

Annual UW Project ECHO ACCEPT Report

May 2018-November 2019

Purpose:

Project ECHO is a collaborative model of videoconference case-based and didactic medical education that aims to enhance the confidence and competence of primary care providers in their management of complex chronic health issues.¹ This model has been used effectively in New Mexico to address substance use disorders and related conditions.

The UW adaptation of the ECHO model (Project ECHO ACCEPT) provides distance education to connect specialists to providers across the state of Wisconsin, with the purpose of providing facilitated training, including case-based learning, and mentoring support for providers regarding substance-related issues. The work will positively impact rural Wisconsin providers, residents, families, and communities. With funding from the Department of Health Services (DHS), Dr. Randy Brown from UW Health implemented the ECHO model in Wisconsin in 2018.

Funding:

This effort is sponsored by UW Department of Family Medicine and Community Health and the Wisconsin Department of Health Services, Division of Care and Treatment Services. Funding for this project was made possible by grant 435200-G-18-11448-285932-880 from the Substance Abuse and Mental Health Services Administration. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Project Goals and Objectives:

1. Increase provider engagement in the management of patients with Substance Use Disorders (SUDs) and related co-morbidities through outreach to primary care settings to improve knowledge of Substance-related issues
 - Increase engagement of primary care providers who serve marginalized and/or underserved populations.
 - Increase trainee/resident engagement.
 - Improve access to SUD treatment for marginalized or underserved Wisconsin residents, particular focus on vulnerable counties within the state.
 - Increase engagement of UWH and UPH-Meriter providers in Project ECHO, including presenting cases
 - Increase provider retention in Project ECHO
2. Enhance provider satisfaction in caring for patients with Substance Use Disorders.

¹ University of New Mexico, Project ECHO. https://echo.unm.edu/wp-content/uploads/2017/09/ECHO_One-Page_08.17.2017.pdf

3. Improve substance use outcomes and reduce substance use impact for WI residents, families, and communities

Education Objectives:

The education content objectives were developed to meet Continuing Medical Education credit accreditation requirements, and to promote the development and focus of the didactic topics for the series. The education objectives include:

- Review appropriate opioid prescribing and monitoring practices.
- Participate in office-based management of substance use disorders.
- Enhance delivery of overdose prevention and intervention education.
- Identify the role of medication assisted therapies in the management of substance use disorders.

Evaluation Plan:

Project ECHO is a statewide, collaborative model of medical education and care management that utilizes videoconferencing to connect specialists with expertise and resources, to numerous Wisconsin providers. The objective is to provide facilitated training, including case-based learning, and mentoring support to address the State's Substance Use Disorder (SUD) crises.

This workgroup will collaborate with the existing Project ECHO team to expand outreach to additional sites, as well as increase UW Health and UnityPoint Health - Meriter provider engagement in Project ECHO and implement a plan for sustainability of the project beyond the current funding term from DHS.

Per the requirements noted in the State of Wisconsin Department of Health Services Grant Funding Opportunity Announcement, the attached logic model will be used to guide program implementation and meet reporting requirements.

Metrics for Success

Project outcomes will be evaluated, utilizing the pre-, mid-, and post-surveys and the on-going post session surveys following each session. Stakeholder feedback will be utilized to impact on-going process improvements to continually strive toward the intermediate and long-term project objectives.

Evaluation Budget

The project currently allocates 27% of its budget for supporting the personnel salaries of the evaluation team.

Analysis of Project Goals and Objectives:

Goal 1: Increase provider engagement in the treatment of Substance Use Disorders (SUDs) and related conditions through outreach to primary care settings to improve knowledge of Substance-related issues. Specifically for the following cohorts and project activities:

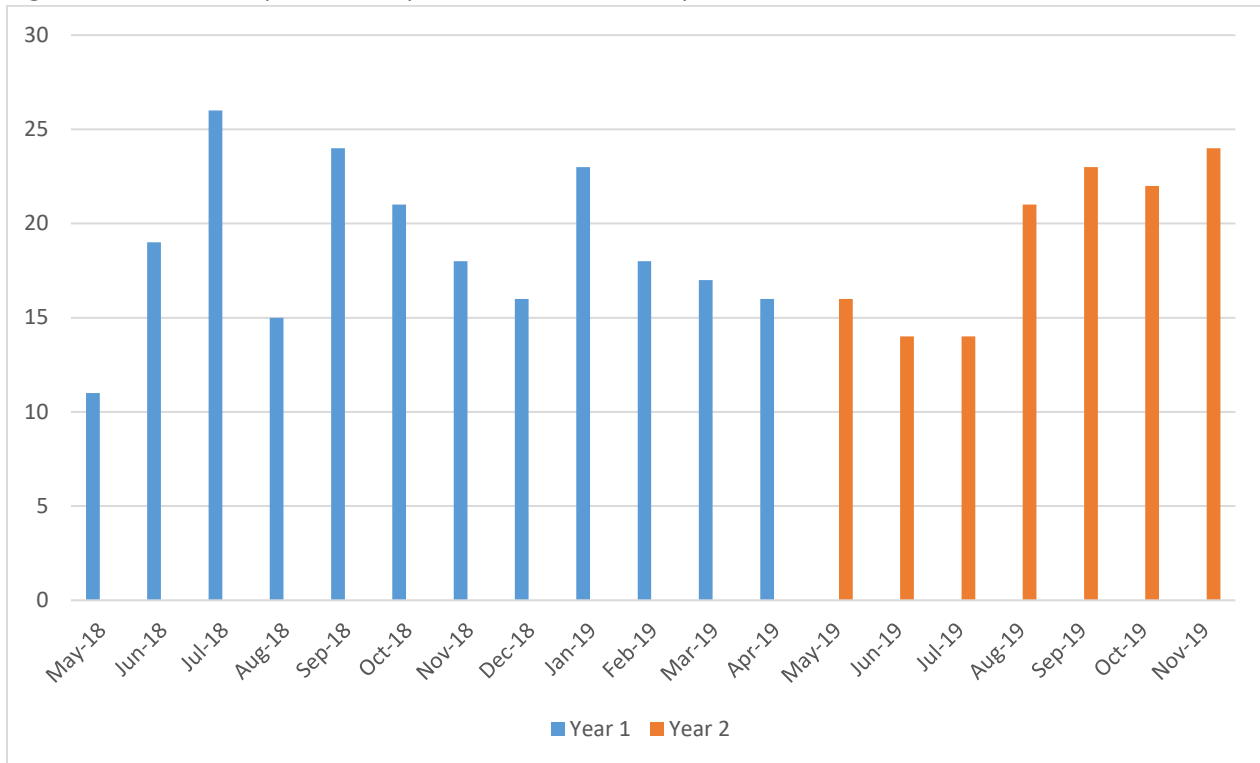
- Increase engagement of primary care providers who serve marginalized and/or underserved populations.
- Increase trainee/resident engagement.
- Improve access to SUD treatment for marginalized or underserved Wisconsin residents, particular focus on vulnerable counties within the state.
- Increase engagement of UWH and UPH-Meriter providers in Project ECHO, including presenting cases.
- Increase provider retention in Project ECHO

From series year 1 (May 2018-April 2019) to series year 2 (May 2019 – November 2019) there has been a 2% increase in average attendance thus far. With an average attendance of 18.7 per session for year 1 and 19.1 per session thus far for year 2 (Graph 2). In addition, the series has seen 161 participants who have repeatedly attended at least more than one session (Table 1).

Figure 1: Attendance per Series Year May 2018 – November 2019

Project Year	Attendance
Year 1 (May 2018 – April 2019)	224 (100 individual attendees)
Year 2 (May 2019 – November 2019)	134 (61 individual attendees)

Figure 2: Attendance per Session per Individual from May 2018 – November 2019



Based on self-reporting majority of the participants are physicians (MD, DO) 27%, while 15% of those participants are primary care providers. In addition, our participants are from 65 different health organizations located statewide. (Figures 3, 4, and 5).

Figure 3: Participant Credentials per Series Year

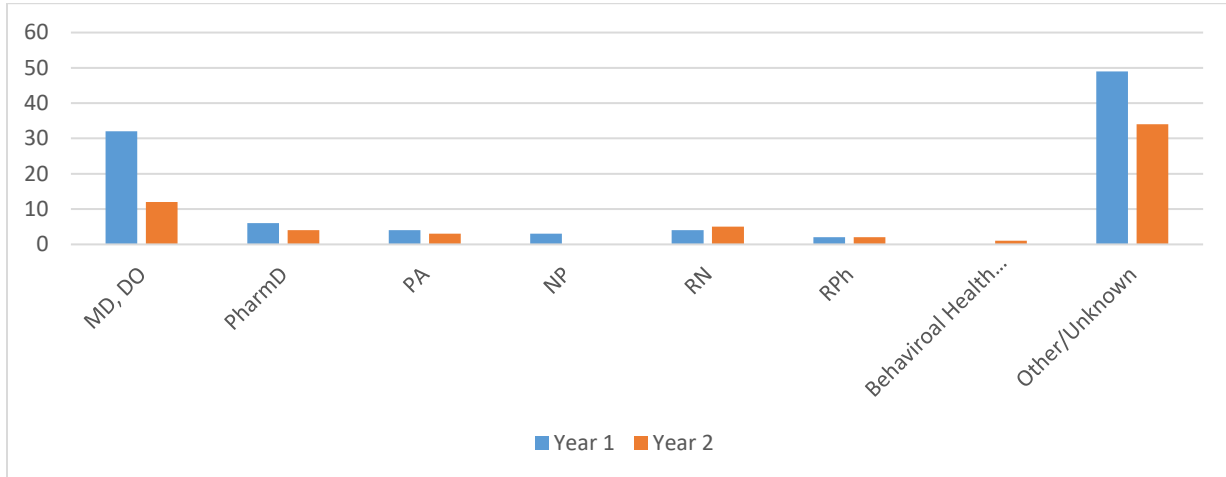


Figure 4: Provider Specialty

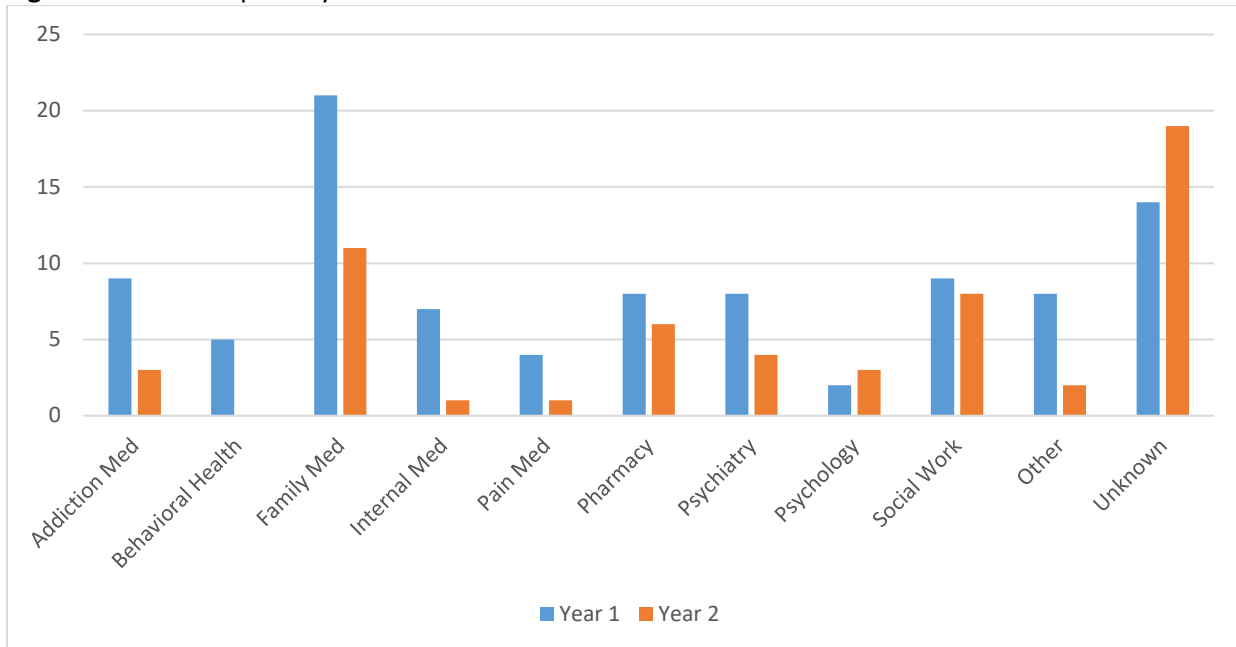
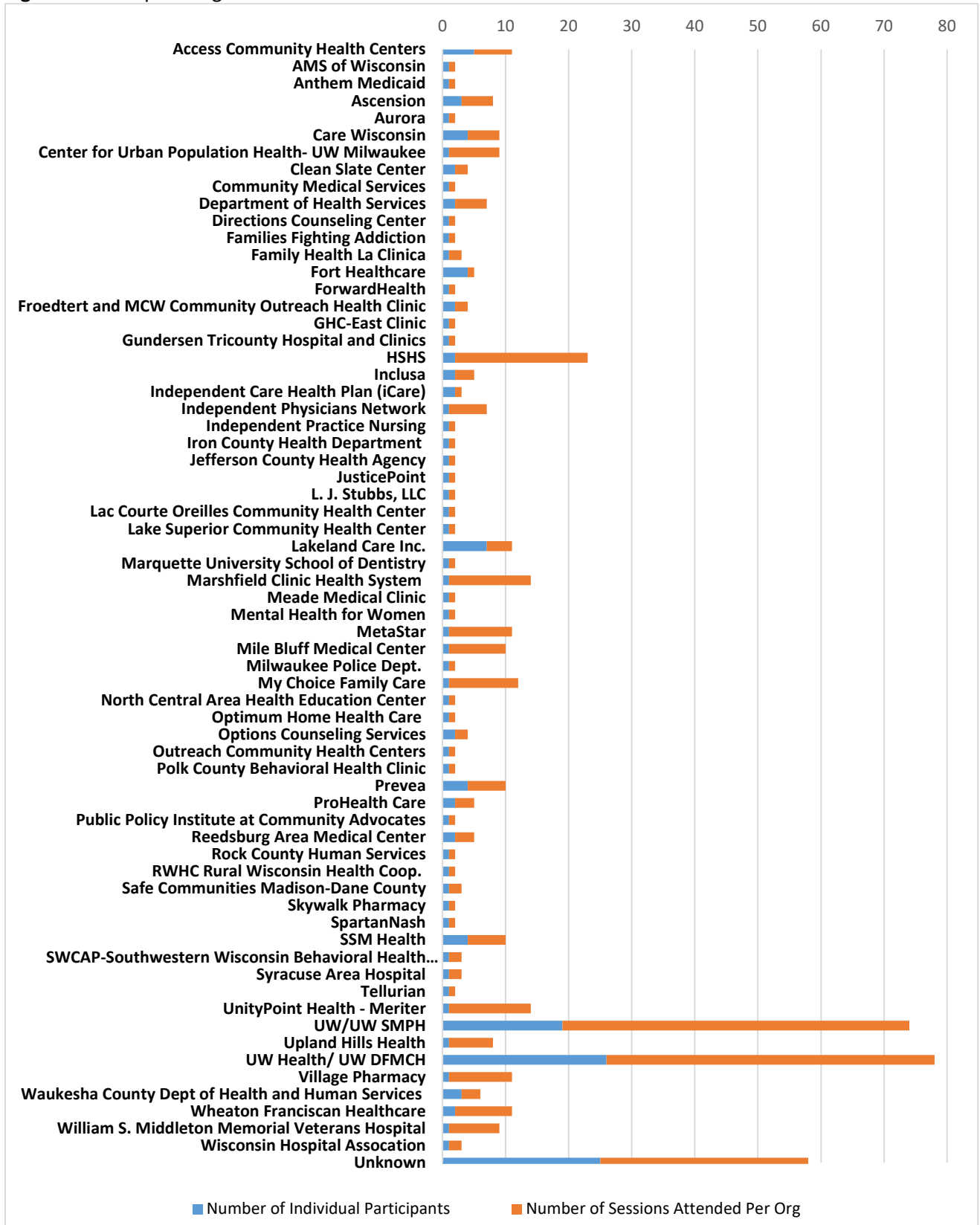


