

Meeting report OPTIMUS side-event Lisbon Addictions 2024

22 October 2024

The OPTIMUS Opioid Use Disorder Treatment Outcomes Consensus

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Power points and videos from the meeting are available in the Agenda, in Annex

Final version

12.12.2024

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Abstract

The OPTIMUS international expert group convened at a side event to the Lisbon Addictions 2024 Conference to discuss advancements in evaluating opioid agonist maintenance treatment (OMT) outcomes. About 100 experts, policymakers, clinicians, and service users participated in the mixed live and online meeting, focusing on the newly developed OPTIMUS Guidance—a patient-centred treatment outcomes monitoring framework targeting six domains: treatment, physical health, mental health, social functioning, substance use, and quality of life.

Key findings from a Delphi study with 757 panel members validated the proposed 13 core indicators, supported by clinical testing in four countries. The meeting emphasized shifting from abstinence-focused metrics to holistic harm reduction approaches, incorporating user and peer perspectives to ensure actionable outcomes.

In a hackathon workshop suggestions were made for further development of OPTIMUS, such as reducing implementation barriers, including training, digital tools, and multi-site studies. Closing remarks highlighted the guidance's potential to transform OMT practices, integrate real-world data into policy, and improve care globally. Future steps focus on broader adoption, international partnerships, and advancing patient-centred treatment strategies.

Summary

Introduction

The OPTIMUS international expert group convened a side-event at the Lisbon Addictions 2024 Conference on October 22, 2024, to advance consensus on evaluating opioid agonist maintenance treatment (OMT) outcomes. This mixed live and online meeting engaged about 100 experts, including clinicians, service users, and policymakers, to discuss progress, challenges, and future directions for OMT outcomes monitoring and the broader applicability of the OPTIMUS Guidance.

Key Objectives

1. Review progress and results of the OPTIMUS outcomes questionnaire.
2. Discuss findings from clinical feasibility testing.
3. Identify steps for further research, validation, and implementation.

Session Highlights

Session 1: The OPTIMUS OMT Outcomes Monitoring Consensus

Presentations

- Lucas Wiessing outlined the development of a standardized framework targeting six domains: treatment, physical health, mental health, social functioning, substance use, and quality of life. A Delphi consensus study involving 757 participants validated 13 core indicators with a high level of agreement.
- Patrizia Carrieri emphasized the patient-centred approach, moving away from abstinence-focused metrics toward holistic well-being and harm reduction.
- Paulo Seabra and Star Fiorotto advocated for integrating user perspectives and empowering peer contributions to enhance research relevance and community trust.

Discussion

Participants acknowledged the complexity of achieving consensus but stressed the need for phased, inclusive, and practical implementation of the guidance to address gaps in current monitoring systems.

Session 2: Using the OPTIMUS Guidance in Clinical Practice

Presentation

- Dimos Fotopoulos highlighted the importance of the OPTIMUS Guidance in modernizing opioid maintenance treatment (OMT) by addressing treatment goals and improving patient-centred care.

Country Experiences

- Pilots in Cyprus, Georgia, Lithuania, and Palestine demonstrated the feasibility and adaptability of the questionnaire. Interview duration with the OPTIMUS outcomes questionnaire ranged from 15 to 65 minutes, with feedback highlighting cultural and logistical challenges.
- Tools such as digital questionnaires and visual progress tracking might be effective in supporting clinicians and engaging patients.

Key Takeaways

- Broader training for clinicians and administrators is necessary to ensure effective implementation.
- Integration into electronic health systems can enhance usability and scalability.

Session 3: Hackathon Workshop - Future Directions

Presentation

- Sonam Banka-Cullen introduced the workshop methodology, aimed at generating ideas for the further development of OPTIMUS

Group Challenges and Solutions

- Stimulating implementation through digital tools, comprehensive training, and multi-site research.
- Improving accessibility by translating resources and leveraging local partnerships.
- Securing funding via stakeholder engagement and demonstrating economic benefits.

