Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CHC Primary Care Providers' Perceptions, Practices, and Training Needs in relation to Substance Use Disorders and Medication Assisted Treatment in Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming 2019

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INTRODUCTION

The purpose of the Mountain Plains Addiction Technology Transfer Center (ATTC) is to improve the capacity of Region 8's substance use disorder (SUD) treatment/recovery services workforce by using state-of-the-art training/technical assistance, innovative web-based tools, and proven workforce development activities to expand access to learning, change clinician practice, and advance provider efficiencies, resulting in improved client outcomes.

In an effort to better understand the needs of primary care providers (PCPs) in Region 8, Mountain Plains ATTC conducted a survey with primary care providers working in Community Health Centers (CHCs) in Region 8, in order to determine their perceptions, practices, and training/technical assistance needs in relation to substance use disorders (SUDs) and medication assisted treatment (MAT). The survey was distributed to primary care providers in CHCs in Region 8, with the collaboration and assistance of the Community Health Association of Mountain/Plains States (CHAMPS). The survey was completed by PCPs in the months of March, April, and May of 2019.

This report provides findings from the entirety of PCPs in Region 8, who responded to the survey. Individual state information is also included for many items.

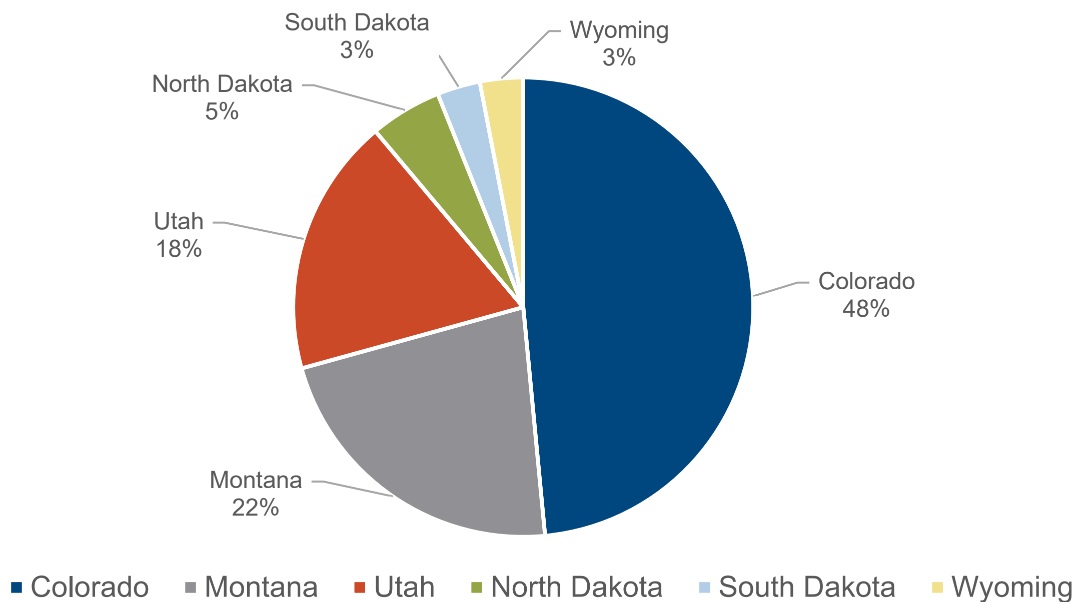
Results from this survey will help Mountain Plains ATTC better collaborate with providers and stakeholders throughout the region in the development of new products, training materials, and technical assistance requests. Additionally, the findings from this survey will also help CHAMPS address the training and technical assistance needs within their CHCs in Region 8. Approval to conduct the assessment was provided by the University of North Dakota Institutional Review Board.

CHARACTERISTICS OF SURVEY PARTICIPANTS IN REGION 8

A total of 108 individuals began to complete the survey. However, 7 of these individuals did not respond beyond the first question, which asked if they wished to continue with the survey, and one did not respond beyond the second question. After removing these 8 incomplete responses, data from the remaining 100 participants were reviewed and form the basis of this report. It should be noted that not all of these 100 participants answered all of the remaining questions (the number of total respondents for individual questions is denoted by "n = __" in each of the figures).

Among the participants, the largest percentage were from Colorado (48%), followed by Montana (22%), Utah (18%), North Dakota (5%), and Wyoming and South Dakota (both at 3%).

Figure 1. Respondents, by State (n = 92)



Overall, the largest percentages of participants were:

- 30 – 39 years of age (42%)
- Female (72%)
- White (96%) and Non-Hispanic/Latino (96%)
- Working in rural settings (42%)
- Physicians (39%)
- Highly experienced, with more than 10 years of experience as a PCP (44%)

Figure 2. Participants, by Age Category
(n = 92)

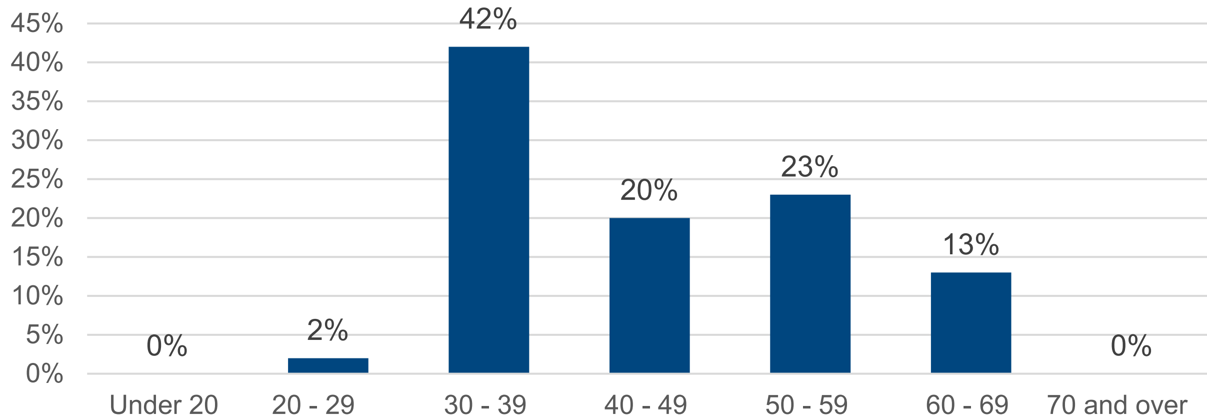


Figure 3. Participants, by Gender
(n = 90)

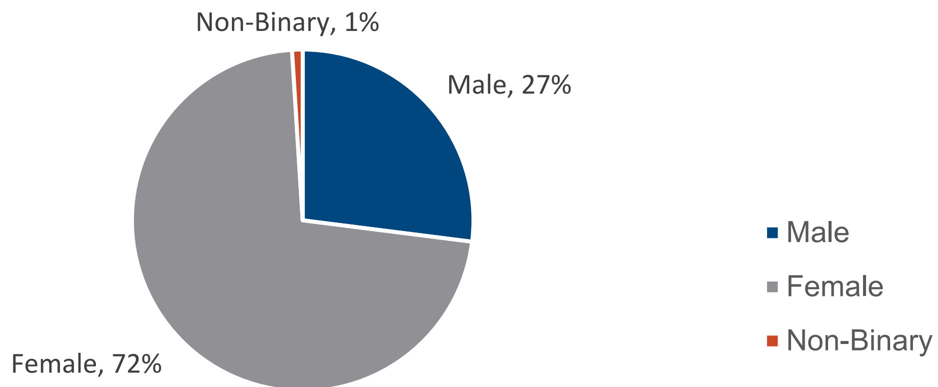


Figure 4. Race of Participants
(n = 91)

