Addressing Addiction Stigma Among Clinicians: The Shatterproof 'A Provider's Pathway' Curriculum

May 15, 2025 | 1:00 pm ET

Note: *The following text was transcribed using Otter.ai. Any misspellings and typos are a result of that service being used.*

00:00:04.595 --> 00:00:05.355
Hello everyone.

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00:00:05.535 --> 00:00:06.995
My name is Christina Melvin,

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00:00:07.655 --> 00:00:10.955
and I'm the Executive Vice President here at Open Minds

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00:00:10.955 --> 00:00:11.955
of Market Intelligence.

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00:00:12.375 --> 00:00:13.675
And welcome to today's Circle,

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00:00:13.675 --> 00:00:16.315
executive round table addressing addiction stigma

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00:00:16.525 --> 00:00:20.195
among clinicians, the shatterproof of providers, ula,

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00:00:20.735 --> 00:00:23.395
and today's round table features Courtney McKees,

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00:00:23.865 --> 00:00:25.155
vice President of Shatter

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00:00:25.505 --> 00:00:27.115
Proof's National Stigma Initiative.

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00:00:27.375 --> 00:00:29.235
And Robert Deford, the program manager

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00:00:29.255 --> 00:00:31.115
of Shatter Proof's National Stigma Initiative.

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00:00:32.085 --> 00:00:34.725
Courtney leads a multidisciplinary team that designs

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00:00:34.725 --> 00:00:37.125
and implements evidence-informed interventions

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00:00:37.185 --> 00:00:39.525
to reduce stigma associated with substance use

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00:00:39.745 --> 00:00:42.085
and substance use substance use disorders.

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00:00:42.705 --> 00:00:45.485
Robert brings firsthand lived experience as a member

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00:00:45.485 --> 00:00:48.885
of the recovery community for over 10 years, in addition

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00:00:48.885 --> 00:00:50.925
to having worked on the ground in treatment centers

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00:00:50.925 --> 00:00:52.245
locally in Houston, Texas.

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00:00:53.105 --> 00:00:54.205
And before we get started,

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00:00:54.365 --> 00:00:56.085
I do have a few housekeeping reminders.

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00:00:56.435 --> 00:00:58.885
Your audio will be muted during today's briefing.

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00:00:58.995 --> 00:01:00.365
However, during the question

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and answer portion, we do encourage you

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to submit any questions you may have using the question box

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located on the right hand side of your screen.

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00:01:07.825 --> 00:01:08.965
And finally, the slides

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00:01:08.985 --> 00:01:11.805
and recording from today's round table will be archived

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00:01:12.105 --> 00:01:14.725
and available for subscription members on the Open Minds

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00:01:14.725 --> 00:01:15.725
website starting tomorrow.

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00:01:16.305 --> 00:01:18.405
And with that, I will pass it on to Courtney.

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00:01:21.925 --> 00:01:25.035
Thank you so much, Christina. Next slide please, Robert.

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00:01:27.255 --> 00:01:29.205
Great. We're so excited to be here today

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00:01:29.425 --> 00:01:31.125
to talk about addiction stigma

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among healthcare professionals

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00:01:33.145 --> 00:01:36.565
and how we can really mitigate, um, the, the harm that

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00:01:36.565 --> 00:01:37.805
that can be caused by that stigma.

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00:01:38.055 --> 00:01:40.445
Today what we'll cover is we will briefly go over

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00:01:40.645 --> 00:01:43.285
shatterproof, who is shatterproof, what do we do?

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00:01:43.905 --> 00:01:46.245
We will look at what is stigma,

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00:01:47.145 --> 00:01:49.845
and then we will try to contextualize the impact of stigma

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00:01:50.195 --> 00:01:52.565
through some case studies, um,

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00:01:52.925 --> 00:01:54.925
specifically within the healthcare system.

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00:01:55.025 --> 00:01:57.085
So we can look at that provider stigma specifically.

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00:01:57.825 --> 00:02:00.645
And then I'll be passing it over to my colleague Robert,

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00:02:00.985 --> 00:02:02.765
who will be able to talk through, um,

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00:02:02.905 --> 00:02:06.485
our provider's pathway educational curriculum, um,

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00:02:06.745 --> 00:02:08.125
and what that looks like

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00:02:08.385 --> 00:02:11.245
and what are the key takeaways for executives, um,

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00:02:11.385 --> 00:02:13.125
to really implement, uh,

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00:02:13.125 --> 00:02:14.965
stigma reduction strategies within their workplace.

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00:02:15.765 --> 00:02:16.985
Go ahead to the next slide, please.

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00:02:18.945 --> 00:02:20.405
So a little bit, just a deep, uh,

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00:02:20.405 --> 00:02:21.525
dive a little bit deeper into

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00:02:21.525 --> 00:02:23.485
what those learning objectives will look like today.

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00:02:23.865 --> 00:02:26.765
Uh, first we'll be looking at what barriers exist

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00:02:26.785 --> 00:02:29.765
to implementing stigma reduction strategies In clinical

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00:02:29.765 --> 00:02:32.085
settings, we will look at

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00:02:32.105 --> 00:02:35.045
how provider organizations can integrate stigma reduction

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training into provider education.

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00:02:38.105 --> 00:02:39.525
And then last, but not least,

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00:02:40.105 --> 00:02:43.245
how executive leadership can take an active role in

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00:02:43.605 --> 00:02:45.285
challenging stigma within their teams,

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00:02:45.535 --> 00:02:47.805
which might be most relevant to the audience today.

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00:02:48.395 --> 00:02:52.385
Next slide, please, Robert. So who is Shatterproof?

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Um, shatterproof is a national nonprofit dedicated

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00:02:56.225 --> 00:02:58.905
to reversing the addiction crisis in the United States.

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00:02:59.545 --> 00:03:02.325
Uh, we are a little over a decade old.

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We were founded by, uh, Gary Mendo after he

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00:03:05.825 --> 00:03:08.885
and his family experienced the devastating tragedy

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00:03:08.955 --> 00:03:11.605
that many experience across this country

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00:03:11.655 --> 00:03:13.565
where they lost their son, um,

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00:03:13.815 --> 00:03:17.765
after a long journey navigating substance use disorder.

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00:03:18.395 --> 00:03:22.565
With that, Gary was really inspired to understand like,

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00:03:22.665 --> 00:03:26.285
how can he help other families prevent, um,

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00:03:26.285 --> 00:03:27.285
that devastation?

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And from that he really realized that there was a lot

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of evidence-based practices out there,

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but they were sitting in textbooks.

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He said, we really need a national organization

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that can take these learnings from the textbooks

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and put them into action, um, really

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to reverse the addiction crisis.

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00:03:47.355 --> 00:03:48.855
So with that, shatterproof was born

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and we have three primary primary pillars of work,

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including transforming the addiction treatment system.

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We really do this through policy and advocacy work.

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Um, we also have a treatment locator,

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a quality treatment locator called Atlas, um,

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which really helps people navigate not just

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00:04:11.825 --> 00:04:14.015
where can they get treatment,

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but what kind of treatment should they be looking at.

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00:04:16.995 --> 00:04:19.295
Um, what are special filters

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00:04:19.295 --> 00:04:20.815
that they should be looking at for treatment?

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00:04:20.815 --> 00:04:21.975
But then most importantly,

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how do these treatment facilities pair against their,

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00:04:25.715 --> 00:04:27.775
or compare to their, um,

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00:04:28.145 --> 00:04:30.295
other treatment facilities in the area so

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00:04:30.295 --> 00:04:32.775
that they can really make informed decisions about what's

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best for them and their individ individualized care.

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Um, we also work in, um, a pillar called empowering

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and educating communities.

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So really building out resources

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00:04:45.095 --> 00:04:46.735
that help people truly understand

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00:04:46.765 --> 00:04:48.575
what substance use disorder is,

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00:04:48.915 --> 00:04:50.935
and then connect them to resources.

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00:04:51.435 --> 00:04:55.255
Um, we have a lot of community activation, um, where we go

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00:04:55.255 --> 00:04:57.735
around the country and we really engage with communities

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00:04:57.755 --> 00:04:59.335
and try to share this knowledge.

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00:05:00.075 --> 00:05:01.135
And then last

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00:05:01.155 --> 00:05:03.815
but not least, what we're really gonna be focused on today

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00:05:03.815 --> 00:05:05.335
is our national Stigma Initiative.

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Um, you know, as Christina mentioned,

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our team is really multidisciplinary.

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We're working on how to, uh, reduce the stigma of addiction

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or the common misconceptions

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and negative beliefs, um, around addiction in this country.

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00:05:22.985 --> 00:05:26.295
There are some primary systems that we are looking at doing

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that in including communities

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and then the healthcare system, which we will, uh,

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00:05:30.975 --> 00:05:32.255
be able to dive into today.

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Next slide please, Robert.

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So what is addiction stigma?

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Um, stigma can sometimes feel like this really

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untangible lofty concept.

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So stigma from a formal definition is a socially

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00:05:51.095 --> 00:05:52.875
and culturally constructed process

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that reproduces inequalities

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and is perpetuated by the exercise of social,

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economic and political power.

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00:06:01.865 --> 00:06:05.965
Put a little more simply, we like to look at stigma, um,

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through these, these three buckets where you see below

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00:06:09.465 --> 00:06:12.245
and they have a multi-directional relationship.

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So we have stereotypes.

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Stereotypes are going to be more of like the thoughts

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that we feel around people who have substance use disorder.

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Um, that can meet be something like people

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00:06:24.145 --> 00:06:26.885
who have substance use disorder or addiction are weak.

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Um, then we have prejudice.

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And prejudice is really more of the feelings that we feel

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00:06:32.465 --> 00:06:34.965
around people who have substance use disorder.

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00:06:35.465 --> 00:06:39.965
Uh, a really common one that drives stigma broadly is going

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00:06:39.965 --> 00:06:41.365
to be this idea that people

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00:06:41.365 --> 00:06:45.005
with substance use disorder are violent, vi the violence,

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00:06:45.235 --> 00:06:49.525
then induces a feeling of fear around this population.

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00:06:50.185 --> 00:06:52.365
And then last, but certainly not least,

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00:06:52.665 --> 00:06:54.285
we have the discrimination bucket,

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00:06:54.335 --> 00:06:59.005
which is really the behaviors, um, that that happen

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00:06:59.225 --> 00:07:02.405
as a result of stereotypes and prejudice.

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And that could be something like not being willing

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to have someone with a substance use disorder as your friend

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00:07:09.325 --> 00:07:12.915
marry to your family or even be a close coworker.

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Um, and all of these concepts together really encapsulate

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00:07:16.625 --> 00:07:18.315
what the, what stigma is.

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00:07:18.815 --> 00:07:22.795
So stigma is not just a barrier to receiving healthcare

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and engaging in help seeking behavior,

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00:07:25.655 --> 00:07:27.955
but it results in this discrimination

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00:07:27.975 --> 00:07:30.075
and ultimately, um, exclusion

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00:07:30.195 --> 00:07:33.235
and social isolation, which can be harmful for individuals.

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00:07:33.625 --> 00:07:38.465
Next slide. So

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00:07:38.465 --> 00:07:40.865
as we try to think about stigma even a little bit,

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00:07:40.865 --> 00:07:42.065
get a little bit more granular,

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00:07:43.065 --> 00:07:45.165
we think about stigma in these four buckets.

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00:07:45.585 --> 00:07:49.005
So we have public stigma, so that's gonna be societies

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00:07:49.845 --> 00:07:51.405
negative attitudes towards people

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00:07:51.475 --> 00:07:52.885
with substance use disorder.

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00:07:53.465 --> 00:07:57.285
An example of this could be a community member, assuming

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00:07:57.355 --> 00:07:59.885
that someone with substance use disorder is dangerous

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00:07:59.885 --> 00:08:01.325
to remember those stereotypes

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00:08:01.325 --> 00:08:04.685
and then the resulting prejudice that they're morally weak

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00:08:04.945 --> 00:08:07.605
or that they are fully responsible for their illness.

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So, um, this belief, they express this belief by avoiding.

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So we think about social distance, not wanting

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00:08:15.475 --> 00:08:18.915
to be near some of the substance use disorder, uh, shaming

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00:08:18.915 --> 00:08:20.875
or speaking negatively about that person.

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00:08:21.575 --> 00:08:23.115
And then we have structural stigma.

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Structural stigma, um, is really looking at the policies,

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00:08:26.795 --> 00:08:28.195
institutional practices

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00:08:28.275 --> 00:08:32.275
and cultural norms, um, that really continue

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00:08:32.335 --> 00:08:35.075
to disadvantage people with substance use disorder.

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So an example of this could be hospitals, uh,

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avoiding admitting patients with substance use disorder

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00:08:41.375 --> 00:08:45.155
for detox services, even if availability is there.

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00:08:46.095 --> 00:08:50.275
Um, this doesn't always stem from individual prejudice,

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00:08:50.335 --> 00:08:52.115
but that's definitely plays a role.

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00:08:52.615 --> 00:08:55.275
Um, but it looks we're looking more at the institutional,

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00:08:55.705 --> 00:08:57.925
um, mitigation of risk, right?

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00:08:57.985 --> 00:09:00.765
So risk avoidance, lack of training

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00:09:00.865 --> 00:09:03.645
or confidence of providers to interact with people

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00:09:03.645 --> 00:09:05.005
with substance use disorder.

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And then inherently discriminatory policies

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00:09:07.965 --> 00:09:09.645
that they have at the institutional level,

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00:09:11.015 --> 00:09:12.475
we have self-stigma.