- Action Points

- Develop training programs for a clinician-centred framework.
- Create digital infrastructure, including online forms and graphical data visualization tools.
- Conduct multi-country validation studies and integrate findings into policy recommendations.

Closing Remarks

Marica Ferri, Head of Sector Support to Practice at EUDA, emphasized the need for transparent, adaptable, and inclusive practices. She highlighted the growing threat of synthetic opioids and the importance of systematically collecting real-world data to inform policies and improve patient outcomes.

Future Steps

1. Test the OPTIMUS questionnaire with larger cohorts.
2. Advocate for systematic adoption of OPTIMUS Guidance across diverse clinical settings.
3. Strengthen partnerships with international organizations to secure funding and broaden the scope of research.
4. Leverage digital and community resources to enhance training, data collection, and policy influence.

The OPTIMUS side-event underscored the transformative potential of collaborative, patient-centred approaches to OMT and laid a foundation for advancing research, clinical practice, and policy impact on opioid use disorder treatment outcomes.

Session One – The OPTIMUS OMT Outcomes Monitoring Consensus

Chairs: Lucas Wiessing and Patrizia Carrieri

Welcome Remarks Alexis Goosdeel, EUDA Director

Alexis Goosdeel highlighted the complexities of achieving consensus on treatment outcomes across EU member states. He noted challenges in defining and harmonizing treatment guidelines due to diverse medical faculties' jurisdiction, and he emphasized the significance of addressing substance use beyond opioids, pointing to the rising consumption of cocaine in the EU and the anticipated increase in treatment demand. He advocated for research investments while acknowledging the need to balance scientific rigor with practical feasibility. Recognizing the limitations of current treatment demand indicators, he underscored the importance of phased, sustainable and affordable solutions.

Presentation Lucas Wiessing – OPTIMUS Objectives, Results Achieved

Lucas provided an in-depth overview of the OPTIMUS group's progress in developing a standardized, patient-centred framework for monitoring Opioid Agonist Maintenance Treatment (OMT) outcomes. The initiative aims to save lives and reduce the public health risks associated with opioid use disorder through a collaborative effort involving experts from 32 countries, including people with lived experience.

Key Highlights of the OPTIMUS Framework:

- **Domains and Indicators:** Six core domains—treatment, physical health, mental health, social functioning, substance use, and quality of life—were identified to ensure relevant treatment outcomes monitoring. Indicators were refined through a Delphi study, achieving strong expert consensus.
- **Public Health Focus:** Evidence underscores OMT's effectiveness in reducing mortality, HIV, hepatitis C, and injection-related behaviours. However, a systematic review revealed gaps in existing treatment outcomes monitoring, with public health outcomes often overlooked.
- **Delphi Study:** Conducted with 757 participants, including 46% service users, the study achieved consensus on 13 core indicators. The feedback process emphasized inclusivity, with translations into 19 languages and gender-balanced participation.

Preliminary Testing and Results:

Initial feasibility tests with 20 service users across four countries demonstrated that the questionnaire is both practical and well-received. Core questions averaged 14 minutes for completion, with optional questions extending the interview to 30 minutes. Feedback highlighted the tool's relevance in clinical practice and its value in capturing comprehensive patient outcomes.

Next Steps:

- Continue feasibility testing with a larger cohort.
- Implement the outcomes questionnaire in OMT practice, including digitalisation.
- Collect ongoing feedback to enhance applicability and effectiveness.
- Involve more countries and collaborators in OPTIMUS to help save lives.

Presentation Patrizia Carrieri – Principles, Evidence and Structure of the OPTIMUS Guidance

Patrizia outlined the principles underpinning the OPTIMUS Consensus Guidance, emphasizing the shift from purely objective measures to a patient-centred approach. She stressed the need to address gaps in current outcome measures, particularly the underrepresentation of patient-reported outcomes and the overemphasis on abstinence.