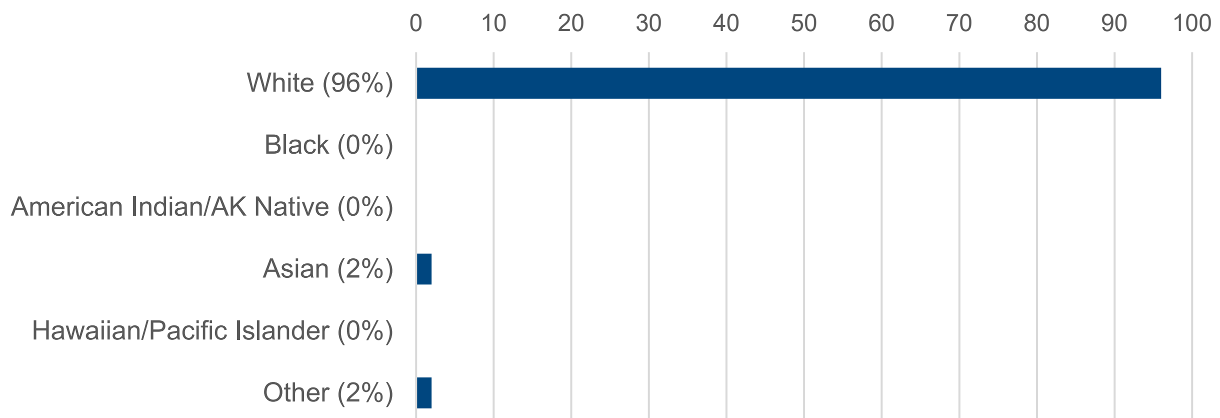
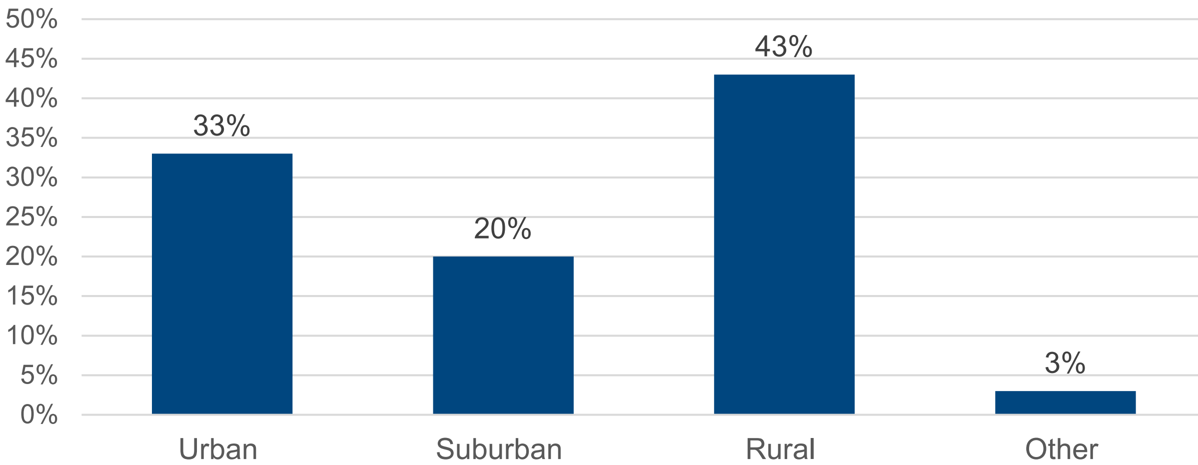


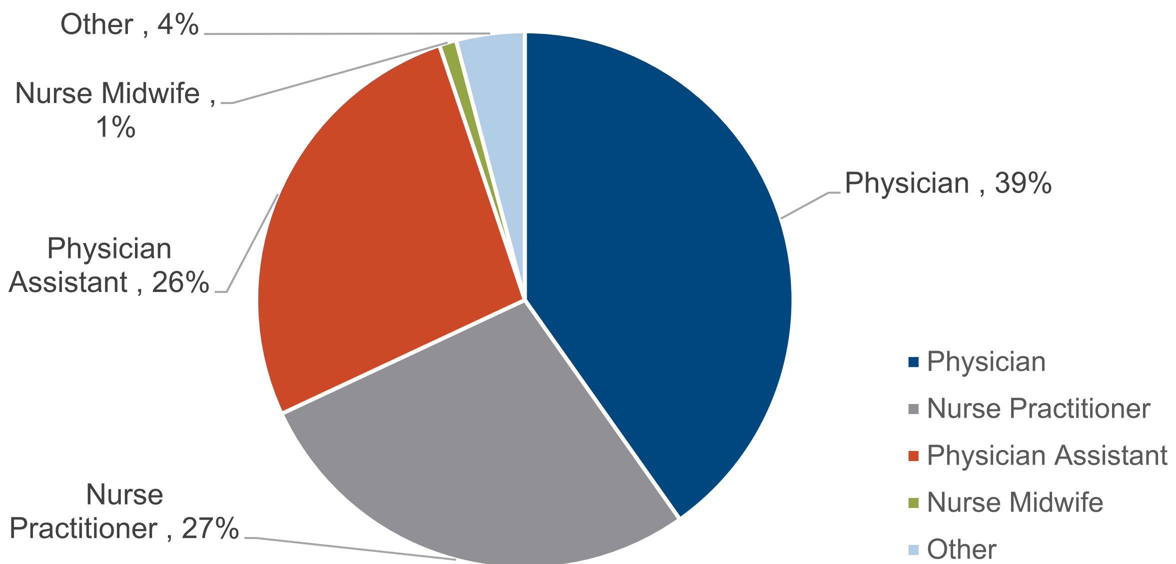
Figure 5. Location of Work Setting (n = 90)



Among those who indicated "other" as their work setting, one noted working in a mid-sized city, and two others described their work setting as both rural and urban.

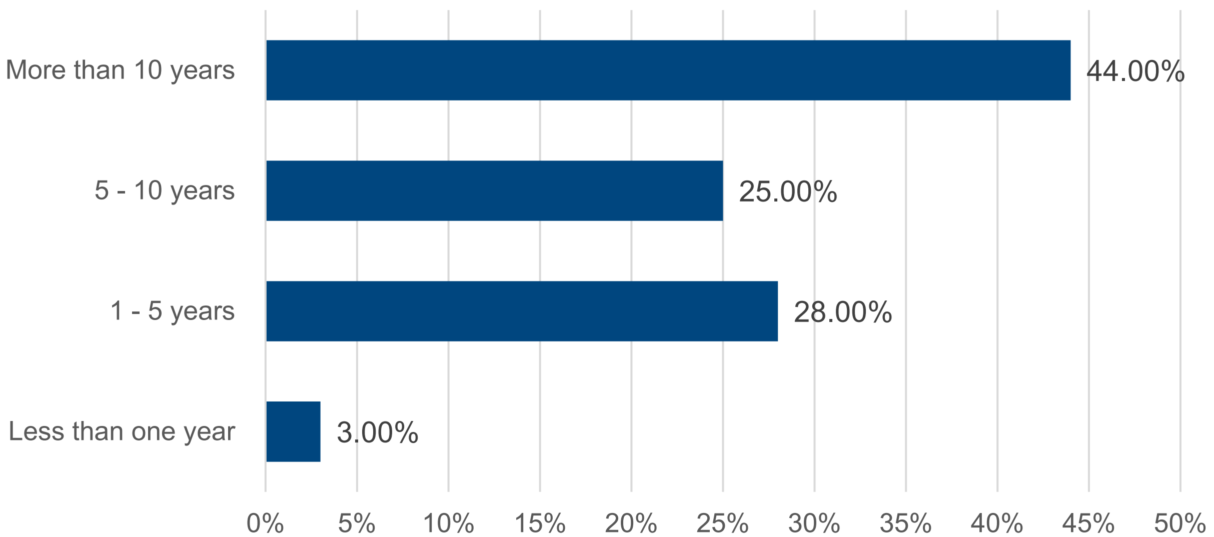
The disciplines of participants varied, with physicians making up the largest percentage at 39%, followed by Nurse Practitioners (27%) and Physician Assistants (26%).

Figure 6. Disciplines of Participants (n = 92)



Among those who reported their discipline as “other,” one was a pharmacist, one reported “behavioral health,” one was a social worker, and one was a CEO. It was noted in other comments that some who were not primary care providers were a designated representative for their agency, and were reporting for their agency as a whole.

Overall, participants were a highly experienced group of primary care providers, with 44% indicating that they had more than 10 years of experience as a PCP, and another 25% had 5-10 years of experience.

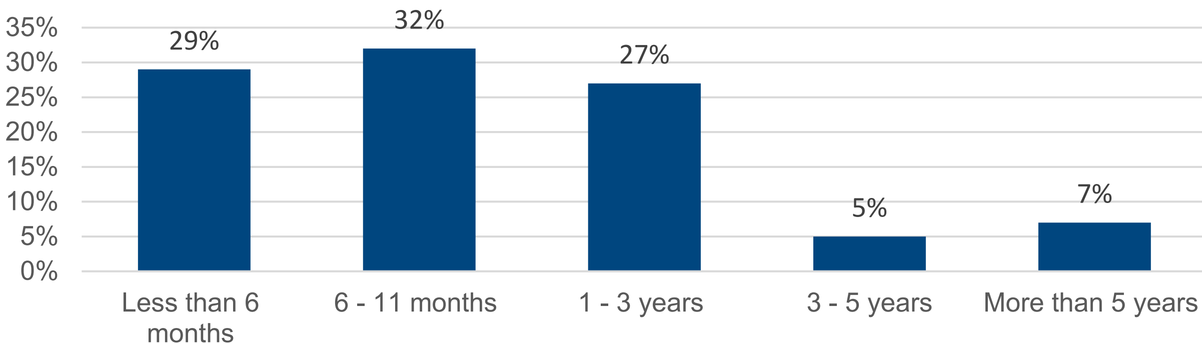


MEDICATION ASSISTED TREATMENT PRESCRIBING PRACTICES

A total of 100 participants responded to the question which asked "In your role as primary care provider, do you prescribe medication assisted treatment (MAT) for opioid use disorders (OUDs)?" Among these 100 participants, 41 indicated that they did prescribe MAT, and 59 indicated they did not.