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00:09:12.855 --> 00:09:16.795
So self-stigma is going to be the internalized, um,

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00:09:17.245 --> 00:09:18.675
shame that people feel.

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00:09:18.895 --> 00:09:22.675
So they take the negative thoughts that are around them, um,

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00:09:22.775 --> 00:09:25.515
in the public, around their friends, their family members,

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and they start to internalize those negative feelings.

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00:09:28.975 --> 00:09:32.115
Um, which then furthermore reduces

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00:09:32.785 --> 00:09:36.915
them their willingness to really seek help, whether

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00:09:37.025 --> 00:09:39.475
that is talking to a close friend about

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00:09:39.475 --> 00:09:40.635
what they're experiencing

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00:09:41.055 --> 00:09:44.115
or entering a more formal healthcare institution.

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00:09:44.695 --> 00:09:47.715
So a person with substance use disorder could then start

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00:09:47.715 --> 00:09:52.115
to believe that they are weak, that they are unworthy

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00:09:52.215 --> 00:09:55.315
of care, they're beyond help, um,

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00:09:55.415 --> 00:09:58.635
or that they are to blame for the, for the reason.

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00:09:58.895 --> 00:10:01.195
Um, they have substance use disorder.

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00:10:02.015 --> 00:10:05.555
And then specifically too, um, medications

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00:10:05.555 --> 00:10:07.075
for opioid use disorder.

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00:10:07.495 --> 00:10:09.035
We have a stigma

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00:10:09.255 --> 00:10:14.195
around this F-D-A-F-D-A approved gold standard for care.

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00:10:14.575 --> 00:10:17.595
And this, there's this misconception that medications

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00:10:17.595 --> 00:10:20.235
for opioid use disorder involve trading

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00:10:20.575 --> 00:10:21.715
one drug for another.

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00:10:22.015 --> 00:10:24.195
So that's another type of stigma specific

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to opioid use disorder that we like to, um,

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really dig into and explore.

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00:10:29.065 --> 00:10:30.195
Next slide please, Robert.

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So when shatter proof's national stigma initiative got

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00:10:36.555 --> 00:10:41.155
started back in 2019 pre covid, we really took time

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00:10:41.295 --> 00:10:45.755
to understand what factors, um,

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00:10:46.175 --> 00:10:47.915
really perpetuate stigma

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00:10:48.455 --> 00:10:51.315
and also the role that stigma plays in

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00:10:51.315 --> 00:10:52.595
the overdose epidemic.

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00:10:52.775 --> 00:10:56.075
So we had a long nine to 12 month research

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00:10:56.095 --> 00:10:59.395
or discovery period where we wanted to understand

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00:10:59.615 --> 00:11:03.075
how we were best situated to address this issue, um,

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00:11:03.495 --> 00:11:05.595
and work with others to address this issue.

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What we saw from that research is that, um, seven

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00:11:09.615 --> 00:11:13.155
of the nine drivers were primarily, um,

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00:11:13.575 --> 00:11:16.995
or partially perpetuating this, um,

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00:11:16.995 --> 00:11:18.995
that were perpetuating the overdose crisis

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00:11:19.065 --> 00:11:20.155
were stigma related.

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00:11:20.615 --> 00:11:22.475
So examples of this are the shame

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00:11:22.495 --> 00:11:25.635
and social isolation that we talked about,

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00:11:25.925 --> 00:11:28.435
which then causes people not to seek help

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00:11:28.855 --> 00:11:30.235
for their addiction.

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00:11:30.815 --> 00:11:32.915
And then also then looking at things such

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00:11:32.915 --> 00:11:34.155
as healthcare coverage

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00:11:34.155 --> 00:11:35.795
and reimbursement disparities

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00:11:35.925 --> 00:11:39.835
among chronic medical conditions, let's say diabetes versus

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substance use disorder, and then insufficient

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00:11:43.115 --> 00:11:44.635
treatment capacity.

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00:11:45.265 --> 00:11:46.435
Next slide please, Robert.

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00:11:48.545 --> 00:11:52.805
So specifically, how does stigma manifest in healthcare?

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Um, language is a big piece,

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person first language is so important, um,

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specifically in the healthcare setting.

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00:12:04.345 --> 00:12:08.565
Um, the labels that healthcare providers put on people with

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substance use disorder can, um, further perpetuate,

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00:12:14.305 --> 00:12:15.885
uh, some of the decisions

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00:12:15.885 --> 00:12:17.605
that are made in clinical settings.

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00:12:17.865 --> 00:12:20.925
And there's a lot of research that truly backs that

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there is certain language that we should avoid, um, in order

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00:12:26.305 --> 00:12:28.485
for patients to have better outcomes.

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00:12:28.505 --> 00:12:31.565
And healthcare settings, we know that, um,

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00:12:32.135 --> 00:12:33.965
there can be reluctance to treat.

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00:12:34.135 --> 00:12:37.005
We'll talk about that a little bit further in the slide when

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00:12:37.005 --> 00:12:38.565
we talk about, um, the slide deck when we

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00:12:38.565 --> 00:12:39.645
talk about some of our case studies.

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00:12:39.785 --> 00:12:41.725
So we'll get to that as well.

264
00:12:41.865 --> 00:12:44.245
Denial of medications for opioid use disorder,

265
00:12:44.355 --> 00:12:47.645
despite it being the gold standard for treatment.

266
00:12:48.735 --> 00:12:51.365
Inadequate, inadequate pain management.

267
00:12:51.985 --> 00:12:53.485
Um, and then I would say too,

268
00:12:53.665 --> 00:12:56.365
as we think about like why do these things happen?

269
00:12:56.505 --> 00:12:58.525
Why, why, what is the foundation of these?

270
00:12:59.025 --> 00:13:02.005
We see that providers may see addiction as a moral failing,

271
00:13:02.425 --> 00:13:06.405
but I think even more critically, we know that

272
00:13:06.935 --> 00:13:11.045
about 67% of healthcare providers don't believe

273
00:13:11.045 --> 00:13:12.685
that substance use disorder is a

274
00:13:12.685 --> 00:13:13.885
chronical medical condition.

275
00:13:14.425 --> 00:13:18.045
So with that, um, there's lots of ripple effects to

276
00:13:18.045 --> 00:13:19.645
how they treat people, um,

277
00:13:19.665 --> 00:13:22.085
who have substance use disorder, um, within their care.

278
00:13:22.515 --> 00:13:26.865
Next slide, Robert. So yeah, so that stat

279
00:13:26.865 --> 00:13:28.665
that I just pulled, the 67%

280
00:13:28.685 --> 00:13:31.305
of healthcare providers not believing

281
00:13:31.305 --> 00:13:33.825
that substance use disorder is a medical condition

282
00:13:34.495 --> 00:13:36.985
came from the Shatterproof Addiction Stigma Index.

283
00:13:37.165 --> 00:13:39.705
So the Shatterproof Addiction Stigma Index is a first

284
00:13:39.705 --> 00:13:42.145
of its kind measurement tool, truly designed

285
00:13:42.145 --> 00:13:44.545
to assess the United States,

286
00:13:44.965 --> 00:13:48.585
the public's attitudes about substance use disorder, people

287
00:13:48.605 --> 00:13:50.585
who use substances and treatment.

288
00:13:50.845 --> 00:13:53.145
So again, referring back to that earlier slide,

289
00:13:53.195 --> 00:13:55.225
we're looking at public structural

290
00:13:55.525 --> 00:13:58.465
and MOUD stigma as well as self-stigma.

291
00:13:58.485 --> 00:14:02.145
So looking at the degree in which people have internalized

292
00:14:02.215 --> 00:14:05.765
this exclusion from the public, this, uh, tool

293
00:14:06.345 --> 00:14:07.525
is com is comprised

294
00:14:07.525 --> 00:14:09.565
of more than 50 validated stigma measures

295
00:14:09.875 --> 00:14:12.925
that have been borrowed from the mental health field.

296
00:14:13.465 --> 00:14:17.485
We worked in close collaboration with Indiana University,

297
00:14:17.865 --> 00:14:21.365
um, as well as Ipsos a leading marketing firm

298
00:14:21.945 --> 00:14:24.245
to feel the first shatterproof addiction stigma

299
00:14:24.375 --> 00:14:25.685
index in 2021.

300
00:14:26.105 --> 00:14:29.245
We were able to refill the index in 2024,

301
00:14:29.945 --> 00:14:33.045
and we had the privilege of being able to over sample

302
00:14:33.185 --> 00:14:35.565
for healthcare professionals so that we could understand

303
00:14:35.865 --> 00:14:39.605
how do healthcare professionals views around substance use

304
00:14:39.625 --> 00:14:42.965
or use disorder compare or differ from the general public.

305
00:14:43.355 --> 00:14:47.605
Next slide, Robert. So just

306
00:14:47.745 --> 00:14:49.685
to get into a little bit of the details

307
00:14:49.745 --> 00:14:53.085
of the SSE methodology, the SASS e

308
00:14:53.085 --> 00:14:54.925
or the Shatterproof Addiction Stigma Index,

309
00:14:55.225 --> 00:14:56.765
it utilizes indices.

310
00:14:57.305 --> 00:14:58.685
So what an indices is,

311
00:14:58.705 --> 00:15:01.165
is it measures change in a representative group

312
00:15:01.225 --> 00:15:02.805
of individual data points.

313
00:15:03.465 --> 00:15:06.125
So again, if we think back to that original definition

314
00:15:06.125 --> 00:15:10.365
of stigma, stigma is not just stereotypes

315
00:15:10.585 --> 00:15:14.045
or prejudice or discrimination, it's all of those.

316
00:15:14.185 --> 00:15:18.125
So by creating indices, we can get a better understanding of

317
00:15:18.235 --> 00:15:19.525
what stigma exists.

318
00:15:19.745 --> 00:15:21.845
So we look at public stigma scale,

319
00:15:22.145 --> 00:15:23.965
the structural stigma scale, self

320
00:15:23.965 --> 00:15:26.365
and M-O-U-D-M-O-U-D, stigma scale.

321
00:15:27.345 --> 00:15:29.005
Um, so these questions,

322
00:15:29.155 --> 00:15:31.605
they are on a Likert response option.

323
00:15:31.745 --> 00:15:33.925
So one being the lowest level of stigma

324
00:15:34.065 --> 00:15:36.165
and four being the highest level of stigma.

325
00:15:36.745 --> 00:15:39.405
And then furthermore, we use a vignette strategy.

326
00:15:40.525 --> 00:15:42.305
So we use a vignette strategy.

327
00:15:42.415 --> 00:15:45.625
Instead of talking about someone you know,

328
00:15:45.765 --> 00:15:47.065
who has an addiction

329
00:15:47.085 --> 00:15:49.625
or someone you know who has a substance use disorder,

330
00:15:50.005 --> 00:15:52.505
we really want to level set the audience

331
00:15:52.885 --> 00:15:55.025
to all be envisioning the same thing.

332
00:15:55.405 --> 00:15:57.065
So we tell them about John

333
00:15:57.525 --> 00:16:00.425
and we explain, you know, what John is going through.

334
00:16:00.845 --> 00:16:03.145
Um, we talk about we were, we were able

335
00:16:03.145 --> 00:16:06.425
to change whether he is in recovery.

336
00:16:06.605 --> 00:16:09.025
And when we talk about recovery in this instance is an

337
00:16:09.025 --> 00:16:10.625
abstinence based form of recovery

338
00:16:11.565 --> 00:16:15.025
or whether he is in active addiction, um, we are able

339
00:16:15.025 --> 00:16:18.665
to also swap out the substance that he may be using.

340
00:16:18.805 --> 00:16:22.265
So we can see how do stigma levels vary depending on

341
00:16:22.265 --> 00:16:25.825
what substance someone might be using from alcohol

342
00:16:26.205 --> 00:16:28.825
to marijuana to prescription opioids.

343
00:16:29.005 --> 00:16:32.025
Um, so again, the vignette strategy just really helps to

344
00:16:32.725 --> 00:16:35.505
remove some of the bias that might come into play

345
00:16:35.645 --> 00:16:36.825
as people think about someone

346
00:16:36.885 --> 00:16:38.345
who has a substance use disorder.

347
00:16:38.935 --> 00:16:39.785
Next slide, Robert.

348
00:16:43.975 --> 00:16:47.835
So, as I mentioned, we were able to over sample

349
00:16:48.015 --> 00:16:49.475
for healthcare professionals,

350
00:16:49.975 --> 00:16:52.435
and from that we can generalize the data

351
00:16:52.435 --> 00:16:55.995
because of the probability based sample to say that this is

352
00:16:56.055 --> 00:16:58.715
how healthcare professionals in the United States feel

353
00:16:59.335 --> 00:17:02.435
and think about someone with substance use disorder.

354
00:17:03.705 --> 00:17:08.045
So what we see here is from an, from an interpersonal um,

355
00:17:08.045 --> 00:17:10.285
perspective, 69%

356
00:17:10.285 --> 00:17:12.605
of healthcare professionals would be unwilling

357
00:17:12.865 --> 00:17:15.965
to have someone with SUD marry into their family

358
00:17:16.625 --> 00:17:20.125
and 50% would be unwilling to have a person with SUD

359
00:17:20.545 --> 00:17:21.605
as a close friend.

360
00:17:22.935 --> 00:17:24.715
We also see that 45%

361
00:17:24.715 --> 00:17:26.875
of healthcare professionals falsely believe

362
00:17:26.875 --> 00:17:30.835
that SUD is caused by a person's own bad behavior.

