

# THE EFFECT OF AN EDUCATIONAL INTERVENTION ON PROVIDER COMFORT WITH TREATING OPIOID USE DISORDER WITH MEDICATION (MOUD) IN AN ACADEMIC FAMILY MEDICINE CLINIC

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# INTRODUCTION

- Opioid use disorder is a treatable, chronic disease
- Medications for opioid use disorder (MOUD) —buprenorphine, methadone, suboxone, and naltrexone—are effective at treating opioid use disorder and reducing morbidity and mortality
  - Reducing withdrawal symptoms, blunting effects of illicit opioids/harmful doses, reducing opioid cravings
- There is currently only sparse research on provider comfort and knowledge surrounding MOUD initiation and management
- LARGE gap between patient need and MOUD access/treatment (1 million people in 2012)
- Existing studies point to lack of provider knowledge and comfort, implementation barriers, or other perceived logistical barriers



# STUDY OBJECTIVE

- Within our academic family medicine residency clinic, as of three years ago, there was no formal didactic curriculum discussing MOUD
- This curriculum has been introduced into this clinic's residency education gradually over the past three years
- We aim to assess the effect of an organized MOUD curriculum on provider comfort prescribing MOUD by comparing three residency classes: one before a formal MOUD curriculum was implemented (class of 2023), one with an abbreviated MOUD curriculum (class of 2024), and one with a full MOUD curriculum (class of 2025)



# MOUD CURRICULUM

	Class of 2023	Class of 2024	Class of 2025
Focused didactic sessions	NO (0)	YES (1 session)	YES (3 sessions)
Noon report (1 hour general educational conference with residents and attendings as intended audience)	NO	NO	YES



# STUDY DESIGN

- Survey sent via email to the classes of 2023, 2024, and 2025
- Examples of survey questions included on next few slides
- The following data are being collected:
  - *Graduating year*
  - *Whether respondent received any external MOUD training (if so, what type and how much)*
  - *Whether respondent has mentors or colleagues in clinic who prescribe MOUD*
  - *Comfort level with screening, diagnosing, discussing, and prescribing MOUD*
  - *Perceived barriers to using MOUD for the treatment of patients*



\* 3. I have received EXTERNAL (non-residency curriculum) training in prescribing medications to treat opioid use disorder (MOUD)

Yes

No

4. If you answered yes to question 2, please elaborate:

Was this external training online or in person?

Was this external training self-directed or formal?

How many hours of training have you participated in over the last 12 months?

How many hours of training have you participated in throughout your career?

What resources or training programs did you utilize?



\* 5. I have colleagues within my current practice who prescribe MOUD

Yes

No

\* 6. I have mentors who prescribe MOUD

Yes

No

\* 7. I would describe my comfort level in SCREENING patients for opioid use disorder as

1-Extremely uncomfortable	2	3	4	5-Neither uncomfortable nor comfortable	6	7	8	9	10-Extremely comfortable
★	★	★	★	★	★	★	★	★	★

\* 8. I would describe my comfort level in DIAGNOSING patients with opioid use disorder as

1-Extremely uncomfortable	2	3	4	5-Neither uncomfortable nor comfortable	6	7	8	9	10-Extremely comfortable
★	★	★	★	★	★	★	★	★	★



\* 9. I would describe my comfort level in DISCUSSING medication options for MOUD treatment as

1-Extremely uncomfortable	2	3	4	5-Neither uncomfortable nor comfortable	6	7	8	9	10-Extremely comfortable
★	★	★	★	★	★	★	★	★	★

\* 10. I would describe my comfort level in PRESCRIBING medications to treat OUD as

1-Extremely uncomfortable	2	3	4	5-Neither uncomfortable nor comfortable	6	7	8	9	10-Extremely comfortable
★	★	★	★	★	★	★	★	★	★

\* 11. I estimate that I am currently treating \_\_\_ patients for opioid use disorder

\* 12. During my career, I have treated approximately \_\_\_ patients for opioid use disorder





\* 13. I perceive barriers to MY treatment of patients with OUD to include:  
(select all that apply)

- Poor reimbursement or other insurance barriers (prior authorization, step therapy, etc)
- Lack of social support resources for patients
- Lack of access to addiction, behavioral health or psychiatric co-management
- Too little experience treating OUD
- Lack of eligible patients with OUD within the practice
- Preference not to be inundated with requests for MOUD
- Concern about the risk of misuse or diversion
- Resistance from colleagues
- Lack of practice resources
- None of the above apply



# DATA ANALYSIS

- Data will be stratified and compared across the three residency classes
- The Class of 2023 will be the control/comparison group, as they received no formal training on OUD/MOUD during residency
- Surveys were sent out in mid-October to the classes of 2023 and 2024. The Class of 2025 still has a component of the educational curriculum (noon report) coming up; afterwards, surveys will be sent to that class



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