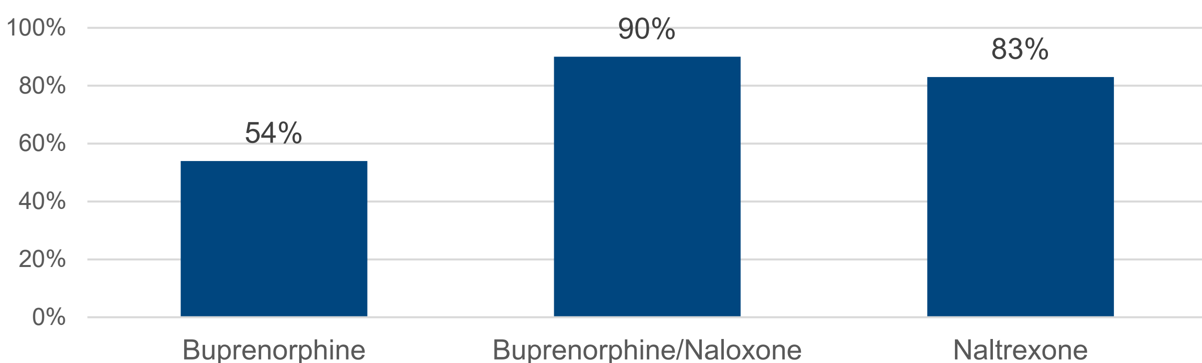
For those who indicated they were prescribing MAT, several questions were asked to determine their overall prescribing practices. The vast majority (88%) of these PCPs had been prescribing MAT for less than three years. Only 7% had more than five years of experience prescribing MAT.

Figure 8. Length of Time PCPs had been Prescribing MAT (n = 41)



In relation to the types of MAT prescribed, 90% of the 41 PCPs were prescribing Buprenorphine/Naloxone combination, followed by 83% prescribing Naltrexone, and 54% prescribing Buprenorphine alone. None of the PCPs were prescribing Methadone.

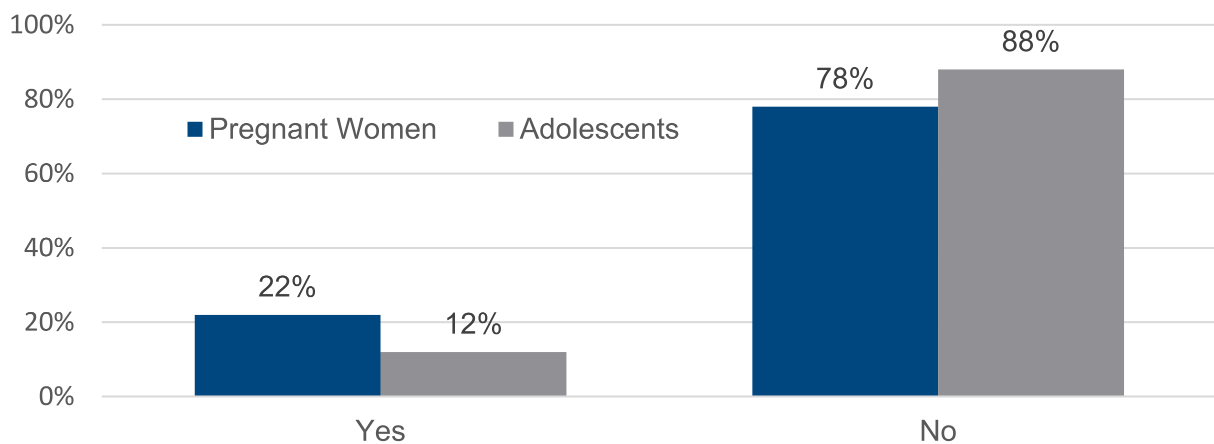
Figure 9. Percentage of PCPs who Prescribed Different Types of MAT (n = 41)



Prescribing PCPs were asked how many individuals were on their waiver to prescribe MAT. Responses ranged from 0 – 275, with an average of 37.

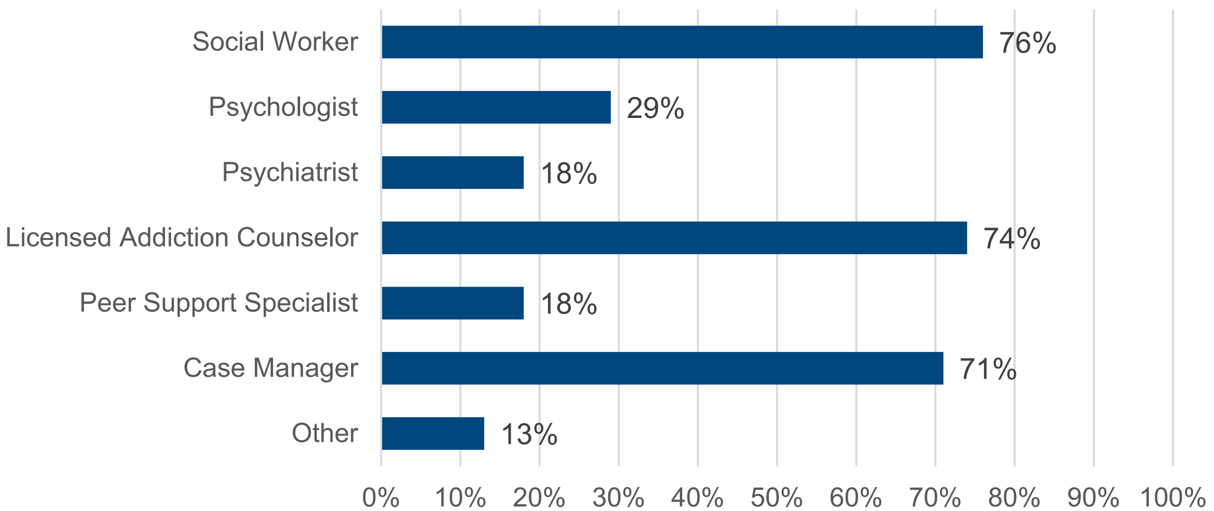
Prescribing PCPs were also asked if they were prescribing MAT to pregnant women or adolescents. The majority indicated that they were not prescribing to either of these populations. Two individuals commented that the opportunity to prescribe to these populations had not come up, but they would prescribe if needed.

Figure 10. PCPs Prescribing to Pregnant Women & Adolescents (n = 41)



These same individuals were asked if their agency served MAT patients through an integrated care model. The vast majority (93%) indicated this was happening in their agency. Only 5% indicated that they did not have an integrated care model, and 2% were unsure. Those who indicated their agency did have an integrated care model were asked to describe the disciplines of providers within that integrated care system. As can be seen in Figure 11, most indicated that their integrated care system included social workers, licensed addiction counselors, and case managers.

Figure 11. Disciplines Included in Agency's Integrated Care Model (n = 38)



Comments from those who indicated "Other" included "RN," "LCW counselor with addiction medicine experience," "psychology available once monthly. Access is currently being increased," "licensed counselor with MAT training" and "clinical pharmacist."

While most prescribing PCPs indicated their agencies were using an integrated care model, only 37% reported that their agency offered a MAT support group; 56% indicated they did not; 7% were unsure.

Prescribing PCPs were also asked to respond to several statements about the MAT waiver training. The majority felt that the length of time to complete the MAT training was adequate, and almost all would encourage their peers to complete the training. Additionally, the majority indicated that the MAT waiver training adequately prepared them to prescribe MAT and also manage MAT patients in their practices. Interestingly however, the majority also indicated that they would still like additional training related to prescribing and managing MAT.

