



Together in Recovery: Statement of Principles

About RIZE

RIZE Massachusetts (RIZE) is an independent nonprofit foundation working to end the opioid epidemic in Massachusetts and reduce its devastating impact on people, communities, and our economy.

Together in Recovery: Supporting Informed Decisions

In March 2019, RIZE launched an initiative called *Together in Recovery: Supporting Informed Decisions* (TiR). This is a statewide initiative that seeks to address philosophical divides and reduce stigma within the continuum of prevention, treatment, and recovery for opioid use disorder (OUD). The goal is to promote an accessible, equitable, integrated treatment and recovery community in Massachusetts that champions evidence-based and evidence-supported approaches, supports multiple treatment and recovery pathways, and promotes person-centered care and informed, shared decision making.

TiR uses “pathways” as an inclusive term for different treatment and recovery modalities such as medication-assisted treatment, medication-assisted recovery, counseling, mutual aid groups, peer support, and other community-based recovery supports. These and other healing modalities can be used in different combinations, and at different points, throughout a person’s recovery journey. At each turn, supporting individuals to make informed choices is an imperative for quality care.

TiR is steered by a “Change Team” of diverse influencers who span peer, clinical, policy, family, and community roles. As key stakeholders and change agents, the Change Team met together eight times to build a vision for TiR that will drive future transformation across systems and communities. During this project, RIZE also convened one statewide and eight regional meetings with additional stakeholders. Meeting participants discussed the many challenges associated with treating and supporting recovery from OUD, and identified priorities to inform a shared TiR vision.

A Unified Approach

During our stakeholder conversations around the Commonwealth, RIZE learned that in order to uphold the goals of TiR, the Change Team and the entire network of TiR supporters will need to embrace common values and practices. In response, the Change Team has committed to use and promote the same fundamental definitions, guiding principles, and person-centered care guidelines.

Below are definitions and principles that can be adopted across the prevention, treatment, and recovery continuum in Massachusetts. Following these items is a list of selected resources on person-centered care.

Definitions

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (Substance Abuse and Mental Health Services Administration, 2012).

Evidence-based/evidence-supported approaches: Specific models and approaches for treatment and recovery that have demonstrated measurable benefit to participants in research designed to limit the influence of bias.

Person-centered care (PCC): Treatment or recovery planning and decision making that is respectful of and responsive to an individual's unique circumstances, preferences, needs, and values (Committee on Quality of Health Care in America, Institute of Medicine, 2001). The PCC model expands the focus of care to include both person-centered and disease-focused considerations and outcomes. PCC goes beyond traditional treatment topics to include issues such as physical health, relationships, employment, education, spirituality, housing, recreation, and community.

Shared decision making (SDM): A collaborative process that activates individuals to make informed choices about their treatment and recovery plans in partnership with their providers, taking into account evidence-based/evidence-supported recommendations as well as the individual's values, preferences, and lifestyle (Informed Medical Decisions Foundation, 2009).

Principles

The TiR Change Team envisions an integrated continuum that expands access to treatment and recovery and prioritizes person-centered care and shared decision making. Central to achieving this vision is a commitment to share information and perspectives regarding a wide range of treatment and recovery pathways for people with opioid use disorder (OUD). We invite TiR collaborators and supporters to join us in declaring their commitment to the following shared principles.

Together in Recovery (TiR) commits to:

- Continuously learn about emerging research and best practices across the continuum of OUD prevention, treatment, and recovery.
- Seek out Change Team members and other TiR stakeholders to foster ongoing learning and connections that drive change across the continuum.
- Understand how individual perspectives on treatment and recovery are influenced by values, preferences, and lifestyles in addition to scientific evidence.
- Meet people "where they are" in their motivation for change, while supporting their informed decision making regarding treatment and recovery.
- Recognize that treatment and recovery pathways are often non-linear, multi-modal, and change over time based on a person's needs and preferences.
- Empower individuals to be equal partners in learning, planning, developing, and maintaining treatment and recovery plans.
- Identify and share information about the available evidence to support various pathways to treatment and recovery.
- Identify and reduce barriers to treatment and recovery, especially for individuals frequently excluded from services due to social determinants of health including racism.
- Ensure that programs, services, policies, and communications are informed and supported by individuals and/or family members with lived experience of treatment and recovery.
- Use and promote strengths-based, person-first, anti-stigma language to describe individuals with substance use disorder.

Many of these principles have been articulated in various Person-Centered Care (PCC) resources. We encourage TiR supporters to learn more below:

1. Adam, N. & Grieder, D.M. (2013). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health* (Practical Resources for the Mental Health Professional) 2nd Edition. Academic Press.
2. Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. <https://www.ncbi.nlm.nih.gov/books/NBK222265/>
3. Oneview. (2015). *Picker's Eight Principles of Patient-Centered Care*. <https://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/>
4. Rickert, J. (2012). *Patient-Centered Care: What it Means and How to Get There*. *Health Affairs*. <https://www.healthaffairs.org/doi/10.1377/hblog20120124.016506/full/>