Center on Rural Addiction UNIVERSITY OF VERMONT
CUTLER INSTITUTE MUSKIE SCHOOL OF PUBLIC SERVICE

Maine Baseline Needs Assessment

Opioid Use Disorder Treatment Barriers and Beliefs

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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 Maine baseline needs assessment, conducted in collaboration with the Cutler Institute at the University of Southern Maine, aimed to identify current and future substance use disorder treatment needs and barriers in Maine. From April 2021 to June 2021, we disseminated an online survey to practitioners and community stakeholders working in rural and non-rural counties. Respondents included 282 practitioners, 173 of whom reported working in areas designated as rural by the Health Resources and Services Administration (HRSA). Among practitioner respondents, 121 (84 rural) were primary care practitioners (PCPs), 42 (24 rural) were addiction medicine specialists, and 118 (65 rural) were other practitioners (e.g., obstetrics, emergency medicine). This data brief details practitioner-reported barriers to opioid use disorder (OUD) treatment and beliefs about OUD treatment.

> ***"[We need to] reduce stigma"***
> *- Rural Primary Care Practitioner*
>
> ***"We need to get back to in person meetings and increase internet service"***
> *- Rural Addiction Medicine Practitioner*

Practitioner-related Barriers to Treating Patients with Opioid Use Disorder

Practitioners were asked about barriers they experience to treating patients with OUD (Figure 1). 45% of PCPs (rural: 48%), 38% of addiction medicine specialists (rural: 30%), and 56% of other practitioners (rural: 48%) identified time and staffing constraints among their top three barriers. 45% of PCPs (rural: 49%), 49% of addiction medicine specialists (rural: 57%), and 38% of other practitioners (rural: 36%) identified concern over medication diversion as a top barrier. A greater proportion of addiction medicine specialsts (51%, rural: 48%) identified stigma as a top barrier compared to other practitioners (23%, p<0.01; rural: 31%). There was also a large difference as compared to PCPs (29%; rural: 30%) however it was not significant at our conservative cutoff of p<0.01 (p=0.013). About twice as many addiction medicine specialists identified insurance or reimbursement issues among their top barriers to treating patients with OUD compared to both PCPs and other practitioners (p-values<0.01). There were no significant differences in barriers to treating patients with OUD reported by rural and non-rural PCPs. Subgroup analyses within addiction medicine and other specialists also showed no rural vs. non-rural differences.

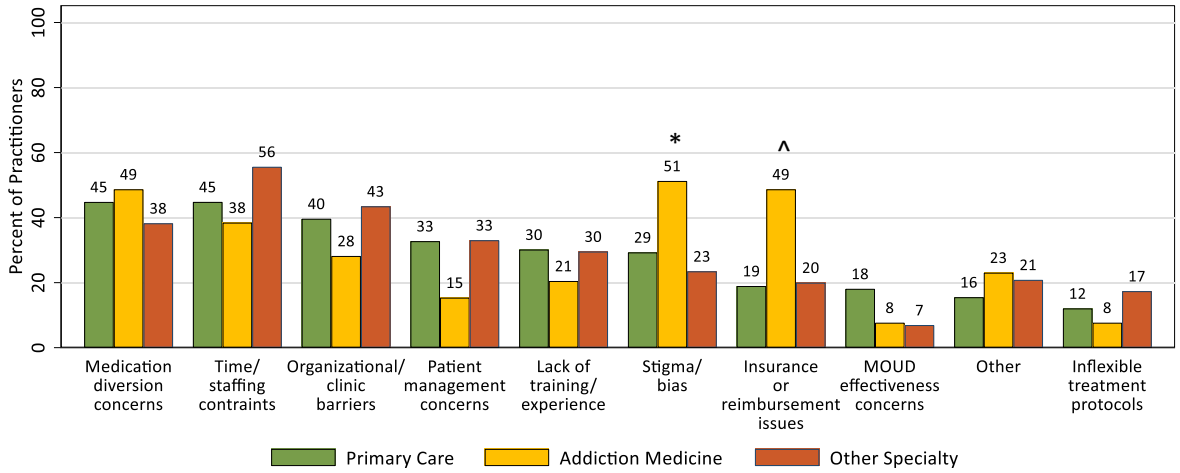

Figure 1. Practitioner-identified top barriers to treating patients with medications for opioid use disorder (MOUD).
*Significant difference between addiction medicine and other specialty (p<0.01)
^Significant differences between addiction medicine and primary care, and addiction medicine and other specialty (p-values<0.01)