Rationale for the Guidelines:

1. **Integration of User Perspectives:** Existing studies often undervalue service user-reported outcomes, stigmatizing service users and neglecting their experiences.
2. **Critique of Abstinence-Oriented Practices:** Such approaches can harm service user-provider relationships, increase dropout rates, and exacerbate mortality among high-risk populations.
3. **Policy Implications:** Policies favouring abstinence or restrictive practices can inadvertently increase public health risks, such as black-market opioid use and overdose deaths.

Key Principles of OPTIMUS Guidelines:

- **Do No Harm:** Advocating harm reduction and minimizing negative outcomes for patients.
- **User-Centred Care:** Prioritizing service user perspectives and focusing on improving their quality of life.
- **Accessibility and Respect:** Removing barriers to OMT and addressing stigma.
- **Tailored Approaches:** Customizing treatment for vulnerable groups, including women and polydrug users.

Questionnaire Structure: The questionnaire is built around six domains with 13 core outcomes and optional indicators, allowing for flexible, patient-tailored assessments. Its design ensures alignment with both clinical and public health goals addressing patient well-being, fostering treatment retention and informing policy decisions.

Presentation Paulo Seabra – Users' Perspectives on Interventions and Assessment Designs

Key Insights:

- **User-Centred Research:** Paulo highlighted the need to integrate service users and public involvement into healthcare research, shifting from research "about" to research "with" users. This inclusive approach ensures that interventions are relevant and aligned with the real-world user needs, and evidence-based practices are both effective and widely accessible.
- **Citizen Science and Open Science:** Involving stakeholders like service users and caregivers throughout the research lifecycle fosters collaboration, transparency, accessibility to research and better outcomes. This aligns with Sustainable Development Goals for community-wide engagement. Paulo stressed the importance of linking scientific publications with open data, making them actionable for diverse audiences to democratize knowledge and foster community engagement.

Notable Examples:

- Substance use disorder interventions were co-designed with service users to enhance program flexibility, such as adjusting outpatient treatment schedules.
- Active user input in opioid management protocols significantly improved treatment strategies.

Presentation Star Fiorotto – Peers as Political Heroes

Star emphasized peers' unique ability to bridge gaps between healthcare providers and marginalized populations due to their lived experiences. This role enhances trust and data reliability in harm reduction services. She introduced Jewels, a Canadian service user, who told the meeting per video about her experiences in life and treatment, how peer support had helped her overcome many of her problems and how she now was training others to do the same.

Key points:

- **The KT6 Crew Model:** A grassroots initiative, KT6 empowers peers through employment and training, improving outreach to underserved communities, including Indigenous groups and precariously housed individuals. Peer-led initiatives like KT6 improve accessibility, reduce stigma, and strengthen community ties.
- **Peer compensation** should be integrated into program budgets. Harm reduction strategies should be co-designed with peer input to ensure cultural and practical relevance. Training programs should be established that professionalize peer roles, fostering sustainability and equity. The challenges lie in financial inequity for peers, mistrust in service systems, and ineffective tools due to insufficient peer consultation were identified as systemic barriers.

Discussion

EUDA Director Alexis Goosdeel shared insights from early successes in peer prevention projects in Belgium, which integrated active drug users into harm reduction services. He stressed the need for pragmatic approaches to address relapse compassionately, emphasizing health and safety over punitive measures. Alexis argued for a shift from dogmatic to evidence-based practices in drug treatment, partnerships between service providers and peers to improve patient outcomes, and an increase in communication of research findings to inform policy and practice.

Participants discussed the integration of peer participation in data collection to improve mortality databases. Peers' involvement ensures nuanced understanding and better data quality. Other key issues such as estimating national OMT coverage using statistical estimates of population size were discussed.

Take-aways:

- **Strengthen Data Collection and Collaborative Research:** Integrate service user and public involvement systematically into healthcare research to improve research applicability.
- **Expand Peer-Led Initiatives:** The transformative potential of user-centred approaches and peer-led initiatives, as peer input enhances mortality and consumption data quality by addressing overlooked factors. Pilot programs based on successful models like KT6 in diverse regions to assess scalability.
- **Promote Evidence-Based Practices:** Pragmatic, non-dogmatic and evidence-based approaches in drug treatment policies for addressing systemic inequities and improving outcomes for vulnerable populations.

