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Title

A Change of Mind on MOUD: Impact of Messages to Motivate Expanded Access to Buprenorphine in Primary Care Settings

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

CONTEXT: Expansion of medication for opioid use disorder (MOUD) within primary care practices is often met with resistance. Motivation to overcome the many challenges is needed to meet the critical need for high quality, lifelong management of OUD, just as with any other chronic disease. OBJECTIVE: We offered educational videos aligned with key determinants of behavior change and assessed their impact on attitudes and intention to explore MOUD. STUDY DESIGN AND ANALYSIS: Cross-sectional preand post- survey analyzed by Fisher's Exact non-parametric tests. INTERVENTION: A rural-setting family physician scripted informal videos describing her extensive experience with treating patients with OUD using buprenorphine. Video content was mapped to prominent behavior change theories. The primary video addressed key barriers and negative perceptions of buprenorphine prescribing; two supplementary videos centered on clinical and societal benefits (external motivation) or personal and professional rewards (internal motivation). POPULATION STUDIED: Licensed, actively practicing Internal Medicine and Family Medicine physicians and Non-physician practitioners in Kentucky. Continuing education (CME) credit and up to \$75 reimbursement were provided. Recruitment across several state organizations' listservs and by the host CME site lasted 9 months: April 24, 2023–Jan.24, 2024. OUTCOME MEASURES: Change in behavioral intention and attitudes toward barriers to OUD treatment, analyzed for differences by each supplementary video type. RESULTS: For the 37 qualifying participants, a significant reduction in importance was found for 5 of 19 listed concerns: negative attitudes (of their practice's employees, of their other patients), limited reimbursement, clinical time, and professional fit/sense of calling. The video promoting external motivations was associated with reduction in the importance of two concerns: medication costs/coverage and inappropriate patient behaviors (safety). Participants endorsed a greater likelihood to screen patients for OUD. Likelihood to consider addiction medicine certification was associated with higher scores on career satisfaction. CONCLUSIONS:

Education that is conceived for and specifically responsive to the primary care environment can help overcome perceived barriers and promote consideration of MOUD service in primary care practice. However, low participation/engagement moderates enthusiasm for widespread impact.

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