Figure 5: Participant Organizations

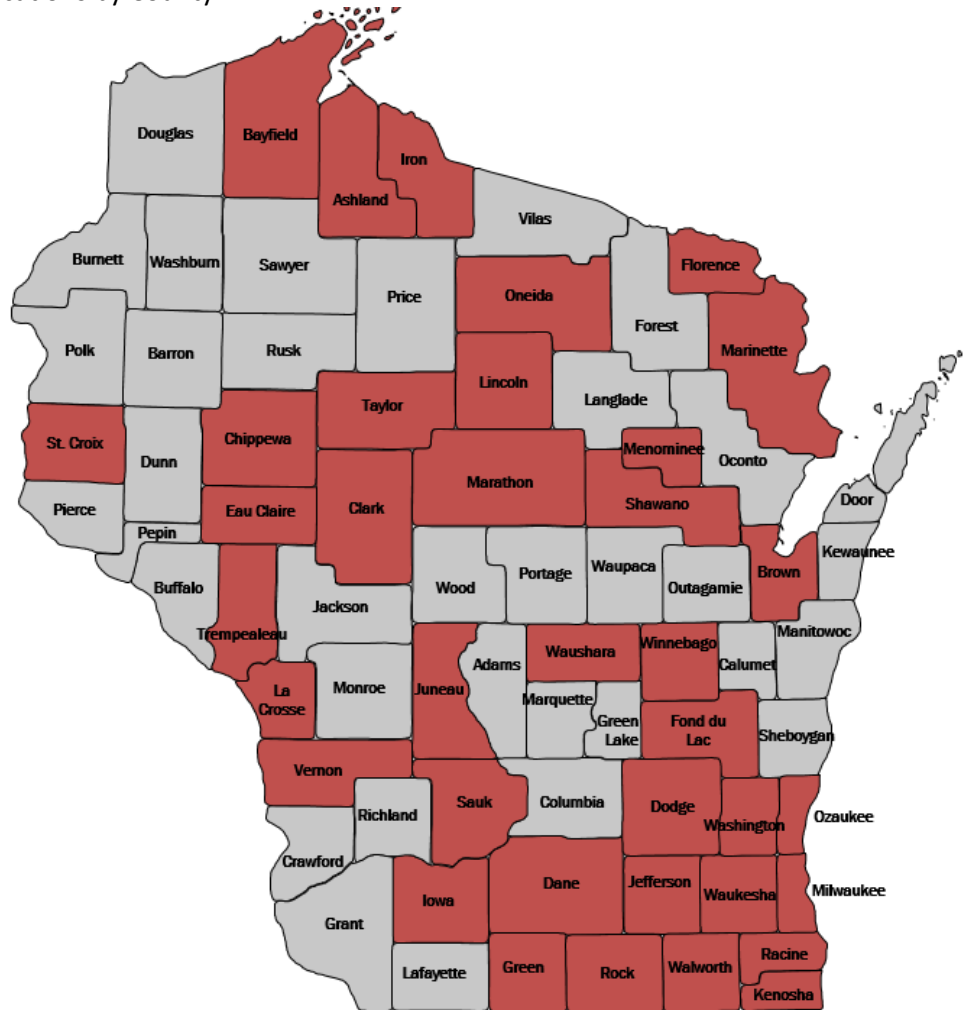


We have had participants from thirty-six counties, and nine of those counties have a 25 per 100,000 residents or higher drug overdose rate ranging between the ages of 15-64 from the years 2013-2017. This data was collected by the CDC and compiled by NORC – University of Chicago and USDA. (Figure 6 and 7). (<https://opioidmisusetool.norc.org/>)

Figure 6: Participant Locations by County

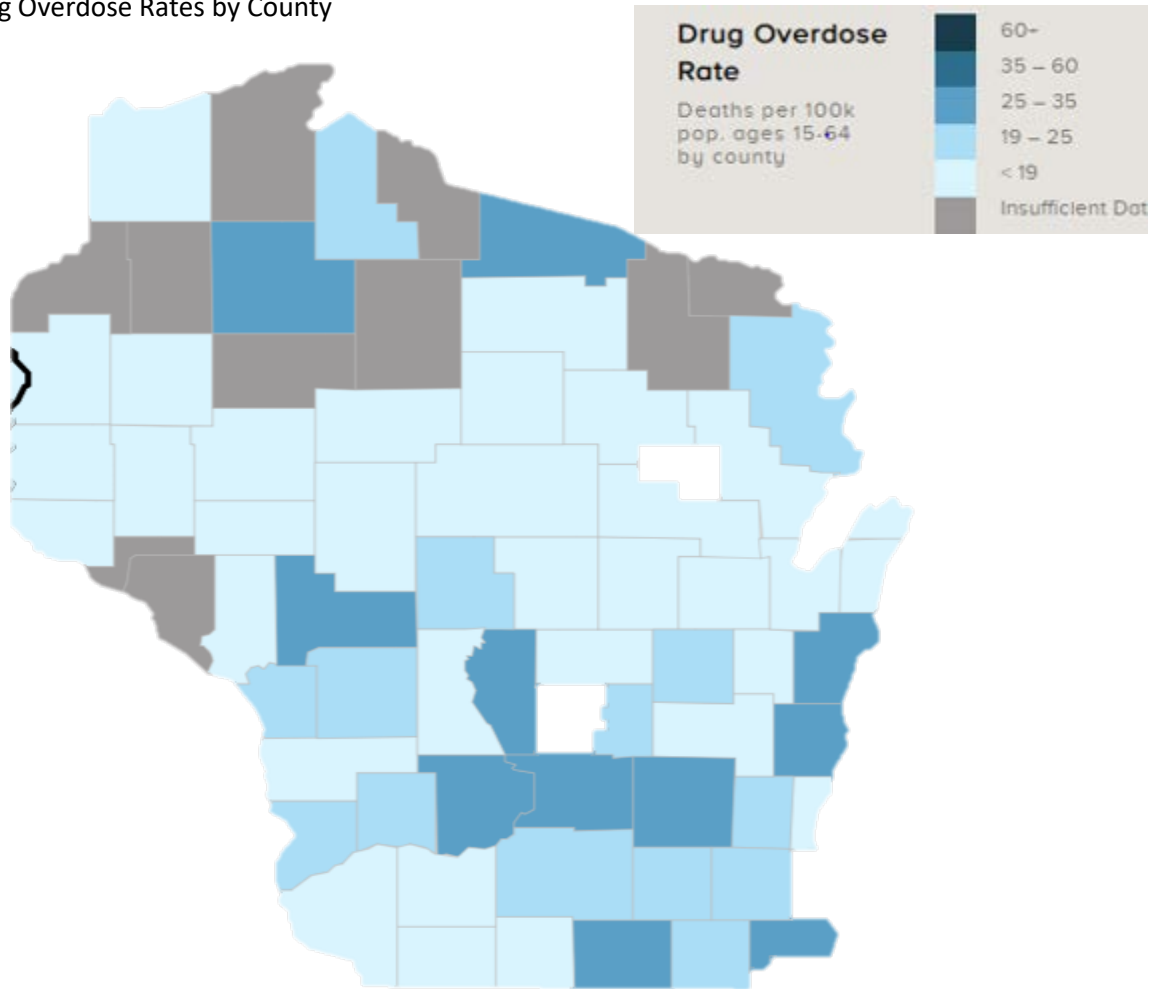
Provider Locations

- Out-of-State:
- Indiana
 - Nebraska
 - Illinois



Last Revised:
12/18/2019

Figure 7: Drug Overdose Rates by County



<https://opioidmisusetool.norc.org/>

Goal 2: Enhance provider satisfaction in caring for patients with Substance Use Disorders. At this time, data is not available regarding provider confidence in caring for patients with Substance User Disorders. This information is in process of being collected via the three main evaluations (Pre-, Mid-, and Post-series surveys). This information will be available fall 2020.

Goal 3: Improve substance use outcomes and reduce substance use impact for WI residents, families, and communities. At this time, data is not available regarding provider confidence in caring for patients with Substance User Disorders. This information is in process of being collected via the three main evaluations (Pre-, Mid-, and Post- series surveys). This information will be available fall 2020.

Education Content:

The following includes presentation topic and presenter information from May 2018 to June 2020. All topics were developed and identified based on the project's education objectives:

- Review appropriate opioid prescribing and monitoring practices.
- Participate in office-based management of substance use disorders.
- Seek, with greater frequency, overdose prevention education.
- Identify the role of medication assisted therapies, such as methadone, naltrexone, and buprenorphine in the management of substance use disorders.

Topics and Presenters from May 2018 – June 2020

Date	Topic	Presenter
Friday, May 18, 2018	Quantity Guidelines in Prescribing Opioids	Paul Hutson, PharmD, BCOP
Friday, June 15, 2018	Alcohol Misuse in the Setting of Daily Prescription Opioid Use or MAT	Chris Nicholas, PhD
Friday, July 20, 2018	Interpretation of Urine Drug Testing	David Galbis-Reig, MD
Friday, August 17, 2018	Counseling Strategies in Primary Care	Lindsey Peterson, MS, CRC
Friday, September 21, 2018	Clinic Flow for Office Based Opioid Treatment	Elise Wessol, DO
Friday, October 19, 2018	Transition of Methadone to Buprenorphine	Ritu Bhatnagar, MD
Friday, November 16, 2018	Pain Management in the Setting of MAT	Ritu Bhatnagar, MD
Friday, December 21, 2018	Management of Opioid Use Disorders in Pregnancy	Sreevalli Atluru, MD
Friday, January 18, 2019	Anxiety and Depression and OUD	Dean Krahn, MD
Friday, February 15, 2019	Cannabis Use and Chronic Pain	Peggy Kim, MD
Friday, March 15, 2019	Buprenorphine and Managing Diversion Risk	Elise Wessol, DO
Friday, April 19, 2019	Buprenorphine and home induction	Randy Brown, MD, PhD
Friday, May 17, 2019 (new series year)	Addictions and Substance Use Disorders: Definitions and Concepts	Dean Krahn, MD
Friday, June 21, 2019	Interview Advice and tips regarding Co-Morbidity Pt. 1	Dean Krahn, MD
Friday, July 19, 2019	Alcohol Withdrawal	Randy Brown, MD, PhD
Friday, August 16, 2019	An Overview of Fetal Alcohol Spectrum Disorders in the Adult Population	Lindsey Peterson, MS, CRC
Friday, September 20, 2019	Alcohol Use Disorder and Liver Transplant: The role of Behavioral Health Therapist	Susan Mindock, LPC, CSAC
Friday, October 18, 2019	Interview Advice and tips regarding Co-Morbidity Pt. 2	Dean Krahn, MD
Friday, November 15, 2019	Trauma in Women with Substance Use Disorder	Lindsey Peterson, MS, CRC
Friday, December 20, 2019	Substance Use Issues in Older Adults	Randy Brown, MD, PhD
Friday, January 17, 2020	Trauma-Informed Care Treatment	Lindsey Peterson, MS, CRC
Friday, February 21, 2020*	Opioid withdrawal & intoxication	TBD
Friday, March 20, 2020*	Opioid agonist Tx (OBOT)	TBD
Friday, April 17, 2020	Youth perceptions of opioid safety, knowledge gaps, and preferences for education in high schools	Olufunmilola Abraham, PhD, MS, BPharm
Friday, May 15, 2020*	Opioid antagonist Tx	TBD
Friday, June 19, 2020*	Opioid Treatment Programs (OTPs)	TBD

* Topics and presenters are pending, and could to change.

Potential Topics and Presenters

The following are potential topics and presenters for future sessions based on participant feedback, and information gathered by project staff from local conferences.

- Mindful Awareness in Body-oriented Therapy (MABT) - Cynthia Price, PhD (ATTC Presentation)
 - Reducing Relapse Risk by Increasing Body Awareness Skills: Practical Tips and Research Finding for Clinicians Who Work in Substance Use Disorder Treatment
- Emerging Treatment of Opioid Use Disorder – Sela Kurter, MD
 - Emerging MAT treatments: Sublocade injectable, Vivitrol injectable, NSS2-2 Bridge Device for non-medicinal withdrawal treatment, buprenorphine micro dosing, etc.
- Culturally specific treatment needs of Latino population w/ OUD – United Community Center (Centro De La Comunidad Unida) Representative
- MARI (Madison Addictive Recovery Initiative) pre-arrest diversion program & ED2Recovery Programs – Bernie Albright, Joseph Balles, Sarah Johnson, Tanya Kraege
- Alternatives to Jail: The Evidence Behind Drug Courts – Jason Latva and Mary Triggiano
- Motivational Interviewing: Adolescents and Marijuana – Himanshu Agrawal, MD, Courtney Barry, PsyD, Barbara Sieck, PhD, Mathew Stohs, MD, Christopher Takala, Do, and Sarah Trost, PhD (MCW)
 - Identify opportunities to enlist motivational interviewing strategies in adolescents who use cannabis.
 - Convey a patient-centered empathetic approach that elicits patient values, attempts to resolve ambivalence, and promotes behavior change.
 - Demonstrate at least three motivational interviewing strategies to apply to clinical practice.
- Psychotherapy in MAT – John Ewing, MD (UnityPoint) and Thomas Hayes, PhD (Pauquette Centers for Psychological Services)
 - Understand effects of medications on the psychotherapy process
 - Understand use of CBT techniques RE: Dose Adjustments
 - Understand matrix approach to the addiction change process
- Rural Perspectives of Substance Use Disorder Treatment and Prevention – Mark Lim, MD, FASAM and Sheila Weix, MSN, RN, CARN
 - Identify community needs and barriers in the treatments of substance use disorder.
 - Identify current trends of substance use in rural communities.
 - Describe challenges particular to providing SUD treatment and prevention in a rural environment.
 - Recognize innovative models that are being used and the resulting outcomes.
- Treatment Perspectives and Barriers to Care in the African American and Hispanic Populations – Algernon Felice, PhD (Cultural BRIDGES Treatment & Consulting), Eugenia Sousa, MS, CSAC, CS-IT, Marcia Walton, MS, LPC-IT, SAC-IT (United Community Center)

- Have a much more rounded understanding of Trauma - its impact in-utero, how it affects growth, development, cultures, health outcomes, et cetera.
- Truly understand that much of what we see as cultural pathology is better viewed through the lens of “normalized trauma.” The effects of “normalized trauma” on a culture are mind-altering. We need a shift in social policy if we want to truly tackle this challenge.
- Increasing Alcohol Use in Wisconsin & the US: Public Mental Health Approaches Can Help Cork the Bottle - Michael Bohn, MD
 - Opportunities to mitigate the rising tide of alcohol use, binge drinking and alcohol problems from a public health and prevention perspective.
- Supporting Providers through Patient Overdose – Ritu Bhatnagar, MD (UnityPoint) and Dean Krahn, MD (VA)
- 211 Helpline Program Overview – United Way
 - Overview of program, and how providers can utilize this resource.
- Wisconsin Voices for Recovery Program Overview – Jessica Geshke (DFMCH)
 - Overview of program, and how providers can utilize this resource.
- SUDs in minority populations i.e. Native Americans
- Management of care for undocumented population
- How to ensure insurances will pay for treatment
- Corrections/Criminal Justice involvement with SUDS
- E-cig/vaping – pharmacotherapy to assist with quitting
- How to handle the “difficult” patient (not following treatment plan)?
- What are the ethics of stopping agonist care?
- Future of telehealth and SUD
- Peer Specialist Programs
- Effective empathy, ACT, ethics of treating patients with SUDs differently than treating patients with other medical and/or mental health disorders.
- Long-acting buprenorphine formulations.
- More information on methamphetamine, bath salts, and fentanyl would be helpful.
- Tx of meth addiction

- Ongoing substance use treatment with co-morbid psychiatric disorders
- Facilitating initiating medication-assisted treatment in the ER with warm hand-offs of those presenting with SUD's from ER's to Addiction Medicine.
- Learn about Lucemyra
- Stimulant use in opioid users
- Buprenorphine for Pain
- Use of medications for comorbid mental health disorders in SUD
- Challenges with treating OUD in patients who relapse
- Best continuums of care; do we need new abilities to commit patients for treatment if they have been rescued by narcan multiple times.
- Use of CAM for addictive disorders
- Self-help groups
- Ongoing support and education for CHCs around MAT
- Emergency Department – Nursing Perspective and work with Peer Recovery Coaches
- Child Protective Services regarding the ethics of reporting when providers have patients with SUD and are caregivers.
 - Ethics/What mandates a formal report to CPS
- SUD in Pregnancy
- Treatment Perspectives in the Native American Population
- Mindfulness for SUD

Attachments Include:

- Evaluation Plan Logic Model
- Post-Session Survey Results (May 2018 – November 2019)
- Pre-Series Survey Results

Logic Model

Purpose:

- Project ECHO is a statewide, collaborative model of videoconference case-based and didactic medical education that aims to enhance the confidence and competence of primary care providers in their management of complex chronic health issues.¹ This model has been used effectively in New Mexico for addiction treatment.

