

## Overview

The mission of the University of Vermont Center on Rural Addiction (UVM CORA) is to expand addiction treatment capacity in rural counties in Vermont, New Hampshire, 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 across Maine. Respondents included 284 practitioners, 174 of whom reported working in areas designated as rural by the Health Resources and Services Administration (HRSA). We classified practitioners into one of three specialty groups based on their reported work setting, role, and specialty: 1) primary care practitioners (PCPs; n=131; 88 rural), 2) addiction medicine specialists (n=47; 29 rural), and 3) other practitioners (n=106; 57 rural). The “other” group captured practitioners in non-prescribing roles (e.g., nurse, counselor) as well as prescribing practitioners (e.g., MD, DO) working in settings or specialty areas other than primary care or addiction medicine (e.g., hospital medicine, emergency medicine, obstetrics/gynecology, psychiatry). 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). Time and staffing constraints was identified as a top barrier among 46% of PCPs (rural: 49%), 39% of addiction medicine specialists (rural: 36%), and 55% of other practitioners (rural: 45%). Concern over medication diversion was identified as a top barrier by 42% of PCPs (rural: 48%), 48% of addiction medicine specialists (rural: 54%), and 41% of other practitioners (rural: 36%). A greater proportion of addiction medicine specialists (50%; rural: 46%) identified stigma as a top barrier compared to other practitioners (23%, p<0.01; rural: 31%). About twice the proportion of 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). Subgroup analyses within PCPs, addiction medicine specialists, and other practitioners showed no rural vs. non-rural differences in barriers to treating patients with OUD.

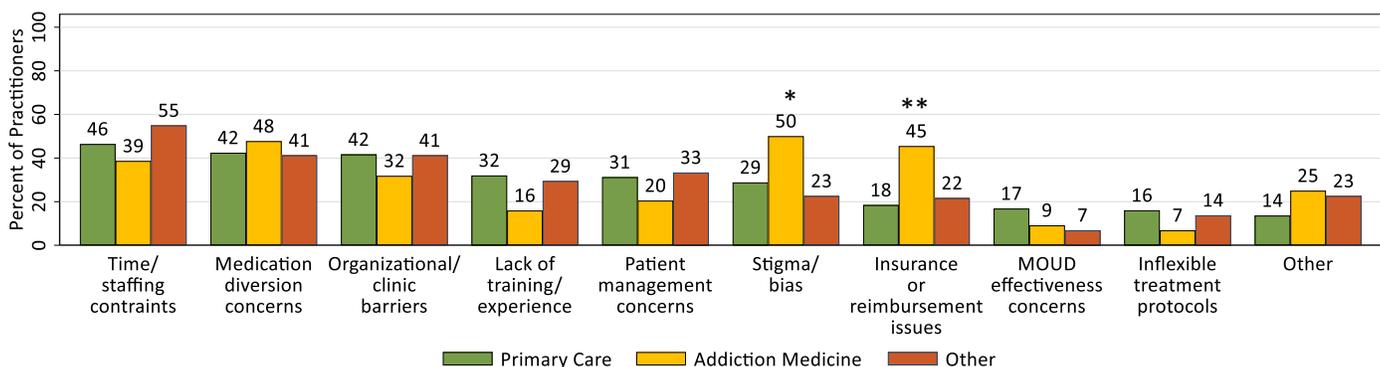


Figure 1. Practitioner-identified top barriers to treating patients with medications for opioid use disorder (MOUD).

