



MAT Expansion in Rural Oklahoma

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Description

Oklahoma is among the states most affected by the opioid epidemic, with rural counties traditionally experiencing significantly higher rates of opioid-related mortality than the national average. The Rural Oklahoma MAT Expansion Project (“OklahomaMAT”) developed, implemented, and evaluated an intervention to support rural Oklahoma primary care providers (PCPs) in their adoption of MAT for people with opioid use disorder (OUD) through an Agency for Healthcare Research and Quality (AHRQ)-funded grant. The grant aimed to expand the capacity of rural communities to provide evidence-based treatment for people with OUD. The program included formal training in OUD, addiction, and MAT topics; case-based learning opportunities through the ECHO telementoring model; mentorship from experienced MAT providers; and practice facilitation and care coordination support. Among its offerings, the program included the required training for PCPs to qualify for a waiver to provide buprenorphine in an office-based setting.

Specific Aims

1. Access, reach, and engage physicians and practices in rural counties in Northeast, Southeast, North Central, North Central, and South Central Oklahoma in the use of MAT for the treatment of OUD.
2. Design and implement a comprehensive model for the delivery of MAT in rural Oklahoma primary care settings, that includes intensive provider training in the fundamentals of addiction medicine, practice facilitation, opportunities for case-based learning, and access to physician experts for tailored consultation.
3. Evaluate the effectiveness of the provided supports in overcoming barriers to provider adoption of MAT, and of the intervention in increasing local access to needed pharmacologic and psychosocial services.

Main Objective

Increase access to MAT in rural communities through a sustainable system that addresses potential barriers to the adoption of MAT in office-based settings.

Health Condition Considered

Opioid Use Disorder

Treatment Service Considered

MAT, also known as Medication for Addiction Treatment and Medication for the treatment of Opioid Use Disorder (MOUD)

Study Design, Data Sources, and Sample Size

The project provided training and mentorship of PCPs interested in providing MAT services to patients with OUD, focusing on primary care practices in a catchment region of 42 rural Oklahoma counties. Seventy-seven participants enrolled, with 28 dropping out over the course of the 3-year study (a retention rate of 64%).

Data collection activities included a practice readiness assessment; provider interviews and surveys (baseline and follow ups); a patient survey; qualitative information from various sources (e.g., notes from implementation monitoring activities, ad hoc advisement with MAT physician consultants, discussions during teleECHO



4. Disseminate the lessons learned during planning and implementation, provider experiences in initiating and delivering MAT, and patient experiences of care to help other rural communities.

Findings/Implications

Analyses addressed the domains of the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework. OklahomaMAT has contributed to a five-fold increase in the rate of waived providers in the 42 counties where prospective MAT providers were recruited. The rate of buprenorphine-waivered providers in the catchment area now matches the state rate.

Key lessons were learned about the impact of rural practice turnover and mid-level scope of practice restrictions on completion of the training and mentorship program and waiver attainment. Of the final sample of 49 PCPs (across 39 clinics), 67% obtained the waiver. By the conclusion of the study, 58% of the waived providers were treating a total of approximately 320 patients and had capacity to treat as many as 1,360 if all the treating providers treated to the capacity of their respective waiver limits.

OklahomaMAT providers treated high-need populations. Eight (21%) of participating clinics reported that the uninsured comprised at least 25% of their patients. Thirty-four (69%) of retained PCPs worked in practices in which half or more patients were on Medicaid or other public insurance. Medical records obtained for a subset of 82 patients across six participating PCPs showed comorbidities of OUD with chronic pain (41%), depression (27%), and anxiety (26%).

Patients adhered to treatment. Among patients who began seeing their prescribing clinician at least 6 months prior to the medical records extraction, 73% remained in treatment for at least 6 months. Ninety-two percent of completed urine drug screens (UDSs) that tested for buprenorphine or norbuprenorphine showed a positive result. Further, only 15% of UDSs were positive for opiates, indicating that most patients are not continuing to use opioids.

Seventy-three percent of patients selected the highest response on items used for calculating a composite score assessing dimensions of patient-provider communication, indicating that their OklahomaMAT provider was effectively communicating in ways that fostered the trust necessary for a healthy therapeutic bond.

sessions); and patient medical records for a subset of participating providers.

A mixed-methods pre-/post-intervention evaluation design assessed changes in local access to MAT; patient experiences of care; and provider experiences with implementing MAT, receiving the training, obtaining the waiver, and treating patients.

Strategies Used

- Training and skills-building in addiction medicine offered through a mix of online, self-paced, and in-person modalities
- Disseminating resources through the project website
- Practicing how to facilitate with care coordination support and expert MAT physician consultants
- Telementoring, case based learning, and capacity-building through teleECHO clinics