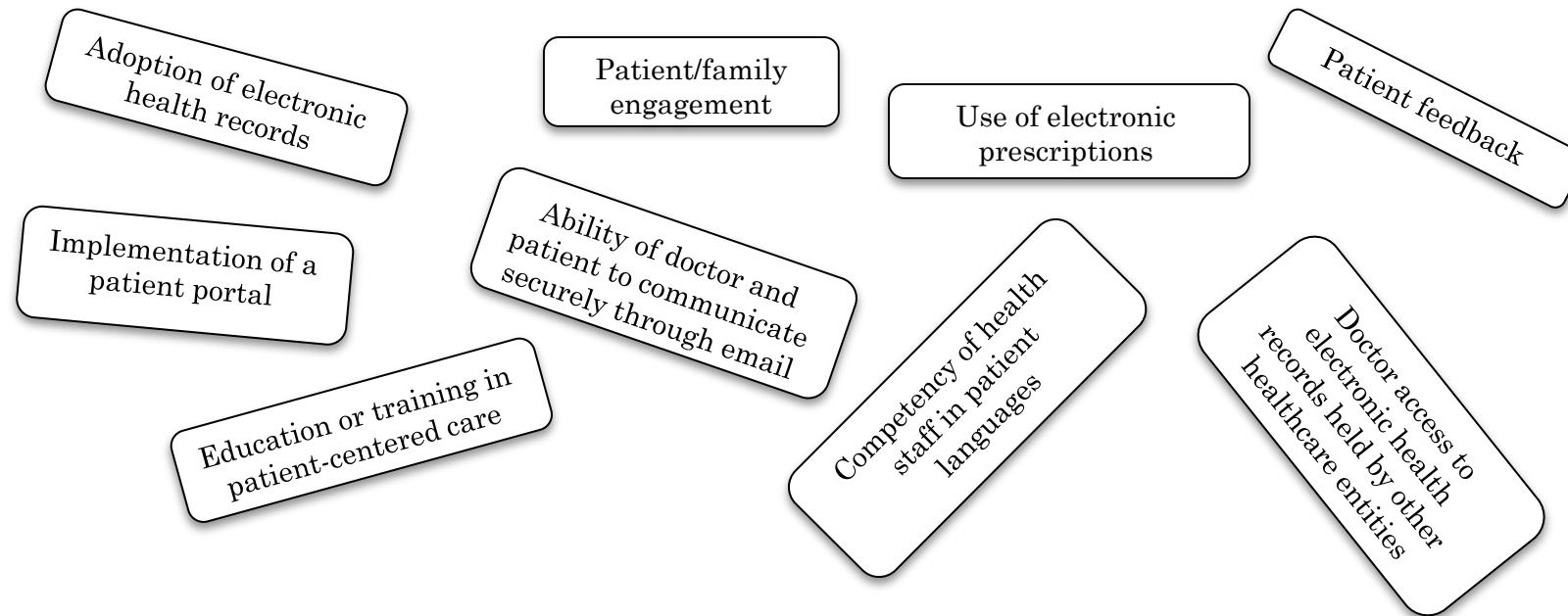
Study Summary

❖ Literature review

- Observational studies
- Comprehensive literature review articles
- Expert opinion in peer-reviewed journals
- Articles from grey literature

Literature Review Findings

❖ What are the attributes of PCC?



❖ Can PCC reduce costs and improve health outcomes simultaneously?

Yes, under the right settings and circumstances

Primary Research

- ❖ **Unit of analysis:**

- ❑ Primary Care Physician (PCP)/facility – one of the strongest determinants of a healthy society

