Center on
Rural Addiction
UNIVERSITY OF VERMONT

Concerns and Beliefs about Substance Use and Treatment among Northern New England Practitioners

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Overview of Today's Talk

1. UVM Center on Rural Addiction (CORA)
2. Baseline Needs Assessment in Vermont and New Hampshire
3. Results
   - Concerns about Substance Use
   - Comfort treating patients with Opioid Use Disorder (OUD)
   - Beliefs about Treatment
4. Study: Association between comfort treating OUD and barriers to treating

CORA MISSION

To expand addiction-treatment capacity in rural communities by providing evidence-based technical assistance, consultation, resources and education to healthcare providers and other staff

SURVEILLANCE & EVALUATION

- Conduct baseline needs assessments to identify real-time barriers in rural practices
- Assist providers and practices with establishing & improving data systems
- Monitor drug use patterns in rural communities

BEST PRACTICES

- Provide in-person & remote technical assistance to implement evidence-based practices
- Provide hardware, software, resources and training in new or expanded models of care and delivery

CLINICIAN ADVISORY BOARD

- Provide expertise & consultation in evidence-based treatment and patient-centered care coordination
- Individual peer mentoring with expert providers
- Best Practices Scholarship Program

EDUCATION & OUTREACH

- Community Rounds Webinar Series with CMEs
- On-site Learning Lunches
- Resource Library & Online Learning Collaborative

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Full bios available at uvmcora.org

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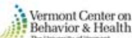
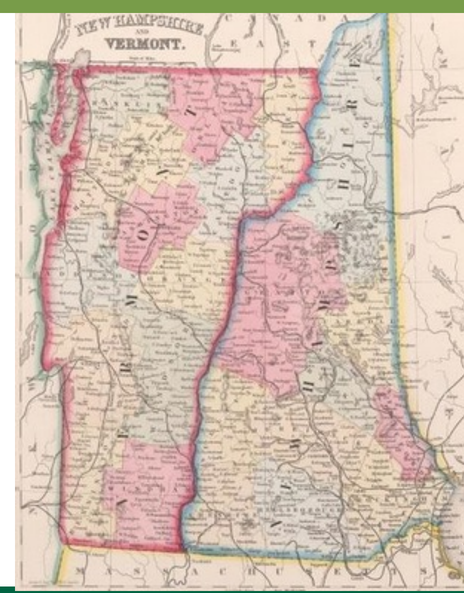
This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10,365,921 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



Overview of Baseline Needs Assessment

The CORA Surveillance & Evaluation Core conducted Baseline Needs Assessment Surveys to examine mechanisms to improve the delivery of evidenced-based substance use treatment and training for providers in rural Vermont & New Hampshire.

- Survey Rollout:
  - Vermont: April – August 2020.
  - New Hampshire: October 2020 – March 2021
- Method:
  - Electronic Surveys with $99 incentive for completion



Overview of Baseline Needs Assessment

❖ Samples

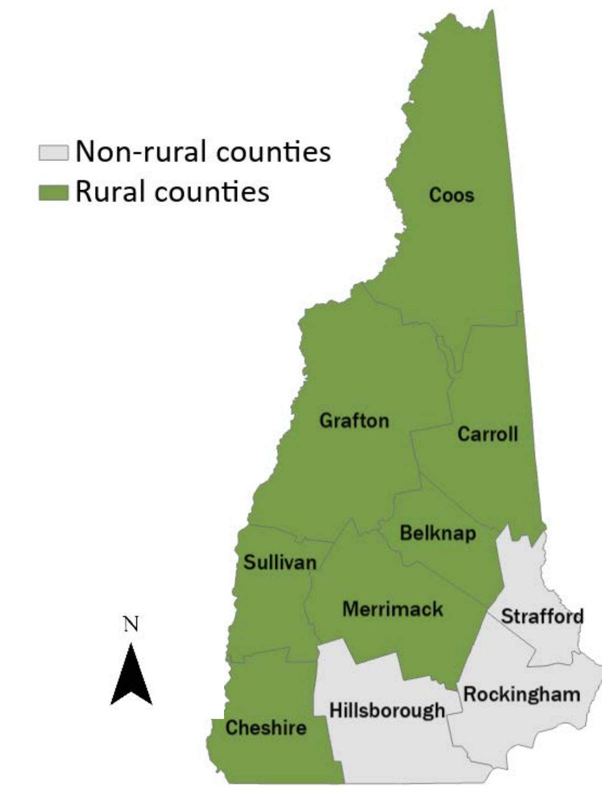
- Vermont
  - **N = 332 completed /1,462 practitioners (in clinical roles)**
    - Started from a list of all practitioners licensed in Vermont.
    - Targeted practitioners with the opportunity to provide treatment to patients with substance use disorders.
- New Hampshire
  - **N = 152 completed / 246 practitioners (in clinical and counseling roles)**
    - Practitioner invites were based on responses to a contact survey sent through mail, social media, and emails.

Vermont Responses by County

	Freq.	Percent
Rural Counties		
Addison	14	4.2
Bennington	22	6.6
Caledonia	14	4.2
Essex	1	0.3
Lamoille	9	2.7
Orange	6	1.8
Orleans	9	2.7
Rutland	25	7.5
Washington	30	9.0
Windham	17	5.1
Windsor	26	7.8
Non-Rural Counties		
Chittenden	130	39.2
Franklin	13	3.9
Grand Isle	0	0
Multiple counties	16	4.8
Total	332	100

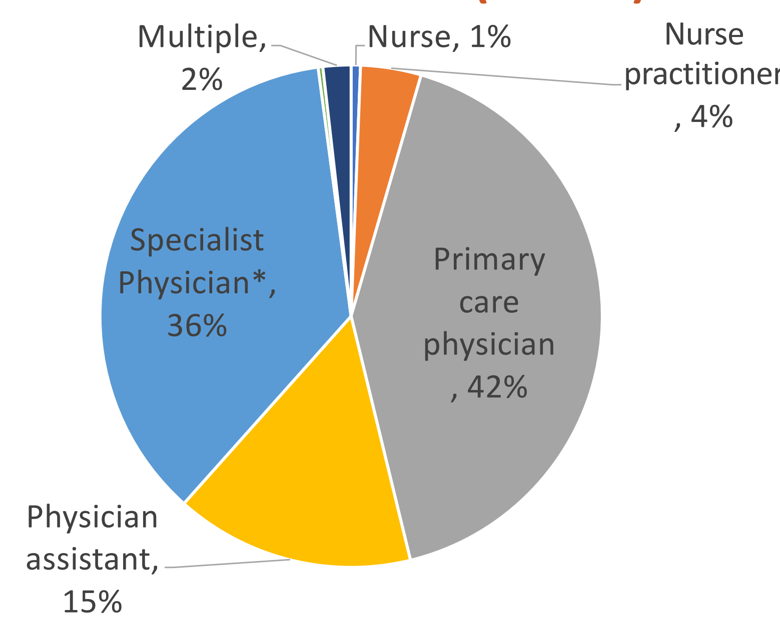
New Hampshire Responses by County

	Freq.	Percent
Rural Counties		
Belknap	4	2.6
Carroll	7	4.6
Cheshire	5	3.3
Coos	7	4.6
Grafton	30	19.7
Merrimack	7	4.6
Sullivan	4	2.6
Non-Rural Counties		
Hillsborough	45	29.6
Rockingham	11	7.2
Strafford	13	8.6
Multiple counties	19	12.5
Total	152	100

