

Overview

The mission of the University of Vermont Center on Rural Addiction (UVM CORA) is to expand addiction treatment capacity in rural counties in New Hampshire, Vermont, Maine, northern New York, and throughout the country by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and staff. Our New Hampshire baseline needs assessment, conducted in collaboration with the New Hampshire Citizens Health Initiative at the University of New Hampshire Institute for Health Policy and Practice, aimed to identify current and future substance use disorder (SUD) treatment needs and barriers in rural counties with input from practitioners and community stakeholders.

This data brief focuses on practitioners' responses regarding their comfort treating patients with opioid use disorder (OUD) and other SUDs.

Methods and Sample

From October 2020 to March 2021, we surveyed practitioners working across New Hampshire using an online survey. Survey respondents included 152 practitioners, 81 of whom reported working in rural counties (Figure 1). Among practitioner respondents, 71 (42 rural) were in counseling, case management, and recovery coach roles, and 81 (39 rural) were in clinician or pharmacist roles. Among clinicians, 55 (28 rural) were able to prescribe medications (e.g., MD, DO, NP, PA), and 26 (11 rural) were not (e.g., nurses, nursing assistants, medical assistants). Among the 47 prescribing practitioners who answered the question, 28 (15 rural) reported being waived to prescribe buprenorphine, while 19 (9 rural) were not currently waived to prescribe buprenorphine.



Figure 1. New Hampshire practitioner respondents working in rural (green) and non-rural (grey) counties. This map excludes 19 practitioners who reported working in multiple counties (18 rural, 1 non-rural, 1 unknown).

Practitioner Training, Experience, and Support

Prescribing practitioners (see *Methods and Sample*) were asked to what degree (scale 0 – 10) they have the training, experience, and support to induct patients onto medication for OUD. Respondents (n=38, 20 rural) had a mean score of 6.2 (rural mean score=6.2), with 55% of practitioners (rural: 55%) reporting scores of 7 or higher. Practitioners waived to prescribe buprenorphine (n=28, mean score=7.3; 15 rural, mean score=6.8) reported higher levels of training, experience, and support than non-waivered practitioners (n=10, mean score=3.3; 5 rural, mean score=4.4). This difference is notable given the 2021 change to federal practice guidelines, which allows practitioners to obtain a waiver to prescribe buprenorphine without completing training.¹ Although removing the training requirement eliminates a barrier, many non-waivered practitioners report that they do not have the training, experience, and support needed to induct patients onto medication for OUD. Overall, practitioner respondents expressed a desire for more training to increase their comfort in prescribing medications for OUD.

¹For more information about current buprenorphine waiver policies, please visit: <https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>

Practitioner Comfort Treating Patients with Substance Use Disorders

All practitioners were asked about their comfort treating OUD among their patients and their comfort treating SUDs among special populations. Compared to clinicians and pharmacists, practitioners in counseling, case management, and recovery coach roles reported significantly greater comfort in treating their patients for OUD, treating SUD in older adults, providing family-based SUD treatment, and treating SUD in adolescents (Figure 2). It is important to note that the scope of work in OUD and SUD treatment differs across these practitioner role groups. Compared to non-waivered prescribing practitioners, buprenorphine-waivered practitioners reported significantly greater comfort in treating patients with OUD, treating SUD in older adults, and treating SUD in pregnant patients (Figure 2). There were no significant differences between rural and non-rural practitioners in comfort treating OUD or in comfort treating SUD among special populations.

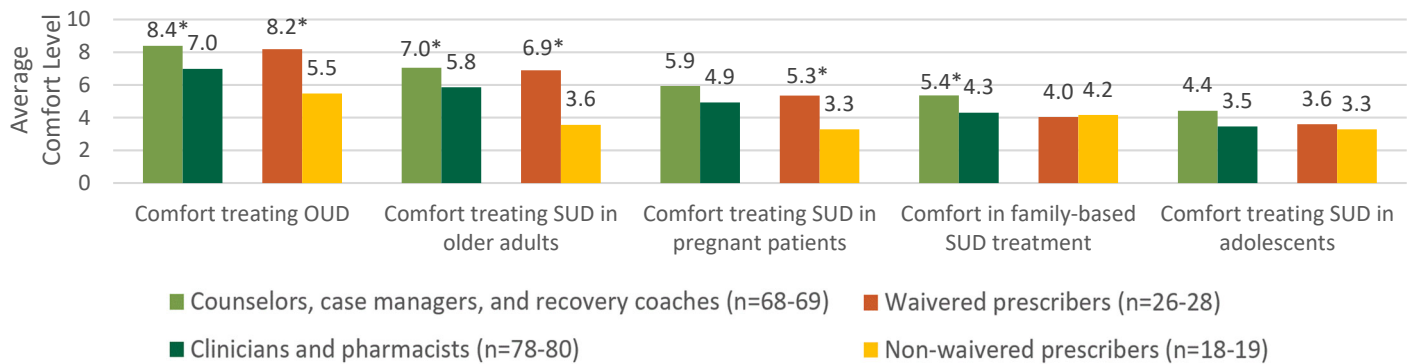


Figure 2. Practitioner average comfort (scale 0 – 10) in treating patients with opioid use disorder (OUD) and treating substance use disorder (SUD) in special populations. Practitioners are grouped by role (counselors, case managers, and recovery coaches compared to clinicians and pharmacists). Prescribing practitioners are grouped by buprenorphine waiver status. Asterisk (*) denotes a significant difference in mean response between practitioner groups. Sample sizes vary because not all practitioners responded to all questions.

Practitioner Interest in Trainings and Resources

When asked which UVM CORA training and resources they were interested in, 82% (rural: 82%) of practitioners reported that trainings on vulnerable population management were a high priority. Additionally, 75% (rural: 78%) of practitioners were interested in manualized trainings on co-occurring conditions such as mental health conditions, and 71% (rural: 65%) were interested in receiving mentoring from a champion provider. When asked to elaborate on the other trainings, resources, or support that would allow them to take on more patients with SUD, practitioners provided an array of responses including trauma training, shadowing an addiction medicine expert, payment for care management and recovery coaches, and assistance for patients in obtaining transportation, employment, and housing.

“Additional training is required beyond the waiver process in order for many providers to feel comfortable prescribing these medications”
– Rural Practitioner

More Information

Please visit uvmcora.org to find more information about our baseline needs assessments in New Hampshire, Vermont, Maine, and northern New York, as well as resources and technical assistance on SUD treatment.