Table 1. Perceptions of MAT Waiver Training by Prescribing PCPs

Statement	Combination: Strongly Agree & Agree	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	n
The MAT waiver training adequately prepared me to prescribe MAT	82%	26%	56%	8%	2%	8%	39
The MAT waiver training adequately prepared me to manage MAT patients within my primary care practice	77%	23%	54%	13%	2%	8%	39
The length of time required to complete the MAT training was appropriate	69%	13%	56%	21%	5%	5%	39
I would encourage my peers to complete the training	95%	54%	41%	0%	2.5%	2.5%	39
I would like additional training related to prescribing MAT	65%	15%	50%	28%	2%	5%	40
I would like additional training related to managing MAT	66%	13%	53%	22%	7%	5%	40

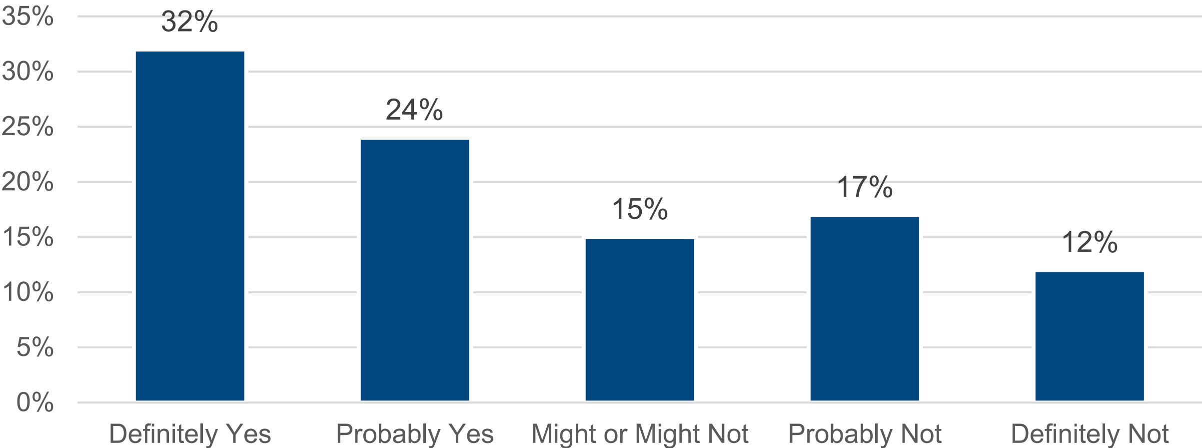
Finally, prescribing PCPs were asked if there were any **barriers or challenges** that they had encountered with prescribing MAT. Responses to this question fell into several themes.

- **Costs/Issues with Insurance Coverage:** The most commonly noted barrier/challenge was the cost of the medication, particularly for uninsured patients. Even among insured patients, there were still perceived barriers, particularly in relation to prior authorization. *"Some insurance companies require prior authorizations, which is frustrating and time consuming."*
- **Lack of providers/staffing issues:** Some noted that there were not enough prescribers to meet the demand, and some had other staffing issues. *"We need a closer relationship with offsite counselor or we need a counselor on staff."*
- **Distance to clinic/transportation issues:** A few noted that the distance patients had to travel to get MAT was a challenge, particularly with inclement weather conditions. One provider noted that some patients were traveling several hundred miles to receive MAT at their clinic.
- **Complexity of patients:** Several providers noted that the complex and sometimes chaotic lives of their patients created challenges, including scheduling issues. One person noted *"Ensuring meeting needs of challenging patient population, balancing expectations of clinic vs. chaotic patient's lives."* And another stated *"Not understanding the trauma and difficulties the patients have experienced. How naïve we were as a system, never having experienced Opioid Use Disorder, and their ability to manipulate, due to their cravings.*
- **Stigma and lack of support from administration and other providers:** Several providers noted that stigma was a barrier/challenge in relation to prescribing MAT. This included community stigma as well as stigma among health care providers and other professionals within their administration and the community. One provider commented on community stigma, stating *"The main barrier to prescribing is the continued stigma of patients who suffer from an opioid use disorder and the lack of knowledge about the nature of substance use disorders. Our society has been conditioned to think of Opioid Use Disorder as a criminal activity and not a medical problem."* Similarly, another provider reported challenges with the use of MAT in patients coming through the drug court, "*due to the judge bias."*
- **Other Challenges/Barriers:** A few providers noted challenges/barriers that did not fit into any particular theme:
  - *"Compliance and diversion"*
  - *"Harm reduction model versus more traditional recovery based model"*
  - *"Coordination with methadone clinics"*
  - *"Dealing with other SUDs such as meth that are hard to treat"*
  - *"We are having trouble with our toxicology screens returning timely"*
  - *"Lack of adequate education/training on how to provide MAT"*

PRACTICES AND PERCEPTIONS OF PRIMARY CARE PROVIDERS WHO DID NOT PRESCRIBE MAT

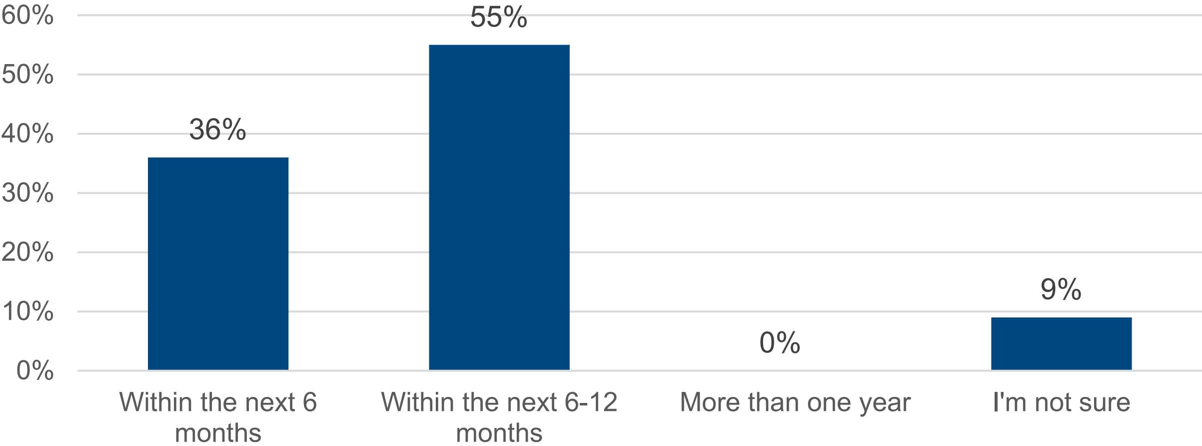
There were 59 of the 100 PCP participants who indicated they were not currently prescribing MAT in their practice. However, among those 59 individuals, 56% indicated that they were probably or definitely planning to prescribe MAT in the future.

Figure 12. Plans to Prescribe MAT in the Future, Among PCPs Not Currently Prescribing (n = 59)



Among those who were probably or definitely planning to begin prescribing MAT in the future, a full 91% indicated that they were planning to begin prescribing within the next year. Only 9% were unsure when they would begin prescribing.

Figure 13. Length of Time Planned to Begin Prescribing MAT (n = 33)



Those who indicated they would probably or definitely not begin prescribing MAT in the future (29% of those who were not yet prescribing) were asked to indicate the reasons why they did not plan to prescribe MAT in the future. The most commonly reported reasons were that they had no interest or desire, lack of time, lack of confidence working with this population, and reasons "other" than those provided. Among those that indicated "other" reasons, three individuals indicated they planned to retire in the near future. A few "other" responses were given:

- *"Multiple other expert prescribers in my clinic already"*
- *"We have too few medical prescribers to cover the extensive needs of this patient population and still be able to provide high quality care to all patient needs"*
- *"Our police chief strongly discourages MAT due to risk to health center staff. He currently has insufficient staff to aid our center should there be a disturbance and we are too small to hire our own security staff"*
- *"I am in a behavioral health role and will support the providers and patients with this but not prescribe"*

Interestingly, the MAT waiver training was not a perceived barrier among most of these providers, and few perceived a lack of support within their agency.

Table 2. Reasons Why Some PCPs Do Not Plan to Prescribe MAT in the Future (n = 17)

Reason	%
I have no desire/interest	35%
Lack of time required to work with this patient population	29%
Lack of confidence working with this population	29%
My patients don't have insurance and can't afford to pay for MAT	18%
I prefer to not work with this population	18%
I don't believe MAT is an effective treatment for OUD	12%
My agency does not offer behavioral health support to complement MAT	12%
My staff does not support bringing MAT to our practice	12%
My agency does not support me in this role	6%
I don't see any patients with Opioid Use Disorder (OUD)	6%
My community does not support having MAT programs	6%
I don't feel that the MAT waiver training provides adequate preparation for prescribing	6%
I don't have a DEA number	0%
Training takes too long to complete	0%
Training is too difficult	0%
My agency will not cover the cost of a DEA number	0%
Other	41%

TRAINING AND TECHNICAL ASSISTANCE NEEDS: TOP PRIORITIES

All participants in the survey (both those who were prescribing and those who were not) were provided with a series of topics and asked to indicate how important they believed it was for them to receive training and/or technical assistance for each of the topics listed. They rated each topic based upon a Likert scale of "Extremely Important" – "Important" – "Neither Important or Unimportant" – "Somewhat Unimportant" – "Completely Unimportant." The top five training needs based on the percentage of respondents indicating it at "Extremely Important" included:

1. Co-occurring disorders (mental health and substance use disorders).... 52%
2. Improving access and patient retention in treatment............................... 47%
3. Prevention of burn-out among staff.. 45%
4. Family support models for patients in treatment for SUDs 41%
5. Breastfeeding with MAT.. 36%

When combining topics that were "Extremely Important" and those identified as "Important," more than half of the training/TA topics were identified as a need by at least 75% of participants. Additionally, co-occurring disorders, and improving access and patient retention in treatment remain the top two topics; and family support models for patients in treatment for SUDs, breastfeeding with MAT, and prevention of burn-out among staff remain in the top ten.