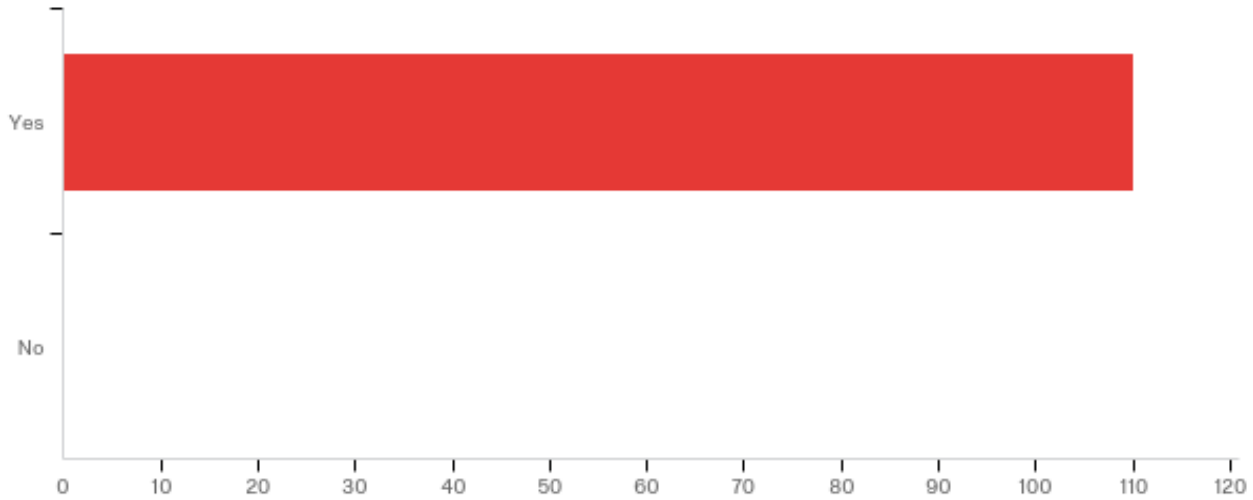
Objectives	REQ. BY:	AS MEASURED BY:	TIMELINE	OUTCOMES
<ul style="list-style-type: none"> Increase provider engagement in the treatment of Substance Use Disorders (SUDs) through outreach to primary care settings to improve knowledge of Substance-related issues. <ul style="list-style-type: none"> Increase engagement of primary care providers who serve marginalized and/or underserved populations. Increase trainee/resident engagement. Increase access to SUD treatment for marginalized or underserved Wisconsin residents, particular focus on vulnerable counties within the state. Increase engagement of UWH and UPH-Meriter providers in Project ECHO, including presenting cases. 	DHS UW Health Opioid Task Force	<ul style="list-style-type: none"> How many providers utilize the Hotline and ECHO? measured by Hotline call logs and ECHO attendance. (or ask in surveys?) The number of individuals participating Practice Site Zip code <ul style="list-style-type: none"> Classified as HPSA/MUA by HRSA Specialty (FM, IM, PC, EM other:) Waivered (Y/N) <ul style="list-style-type: none"> Use of wavier 	1/2019-6/2020	<ul style="list-style-type: none"> Engaged providers have improved confidence and knowledge in treating patients with substance use disorders. Increased number providers whom are trained in treating substance use disorder.
<ul style="list-style-type: none"> Enhance provider satisfaction in caring for patients with Substance Use Disorders. 	UW Health Opioid Task Force	<ul style="list-style-type: none"> Post-session Surveys <ul style="list-style-type: none"> Evaluating session content Evaluating provider confidence/knowledge base 	1/2019-6/2020	<ul style="list-style-type: none"> Engaged providers have improved confidence and knowledge in treating patients with substance use disorders.
<ul style="list-style-type: none"> Increase provider retention in Project ECHO <ul style="list-style-type: none"> 2+ sessions attended 	DHS UW Health Opioid Task Force	<ul style="list-style-type: none"> Attendance logs 	1/2019-6/2020	<ul style="list-style-type: none"> Increased numbers of reoccurring providers participating in Project ECHO.
<ul style="list-style-type: none"> Provide input on Project ECHO as subject matter experts (prescribers of opioids) 	Internal Function		1/2019-6/2020	Internal Function
<ul style="list-style-type: none"> Share data and partner with DHS to meet statute evaluation requirement <ul style="list-style-type: none"> How will the aggregate data be stored? What are the strategies for utilizing aggregate data for continuous quality improvement? 			1/2019-6/2020	
<ul style="list-style-type: none"> Develop a plan for sustainability of Project ECHO beyond the existing funding, by promotion of strong outcomes and usage 			1/2019-6/2020	
<ul style="list-style-type: none"> Develop a transition and implementation plan for Project ECHO that expands the educational network and allows for education related to all substance abuse; implement if grant is awarded or operational funds identified 			1/2019-6/2020	

¹ University of New Mexico, Project ECHO. https://echo.unm.edu/wp-content/uploads/2017/09/ECHO_One-Pager_08.17.2017.pdf

Post-Session Survey Results

December 18th 2019, 4:55 pm MST

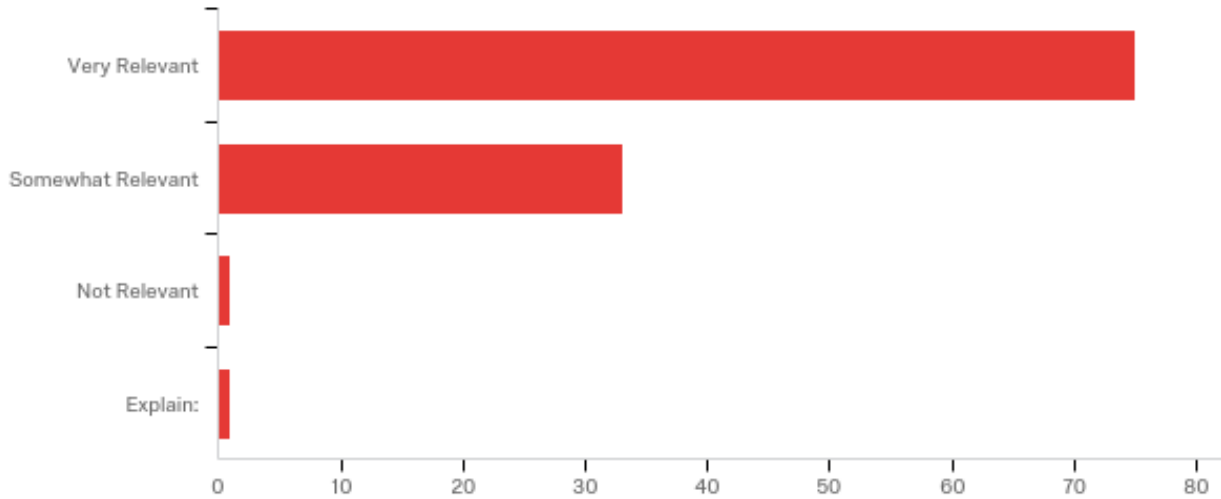
Q1 - This educational activity met its stated objectives:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	This educational activity met its stated objectives:	1.00	1.00	1.00	0.00	0.00	110

#	Answer	%	Count
1	Yes	100.00%	110
2	No	0.00%	0
	Total	100%	110

Q2 - How relevant was this educational session to your clinical practice or training level?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How relevant was this educational session to your clinical practice or training level? - Selected Choice	1.00	4.00	1.35	0.55	0.30	110

#	Answer	%	Count
1	Very Relevant	68.18%	75
2	Somewhat Relevant	30.00%	33
3	Not Relevant	0.91%	1
4	Explain:	0.91%	1
	Total	100%	110

Q2_4_TEXT - Explain:

Explain: - Text

I am getting my X-waiver and finishing up the credit hours now.

Q3 - What did you learn about the topic area discussed in this session?

What did you learn about the topic area discussed in this session?

There was the review for the COWS and SOWS. It also helped refresh of MAT treatment in clinic settings. Our clinic hopes to have a case study soon.

My members can be impacted by AODA issues, so it is good to have this knowledge

I learned that providers can obtain a waiver to treat opioid w/d. I also was reminded that etoh therapy may need to be considered in the patient care model, as was reviewed in the patient cases. Finally I was reminded that cultural and social norms play a role in the treatment we provide to patients, and that this must not be overlooked.

Issues in care of complex patients with multiple diagnoses; learning how other systems handle these patients

heritability of SUD and useful review of comorbidities

This was great review.

Gave me different options than what I usually do

helping patients know what to expect

The process on how physicians transition patients from Methadone to Buprenorphine.

Transition from Methadone to suboxone

Great learning that will be shared with our team. Women Trauma is rampant in our region.

Complex PTSD. How to handle ongoing substance use disorder other than opioids in a patient taking buprenorphine for an opioid use disorder.

how to manage acute pain in patients on buprenorphine - learned about the Michigan algorithm for management of elective and urgent surgeries.

emphasis on patient choice

keep encouraging the patient

Ways to address UAs that come back with undesirable results

handling pts with unexpected urine test results and handling pain in pts with surgeries while on agonist therapies are important. Learned what others do in first instance; learned algorithm for pain control re surgery issues.

home induction therapy

Home induction strategies and dealing with complex pain patients

The taper time with clonazepam and years of opioid use is going to be near impossible. Starting MAT makes sense.

I learned more about how providers in different disciplines view and approach individual cases.

Better communication & patient education

Home induction may be a more viable option than I originally thought

Red Flags for diversion of buprenorphine

There needs to be more done for opioid misuse after they get start their journey to being clean. That includes Certified Peer Specialists to work with them.

Case presentation was of a substandard quality. Facts were poorly organized and incomplete.

Motivation is an essential prerequisite to moving on beyond assessment. Remembering that patients may come to the interview with a very different view of your role than you do can be extremely important to getting buy-in. Don't need to get exhaustive detail right away, especially if it will interfere with a return visit. Resistance to additional diagnoses can be a serious problem.

The medical management of the WD sxs was great to see!

use of phenobarb and a new med as well for w/d

Treatment plans for AUD and common AUD withdrawal symptoms.

Increased knowledge of medication assisted treatment options and drug screening.

Great information on best practices and when to utilize them.

Associations of mental health disorders are stronger with drug use disorders than alcohol use disorders. Co-morbidity of other disorders other than depression and anxiety.

Co-morbid substance use and mood disorder. Pt's who meet diagnostic criteria for major depressive disorder who also have opioid use disorder show less symptom improvement. Need to treat both.

To consider eating disorders when working with population

existing data about studies investigating treatment of anxiety and other comorbidities

Additional things to consider in the assessment with co-occurring disorders

Case presentations were lacking; too focused on the psycho-social aspects; and missed important medical considerations.

discussion about complex patients helps me better think about and treat my patients. Incidence of comorbid mental health diagnoses with substance use disorders and relative risks and benefits of treating those disorders.

anxiety and depressive disorders are more important than simple symptom ratings for prognosis and care

different medication choices- and pro/con to each choice

triage to specialists

That when dealing with opioid addiction you need to fully gain their trust.

interesting study of cbd vs medical marijuana. I think a lot of money is being made on cbd oil for a potentially ineffective treatment

Best way to taper

coordination of care options

impact of opioid use on infants

dealing with tapering off of suboxone and adding therapy to it

options for coordinating care with counseling, psychiatric care. different models for approaching OUD in primary care. nuances of UDS. what to expect for pts that are/become pregnant.

good description and discussion about strategies to use

The prevalence of FASD beyond FAS as well as specific needs in this population and strategies to employ.

I am a mental health provider so this information is related relevant. I am very familiar and use MI in my work."about how specialized chronic head ache medicine is. Reinforced how useful MI can be in AODA work."

Motivational interviewing is helpful to both medical and mental health providers.I felt that it was a nice refresher on the core principles of motivational interviewing.

home induction therapy working in-conjunction with MD's

Home induction strategies and dealing with complex pain patients

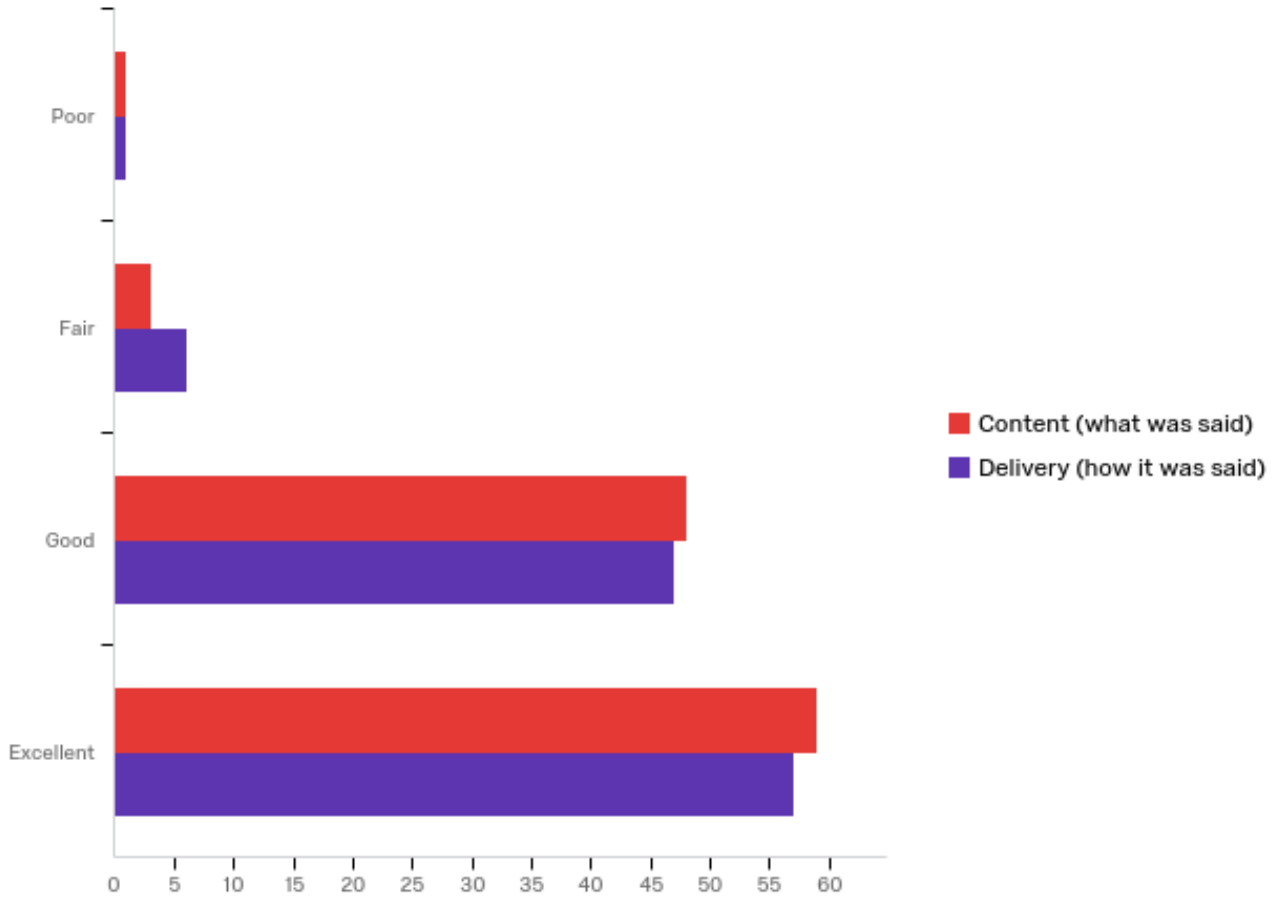
The taper time with clonazepam and years of opioid use is going to be near impossible. Starting MAT makes sense.

Presentations are tailored for medical providers but still relevant to mental health providers.

Better communication & patient education

Home induction may be a more viable option than I originally thought.

Q18 - Rate the presentation



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Content (what was said)	1.00	4.00	3.49	0.60	0.36	111
2	Delivery (how it was said)	1.00	4.00	3.44	0.64	0.41	111

#	Question	Poor		Fair		Good		Excellent		Total
1	Content (what was said)	0.90%	1	2.70%	3	43.24%	48	53.15%	59	111
2	Delivery (how it was said)	0.90%	1	5.41%	6	42.34%	47	51.35%	57	111

Q4 - Please offer feedback to the presenter(s):

Please offer feedback to the presenter(s):

Cut down amount of content//great to get f/u on cases presented

wonderful review, thanks

Great education. Dean did a great job!

Hard to track conversations between people "in the room" and even harder when get back and forth to those calling in

Engaging presenter

Great job!

Information was good. Slides could have had a little less information on them.

Great case - very pertinent to primary care

Thank you for being so helpful. I'm a new bup prescriber.

Very engaging. Issues within cases presented were similar to issues that present in our MAT clinic

Ritu does a great job presenting, and it is quite informative!

Well done!!

I used mobile app Zoom for this and worked great. I am getting my X-waiver and finishing up the credit hours now.

Excellent case presentation and topic for didactic. Presentations are tailored for medical providers but still relevant to mental health providers.

Felt this session was much more impactful than the first session I attended and will likely be discussing this with colleagues. It also helped me prepare

Great presentation given time frame. Very relevant.

very interesting I would appreciate it if they kept the series going.

Need to be better prepared and better organized.

Excellent; Assessment of SUD patients is universally useful. Thank you very much for your candor and insight. Noting the strengths and weaknesses of the observations presented was appreciated. Not presented as the only way to do things, but as helpful tips, which seemed very appropriate.

Great job!

keep up the good work

Some were easy to hear and others were really quiet.

Very helpful. Obviously very knowledgeable.

Please provide access to copies of PowerPoint presentation for reference.

case examples very helpful.Kept it moving and covered a lot of ground in a short time.

Great presentation and literature review.

Overall effective

good knowledge base already. thanks for the thorough review.