Session Two – Using the OPTIMUS Guidance in Clinical Practice

Charis: Dimos Fotopoulos and Emilis Subata

Presentation Dimos Fotopoulos - Functionality and Use of the OPTIMUS Guidance in Clinical Practice

Dimos highlighted the importance of the OPTIMUS Guidance in modernizing opioid maintenance treatment (OMT) by addressing treatment goals and improving patient-centred care. He stressed that OPTIMUS compares positively with existing outcome monitoring instruments by providing broader and more user-oriented results. He emphasized OPTIMUS' potential to elevate OMT practices through modern, collaborative approaches that prioritize quality of life and health outcomes.

Key Points:

1. **Challenges in OMT:**
 - Current OMT practices are vague, with unclear objectives (e.g., abstinence vs. maintenance) and reliance on urine analysis disconnected from outcomes.
 - Traditional approaches lack emphasis on comprehensive patient progress and health outcomes.
2. **OPTIMUS-Based Effective OMT:**
 - Prioritizes accessibility, affordability, and availability in restrictive settings.
 - Advocates long-term, uninterrupted care and adherence to WHO-recommended high dosages to minimize dropouts.
 - Shifts urine analysis to a clinical assessment tool rather than punitive measures.
3. **Clinical Outcome Monitoring (COM):**
 - OPTIMUS emphasizes COM to track progress and guide treatment, featuring open-ended questions for collaborative dialogue.
 - Visual progress tracking (e.g., year-over-year comparisons) would benefit clinicians and patients alike.
4. **Future Directions:**
 - Plans for integration into electronic health records and the development of digital tools to enhance interaction and outcome tracking.

Presentation Andreas Krashias - Experience from Cyprus

Andreas shared insights from piloting the OPTIMUS monitoring tool in Cyprus, focusing on data collection and usability. He highlighted the importance of leveraging lessons learned to enhance future interventions and maximize the tool's impact.

Key Findings:

1. **Implementation:**
 - Data collected via psychiatrist-led questionnaires.

- Visual tools, based on Google Forms, facilitated data analysis and patient progress visualization.
- 2. **Challenges:**
 - Questionnaire completion time varied, with new patients requiring more time.
 - Some patients provided extensive feedback, occasionally necessitating clarification.
- 3. **Insights and Future Steps:**
 - The comprehensive yet concise nature of the tool was effective for capturing physical health, treatment progress, and key domains.
 - Collaborative approaches and continued refinement will improve implementation.

Darejan Javakhishvili - Experience in Georgia

Darejan described the Georgian team's journey with OPTIMUS, emphasizing adaptation challenges and opportunities for improvement. She recognized the tool's potential for improving OMT practices and fostering service user-centred care in Georgia.

Key Points:

1. **Background:**
 - Early studies revealed reluctance to address mental health but successfully incorporated anxiety and depression assessments.
 - Pilot testing involved five service users from government and private clinics.
2. **Challenges:**
 - Translation barriers due to Google Translate reliance.
 - Interview duration varied widely (27–65 minutes), with the more lengthy sessions impacting new service users in poor health.
3. **Recommendations:**
 - Transitioning the format from tables to questionnaires for better usability.
 - Advocacy for government-level adoption to ensure sustainable implementation.

Presentation Emilis Subata - Experience in Lithuania

Emilis presented findings from testing the OPTIMUS tool in Lithuania, noting its suitability for routine clinical use. Emilis emphasized OPTIMUS' potential to standardize OMT practices while allowing for tailored care based on individual needs.

