

Landscape Analysis of Pennsylvania Opioid Treatment Programs: Foundations for Measurement-Based Care Implementation

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BACKGROUND & GOALS

- Measurement-based care (MBC) is a promising evidence-based intervention for opioid use disorder (OUD) that can enhance quality measurement and patient care by using patient reported measures at each treatment contact to monitor and collaboratively guide treatment planning.^{1,2}
- The HEALing Measurement Center aims to enhance the measurement, quality, and equity of care delivered in Pennsylvania based opioid treatment programs (OTPs) designated as Centers of Excellence for OUD.
- The HEALing Measurement Center will co-design and implement MBC tools and systems as well as paperwork reduction initiatives with an interdisciplinary, multi-site academic team, state and community partners, payers, and providers.
- This study describes initial findings regarding baseline current practices and paperwork requirements across four OTP sites participating in MBC implementation.

METHODS

- $N = 18/20$ sites were recruited to participate in a larger, stepped wedge hybrid type II implementation-effectiveness trial for MBC (Figure 1).
- All sites provided intake and ongoing documentation and hosted in person-site visits.
- The research team computed **initial paperwork burden** and **duplicated paperwork burden** by multiplying the total number of questions asked at intake and the number of duplicated items by 30 seconds.
- The research team met with leaders and counselors during site visits to informally assess current practices and available resources at OTPs.

Baseline variability in OTP service availability, intake processes, and organizational structures show the need for tailored MBC implementation strategies to **improve workflows, expand support services, and ensure quick access to treatment.**

CONCLUSION

- Preliminary data show:
 - Diverse Implementation Landscape:** The 18 sites span 16 counties across 4 parent organizations, with significant variation in geographic distribution, funding models, cultures, and service structures.
 - Service & Access Gaps:** While all sites provide MOUD, counseling, and care management, access to on-site wraparound services like mental health support (11%) and childcare (5%) remains limited.
 - Operational Barriers:** Intake process times vary significantly, with Organization D requiring 191% more time than the shortest site, delaying treatment initiation and highlighting the need for streamlined workflows.
 - Local Innovations:** Many sites discussed novel efforts to meet local needs, including food pantries, childcare, mobile units, and providing test strips.
- Results underscore the complexity of implementing system-wide changes while highlighting opportunities to align partner needs, utilize existing resources, and address barriers.
- Future directions include expanding MBC implementation for OUD treatment to office-based opioid treatment (OBOT) and evaluating the impact of different implementation strategies on adoption and fidelity.

SUPPORT & ACKNOWLEDGEMENTS

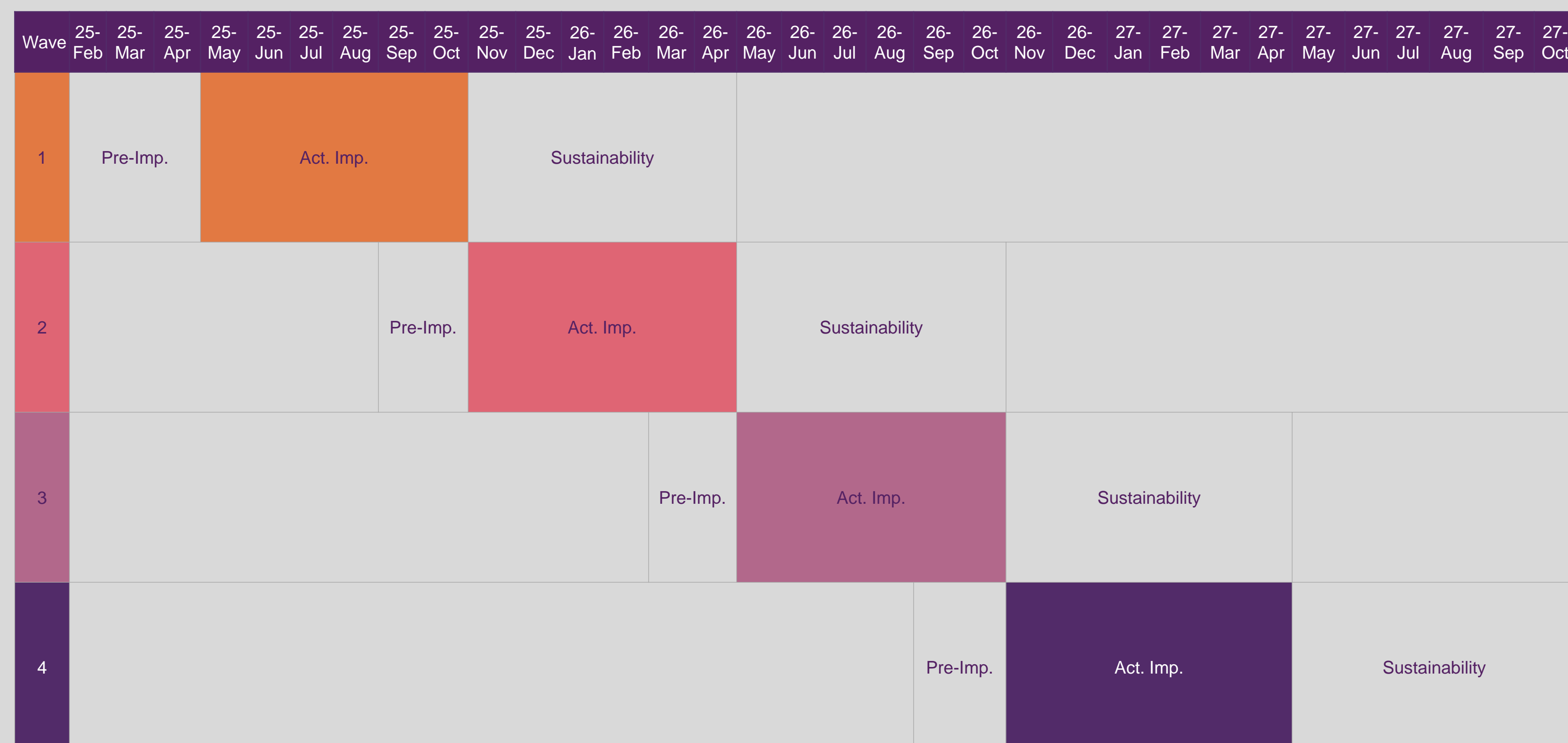
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- We would like to thank our community partners for their support.