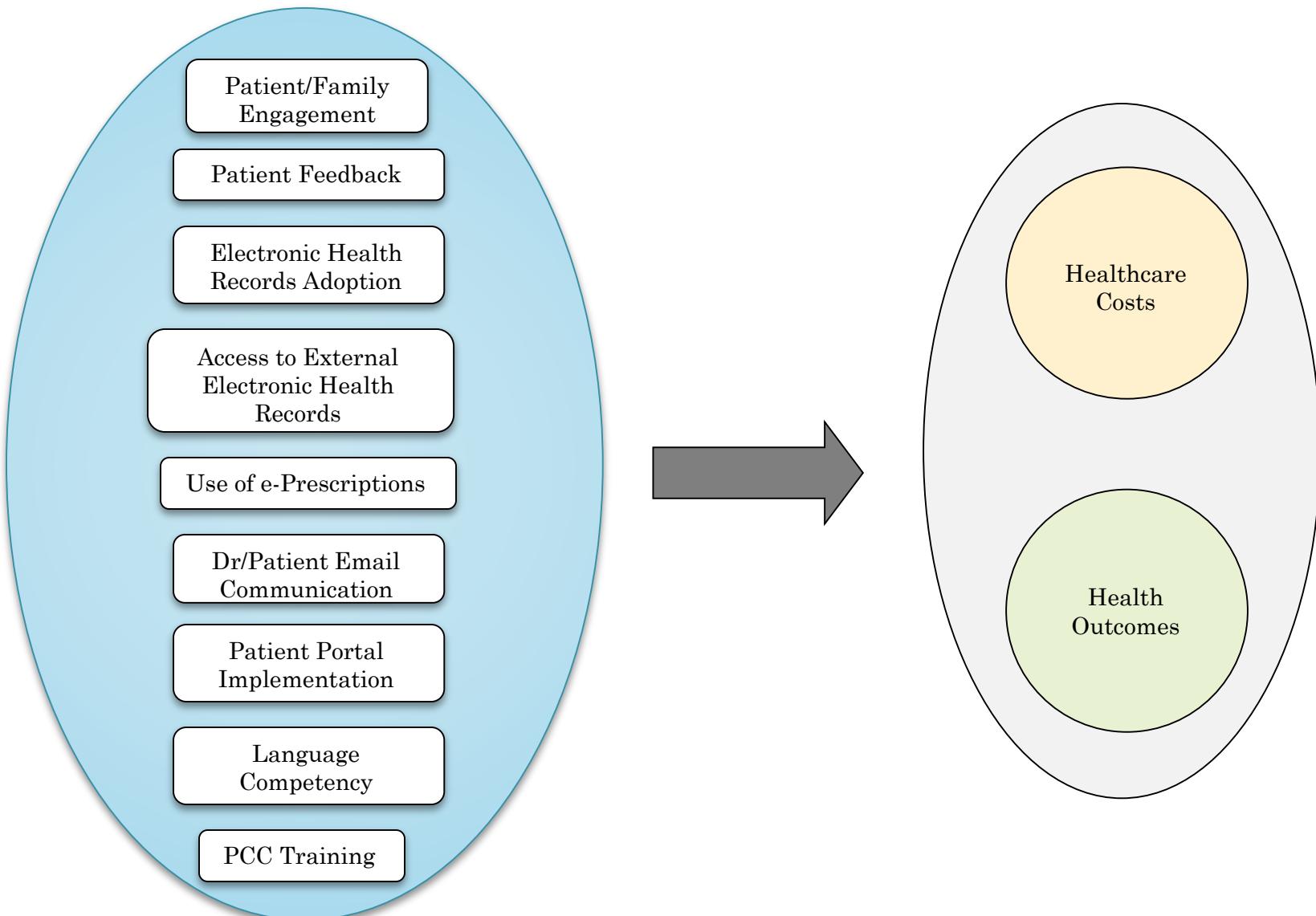
- ❖ **Data collection method:**

- ❑ Standardized interviewing using an electronic questionnaire – less intrusive compared to other methods

- ❖ **Sample size:**

- ❑ 43 PCPs (Medicaid providers in a small Midwestern city)
 - ❑ 17 responded (39.5% response rate)

Conceptual Framework 1



Hypotheses

- ❖ **Null Hypothesis (H_0):**

- ❑ At least 75% of PCPs practice patient-centered care (= they have adopted five or more patient-centered care practices)

