



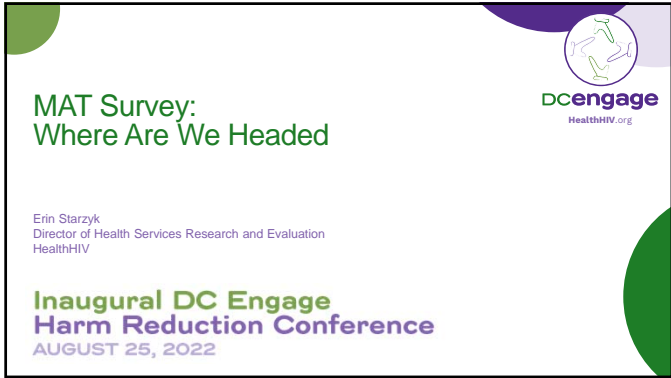
**DCengage**

HealthHIV.org

# MAT Survey: Where Are We Headed?

## Handout

**Inaugural DC Engage  
Harm Reduction Conference**  
AUGUST 25, 2022



**MAT Survey:  
Where Are We Headed**

Erin Starzyk  
Director of Health Services Research and Evaluation  
HealthHIV

**Inaugural DC Engage  
Harm Reduction Conference**  
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**Medication Assisted Treatment  
Survey**

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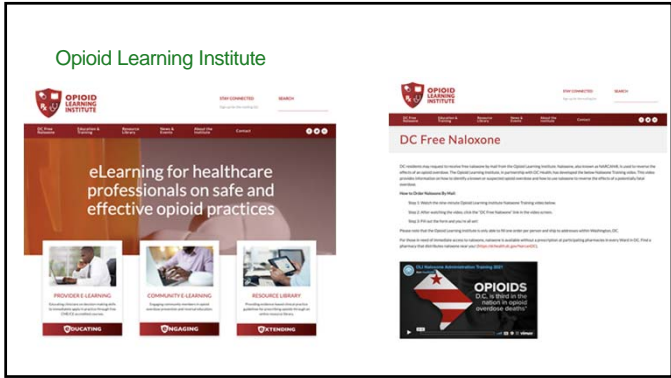
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**Opioid Learning Institute**

eLearning for healthcare professionals on safe and effective opioid practices

PROVIDER LEARNING  
COMMUNITY LEARNING  
RESOURCE LIBRARY

DC Free Naloxone

OPPIOIDS  
SAFE AND EFFECTIVE  
PRACTICES TO SUPPORT  
PROVIDER QUALITY

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OLI Online, Self-Pace, Curriculum and Resources

- Features 25 free CME/CE accredited eLearning courses
- Provides Opioid Overdose Prevention and Naloxone Education course for community members
- Offers mail-order naloxone service
- Hosts DC focused naloxone education training video
- Facilitates CME/CE community of practice/case reviews on effective opioid practices
- Presents webinars on emerging issues

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Community of Practice Medication Assisted Treatment (MAT) Survey

Goal

- To create a community of practice to increase MAT prescribers and improve integrated team-based services for individuals with opioid use disorders

Objectives

- Understand providers' practices and attitudes towards MAT services
- Identify support and technical assistance needed to facilitate MAT services

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MAT Survey: Implementation

- Engaged with DBH and DC Health HAHSTA to develop the survey collaboratively
- Developed an online survey in REDCap
- Administered on August 19th to September 29, 2021 via REDCap
- Distributed 8 recruitment emails via Salsa Labs to the defined provider population (MAT and non-MAT providers in the District)
- Engaged 120 participants in the survey




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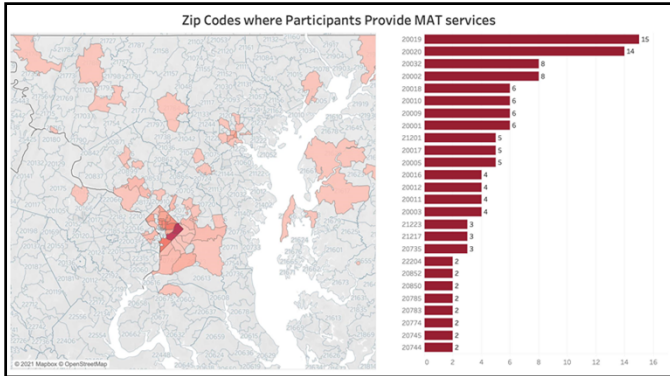
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**Professional Demographics**