1. Co-occurring disorders (mental health and substance use disorders)......92%
2. Improving access and patient retention in treatment.................................87%
3. Family support models for patients in treatment for SUDs 86%
4. MAT in pregnant and post-partum women 84%
5. Skills in the use of Motivational Interviewing...82% (tie)
5. Breastfeeding with MAT...82% (tie)
7. Skills and knowledge in trauma-informed care 81%
8. Prevention of burn-out among staff...79% (tie)
8. Models of MAT technology-based service delivery ....79% (tie)
10. MAT in adolescents 78%
11. Integrated care models for coordinated patient care..................................77%
12. Organizational change strategies...75%
13. Social determinants of health that affect substance use, treatment, and recovery ....73% (tie)
13. Neonatal Abstinence Syndrome ....73% (tie)
15. Assistance with obtaining a peer mentor for prescribing and managing MAT patients ....72% (tie)

15. Strategies to reduce stigma toward individuals with SUDs.......................72% (tie)
17. Skills in the use of SBIRT 71%
18. Skills and knowledge in working with diverse populations......................69%
19. Confidentiality issues in MAT 66%

It is important to note that every proposed topic was identified as having some level of importance by at least 66% of the PCPs. See Table 3 for full responses to all topics.

Table 3. Training and Technical Assistance Needs by Priority Ranking

Topic	Combination: Extremely Important & Important	Extremely Important	Important	Neither Important or Unimportant	Somewhat Unimportant	Completely Unimportant	n
Co-occurring disorders (mental health and substance use disorders	92%	52%	40%	5%	1%	2%	90
Improving access and patient retention in treatment	87%	47%	40%	10%	1%	2%	90
Family support models for patients in treatment for SUDs	86%	41%	45%	12%	1%	1%	91
MAT in pregnant and post-partum women	84%	35%	49%	9%	1%	6%	89
Skills in the use of Motivational Interviewing	82%	25%	57%	14%	3%	1%	90
Breastfeeding with MAT	82%	36%	46%	11%	2%	5%	90
Skills and knowledge in trauma-informed care	81%	31%	50%	15%	2%	2%	90

Topic	Combination: Extremely Important & Important	Extremely Important	Important	Neither Important or Unimportant	Somewhat Unimportant	Completely Unimportant	n
Prevention of burn-out among staff	79%	45%	34%	16%	3%	2%	91
Models of MAT technology-based service delivery	79%	30%	49%	12%	7%	2%	90
MAT in adolescents	78%	30%	48%	14%	2%	6%	90
Integrated care models for coordinated patient care	77%	35%	42%	14%	7%	2%	90
Organizational change strategies	75%	32%	43%	18%	3%	4%	91
Social determinants of health that affect substance use, treatment, & recovery	73%	31%	42%	23%	3%	1%	91
Neonatal Abstinence Syndrome	73%	26%	47%	19%	3%	5%	89
Assistance with obtaining a peer mentor for prescribing and managing MAT patients	72%	25%	47%	19%	6%	3%	89
Strategies to reduce stigma toward individuals with SUDs	72%	32%	40%	19%	6%	3%	90
Skills in the use of SBIRT	71%	14%	57%	17%	10%	2%	90

Topic	Combination: Extremely Important & Important	Extremely Important	Important	Neither Important or Unimportant	Somewhat Unimportant	Completely Unimportant	n
Skills and knowledge in working with diverse populations	69%	23%	46%	23%	5%	3%	90
Confidentiality issues in MAT	66%	21%	45%	26%	3%	4%	89

TRAINING MODALITY PREFERENCES

The Mountain Plains ATTC provides education, training, and technical assistance through a variety of modalities including videoconferences, asynchronous and synchronous webinars, in-person conferences, and more. To identify the preferred mode(s) and time(s) to attend trainings, participants were asked to identify their preferred modes of web training delivery, their preferred length of training, and the time(s) of day that work best to attend synchronous (live) trainings. In general, the largest percentage of participants indicated that they preferred a combination of live and recorded trainings (62%), trainings that are one to two hours in length (29%), and those that are scheduled over the noon hour (38%).

Figure 14. Preferred Modes of Web Training Delivery (n = 90)

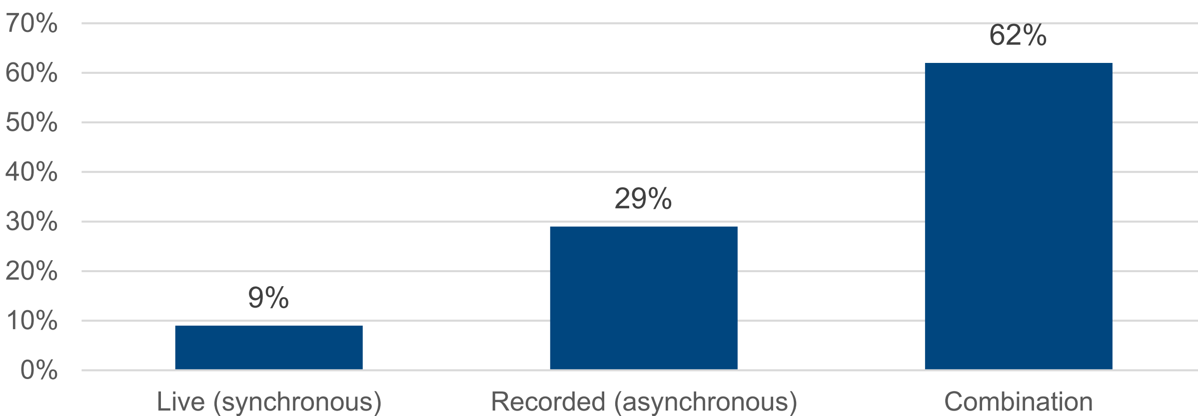
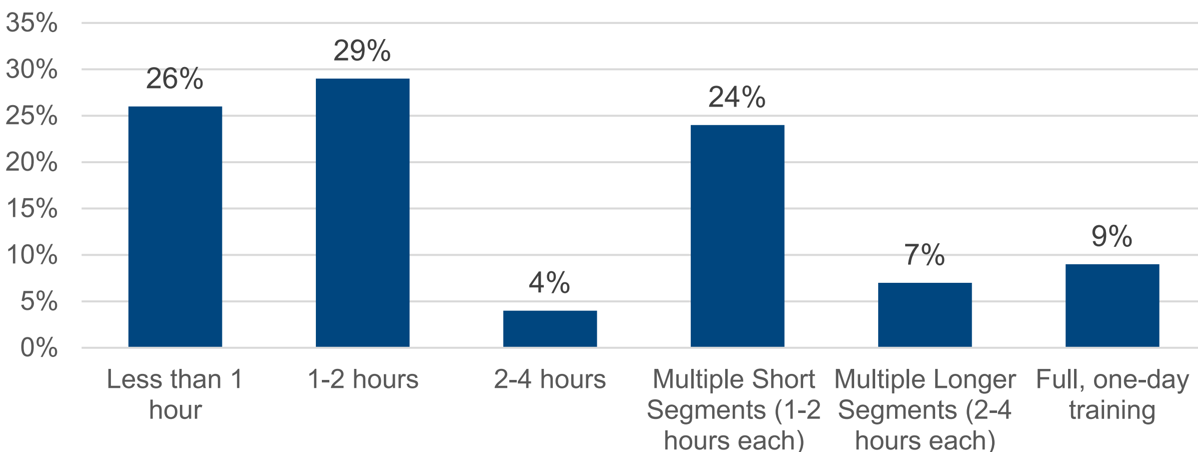
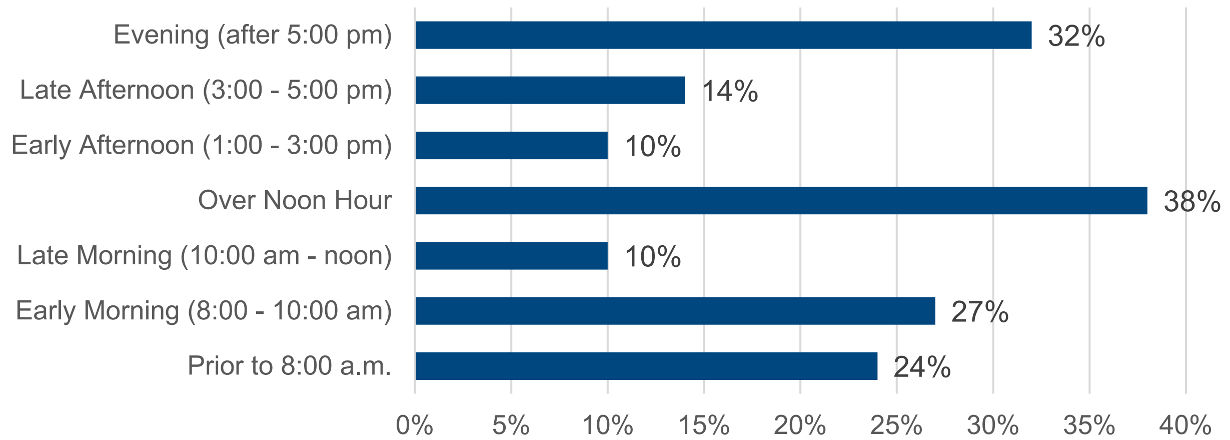