363
00:17:31.415 --> 00:17:33.595
And again, just referencing that stat again,

364
00:17:33.725 --> 00:17:37.235
67% don't believe that it's a medical condition.

365
00:17:37.875 --> 00:17:41.475
A lot of that informs how they go into care.

366
00:17:41.975 --> 00:17:45.155
So then we also see that 61% of healthcare professionals

367
00:17:45.665 --> 00:17:48.195
endorse that the use of medication

368
00:17:48.195 --> 00:17:49.885
for opioid use disorder is

369
00:17:49.885 --> 00:17:51.645
substituting one drug for another.

370
00:17:53.315 --> 00:17:55.735
This is very important

371
00:17:55.735 --> 00:17:59.575
because this is, these are the very people that we need to

372
00:18:00.335 --> 00:18:03.455
entrust to guide people through their treatment.

373
00:18:03.595 --> 00:18:06.655
And sometimes MOUD might be the right treatment,

374
00:18:06.755 --> 00:18:08.935
but if somebody holds this view

375
00:18:09.315 --> 00:18:12.575
or this misconception that MUD is substituting one drug

376
00:18:12.595 --> 00:18:15.335
for another, there's gonna be delayed initiation

377
00:18:15.475 --> 00:18:16.615
of that treatment option.

378
00:18:17.645 --> 00:18:22.615
Next slide, Robert. So just a couple more things on

379
00:18:22.615 --> 00:18:24.695
stigma's impact on treatment seeking.

380
00:18:25.355 --> 00:18:27.775
Um, we know that, you know,

381
00:18:28.015 --> 00:18:30.455
over 48 million people age 12

382
00:18:30.475 --> 00:18:33.935
and older had a substance use disorder in the past year,

383
00:18:35.035 --> 00:18:37.655
and only 14% of people

384
00:18:37.845 --> 00:18:40.255
with substance use disorder are receiving

385
00:18:40.315 --> 00:18:41.495
the care they need.

386
00:18:42.765 --> 00:18:46.135
When we go into that very small subset,

387
00:18:46.505 --> 00:18:51.135
which is not great, um, we even see further that people

388
00:18:51.965 --> 00:18:55.735
cite stigma as the reason that they are avoiding

389
00:18:55.955 --> 00:18:58.975
or not seeking, um, treatment options

390
00:18:59.595 --> 00:19:02.775
or even, let's take it back a step why people aren't even

391
00:19:03.495 --> 00:19:04.735
labeling themselves

392
00:19:05.315 --> 00:19:09.175
or, uh, accepting diagnosis of SUD.

393
00:19:09.205 --> 00:19:11.295
Because as soon as they label themselves,

394
00:19:11.295 --> 00:19:13.415
they know they fall into this other group

395
00:19:13.715 --> 00:19:17.015
or this group that is going to experience more stigma

396
00:19:17.235 --> 00:19:19.575
and more, uh, outward discrimination.

397
00:19:20.515 --> 00:19:25.295
Next slide, Robert. So let's jump into a few

398
00:19:25.325 --> 00:19:29.975
case studies just to, um, bring to life a little bit some

399
00:19:29.975 --> 00:19:31.775
of the stuff that we talked to, um,

400
00:19:31.955 --> 00:19:34.495
and then it's backed by some research that we have.

401
00:19:35.005 --> 00:19:36.975
Okay. All right.

402
00:19:36.975 --> 00:19:41.495
So this first one, patients denied pain management.

403
00:19:42.315 --> 00:19:44.985
So we're gonna begin with this case.

404
00:19:45.405 --> 00:19:49.945
And unfortunately we just see this play out far too often in

405
00:19:50.185 --> 00:19:51.545
hospitals and clinics around the country.

406
00:19:52.245 --> 00:19:55.905
So a patient is presenting with acute pain,

407
00:19:56.235 --> 00:19:59.625
let's maybe say kidney stone or a postoperative situation,

408
00:19:59.965 --> 00:20:01.305
and they're invisible to stress.

409
00:20:02.085 --> 00:20:06.345
Um, but the patient has a documented history

410
00:20:06.365 --> 00:20:07.665
of opioid use disorder,

411
00:20:08.565 --> 00:20:11.545
and that plays a critical role in

412
00:20:11.545 --> 00:20:13.505
how they are treated moving, moving forward.

413
00:20:14.885 --> 00:20:17.065
So instead of being evaluated like any other patient,

414
00:20:17.485 --> 00:20:21.065
the provider becomes very guarded, has suspicion,

415
00:20:21.975 --> 00:20:26.305
hesitancy, um, and delays administering pain relief

416
00:20:26.605 --> 00:20:30.225
or offers a dose that's well be below the standard

417
00:20:30.655 --> 00:20:34.865
because they see this as potential drug seeking behavior

418
00:20:35.605 --> 00:20:39.785
or, um, they label their medical history as questionable.

419
00:20:40.525 --> 00:20:43.185
Um, so that all of these things really stick

420
00:20:43.185 --> 00:20:44.785
with the patient long after a visit

421
00:20:45.525 --> 00:20:46.865
and impacts the way

422
00:20:46.865 --> 00:20:48.885
that they are treated within the hospital

423
00:20:48.985 --> 00:20:51.245
and the healthcare system moving forward.

424
00:20:52.965 --> 00:20:56.025
So what happens? Like, what is the impact short

425
00:20:56.085 --> 00:20:57.985
and long term of,

426
00:20:58.525 --> 00:21:00.825
of this healthcare provider's decision making process?

427
00:21:01.405 --> 00:21:02.505
The patient's left in pain,

428
00:21:03.085 --> 00:21:05.865
but I think even more critical for us

429
00:21:05.885 --> 00:21:07.745
to underscore in this case study is

430
00:21:07.745 --> 00:21:11.145
that they experience dehumanization their suffering

431
00:21:11.165 --> 00:21:12.625
as not just questioned

432
00:21:12.725 --> 00:21:15.785
but ignored, which further erodes

433
00:21:16.435 --> 00:21:17.905
trust in the healthcare system.

434
00:21:17.925 --> 00:21:20.345
And we know that trust in the healthcare system is already

435
00:21:20.355 --> 00:21:22.585
lower for certain populations.

436
00:21:23.085 --> 00:21:25.185
Um, so this just further, um,

437
00:21:25.245 --> 00:21:28.225
pushes people away from seeking, uh, medical care.

438
00:21:28.925 --> 00:21:31.465
So this again, leads them to avoid care in the future,

439
00:21:32.165 --> 00:21:36.185
and it can also trigger a recurrence of use to

440
00:21:36.695 --> 00:21:39.305
self-manage the untreated pain that they are feeling.

441
00:21:41.015 --> 00:21:44.195
Um, so I think also something for us to think about is

442
00:21:44.195 --> 00:21:45.275
that the untreated,

443
00:21:45.275 --> 00:21:48.555
untreated pain here isn't just physical, right?

444
00:21:48.825 --> 00:21:50.275
There's a lot of emotional

445
00:21:50.275 --> 00:21:52.595
and psychological consequences that happen

446
00:21:52.655 --> 00:21:55.195
for somebody who's navigating a substance use disorder.

447
00:21:55.655 --> 00:21:58.635
And then especially for someone who may be in recovery,

448
00:21:59.225 --> 00:22:02.235
this untreated pain can, um,

449
00:22:02.505 --> 00:22:06.355
play a role in the potential for recurrence of use.

450
00:22:06.945 --> 00:22:07.995
This ca this, um,

451
00:22:08.045 --> 00:22:11.315
particular case study is grounded in evidence

452
00:22:11.365 --> 00:22:14.235
where we see research shows that individuals

453
00:22:14.235 --> 00:22:17.915
with substance use disorder frequently receive inadequate

454
00:22:18.145 --> 00:22:21.155
pain management due to provider stigma.

455
00:22:21.855 --> 00:22:23.515
Uh, let's go ahead to the next case study.

456
00:22:27.015 --> 00:22:29.595
All right, let's shift to another one

457
00:22:29.595 --> 00:22:33.355
that we mentioned earlier around the, um, the impact

458
00:22:33.375 --> 00:22:36.835
of stigma in the healthcare system provider hesitancy to

459
00:22:37.715 --> 00:22:39.075
prescribe MOUD.

460
00:22:40.035 --> 00:22:42.865
So we have a resident physician

461
00:22:43.485 --> 00:22:46.305
and they're newly trained, they're enthusiastic,

462
00:22:46.485 --> 00:22:47.865
but they're cautious

463
00:22:48.085 --> 00:22:51.425
and maybe not adequately trained, right?

464
00:22:52.125 --> 00:22:53.505
So a patient comes in

465
00:22:53.885 --> 00:22:56.665
and is ready to start a buprenorphine,

466
00:22:56.665 --> 00:22:59.425
which is an a medication for opiate use disorder.

467
00:23:00.205 --> 00:23:03.665
But the has, but the resident hesitates, they're unsure.

468
00:23:03.915 --> 00:23:05.665
Maybe they haven't had proper training

469
00:23:05.765 --> 00:23:07.505
or, you know, inadequate training.

470
00:23:07.605 --> 00:23:09.385
As I mentioned earlier, um,

471
00:23:09.615 --> 00:23:12.505
they've heard mixed messages about MOUD

472
00:23:12.965 --> 00:23:15.865
and they're worried about enabling the patient,

473
00:23:16.125 --> 00:23:17.585
or let's even go back to that stat

474
00:23:17.585 --> 00:23:18.785
that we saw a little bit earlier.

475
00:23:19.415 --> 00:23:22.545
They believe that they are substituting one

476
00:23:22.615 --> 00:23:23.745
drug for another.

477
00:23:25.955 --> 00:23:27.935
So the delay matters, right?

478
00:23:27.935 --> 00:23:30.655
Because with addiction timing is everything.

479
00:23:31.085 --> 00:23:33.415
When someone is ready to start treatment,

480
00:23:33.475 --> 00:23:37.455
you can really miss a window and that window can be fatal

481
00:23:37.835 --> 00:23:40.735
or they may just not return to the healthcare system.

482
00:23:41.165 --> 00:23:43.335
They may have a recurrence of use.

483
00:23:43.795 --> 00:23:47.205
We don't wanna miss the opportunity to intervene.

484
00:23:47.905 --> 00:23:50.395
So what happens here

485
00:23:50.935 --> 00:23:55.515
is this person has poor patient outcomes from this, uh,

486
00:23:55.545 --> 00:23:58.595
delayed initiation of a potential, uh,

487
00:23:58.845 --> 00:24:00.235
lifesaving treatment option.

488
00:24:00.695 --> 00:24:02.995
The evidence here shows that stigma

489
00:24:03.205 --> 00:24:06.515
among healthcare providers leads to under utilization

490
00:24:06.975 --> 00:24:08.195
of evidence-based

491
00:24:08.655 --> 00:24:11.675
and life-saving treatments for substance use disorder

492
00:24:11.735 --> 00:24:13.595
and opioid use disorder specifically.

493
00:24:14.085 --> 00:24:15.395
Let's go ahead to the next slide.

494
00:24:19.005 --> 00:24:21.335
Okay, great. I'm excited about this case study

495
00:24:21.335 --> 00:24:26.205
because I all too often what we hear about

496
00:24:26.865 --> 00:24:31.005
are the negative impacts of stigma, um,

497
00:24:31.365 --> 00:24:32.645
specifically in the healthcare system.

498
00:24:33.265 --> 00:24:35.085
And I think it's always really important

499
00:24:35.115 --> 00:24:36.565
that we also think about

500
00:24:37.615 --> 00:24:41.345
what are the impacts if we mitigate these, um, these

501
00:24:42.515 --> 00:24:46.055
stigma, these stigma perpetuating practices, right?

502
00:24:46.155 --> 00:24:47.735
So there, there is a way

503
00:24:47.735 --> 00:24:49.295
to look at this from the other side.

504
00:24:49.795 --> 00:24:51.935
Um, so this one is provider

505
00:24:52.075 --> 00:24:55.015
transformation post-education.

506
00:24:55.635 --> 00:24:58.575
So right now the scenario is we're looking at a healthcare

507
00:24:58.855 --> 00:25:02.895
provider who completes the a, a provider's pathway

508
00:25:03.195 --> 00:25:04.335
to supporting patients

509
00:25:04.335 --> 00:25:06.135
with substance use disorder curriculum.

510
00:25:07.615 --> 00:25:10.505
Through that learning, they are able to

511
00:25:11.065 --> 00:25:13.785
increase their knowledge around substance use disorder.

512
00:25:14.055 --> 00:25:16.785
They're able to increase their confidence for working

513
00:25:16.785 --> 00:25:18.585
with people with substance use disorder.

514
00:25:19.365 --> 00:25:20.825
And overall they're able

515
00:25:20.825 --> 00:25:24.385
to adopt not just a more compassionate approach towards

516
00:25:24.625 --> 00:25:27.065
patients with SUD, but they're also able

517
00:25:27.165 --> 00:25:31.945
to include a culturally competent element to, um,

518
00:25:32.165 --> 00:25:34.425
how they provide care to their patients.

519
00:25:35.085 --> 00:25:38.745
So what's the impact here? The impact is positive.

520
00:25:38.815 --> 00:25:42.865
It's great. There's improved patient provider relationship.

521
00:25:44.115 --> 00:25:48.095
The, um, patient, the person who is coming in

522
00:25:48.095 --> 00:25:51.455
with navigating their substance use disorder, they're able

523
00:25:51.455 --> 00:25:55.575
to build a better rapport, the healthcare providers able

524
00:25:55.575 --> 00:25:58.055
to have a better understanding in order

525
00:25:58.115 --> 00:26:01.295
to create an indi individualized treatment plan

526
00:26:01.355 --> 00:26:03.935
or make recommendations for next steps.

