

**Submission Id: 2850**

**Title**

*Exploring barriers and facilitators for starting MAT for Opioid Use Disorder (OUD) in a Family Medicine Residency Clinic*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: Medication Assisted Therapy (MAT) with buprenorphine/naloxone is an effective intervention for Opioid Use Disorder (OUD); yet, there are too few MAT providers to meet the demands of patients in need. Objective: To explore attitudes, motivation, knowledge and assumptions that may help or hinder the roll out of MAT. Study Design: Cross-sectional survey; Setting: Hospital-based family medicine residency clinic in an Academic Medical Center; Population studied: Patient-facing employees; Instrument: An 18-item questionnaire exploring seven domains (Attitudes, Motivation, Satisfaction, Role Adequacy, Role Legitimacy, Role Support and Safety) was developed and administered prior to implementation of an MAT service line (Jan. 2021). Questions were aggregated by domain to explore attitudes to MAT implementation, and compared using repeated measures ANOVA. Outcome Measures: Questions used a 1-7 Likert scale, then averaged across domains, with higher numbers reflecting a more “positive” response. Results: Of 103 employees, 55 completed the survey (53.4%): attending physicians (11), physician associates (4), social workers (2), family medicine residents (10), nurses (11), medical assistants (7), other (7) and administrative staff (3). Aggregate scores by domain from highest to lowest: Attitude (5.71); Role Legitimacy (5); Role Support (4.88); Safety (4.88); Motivation (4.74); Satisfaction (4.46); Role Adequacy (4.35). The overall difference among the domain means was highly significant ( $F=3.93$ ,  $p<0.001$ ). Post-hoc pair wise comparisons among domains were also mostly significant (including  $-1.35$  for adequacy v. attitude,  $p<0.001$ ). Attitudes to providing MAT were the highest scored among the roles regardless of training or prior history of caring for OUD. Attitudes were explored with 3 questions r.e. respect for patient with OUD, how moral strength contributes to OUD and if treating OUD is good use of healthcare resources. Lowest scoring domain varied by role, training level and experience but “Role Adequacy” had the lowest mean score when all roles were combined in aggregate. Conclusions: Attitudes towards providing MAT for OUD were positive suggesting they are not the main barrier to adopting MAT into practice. Role Adequacy was the lowest scoring domain indicating that clinical training and building institutional support are critical to broader

adoption of MAT in primary care. Patient facing staff need confidence that they can get back up when they need it.