Didactic part was excellent. Case presentations were poor.

cases similar to ones I see

I am new to Addiction Medicine, case reports were very educational. I appreciate the comfortable, non-judgmental dialogue. Learning from each other

very interesting

overall excellent.

somewhat basic info, but appropriate for the time available. good review.

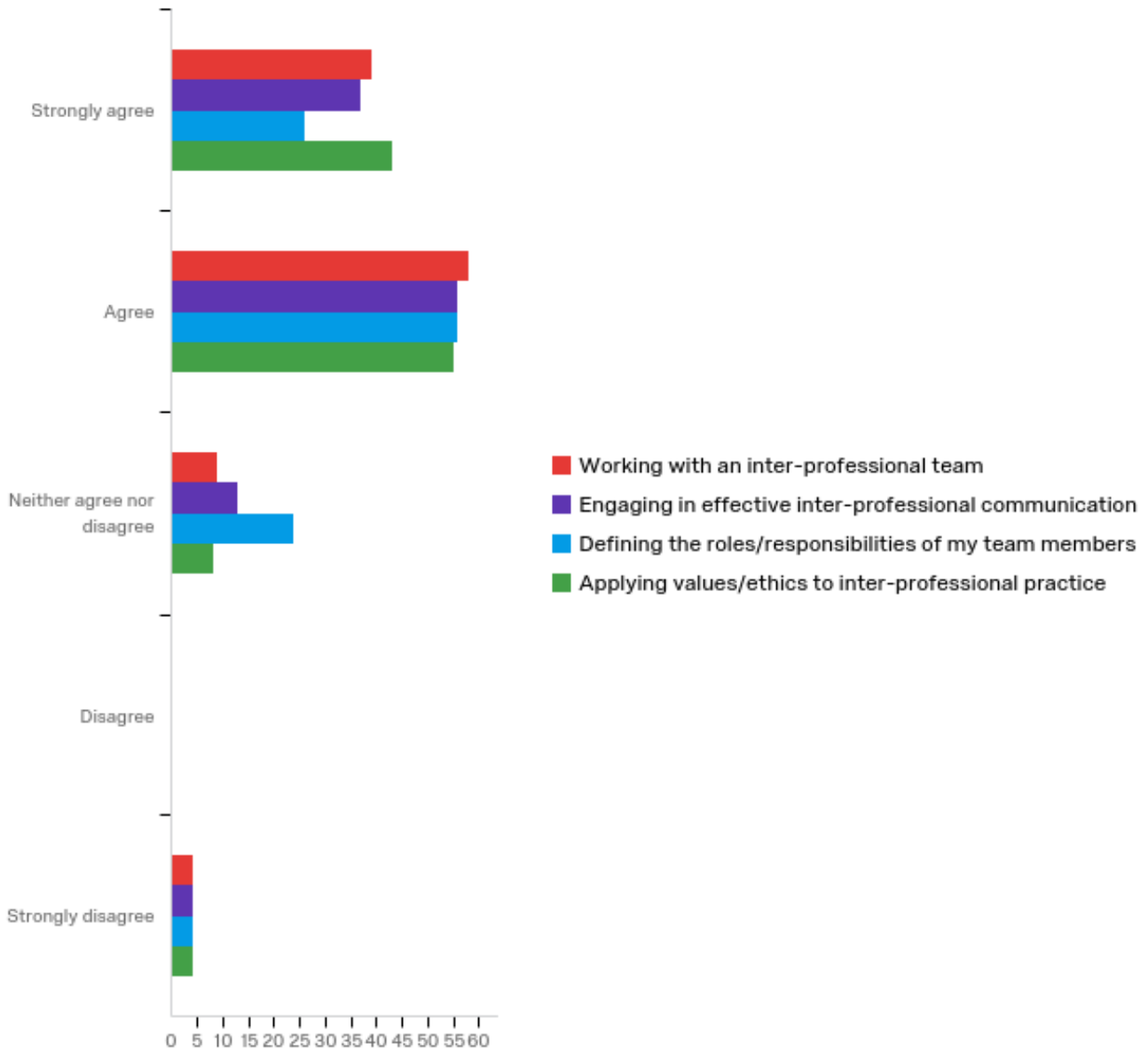
Both cases discussed were similar to issues I deal with often. Great job!

new to primary care treatment of OUD -- all layers of experience are helpful

I used mobile app Zoom for this and worked great

Excellent case presentation and topic for didactic.

Q5 - This educational session contributed to my professional effectiveness related to:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Working with an inter-professional team	1.00	5.00	1.84	0.86	0.74	110
2	Engaging in effective inter-professional communication	1.00	5.00	1.89	0.88	0.77	110
3	Defining the roles/responsibilities of my team members	1.00	5.00	2.09	0.88	0.77	110
4	Applying values/ethics to inter-professional practice	1.00	5.00	1.79	0.86	0.75	110

#	Question	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		Total
1	Working with an inter-professional team	35.45%	39	52.73%	58	8.18%	9	0.00%	0	3.64%	4	110
2	Engaging in effective inter-professional communication	33.64%	37	50.91%	56	11.82%	13	0.00%	0	3.64%	4	110
3	Defining the roles/responsibilities of my team members	23.64%	26	50.91%	56	21.82%	24	0.00%	0	3.64%	4	110
4	Applying values/ethics to inter-professional practice	39.09%	43	50.00%	55	7.27%	8	0.00%	0	3.64%	4	110

Q6 - Explain how you shared the information provided during this educational series with your inter-professional team in order to develop a plan to improve patient care:

Explain how you shared the information provided during this educational series with your inter-professional team in order to develop a plan to improve patient care:

The presentation information was shared with our MAT team members, and with our regional collaborative members.

This was my first session, but I plan to use this information to help my team in our hospital approach to overseeing pain management and opioid use and abuse risks.

I have been able to engage in discussion regarding practices and ensuring that we continue to maintain in the forefront factors that can contribute or impact initial assessments with clients. In addition, to how it is important to revisit some of the questions on the initial assessment during the helping sessions with clients.

Talk about in team meetings

invited nurses to join the session and added to information available for counseling pt about SUD

Our team has brought 3 case studies to the monthly meetings. We have gained more options to bring to patients to help aid in their recovery and services they accept.

just affects/improves my comments in weekly team meetings

"shared power point discussion"

This information is added to the addiction training provided to staff. It helps them to provide additional information or resources to the members they work with on how it can help members with recovery.

Provide notes taken from sessions to providers and improves discussion about patient care and best practice

There are many patients with trauma, and this helps us to better help them. It was shared with our teams in both locations.

This is the 1st presentation I have been able to attend in a while. So glad I did!

shared slides

I provide the PowerPoints to our nursing, counseling & physician staff

Previously, information has been shared verbally. The hope is to have more providers attend to help with comfort level to treat patients with SUD with MAT.

these sessions don't really focus on teams of addiction providers

shared with colleagues

Talk about content in team meetings. We are transitioning to home induction so this was timely

Better understanding

Spoke with a provider about our thoughts on the format and content of session itself as it was our first time participating

Shared information in BHC staff meetings

I plan to share information regarding how important it is to assess real-life barriers to change, and helping to support patients when they overcome those barriers. Will consider the utility of suboxone in patients with multiple substance use, especially in the context of combinations of opioids with stimulants.

The information will be shared with our team. Safety of patient is always first, and as an outpatient clinic, we cannot provide alcohol WDM for those with complications.

share in our weekly meetings, improved our use of sublocade

I plan to share what I've learned with my behavioral health and PCP colleagues.

The information will be shared with our treatment team and other hospital colleagues.

Will discuss in team meeting and with providers as consult

Reviewed information with providers

shared need for treatment of all issues (not just addiction) with team members.

this is the first session I have officially attended

This is my first session. Overall I think it was presented in a very nice format.

shared in team meeting

Helps me have a better understanding of the co-morbidities of addiction and mental health.

Let my co-workers know about this opportunity. Medication use

passed on the information to peers

During team meetings, reviews of the ECHO sessions occur. Apply education to patient care delivery.

awareness of state resources for inpatient treatment of IVDU

continue discussion of opioid use in the community

this has not been easy; should get more of my team to come to this

there is a work-group trying to develop a system-wide OUD treatment plan. working with SW, admin, other providers, pharmacy. seeing how it is done and what questions arise is helpful in organizing our own group.

I continue to reinforce how to use MI in the interdisciplinary consults that I do.

shared with colleagues

Talk about content in team meetings

Better understanding

Spoke with a provider about our thoughts on the format and content of session itself as it was our first time participating

Q7 - What barriers to inter-professional collaborative practice do you experience in your professional practice?

What barriers to inter-professional collaborative practice do you experience in your professional practice?

External professionals are difficult to bring to the table as we try to develop the ROSC framework. It seems there is resistance to work together to the great good of patients. The issue of this resistance has not been found at this time.

For me as pharmacists it's making a link from hospital to ambulatory/community pharmacies, looking at the impact we can have on drugs and prescriptions from the pharmacy and also seeing where we can expand our practice to provide pharmaceutical care, motivational interviewing, evaluation of drug therapies and support to patients, providers and caregivers. How to do this and how to help combat the opioid epidemic is on the forefront of all of our minds.

Individuals that tend to be transactional in their approach.

Each discipline reports up separate hierarchies

insurance

Being in a rural area, there is a lack of providers and services. Our team is trying to help improve this through our grant work.

Time pressure and pressure to never blur disciplinary boundaries by bosses which makes integrated team care very hard

time management

The lack of knowledge and collaboration from MAT providers with our care management staff.

We need more information as it pertains to treatment of people who are Native American.

Very few other than lack of reimbursement for pharmacy services.

time management

my inexperience

Physicians with varying practice styles/beliefs

There are few providers that want to help with treating patients that have SUD. The more support that is provided to providers, it may be easier to have more help and understanding in treatment of patients with SUD.

lack of time; protection of disciplinary boundaries

Time and flexibility

Not enough resources

Time for meaningful discussions and huddles

time

no therapy component connected to the medical provider

Organizational biases and self-serving agendas

Lack of time to interact with other individuals on the team.

I look forward to these sessions, and I promote more people to join. In rural areas, sometimes we feel quite alone. We need more availability to speak about the issues we see. We need more avenues to find out what is being tried with success that we may also try - an effort to better help patients.

lack of time

time constraints

The barrier with communication with outside counseling/therapy agencies. This could be hindered by patient refusal to complete releases of information too.

time barriers for professional collaboration

None, I work collaboratively with many professionals in my daily practice

Time to meet as a group

insurance changes and varying coverage of treatments.

In some cases difficulty actually talking with colleagues in different clinics because were not all located in the same place.

never enough time for discussions

Lack of suboxone providers on an outpatient basis - makes referrals to Northern Wisconsin areas difficult.

time, patients with insufficient/ no insurance

Time, inability to specialize as much as I would like

time

time

time

Some of our partners do not respond to our calls/requests for their participation.

none

Time and flexibility

Not enough resources

Time for meaningful discussions and huddles

Q8 - If you perceived the presence of commercial bias in the educational content or actions of any speaker and/or planner please tell us here:

If you perceived the presence of commercial bias in the educational content or actions of any speaker and/or planner please tell us here:

nutrition and exercise role in treatment of SUD

none

none

none

none

none

none

none

No

Q9 - List challenges, problem areas, new treatments, guidelines, drugs, etc. in your practice in which you could benefit from further education:

List challenges, problem areas, new treatments, guidelines, drugs, etc. in your practice in which you could benefit from further education:

We continue to face the health care professional shortage for counselors, case managers, peer support specialists, and MAT providers. We are working toward utilizing telehealth for counseling and MAT in the future, though this will not solve all concerns in the rural areas.

This was great. I hope to attend more to see what the focus is at another meeting before I make any recommendations.

Discussions on undocumented populations

Dealing with the lack of a healthcare system in US

How to ensure insurances pay for needed treatment. The inpatient treatment setting is having a hard time having insurances cover withdrawal management.

Need time and need flexible time

It is challenging to find out who is currently prescribing medication to treatment opioid disorders.

We need more information as it pertains to treatment of people who are Native American.

More focus on corrections/criminal justice involved population with SUD's

E-cigarettes/vaping - pharmacotherapy to assist with quitting

interpretation of urine drug screens engaging patients with OUD in AODA counseling.

behavioral health resources in rural areas

keep doing echo.

Physicians are not fully aligned on treatment approaches. A couple are very conservative with prescribing Suboxone, whereas others are more quick to utilize it.

How long do you continue to work with patients that do not follow treatment guidelines even after numerous meetings to discuss the importance taking meds as prescribed, going to counseling, not diverting, not using other substances, referring to higher level of care (patients refuse and state will work within guidelines), etc.?

What are the ethics of stopping agonist care in pts who are still taking at least some of the med? Doesn't it still lower their OD risk?

Future of telehealth

Although not guideline or direct treatment related we have encountered significant barriers in tapering and treating patients from pharmacies (refusing to dispense) and insurance companies (quantity limits that prohibit dose tapers)

Co-morbid mental health treatment for while treating substance use

Not enough Peer Specialists being utilized.

pharmacology of pain, addiction and mental health

Effective empathy, ACT, ethics of treating patients with SUDs differently than treating patients with other medical and/or mental health disorders.

Long-acting buprenorphine formulations.

More information on methamphetamine, bath salts, and fentanyl would be helpful - they have become a combination use problem in our rural region.

tx of meth addiction

"We would like more information on engaging patients in both counseling/therapy and medication assisted treatment. Follow through with attending and participating in counseling/therapy is very poor for patients. Some patients are not open to withdrawal management when recommended. Could we discuss other options, especially when in rural, undeserved areas?"

Ongoing substance use treatment with co-morbid psychiatric disorders

Assistance in working with high needs patients - multiple health conditions

how to bridge patients ethically with buprenorphine when they are not following treatment guidelines.

challenges to the limited treatment resources in rural areas

facilitating initiating medication-assisted treatment in the ER with warm hand-offs of those presenting with SUD's from ER's to Addiction Medicine.

"Alcohol use disorder with naloxone or acamprosate or disulfiram Chronic pain management with a diagnosed opioid use disorder Harm reduction in the polysubstance use patient when addiction psychiatry is not accessible"

Rural treatment with lack in MAT providers, counselors, therapists - this continues to be a concern. How do we recruit and retain the professionals in rural areas?

difficulties with resources

I volunteer a great deal for NAMI and in our area unfortunately there are not a lot of trainings or resources available.

Would like to learn about Lucemyra

Stimulant use in opioid users

how to help patients who stabilized with Medicaid and then make too much money to qualify. can't then afford medications, lose recovery progress, relapse, destabilize, are even more demoralized than before they started.

community support for family members

how to be as frequently available as needed

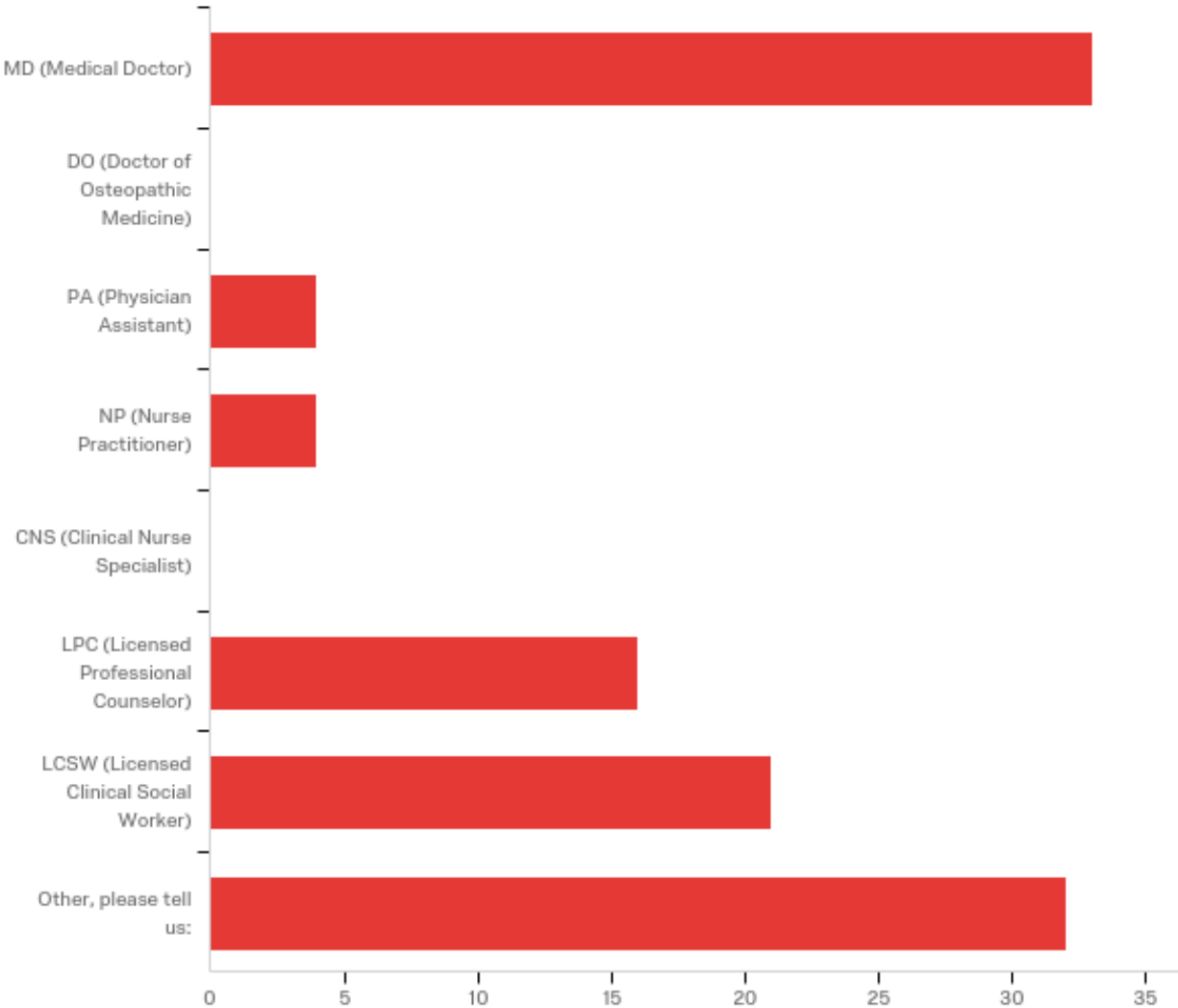
still developing this list

The main challenges we experience is getting psychiatric services for our member's with comorbid mental health issues. Also we are limited in what services we can cover.