527
00:26:04.555 --> 00:26:07.095
And overall there can be better treatment

528
00:26:07.095 --> 00:26:08.455
adherence because of this.

529
00:26:09.455 --> 00:26:12.715
So I am shortly going to pass this over

530
00:26:12.935 --> 00:26:14.155
to my colleague Robert.

531
00:26:14.575 --> 00:26:15.955
And I really think, you know,

532
00:26:15.955 --> 00:26:19.235
while we don't have quantitative data yet on this work,

533
00:26:19.335 --> 00:26:20.995
as we are currently in the field with it,

534
00:26:22.535 --> 00:26:24.915
we have qualitative data.

535
00:26:25.055 --> 00:26:28.595
We have testimonials of people who are talking about

536
00:26:28.855 --> 00:26:32.795
how this, how they felt during this curriculum,

537
00:26:33.055 --> 00:26:35.875
but then also like how they see it to is going

538
00:26:35.875 --> 00:26:39.195
to benefit them and their patients and their experience

539
00:26:39.215 --> 00:26:41.515
and their outcomes, um, later on.

540
00:26:41.935 --> 00:26:43.725
And then I wanna say too, again, I think

541
00:26:43.745 --> 00:26:46.165
as we always are thinking about like what is

542
00:26:46.165 --> 00:26:48.765
that negative impact of stigma and how do we mitigate it?

543
00:26:48.975 --> 00:26:51.885
Let's think about when things are done well, I will like

544
00:26:51.885 --> 00:26:53.365
to personally share an anecdote.

545
00:26:53.745 --> 00:26:57.405
Um, you know, my mom is in, uh, recovery.

546
00:26:58.025 --> 00:27:00.725
Um, you know, recovery is not linear.

547
00:27:00.985 --> 00:27:02.045
You know, there was a time

548
00:27:02.045 --> 00:27:03.805
where she had a recurrence of use.

549
00:27:04.505 --> 00:27:06.605
Um, and when she was in active addiction,

550
00:27:06.665 --> 00:27:09.445
she actually found out that she was pregnant with me

551
00:27:10.425 --> 00:27:13.725
and what she was able to experience in that moment

552
00:27:13.795 --> 00:27:14.885
with her provider.

553
00:27:15.505 --> 00:27:17.765
Um, and I wasn't expecting this when I had this conversation

554
00:27:17.765 --> 00:27:18.965
with her, when I started this work.

555
00:27:19.165 --> 00:27:22.605
I was like, tell me the ugly, tell me like

556
00:27:22.665 --> 00:27:23.765
how bad you were treated.

557
00:27:24.025 --> 00:27:28.325
And she was like, quite honestly, it was, that was not it.

558
00:27:29.065 --> 00:27:33.365
My provider talked to me about they were non-judgmental.

559
00:27:33.585 --> 00:27:36.805
One, they talked about my agency I had now

560
00:27:36.805 --> 00:27:39.125
that I had this information, now that I knew

561
00:27:39.125 --> 00:27:41.925
that I was pregnant, what were my options

562
00:27:41.945 --> 00:27:43.765
and what was I going to do?

563
00:27:44.385 --> 00:27:46.205
Um, and she felt nothing but support

564
00:27:46.345 --> 00:27:50.925
and she was able to, um, pursue treatment options so

565
00:27:50.925 --> 00:27:52.925
that she could, you know,

566
00:27:53.645 --> 00:27:55.045
navigate her substance use disorder

567
00:27:55.545 --> 00:27:58.205
and have a healthy pregnancy.

568
00:27:58.385 --> 00:28:00.125
So that was just not

569
00:28:00.125 --> 00:28:03.605
what I was expected going into the conversation with her,

570
00:28:03.865 --> 00:28:06.445
but also was just like such a great feel good

571
00:28:06.445 --> 00:28:07.605
story of like, oh no.

572
00:28:07.605 --> 00:28:10.805
Like there are definitely providers out there who get this

573
00:28:10.905 --> 00:28:13.525
and really are trying to support their patients.

574
00:28:13.945 --> 00:28:17.085
Um, and not that others providers aren't,

575
00:28:17.105 --> 00:28:19.565
but we have an opportunity to really educate them.

576
00:28:20.185 --> 00:28:22.125
I'm gonna go ahead and pass the next part

577
00:28:22.125 --> 00:28:25.485
of this presentation over to my colleague Robert Deford.

578
00:28:25.865 --> 00:28:28.965
He is going to really lean into those last two objectives of

579
00:28:29.265 --> 00:28:32.685
how provider organizations can integrate sting reduction

580
00:28:32.685 --> 00:28:35.445
best practices into provider, um, education,

581
00:28:35.785 --> 00:28:38.805
and then how executive leadership can take an active role in

582
00:28:39.125 --> 00:28:41.005
challenging stigma within their teams.

583
00:28:41.755 --> 00:28:42.755
Over to you, Robert.

584
00:28:44.475 --> 00:28:46.975
Thanks so much, Courtney. I really appreciate you laying

585
00:28:47.035 --> 00:28:48.415
really all of the groundwork

586
00:28:48.515 --> 00:28:50.815
and then, um, really showing how it comes

587
00:28:50.835 --> 00:28:53.055
to life in actual case studies

588
00:28:53.235 --> 00:28:55.815
and the impacts that it has on real patients,

589
00:28:56.115 --> 00:28:57.495
and not just the patients,

590
00:28:57.495 --> 00:28:59.215
but on the institutions as a whole.

591
00:28:59.485 --> 00:29:02.375
When we look at outcomes, we look at patient satisfaction,

592
00:29:02.795 --> 00:29:04.615
um, and we look at morbidity and mortality.

593
00:29:04.715 --> 00:29:07.095
So I really appreciate you providing all of

594
00:29:07.095 --> 00:29:08.135
that background information.

595
00:29:08.135 --> 00:29:11.335
And we can dig a little bit deeper now in the impact

596
00:29:11.335 --> 00:29:12.815
of stigma in healthcare settings

597
00:29:12.815 --> 00:29:15.175
and really how that informed our decision

598
00:29:15.195 --> 00:29:16.535
to create a provider's pathway.

599
00:29:17.355 --> 00:29:19.215
So when we look at the impact

600
00:29:19.215 --> 00:29:21.055
of stigma in healthcare settings,

601
00:29:21.115 --> 00:29:22.375
as Courtney's mentioned already,

602
00:29:22.555 --> 00:29:24.855
we see delays in treatment initiation.

603
00:29:25.555 --> 00:29:28.415
And so this may look at, uh, a patient

604
00:29:28.415 --> 00:29:30.815
that is denied MOUD,

605
00:29:31.315 --> 00:29:34.535
and this delays them being able to get that lifesaving care

606
00:29:34.565 --> 00:29:35.615
that Courtney mentioned.

607
00:29:36.115 --> 00:29:39.695
Um, and it may delay them finding abstinence only recovery

608
00:29:39.835 --> 00:29:42.165
or other harm reduction, uh, principles

609
00:29:42.355 --> 00:29:43.365
that you can look up.

610
00:29:44.685 --> 00:29:45.845
Additionally, this leads

611
00:29:45.865 --> 00:29:48.565
to increases in healthcare avoidance.

612
00:29:48.865 --> 00:29:53.405
Um, and so, uh, this may appear in a real world

613
00:29:53.925 --> 00:29:56.005
situation as somebody that goes in

614
00:29:56.225 --> 00:29:58.885
and, uh, we talk about this in our provider's pathway

615
00:29:59.125 --> 00:30:02.045
curriculum, that the patient

616
00:30:02.745 --> 00:30:06.715
in the case study is not treated very nicely

617
00:30:07.055 --> 00:30:11.035
by both her provider as well as the front office staff

618
00:30:11.035 --> 00:30:12.835
because she's uninsured

619
00:30:13.015 --> 00:30:16.355
and she's coming in for a substance use she issue.

620
00:30:17.335 --> 00:30:19.475
And so she stops going to the doctor

621
00:30:20.135 --> 00:30:23.355
and her issue that she was presenting with,

622
00:30:23.355 --> 00:30:25.955
which was back pain ends up getting much worse.

623
00:30:26.735 --> 00:30:29.195
Um, and so now she's dealing with an even bigger problem

624
00:30:29.745 --> 00:30:31.075
with more ripple effects

625
00:30:31.105 --> 00:30:33.195
because she didn't get the care that she needed

626
00:30:33.255 --> 00:30:35.515
and she had a bad experience before.

627
00:30:36.415 --> 00:30:39.355
Um, and we see this all too often in the research as well.

628
00:30:40.015 --> 00:30:41.635
Um, and then most importantly,

629
00:30:41.655 --> 00:30:44.635
we see increases in morbidity and mortality.

630
00:30:44.975 --> 00:30:49.515
And so, uh, to tie this back to that MOUD statistic

631
00:30:49.515 --> 00:30:50.955
that Courtney's hit on a couple of times,

632
00:30:51.665 --> 00:30:54.875
when someone is denied MOUD, um,

633
00:30:54.945 --> 00:30:59.035
they may engage in risky behaviors more often, um,

634
00:30:59.085 --> 00:31:00.995
which leads to those increases.

635
00:31:01.255 --> 00:31:04.435
Um, and as Courtney mentioned,

636
00:31:04.575 --> 00:31:06.475
and, um, we covered at the very beginning,

637
00:31:06.575 --> 00:31:08.075
I'm a person in long-term recovery.

638
00:31:08.795 --> 00:31:11.235
I come from the abstinence recovery world.

639
00:31:11.895 --> 00:31:16.725
Um, and when I guess it was probably 2016,

640
00:31:17.085 --> 00:31:19.565
MOUD really started kind of becoming something

641
00:31:19.565 --> 00:31:23.205
that was talked about a lot more often, I even myself had

642
00:31:23.205 --> 00:31:24.245
that self-stigma

643
00:31:24.665 --> 00:31:28.125
and had the public stigma of having this resistance of, oh,

644
00:31:28.125 --> 00:31:29.765
that's, you know, one drug for another.

645
00:31:29.865 --> 00:31:33.725
And, and I really was, uh, nervous about,

646
00:31:34.215 --> 00:31:36.405
about the fact that MOUD was being used.

647
00:31:36.985 --> 00:31:40.925
Um, but I saw so many people dying around me

648
00:31:41.585 --> 00:31:43.965
and it finally got to a point where I said, if,

649
00:31:44.105 --> 00:31:47.565
if we can do anything that keeps someone alive longer, um,

650
00:31:47.665 --> 00:31:49.125
so that they can have additional

651
00:31:49.445 --> 00:31:50.565
interventions, it's worth it.

652
00:31:51.065 --> 00:31:52.445
Um, and so that's just a a,

653
00:31:52.525 --> 00:31:55.525
a personal note there on my own experience with kind

654
00:31:55.525 --> 00:31:58.205
of coming around to the idea of, of medications

655
00:31:58.205 --> 00:32:00.565
for opioid use disorder, um,

656
00:32:00.745 --> 00:32:04.525
and just really hitting home again on, uh, the idea

657
00:32:04.525 --> 00:32:07.085
that healthcare providers with, with all of the education

658
00:32:07.085 --> 00:32:08.965
that they have, with all of the training that they have,

659
00:32:09.555 --> 00:32:11.605
that we still see this high statistic

660
00:32:11.625 --> 00:32:12.805
of perceiving addiction

661
00:32:12.805 --> 00:32:16.045
as a moral failing rather than a chronic disease.

662
00:32:16.265 --> 00:32:20.005
And treating it that way, um, is, is really important.

663
00:32:21.435 --> 00:32:23.375
So when we look at some of the barriers

664
00:32:24.035 --> 00:32:27.495
to reducing addiction stigma in healthcare providers, um,

665
00:32:27.875 --> 00:32:31.015
we understand that there are a lot of environmental factors

666
00:32:31.195 --> 00:32:32.615
as well that are playing into this.

667
00:32:33.195 --> 00:32:34.975
Um, one of those being that, uh,

668
00:32:35.205 --> 00:32:38.335
many institutions are severely under-resourced.

669
00:32:38.755 --> 00:32:41.245
Um, and I know with the, the changing landscape

670
00:32:41.245 --> 00:32:45.005
that we're seeing right now, um, many, many, many providers

671
00:32:45.025 --> 00:32:48.925
and institutions are having their resources further cut, um,

672
00:32:48.945 --> 00:32:50.605
and they're seeing even less funding.

673
00:32:51.305 --> 00:32:53.445
Um, and so that's a very real world effect.

674
00:32:53.985 --> 00:32:57.445
Um, and then also burnout and overworked staff.

675
00:32:57.585 --> 00:33:01.965
Um, we are a few years now removed from the pandemic,

676
00:33:02.425 --> 00:33:04.325
um, but it's very important to note

677
00:33:04.355 --> 00:33:07.765
that our healthcare providers were turned into what we like

678
00:33:07.765 --> 00:33:09.685
to affectionately call frontline workers.

679
00:33:10.225 --> 00:33:13.285
But in reality, we put our healthcare providers into

680
00:33:13.285 --> 00:33:15.325
situations that they were working in a war zone.

681
00:33:16.065 --> 00:33:20.605
Um, and the psychological impacts of that, um, have led to,

682
00:33:20.785 --> 00:33:23.725
to severe burnout among healthcare providers.

