

ASU[®] Center for Applied Behavioral Health Policy

Arizona State University

Statewide Provider Survey:

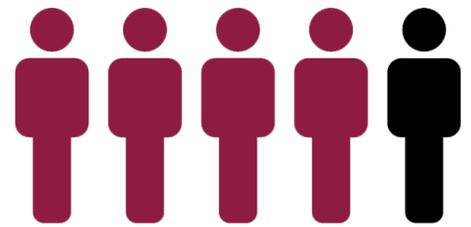
Barriers and Facilitators to Treating Patients with Opioid Use Disorders



4 Arizonans die every day from an opioid overdose¹



There have been 20,541 suspected opioid overdoses in Arizona since June 15, 2017¹



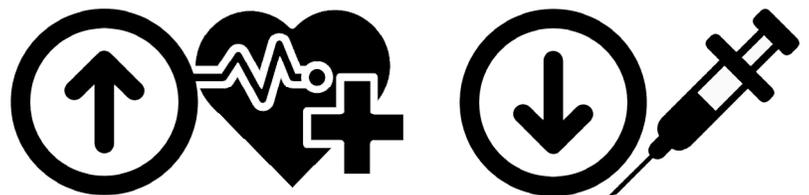
4 out of 5 individuals who misuse opioids start with a prescription opioid²

Medication-Assisted Treatment (MAT)

Why MAT?



MAT is the combination of medication and behavioral therapies³



MAT has been shown to increase treatment retention rates, and decrease premature death, criminal activity, and illicit opioid use⁴

As a part of the State Targeted Response grant, ASU CABHP developed a survey for medical providers about their knowledge, perceptions, and experiences related to Medication-Assisted Treatment (MAT). MAT is a widely practiced treatment for Opioid Use Disorder that combines medication with behavioral therapy. The survey asked about whether or not providers prescribe MAT, their reasons for that decision, and what supports they may need to enhance the likelihood they will provide, or refer to, MAT services.

Data collected from May through June 2018

A total of 333 responses were collected

Online, anonymous survey collected through community partners



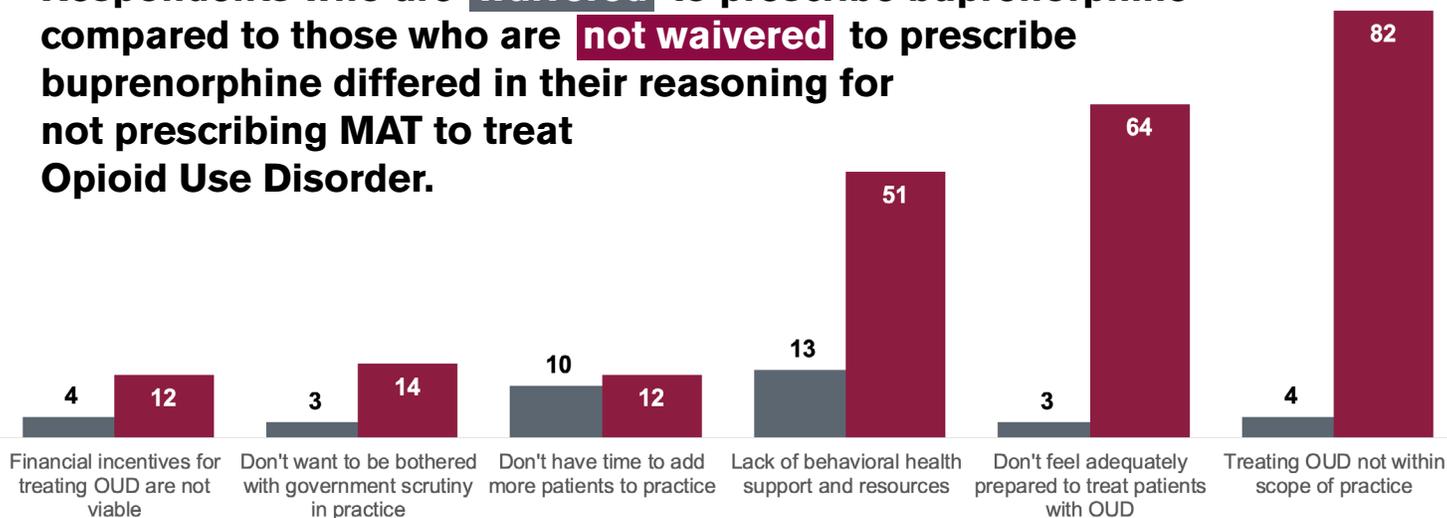
Most common profession of providers was Nurse Practitioner, followed by Physician.



