

HRSA Office of Women's Health

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3:00 PM EST

Navigating Care for Women with Opioid Use Disorder

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>> MODERATOR: Testing. Can you hear me now, Sarah?

>> CAPTIONER: Yes. Sorry about that.

Okay. So, I need you to hear the audio from the computer, because this is a recording -- the captioning wasn't done correctly, so this is a form where the audio will come from the computer. Let's test to see if you can hear you. I'm not sure if you will be able to.

You can let me know if you hear it. Okay.

>> CAPTIONER: Sounds good.

>> I would like --

>> CAPTIONER: Audio is very low, very soft.

>> I changed my volume to 100%, so let's see if you can hear it.

>> Thank you very much. We'll get started in just a couple of minutes.

>> I would now like to turn to Kara Beck.

>> KARA BECK: Yes. Thank you very much. We'll get started in just a couple minutes after the hour so that folks have a little bit more time to join. I would like to note that this meeting is being recorded, and so if you don't want your chat or question answered at the end to be recorded, please feel free to opt out of those functions.

For those just joining us, we will get started at 3:02.

Good afternoon. Thank you for joining us at this Health and Resources Administration, Navigating Care for Women with Opioid Use Disorder. We're very excited to introduce this toolkit to you, and

we're hoping that the information we provided today will be useful to you in implementing the tool diagnose kit. My name is Kara Beck a public health analyst with the HRSA office of women's health and as a personal note, as a clinical psychologist with a focus on substance use disorder, I'm excited and grateful to be part of the project that led to the toolkit that we're sharing with you today and I'm really proud of the final project. I was looking forward to receive feedback for how to tweak the effectiveness of it in the future. I'm with my colleague Stephen Hayes a public health analyst with the office of women's health and overseen the project of the toolkit to the point where it can be shared with you today. A little about our office before we get started. The mission of the HRSA Office of Women's Health is to improve the health, wellness and safety of women and girls across the lifespan through HRSA policy, programs, outreach and education.

Over this last year, we've all been faced with unprecedented challenges that changed the way many of us work and highlighted many of the health prosperities that have already been around including those with the opioid epidemic which might be more recent. Along with the challenge is the enormous innovation in how health care and public professionals are caring for those in need. At the HRSA Office of Women's Health we highlight innovations that improve the life of women and their families. We do that through a series of webinars that we anticipate to conduct on a bimonthly basis throughout the year. Please contact us if it you are interested in learning about our future events. As I noted before, today we're excited to present to you an innovation out of our own office, caring for women of opioid use disorder, a toolkit for users and providers.

In the webinar today we'll discuss the context of the toolkit, opioid use disorder in women, and we'll give a brief overview of the development, format of the toolkit and highlight how to navigate through it and find the resources most relevant to you, and provide an overview of the three focus areas of the toolkit.

Finally, we will try to have some time at the end for your questions, but we do want to respect your time and we're intentional about scheduling this for 30 minutes to fit it into your busy schedule. Please drop your questions into the Comment's Box and if there are any that we don't have time for, we'll follow up via email if appropriate.

We will share our contact information on one of the final slides.

Now I'll turn it over to Stephen to talk about the context of opioid use disorder and impact on women.

>> STEPHEN HAYES: Thank you, Kara. Kara mentioned, my name is Stephen Hayes a public analyst here in the Office of koim women's Health. To set a baseline for those on the call today, I want to share information about how the Office of Women's Health care focused on this. OUD misuse illegal, synthetic or prescription opioids, heroin and others, and if not treated can lead to addiction, health problems or death. Treatments are included including MOUD, and OUD is a public health crisis that disproportionately affects women. Death from overdoses of women increased more than 471% from 1999 to 2015 compared with 2018% increase among men. Women are more likely to receive prescriptions for opioids, use chronically, have prescription it's for higher doses and receive prescriptions from multiple doctors. Women who use opioids digress more quickly than men, experience more cravings and more likely to relapse. It affects women of all ages and one of the

things we wanted to do with the approach is accounting for different aspects of the lifespan. OUD is going to impact women in adolescents, middle age, later years and can also impact women when pregnant and parenting. Half adolescents reported misusing pain relievers and more likely an adolescent males to become dependent on the drug. Nonpregnant women of reproductive age to participate in the survey of 2011 to 2012, younger non-pregnant women were more likely to use opioids. And use of and misuse of prescription opioids from 1.2 to 5.6. More over from 2009 to 2012 the rate increased nearly two-fold and with the clear need in mind in disparity the office partnered with the HHS Office on Women's Health and HRSA office of regional operations to develop a resource that would be available to organizational leaders and providers and more specifically address the disproportionate impact of the opioid use disorder on women.