683
00:33:24.545 --> 00:33:26.085
Um, we also know that one

684
00:33:26.085 --> 00:33:28.365
of the other barriers is long-term efficacy.

685
00:33:28.865 --> 00:33:30.645
And so this isn't a, a one and done.

686
00:33:30.945 --> 00:33:32.765
We can't just provide one training

687
00:33:32.905 --> 00:33:35.565
and expect that that's gonna magically change

688
00:33:35.565 --> 00:33:36.765
healthcare providers forever.

689
00:33:37.545 --> 00:33:40.125
Um, we know that we have to reinforce this behavior

690
00:33:40.585 --> 00:33:42.285
and reinforce this education.

691
00:33:42.465 --> 00:33:46.445
Um, I, I'm a part-time adjunct at a healthcare institution

692
00:33:46.465 --> 00:33:47.565
at their university,

693
00:33:48.025 --> 00:33:50.765
and I think about how every single year

694
00:33:51.505 --> 00:33:54.765
we do sexual harassment training, not a year goes by

695
00:33:54.765 --> 00:33:56.085
that we don't have those, uh,

696
00:33:56.525 --> 00:33:58.125
mandatory institutional trainings

697
00:33:58.185 --> 00:33:59.845
and how important that is, right?

698
00:34:00.385 --> 00:34:03.485
Um, and it's the same thing with this anti-stigma

699
00:34:03.485 --> 00:34:06.605
or stigma reduction education is that that's gonna need

700
00:34:06.605 --> 00:34:09.445
to be a part of our yearly trainings so that we make sure

701
00:34:09.445 --> 00:34:11.405
that we come back around and go, oh, that's right.

702
00:34:11.415 --> 00:34:13.765
Maybe I've moved a little bit away from the mark.

703
00:34:13.985 --> 00:34:15.605
Let me, let me tack back here.

704
00:34:16.305 --> 00:34:18.405
Um, and then also structural stigma.

705
00:34:18.745 --> 00:34:20.005
Um, this is not something

706
00:34:20.005 --> 00:34:22.525
that we can change just going provider to provider,

707
00:34:22.905 --> 00:34:24.525
but we have to look at it systemically

708
00:34:24.525 --> 00:34:26.525
that there are many institutional policies

709
00:34:26.525 --> 00:34:27.685
in place that we have to change.

710
00:34:28.585 --> 00:34:31.285
Um, for example, the, the way that we chart, right?

711
00:34:31.465 --> 00:34:34.205
Um, maybe that's an institutional policy that needs

712
00:34:34.205 --> 00:34:37.165
to change, that there are certain, uh, words

713
00:34:37.185 --> 00:34:40.285
and languages that we don't use when we're charting about a

714
00:34:40.285 --> 00:34:42.965
patient, because we know that the impact that that can have

715
00:34:42.965 --> 00:34:45.565
during the handoff to the next healthcare provider

716
00:34:45.565 --> 00:34:46.765
that interacts with that patient.

717
00:34:48.135 --> 00:34:51.515
And then really at the core of it here is, is a real lack

718
00:34:51.515 --> 00:34:52.915
of education and training.

719
00:34:53.535 --> 00:34:56.315
Um, in our, in our formative research

720
00:34:56.575 --> 00:34:59.195
before creating a provider's pathway, we found

721
00:34:59.195 --> 00:35:00.435
that on average, um,

722
00:35:00.705 --> 00:35:04.435
most healthcare providers in in school were receiving like

723
00:35:04.435 --> 00:35:06.195
three to four hours of education

724
00:35:06.195 --> 00:35:07.755
around substance use disorder.

725
00:35:08.335 --> 00:35:09.955
Um, three to four hours is a very,

726
00:35:09.955 --> 00:35:11.195
very small amount of time.

727
00:35:11.655 --> 00:35:13.115
And then once you start looking at

728
00:35:13.115 --> 00:35:16.435
how far away they get removed from that, um, we know again

729
00:35:16.435 --> 00:35:17.955
that it needs reinforcement.

730
00:35:25.685 --> 00:35:28.465
So, uh, I talked a bit a minute ago about that, uh,

731
00:35:29.215 --> 00:35:33.825
formative research period that we all engaged in to, to find

732
00:35:33.825 --> 00:35:35.665
what was the best way of being able

733
00:35:35.665 --> 00:35:38.285
to reduce addiction stigma among healthcare providers.

734
00:35:38.825 --> 00:35:42.205
And we found that the research really supports, um,

735
00:35:42.395 --> 00:35:43.965
educational interventions,

736
00:35:44.225 --> 00:35:48.805
and these need to be really targeted, um, around, uh,

737
00:35:49.805 --> 00:35:51.565
providers that interact with patients daily.

738
00:35:52.145 --> 00:35:56.845
Um, and so we look at MDs dos, uh,

739
00:35:56.985 --> 00:36:00.285
nurses, we, we can even look at PAs as well,

740
00:36:00.505 --> 00:36:02.605
and especially looking at individuals

741
00:36:02.605 --> 00:36:04.965
that have prescribing privileges, um,

742
00:36:04.965 --> 00:36:07.805
because again, we know about the MOUD connection there.

743
00:36:08.505 --> 00:36:12.805
And so, uh, we've seen effectiveness in improving attitudes

744
00:36:12.805 --> 00:36:14.525
and reducing stigma among patients

745
00:36:14.525 --> 00:36:16.365
with educational interventions in the past.

746
00:36:16.865 --> 00:36:19.965
And we really modeled a provider's pathway off of this.

747
00:36:20.665 --> 00:36:23.685
Um, and then as Courtney mentioned, um, we're still, uh,

748
00:36:23.785 --> 00:36:25.525
in our implementation phase right now.

749
00:36:25.625 --> 00:36:28.765
And so we don't have necessarily the quantitative data

750
00:36:28.765 --> 00:36:32.125
to report other than extremely early findings, but,

751
00:36:32.385 --> 00:36:35.125
but we have tons of qualitative data

752
00:36:35.195 --> 00:36:36.645
that has already come in.

753
00:36:37.145 --> 00:36:40.765
Um, and it's overwhelmingly positive shifts in provider

754
00:36:41.285 --> 00:36:42.285
attitudes, um,

755
00:36:42.385 --> 00:36:44.085
and truly an increased willingness

756
00:36:44.265 --> 00:36:46.965
to employ evidence-based treatments for educate

757
00:36:46.985 --> 00:36:48.085
or for addiction.

758
00:36:48.095 --> 00:36:49.245
Sorry. Um,

759
00:36:49.245 --> 00:36:51.645
because we've seen that this is something that, uh, um,

760
00:36:51.645 --> 00:36:53.005
in many locations

761
00:36:53.005 --> 00:36:57.125
and counties around the United States, um, they've seen

762
00:36:58.045 --> 00:37:00.405
multiple hundred fold increases in overdose

763
00:37:00.405 --> 00:37:01.965
fatality in the last five years.

764
00:37:02.395 --> 00:37:05.565
When we look at the data, these are, these are communities

765
00:37:05.565 --> 00:37:06.805
that are not used to this problem,

766
00:37:07.665 --> 00:37:10.765
and they are looking for anything to, you know,

767
00:37:10.765 --> 00:37:12.645
borrow a phrase here to stop the bleeding

768
00:37:12.815 --> 00:37:13.965
among their population.

769
00:37:13.985 --> 00:37:16.965
And so they're clamoring for any type of education

770
00:37:16.965 --> 00:37:19.045
that they can find for their healthcare providers.

771
00:37:20.405 --> 00:37:22.745
So, to talk a little bit more about, um,

772
00:37:23.105 --> 00:37:26.425
a provider's pathway to supporting patients with SUD, um,

773
00:37:26.655 --> 00:37:29.985
this is what we have, uh, spent all of our time creating

774
00:37:30.125 --> 00:37:32.025
and, and now have been implementing.

775
00:37:32.615 --> 00:37:36.385
It's a virtual e-learning asynchronous curriculum

776
00:37:36.485 --> 00:37:38.345
to educate healthcare providers.

777
00:37:38.765 --> 00:37:40.705
Um, it's free of charge, um,

778
00:37:40.845 --> 00:37:42.825
and it's something that they can access at any time

779
00:37:42.845 --> 00:37:45.345
to complete these modules, and they can start

780
00:37:45.445 --> 00:37:47.465
and stop when it's convenient for them.

781
00:37:48.045 --> 00:37:50.545
Um, and there's a ton of downloadable resources

782
00:37:50.545 --> 00:37:53.865
that we include the Shatterproof Language guide, which helps

783
00:37:54.545 --> 00:37:57.585
providers understand how best to communicate, uh,

784
00:37:57.805 --> 00:38:00.825
in charting and, and how to use the right language

785
00:38:00.825 --> 00:38:03.745
with patients and with their colleagues, as well

786
00:38:03.745 --> 00:38:05.745
as shatterproof conversation guide.

787
00:38:05.765 --> 00:38:07.145
So how do we have those difficult

788
00:38:07.145 --> 00:38:08.705
conversations with our patients?

789
00:38:09.165 --> 00:38:11.385
Um, this can be something that's a little bit foreign,

790
00:38:11.525 --> 00:38:14.105
and so we walk providers through how

791
00:38:14.105 --> 00:38:15.345
to have those conversations.

792
00:38:15.485 --> 00:38:17.505
So maybe you're having that confrontation

793
00:38:17.505 --> 00:38:19.585
with a patient about their behaviors

794
00:38:19.585 --> 00:38:21.825
or about what they're presenting with, um,

795
00:38:21.925 --> 00:38:25.145
and how to have, have that difficult conversation.

796
00:38:26.005 --> 00:38:29.745
Um, we have five foundational modules in a provider's

797
00:38:29.745 --> 00:38:32.105
pathway, and then we have two additional modules.

798
00:38:32.355 --> 00:38:35.725
Those five foundational modules, which are really of use

799
00:38:35.725 --> 00:38:38.925
to any healthcare provider are gonna be substance

800
00:38:38.925 --> 00:38:40.245
use disorder 1 0 1.

801
00:38:40.585 --> 00:38:42.845
Um, so understanding the, the spectrum

802
00:38:43.505 --> 00:38:47.445
of disorder out there, understanding what the DSM says,

803
00:38:47.945 --> 00:38:49.525
we talk about stigma 1 0 1.

804
00:38:49.545 --> 00:38:51.125
So much of the information that we've covered

805
00:38:51.125 --> 00:38:54.525
with you all today, because again, we may think of stigma

806
00:38:54.585 --> 00:38:57.285
as just, maybe it's just the public stigma

807
00:38:57.425 --> 00:38:59.365
or maybe it's just what we see in movies.

808
00:39:00.145 --> 00:39:03.085
Um, but we forget sometimes about the structural stigma

809
00:39:03.105 --> 00:39:05.605
that's underlying a lot of the, those behaviors.

810
00:39:06.345 --> 00:39:07.925
We talk about clinical applications,

811
00:39:07.985 --> 00:39:09.885
and this is really where the,

812
00:39:09.885 --> 00:39:11.805
the rubber meets the road, if you will.

813
00:39:12.305 --> 00:39:14.605
Um, we talk all about harm reduction.

814
00:39:14.745 --> 00:39:17.725
So that may be everything from safe injection sites

815
00:39:17.785 --> 00:39:19.245
to fentanyl test strips.

816
00:39:19.705 --> 00:39:21.325
Um, 'cause for different communities,

817
00:39:21.325 --> 00:39:22.965
different solutions are appropriate.

818
00:39:23.585 --> 00:39:25.485
We talk about MOUD, um,

819
00:39:25.545 --> 00:39:28.205
and we, we do that in a real clinical sense so

820
00:39:28.205 --> 00:39:30.565
that people understand what they can do when,

821
00:39:30.755 --> 00:39:32.205
when it comes to prescribing.

822
00:39:32.705 --> 00:39:35.125
Um, and we really focus on patient-centered care.

823
00:39:35.225 --> 00:39:36.765
We know how important this is.

824
00:39:37.265 --> 00:39:38.605
Um, many of you, um,

825
00:39:38.605 --> 00:39:41.525
working at healthcare institutions understand the importance

826
00:39:41.525 --> 00:39:44.325
of patient-centered care and culturally competent care.

827
00:39:44.385 --> 00:39:46.725
We want to make sure we're meeting patients where they are.

828
00:39:47.975 --> 00:39:51.765
Again, this is something that is totally free of charge.

829
00:39:52.345 --> 00:39:55.165
Um, and it's accredited by the American Society

830
00:39:55.265 --> 00:39:56.405
of Addiction Medicine

831
00:39:57.065 --> 00:40:00.325
and it's eligible to submit for MATE ACT requirements.

832
00:40:01.065 --> 00:40:04.285
Um, we have the five foundational modules

833
00:40:04.285 --> 00:40:05.525
which users can complete.

834
00:40:05.525 --> 00:40:10.205
That's for five hours of free CEU for MDs, dos,

835
00:40:10.585 --> 00:40:11.925
PAs, and APRNs.

836
00:40:12.545 --> 00:40:15.565
Um, but we also have two additional modules

837
00:40:15.565 --> 00:40:17.925
that users can choose to complete if they'd like.

838
00:40:18.425 --> 00:40:21.845
And we really tried to focus on a priority population here

839
00:40:21.845 --> 00:40:23.245
that is the Latino community.

840
00:40:23.865 --> 00:40:28.165
Um, and so one of those modules is really focusing on some

841
00:40:28.165 --> 00:40:30.565
of these cultural themes for the Latino community.