Future of telehealth

Although not guideline or direct treatment related we have encountered significant barriers in tapering and treating patients from pharmacies (refusing to dispense) and insurance companies (quantity limits that prohibit dose tapers)

Q12 - The next questions are about your background. What is your current title or clinical role?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The next questions are about your background. What is your current title or clinical role? - Selected Choice	1.00	8.00	5.09	2.92	8.50	110

#	Answer	%	Count
1	MD (Medical Doctor)	30.00%	33
2	DO (Doctor of Osteopathic Medicine)	0.00%	0

3	PA (Physician Assistant)	3.64%	4
4	NP (Nurse Practitioner)	3.64%	4
5	CNS (Clinical Nurse Specialist)	0.00%	0
6	LPC (Licensed Professional Counselor)	14.55%	16
7	LCSW (Licensed Clinical Social Worker)	19.09%	21
8	Other, please tell us:	29.09%	32
	Total	100%	110

Q12_8_TEXT - Other, please tell us:

Other, please tell us: - Text

RPh

Pharmacy

Pharmacist

AODA Specialist

PhD

BS

Pharmacist

BS

Pharmacist

PhD

Pharmacists

Pharmacist

PsyD

Pharmacist

PsyD

Certified Peer Specialist

PharmD

HDFS

CRC

PsyD

PhD

Pharmacist

Pharmacist

Peer Specialist

PhD

Pharmacist

Pharmacy

Pharmacist

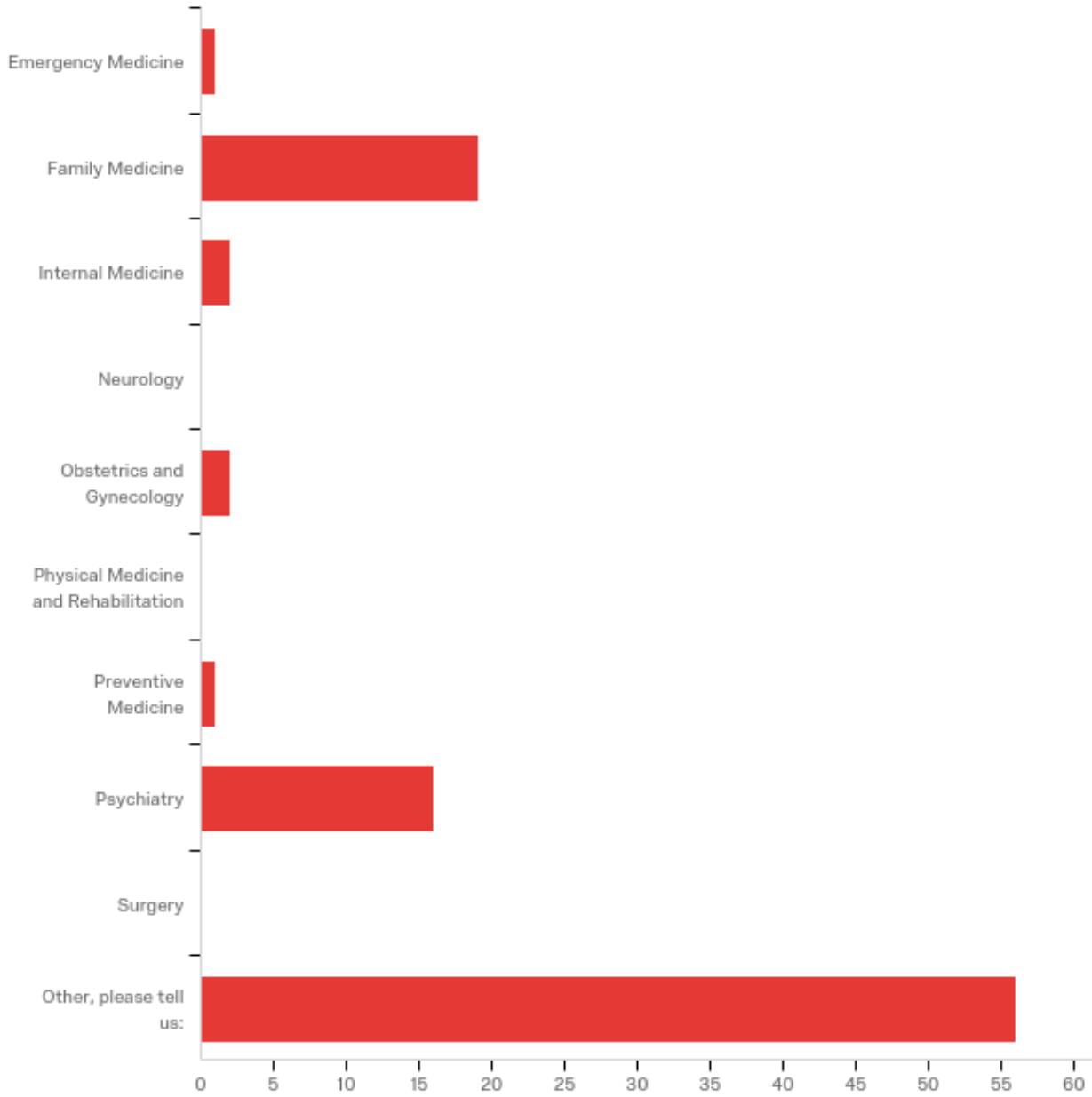
PsyD

Pharmacy

Psyd

Clinical Pharmacists

Q14 - What is your current primary specialty?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your current primary specialty? - Selected Choice	1.00	10.00	7.73	3.24	10.51	97

#	Answer	%	Count
1	Emergency Medicine	1.03%	1
2	Family Medicine	19.59%	19
3	Internal Medicine	2.06%	2
4	Neurology	0.00%	0
5	Obstetrics and Gynecology	2.06%	2
6	Physical Medicine and Rehabilitation	0.00%	0
7	Preventive Medicine	1.03%	1
8	Psychiatry	16.49%	16
9	Surgery	0.00%	0
10	Other, please tell us:	57.73%	56
	Total	100%	97

Q14_10_TEXT - Other, please tell us:

Other, please tell us: - Text

Pharmacy

Pharmacy

Social Work

Social Work

Addiction Medicine

AODA

Outpatient Substance Use Treatment

Behavioral Health

Hospital

Pharmacy

Pharmacy

Behavioral Health

Behavioral Health

Pharmacy

Behavioral Health

Social Work

Social Work

Pharmacy

behavioral health

Behavioral Health

Clinical Psychology

Pain Management

Ophthalmology and Visual Sciences

Pharmacy

Hospital

Behavioral Health

Hospital

Clinical Substance Abuse Counselor

Research

Clinical Psychology

Addiction Medicine

Pharmacy

Ophthalmology and Visual Sciences

Pharmacy

Hospital Medicine

Behavioral Health

Addiction Medicine

Behavioral Health

Research

Behavioral Health

Hospital Medicine

Pharmacy

Behavioral Health

Pharmacy

Research

Pharmacy

Behavioral Health

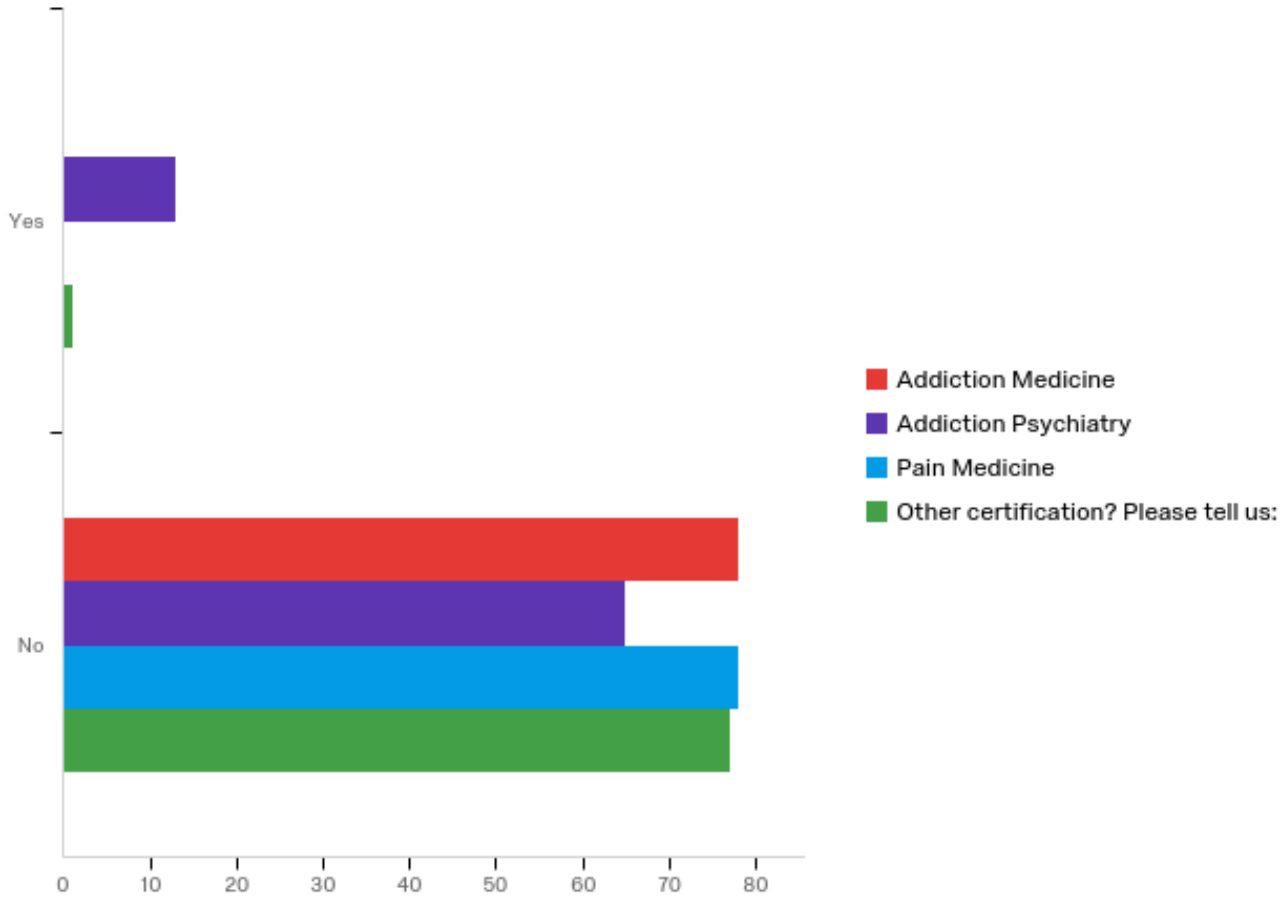
unknown

Pharmacy

Behavioral Health

Behavioral Health

Q16 - Currently, do you have any of the following additional board certifications?

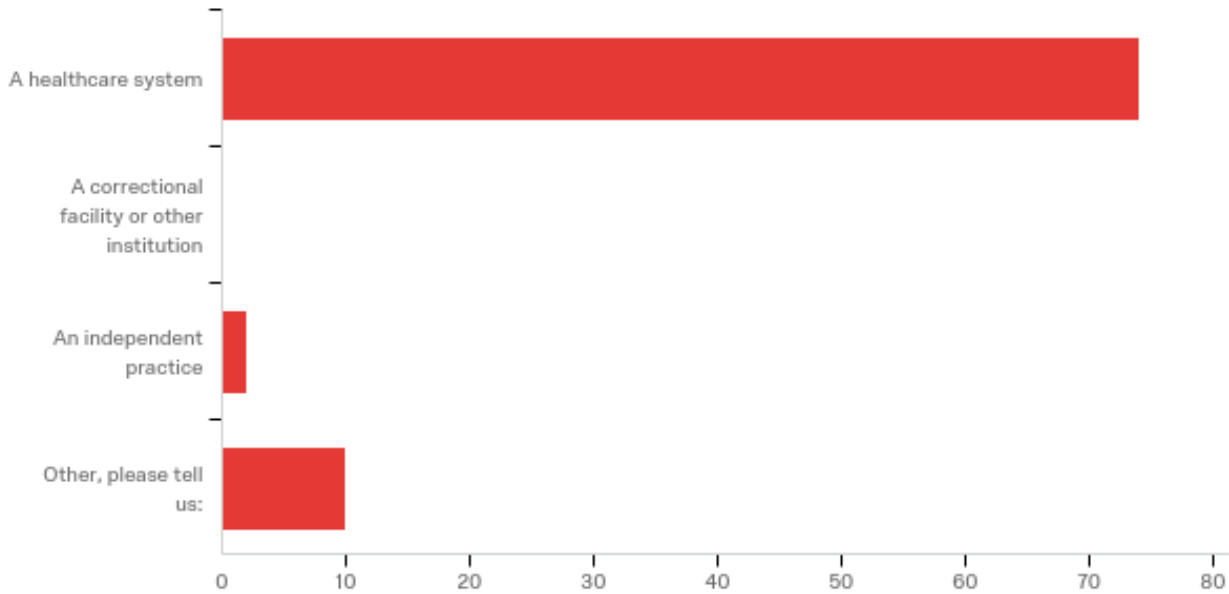


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Addiction Medicine	2.00	2.00	2.00	0.00	0.00	78
2	Addiction Psychiatry	1.00	2.00	1.83	0.37	0.14	78
3	Pain Medicine	2.00	2.00	2.00	0.00	0.00	78
4	Other certification? Please tell us:	1.00	2.00	1.99	0.11	0.01	78

#	Question	Yes	No	Total
1	Addiction Medicine	0.00%	0	78
2	Addiction Psychiatry	16.67%	13	78
	Pain Medicine	0.00%	0	78

Other certification? Please tell us:	1.28%	1	98.72%	77	78
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Q20 - Which one of the following best describes the type of environment in which you primarily practice or work?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Which one of the following best describes the type of environment in which you primarily practice or work? - Selected Choice	1.00	4.00	1.40	0.99	0.98	86

#	Answer	%	Count
1	A healthcare system	86.05%	74
2	A correctional facility or other institution	0.00%	0
3	An independent practice	2.33%	2
4	Other, please tell us:	11.63%	10
	Total	100%	86

Q20_4_TEXT - Other, please tell us:

Other, please tell us: - Text

University

College

Tribal Health Center

University

Human Health Services

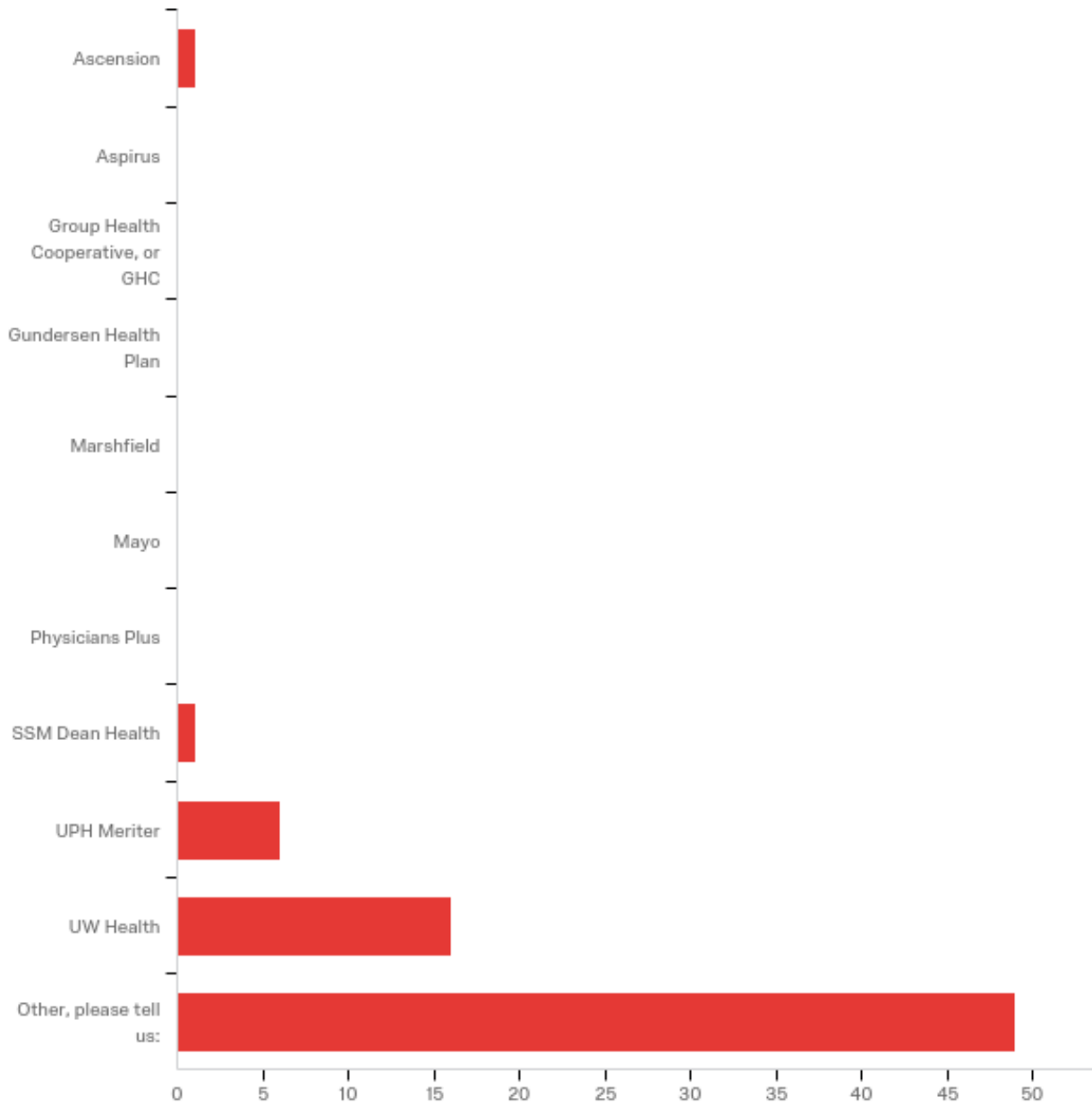
Human Health Services

University

University

Not actively practicing

Q22 - Currently, in which healthcare system do you practice?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Currently, in which healthcare system do you practice? - Selected Choice	1.00	11.00	10.44	1.31	1.73	73

#	Answer	%	Count
1	Ascension	1.37%	1
2	Aspirus	0.00%	0
3	Group Health Cooperative, or GHC	0.00%	0
4	Gundersen Health Plan	0.00%	0
5	Marshfield	0.00%	0
6	Mayo	0.00%	0
7	Physicians Plus	0.00%	0
8	SSM Dean Health	1.37%	1
9	UPH Meriter	8.22%	6
10	UW Health	21.92%	16
11	Other, please tell us:	67.12%	49
	Total	100%	73

Q22_11_TEXT - Other, please tell us:

Other, please tell us: - Text

VA

HSHS

VA

My Choice Family Care

HSHS

HSHS

HSHS

Upland Hills Health

HSHS

Swedish American Immediate Care Clinic

Upland Hills Health

HSHS

Access Community Health Centers

Mile Bluff Medical Center

Hospital Sisters Health Care System

Upland Hills Health

Access Community Health Centers

HSHS - Hospital Sisters Health System

Lac Courte Oreilles Community Health Center

Access Community Health Centers

Mile Bluff Medical Center

HSHS (Hospital Sisters Health System)

Upland Hills Health

VA

Prevea

Aurora

Prevea

UW- Madison SMPH

Froedtert Health

Prevea

Upland Hills Health

VA

University of Wisconsin SMPH

n/a

Upland Hills Health

Care Wisconsin

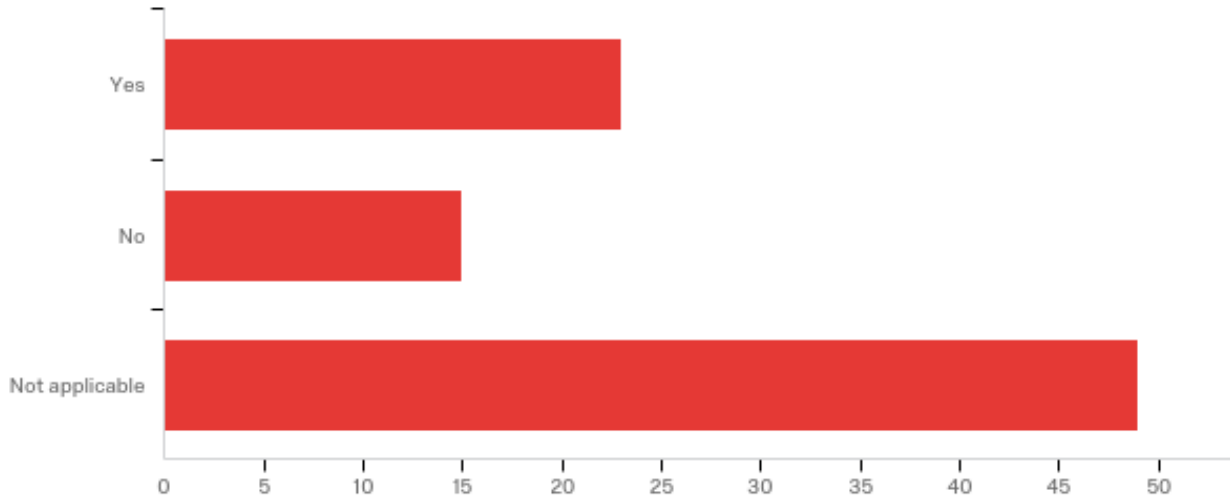
Prevea

VA

Swedish American

Upland Hills Health

Q20 - Do you have a Buprenorphine (DATA) Waiver?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have a Buprenorphine (DATA) Waiver?	1.00	3.00	2.30	0.86	0.74	87

#	Answer	%	Count
1	Yes	26.44%	23
2	No	17.24%	15
3	Not applicable	56.32%	49
	Total	100%	87

Pre-Series Survey Results

Title: Confidence among Multidisciplinary Healthcare Providers in the Treatment of Substance Use Disorders

Authors: Crawford RK, Kleinfeldt BL, Boss D, Remington PL, Brown RT

Background: Project ECHO (Extension for Community Health Outcomes) is an evidence-based, reproducible, tele-educational model that enhances the capabilities of healthcare providers in managing complex, chronic health issues. ECHO ACCEPT (Addiction & Co-morbid Conditions: Enhancing Prevention and Therapeutics) is our statewide educational initiative to provide guidance on delivering evidence-based care for individuals with substance use disorders (SUD) through interactive case discussions and didactics. The aim of this study is to assess the characteristics of and confidence in SUD management.

Methods: We surveyed by email 357 individuals who had signed up to receive ECHO programming notifications, with up to seven reminders sent to non-respondents (between 8/30 and 10/29/2019). Response rate was 13%. The survey used a five-point Likert scale to obtain baseline confidence measures across 10 domains of SUD care. The Mann-Whitney U was used to test for response differences between prescribers and non-prescribers.

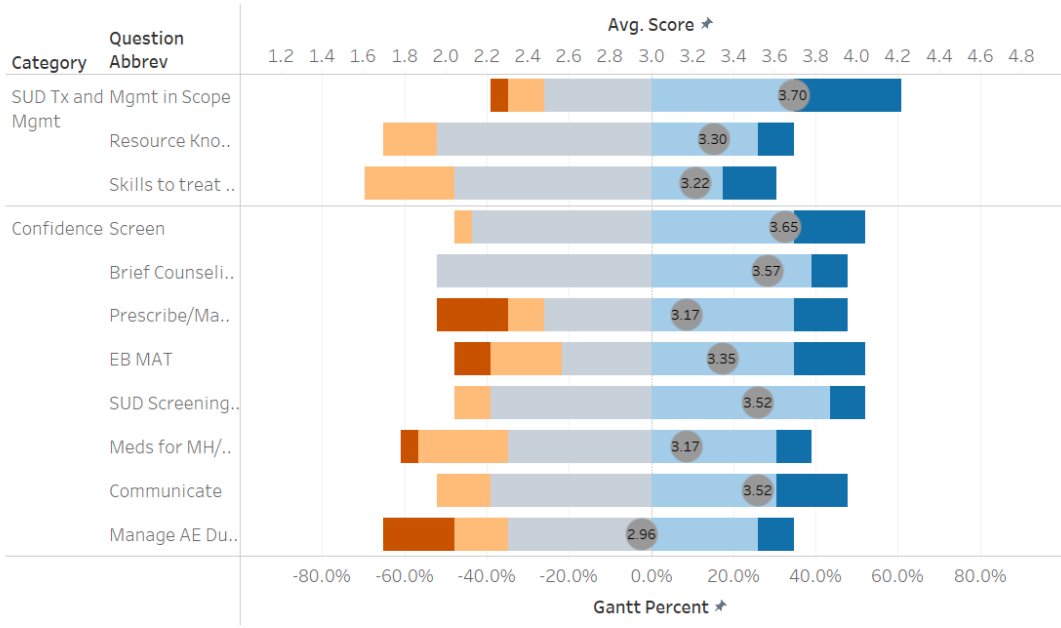
Results: Among all 45 respondents, 32 see patients which includes 23 prescribers (MD, DO, NP, PA) and nine non-prescribers (e.g., counselors, social workers). Compared with non-prescribers, prescribers were less likely to report being very or extremely knowledgeable about regional resources available to people with addictions (35% vs. 78%, $p < 0.03$). Overall, prescribers are less likely to rate themselves as being very or extremely confident in seven of our 10 SUD care domains (range: 30% to 52% vs. 56% to 78%).

Conclusions: A substantial proportion of prescribers and non-prescribers are not very confident in the skills necessary to deliver effective care for people with addictions.

Public Health Implications: This educational program may help address these notable gaps and this survey highlights the importance of incorporating both prescribers and non-prescribers as program participants and content experts given their differing strengths.

Data Source Utilized: E-mail survey developed in consultation with the UW-Madison Survey Center.

Conf Prescribers



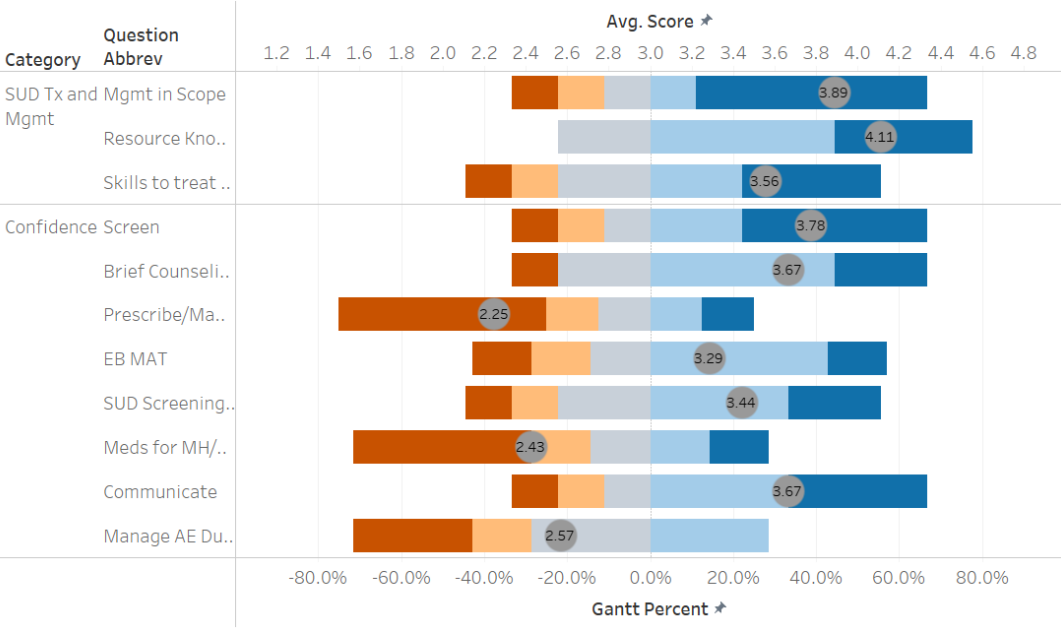
Q16

- (All)
- CNS (Clinical Nurse ...)
- DO (Doctor of Osteo...)
- LCSW (Licensed Clini...)
- LPC (Licensed Profe...)
- MD (Medical Doctor)
- NP (Nurse Practitio...)
- Other, please tell us:
- PA (Physician Assist...)

Answer

- Not at All
- Slightly
- Somewhat
- Very
- Extremely

Conf non_RX



Q16

- (All)
- CNS (Clinical Nurse ...)
- DO (Doctor of Osteo...)
- LCSW (Licensed Clini...)
- LPC (Licensed Profe...)
- MD (Medical Doctor)
- NP (Nurse Practitio...)
- Other, please tell us:
- PA (Physician Assist...)

Answer

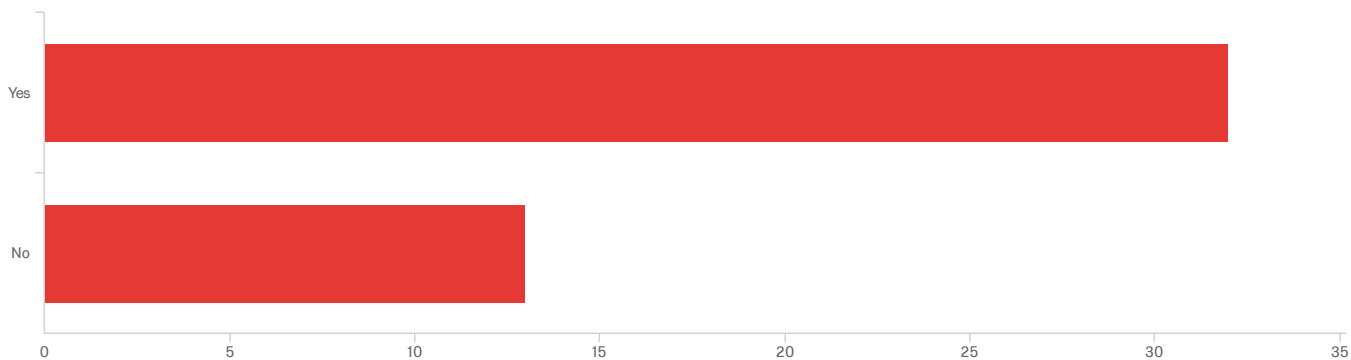
- Not at All
- Slightly
- Somewhat
- Very
- Extremely

Default Report

UW Project ECHO ACCEPT Pre-Series Survey

October 29, 2019 8:12 AM MDT

Q1 - Did you attend any of the WI Opioid Project ECHO sessions, our previous ECHO series?