Figure 15. Preferred Length of Time for Scheduled Live (Synchronous) Trainings (n = 90)*



*Participants could select more than one length of time (totals may not equal 100%)

Figure 16. Preferred Times of Day for Scheduled Live (Synchronous) Trainings (n = 90)*



*Participants could select more than one length of time (totals may not equal 100%)

STATE-SPECIFIC DATA

The Mountain Plains ATTC serves all of Region 8, which includes the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. While these states share some similar attributes and borders, their number of Community Health Centers, MAT prescribing practices, training and technical assistance needs, and preferred modalities may vary. Thus, the survey data was also examined by individual state, and the primary findings are presented here. The reader should keep in mind that the number of participants in each state was small, and thus may not accurately represent the population of primary care providers in CHCs in that state. Survey responses for North Dakota, South Dakota, and Wyoming were combined, due to the particularly low number of participants in each of those three states. It is also likely that there was not a participant in the survey from every CHC. Additionally, not every participant answered every question, and not all participants indicated the state in which they worked.

Table 4. Number of Survey Participants and Total Number of CHCs by State

State	Number of Survey Participants*	Total # of CHCs in State**
Colorado	44	20
Montana	20	14
Utah	17	13
North Dakota, South Dakota, Wyoming (combined)	11	15

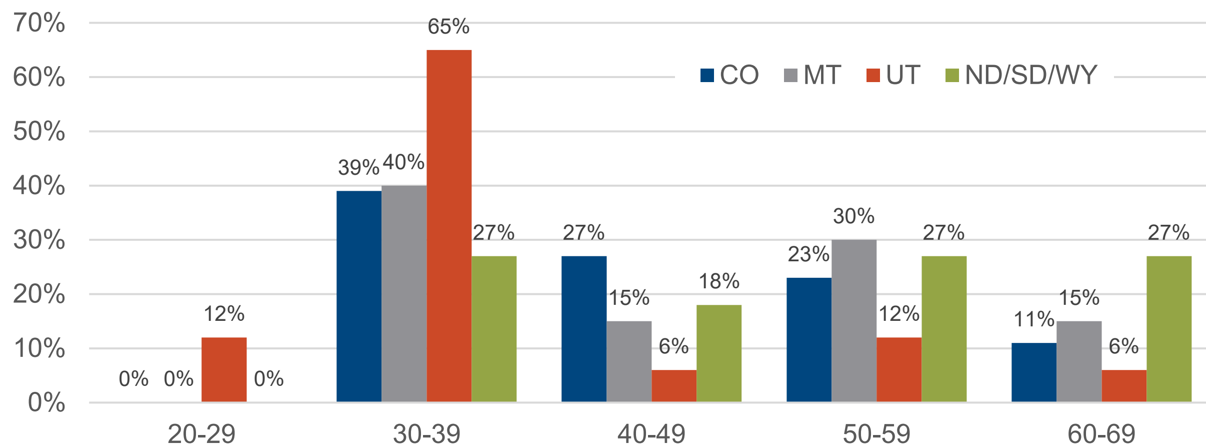
*Not all participants answered this question

**This was the number of CHCs at the time of the survey

Demographic Variations by State

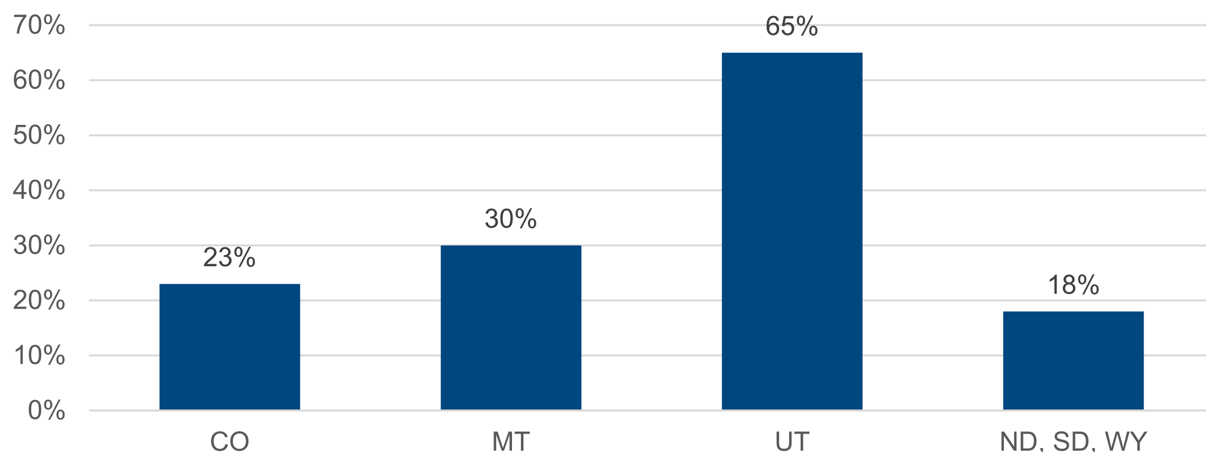
There was some variation in the participants' demographics by state. For example approximately 77% of participants in Utah were below the age of 40, which was much higher than the percentages in other states.

Figure 17. Participants' Age Categories, by State



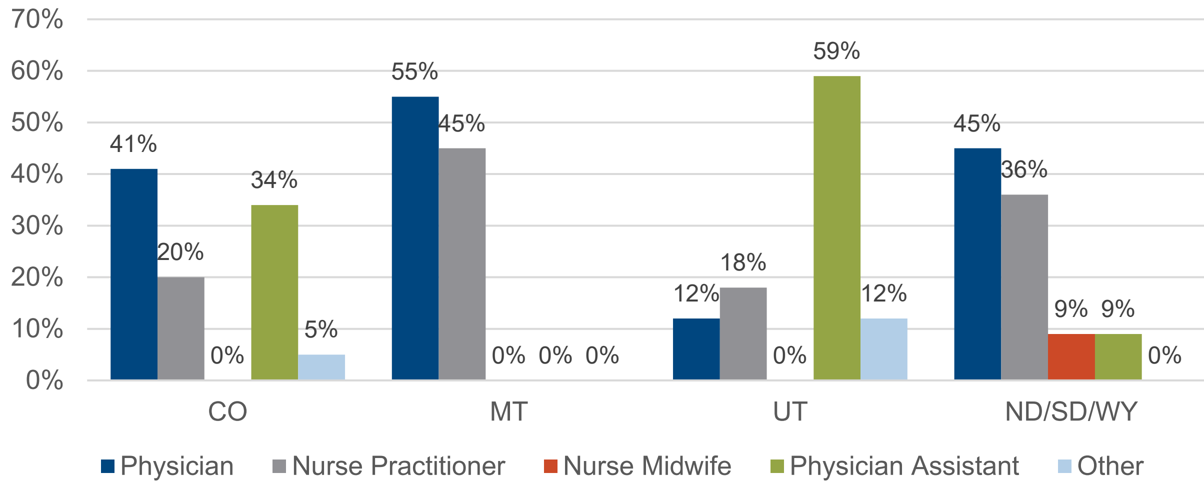
Given the younger ages of many of the Utah participants, it is not surprising that Utah correspondingly had a much higher percentage of participants who had five or less years of experience as a primary care provider.