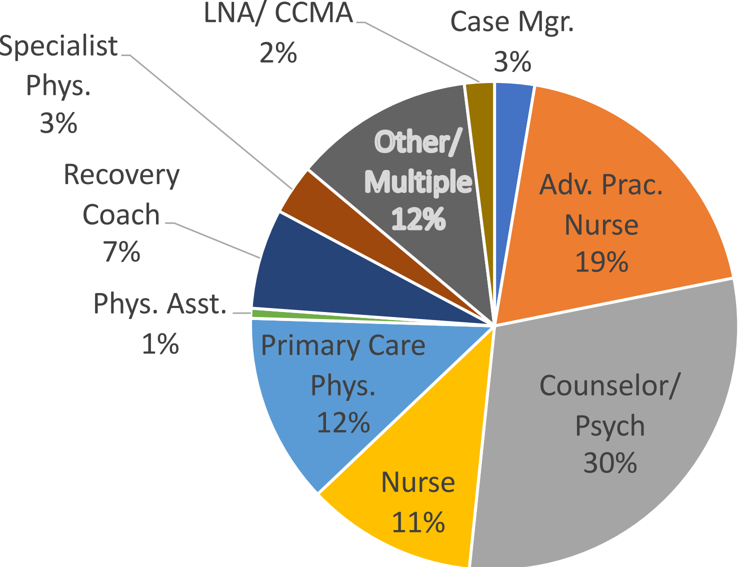


Practitioner Roles

Vermont Practitioners (n=331)

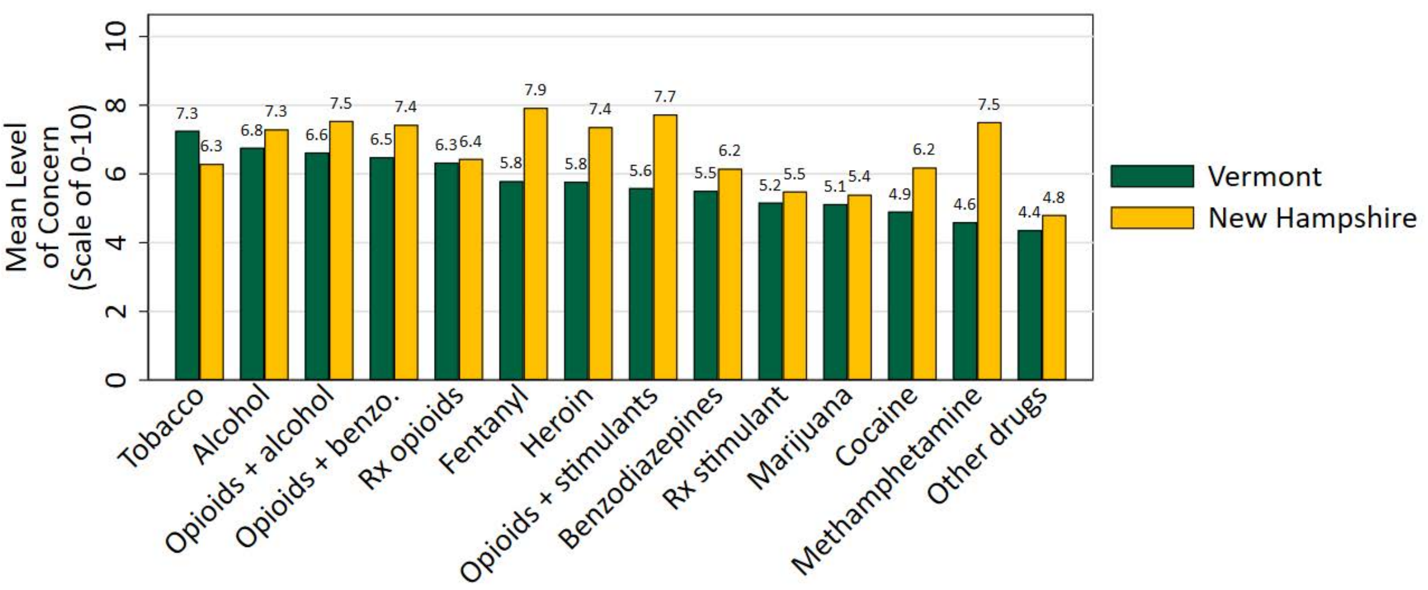


New Hampshire Practitioners (n=144)



Concern about Substance Use among VT and NH Practitioners

"How concerned are you about use of the following substances among your patients or in your practice?"

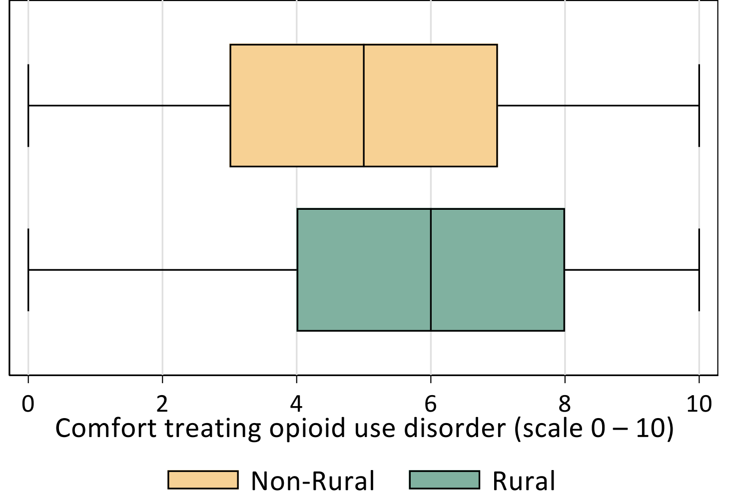


Comfort Treating Patients with Opioid Use Disorder

"How comfortable are you addressing/treating opioid use disorder in your patients?"

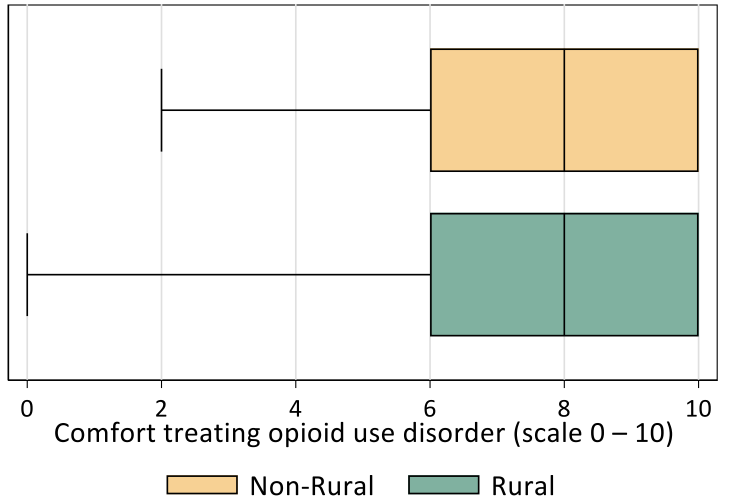
Vermont Practitioners

Rural n=178, Non-rural n=131



New Hampshire Practitioners

Rural n=79, Non-rural n=69



Training, Experience, and Support to Induct patients

“To what degree do you feel you have the training, experience, and supports you need to induct patients on opioid treatment medication?“

