Integrating Treatment for Mental Disorders in Methadone Clinics in Ukraine

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Research team

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Ukraine

- Total population ~45 mln
- High burden of communicable and non-communicable diseases
- Soviet-style vertical healthcare system unable to respond to emerging challenges
  - Now under reform
Substance use disorders

Low health awareness

Mental health disorders

Substance abuse treatment

Low access to treatment

Poor adherence to treatment

Higher burden of communicable and non-communicable diseases

Mental health treatment

Low health awareness

Poor adherence to treatment
Specific Aims (1)

• Evaluate the effectiveness of the modified SBIRT (Screening, Brief Intervention and Referral to Treatment) intervention for common mental health disorders in patients with substance use disorders
  • Using a three-arm cluster-randomized trial design comparing standard of care (N=450) versus mSBIRT with ECHO facilitation with (N=450) or without P4P incentives (N=450)
  • 12 methadone clinics (4 per arm) stratified by geography
  • Primary (service-level) and secondary (patient-level) outcomes
Specific Aims (2, 3)

• Using a multi-level implementation science framework, to examine the contribution of client, clinician and organizational factors that contribute to the primary and secondary outcomes

• To conduct a cost-effectiveness analysis (CEA) of integrating COD services into methadone clinics

  ❖ Pave the way for the healthcare reform by introducing more integrated evidence-based practice
Methadone Clinics

mSBIRT

mSBIRT

Standard Training

Evidence-based Practice

Implementation Strategy

ECHO + P4P

ECHO

Standard of Care

Primary: Screening adoption (% screened)

Secondary: Patient-centeredness (% with brief intervention)

Primary: SSRI Initiation, MMT drop-out

Secondary: Psychiatric Quality of Life

Patient Outcomes

Service Outcomes

Assessments (by Month)

0 6 12 18 24

0x0 12 0x0 18 0x0 24

UIPHP

Primary:
Screening adoption (% screened)

Secondary:
Patient-centeredness (% with brief intervention)

Primary:
SSRI Initiation, MMT drop-out

Secondary:
Psychiatric Quality of Life

patient Outcomes

Service Outcomes

Assessments (by Month)

0 6 12 18 24

0x0 12 0x0 18 0x0 24

UIPHP
Mental Health Disorders Continuum of Care Cascade

- Decreased OAT dropout
- Increased Psychiatric QoL
- Decreased drug use
- Decreased criminal activity
- Increased employment

- All OAT Patients
- Screened
- Diagnosed
- Brief Intervention
- Treatment Initiation
- Retention 4 months
- Retention 12 months
Multi-Level Factors

**Client:** sociodemographics, depression severity, stigma

**Provider:** Attitudes & stigma to MMT & mental illness, readiness for change, fidelity of EBP (ECHO, P4P, mSBIRT) implementation, participation in ECHO activities, satisfaction with EBPs (mSBIRT, depression treatment)

**Organizational:** organizational functioning (budget, staffing, case load), resistance to change, leadership, decision-making collaboration, meaning at work, cynicism towards change, quality improvement uptake, region

* All patients on evidence-based opioid agonist therapies in outpatient treatment programs in 4 regions

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**Service-level**
1. Screening adoption
2. BI delivery

**Client-level**
1. SSRI initiation
2. MMT dropout
3. Psychiatric QoL
Progress: recruitment

- Aug: 294
- Sep: 759
- Oct: 1006
- Nov: 1060
Thank you!

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