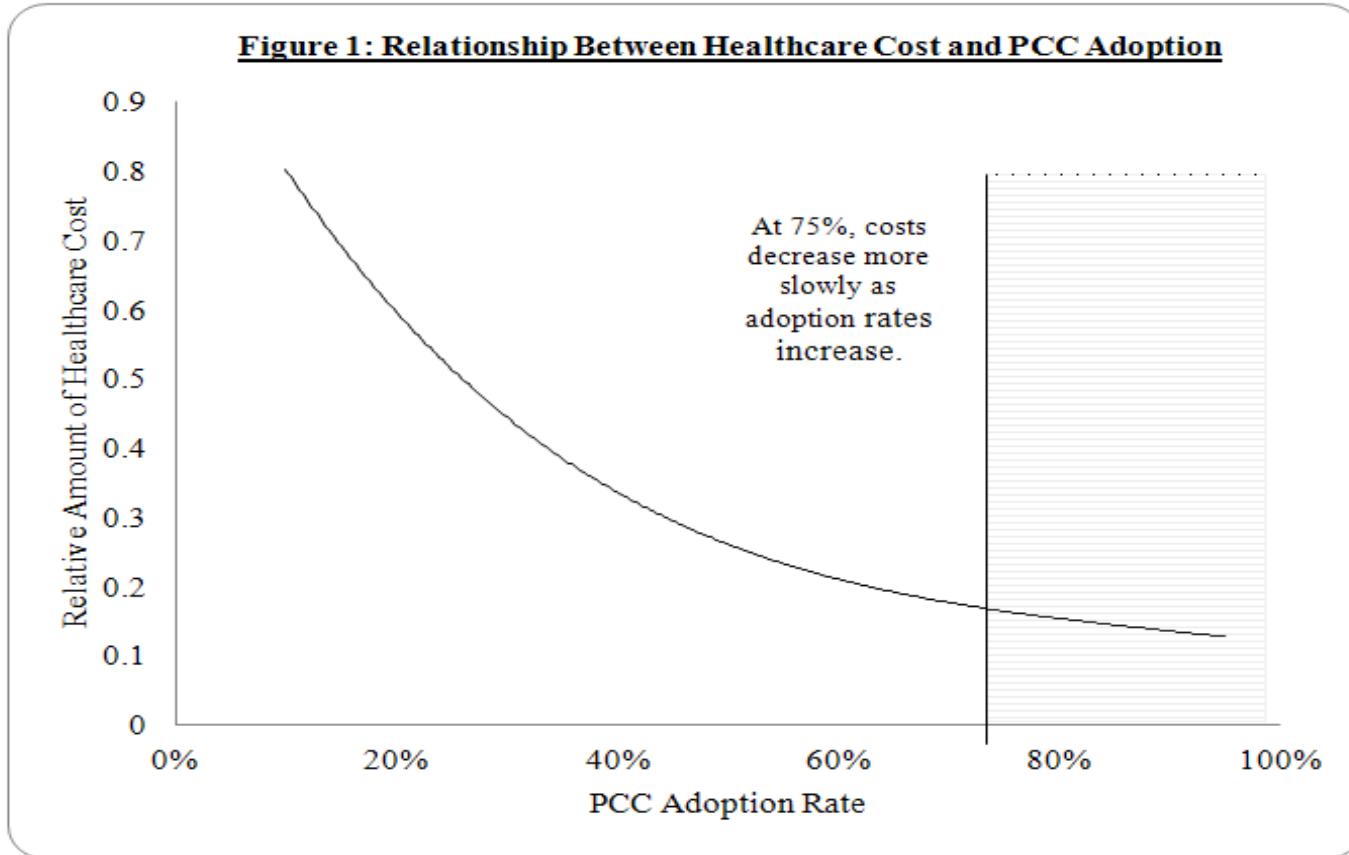
- ❖ **Alternative Hypothesis (H_A):**

- ❑ Less than 75% of PCPs practice patient-centered care

- ❖ **Why 75%?**

- ❑ No PCC benchmark identified in the literature
 - ❑ Anthem BlueCross BlueShield of CO set a goal to have at least 75% of its PCPs nationwide to be patient-centered practitioners

Conceptual Framework 2



Source: Author's adaptation of the general relationship between two variables having an inverse variation approximating an exponential decay function.

Hypothesis Testing Using Proportion

- ❖ **Hypotheses:**
 - $H_0: P = 0.75$ and $H_A: P < 0.75$
- ❖ **Level of Significance, (α):**
 - $\alpha = 0.05$.
- ❖ **Test Statistic:**
 - = PCPs deemed to have adopted PCP practices as defined (11 out of 17)
- ❖ **Probability Calculation:**
 - Small sample → Probability (P) is binomial → Proportion can be used
 - Binomial probability calculated = 0.2347
- ❖ **Decision :**
 - Decision based directly on binomial probability calculated (= 0.2347)
 - Greater than α (0.050)
 - Null hypothesis cannot be rejected → PCPs tested have adopted PCC

Conclusion

- ❖ Can PCC lower costs and improve health outcomes?
 - Depends on PCC Adoption Rate of providers
 - Suppose the PCC Adoption Saturation Rate is 75%, then:
 - 1) Cost savings possible if PCC Adoption Rate < 75%
 - 2) Insignificant or no cost savings if PCC Adoption Rate \geq 75%

Limitations

- ❖ **Geographical scope:** PCPs in an urban area; Not likely to be representative of PCPs in rural and peri-urban areas (external validity concern). Generizability problem
- ❖ **Small sample size:** May not be reliable for accurate estimation or modeling of population (external validity). Generalizability problem
- ❖ **EHR ambiguity:** Questionnaire didn't give respondents to clarify whether EHR adopted was basic or fully functional with decision-support capabilities (internal validity problem).
- ❖ **PCC Benchmark:** The 75% PCC adoption saturation rate not derived from evidence-based research. Could be flawed, potentially leading to flawed decision-making (internal validity problem).

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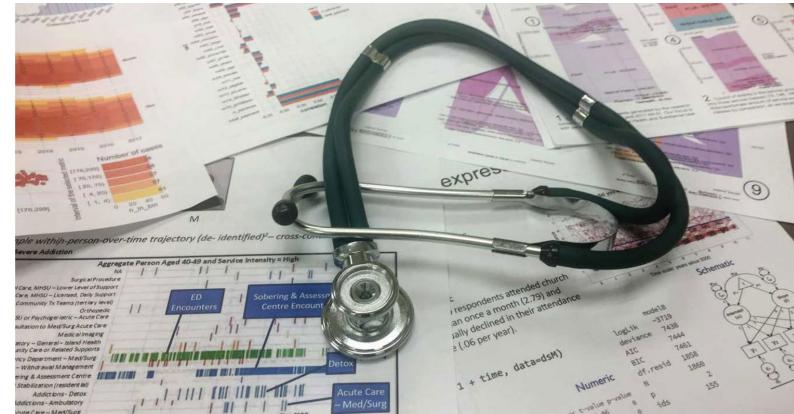
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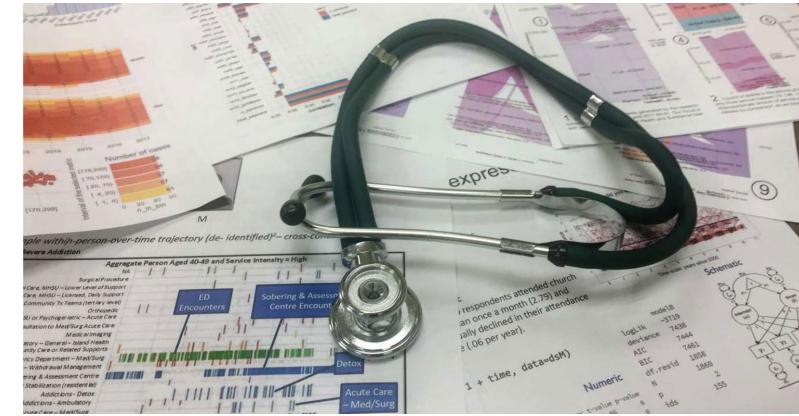


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Participating in 12-step Support Groups While Undergoing Medication-Assisted Treatment for Opioid Use Disorder: A Qualitative Study of Individuals' Experiences with Stigma

Rachel Totaram, MHA, Barbara Andraka-Christou, JD PhD, Olivia Randall-Kosich, BS



Rachel Totaram, MHA
4/25/2019



Agenda:

Introduction Methods

- Qualitative Research Design**
- Participant Recruitment**
- Data Analysis**

Results and Major Themes

Conclusion References



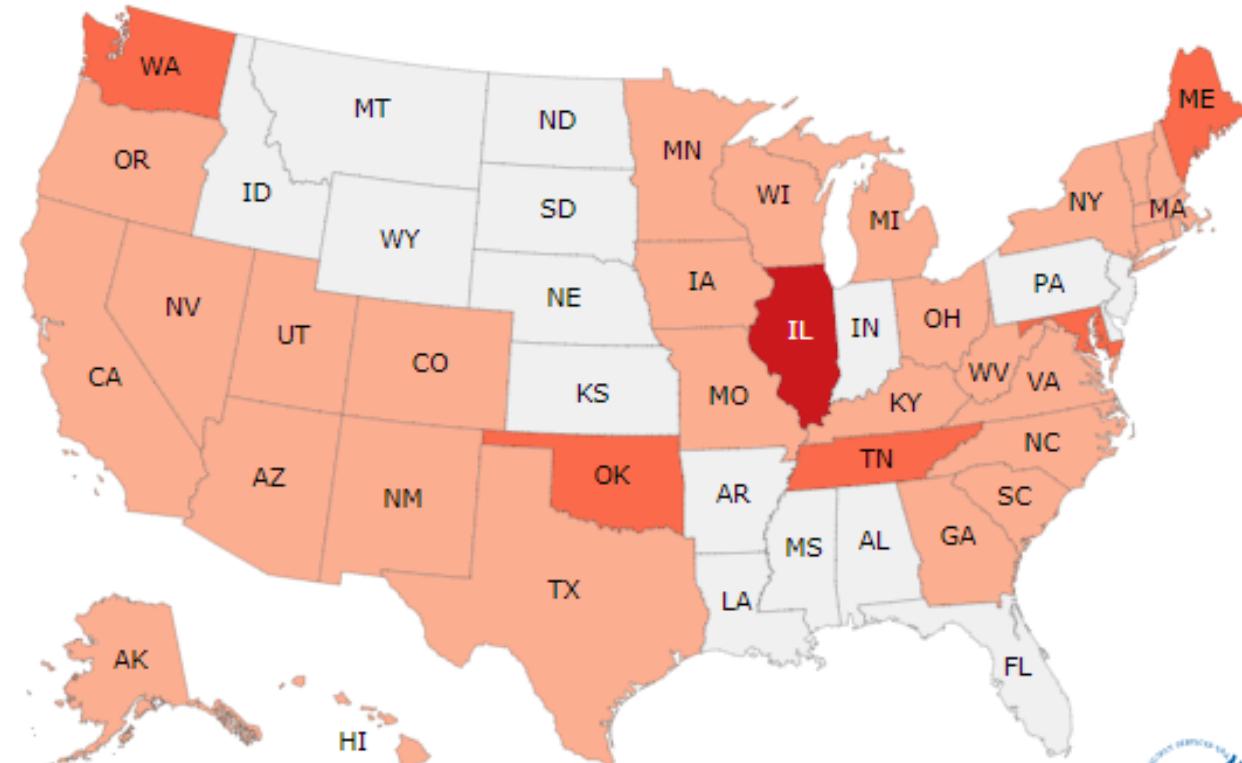
Introduction

- Nearly 2 million Americans have an opioid use disorder (OUD).
- From 2000 to 2015, rates of opioid-related deaths in the U.S. quadrupled.
- 12-step groups (12SGs) are a helpful recovery resource for millions of Americans with substance use disorder.
- Medications for opioid use disorder (MOUD), such as methadone, buprenorphine, and extended-release naltrexone, are proven to help prevent relapse and overdose.



Introduction

Statistically significant changes in drug overdose death rates involving prescription opioids by select states, United States, 2016 to 2017



Introduction

- 12SGs promote abstinence from all mind-altering substances, with some 12SGs arguing for abstinence from MOUD and stigmatizing individuals utilizing MOUD.
- Individuals utilizing MOUD may feel unwelcome in 12SGs.
- Peer support groups can be combined with MOUD but more data is needed regarding effectiveness of the combination.
- Few studies have examined experiences of individuals participating in both 12SGs and MOUD.



Objectives

- To identify how 12SGs respond to members utilizing MOUD
- To identify how 12SGs operationalize stigma towards individuals utilizing MOUD
- To understand how individuals utilizing MOUD respond to stigma in 12STGs
- To explore whether 12SGs and MOUD can be successfully combined



Methods: Qualitative Research Design

- Hour-long, in-depth, semi-structured telephone interviews, audio recorded & transcribed
- Interview topics (focus on Alcoholics Anonymous and Narcotics Anonymous)
- Experiences of stigma or acceptance within 12SGs by members utilizing MOUD
- Responses to stigma
- MOUD attitude variance by geographic area, group, and participant characteristics
- How to increase acceptance of MOUD in 12SGs



Methods: Participant Recruitment

- BA recruited a purposive sample of individuals with history of MOUD utilization & their family members through snowball sampling
- Inclusion criteria: 18+ years old and history of 12-step participation or family member of someone that meets inclusion criteria
- No exclusion criteria
- No incentives provided
- Continued recruitment until reached thematic saturation



Methods: Data Analysis

- BA, RT, and OR created preliminary codebook based on initial screening of transcripts, guided by research questions
- Tested codebook reliability by independently coding 2 transcripts using codebook in Dedoose© qualitative analysis software. Discussed codebook fit & adjusted codes as needed, resulting in revised codebook
- Independently coded each transcript using revised codebook. Also added inductive codes describing new categories of meaningful data as needed
- Conducted consensus coding in Dedoose© software - process of meeting to resolve coding discrepancies through in-depth discussion & negotiation
- Analyzed coded text for patterns & themes, using overarching research questions as a guide



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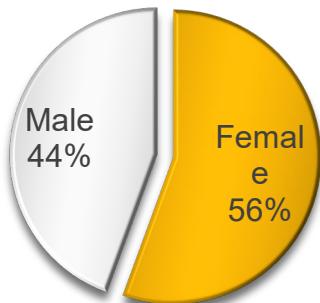
An aerial photograph of the University of Central Florida's main quad and atrium. The quad features a large circular logo on the floor with the text "UNIVERSITY OF CENTRAL FLORIDA" and "1963". Several people are walking or sitting on the quad. In the background, there is a two-story atrium with a curved balcony, tables, and chairs. A banner for "College Democrats" is visible on the balcony.