Most common primary employment setting was Clinic or Health System, followed by Private Practice.

We asked providers why they do not prescribe MAT. The top three answers were treating Opioid Use Disorder is not within their scope of practice, not feeling adequately prepared to treat patients with Opioid Use Disorder, and lack of behavioral health support and resources.

Respondents who are **waivered** to prescribe buprenorphine compared to those who are **not waivered** to prescribe buprenorphine differed in their reasoning for not prescribing MAT to treat Opioid Use Disorder.



“OUD is not within my scope of practice.”

Opioid Use Disorder is within every provider’s scope of practice.

- According to the recent studies, as many as 4-6 million Americans meet the criteria for an Opioid Use Disorder⁵
- According to the American Society of Addiction Medicine, general practice providers are often the first line of medical care for OUD⁶

“I don’t feel prepared to treat OUD.”

There are many ways to prepare to treat Opioid Use Disorder.

- Take a training from CABHP on Motivational Interviewing, SBIRT, or buprenorphine waivers. See the training opportunities at: <https://cabhp.asu.edu/professional-development>
- Participate in a peer-to-peer mentoring program for new MAT prescribers provided by the Providers Clinical Support System: <https://pcssnow.org/mentoring/>
- Call the OAR line! A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders. Call at: **1-888-688-4222**

“I don’t know how to locate behavioral health resources.”

There are treatment locator tools nationally and in Arizona that can help you find behavioral health supports and resources in your area.

- Use the SAMHSA Opioid Treatment Program locator at: <https://dpt2.samhsa.gov/treatment/>
- Governor’s Office of Youth, Faith, and Family Substance Abuse Treatment locator at: <http://substanceabuse.az.gov/>

The goal of the Arizona Opioid State Targeted Response (STR) grant is to increase access to Opioid Use Disorder (OUD) treatment, coordinated and integrated care, recovery support services and prevention activities to reduce the frequency of OUDs and opioid-related overdose deaths.



The project approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices that comprehensively address the full continuum of care related to opioid misuse and opioid use disorders.

The role and function of the Arizona State University Center for Applied Behavioral Health Policy (ASU CABHP) is to increase awareness, knowledge and skills of medical providers, criminal justice professionals, and the general public, in the area of medication-assisted treatment.

- 1) AZDHS. Opioid Epidemic (2019). Retrieved April 25, 2019, from <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>
- 2) Jones, C. (2013). Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug and Alcohol Dependence*, 132(1-2), 95-100.
- 3) Medication-Assisted Treatment (MAT) (2019). Substance Abuse and Mental Health Services Administration. Retrieved April 25, 2019 from <https://www.samhsa.gov/medication-assisted-treatment>
- 4) Bart G. (2012). Maintenance medication for opiate addiction: the foundation of recovery. *Journal of Addictive Diseases*, 31(3), 207-25.
- 5) Charumilind, S., Latkovic, T., Lewis, R. & Mendez-Escobar, E. (2018). *Why we need bolder action to combat the opioid epidemic*. Washington, D.C.: McKinsey & Company.
- 6) Kampman, K, Abraham, A., Dugosh, K., Festinger, D., McLoyd, K., Seymour, B., & Woodworth, A. (2015). The ASAM National Practice Guideline for the use of medications in the treatment of addiction involving opioid use. *American Society of Addiction Medicine*. Retrieved from: <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>