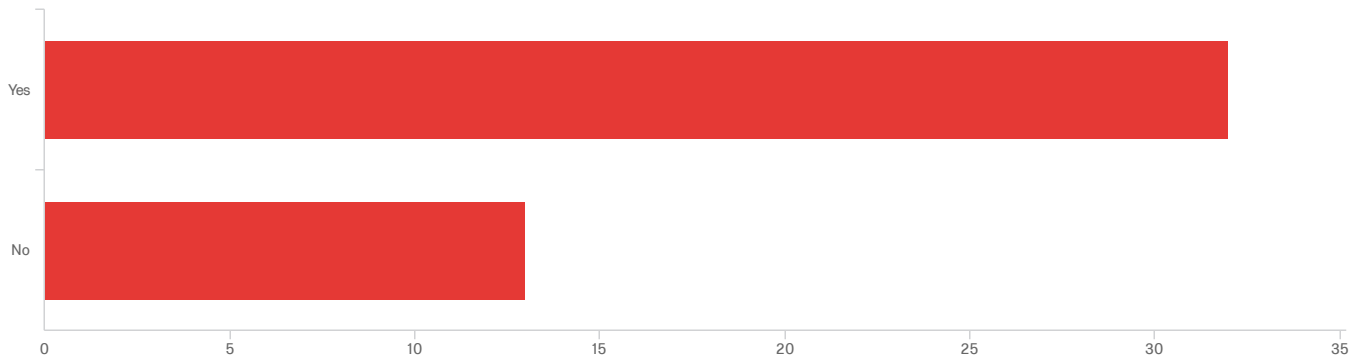
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Did you attend any of the WI Opioid Project ECHO sessions, our previous ECHO series?	1.00	2.00	1.29	0.45	0.21	45

#	Field	Choice Count
1	Yes	71.11% 32
2	No	28.89% 13

45

Showing rows 1 - 3 of 3

Q2 - In the last year, have you actively seen patients at any clinic or practice?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In the last year, have you actively seen patients at any clinic or practice?	1.00	2.00	1.29	0.45	0.21	45

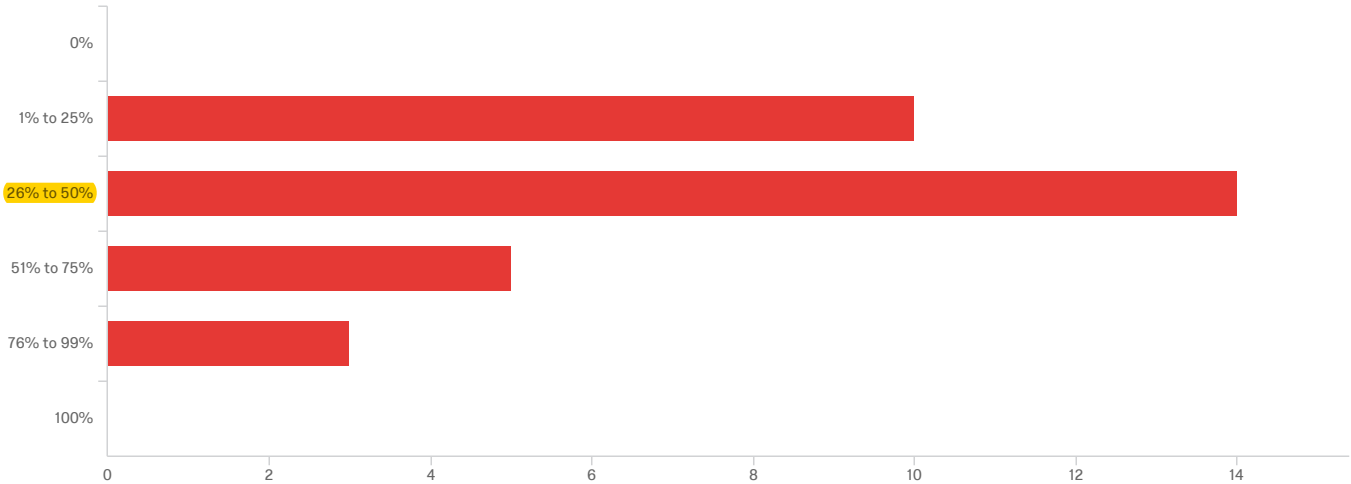
#	Field	Choice Count
1	Yes	71.11% 32
2	No	28.89% 13

45

Showing rows 1 - 3 of 3

Q3 - For the next questions, think about your current patient population. About what

proportion of your patients would you describe as marginalized or underserved?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	For the next questions, think about your current patient population. About what proportion of your patients would you describe as marginalized or underserved?	2.00	5.00	3.03	0.92	0.84	32

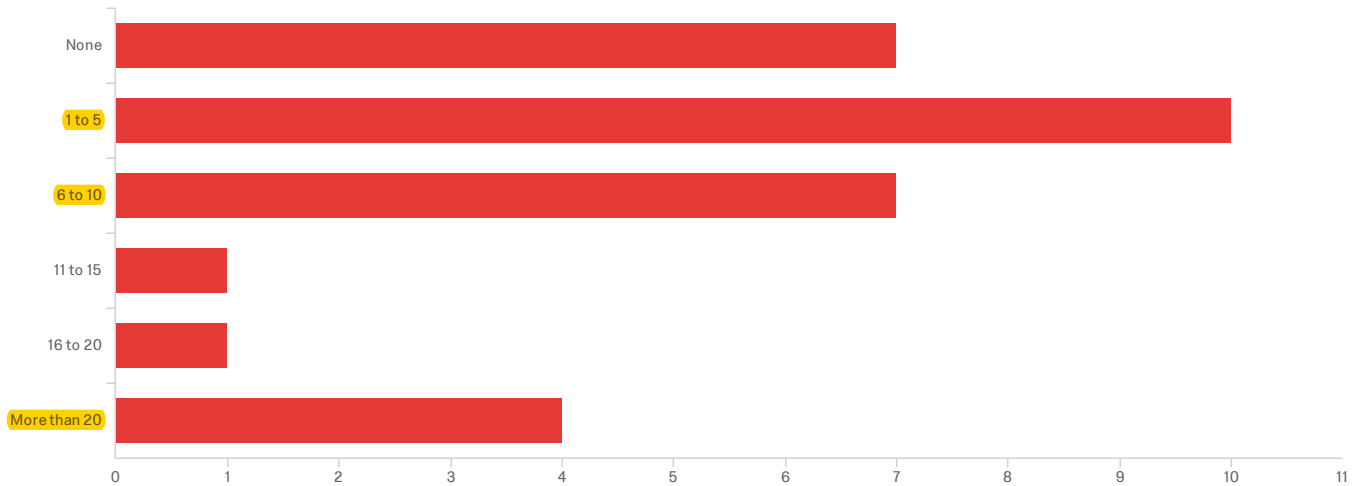
#	Field	Choice Count
1	0%	0.00% 0
2	1% to 25%	31.25% 10
3	26% to 50%	43.75% 14
4	51% to 75%	15.63% 5
5	76% to 99%	9.38% 3
6	100%	0.00% 0

32

Showing rows 1 - 7 of 7

Q4 - In a usual month, approximately how many patients do you treat for Opioid Use

Disorder (OUD)?



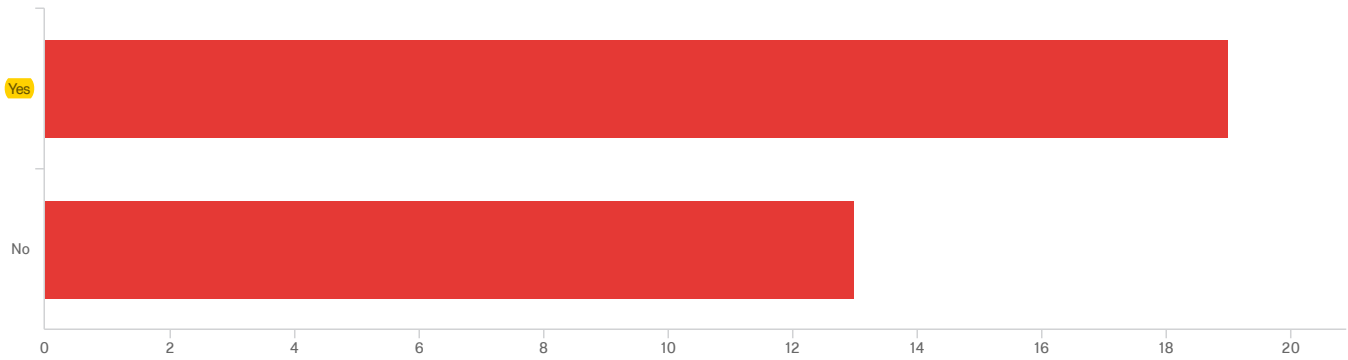
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, approximately how many patients do you treat for Opioid Use Disorder (OUD)?	1.00	6.00	2.70	1.59	2.54	30

#	Field	Choice Count
1	None	23.33% 7
2	1 to 5	33.33% 10
3	6 to 10	23.33% 7
4	11 to 15	3.33% 1
5	16 to 20	3.33% 1
6	More than 20	13.33% 4

30

Showing rows 1 - 7 of 7

Q5 - A DATA waiver is required to prescribe Buprenorphine products for the treatment of Opioid Use Disorder. Have you obtained a DATA waiver enabling you to prescribe Buprenorphine to treat OUD?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	A DATA waiver is required to prescribe Buprenorphine products for the treatment of Opioid Use Disorder. Have you obtained a DATA waiver enabling you to prescribe Buprenorphine to treat OUD?	1.00	2.00	1.41	0.49	0.24	32

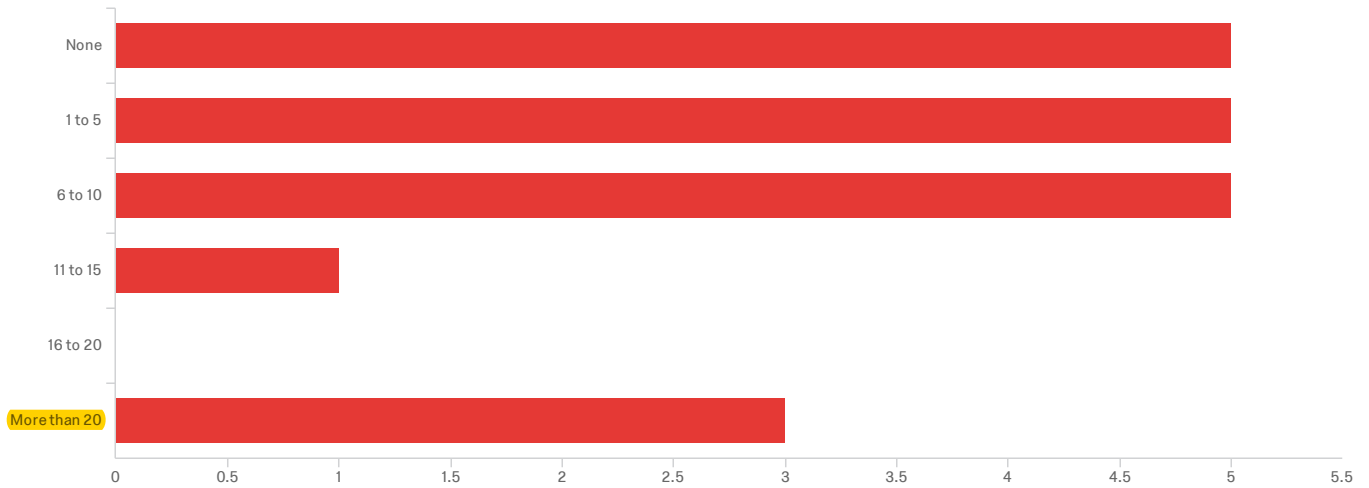
#	Field	Choice Count
1	Yes	59.38% 19
2	No	40.63% 13

32

Showing rows 1 - 3 of 3

Q6 - In a usual month, approximately how many patients with Opioid Use Disorder

(OUD) do you treat with Buprenorphine?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, approximately how many patients with Opioid Use Disorder (OUD) do you treat with Buprenorphine?	1.00	6.00	2.74	1.65	2.72	19

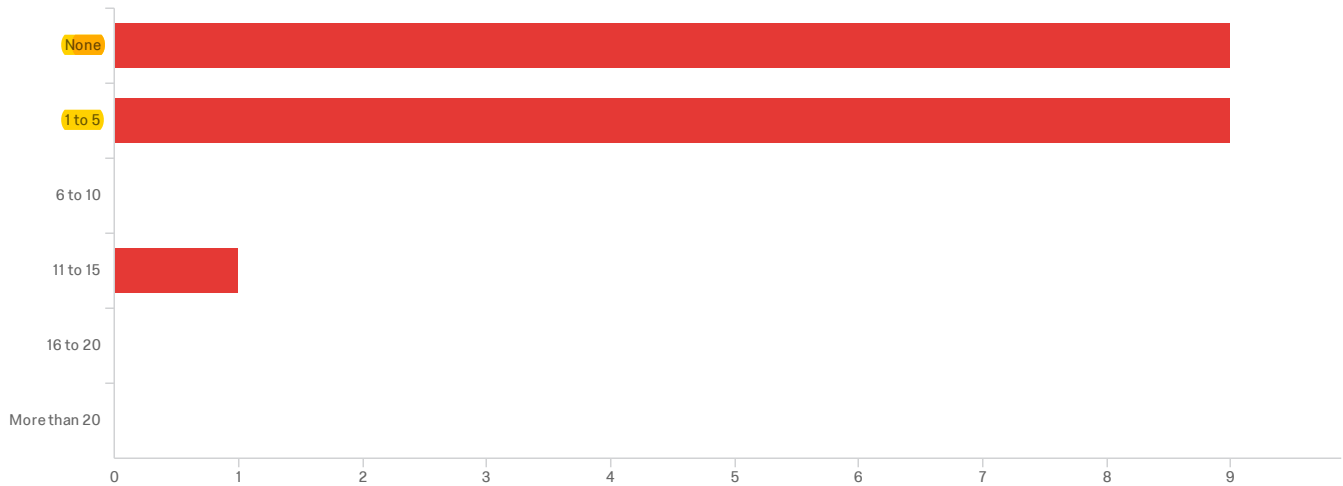
#	Field	Choice Count
1	None	26.32% 5
2	1 to 5	26.32% 5
3	6 to 10	26.32% 5
4	11 to 15	5.26% 1
5	16 to 20	0.00% 0
6	More than 20	15.79% 3

19

Showing rows 1 - 7 of 7

Q7 - In a usual month, approximately how many patients with Opioid Use Disorder

(OUD) do you treat with Naltrexone?



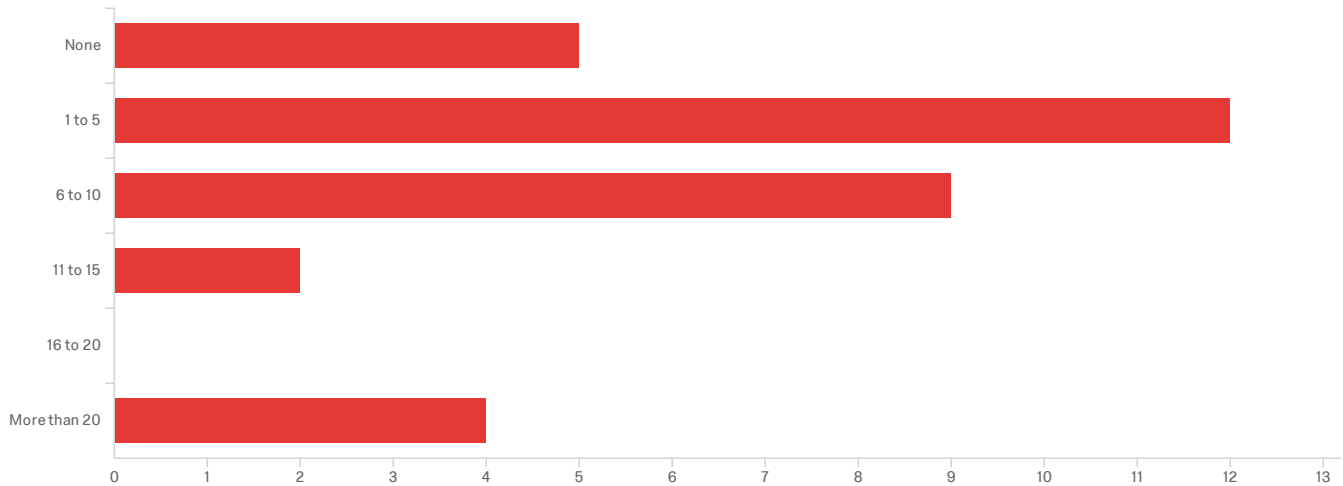
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, approximately how many patients with Opioid Use Disorder (OUD) do you treat with Naltrexone?	1.00	4.00	1.63	0.74	0.55	19

#	Field	Choice Count
1	None	47.37% 9
2	1 to 5	47.37% 9
3	6 to 10	0.00% 0
4	11 to 15	5.26% 1
5	16 to 20	0.00% 0
6	More than 20	0.00% 0

19

Showing rows 1 - 7 of 7

Q31 - In a usual month, approximately how many patients do you treat with Alcohol Use Disorder (AUD)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, approximately how many patients do you treat with Alcohol Use Disorder (AUD)?	1.00	6.00	2.75	1.46	2.13	32

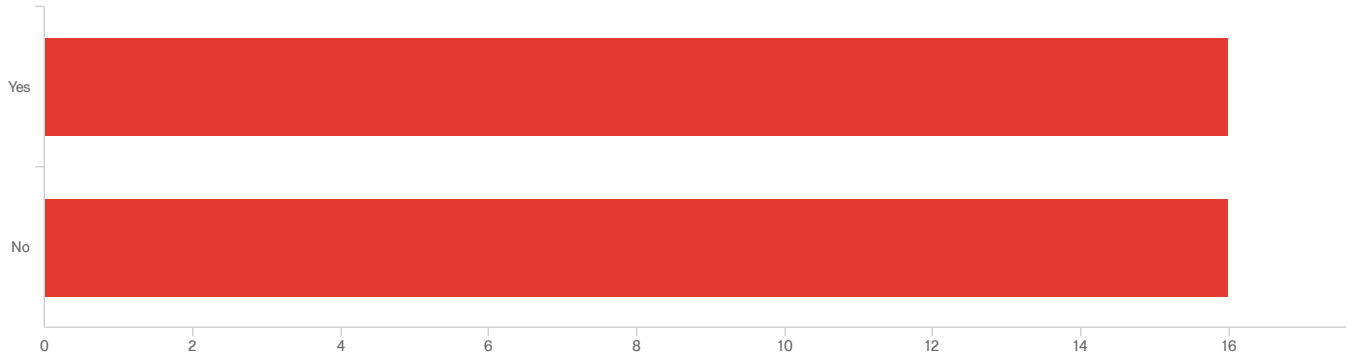
#	Field	Choice Count
1	None	15.63% 5
2	1 to 5	37.50% 12
3	6 to 10	28.13% 9
4	11 to 15	6.25% 2
5	16 to 20	0.00% 0
6	More than 20	12.50% 4

32

Showing rows 1 - 7 of 7

Q8 - Do you currently prescribe medications to patients that are intended to reduce

alcohol craving and foster recovery for Alcohol Use Disorder (AUD)?