We did that through a consultation-driven model assisted by a contractor, we collected perspectives and feedback from subject matter experts and key stakeholders from across the country. Conducted five consultations, three in person and two virtually over two years to focus on describing the need, identifying key elements of coordinated care, and on providing feedback on the nuts and bolts of toolkit components and their format. We worked to make this toolkit reflect the realities and treatments that are user friendly. Sections can stand on their own or be used in conjunction with each other and we hope that you find that helpful. The toolkit is a guide to help you and other health care and social services organization leaders and providers improve the care coordination for women with OUD in HRSA supported programs. The information in the toolkit can also apply to other settings of care.

You may use all or some of the resources in the toolkit based on your organizational characteristic, provider characteristic and patient characteristic. Some of the resources in the toolkit may apply to work with women with substance use disorder more broadly. With that I'll turn it over to Kara for background on the components.

>> KARA BECK: Thank you, Stephen. As Stephen noted in the process of developing the toolkit we develop add care coordination model which changed the way we thought about care coordination with women with opioid use disorder and can you see it here on the slide. A big part of the model is recognizing that the women being served and organizations that serve them exist within larger contexts and within overarching systems.

Similarly, the strategies that can support women with opioid use disorder are nested within the levels of these systems. Our toolkit is focused on the organizational and provider level, and this is with full recognition that both facilitators and barriers to care exist at the other levels, and those levels may be less changeable from the perspective of your organization.

For example, in our consultations, we heard a lot about the policy and payment context of care with women of OUD that appear in the gray circle on this slide.

We recognized that it seems like being in the midst of the COVID-19 pandemic impacted providers and organizations, and while we do recognize that, we wanted to focus on what providers and organizations can do to make changes that support women with opioid use disorder.

Finally, one other note is that this model is perhaps incomplete, in that instead of a circle, it really should be more of a cylinder. The strategies that are most useful for a particular woman may shift throughout her lifetime, and a sample a little later Stephen will talk about partnerships, and the partnerships that may be useful for organizations working with a woman may shift depending on where she is in her life course, and in working with adolescents, partnerships may include schools and while working with older women partnerships may include senior centers to make an obvious example.

Now that we've talked a little about the context of the toolkit, we can get to the format of the toolkit itself. There's a lot of information on this slide, so I'm going to take it step by step. First at the front of the toolkit, there is a table of contents, and Terms to Know and Introduction. The table of contents is what you might expect outlining the sections of the toolkit. The Terms to Know was built like the rest of the toolkit with stakeholder feedback to define the most useful definition for terms used throughout the toolkit, and even for those of you already working in OUD services, this section might be useful for level setting and understanding by what we mean and the terms we use throughout the toolkit. As it notes here, some of the definitions are -- as it notes there in the toolkit itself, some of the definitions are specific to HRSA while others are widely used.

The introduction to the toolkit include some of the information that Stephen shared earlier regarding the impact of the opioid epidemic on women, and the ways in which women are disproportionate impacted by opioid use disorder.

Following the introduction, you'll find the page illustrated on the right of this slide, which provides the same information that I'm going to share with you now. Throughout the toolkit, there are three key focus areas, shifting the culture around addiction and treatment, engaging women with OUD in care, and creating and maintaining partnerships that support care coordination for women with OUD.

Stephen is going to describe what is included in each of those sections shortly. I want to note that within each of the sections, you'll find tools illustrated by the hammer and wrench symbol you see on the slide, some key takeaways illustrated by the key tool, which may be useful to glance through even if you're notes using that specific tool, considerations for organization leaders, represented by the clipboard, considerations for providers represented by the magnifying glass and additional resources illustrated by the list document image. We hope that the visual signifiers help you to use the toolkit in a way that is flexible to your needs.

As Stephen noted, our intention is not that your organization will sit down and read the toolkit from front to back. Instead, we envision you identifying the tools most of use to you and going directly to those. For that reason, some of the themes that were most strongly emphasized by stakeholders are carried throughout each section and when you're in one section and there is a tool relevant in a different section, it's referenced so you can go to that, again, without having to read through the entire toolkit and taking up time with resources that are less useful to you.