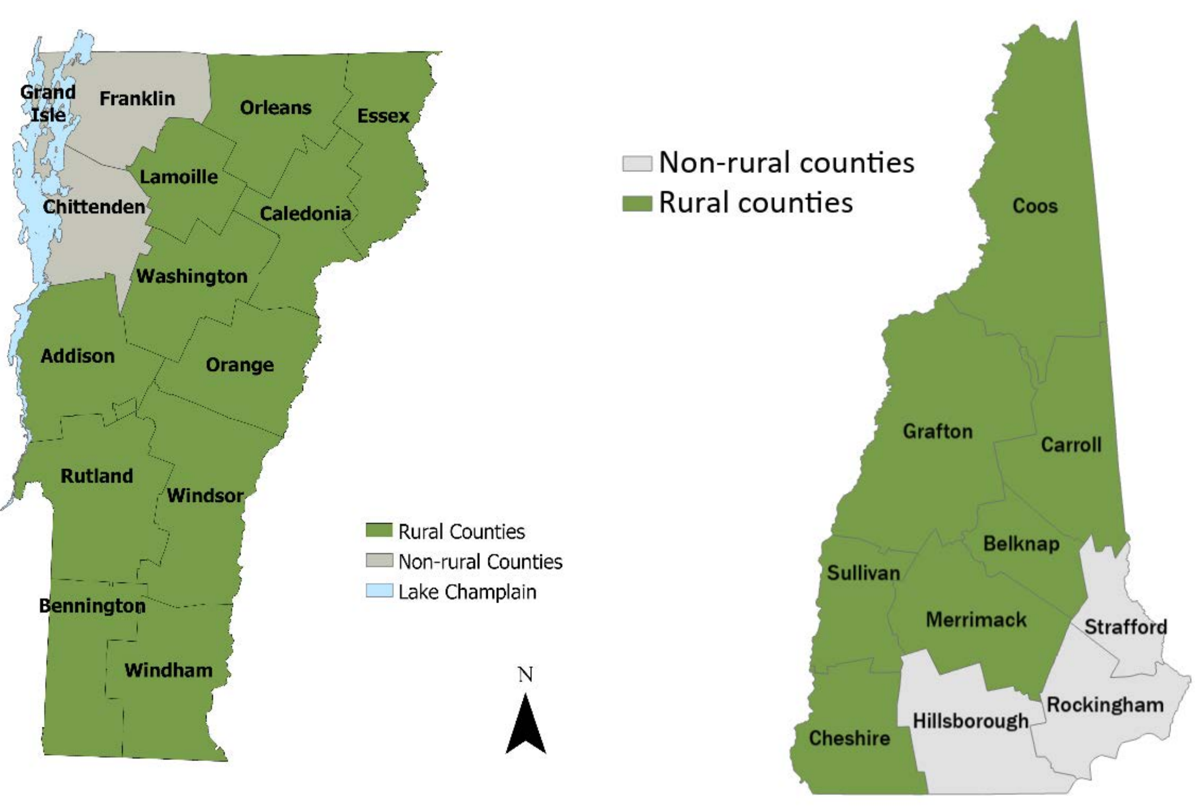
Vermont Practitioners

Rural n=81, Non-rural n=51

New Hampshire Practitioners

Rural n=20, Non-rural n=18

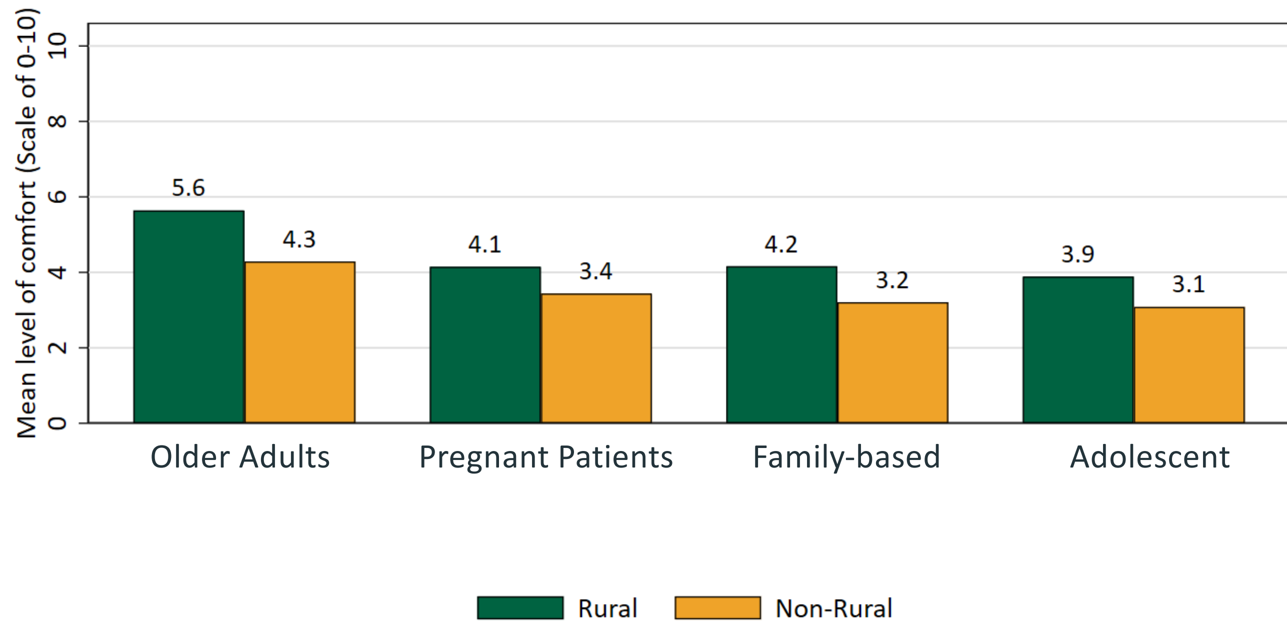
Reminder: Rural and Non-Rural Counties



VT Practitioner Comfort Treating Substance Use Disorders for Special Populations

"How comfortable do you feel providing the following services?"

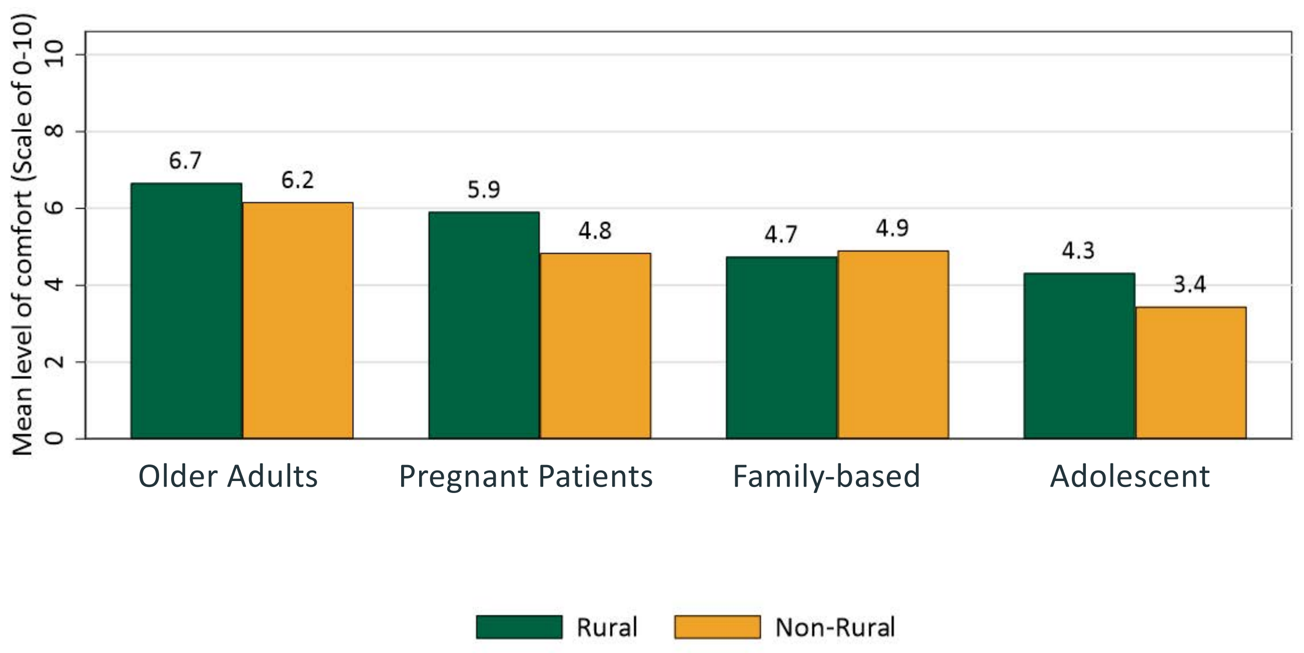
- Vermont practitioners were most comfortable providing SUD treatment to older adults.