- Profession:** 37% social workers, 22% nurses, 9% physicians; 5% mid-level providers, 4% pharmacists, 22% other (administrative positions, executive positions, dental workforce)
- Specialty:** 23% psychiatry/mental health; 8% for emergency medicine, 13% family medicine, and 13% general practice
- Practice Setting:** 20% health department; 17% private practice, 11% substance use facility, and 12% FQHC/FQHC look alike

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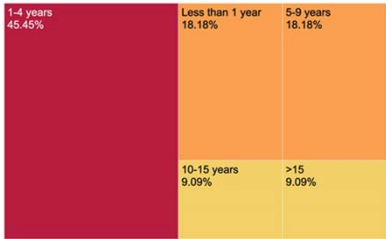
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**MAT Providing Experience**

- 19% of respondents directly provide MAT for opioid use disorders.
- The majority have been providing MAT services 1-4 years.




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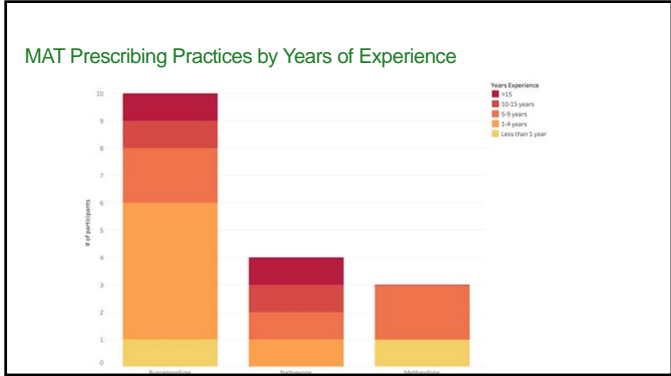
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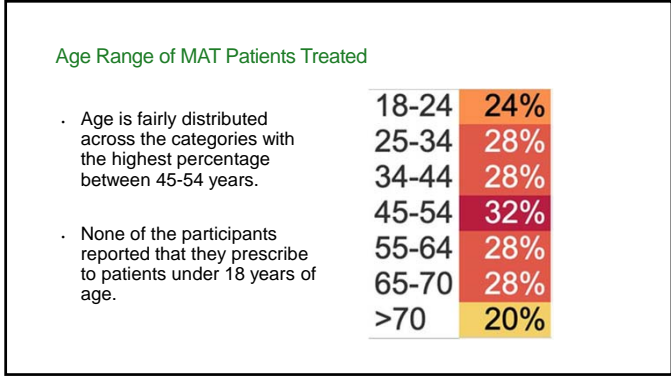
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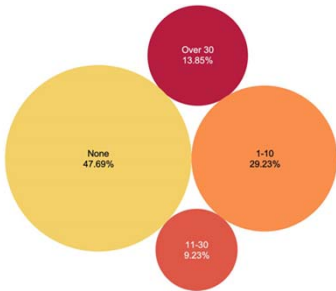
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**MAT Referral Practices by Non-Prescribers**

- 29% of those who do not provide MAT services directly, refer 1-10 patients per year.
- 48% did not refer any patients.




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**MAT: Effectiveness and Knowledge**

Participants were asked if they believed if the following medications were effective in treating opioid addictions.

Medication	% Effective	% Didn't Know
Buprenorphine	67%	21%
Methadone	54%	34%
Naltrexone	51%	20%

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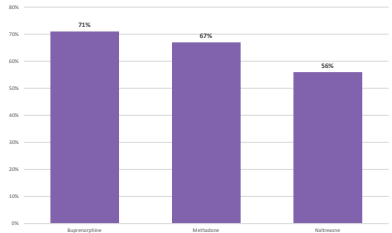
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**MAT: Acceptability**

Participants were asked, how acceptable is the use of each of the following as treatment techniques for opioid use disorder?




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MAT: Attitudes

Attitude	Mean (1= Strongly Disagree to 4= Strongly Agree)
Medications should be integrated into standard treatment for drug dependence.	3.3
Treating patients with opioid addiction/opioid use disorder is difficult.	3.3
I have concerns regarding patient's misuse of medication.	2.9
Cost of buprenorphine is a barrier for my patients.	2.6
My patients are concerned about confidentiality.	2.6
Buprenorphine should only be used for a specified period of time.	2.6
My patients with opioid addiction are motivated to discontinue use.	2.5
I don't want to treat patients with opioid use disorders.	1.7
I don't want opioid use treatment patients accessing practice.	1.7
I don't believe in this type of treatment.	1.6