To facilitate utilizing the toolkit in this way, we've included a self-assessment for organizations and providers. We think that it really may be useful to start with this self-assessment for organization leaders and providers on pages 40 to 41 and in the images on the slide.

As can you see the self-assessment is divided into the three focus areas of the toolkit and within each section the language of each of the sections maps pretty directly to tools in the sections of the toolkit, so it allows you to hopefully fairly quickly identify which parts of the toolkit may be most useful to you.

You might consider starting with the self-assessment, reviewing the tools that are in your lowest strength section and then reviewing any additional resources that connect to those tools.

One other quick note, since the self-assessment was created specifically for this toolkit, we recognize that it may not be the best clear metric for broadly evaluating your progress in all of the areas that the toolkit recommends integrating into care coordination, so on Page 42 of the toolkit, just after the self-assessment, there is also a list of metrics to consider for monitoring and evaluation purposes. These may be metrics that you're already familiar with or that you already use, even, and could integrate into monitoring your care coordination effort.

So having gone through the format and how we envision you utilizing the toolkit, I'll turn it over to Stephen to talk about each of the individual sections.

>> STEPHEN HAYES: Thank you, Kara. The first key area as Kara mentioned in the toolkit, focuses on shifting the culture on addiction and treatment, and this was one of the themes that was especially prevalent across all of our consultation, and again a huge thank you to all of the subject matter experts from treatments of clinical sector, academia, in-patient groups, for your leadership and to share those perspectives.

The real focal point of this key area is one that we reiterate across all the yrqs within the toolkit but really provides specific resources for this one, and kind of the two elements that you can pull out about these in particular and reiterate across the entirety is the importance of treating substance use as a chronic medical disease versus a failing or bad choice which is unproductive and not good for the care setting. We want to emphasize women are able to access the most appropriate care for their needs with as few barriers as possible and we hope that the tools in this key area meet that.

The first tool in this section is addiction is a chronic medical disease which provides an overview of myths and facts about addiction and treatment and particularly about opioid use disorder. The second tool in the section is evidence-based treatment options for opioid use disorder, and one of the important pieces of feedback that we got over the life of the consultation was how available treatments relying upon medication were not always understood to be something that were accessible or could be started at any point and provided clinical recommendations to the contrary in some settings, and wanting to elevate what the evidence base says and put that front and center here in this component of the toolkit.

In our second key area, we focused on providing tools for organizations and providers about engaging women with opioid use disorder in their care. So evidently, one of the important things here is that deepening what it is that we can do to make our organization and our care settings more accessible and ensuring again that women are able to access the most appropriate care for their needs with as few barriers as possible. You start here describing trauma-informed care strategies that hopefully

you already have in place in the organization that you can build upon, and also on centering on patient strengths, needs, and preferences across all the tools highlighted in the key areas. The other important component that we manufacture signed based on feedback is engaging women's support systems where that's appropriate and possible. The tools in the section are entitled strategies for organizations to provide trauma-informed care to women with opioid use disorder, and navigating the first appointments with women with opioid use disorder, and engaging women's support systems.

All of the actual tools within the toolkit provide key takeaways on the panel as you'll see if you download, and also I want to encourage there is the toolkit available in the download of the file share pod on the platform. They provide paragraphs of text that give a summary of important themes and takeaways and provide policies and practices that can be implemented today in care settings.

We also pull out provider and organize-specific recommendations so that depending on who the user is or what or who they need to advocate with within their organization, there should be something that is readily actionable for them based on the toolkit context.

The third and final key area is about creating and maintaining partnerships, and this area in particular is going to be a critical component of how we assure that we're striving toward care coordination because of the complexities associated with care for any complex medical condition, but particularly with opioid use disorder. We're going to try to focus on resources to make it useful for your organizations to identify potential partners to understand the resources women with benefit from, iewly pen ficial for your organizations as well. Strengthen partnerships that may exist or developing them and using an organizational strategy to do, so and also about how to share information about opioid use disorders with partners considering all of the legal impacts that might be involved and private considerations.