NH Practitioner Comfort Treating Substance Use Disorders for Special Populations

"How comfortable do you feel providing the following services?"

- Practitioners in NH generally reported higher comfort levels in treating special populations than VT practitioners



Vermont Practitioner-Related Barriers to Treating Patients with Opioid Use Disorder

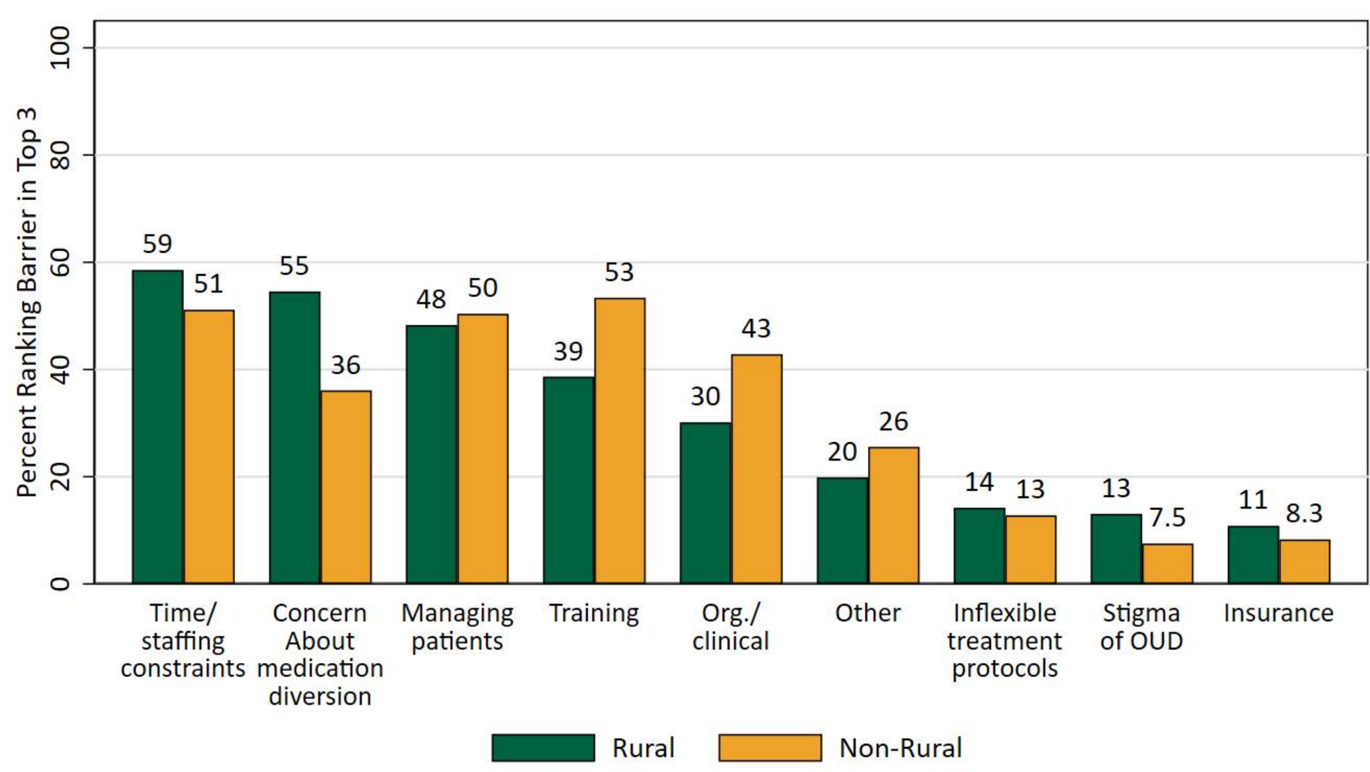
Biggest Barriers

Time / Staffing

Medication Diversion

Managing Patients

Training



New Hampshire Practitioner-Related Barriers to Treating Patients with Opioid Use Disorder

