

Overview

The mission of the UVM Center on Rural Addiction (UVM CORA) is to expand addiction treatment capacity in rural counties by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and other staff. With our Baseline Needs Assessments, we aim to identify current and future substance use disorder treatment needs and barriers in rural counties with direct input from providers, clinicians, policymakers, and other stakeholders working in rural communities. Our Vermont Baseline Needs Assessment was completed between April and August 2020. Respondents included 188 practitioners and 92 community stakeholders serving HRSA-designated rural counties. The highest proportion of respondents were primary care (45%) and specialist (28%) physicians among practitioners, and fire department/emergency medical services workers (43%) among community stakeholders.

Concerns About Substance Use

When asked about their concerns regarding substance use among their patients, practitioners' greatest concerns were related to tobacco products, alcohol, and the combination of opioids and alcohol (Figure 1). When asked about their concerns regarding substance use in their community, community stakeholders rated fentanyl, heroin, and the combination of opioids and alcohol as the substances of greatest concern.

Treatment Barriers

Practitioners overwhelmingly endorsed lack of time, transportation, and other supports (81%) as the top barrier to their patients receiving treatment for opioid use disorder (OUD). Practitioners identified time/staffing constraints (59%) and possible medication diversion (55%) as barriers providers face in treating patients with OUD. Community stakeholders had varied responses when asked about barriers to OUD treatment in their communities, including challenges related to adherence to treatment requirements (44%), lack of care coordination (40%), and treatment accessibility (40%).

Comfort Providing Substance Use Disorder Treatment

On average, rural practitioners with buprenorphine waivers were more comfortable treating patients with medications for OUD than non-waivered practitioners (scale from 0 to 10, mean 7.7 vs. 5.0). Similarly, waived practitioners were more comfortable in providing substance use disorder (SUD) treatment to special populations than non-waivered practitioners, with the exception of caring for adolescents (Figure 2). Both groups reported generally lower comfort with treating adolescents, families, and pregnant patients than treating older adults.

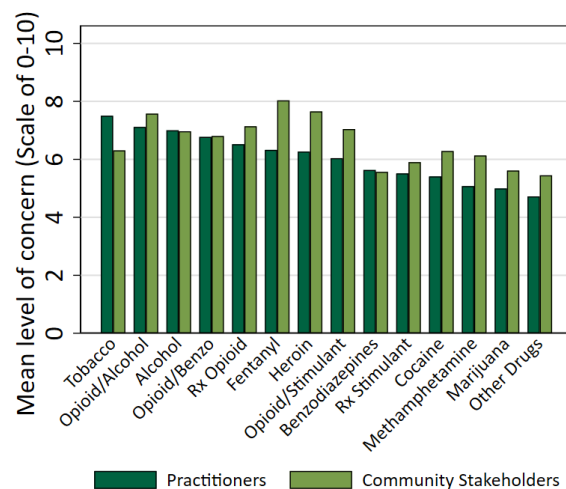


Figure 1. Mean level of concern among practitioners and community stakeholders about use of substances among the patients and communities they work with, respectively

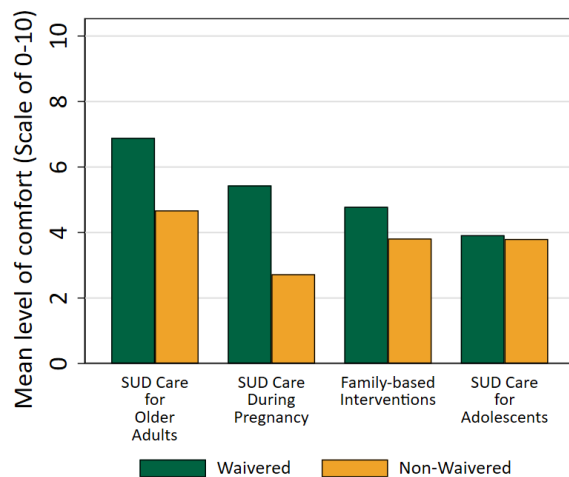


Figure 2. Practitioner comfort in providing substance use disorder (SUD) treatment to special populations, by buprenorphine waiver status

OUD Treatment Beliefs

When asked about their beliefs, community stakeholders were less likely to agree with the statement “Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder” than practitioners – with the highest proportion (46%) neither agreeing nor disagreeing with the statement (Figure 3). Still, only 68% of practitioners agreed with the statement. This indicates an opportunity for education among both practitioners and community stakeholders about the effectiveness of medications for OUD.

COVID-19 Impact

The survey included several questions on the impact of the COVID-19 pandemic on rural community substance use and treatment availability. A high proportion of practitioners (43%) and community stakeholders (53%) believed that substance use increased since the start of the COVID-19 pandemic. In contrast, very few practitioners (2%) and community stakeholders (5%) believed that access to medications for opioid use disorder had increased.

UVM CORA Resource Prioritization

Finally, rural practitioners were asked what available resources from UVM CORA would be of most value in their efforts to treat patients with SUD (Table 1).

Table 1. UVM CORA resources identified by over 50% of responding practitioners as “high priority.”

Resource	Description
Vulnerable Population Management (69%)	Support with managing and coordinating substance use disorder care for vulnerable populations (e.g., pregnant women, families, patients with co-occurring conditions)
Screenings/Assessments (64%)	Screenings/assessments to help identify patients' substance use treatment needs
Mentoring (64%)	Consultation & support from community "champion" providers
Manualized Trainings (59%)	Training in manualized treatments for addressing co-occurring conditions (e.g., smoking cessation, stimulant use, post-traumatic stress disorder)
Medication & Training – Extended-Release Buprenorphine (53%)	Providing extended-release buprenorphine medication & training (e.g., monthly depot formulation) for potential use with patients
Buprenorphine Protocols (53%)	Protocols for buprenorphine induction, stabilization, maintenance, and taper

“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.”

– Practitioner, Caledonia County

“The more funding in rural communities with professional support, the better. There would be less turn over, and less barriers for people to get into immediate treatment, such as payments.”

– Community Stakeholder, Lamoille County

More Information

Please visit uvmcora.org to find more information about our Baseline Needs Assessments in Vermont, Maine, New Hampshire, and New York, as well as available resources and technical assistance on substance use treatment.

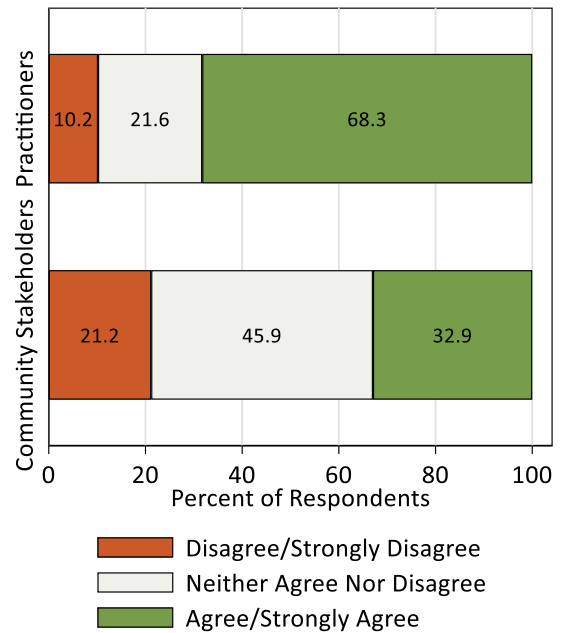


Figure 3. Practitioner and community stakeholder responses to the statement – “Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder.”