Figure 18. Participants with 5 or Less Years of Experience as a Primary Care Provider, by State



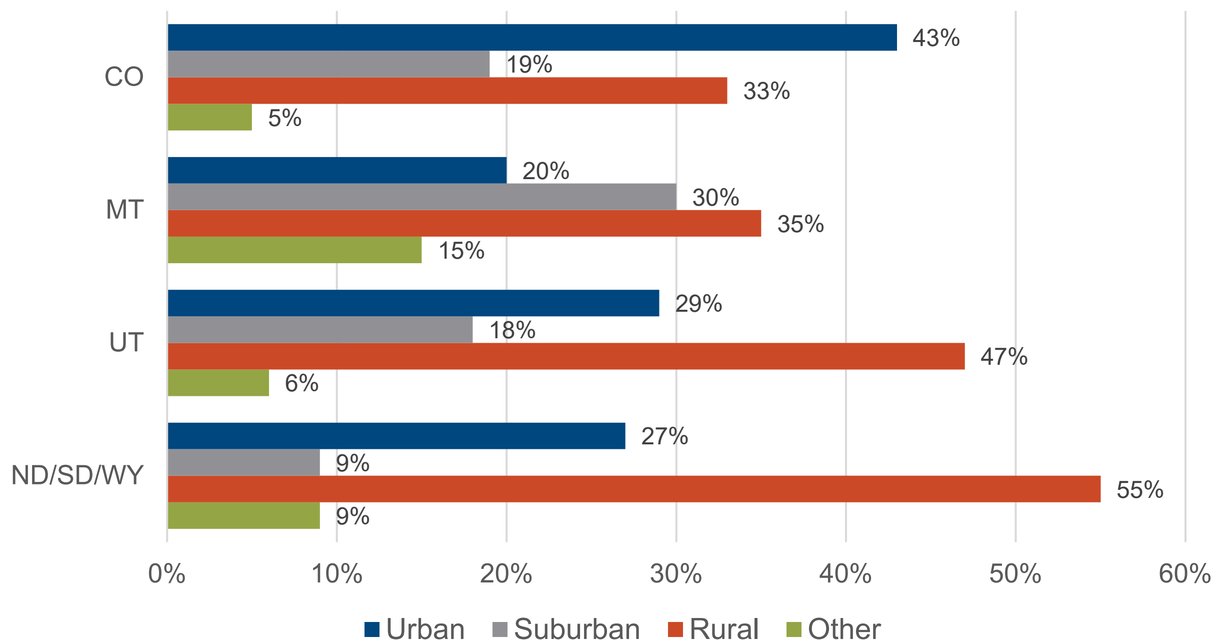
Additionally, the disciplines of the participants varied somewhat by state, with Utah having a much higher percentage of Physician Assistants (59%) than any other state and a much lower percentage of Physicians and Nurse Practitioner participants than the other states. Montana had a higher percentage of Physician participants than the other states.

Figure 19. Disciplines of Participants, by State



The percentage of participants who described their work setting as rural was highest in North Dakota/South Dakota/Wyoming (55%), while Colorado had the highest percentage of participants working in urban areas (43%).

Figure 20. Participants' Description of Work Setting by State



Training & Technical Assistance Needs: Top Priorities by State

COLORADO

The top five topics identified as "Extremely Important" on which to receive training/technical assistance by the greatest proportion of participants in Colorado included (n = 43):

Top Five Topics Identified as "Extremely Important"

1. Co-occurring disorders (mental health and substance use disorders) 56%
2. Improving access and patient retention in treatment.................................53%
3. Breastfeeding with MAT...47% (tie)
3. Prevention of burn-out among staff..47% (tie)
5. Family support models for patients in treatment for SUDs 44%

When combining the response categories for topics that were identified as "Extremely Important" with those identified as "Important" among Colorado participants, co-occurring disorders remains the top training/technical assistance need, and the other topics remain in the top ten. Several topics tied for placement, and topics about various aspects of medication assisted treatment (MAT) were identified as some level of importance by a large percentage of participants.

Top Ten Topics Identified as "Important" or "Extremely Important"

1. Co-occurring disorders (mental health and substance use disorders)......91%
2. Assistance with obtaining a peer mentor for prescribing and managing MAT...88%
3. Improving access and patient retention in treatment.................................86% (tie)
3. Family support models for patients in treatment for SUDs ....86% (tie)
5. Breastfeeding with MAT...81% (tie)
5. MAT in pregnant and post-partum women ....81% (tie)
5. MAT technology-based service delivery...81% (tie)
5. Skills and knowledge in trauma-informed care ....81% (tie)
5. Organizational change strategies...81% (tie)
10. MAT in adolescents ....79% (tie)
10. Prevention of burn-out among staff..79% (tie)
10. Skills in the use of Motivational Interviewing...79% (tie)

See Table 5 for the full list of training/technical assistance topics ranked by participants from Colorado.

MONTANA

The top five topics identified as "Extremely Important" by the greatest proportion of participants from Montana (n = 20) included:

Top Five Topics Identified as "Extremely Important"

1. Co-occurring disorders (mental health and substance use disorders)......60%
2. Family support models for patients in treatment for SUDs 55%
3. Improving access and patient retention in treatment.................................45%
4. Skills and knowledge in trauma-informed care ....40% (tie)
4. Prevention of burn-out among staff ....40% (tie)
4. Skills in the use of Motivational Interviewing...40% (tie)

When combining the response categories for topics that were identified as "Extremely Important" with those identified as "Important" among Montana participants, the results actually look quite similar. Co-occurring disorders, family support models, and improving access to care and patient retention in treatment remain the top three identified topics, with Motivational Interviewing remaining in the top five.

Top Ten Topics Identified as "Important" or "Extremely Important"

1. Co-occurring disorders (mental health and substance use disorders)......90%
2. Family support models for patients in treatment for SUDs ....85% (tie)
2. Improving access and patient retention in treatment.................................85% (tie)
2. MAT in pregnant and post-partum women ....85% (tie)
2. Skills in the use of Motivational Interviewing...85% (tie)
6. Breastfeeding with MAT...80% (tie)
6. Prevention of burn-out among staff ....80% (tie)
8. MAT in adolescents ....75% (tie)
8. Strategies to reduce stigma toward individuals with SUDs.......................75% (tie)
10. Neonatal Abstinence Syndrome ....70% (tie)
10. Skills and knowledge in trauma-informed care ....70% (tie)

See Table 5 for the full list of training/technical assistance topics ranked by participants from Montana.

UTAH

The top five topics identified as "Extremely Important" by the greatest proportion of participants from Utah (n = 17) included:

Top Five Topics Identified as "Extremely Important"

1. Integrated care models for coordinated patient care ....35% (tie)
1. Prevention of burn-out among staff ....35% (tie)
2. Improving access and patient retention in treatment.................................29%
4. Co-occurring disorders (mental health and substance use disorders) ....24% (tie)
4. Organizational change strategies...24% (tie)
4. Skills in the use of Motivational Interviewing..24% (tie)

When combining the response categories for topics that were identified as "Extremely Important" with those identified as "Important" among Utah participants, integrated care models remains the number one topic (tied with co-occurring disorders and Motivational Interviewing), and the other topics remain in the top ten.

Top Ten Topics Identified as "Important" or "Extremely Important"

1. Integrated care models for coordinated patient care ....94% (tie)
1. Co-occurring disorders (mental health and substance use disorders) ....94% (tie)
1. Skills in the use of Motivational Interviewing..94% (tie)
4. Skills and knowledge in trauma-informed care ....88% (tie)
4. Improving access and patient retention in treatment.................................88% (tie)
4. MAT in pregnant and post-partum women ....88% (tie)
7. Family support models for patients in treatment for SUDs 82%
8. MAT technology-based service delivery ....76% (tie)
8. Breastfeeding with MAT..76% (tie)
8. Neonatal Abstinence Syndrome ....76% (tie)
8. Organizational change strategies...76% (tie)
8. Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)..76% (tie)

See Table 5 for the full list of training/technical assistance topics ranked by participants from Utah.

NORTH DAKOTA/SOUTH DAKOTA/WYOMING

The data for North Dakota, South Dakota, and Wyoming are combined here into one aggregate, due to the particularly low number of survey participants in each of these three states. The top five topics identified as "Extremely Important" by the greatest proportion of participants from ND/SD/WY (n = 11 combined) included:

Top Five Topics Identified as "Extremely Important"

1. Co-occurring disorders (mental health and substance use disorders)......70%
2. Prevention of burn-out among staff...64%
3. Improving access and patient retention in treatment.................................50% (tie)
3. Strategies to reduce stigma toward individuals with SUDs.......................50% (tie)
5. Family support models for patients in treatment for SUDs ....45% (tie)
5. Organizational change strategies...45% (tie)

When combining the response categories for topics that were identified as "Extremely Important" with those identified as "Important" among ND/SD/WY participants, co-occurring disorders remains the number one identified topic of importance (tied with breastfeeding with MAT, and MAT technology-based service delivery; all at 100% of participants).