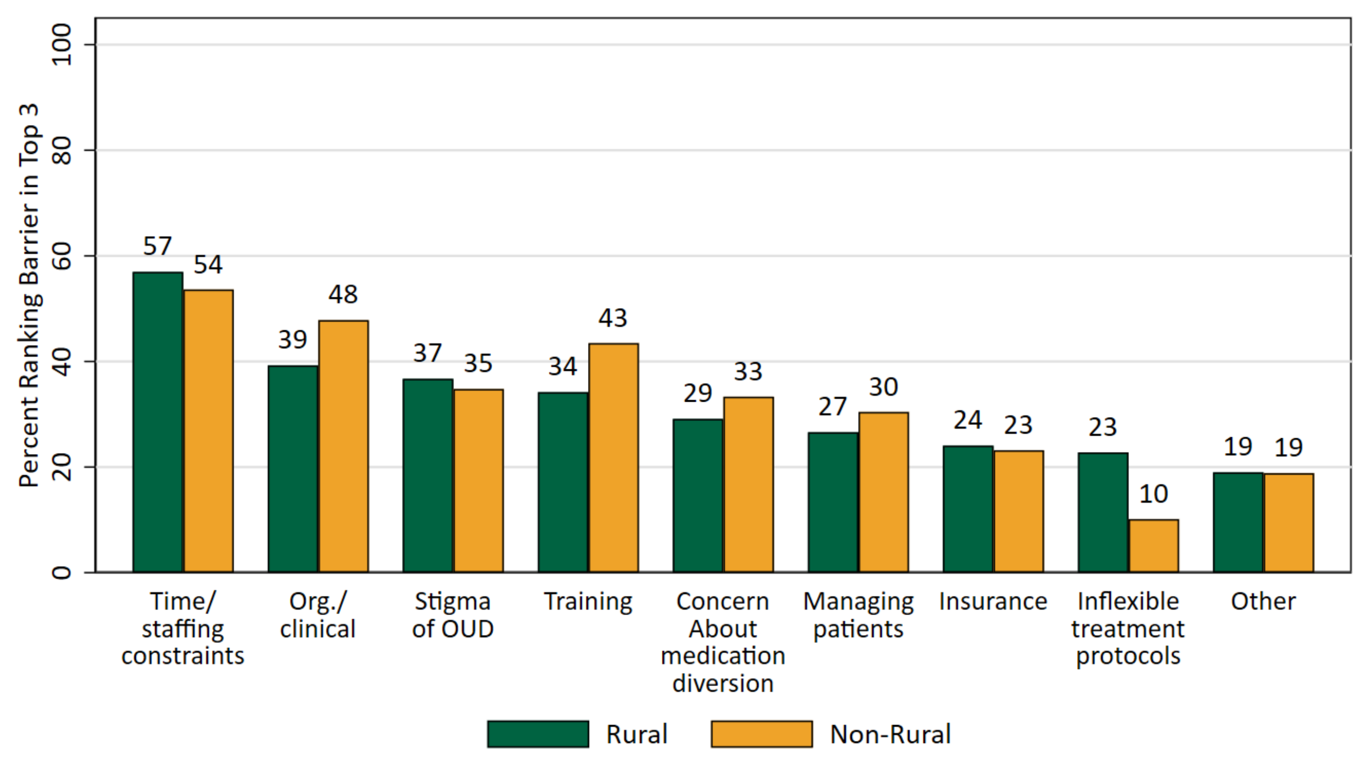
Biggest Barriers

Time / Staffing

Organization

Stigma towards OUD

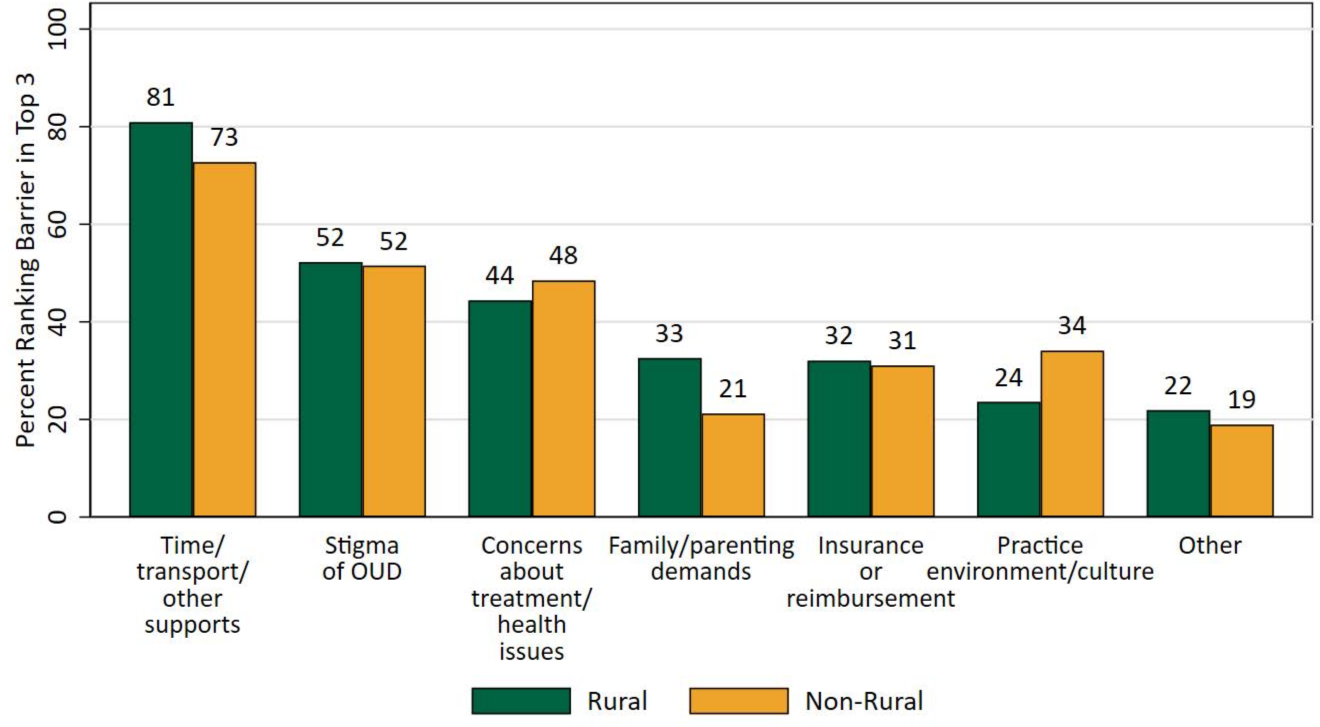
Training



Vermont Patient-Related Barriers to Treating Patients with Opioid Use Disorder

VT Patients' Barriers

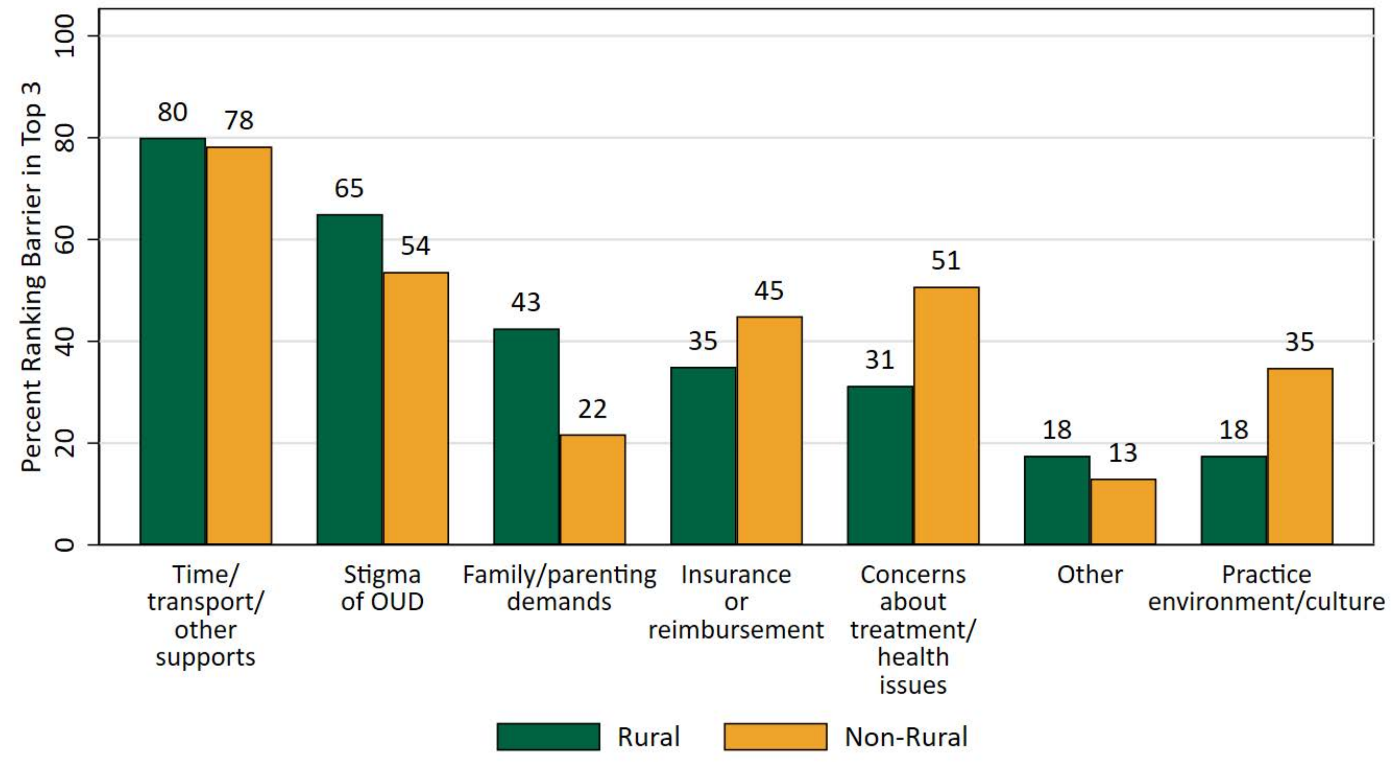
- Time/Transportation
- Stigma of OUD



New Hampshire Patient-Related Barriers to Treating Patients with Opioid Use Disorder

NH Patients' Barriers

- Time/Transportation
- Stigma of OUD



"Is there anything you would like to share with us?"