Key Insights:

1. **Feasibility Testing:**
 - Eleven service users participated in sessions conducted by multidisciplinary teams, following standardized instructions.
 - Session durations averaged 15–18 minutes, with duration of the optional section depending on service user health.
2. **Patient and Clinician Feedback:**
 - Service users were comfortable discussing sensitive topics, appreciating the short duration and focus.
 - The six-domain evaluation framework effectively captured public health-relevant metrics like overdose rates and injecting practices.
3. **Clinical Value:**

- The tool is ideal for quarterly use to monitor progress and inform treatment adjustments.
- Integration with software systems could enhance its clinical and public health applications.

Presentation Saed Bilbaisi - Experience in Palestine

Dr. Saed Bilbaisi highlighted the alignment of OPTIMUS with national health objectives.

Key Points:

- 1. Implementation:**
 - Translation efforts ensured linguistic and cultural relevance.
 - The study demonstrated improved service user retention and reduced overdoses.
- 2. Challenges:**
 - Resource constraints, cultural stigma, and translation issues were significant barriers.
- 3. Outcomes:**
 - Enhanced standardization and quality of care.
 - Improved communication among experts and better adaptation to local contexts.

Discussion

The session explored the practicality and scalability of the OPTIMUS tool in diverse service settings. Participants agreed on the need for further feasibility testing to optimize the tool and ensure its adaptability to diverse healthcare settings. The presentations highlighted the OPTIMUS guidance as a transformative tool for opioid agonist maintenance treatment, addressing gaps in current practices through evidence-based, patient-centred approaches. Despite challenges in implementation, the feasibility testing in various countries suggested its strong potential for improving patient outcomes and standardizing care. Future efforts will focus on refining the tool, expanding its use, and advocating for systemic integration into OMT practices in Europe and beyond.

Take-aways:

- 1. Frequency of Use:**
 - Compared to longer tools like the Addiction Severity Index (ASI), OPTIMUS' shorter duration (~15 minutes) allows for more frequent administration (e.g., quarterly).
- 2. Adaptation Across Contexts:**
 - Implementation challenges vary by country, influenced by cultural factors and clinician-service user dynamics.
- 3. Training and Integration:**
 - Training for administrators is essential to ensure effective use and address cultural nuances.
 - Digital tools like Google Forms streamline the process and enhance usability.

Session Three – Hackathon Workshop: The Journey of OPTIMUS and Future Steps

Facilitators: Sonam P. Banka-Cullen, David McDonagh and Lucas Wiessing

Introduction by Sonam Banka-Cullen

The workshop facilitates multidisciplinary collaboration in decision-making processes for the further development of OPTIMUS. For this purpose, the Design Thinking Process was used, a user-centred approach originating from Stanford University's Design School, that involves five main stages:

1. **Empathy:** Conducting research to understand users' needs.
2. **Define:** Clearly articulating the problem.
3. **Ideate:** Generating a wide range of ideas.
4. **Prototype:** Developing tangible solutions.
5. **Test:** Evaluating the solutions in real-world scenarios.

The focus here was on the **ideation phase**, where participants were encouraged to generate and explore a variety of ideas through brainstorming as many ideas as possible within 10 minutes, practicing "blue sky thinking" without self-censorship. Main ideas were selected and presented in groups, which were given one of the following three challenges:

1. **Challenge 1:** How might we stimulate the implementation of the OPTIMUS Guidance and Outcomes Questionnaire among service providers?
2. **Challenge 2:** How might we improve the accessibility to and dissemination of the OPTIMUS Guidance and Questionnaire?
3. **Challenge 3:** How might we procure funding to ensure the further development of the OPTIMUS Guide and Questionnaire in the future?

Group presentations

Group A – Challenge: How might we stimulate the implementation of OPTIMUS Guidance and Outcomes Questionnaire among service providers?

Key Ideas:

- **Digitalization:** Making the process attractive and efficient through digital solutions, and digitalize the questionnaire to streamline its use in service practice.
- **Comprehensive training program:** Develop and implement a "training of trainers" model, funded by the European Union (EUDA), to ensure widespread engagement and endorsement.
- **Multi-site Implementation Research:** Conducting research to identify challenges, barriers, and facilitators, and to validate the questionnaire across Europe and beyond. Secure EUDA research funding to support implementation and validation.