This really is about deepening and expanding the services available to our people for meaningful collaboration with other units, teams, organizations, and that can mean within your own organization there might be some filing that keeps some away from others and to make sure we're providing as much effective care as possible. The tools in the section are called identifying potential partners in your community, tips to strengthen partnerships in your community, sharing information with partners in the community and support for those with opioid use disorder. Public health isn't everything and addressing substance use or any priority area requires extending our expertise and capabilities through partnerships in our communities and this section emphasizes the importance of doing so with as complex of an issue of OUD the key takeways in the tools all of them are to provide those at the top of the section and provide examples of potential partners by discipline or practice areas, and also tip boxes to approach partners, how to maintain partnership shows and how to deepen existing partnerships, as well as examples of potential partnerships and languages to use -- the language to use in developing those and in sharing information about patients that you're trying to support mutually.

In addition to these three key areas, all materials provided within them are a derivative of existing tools or rereflect of five of other evidence-base in this toolkit and references are cited directly if line and they're available at the end of the toolkit as well, and the additional references are also separately divided and grouped thematically and hyperlinked and all updated as of December 2020, so we hope that is helpful for you as well if you look at more specific and expanding elements that you want to

explore further. With that I want to turn it back to Kara to hear a little more how we can continue to learn from you as this process moves forward.

>> KARA BECK: Thank you, Stephen. One of the key things that we hope you take away from this webinar, in addition to the information about how to utilize the toolkit, and we certainly do hope that you utilize the toolkit, that we are very interested in ensuring that the investment that HRSA put into this toolkit has a long-lasting impact. For that to happen, let me change the slide, we recognize that we'll need to continue hearing from the fields to maintain and even expand the relevance of the tools that are included, so we hope that if you have questions, comments, concerns, et cetera, you'll reach out to us, and our contact information is included here on this slide.

Further, if there are HRSA-funded settings or HRSA programs interested in applying the toolkit, that would like to work with us in a systemic or evaluative way, we would be very glad to collaborate and hope that you'll contact Stephen or myself, or the general OWH email address here that is continually monitored, and we are available for information sharing and collaboration.

At this time, I would like to open it up for questions. I think we have about 5 to 7 minutes for questions.

>> MODERATOR: If you would like to ask a question, press star 1 to unmute your speaker. Again, if you would like to ask a question, press star 1 to unmute.

There are currently no questions in the queue.

>> KARA BECK: Hopefully that means that we've been very clear and that the toolkit itself hopefully speaks for itself as well. Stephen and I had prepped for a couple of questions that we anticipated, and Stephen, hopefully it's okay if I put you on the spot. Would you like to address the issue of how the toolkit might apply in the context of COVID-19?

>> STEPHEN HAYES: Yes, thanks, Kara. So the process for developing this toolkit began before COVID-19's impact began to really exacerbate what we know was already happening as a result of the opioid epidemic, but all the same the practices that are outlined within the toolkit are things that we've heard during our consultation process and also from other patient service providing groups that still hold true in this context and in some cases have been extended through the use of telehealth. It does not ignore, obviously, the impact of limited in-person services and also how as we mentioned the strain that already existed from OUD is being exacerbated by the COVID-19 emergency, but the principles should still resinate and be applicable, and if anything the impacts and inequalities and challenges that are being addressed by the resources in the toolkit, hopefully, are things unfortunately that existed before the COVID-19 epidemic and we anticipate will after as well, and the work towards that is something that we still think will be applicable and that's what we heard during our consultation process from folks in the field as well.

>> KARA BECK: Thank you so much, Stephen. I do see a question in the comments of how to get to the toolkit. It is available as a download here from Adobe Connect in the File Share Pod titled Caring for Wom is what is visible, and then you can also access it via the link that Stephen just shared in

the chat. That will take you directly to the toolkit, and you can also access it from Office of Women's Health page on the HRSA website and I'll put up the HRSA website on the slight now.

I am pleased to see some positive feedback in the comments as well or in the chat as well. Was there anyone on the line with a question?

>> MODERATOR: There are currently no questions.

>> KARA BECK: Thank you very much. I think that if there are no questions, folks have had some time to share them, we will conclude then. Please do feel free to reach out to us. I'll put up the slide with our contact information once again. Feel free to reach out to us if you do have questions later or feedback, or again as I said, if you have any interest on collaborating. We are so pleased that you've joined us for this webinar, and we're really excited about the opportunity to share this toolkit with you. I'll just check with you, Stephen, did you have any last comments as we wrap up?

>> STEPHEN HAYES: No. Thanks, everyone.

>> KARA BECK: Thank you so much and that will conclude our webinar for today.

(Session completed at 11:29 a.m. CST).