\*Significant difference between addiction medicine and other (p<0.01)

\*\*Significant differences between addiction medicine and primary care and addiction medicine and other specialties (p-values<0.01)

## Patient-related Barriers to Receiving Treatment for Opioid Use Disorder

When asked about patient-related barriers to receiving treatment for OUD, 85% of PCPs (rural: 85%), 77% of addiction medicine specialists (rural: 93%), and 73% of other practitioners (rural: 78%) identified lack of time, transportation, and other supports as a top patient-related barrier to receiving treatment for OUD (Figure 2). Additionally, 53% of PCPs (rural: 51%), 52% of addiction medicine specialists (rural: 61%), and 39% of other practitioners (rural: 44%) identified stigma as a top patient-related barrier. Finally, 48% of PCPs (rural: 47%), 52% of addiction medicine specialists (rural: 46%), and 44% of other practitioners (rural: 44%) identified insurance issues as a top patient-related barrier. Within the PCP group, there were no significant differences in patient-related barriers to OUD treatment between rural and non-rural practitioners. Among other practitioners, a greater proportion of non-rural practitioners (42%) identified practice environment/culture as a key barrier 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.

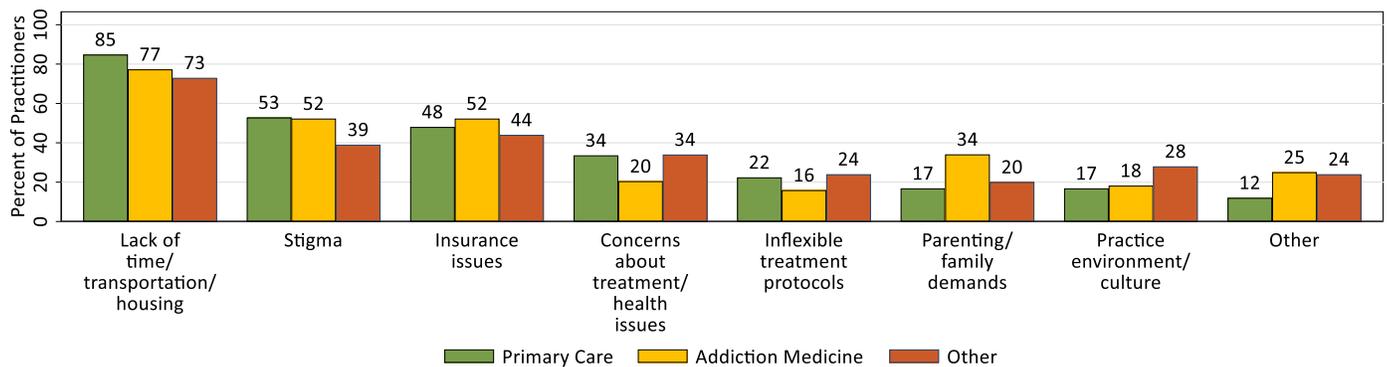


Figure 2. Practitioner-identified top barriers to patients receiving opioid use disorder (OUD) treatment.

## 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 (91%; rural: 93%), followed by PCPs (84%; rural: 80%), and then other practitioners (79%; rural: 80%; Figure 3). There were no significant differences across practitioner groups or between rural and non-rural practitioners within practitioner groups.

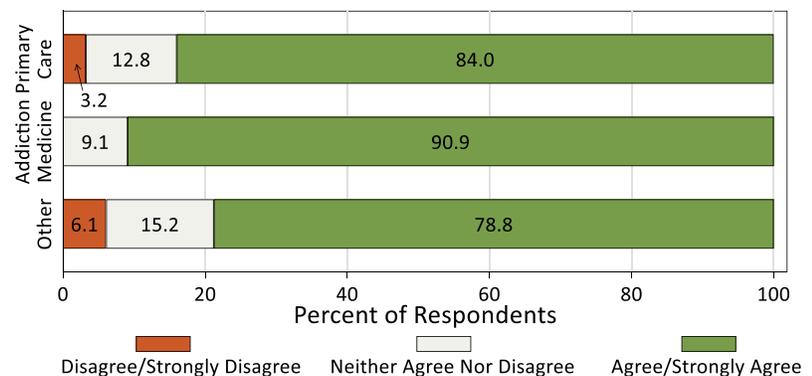


Figure 3. Distribution of agreement among PCPs (n=125), addiction medicine (n=44) and other specialty (n=99) with the statement “Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder.”

## More Information

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