Group B – Challenge: How might we improve the accessibility to and dissemination of the OPTIMUS Guidance and Questionnaire?

Key Ideas:

- **Online Resources:** Creating electronic tutorials and guided interviews for various professionals.
- **Language Translation:** Translating materials into more languages to increase accessibility.
- **Local Partnerships:** Collaborating with local associations and networks to disseminate the guidance.

Group C – Challenge: How might we procure funding to ensure the further development of the OPTIMUS Guide and Questionnaire?

Key Ideas:

- **Collaboration:** Engaging with various stakeholders to secure funding.
- **Invest in development:** Continue refining and validating /testing the tool e.g. in studies
- **Demonstrating Value:** Highlighting the effectiveness and (economic) benefits of the tool by conducting evaluation studies. Establish a fundraising team to package and promote the tool effectively.

Online Group - identified own challenges:

- Lack of awareness about OPTIMUS among service providers.
- Unique jurisdictional challenges requiring tailored solutions.

Key Ideas:

- **Launch Awareness Campaigns:** Identifying key senior staff to champion OPTIMUS and provide training.
- **Jurisdictional Analysis:** Analyzing specific challenges in different regions and how OPTIMUS can address them to tailor solutions.
- **Focus on Quality of Life:** Utilize OPTIMUS' six domains to address the needs of aging patient populations and improve care plans. Emphasize harm reduction and patient-centred outcomes to shift cultural perspectives.

Group D – Challenge: How might we stimulate the implementation of OPTIMUS Guidance among service providers?

Key Ideas:

- **Leadership and stakeholder focus groups:** Identify senior staff to champion the implementation and lead pilot projects. Organize stakeholder focus groups with leaders and clinicians and collaborate with professional associations to gain broader support.
- **Clinician-Centred Framework:** Develop and pilot a framework that is easy for clinicians to use, potentially integrating it into electronic health records and considering a mix of self-report and interview methods.

Group E - Challenge: How might we improve the accessibility and dissemination of the OPTIMUS Guidance and Questionnaire?

Key Ideas:

- **Translation:** Translating materials into more languages to enhance accessibility.
- **Funding:** Securing funds to support dissemination efforts.
- **Online Presence:** Develop and maintain an online presence on professional platforms. Utilize websites and professional social media platforms to share information.
- **Professional Engagement:** Integrate OPTIMUS into university programs, professional training and other educational and accreditation programs.
- **Promotion:** Promoting the guidance through conferences, TV shows, and universities. Engage government and health system leaders to recognize the value of the guidance.

Group F - Challenge: How might we procure funding to ensure the further development of the OPTIMUS Guidance and Outcomes Questionnaire?

Key Ideas:

- **Engagement with International Organizations:** Establish partnerships with WHO and UNODC.
- **Private Funding:** Identify and approach private funds to support development efforts.

Discussion

The discussion focused on the implementation and practical application of the OPTIMUS Guidance and Outcomes Questionnaire. Key themes included the importance of collecting treatment outcomes data in a structured and comparable way, developing digital infrastructure, and ensuring the tool's practical utility in clinical settings. Participants emphasized the importance of training, developing infrastructure, and ensuring data security and accessibility.

Key Points:

1. **Training and Development**
 - **The centralized role of EUDA** in training trainers and creating uniform digital forms was deemed essential.
 - **Develop Training Programs** with EUDA experts was recognized for its potential contributions to training initiatives.
2. **Digital Infrastructure**
 - **Electronic Forms and website:** Create, adapt and implement electronic forms and a dedicated website, ensuring data security. The need for careful selection of platforms for electronic forms was discussed. Dimos has already implemented a Google Forms version in Cyprus, which could be adapted for broader use. The website could host guidelines, news forums, and downloadable resources.
 - **Data Visualization:** The importance of visualizing patient progress through graphical displays was highlighted to make data more accessible and meaningful for both patients and clinicians.
3. **Research and Validation**