Results

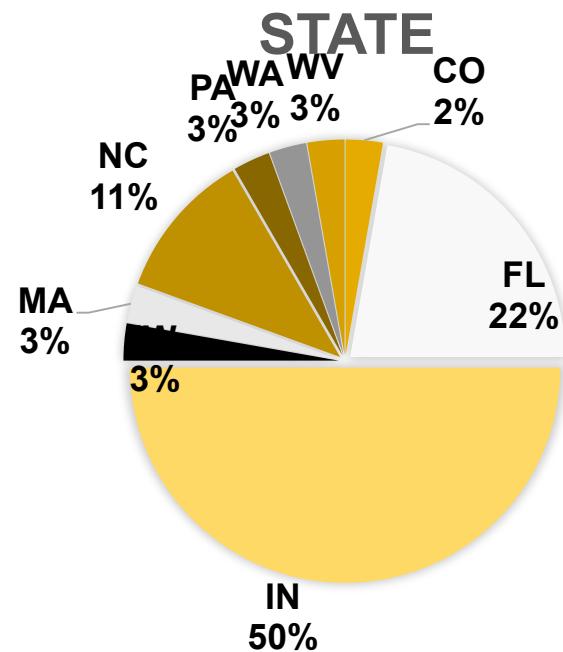


Results: Participant Characteristics

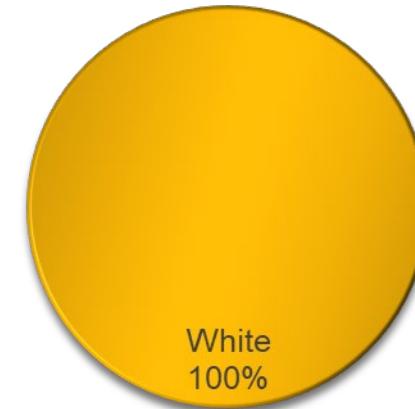
GENDER



STATE



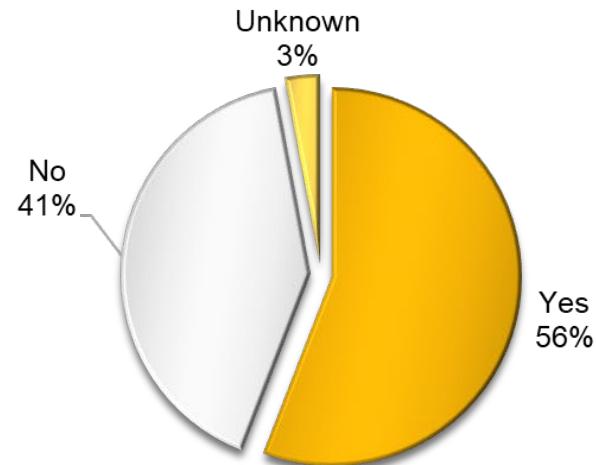
RACE



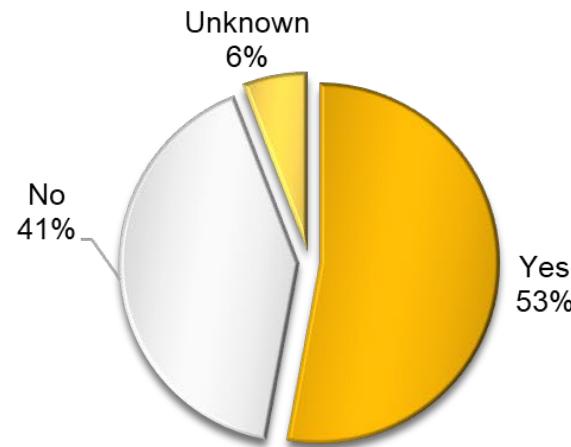
Total Number of Participants that meet inclusion criteria (n) = 36