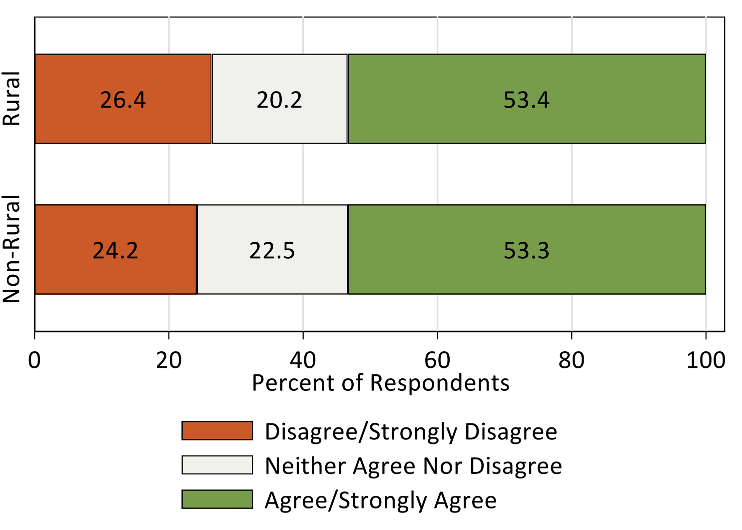
"Our area is in need of mental health services and more on the ground OUD treatments."
– New Hampshire Practitioner

"Having a good MAT team has been extremely helpful. Having more than one provider in the clinic that provides Suboxone is helpful. We are working hard to educate other local clinics at how easy and rewarding this care can be."
– Vermont Practitioner

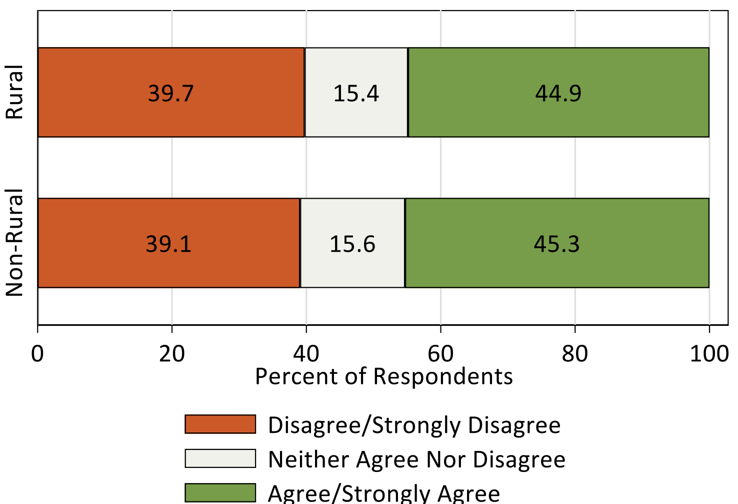
Practitioner Beliefs

"People in the community where I work have adequate access to an effective form of addiction treatment when they need it."

Vermont



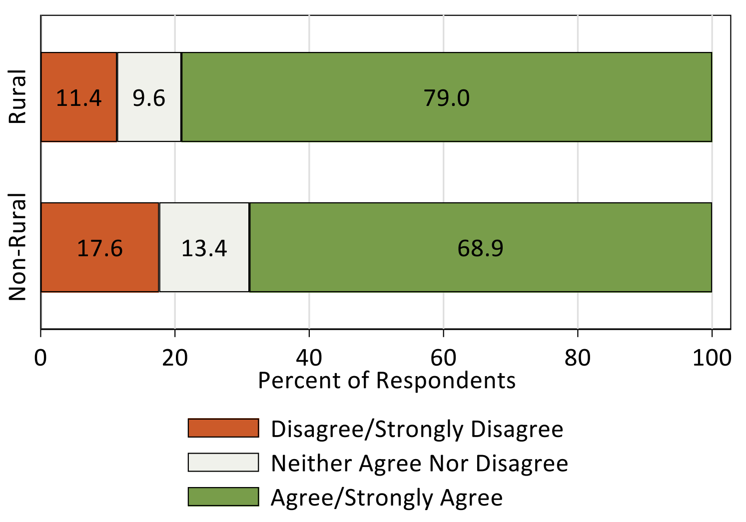
New Hampshire



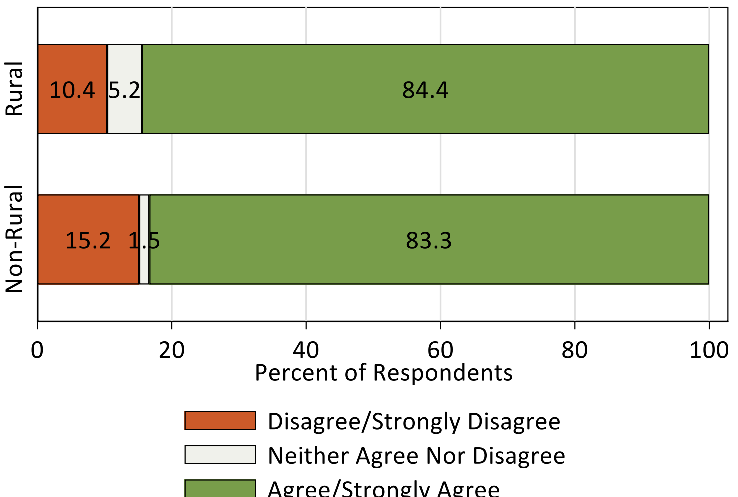
Practitioner Beliefs

"If a person came to me and confided that they were suffering from opioid addiction, I feel confident that I know where to refer them for treatment."

Vermont



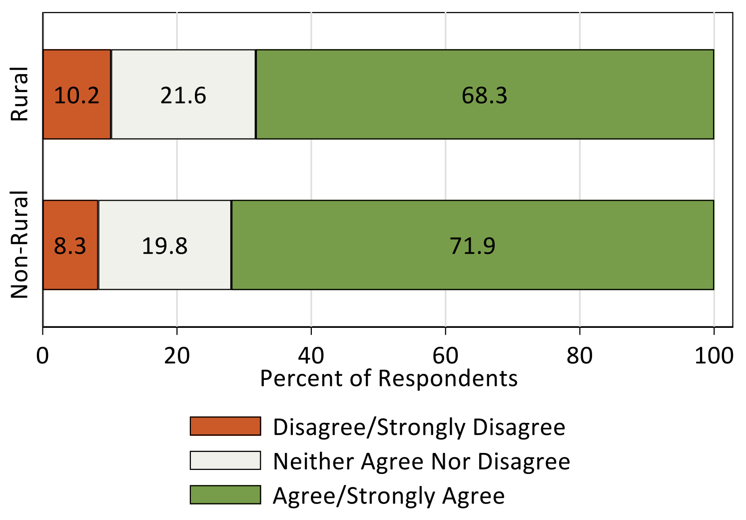
New Hampshire



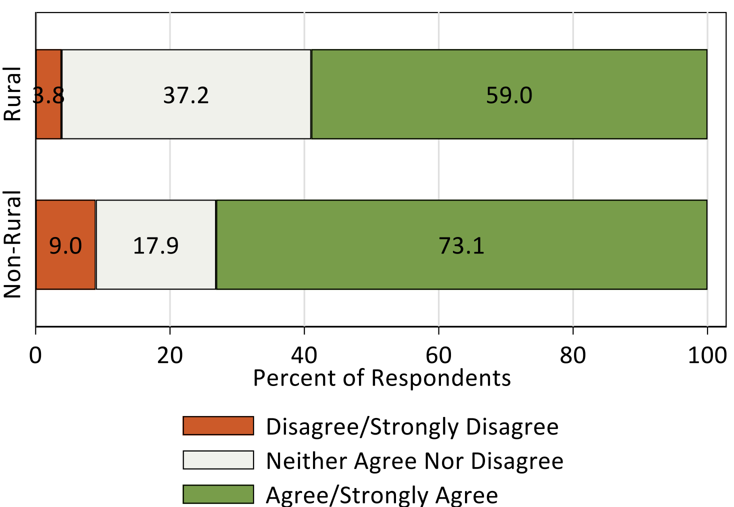
Practitioner Beliefs

"Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder."