Top Ten Topics Identified as "Important" or "Extremely Important"

1. Co-occurring disorders (mental health and substance use disorders) ....100% (tie)
1. Breastfeeding with MAT..100% (tie)
1. MAT technology-based service delivery ....100% (tie)
4. Family support models for patients in treatment for SUDs ....91% (tie)
4. Social determinants of health that affect substance use, treatment, and recovery ....91% (tie)
4. Prevention of burn-out among staff...91% (tie)
7. Skills and knowledge in working with diverse populations......................90% (tie)
7. Integrated care models for coordinated patient care..................................90% (tie)
7. Skills and knowledge in trauma-informed care ....90% (tie)
7. Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)..90% (tie)
7. MAT in adolescents ....90% (tie)

7. MAT in pregnant and postpartum women..90% (tie)
7. Neonatal Abstinence Syndrome ....90% (tie)
7. Confidentiality issues in MAT ....90% (tie)
7. Improving access and patient retention in treatment..................................90% (tie)

See Table 5 for the full list of training/technical assistance topics ranked by participants from ND/SD/WY.

State Comparisons: Training and Technical Assistance Topic Priorities

A large proportion of participants indicated interest in the trainings listed. Among all the participants, 12 of the 19 listed topics had 75% or more of the participants indicate that training/technical assistance was "Important" or "Extremely Important."

Across all states, it is clear that the topics of co-occurring disorders, improving access and patient retention in treatment, family support models, and MAT in pregnant and postpartum women demonstrate a consistent level of importance. However, there was also some variability on topics among states. For example, in ND/SD/WY the topic of models of MAT technology-based service delivery was seen as important by 100% of participants, while in the other states, it ranged from 65% to 81%. Similarly, 90% of participants in ND/SD/WY indicated that confidentiality issues in MAT was an important topic, while only 53% of those in Utah and 55% in Montana identified it as important. Receiving assistance with obtaining a peer mentor for prescribing and managing MAT was seen as fairly high importance in Colorado (88%) and ND/SD/WY (80%), but much lower in Utah (59%) and Montana (45%).

Table 5. Percentage of Participants Indicating Topics as “Extremely Important” or “Important” by State

TOPIC	TOTAL	CO	MT	UT	ND/SD/WY
Co-occurring disorders (mental health and substance use disorders	92%	91%	90%	94%	100%
Improving access and patient retention in treatment	87%	86%	85%	88%	90%
Family support models for patients in treatment for SUDs	86%	86%	85%	82%	91%
MAT in pregnant and post-partum women	84%	81%	85%	88%	90%
Skills in the use of Motivational Interviewing	82%	79%	85%	94%	70%
Breastfeeding with MAT	82%	81%	80%	76%	100%
Skills and knowledge in trauma-informed care	81%	81%	70%	88%	90%
Prevention of burn-out among staff	79%	79%	80%	71%	91%
Models of MAT technology-based service delivery	79%	81%	65%	76%	100%
MAT in adolescents	78%	79%	75%	71%	90%
Integrated care models for coordinated patient care	77%	72%	65%	94%	90%
Organizational change strategies	75%	81%	55%	76%	82%
Social determinants of health that affect substance use, treatment, & recovery	73%	72%	65%	71%	91%
Neonatal Abstinence Syndrome	73%	69%	70%	76%	90%
Assistance with obtaining a peer mentor for prescribing and managing MAT patients	72%	88%	45%	59%	80%
Strategies to reduce stigma toward individuals with SUDs	72%	72%	75%	65%	80%
Skills in the use of SBIRT	71%	67%	65%	76%	90%
Skills and knowledge in working with diverse populations	69%	67%	65%	65%	90%
Confidentiality issues in MAT	66%	71%	55%	53%	90%

SUMMARY AND IMPLICATIONS

The findings from this survey will guide future activities of the Mountain Plains Addiction Technology Transfer Center to insure responsiveness to primary care providers in Region 8 who are providing healthcare and treatment services, including MAT, to persons with substance use disorders (SUDs).

Among the 100 primary care providers (PCPs) who responded to the survey, the majority were female, White, non-Hispanic, with the largest percentages being in the age group 30-39 years, working in rural settings, with more than 10 years of experience as a PCP. The largest percentage of participants were physicians, followed by nurse practitioners and physician assistants.

Based upon the PCP responses, it is clear that many PCPs within Community Health Centers (CHCs) in Region 8 are prescribing MAT for SUDs, and many more intend to begin prescribing in the near future. The vast majority of MAT prescribers had less than 3 years of experience with prescribing MAT. This is not a surprising finding, given that MAT has only recently been widely recognized and accepted as an evidence-based practice for Opioid Use Disorders (OUDs). While more than half (54%) of the MAT prescribers reported they were prescribing Buprenorphine, almost all (90%) were prescribing the combination of Buprenorphine and Naloxone. Most (83%) also reported they were prescribing Naltrexone. Most prescribers indicated they were not prescribing MAT to pregnant women or adolescents, however. It is encouraging that almost all prescribers indicated that their agency was serving MAT patients through an integrated care model, with Social Workers, Licensed Addiction Counselors, and Case Managers being the most commonly reported disciplines involved. However, only a small percentage (37%) of prescribers indicated that their agency offered an MAT support group, and this is an area that could be improved upon in order to better support persons with OUDs that are served in CHCs.

Overall, the majority of PCPs who were prescribing MAT indicated that they believed the MAT waiver training adequately prepared them to prescribe and manage MAT patients, and almost all would recommend that their peers complete the training. It is interesting to note that despite these findings, fully 65% still would like more training in relation to prescribing and managing MAT patients. Thus, there is a perceived need for ongoing education about MAT beyond that received in the training required to be able to prescribe MAT.

Those PCPs who prescribed MAT identified multiple related challenges in their practices. This included the cost of MAT and issues with insurance coverage; lack of

providers and other staffing issues; distance/transportation issues for patients, many of whom were traveling long distances to receive MAT; dealing with patients with complex issues and sometimes chaotic lives; as well as SUD and MAT stigma and lack of support from other providers and professionals within their agency and community.

Among those PCPs who were not prescribing MAT and indicated they did not plan to prescribe in the future, the most commonly reported reason for making this choice was that they had no desire or interest in prescribing MAT. The other two most common reasons were a lack of time needed to work with that patient population and a lack of confidence working with the population. It is possible that additional training and technical assistance related to OUDs and MAT may alleviate the concern about the lack of confidence, as well as the lack of desire to work with those patients.

A variety of training/technical assistance topics were identified as important among the participants in the survey. More than half of the training/technical assistance topics presented in the survey were identified as having some level of importance by at least 75% of participants. The lowest ranked topic was still seen as important by 66% of participants. While a myriad of needs was identified, the topic areas ranked as highest level of importance were 1) co-occurring mental health and substance use disorders, 2) improving access and patient retention in treatment, 3) family support models for patients in treatment for SUDs, 4) MAT in pregnant and postpartum women, and 5) breastfeeding and MAT, tied with skills in the use of Motivational Interviewing. Further, when broken down by state-level data, co-occurring disorders was ranked as the number one priority by all states as well. The Mountain Plains ATTC has already begun to provide training/technical assistance on some of these topics (see the MPATTC website: https://attcnetwork.org/centers/mountain-plains-attc/home for resources and information), and additional resources will be developed in the future, based upon these identified priorities. While there were many similarities in priority topics across states, there were also variations. The state-level information will also help inform the Mountain Plains ATTC as we work with our stakeholders and collaborators across individual states.

The results of this survey also help to clarify that future training/technical assistance should be offered in a combination of both synchronous (live) and asynchronous (recorded) delivery in short segments of two hours or less, either over the noon hour or in the evenings, after the traditional 8:00 AM – 5:00 PM workday ends. This is to be anticipated because professionals wish to learn at their workplaces, especially for primary care providers who have patients to see during the day, and have expectations related to billable hours. Full-day trainings or multiple training sessions of two or more

hours were not desired by the participants. Two of the states in Region 8 are on Central time and four states are on Mountain time, so accommodations will need to be provided relative to training times.

In summary, these findings provide guidance to the Mountain Plains ATTC in next steps relative to addressing training and technical assistance needs, format of training, and structure of trainings for primary care providers working with patients with SUDs. The Mountain Plains ATTC will share these findings with the Community Health Association of the Mountain/Plains States (CHAMPS), which also serves Region 8, and the related state CHC associations, in an effort to also provide guidance to the training/technical assistance efforts of those associations in their work with the primary care providers employed at their CHCs.

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