Results: Participant Characteristics

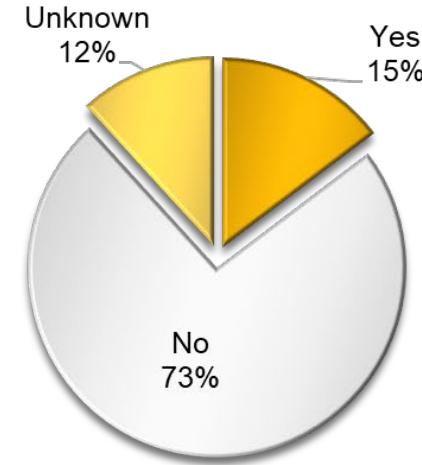
HISTORY OF FORMAL
BUPRENORPHINE USE



HISTORY OF FORMAL
METHADONE USE

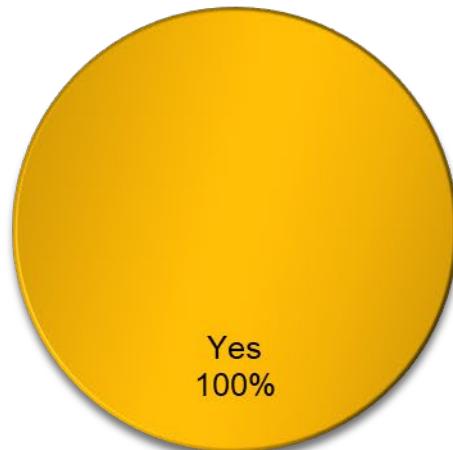


HISTORY OF FORMAL
NALTREXONE USE

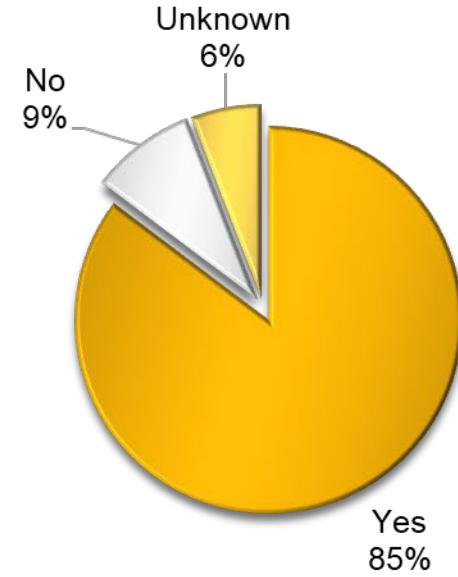


Results: Participant Characteristics

HISTORY OF AA/NA
PARTICIPATION



WITNESSED ANTI-MOUD
ATTITUDES IN 12SGs



Results

- **Results fell into five main themes:**
 - 1) How MOUD stigma is operationalized in 12SGs
 - 2) Online stigma
 - 3) How to change 12SGs attitudes towards MOUD
 - 4) Responses of individuals undergoing MOUD to stigma in 12SGs
 - 5) Perceptions of whether 12SGs should explicitly accept MOUD



1) How MOUD stigma is operationalized in 12SGs

- **Encouraging shortening time on MOUD**
 - Some 12SG participants view MOUD as a transitional tool
 - Some 12SG encourage short-term over long-term MOUD utilization
- **Not allowing individuals utilizing MOUD to claim “Clean Time”**
 - Individuals using medication for opiate addiction cannot collect sobriety markers (more common in Narcotics Anonymous)
- **12SG members refusing to sponsor individuals utilizing MOUD**
 - A sponsor acts as a guide and mentor to program members
 - Some sponsors do not want to be seen as endorsing MOUD
 - Some sponsors think individuals utilizing MOUD are not serious about their recovery.



1) How MOUD stigma is operationalized in 12SGs

- **Not allowing individuals with MOUD to speak at meetings**
 - Many 12SGs do not allow individuals with MOUD to speak at meetings, perceive MOUD as “just another drug”
 - *“I just had this big problem with narcotics anonymous telling people that... they're not clean and they're not sober and they're not doing it right. Well, you know what, they're not robbing from their parents and they're not sticking a needle in their arm. So I think they should be able to go there and talk about what's going on with them.”*



2) Online stigma

- **Internet Online Support Groups**
 - Addiction support groups in forums such as on Facebook and Reddit are common sources of anti-MOUD stigma
 - Stigma online may be more intense than in in-person groups
 - Disputes between pro-MOUD and anti-MOUD members occur
 - *“I've gotten kicked out of a support group for defending MAT [MOUD] boldly up on them. It just means, you know, making fun of them, the users. Like they're zombies. A picture of a zombie saying, ‘Hey bro, I'm clean. I take suboxone.’”*

3) How to change 12SGs attitudes towards MOUD

- **Forming a new AA/NA group that accepts MOUD**
 - Uses same doctrine as 12SGs, but allows specifically for medication
- **Grassroots movement**
 - Participants believe that change must occur from local meetings and work gradually up to the top levels to inspire change.
- **Individuals speak out in meetings**
 - Participants successfully utilizing MOUD and their allies can bring attention to MOUD efficacy in meetings, which may help destigmatize MOUD.



4) Responses of individuals undergoing MOUD to stigma in 12SGs

| Responses of MOUD individuals to 12SG stigma | Quotes |
|--|---|
| Anger | <i>"Of course the 12 step program is going to say, well, it's okay for you to go to the meetings. You could go to the meetings where you can't talk. You can't open your mouth, which is completely ridiculous and upsets me just thinking about that right now."</i> |
| Leave the group | <i>"I think other people's opinions about someone else's treatment would definitely kill them or keep them out."</i> |
| Hide use of medication from group | <i>"I don't really tell people about it, which I feel guilty about because I'm supposed to be completely honest and share my experience, strength, and hope with others, and here I'm doing something that has helped me, and I can't really talk about it with a lot of people."</i> |
| Disregard opinions with which one disagrees | <i>"I just ignored it and didn't pay any mind because I know the way I felt about it and that was really all that mattered to me. And there was some people that definitely stuck up for it too. I just looked at it like it's People's opinion and that's all it is. You can have your own opinion if you want."</i> |

5) Perceptions of whether 12SGs should explicitly accept MOUD

- **Should Accept – Being Anti-MOUD is contrary to 12SGs**
 - Main tenet of 12 steps is being non-judgmental and not giving professional and medical advice
 - Individuals with MOUD may be scared away and not want to attend 12SGs
- **Starting new groups:** If local 12SGs are anti-MOUD, then members should start their own pro-MOUD groups



Conclusions

- Individuals commonly experience anti-MOUD stigma within 12SGs.
- Individuals respond to stigma in a variety of ways, including anger, leaving, hiding treatment, or ignoring opinions of others.
- Many individuals want to combine MOUD and 12SG participation, but have difficulty doing so.



References

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Thank you!

