



Background

- Opioid use disorder (OUD) and resultant opioid overdoses have amplified over the last 20 years, despite efforts to identify best practices for prevention and treatment
- A significant divide has emerged between patients with OUD and their providers, particularly in emergency, acute care settings
- While work has been done exploring the impact stigma and distrust has on patient outcomes, little research has focused on direct comparisons of patient and provider perspectives of OUD

Objectives

1. Evaluate: knowledge, attitudes, and perceptions towards OUD
2. Identify: perceived barriers and facilitators to OUD treatment
3. Describe & Integrate: discrepancies between the two study populations that can be used to inform future healthcare models
4. Rectify: generally unfavorable patient-provider relationships to improve health outcomes and design more effective interventions

Methods

- We will sample two populations to obtain qualitative data on a variety of topics related to OUD (Table 1)
- Healthcare Providers:
 - Criteria: UMass ED Physician/Registered Nurse or UMass Memorial EMT/Paramedic
 - Recruitment Strategy: online emails to targeted UMass listservs
 - Data Source: online surveys, with semi-structured interviews in a subset of participants
- Individuals with OUD
 - Criteria: adults with non-medicinal opioid use
 - Recruitment Strategy: respondent driven sampling (RDS) (Figure 1)
 - Data Source: semi-structured interviews, with online surveys from a subset of participants

Table 1: Discussion topics in semi-structured interviews and online surveys

Topic Areas
Perceptions on opioid use and health
Initiation of opioid use
Perceptions and behaviors surrounding naloxone use
Treatment options for OUD
Interaction with healthcare system

Seed

Wave 1

Wave 2

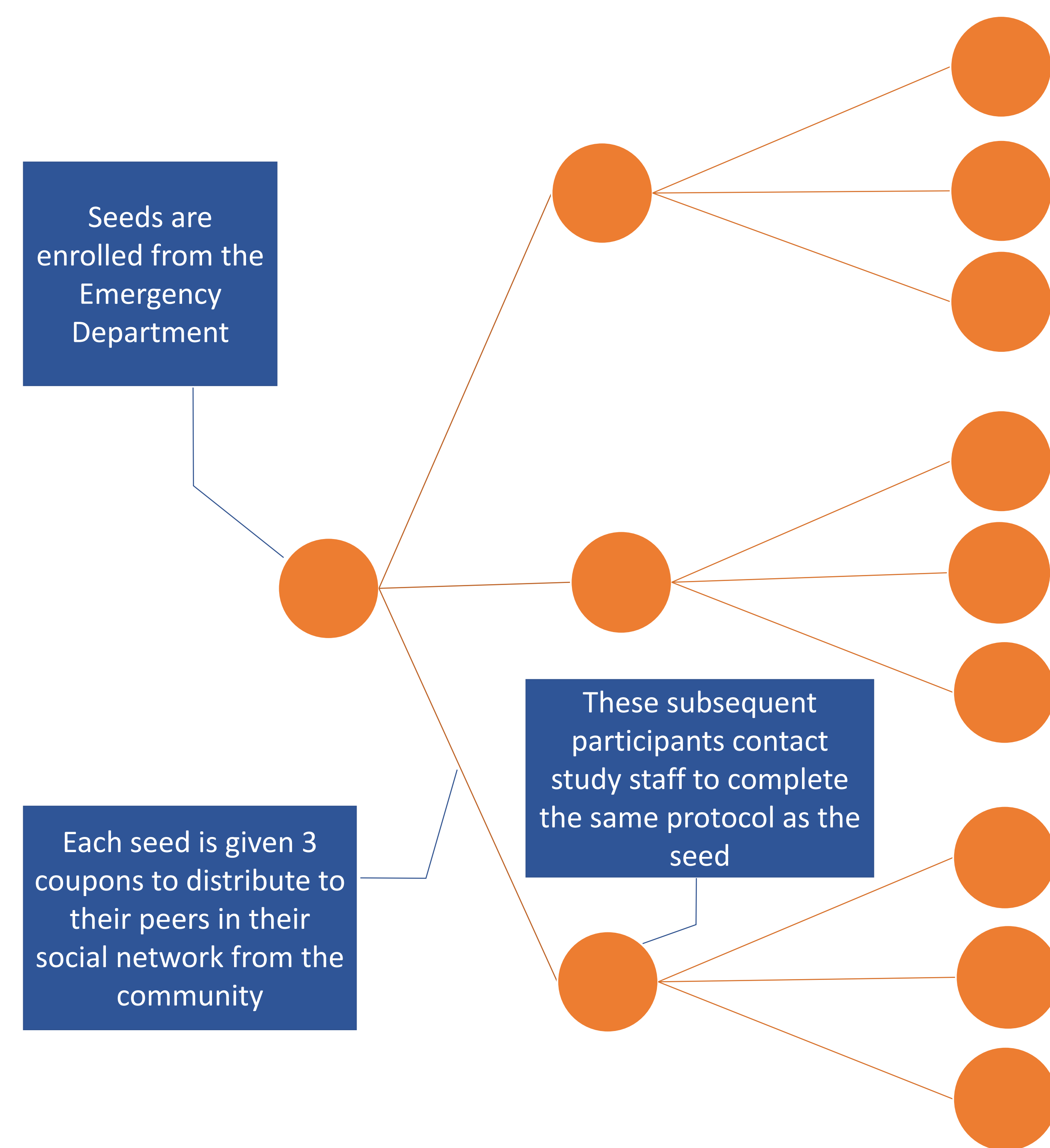


Fig. 1: Schematic of RDS

Results

- Recruitment will continue until thematic saturation is reached
- Recruitment to date has focused on individuals with OUD:
 - 6 seeds have been enrolled
 - Wave recruitment has been a challenge: there has only been one response out of a total of 18 possible referrals
- The healthcare provider survey will be distributed in April 2019
- Next steps: explore barriers to recruiting peers from their social network with seeds to enhance wave recruitment, expand recruitment of seeds outside the ED

Community Engagement

- We suspect the failure of propagation of the RDS chain is due to the emergency department-based seed recruitment strategy and seek to expand seed recruitment into the Worcester community
- We are specifically looking to partner with community based-harm reduction agencies and other groups that engage individuals with active or past OUD