842
00:40:30.585 --> 00:40:32.405
So think, uh, machismo

843
00:40:32.425 --> 00:40:36.005
or mamo alimo, how these impact, uh,

844
00:40:36.005 --> 00:40:38.045
the Latino community, these cultural themes.

845
00:40:38.185 --> 00:40:40.525
And then the last module, module seven

846
00:40:41.105 --> 00:40:42.845
is a variety of case studies.

847
00:40:42.985 --> 00:40:46.005
So it's extremely interactive for the user.

848
00:40:46.585 --> 00:40:47.845
Um, and seeing how all

849
00:40:47.845 --> 00:40:50.205
of these things come together for those patients.

850
00:40:51.705 --> 00:40:54.845
We really offer a lot of strategies to create a safe

851
00:40:55.425 --> 00:40:58.405
non-stigmatizing environment for people with SUD.

852
00:40:58.785 --> 00:41:01.805
Um, and we also in those downloadable resources include

853
00:41:01.875 --> 00:41:03.085
tons of one-pager.

854
00:41:03.785 --> 00:41:07.205
Um, and those are not just for healthcare providers

855
00:41:07.205 --> 00:41:10.525
to keep in a binder in their office to refer back to,

856
00:41:10.985 --> 00:41:12.405
but they're ones that can be posted

857
00:41:12.505 --> 00:41:13.765
in clinical environments.

858
00:41:14.265 --> 00:41:15.605
Um, and when a patient comes in

859
00:41:15.605 --> 00:41:17.845
and they see that kind of environment,

860
00:41:18.275 --> 00:41:21.325
they feel a lot more likely to be able to have honest, open,

861
00:41:21.355 --> 00:41:24.165
transparent communications with their healthcare providers

862
00:41:24.605 --> 00:41:25.765
'cause they know it's a safe place.

863
00:41:29.655 --> 00:41:32.385
Some of the, uh, feedback that we've already received,

864
00:41:32.385 --> 00:41:34.925
like I said, it's been overwhelmingly positive.

865
00:41:35.425 --> 00:41:37.645
Um, I'd love to just touch on a few of 'em.

866
00:41:37.745 --> 00:41:41.085
One of my favorites to hear was, uh, quote, this was one

867
00:41:41.085 --> 00:41:43.565
of the best CME activities I've completed.

868
00:41:44.065 --> 00:41:45.165
It was both engaging

869
00:41:45.345 --> 00:41:47.285
and included very important information,

870
00:41:47.825 --> 00:41:49.285
and I enjoyed the cases as well.

871
00:41:49.595 --> 00:41:52.125
Like I said, we, we worked with Yale Program

872
00:41:52.185 --> 00:41:56.125
of Addiction Medicine, um, as a clinical advisor to come in

873
00:41:56.125 --> 00:41:57.885
and help us design a, a case study

874
00:41:57.885 --> 00:41:59.685
that runs from module one through five.

875
00:41:59.865 --> 00:42:03.805
So we're really following this patient through her journey,

876
00:42:04.305 --> 00:42:07.365
um, from her initial presentation in urgent care,

877
00:42:07.585 --> 00:42:09.045
all the way through getting the care

878
00:42:09.785 --> 00:42:12.965
and really exemplifying, you know, best clinical practices

879
00:42:14.165 --> 00:42:16.955
every learn the quote, every lesson I learned is useful

880
00:42:16.955 --> 00:42:19.515
to better serve my patient with substance use disorder

881
00:42:19.695 --> 00:42:21.155
and alcohol use disorder.

882
00:42:22.055 --> 00:42:24.035
Uh, quote, use of an actual patient

883
00:42:24.295 --> 00:42:26.715
to incorporate the necessary learning tactics,

884
00:42:27.105 --> 00:42:28.435
made it more practical

885
00:42:29.095 --> 00:42:31.915
and easier to apply this new information.

886
00:42:34.535 --> 00:42:37.035
And then, uh, we have here a little bit more of a,

887
00:42:37.195 --> 00:42:41.755
a long form, uh, uh, feedback quote

888
00:42:41.865 --> 00:42:43.635
that I'd love to read in totality,

889
00:42:43.635 --> 00:42:44.835
because I think it's really important.

890
00:42:44.905 --> 00:42:49.235
This particular primary care provider works in, uh,

891
00:42:49.655 --> 00:42:54.315
in a situation with a lot of unhoused peoples.

892
00:42:54.775 --> 00:42:58.115
Um, so a lot of people with maybe co-occurring disorders,

893
00:42:58.115 --> 00:43:01.795
meaning they have both a mental health, uh, issue going on

894
00:43:01.895 --> 00:43:03.835
as well as this substance use disorder.

895
00:43:04.255 --> 00:43:06.795
And so she has a really unique perspective, um,

896
00:43:06.935 --> 00:43:10.675
and she says, quote, as a primary care physician working

897
00:43:10.675 --> 00:43:12.115
with diverse populations,

898
00:43:12.665 --> 00:43:15.475
I've taken many courses on substance use disorder,

899
00:43:16.015 --> 00:43:18.155
but none have resonated as deeply

900
00:43:18.495 --> 00:43:20.715
or proven as practical as this one.

901
00:43:21.185 --> 00:43:23.835
This course stands out for its culturally grounded approach

902
00:43:23.895 --> 00:43:25.835
to treatment among Latino communities.

903
00:43:26.535 --> 00:43:30.515
The inclusion of rich real life case examples throughout not

904
00:43:30.515 --> 00:43:32.075
only brought the content to life,

905
00:43:32.575 --> 00:43:34.235
but also gave me a roadmap

906
00:43:34.335 --> 00:43:37.515
for applying evidence-based practices in a culturally

907
00:43:37.725 --> 00:43:39.075
responsive way.

908
00:43:40.025 --> 00:43:42.795
I've noticed a difference in my ability to build rapport

909
00:43:42.895 --> 00:43:45.955
and deliver more effective care to my patients.

910
00:43:46.715 --> 00:43:48.395
I feel more confident, more equipped,

911
00:43:48.455 --> 00:43:51.235
and most importantly, more culturally attuned.

912
00:43:51.755 --> 00:43:53.555
I can't recommend this course highly enough

913
00:43:53.555 --> 00:43:57.155
to any clinician committed to equitable effective

914
00:43:57.755 --> 00:43:58.875
substance use treatment.

915
00:43:59.255 --> 00:44:03.555
Um, so just a, a really overwhelmingly positive piece here.

916
00:44:04.215 --> 00:44:07.155
Um, and I think importantly, uh,

917
00:44:07.245 --> 00:44:09.355
we're focusing a lot on a provider's pathway.

918
00:44:09.485 --> 00:44:10.795
We're focusing on stigma.

919
00:44:11.455 --> 00:44:13.475
Um, but there's a ripple effect

920
00:44:13.475 --> 00:44:15.835
that when we implement these kinds of teachings, um,

921
00:44:15.975 --> 00:44:18.315
the care that one individual receives, maybe

922
00:44:18.315 --> 00:44:20.995
that direct patient, but they talk about their

923
00:44:21.145 --> 00:44:22.315
experiences, right?

924
00:44:22.575 --> 00:44:25.875
Um, when I've had negative experiences at the doctor,

925
00:44:26.555 --> 00:44:30.275
I don't just sit quietly and stew on my negative experience.

926
00:44:30.615 --> 00:44:33.085
Uh, we, we live in a world now where I can hop online

927
00:44:33.305 --> 00:44:35.685
and I can go on health grades, I can go on US news,

928
00:44:36.065 --> 00:44:37.885
and I can tell everyone else about my

929
00:44:38.125 --> 00:44:39.405
negative, uh, experience.

930
00:44:39.465 --> 00:44:42.925
And so there's a, a pretty large impact that we see

931
00:44:43.345 --> 00:44:45.485
to an institution as a whole when those negative

932
00:44:45.485 --> 00:44:46.925
experiences are being shared.

933
00:44:47.785 --> 00:44:51.445
Um, so to really start tying everything together today

934
00:44:51.445 --> 00:44:54.205
that we've talked about is that, uh, stigma

935
00:44:54.295 --> 00:44:57.405
among healthcare providers negatively impacts patient

936
00:44:57.845 --> 00:45:00.445
outcomes and their access to care.

937
00:45:01.225 --> 00:45:04.125
Um, a provider's pathway is an effective intervention

938
00:45:04.665 --> 00:45:09.445
to reduce provider stigma and improve addiction treatment.

939
00:45:10.265 --> 00:45:14.045
And provider education is a key strategy in addressing the

940
00:45:14.045 --> 00:45:16.045
addiction crisis in the United States.

941
00:45:18.295 --> 00:45:20.515
And we can all walk away taking action today.

942
00:45:20.515 --> 00:45:22.915
There are certain steps that we can implement the moment

943
00:45:22.935 --> 00:45:23.995
we walk out of the room today.

944
00:45:24.775 --> 00:45:26.035
Um, the first of those is

945
00:45:26.035 --> 00:45:29.475
to incorporate person first non-stigmatizing language,

946
00:45:29.825 --> 00:45:31.475
both in clinical documentation,

947
00:45:32.015 --> 00:45:35.155
but also our conversations, um, with our colleagues,

948
00:45:35.345 --> 00:45:37.275
with our friends, um,

949
00:45:37.695 --> 00:45:38.915
and we have the use

950
00:45:38.975 --> 00:45:42.835
of the Shatterproof language Guys guide in everyday team

951
00:45:42.835 --> 00:45:44.115
meetings and conversations.

952
00:45:44.255 --> 00:45:46.875
And that's something free. You have access to it today.

953
00:45:47.455 --> 00:45:50.595
Um, you can access it, um, through a provider's pathway

954
00:45:50.775 --> 00:45:51.915
as well, but that is free

955
00:45:51.975 --> 00:45:53.675
and something you can take away today.

956
00:45:54.695 --> 00:45:55.955
The next thing is to review

957
00:45:56.095 --> 00:46:00.515
and revise those institutional policies and intake forms

958
00:46:01.135 --> 00:46:03.275
and see if they have stigmatizing language,

959
00:46:03.455 --> 00:46:05.595
see if they have stigmatizing practices.

960
00:46:06.255 --> 00:46:09.075
So really assess how we screen, treat

961
00:46:09.615 --> 00:46:11.875
and refer substance use disorder.

962
00:46:13.035 --> 00:46:15.885
Next, we can mentor or encourage trainees

963
00:46:16.785 --> 00:46:19.965
and new clinicians think those residency training programs

964
00:46:20.425 --> 00:46:22.925
to engage in stigma education early.

965
00:46:23.865 --> 00:46:27.645
We can normalize evidence-based compassionate SUD care

966
00:46:28.065 --> 00:46:30.005
as a professional standard.

967
00:46:31.315 --> 00:46:34.765
Next, we can integrate addiction stigma education into both

968
00:46:34.785 --> 00:46:38.525
our onboarding and our CME requirements annually.

969
00:46:39.185 --> 00:46:42.125
Um, we can make a provider's pathway a permanent feature

970
00:46:42.125 --> 00:46:43.445
of workforce training.

971
00:46:43.925 --> 00:46:47.125
Remember, it is free zero cost if an institution

972
00:46:47.125 --> 00:46:48.205
wants to bring it on board.

973
00:46:48.555 --> 00:46:51.285
It's zero cost if there's a provider

974
00:46:51.285 --> 00:46:52.565
that wants to engage in it.

975
00:46:53.385 --> 00:46:54.485
Um, and then lastly,

976
00:46:54.545 --> 00:46:56.565
we can host a stigma reduction workshop.

977
00:46:56.855 --> 00:47:00.685
Maybe we host a grand rounds that's focused on this, um,

978
00:47:00.705 --> 00:47:03.445
and we can use modules and we can use case studies.

979
00:47:03.475 --> 00:47:06.685
There's plenty of literature out there as a base

980
00:47:06.705 --> 00:47:07.845
for peer-to-peer learning.

981
00:47:09.535 --> 00:47:12.155
Um, we do include here, everybody, uh,

982
00:47:12.335 --> 00:47:14.355
can access provider's pathway today.

983
00:47:14.385 --> 00:47:16.675
This, uh, QR code shown on the screen.

984
00:47:16.815 --> 00:47:19.715
Use your phone right now, you can pull it up, um,

985
00:47:19.715 --> 00:47:22.475
and it'll take you directly to a registration page.

986
00:47:22.815 --> 00:47:26.035
We collect just very minor details there about what kind

987
00:47:26.035 --> 00:47:28.195
of provider is engaging with the curriculum.

988
00:47:28.575 --> 00:47:30.805
And then boom, you're in there and you can see it.

989
00:47:31.185 --> 00:47:32.205
Um, additionally,

990
00:47:33.225 --> 00:47:38.165
you can email providers pathway@shatterproof.org if you want

991
00:47:38.165 --> 00:47:39.445
to set up an additional meeting

992
00:47:39.445 --> 00:47:40.885
to discuss providers pathway.

993
00:47:41.545 --> 00:47:42.925
Um, we can also do that

994
00:47:42.945 --> 00:47:44.965
and share a demo link for you to review.

995
00:47:45.865 --> 00:47:47.405
Um, happy now Courtney

996
00:47:47.545 --> 00:47:49.845
and I can take any questions that you may have.

997
00:47:49.845 --> 00:47:52.885
Thanks everyone for, for your engagement and patience today.

998
00:47:54.815 --> 00:47:57.165
Thank you, Robert. Thank you, Courtney. That was great.

999
00:47:57.225 --> 00:47:59.125
We do have quite an engaged audience.

1000
00:47:59.225 --> 00:48:00.645
We have a number of questions here.