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Patient-related Barriers to Receiving Treatment for Opioid Use Disorder

Practitioners were also asked about patient-related barriers to receiving treatment for OUD (Figure 2). 84% of PCPs (rural: 85%), 77% of addiction medicine specialists (rural: 96%), and 74% of other practitioners (rural: 78%) identified lack of time, transportation, and other supports as a top patient-related barrier to receiving treatment for OUD. 53% of PCPs (rural: 52%), 49% of addiction medicine specialists (rural: 61%), and 41% of other practitioners (rural: 44%) identified stigma as a top patient-related barrier. 47% of PCPs (rural: 47%), 54% of addiction medicine specialists (rural: 52%), and 44% of other practitioners (rural: 43%) identified insurance issues as a top patient-related barrier. Within the PCP and other practitioner groups, there were no significant differences in patient-related barriers to OUD treatment between rural and non-rural practitioners. Among addiction medicine specialists, a significantly greater proportion of non-rural practitioners (60%) identified family and parenting demands as a top barrier to patients receiving treatment for OUD compared to rural practitioners (17%; $p<0.01$). Please note that the rural and non-rural sample sizes within the addiction medicine specialty group were very small.

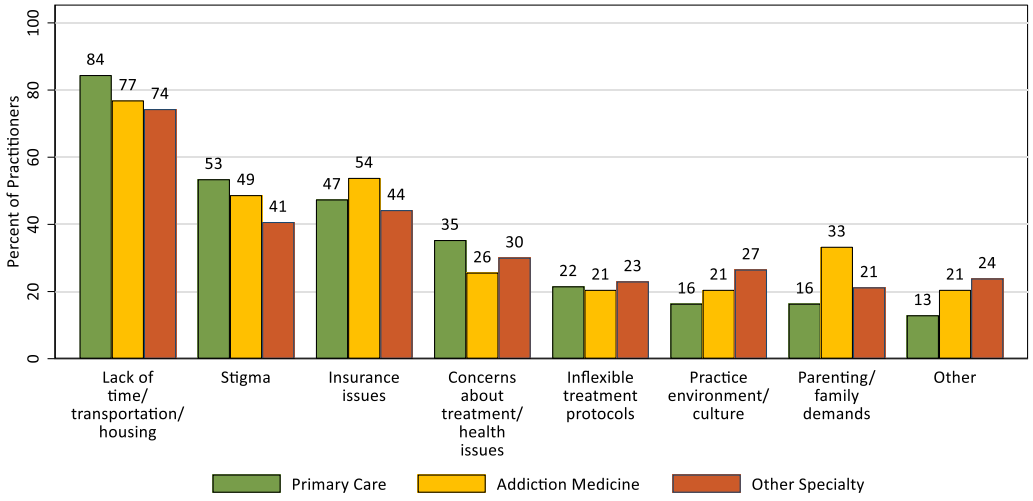

Figure 2. Practitioner-identified top barriers to patients receiving opioid use disorder (OUD) treatment.

Practitioner Beliefs About Opioid Use Disorder Treatment

When asked about their beliefs, 83% of practitioners (rural: 82%) agreed or strongly agreed with the statement, **"Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder."** Addiction medicine specialists had the highest agreement (90%; rural: 91%), followed by PCPs (83%; rural: 78%), and then other practitioners (81%; rural: 84%). There were no significant differences across practitioner groups, and no significant differences between rural and non-rural practitioners within practioner groups.

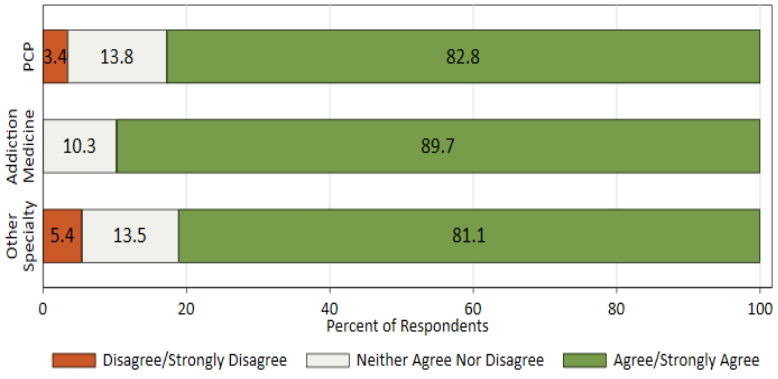

Figure 3. Distribution of agreement among PCPs (n=121), addiction medicine (n=42) and other specialty (n=118) with the statement "Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder."

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.

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