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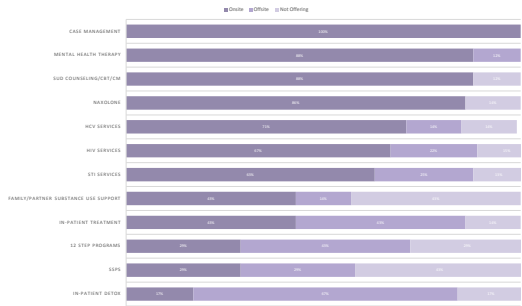
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Services Offered




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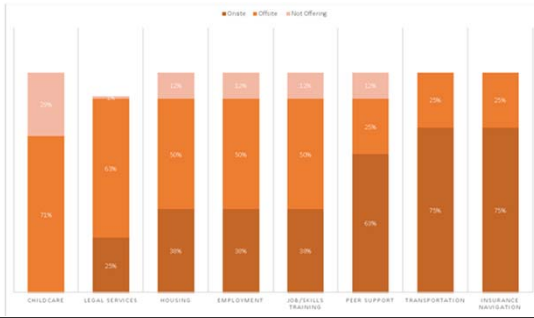
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Wrap Around Services Offered




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**MAT: Barriers and Supports**

Non-MAT Prescribers	MAT Prescribers
<b>Barriers to Providing MAT</b> <ul style="list-style-type: none"> <li>Inadequately trained</li> <li>Patient need is low</li> <li>COVID-19</li> </ul>	<b>Barriers to Providing MAT</b> <ul style="list-style-type: none"> <li>Insufficient time</li> <li>Lack of confidence</li> <li>Low reimbursement</li> <li>Liability</li> <li>Too much documentation</li> </ul>
<b>Supports Needed to Provide MAT</b> <ul style="list-style-type: none"> <li>TA/Training/CME</li> <li>Financial assistance</li> <li>Increased reimbursement</li> <li>Access to cognitive behavioral services</li> <li>Staff to provide wraparound services</li> </ul>	<b>Supports Needed to Provide MAT</b> <ul style="list-style-type: none"> <li>Co-location and referral of wrap around services</li> <li>More trained medical providers</li> <li>Trainings TA/Training/CME</li> </ul>

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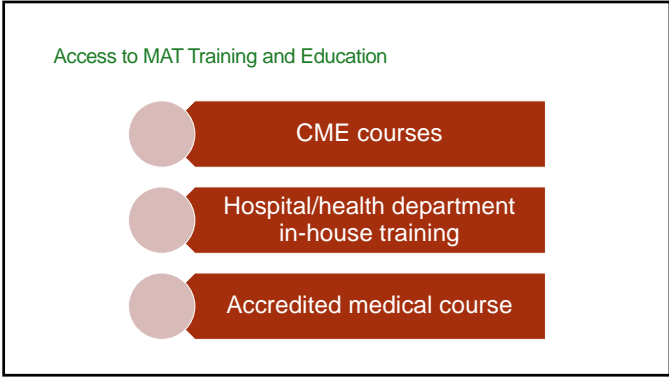
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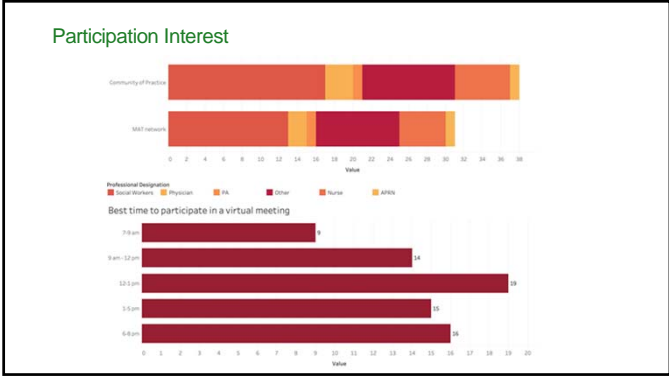
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**Survey Implications**

- Increase confidence and skills of multi-disciplinary providers workforce to identify opioid use disorders.
- Increase providers confidence in effective OUD treatment practices.
- Increase skills on identifying and managing potential medication misuse.
- Increase referral networks and coordination of care completion services.
- Increase motivational interviewing skills to promote behavior change.
- Better integrate and coordinate SUD counseling services with pharmacological treatment.

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**MAT Survey- Data to Action**

- Hosted three Community of Practice
  - Key Components of Treatment Planning and Appropriately Identifying Medication
  - OUD Case Study
  - Opioid Receptors
- Future Community of Practice

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**Thank You!**

For questions, thoughts, and/or ideas,  
please contact Erin Starzyk at [erin@healthhiv.org](mailto:erin@healthhiv.org).

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AUGUST 23, 2022


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