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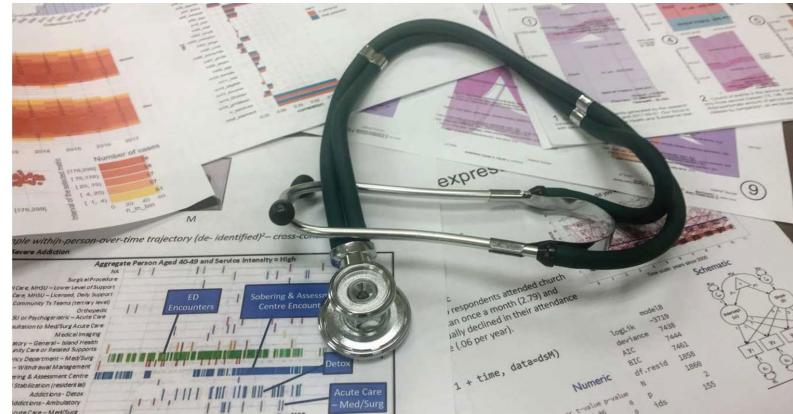


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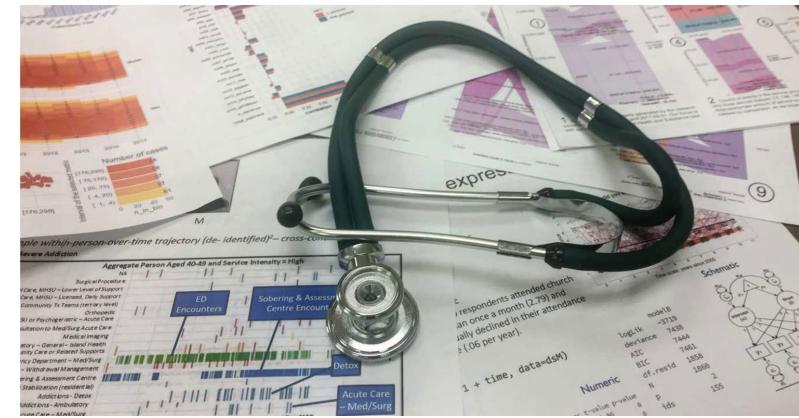


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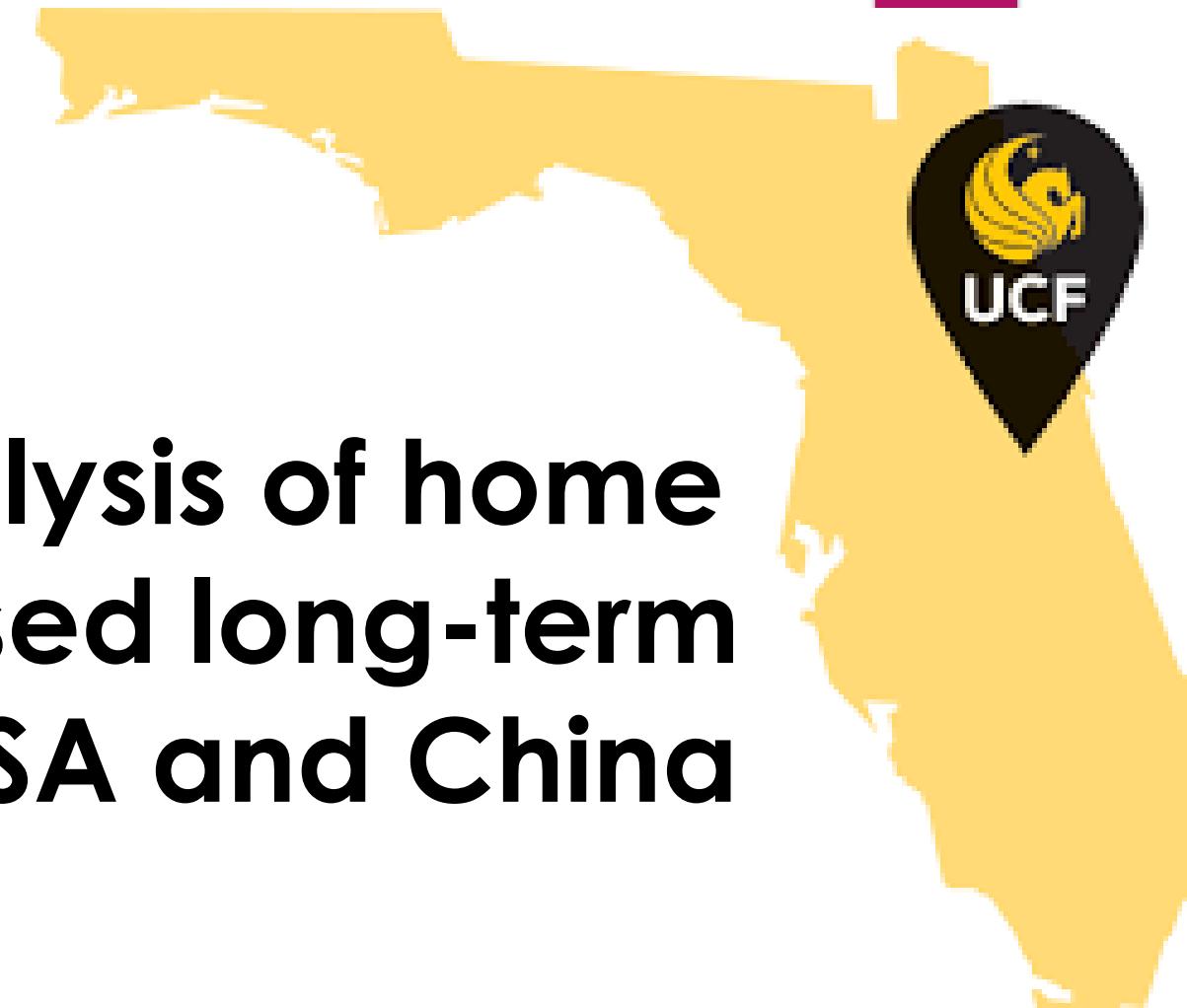
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A Comparative Analysis of home and community-based long-term care between the USA and China

Xian Cao

instructor: Su-I Hou

4/24/2019

Agenda

- ❖ What is long term care
- ❖ Gray Tsunami
- ❖ LTC history: US vs. China
- ❖ Home and community-based long-term care
- ❖ HCB-LTC policy and programs
- ❖ HCBS deliver models
- ❖ Sustainability and Challenges

What is Long Term Care (LTC)?