Vermont



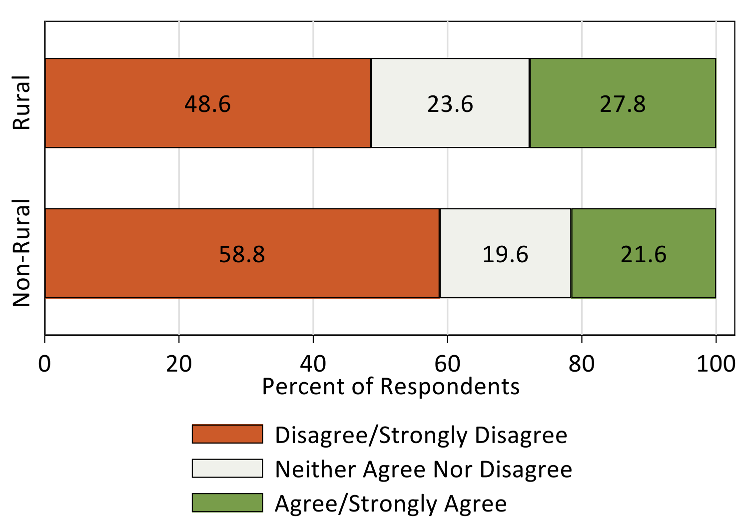
New Hampshire



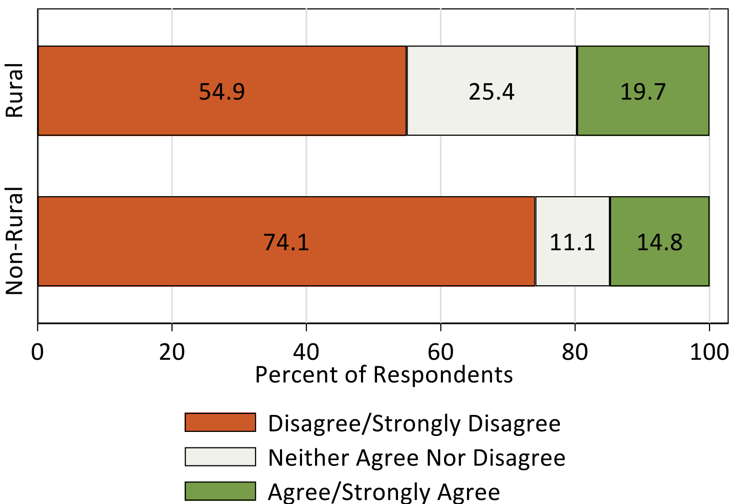
Practitioner Beliefs

"Medications given to treat people with opioid use disorder (such as methadone or buprenorphine) replace one addiction for another."

Vermont



New Hampshire



“What would you recommend as the SINGLE most important improvement to increase access to opioid use disorder treatment in your community?”

“Continued coverage for telehealth and/or transportation support”
– Vermont Practitioner

“Access to inpatient beds. There are a number of individuals that do not want MAT but do not feel they have other options that are easily accessible.”
– New Hampshire Practitioner

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3. Results
   - Concerns about Substance Use
   - Comfort treating patients with Opioid Use Disorder (OUD)
   - Beliefs about Treatment
4. Study: Association between comfort treating OUD and barriers to treating

Opioid Use Disorder (OUD) Treatment in Rural Settings: The Primary Care Perspective

Valerie S. Harder, Andrea C. Villanti, M. Lindsey Smith, Diann E. Gaalema, Sarah H. Heil, Marjorie C. Meyer, Nathaniel H. Schafrick, Stacey C. Sigmon

- Sample of primary care practitioners (PCP) in Vermont (N=116)
- Objectives:
  - i) to examine PCP perspectives on patient opioid and other substance use and their comfort treating OUD, and
  - ii) to determine associations between barriers and level of comfort treating OUD in PCPs working in rural versus non-rural settings.

Study Sample

	Sample Size (N)	Percent (%)
Total Sample	116	100%
Gender = Female	56	48%
Male	60	52%
Geographic Location = Rural	73	63%
Non-rural	43	37%
Waivered to Prescribe OAT Waivered	61	54%
Non-Waivered	51	46%

Notes: OAT: Opioid Agonist Treatment

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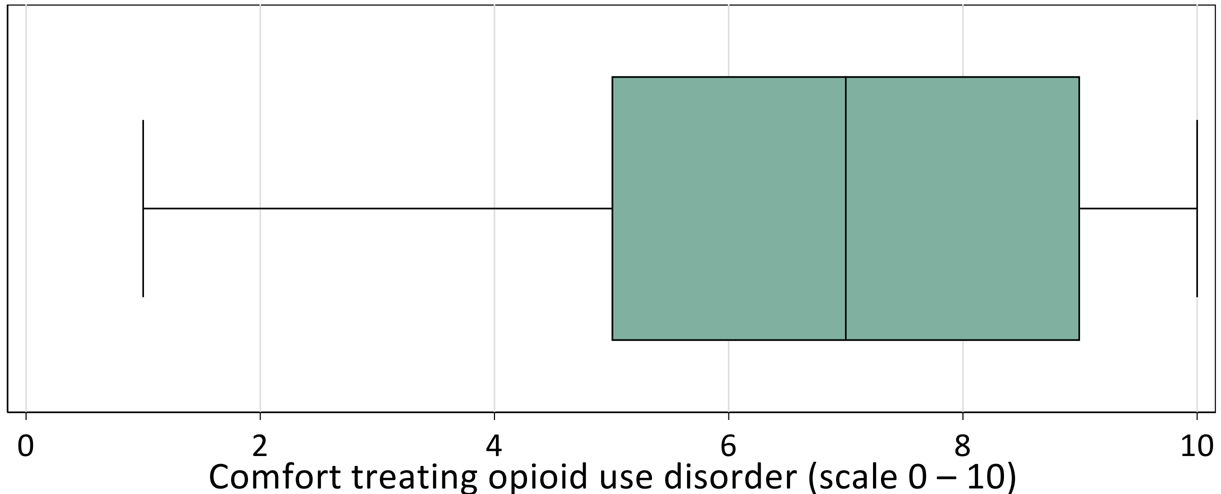
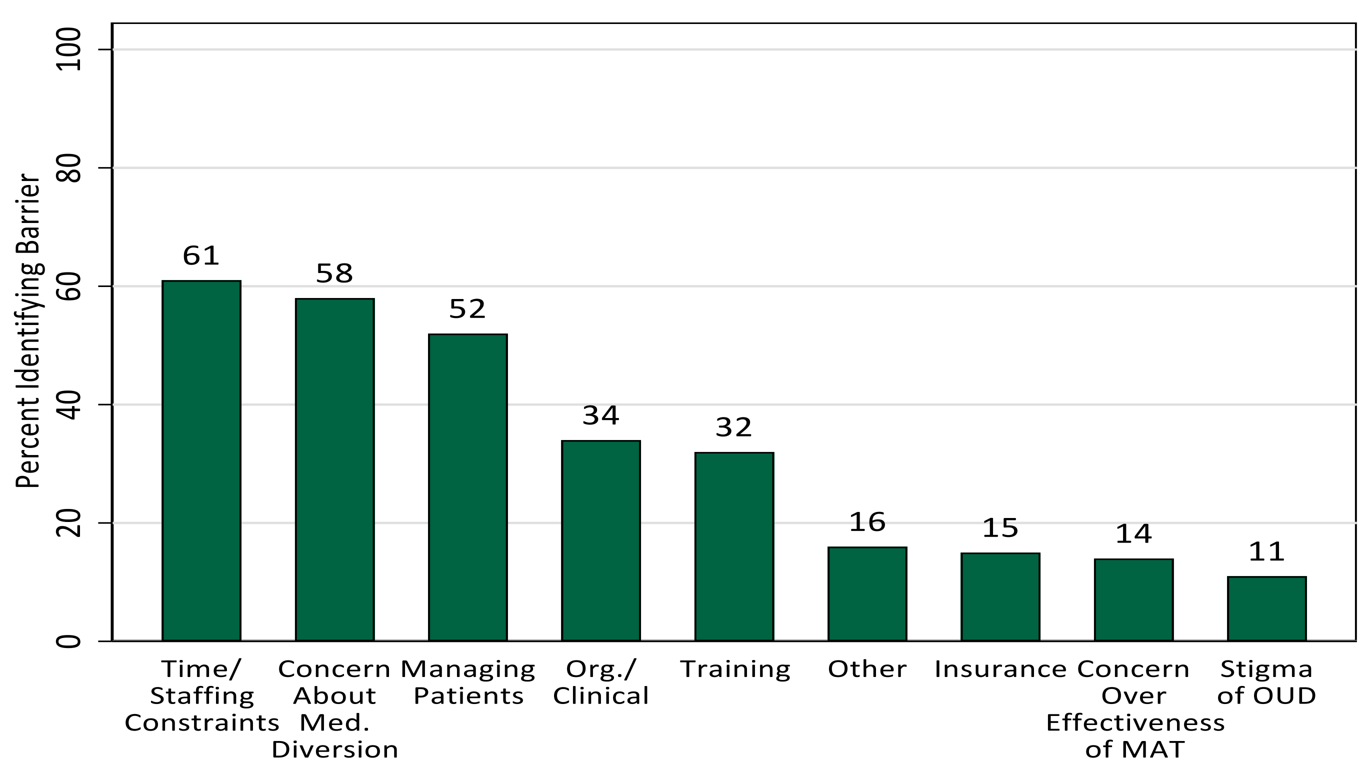
Comfort Treating Opioid Use Disorder (OUD)