1001
00:48:01.665 --> 00:48:06.365
Um, so the first one, if provider organizations use this

1002
00:48:06.385 --> 00:48:09.525
for their staff, how would the organizations then opera

1003
00:48:09.865 --> 00:48:11.405
operationalize the results?

1004
00:48:11.505 --> 00:48:14.085
What's the active role that execs can take?

1005
00:48:21.285 --> 00:48:22.685
Courtney, did you want? Sorry,

1006
00:48:23.205 --> 00:48:24.965
I didn't know if I was supposed to jump in or you, Courtney,

1007
00:48:27.355 --> 00:48:29.415
How about you take a stab and I can definitely tack

1008
00:48:29.415 --> 00:48:30.535
one if you have anything else.

1009
00:48:31.985 --> 00:48:34.355
Sure. So I think that, um, we see

1010
00:48:34.355 --> 00:48:36.595
that providers can take this in an institution

1011
00:48:36.615 --> 00:48:38.235
and then really operationalize it.

1012
00:48:38.235 --> 00:48:39.915
I think it's coming back to, to

1013
00:48:39.915 --> 00:48:42.795
what we hit on there at the end was this becomes a part

1014
00:48:42.795 --> 00:48:44.475
of your annual training, right?

1015
00:48:44.475 --> 00:48:45.635
This is not a one and done,

1016
00:48:45.975 --> 00:48:48.795
but this becomes, uh, a part of the culture

1017
00:48:49.215 --> 00:48:51.075
of an institution, right?

1018
00:48:51.175 --> 00:48:53.595
We hear all the time when we look at missions

1019
00:48:53.595 --> 00:48:56.315
and value statements of institutions about

1020
00:48:56.375 --> 00:48:58.515
how patient-centered care is so important.

1021
00:48:59.055 --> 00:49:01.595
Um, but that's not just patient-centered care when someone

1022
00:49:01.695 --> 00:49:03.275
has a flu, right?

1023
00:49:03.375 --> 00:49:05.835
Or a cold, or they show up in the ER with a broken arm.

1024
00:49:06.335 --> 00:49:09.355
Um, but it, it's also about patient-centered care

1025
00:49:09.455 --> 00:49:13.355
and compassionate care when they show up really maybe in one

1026
00:49:13.355 --> 00:49:14.995
of the most difficult points in their life.

1027
00:49:15.655 --> 00:49:19.035
Um, and if they have that kind of compassionate care

1028
00:49:19.655 --> 00:49:21.795
and they have open and transparent conversations

1029
00:49:21.795 --> 00:49:24.755
with their provider, it becomes an inflection point in their

1030
00:49:24.755 --> 00:49:26.035
life, right?

1031
00:49:26.455 --> 00:49:29.555
Um, and maybe that results in them getting on MOUD, maybe

1032
00:49:29.555 --> 00:49:31.995
that results in them choosing abstinence only.

1033
00:49:32.575 --> 00:49:35.355
Um, but whatever it is, it's, it's an opportunity.

1034
00:49:35.425 --> 00:49:38.115
It's an inflection point to change the life of that patient.

1035
00:49:39.455 --> 00:49:40.585
Yeah, and I, I think the thing

1036
00:49:40.585 --> 00:49:42.785
that I'll just add on there, I think that the two points

1037
00:49:42.855 --> 00:49:46.345
that I would wanna make is that I think that, so, um,

1038
00:49:47.285 --> 00:49:52.025
so often we think about the stigma from the systemic lens.

1039
00:49:52.165 --> 00:49:54.905
So right now we're thinking about what is the stigma

1040
00:49:55.015 --> 00:49:56.985
that healthcare providers hold?

1041
00:49:57.405 --> 00:49:58.745
But we also need to think about,

1042
00:49:59.645 --> 00:50:02.905
we have healthcare providers who are also in the system

1043
00:50:03.085 --> 00:50:05.185
who are navigating substance use disorder

1044
00:50:05.605 --> 00:50:07.665
and how we can, what Robert said,

1045
00:50:07.665 --> 00:50:11.425
when we operationalize these practices towards patients,

1046
00:50:11.845 --> 00:50:14.305
how we're also making our workplace

1047
00:50:14.985 --> 00:50:16.545
a more compassionate place.

1048
00:50:16.925 --> 00:50:18.585
And there is lots

1049
00:50:18.585 --> 00:50:20.305
of research on the benefit of that as well.

1050
00:50:20.805 --> 00:50:25.425
You know, increase engagement, less turnover, less, um,

1051
00:50:25.475 --> 00:50:27.165
healthcare cost benefits, right?

1052
00:50:27.165 --> 00:50:30.245
So there is an ROI there to be thought from, from an, from,

1053
00:50:30.245 --> 00:50:33.045
um, an executive's, you know, bottom line perspective.

1054
00:50:33.505 --> 00:50:37.745
But, um, then the second thing I think that, um, just came,

1055
00:50:37.745 --> 00:50:41.625
comes to mind too is that we are in the implementation phase

1056
00:50:41.625 --> 00:50:43.785
of some of, specifically for providers pathway.

1057
00:50:43.835 --> 00:50:45.985
There is a research component to this.

1058
00:50:46.365 --> 00:50:49.705
If there's anyone who's watching this today who's interested

1059
00:50:49.725 --> 00:50:52.185
in looking at that next step of data, right?

1060
00:50:52.285 --> 00:50:53.865
So what we're looking at is

1061
00:50:54.175 --> 00:50:56.305
what are those increases in knowledge?

1062
00:50:56.375 --> 00:50:58.865
What are the, do people feel more confident?

1063
00:50:59.085 --> 00:51:03.545
Do they have more, uh, better attitudes, um, better beliefs

1064
00:51:03.665 --> 00:51:05.185
around substance use disorder

1065
00:51:05.605 --> 00:51:09.145
and, you know, proxies for how they treat their patients.

1066
00:51:09.605 --> 00:51:11.785
Um, but right, there's another step here.

1067
00:51:12.295 --> 00:51:14.905
What do you look at longitudinally as, like if your,

1068
00:51:15.325 --> 00:51:17.625
if your cohort of doctors takes this,

1069
00:51:18.005 --> 00:51:20.625
is there data you can track on the back end around,

1070
00:51:21.005 --> 00:51:23.865
you know, um, recurrence of use

1071
00:51:24.445 --> 00:51:27.025
or, you know, could you look at that qualitative data

1072
00:51:27.025 --> 00:51:28.265
that Robert talked about earlier?

1073
00:51:28.605 --> 00:51:32.465
How people are interacting on, um, on Google reviews,

1074
00:51:32.645 --> 00:51:34.705
on online platforms about their

1075
00:51:34.705 --> 00:51:36.025
experience with their patients?

1076
00:51:36.485 --> 00:51:40.105
Are your providers, uh, that are your providers

1077
00:51:40.135 --> 00:51:43.905
that are taking this core, uh, course more in demand, right?

1078
00:51:44.015 --> 00:51:46.625
There's so many evaluation points that you can take

1079
00:51:46.635 --> 00:51:51.305
after as well, um, from an institutional, uh, perspective

1080
00:51:51.765 --> 00:51:54.705
to see like what is the benefit when you disaggregate

1081
00:51:55.145 --> 00:51:56.625
providers who are engaging with this type

1082
00:51:56.625 --> 00:51:58.705
of education versus providers who aren't.

1083
00:52:01.585 --> 00:52:03.525
Wow, that was great information, thank you.

1084
00:52:04.585 --> 00:52:07.765
Um, our next question here, how do you combat the stigma

1085
00:52:07.825 --> 00:52:11.365
of addiction and in combination with other systematic

1086
00:52:11.425 --> 00:52:13.845
and institutional stigmas that come with things like race,

1087
00:52:13.845 --> 00:52:15.725
income, housing status, or gender?

1088
00:52:19.025 --> 00:52:21.275
Robert, want me to start? Sure,

1089
00:52:21.895 --> 00:52:22.895
Sure. I think Robert

1090
00:52:22.895 --> 00:52:25.625
will also be able to add, uh, robustly

1091
00:52:25.625 --> 00:52:29.225
to this point, but I think that is something that is

1092
00:52:30.045 --> 00:52:33.345
so unique and intentional about the work we did here

1093
00:52:33.345 --> 00:52:34.425
with Providers Pathway.

1094
00:52:35.325 --> 00:52:39.385
We really took a hard look at intersectional stigma.

1095
00:52:39.885 --> 00:52:43.265
We know that people hold multiple identities, right?

1096
00:52:43.705 --> 00:52:47.465
I am not just a woman, I am a black woman, I am a mom,

1097
00:52:47.745 --> 00:52:49.505
I am all of these things that

1098
00:52:50.265 --> 00:52:52.625
independently hold their own stigma,

1099
00:52:52.755 --> 00:52:54.745
their own bias in society.

1100
00:52:55.045 --> 00:52:56.545
And then when you compound them,

1101
00:52:57.415 --> 00:53:00.505
that is a whole different world to navigate, right?

1102
00:53:00.925 --> 00:53:04.105
And that is what we first, in the formative research phase

1103
00:53:04.105 --> 00:53:08.085
of this, we stepped back and said, who is the audience

1104
00:53:08.105 --> 00:53:09.485
or one of the audiences

1105
00:53:09.755 --> 00:53:13.165
that could best benefit from this type of work?

1106
00:53:13.665 --> 00:53:17.565
Um, there are lots of a criteria that we use to come up

1107
00:53:17.605 --> 00:53:19.165
with this, but that's how we landed on the

1108
00:53:19.165 --> 00:53:20.845
Latino population.

1109
00:53:21.265 --> 00:53:26.205
So in the, um, foundational modules, we talk about this idea

1110
00:53:26.205 --> 00:53:27.565
of intersectional stigma,

1111
00:53:28.065 --> 00:53:30.005
and then in the applied modules,

1112
00:53:30.305 --> 00:53:32.485
we focus specifically like Robert said,

1113
00:53:32.485 --> 00:53:35.765
on these cultural themes that really impact

1114
00:53:36.185 --> 00:53:38.165
how your patient is showing up.

1115
00:53:38.865 --> 00:53:40.445
And then how do you interact

1116
00:53:40.465 --> 00:53:43.445
and adapt, you know, your, your language

1117
00:53:43.865 --> 00:53:45.965
or your conversation style

1118
00:53:46.265 --> 00:53:48.485
or what, how does it influence those strategies

1119
00:53:48.485 --> 00:53:51.845
that you can take to have a more authentic co um,

1120
00:53:51.965 --> 00:53:54.925
relationship with those patients taking their whole

1121
00:53:55.245 --> 00:53:56.525
identity into account?

1122
00:53:56.525 --> 00:53:58.005
But Robert, I'm sure you have something to add.

1123
00:53:59.015 --> 00:54:01.915
Uh, actually I think you did such a, a wonderful job of,

1124
00:54:02.055 --> 00:54:04.755
of really explaining intersectional stigma, right?

1125
00:54:04.815 --> 00:54:07.595
Um, because that can be a really maybe confusing word,

1126
00:54:07.595 --> 00:54:09.675
but it's really about, we talk about treating our

1127
00:54:09.835 --> 00:54:10.875
patients holistically.

1128
00:54:11.225 --> 00:54:12.515
This is a part of it, right?

1129
00:54:12.695 --> 00:54:14.915
Is understanding all the things that make them

1130
00:54:15.095 --> 00:54:18.475
who they are when they show up in, in the treatment room,

1131
00:54:18.815 --> 00:54:20.835
and understanding how those interact

1132
00:54:20.855 --> 00:54:22.275
and play off of one another.

1133
00:54:22.455 --> 00:54:24.355
So I think so often we talk about,

1134
00:54:24.355 --> 00:54:27.515
well maybe a patient comes in with diabetes and cancer.

1135
00:54:28.065 --> 00:54:29.715
Well, how do those two things interact

1136
00:54:29.715 --> 00:54:32.355
and we need to make sure we offer them the right medication

1137
00:54:32.375 --> 00:54:33.515
so that it doesn't affect one

1138
00:54:33.515 --> 00:54:34.715
of the other medications they're taking.

1139
00:54:35.225 --> 00:54:37.315
Well, it's the exact same thing when we look at maybe

1140
00:54:37.315 --> 00:54:41.155
they're, uh, a black person, maybe they're trans,

1141
00:54:41.245 --> 00:54:42.555
maybe they're gay, right?

1142
00:54:42.615 --> 00:54:44.515
We need to look at all of those things.

1143
00:54:44.695 --> 00:54:46.275
How do they interact with one another?

1144
00:54:46.735 --> 00:54:50.195
And really how does that maybe play into the fact

1145
00:54:50.195 --> 00:54:51.595
that they're having worse outcomes?

1146
00:54:51.695 --> 00:54:53.035
And how can we reduce those?

1147
00:54:55.025 --> 00:54:56.925
People are definitely multifaceted.

1148
00:54:56.985 --> 00:55:00.765
So considering the whole person is the foundation

1149
00:55:00.765 --> 00:55:02.365
of Whole Person Care, um,

1150
00:55:02.365 --> 00:55:03.925
and that extends past their medical

1151
00:55:03.925 --> 00:55:05.285
history, so that's amazing.

1152
00:55:06.625 --> 00:55:10.685
Um, so they have a way, uh, do you have a way

1153
00:55:10.685 --> 00:55:12.965
of teaching difficult conversations with patients?

1154
00:55:13.145 --> 00:55:15.965
What's the advice for the difficult conversations execs may

1155
00:55:15.965 --> 00:55:18.165
have with medical professionals to get them

1156
00:55:18.165 --> 00:55:19.805
to address stigma in their practice?