Source: Based on Singh, 2005.

Fig. 4 The continuum of long term care

Guo, K. L., & Castillo, R. J. (2012). The US long term care system: Development and expansion of naturally occurring retirement communities as an innovative model for aging in place. *Ageing International*, 37(2), 210-227.

Gray Tsunami

Life expectancy (1995-2018)

- ❖ **China:** from 45 to 76.4 years
- ❖ **USA:** from 69 to 78.5 years



History

- ❖ **China:** one child per couple policy (OCP) (established in 1979)
- ❖ **USA:** baby boomer (born between 1946–1964) starts to reach age 65 in 2011



(China-profile, 2011; World Life Expectancy, 2018a)

- Lack of post-acute care, institutional or community-based care
- Filial piety culture



Filial Piety

Reverence and loving care for our parents - teachers - elders

(Hui, 2016, Zhang, 2015)

Market-based economic and one-child policy



Thriving formal caregivers, especially community-based caregiver services.

e.g.

“90-7-3” framework in Shanghai,
“90-6-4” in Beijing.

90% should stay with their families

7% will live in own house with access to community

3% will stay in elderly care facilities

LTC history:

USA

US LTC history (Blanchard, 2013).

- institutional care (nursing home)
- Aging in place (AIP)
 - dollar-denominated community-based services
- Aging in community (AIC)
 - mutual support and interdependence
 - improve quality of life



Home and community-based long-term care

- ❖ “Assistance with daily activities that generally help older adults and people with disabilities to remain in their homes” (Kassner, 2011).
- ❖ Those assistance include a set of services, such as personal care, homemakers, and adult day care (Wu, Carter, Goins, & Cheng, 2005).



HCB-LTC policy and programs

China

- In 1996, the Elders' Protection Law :

- require children to support their parents in old age.

- In 2001, “Starlight Project”

- expand community-based recreational space for elders (Ministry of Civil Affairs, 2001).
 - provides both physical and leisure activities along with health promotion workshops and other services (Ministry of Civil Affairs, 2001).

HCB-LTC policy and programs

China

□ In 2009, a guiding principle of elder care services

- “family providing primary care;
- community serving as a back-up
- institutional care being only a supplement” (Hui, 2016).

□ In 2011, “Establishing a Social Support System of Eldercare (2011–2015)”

- promote community-based eldercare across the country (State Council of China, 2012).

HCB-LTC policy and programs

USA

- ▶ In 1935, Social Security Act
 - ✓ Medicaid
 - ✓ HCBS waiver program
- ▶ In 1965, Older Americans Act
- ▶ Medicaid programs
- ▶ In 1973, Amendments to the Older Americans Act: “Aging Services Network”
- ▶ In 2010, ACA: Community Living Assistance Services and Supports (CLASS) Act
- Policies supporting caregivers
 - Americans with disabilities Act, 2000
 - National Family Caregiver Support Program (NFCSP)
 - Cash and Counseling program

HCBS deliver models

China

- **Community-based agencies** (Wu, Carter, Goins, & Cheng, 2005):
 - Community service centers: home maintenance, information and referral services. Some centers provide legal counseling to elders, meals-on-wheels.
 - Bao mu (housemaids) and jia zheng (homemaker) coordination centers/service center: provide home care services
- **Adult day care for seniors** (Wu, Carter, Goins, & Cheng, 2005).

HCBS deliver models

USA

- ❑ Village model
- ❑ University-based retirement community
- ❑ Co-housing
- ❑ NORC (Naturally Occurring Retirement Communities)
- ❑ Neighborhood lunch program
 - ❑ Meals on wheel

Types of HCBS Care

Health Services meet medical needs

- Home health care, such as:
 - Skilled nursing care
 - Therapies: Occupational, speech, and physical
 - Dietary management by registered dietician
 - Pharmacy
- Durable medical equipment
- Case management
- Personal care
- Caregiver and client training
- Health promotion and disease prevention
- Hospice care (comfort care for patients likely to die from their medical conditions)

Human Services support daily living

- Senior centers
- Adult daycares
- Congregate meal sites
- Home-delivered meal programs
- Personal care (dressing, bathing, toileting,eating, transferring to or from a bed or chair, etc.)
- Transportation and access
- Home repairs and modifications
- Home safety assessments
- Homemaker and chore services
- Information and referral services
- Financial services
- Legal services, such as help preparing a will
- Telephone reassurance

Sustainability and Challenges

China

- ❑ Poor quality and quantity of formal caregivers.
- ❑ Lack of policy support caregivers
- ❑ China: Incongruence with filial piety culture, unaffordable, and lack of national support program (Zhang, 2015).
- ❑ LTC policy is still at an experimental stage

USA

- ❑ Complex system
- ❑ lack of integration
- ❑ Inequality distribution of services
- ❑ Disparity and affordability
- ❑ Quality and quantity of services

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