“How comfortable are you addressing/treating opioid use disorder in your patients?”



Barriers to treatment identified by VT Primary Care Practitioners



Difference in the average level of comfort treating OUD based on practitioner barriers to treating OUD

Mean Level of Comfort (Scale of 0-10)

Barrier	Yes (a Barrier)	No (Not a Barrier)
Lack of Training / Experience	5.1	7.3
Managing Patients with OUD	6.4	6.8
Organizational / Clinic	6.3	6.7
Medication Diversion	6.6	6.6
Effectiveness of OAT	6.4	6.6
Stigma of OUD	7.3	6.5
Insurance or Reimbursement Issues	8.5	6.3
Constraints on Time or Staffing	7.1	5.8

Difference in the average level of comfort treating OUD based on practitioner barriers to treating OUD

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Insurance or Reimbursement Issues	8.5	6.3
Constraints on Time or Staffing	7.1	5.8

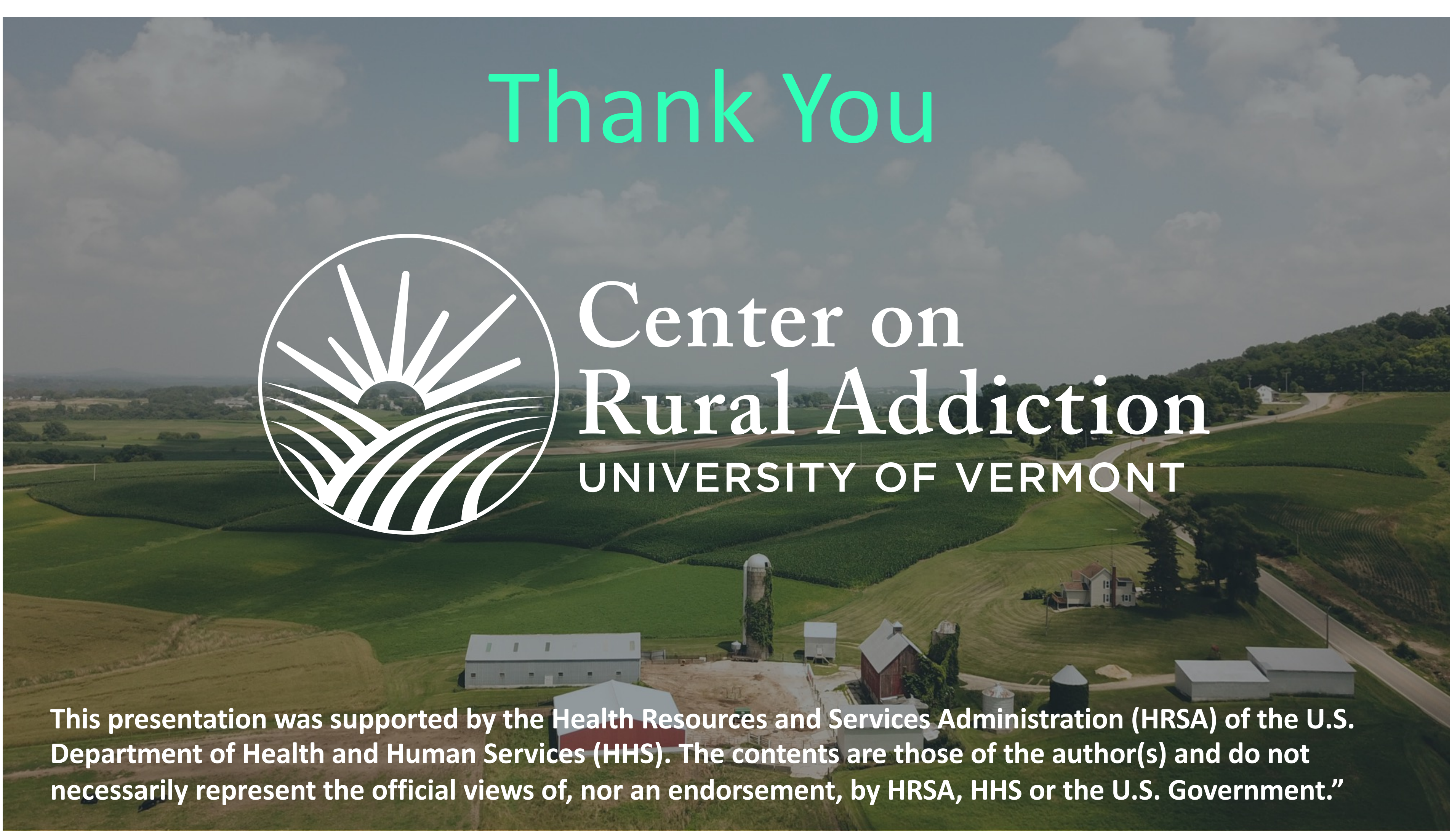
Difference in the average level of comfort treating OUD based on practitioner barriers to treating OUD

- PCPs identifying **"Lack of Training/Experience"** as a barrier had a 1.3 point (95% CI: -2.2, -0.4) lower average comfort level treating OUD compared to other PCPs.
- PCPs identifying **"Insurance/Reimbursement Issues"** as a barrier had a 1.3 point (95% CI: 0.1, 2.5) higher average comfort treating OUD compared to other PCPs.
- PCPs identifying **"Constraints on Time or Staffing"** as a barrier had a 1 point (95% CI: 0.2, 1.8) higher average comfort treating OUD compared to other PCPs.

Discussion / Conclusions

- Lack of training/experience as a PCP-identified barrier was associated with less comfort treating OUD patients,

- Other barriers (insurance issues and time constraints) were associated with more comfort.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