1157
00:55:21.995 --> 00:55:24.415
Um, so I'll, I'll jump in here, Courtney, feel free

1158
00:55:24.415 --> 00:55:25.535
to, to jump in as well.

1159
00:55:25.635 --> 00:55:29.615
So, um, this is a thing that I think that, uh, a lot

1160
00:55:29.615 --> 00:55:32.615
of providers gave us in that formative research period

1161
00:55:32.615 --> 00:55:34.815
of saying like, this is something like, I,

1162
00:55:34.935 --> 00:55:36.855
I sometimes see the signs there, right?

1163
00:55:36.935 --> 00:55:39.095
I see the symptoms. I can look up at the DSM

1164
00:55:39.095 --> 00:55:40.735
and see that they're, they're meeting the criteria,

1165
00:55:41.395 --> 00:55:43.695
but how do I have that conversation?

1166
00:55:44.075 --> 00:55:47.375
And maybe that individual isn't ready for

1167
00:55:47.375 --> 00:55:48.735
that conversation now,

1168
00:55:48.855 --> 00:55:50.535
I really don't know how to, to handle that.

1169
00:55:50.915 --> 00:55:53.575
Um, and that was really why we created the Shatterproof

1170
00:55:53.575 --> 00:55:54.895
Conversation Guide.

1171
00:55:55.275 --> 00:55:56.815
Um, and we did that in conjunction

1172
00:55:56.845 --> 00:55:59.535
with a group called Compass Ethics, which are a group

1173
00:55:59.535 --> 00:56:00.895
of healthcare ethicists.

1174
00:56:01.515 --> 00:56:03.615
Um, and so they did focus groups

1175
00:56:03.805 --> 00:56:06.215
with people in the substance use community.

1176
00:56:06.405 --> 00:56:08.255
They did it with healthcare providers

1177
00:56:08.555 --> 00:56:10.615
and really tried to find this middle ground

1178
00:56:10.615 --> 00:56:13.815
and that sweet spot on how to conduct those conversations.

1179
00:56:13.955 --> 00:56:17.095
So that's one of my favorite of the resources

1180
00:56:17.095 --> 00:56:18.975
that we have available that, you know,

1181
00:56:19.305 --> 00:56:20.695
comes along free of charge.

1182
00:56:20.795 --> 00:56:23.645
You can access it from day one when you jump into

1183
00:56:24.145 --> 00:56:26.845
to providers pathway and open up that list of,

1184
00:56:27.105 --> 00:56:29.165
or that folder of all the resources is

1185
00:56:29.165 --> 00:56:30.845
that shatterproof conversation guide.

1186
00:56:32.125 --> 00:56:34.975
Yeah, and I think the only thing that we've talked about,

1187
00:56:34.995 --> 00:56:38.095
but I think this is a great time to underscore it again, is

1188
00:56:38.095 --> 00:56:41.095
that we talk in the stigma field,

1189
00:56:41.305 --> 00:56:43.855
especially in substance use disorder, where,

1190
00:56:43.855 --> 00:56:46.935
because stigma is, it feels so intangible.

1191
00:56:47.255 --> 00:56:49.575
I think that we really have a desire

1192
00:56:49.635 --> 00:56:51.335
to give tangible resources.

1193
00:56:51.755 --> 00:56:54.495
So we always talk about language, right?

1194
00:56:54.965 --> 00:56:58.095
Well, the research really underscores, uh,

1195
00:56:58.095 --> 00:56:59.695
that language is most important

1196
00:57:00.395 --> 00:57:01.855
in healthcare settings, right?

1197
00:57:01.955 --> 00:57:04.615
So going back to what Robert said around the documentation,

1198
00:57:04.635 --> 00:57:06.215
around how you're talking to your patient,

1199
00:57:06.315 --> 00:57:07.655
how you're talking to your colleagues.

1200
00:57:07.795 --> 00:57:09.895
So I would underscore too, um,

1201
00:57:10.005 --> 00:57:13.935
that language guide really taking in some of the nuance

1202
00:57:13.935 --> 00:57:15.735
around like what language should we be using?

1203
00:57:15.835 --> 00:57:18.655
And like why, why, why is that word that I

1204
00:57:19.365 --> 00:57:21.895
have heard my whole life that in this context?

1205
00:57:22.115 --> 00:57:24.495
And it also can provide some of those, um,

1206
00:57:24.855 --> 00:57:27.415
research like citations if you wanna take a deeper

1207
00:57:27.445 --> 00:57:28.695
dive into understanding.

1208
00:57:29.355 --> 00:57:32.095
Um, that. And then I think the other key thing here

1209
00:57:32.325 --> 00:57:36.745
that is worth mentioning is that the foundation

1210
00:57:36.805 --> 00:57:40.415
of stigma, um, one of the foundations,

1211
00:57:40.435 --> 00:57:41.615
if you think about the theories

1212
00:57:41.615 --> 00:57:43.455
of stigma is labeling, right?

1213
00:57:44.355 --> 00:57:46.895
And so much, so much of

1214
00:57:46.895 --> 00:57:49.015
what doctors are doing when they come in

1215
00:57:49.015 --> 00:57:51.615
to have difficult conversations is they're putting

1216
00:57:51.695 --> 00:57:52.735
a label on somebody, right?

1217
00:57:53.735 --> 00:57:56.795
People actively don't wanna be labeled.

1218
00:57:57.105 --> 00:57:59.715
Like I said earlier, as soon as you take on a label

1219
00:57:59.815 --> 00:58:01.755
of a group that holds high

1220
00:58:01.775 --> 00:58:03.555
stigma, it's like whoa, whoa, whoa.

1221
00:58:03.555 --> 00:58:05.395
So like, even when we talk about our work a lot,

1222
00:58:05.405 --> 00:58:08.875
we're like a lot of people that are in our world

1223
00:58:08.935 --> 00:58:11.835
and in our orbit, they might not even resonate

1224
00:58:11.835 --> 00:58:14.475
with the word I have a substance use disorder, right?

1225
00:58:14.875 --> 00:58:16.515
'cause that is a official label

1226
00:58:16.515 --> 00:58:18.275
that puts them in this other group.

1227
00:58:18.415 --> 00:58:21.795
So I think just really understanding the impact

1228
00:58:21.855 --> 00:58:25.195
of the labels as well can help, um,

1229
00:58:25.195 --> 00:58:26.715
healthcare professionals just

1230
00:58:27.315 --> 00:58:29.875
navigate those individualized conversations

1231
00:58:30.375 --> 00:58:33.275
and know too that it might like, it might take a second

1232
00:58:33.415 --> 00:58:36.115
to have those conversations to get to the end point

1233
00:58:36.145 --> 00:58:39.555
because people will actively resist any type

1234
00:58:39.575 --> 00:58:40.795
of stigmatizing label.

1235
00:58:42.955 --> 00:58:44.235
I have a follow-up question

1236
00:58:44.235 --> 00:58:46.035
that ties into one of our audience questions.

1237
00:58:46.035 --> 00:58:48.435
So it's perfect. We all know language evolves

1238
00:58:48.435 --> 00:58:51.075
and things that were taboo to say 10 years ago

1239
00:58:51.075 --> 00:58:53.595
or even two years ago, are now changing.

1240
00:58:53.775 --> 00:58:57.435
How are you keeping up with changes in culture or language?

1241
00:58:57.535 --> 00:59:00.515
And what are your future plans for the platform as far

1242
00:59:00.515 --> 00:59:02.635
as scaling and up updates are concerned?

1243
00:59:03.765 --> 00:59:05.615
Yeah, I'll go ahead and jump from the first question

1244
00:59:05.615 --> 00:59:07.415
and I'll pass the second question to Robert.

1245
00:59:07.755 --> 00:59:09.295
Yes, we think about this all the time.

1246
00:59:09.455 --> 00:59:10.495
I think it ties back

1247
00:59:10.515 --> 00:59:14.655
to even the conversation we had earlier about intersectional

1248
00:59:14.655 --> 00:59:16.455
stigma and that a lot

1249
00:59:16.455 --> 00:59:18.855
of times marginalized populations are left out of research,

1250
00:59:18.925 --> 00:59:20.015
they're left out of data.

1251
00:59:20.355 --> 00:59:23.885
And also when you hold multiple identities, sometimes a word

1252
00:59:24.195 --> 00:59:25.645
that we might say is a no-no

1253
00:59:25.645 --> 00:59:28.125
around SUD might not actually impact

1254
00:59:28.155 --> 00:59:29.445
that person in the same way

1255
00:59:29.445 --> 00:59:31.725
because there's this other stigmatizing term

1256
00:59:32.035 --> 00:59:35.325
that actually brings them, uh, more anxiety, more fear,

1257
00:59:35.355 --> 00:59:36.445
more internalized stigma.

1258
00:59:36.585 --> 00:59:39.205
So our team's actually thinking about this a lot, um,

1259
00:59:39.385 --> 00:59:42.725
and have plans to update our language guide in the future

1260
00:59:42.865 --> 00:59:44.805
for different, um, systems

1261
00:59:44.945 --> 00:59:46.405
and populations to make sure

1262
00:59:46.405 --> 00:59:48.645
that we're reflecting the evolving landscape of language.

1263
00:59:48.785 --> 00:59:49.785
Robert,

1264
00:59:50.425 --> 00:59:53.765
Uh, and, uh, Courtney's also downplaying, we have, uh,

1265
00:59:54.065 --> 00:59:55.845
at shatterproof under Courtney,

1266
00:59:55.905 --> 00:59:58.405
we also have a community engagement team.

1267
00:59:58.705 --> 01:00:02.565
And they are continuously out in the field doing this work,

1268
01:00:03.035 --> 01:00:07.885
talking to people who are, um, actively uh, engaging

1269
01:00:08.115 --> 01:00:12.245
with substances, those that maybe are in recovery, um,

1270
01:00:12.345 --> 01:00:14.285
really that are fully on the spectrum.

1271
01:00:14.465 --> 01:00:17.565
And so they're hearing the, the words that are used

1272
01:00:17.585 --> 01:00:18.965
and what people are comfortable with

1273
01:00:19.105 --> 01:00:21.725
and how that may change from, you know, month

1274
01:00:21.745 --> 01:00:22.965
to month or year to year.

1275
01:00:23.315 --> 01:00:25.485
They're continuously with an ear to the ground.

1276
01:00:25.585 --> 01:00:28.365
So it's something that I feel really like Shatterproof is

1277
01:00:28.365 --> 01:00:29.525
really well connected on

1278
01:00:29.985 --> 01:00:31.165
and has the ability

1279
01:00:31.305 --> 01:00:34.125
to understand the nuance of some of that.

1280
01:00:34.785 --> 01:00:38.005
Um, where does providers pathway go from here is, uh,

1281
01:00:38.285 --> 01:00:41.445
I think that we have the opportunity with, uh,

1282
01:00:41.545 --> 01:00:42.965
the way we've designed the curriculum

1283
01:00:42.965 --> 01:00:44.205
with the foundational modules

1284
01:00:44.205 --> 01:00:47.085
and the applied modules that we can continue

1285
01:00:47.085 --> 01:00:50.245
to add additional applied modules that focus on other

1286
01:00:50.755 --> 01:00:54.005
minoritized or historically marginalized communities.

1287
01:00:54.705 --> 01:00:57.805
Um, but we have that Core five foundational modules

1288
01:00:57.805 --> 01:01:00.245
that we can make certain tweaks

1289
01:01:00.245 --> 01:01:02.805
and updates to that keep it relevant, um,

1290
01:01:03.065 --> 01:01:05.565
but really provide that baseline education

1291
01:01:05.585 --> 01:01:06.725
to healthcare providers.

1292
01:01:09.405 --> 01:01:11.675
Thank you so much. We do have a couple more questions,

1293
01:01:11.735 --> 01:01:14.675
but we are on time, so we will reach out to you

1294
01:01:14.675 --> 01:01:16.195
to get some follow up questions answered.

1295
01:01:16.815 --> 01:01:19.475
Um, and again, thank you Courtney. Thank you Robert.

1296
01:01:20.535 --> 01:01:22.595
Um, and I just wanted to thank everyone here

1297
01:01:22.615 --> 01:01:23.635
for joining us today.

1298
01:01:23.735 --> 01:01:25.235
And just to remind you that the slides

1299
01:01:25.235 --> 01:01:27.635
and recording will be available on the Open Minds

1300
01:01:27.635 --> 01:01:28.715
website starting tomorrow.

1301
01:01:29.295 --> 01:01:30.555
And we invite you to join us

1302
01:01:30.555 --> 01:01:34.115
for our next round table on Thursday, May 22nd at 1:00 PM

1303
01:01:34.995 --> 01:01:37.595
reinjuring re-engineering revenue cycle management

1304
01:01:37.595 --> 01:01:40.235
to drive strategy, and to register for that event

1305
01:01:40.335 --> 01:01:42.635
or for a full list of our upcoming round tables.

1306
01:01:42.635 --> 01:01:45.875
And again, to access the slides from this in this

1307
01:01:45.875 --> 01:01:47.355
presentation, please go

1308
01:01:47.355 --> 01:01:49.195
to the executive education

1309
01:01:49.295 --> 01:01:52.555
tab@www.open minds.com.

1310
01:01:53.055 --> 01:01:55.475
And everyone have a great day. Thank you again, Courtney.

1311
01:01:56.245 --> 01:01:57.475
Thank you again Robert. Thanks

1312
01:01:57.675 --> 01:01:57.835
Everyone.