References are available through the QR Code

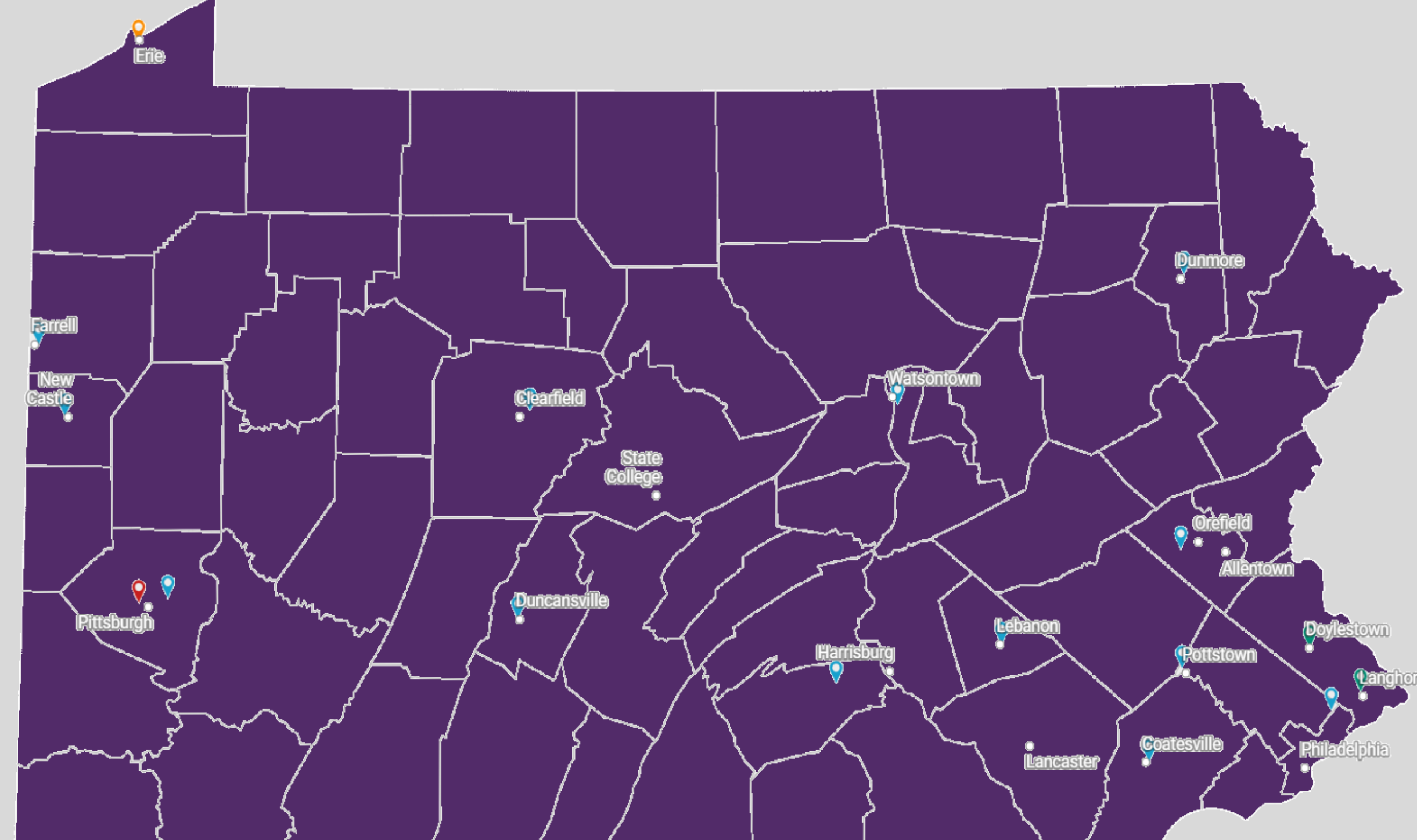
DATA & RESULTS

Figure 1. Site Implementation Plan Gantt Chart



Note: Pre-Impl. stands for Pre-Implementation, Act. Imp. stands for Active Implementation

Figure 2. Geographical Distribution of Sites



Note: $N = 18$ sites spanning 4 distinct parent organizations across 16 of 47 Pennsylvania counties, with 50% in rural areas and 17% classified as non-profit. All (100%) provide methadone and buprenorphine and 94% offer naltrexone. Non-MOUD services include care management (100%), counseling (100%), mental health and family support (11%), and childcare (5%).

Table 1. Documentation Estimation Times

Parent Organization	Initial Paperwork	Estimated Completion Time in Hours (30 seconds per question assumption)	# Duplicate Questions
	# Questions Asked		
A	222	1.85	8
B	139	1.16	18
C	251	2.09	2
D	406	3.38	23

Note: Parent Organization D has the longest general intake process, which is a **2-hour difference** and a **191% increase** from the shortest intake process at Site B.