- **Psychometric Analysis:** Initiate psychometric analysis and multi-site validity studies to strengthen the evidence base for the OPTIMUS scale.
 - **Feasibility Studies:** The group noted the number of feasibility test participants had significantly increased, indicating readiness for further analysis.
 - **Implementation Research:** Various forms of research, including multi-site studies and validity studies, were discussed as essential for the project's success.
4. **Funding and Resources**
- **Horizon Europe:** The possibility of securing funding from Horizon Europe and other sources to support large-scale multi-country studies research initiatives.
5. **Longitudinal Data Collection**
- **Policy Evaluation:** Collecting structural data from each country to evaluate the impact of policies and innovations over time.
 - **Conduct Longitudinal Studies:** Collecting and analyzing both longitudinal OPTIMUS and structural data to evaluate policy impacts and drive innovation.
6. **Enhance Clinical Utility**
- **Graphical Data Visualization:** Developing software functionality to produce graphs that can visually represent patient progress.
 - **Care Plan Templates:** Creating templates for care plans based on the six domains of the OPTIMUS tool to ensure the data collected translates into actionable clinical strategies.
7. **Formation of Subgroups**
- **Task-Specific Groups:** Proposal to create OPTIMUS subgroups focused on specific areas such as treatment plan connections, e-form development, and training programs. Each subgroup would consist of 3-4 members and prepare proposals for group discussion.
 - **Follow-Up Meetings:** Plan to hold an online meeting in 3-5 months to review progress and ensure continuity. Hold an OPTIMUS live meeting or mini-conference in 2025?
8. **Community Involvement**
- **Economic Analysis:** Emphasis on involving the community in economic analysis of follow-up processes to evaluate cost-effectiveness and patient engagement.
 - **Policy Influence:** Using data collected through OPTIMUS to influence policy changes and improve patient outcomes.
9. **Leverage Global Models**
- **Global Examples and Collaboration:** Highlighting successful community involvement models, such as those in Quebec and Canada, particularly in cancer research and indigenous health. Engage Community: Involve the community in economic analysis and policy evaluation. Recognizing the input from international colleagues and the potential for a global application of the OPTIMUS tool.
 - **Pan-European Solution:** Collecting and quantifying challenges faced by different countries to demonstrate how the OPTIMUS tool can provide solutions across various healthcare systems. Learn from successful community involvement models in other regions.

Closing Remarks Marica Ferri, Head of Sector Support to Practice

Marica Ferri emphasized the progress made, the EUDA new mandate's opportunities and the importance of measuring real-world outcomes. She stressed the need for the Agency to be transparent, adaptable, and inclusive. In the new mandate the focus is on providing recommendations based on real-world outcomes. This approach moves beyond disseminating evidence from existing studies. The challenges and opportunities lie in the threat of increased opioid use, particularly synthetic opioids, with associated mortality

and health impacts. OPTIMUS has potential to serve as a model for treatment outcomes monitoring for other substance use disorders, such as psychostimulants. Marica concluded by stressing community involvement in economic analysis is necessary to evaluate cost-effectiveness and patient engagement. Using data to influence policy changes can improve patient outcomes.

Annex

Agenda

The OPTIMUS Opioid Use Disorder Treatment Outcomes Consensus — Lisbon Addictions Conference 2024 [Side Event](#)¹ v. 21.10.2024

Chair	Venue	Date and time
Lucas Wiessing	Centro de Congressos de Lisboa, Room: Terrace ²	22 October 2024, 13.00-18.00 (Lisbon time)
Online facilitators	Praça das Indústrias 1, Lisbon, Portugal	
Bettina Kehr Mette Kienhorst		

Hybrid event: both at the Conference venue and live online via Zoom

Use this link <https://shorturl.at/au17V> to attend the online meeting

WIFI at the venue: network: Addictions Side events password: sidexpertise

Background

The OPTIMUS international expert group (<https://shorturl.at/4VrZt>) aims to foster international consensus on how to evaluate the outcomes of opioid agonist maintenance treatment (OMT). The group has developed guidance and an OMT outcomes monitoring tool, a questionnaire, which is currently being tested. Interested colleagues and service users are welcomed to attend this open meeting and/or to join our international group and help us test the guidance and outcomes questionnaire in their country.

Meeting objectives

To discuss the results so far of the OPTIMUS outcomes questionnaire. To discuss the first results of clinical testing of the questionnaire. To plan further steps - if possible including further (national or international) validity studies.

Tuesday, 22 October 2024

COMPLIMENTARY PRE-MEETING LUNCH BUFFET AT THE VENUE

12:00 – 12:50

Please arrive promptly and be seated before 13:00. Food is not permitted in the meeting room.

¹ <https://shorturl.at/LZVih>

² After passing reception, take the stairs to your left and go straight, through a 'tunnel' then it is at the back left side

Session 1. Chairs: Patrizia Carrieri and Lucas Wiessing

THE OPTIMUS OMT OUTCOMES MONITORING CONSENSUS 13.00 – 14.30

Welcome by the EUDA Director: Alexis Goosdeel ([video](#)) 13.00 – 13.10

OPTIMUS objectives, results achieved: Lucas Wiessing ([ppt](#), [video](#)) 13.10 – 13.25

Principles, Evidence and Structure of the OPTIMUS Guidance:
Patrizia Carrieri, Perrine Roux and Lucas Wiessing ([ppt](#), [video](#)) 13.25 – 13.40

Users' perspectives on interventions and assessment designs:
Paulo Seabra ([ppt](#), [video](#)) 13.40 – 13.55

**Peers as Political Heroes - collaborative work between Peers,
Doctors, and technology:** Star Fiorotto ([ppt](#), [video](#)) 13.55 – 14.10

Discussion ([video](#) remarks Alexis, [video](#) Discussion) 14.10 – 14.30

Session 2. Chairs: Dimos Fotopoulos, Emilis Subata and Lucas Wiessing

USING THE OPTIMUS GUIDANCE IN CLINICAL PRACTICE 15.00 – 16.00

Functionality and use of OPTIMUS Guidance in Clinical Practice:
Dimos Fotopoulos ([ppt](#), [video](#)) 15.00 – 15.20

5-minute snapshots on experience in clinical practice:

The experience in Cyprus: Andreas Krashias ([ppt](#), [video](#)) 15.20 – 15.25

The experience in Georgia: Darejan Javakhishvili ([ppt](#), [video](#)) 15.25 – 15.30

The experience in Lithuania: Emilis Subata ([ppt](#), [video](#)) 15.30 – 15.35

The experience in Palestine⁽³⁾: Saed Belbaisi and Mohammad
Takataka ([ppt](#), [video](#)) 15.35 – 15.40

Discussion ([video](#)) 15.40 – 16.00

Session 3. Chairs: Sonam Prakashini Banka-Cullen, David McDonagh and Lucas Wiessing

³ This designation does not entail any recognition of Palestine as a state and is without prejudice to positions on the recognition of Palestine as a state.

HACKATHON WORKSHOP - THE JOURNEY OF OPTIMUS AND FUTURE STEPS 16.30 – 18.00

Introduction to the session methodology and challenges: Sonam P. Banka-Cullen and David McDonagh ([ppt](#), [video](#)) 16.30 – 16.45

Group work: All participants 16.45 – 17.15

Group presentations: All participants ([video](#)) 17.15 – 17.35

Collate action points for next steps: All participants ([video](#)) 17.35 – 17.50

Session close: Sonam Banka-Cullen, David McDonagh, Lucas Wiessing 17.50 – 17.55

Closing comments from EUDA management: Marica Ferri ([video](#)) 17.55 – 18.00

Meeting Close: Lucas Wiessing 18.00