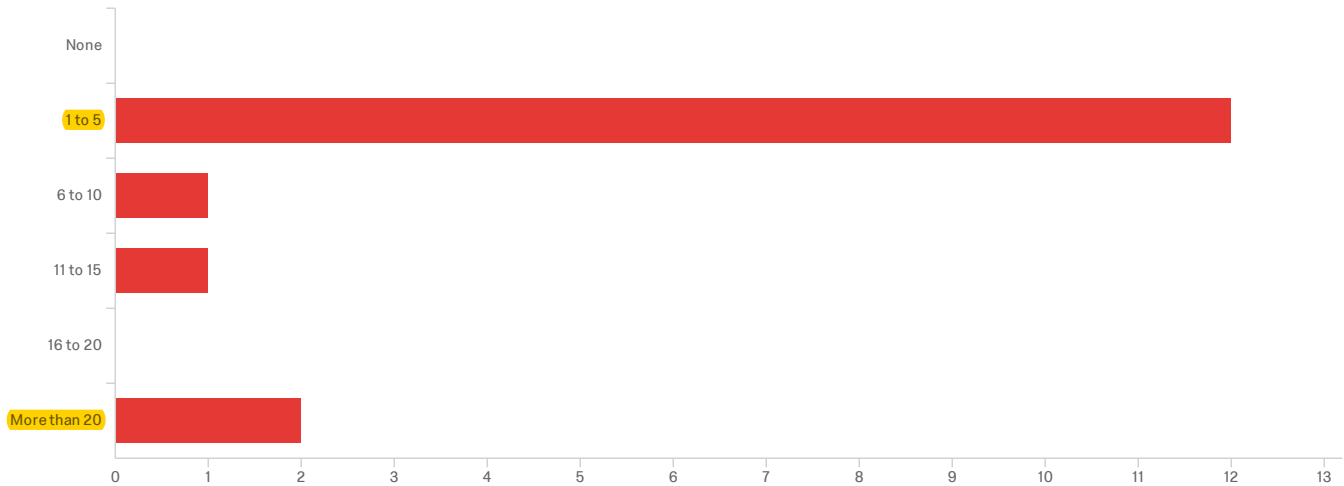
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you currently prescribe medications to patients that are intended to reduce alcohol craving and foster recovery for Alcohol Use Disorder (AUD)?	1.00	2.00	1.50	0.50	0.25	32

#	Field	Choice Count
1	Yes	50.00% 16
2	No	50.00% 16

32

Showing rows 1 - 3 of 3

Q9 - In a usual month, approximately how many patients with Alcohol Use Disorder (AUD) do you treat with anti-craving prescription medication?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, approximately how many patients with Alcohol Use Disorder (AUD) do you treat with anti-craving prescription medication?	2.00	6.00	2.69	1.36	1.84	16

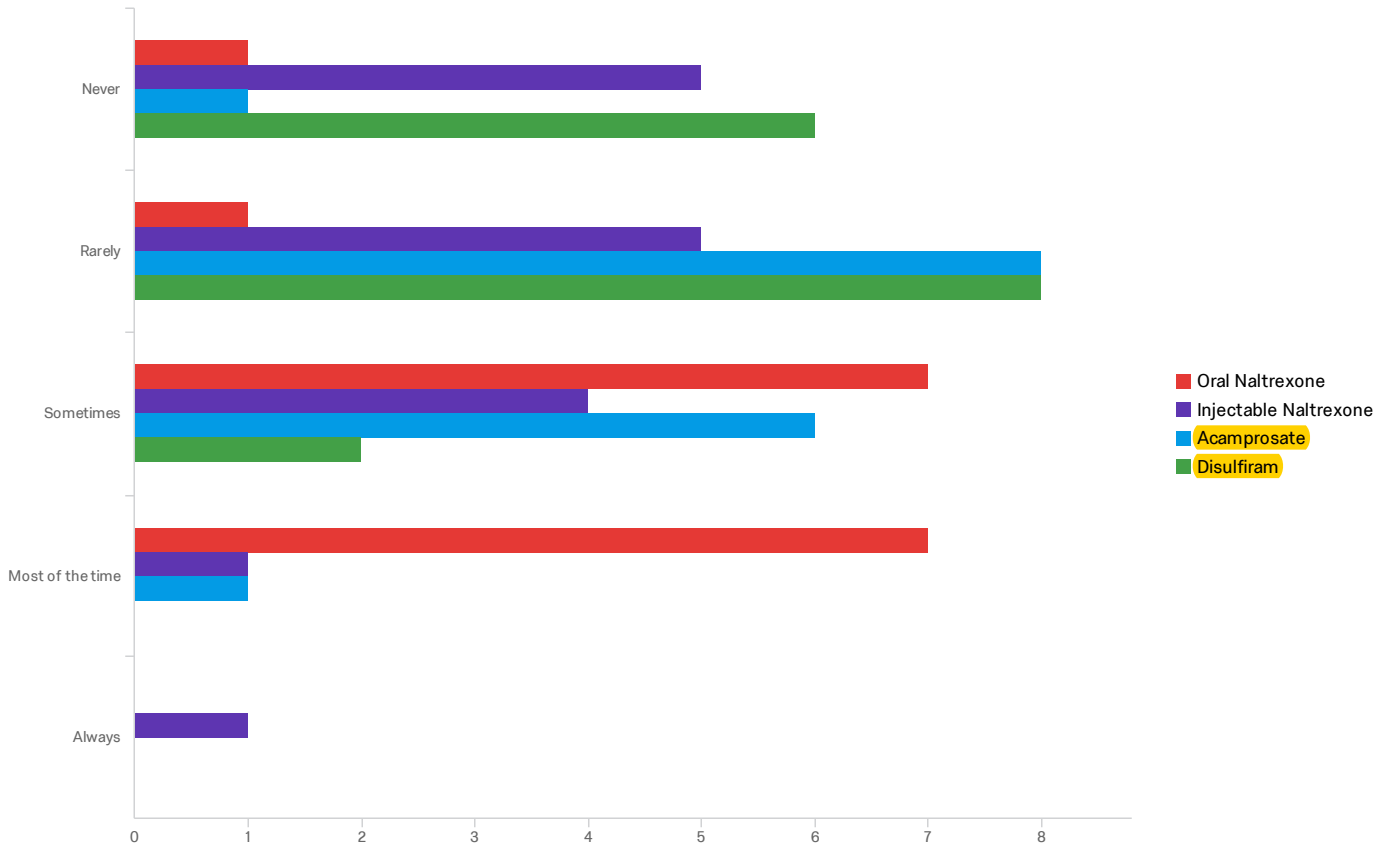
#	Field	Choice Count
1	None	0.00% 0
2	1 to 5	75.00% 12
3	6 to 10	6.25% 1
4	11 to 15	6.25% 1
5	16 to 20	0.00% 0
6	More than 20	12.50% 2

16

Showing rows 1 - 7 of 7

Q10 - In a usual month, how often do you prescribe each of the following medications

when treating AUD?



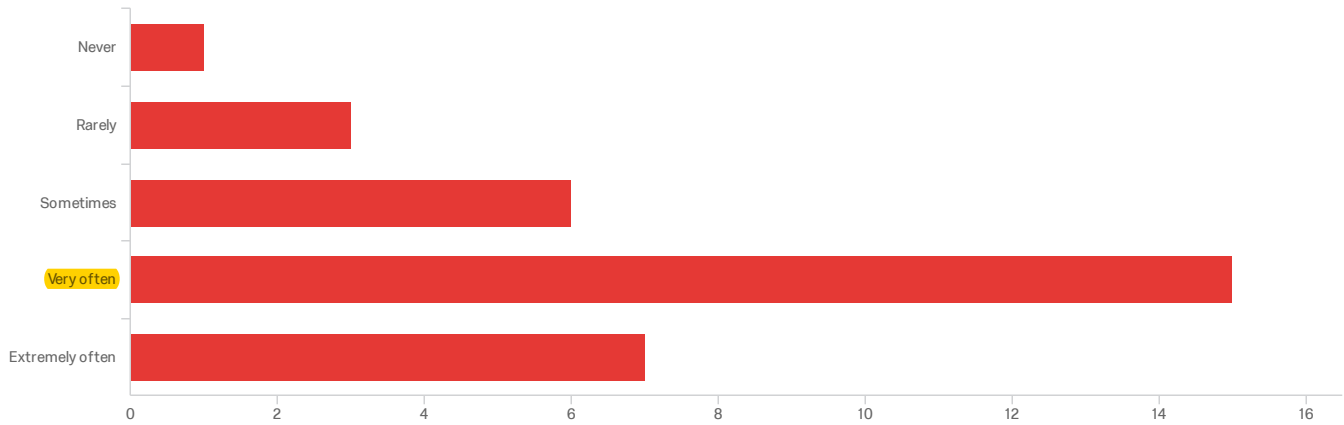
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Oral Naltrexone	1.00	4.00	3.25	0.83	0.69	16
2	Injectable Naltrexone	1.00	5.00	2.25	1.15	1.31	16
3	Acamprosate	1.00	4.00	2.44	0.70	0.50	16
4	Disulfiram	1.00	3.00	1.75	0.66	0.44	16

#	Field	Never	Rarely	Sometimes	Most of the time	Always	Total
1	Oral Naltrexone	6.25% 1	6.25% 1	43.75% 7	43.75% 7	0.00% 0	16
2	Injectable Naltrexone	31.25% 5	31.25% 5	25.00% 4	6.25% 1	6.25% 1	16
3	Acamprosate	6.25% 1	50.00% 8	37.50% 6	6.25% 1	0.00% 0	16

#	Field	Never	Rarely	Sometimes	Most of the time	Always	Total
4	Disulfiram	37.50% 6	50.00% 8	12.50% 2	0.00% 0	0.00% 0	16

Showing rows 1 - 4 of 4

Q11 - In a usual month, how often do you assess patients for Substance Use Disorder (SUD)?

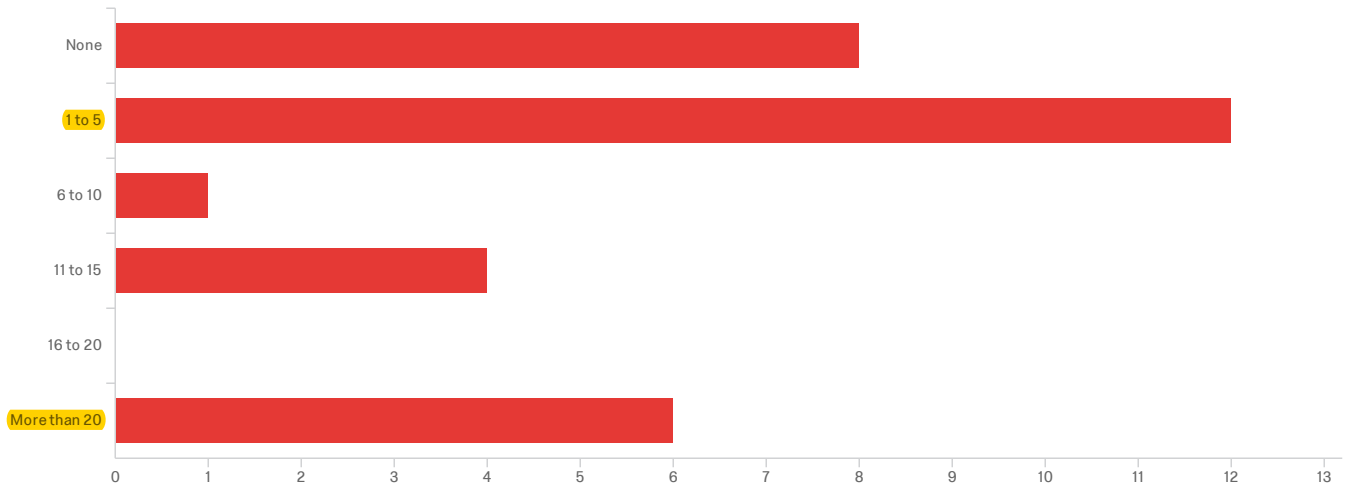


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, how often do you assess patients for Substance Use Disorder (SUD)?	1.00	5.00	3.75	1.00	1.00	32

#	Field	Choice Count
1	Never	3.13% 1
2	Rarely	9.38% 3
3	Sometimes	18.75% 6
4	Very often	46.88% 15
5	Extremely often	21.88% 7
		32

Showing rows 1 - 6 of 6

Q12 - In a usual month, approximately how many patients with SUDs other than Opioids or Alcohol do you treat?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a usual month, approximately how many patients with SUDs other than Opioids or Alcohol do you treat?	1.00	6.00	2.81	1.80	3.25	31

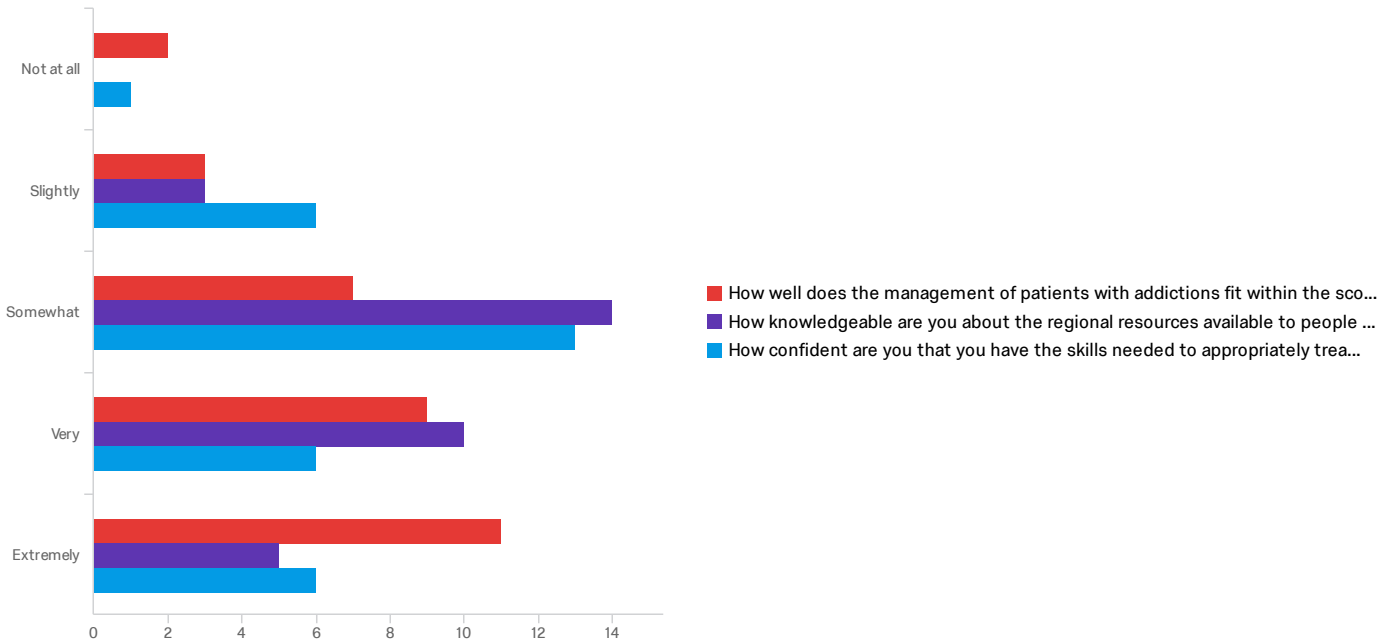
#	Field	Choice Count
1	None	25.81% 8
2	1 to 5	38.71% 12
3	6 to 10	3.23% 1
4	11 to 15	12.90% 4
5	16 to 20	0.00% 0
6	More than 20	19.35% 6

31

Showing rows 1 - 7 of 7

Q13 - The next questions are about your current practice and Substance Use Disorder

treatment and management.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How well does the management of patients with addictions fit within the scope of the practice of your specialty?	1.00	5.00	3.75	1.20	1.44	32
2	How knowledgeable are you about the regional resources available to people with addictions in your area?	2.00	5.00	3.53	0.87	0.75	32
3	How confident are you that you have the skills needed to appropriately treat patients with SUD?	1.00	5.00	3.31	1.07	1.15	32

#	Field	Not at all	Slightly	Somewhat	Very	Extremely	Total
1	How well does the management of patients with addictions fit within the scope of the practice of your specialty?	6.25% 2	9.38% 3	21.88% 7	28.13% 9	34.38% 11	32
2	How knowledgeable are you about the regional resources available to people with addictions in your area?	0.00% 0	9.38% 3	43.75% 14	31.25% 10	15.63% 5	32
3	How confident are you that you have the skills needed to appropriately treat patients with SUD?	3.13% 1	18.75% 6	40.63% 13	18.75% 6	18.75% 6	32

Showing rows 1 - 3 of 3

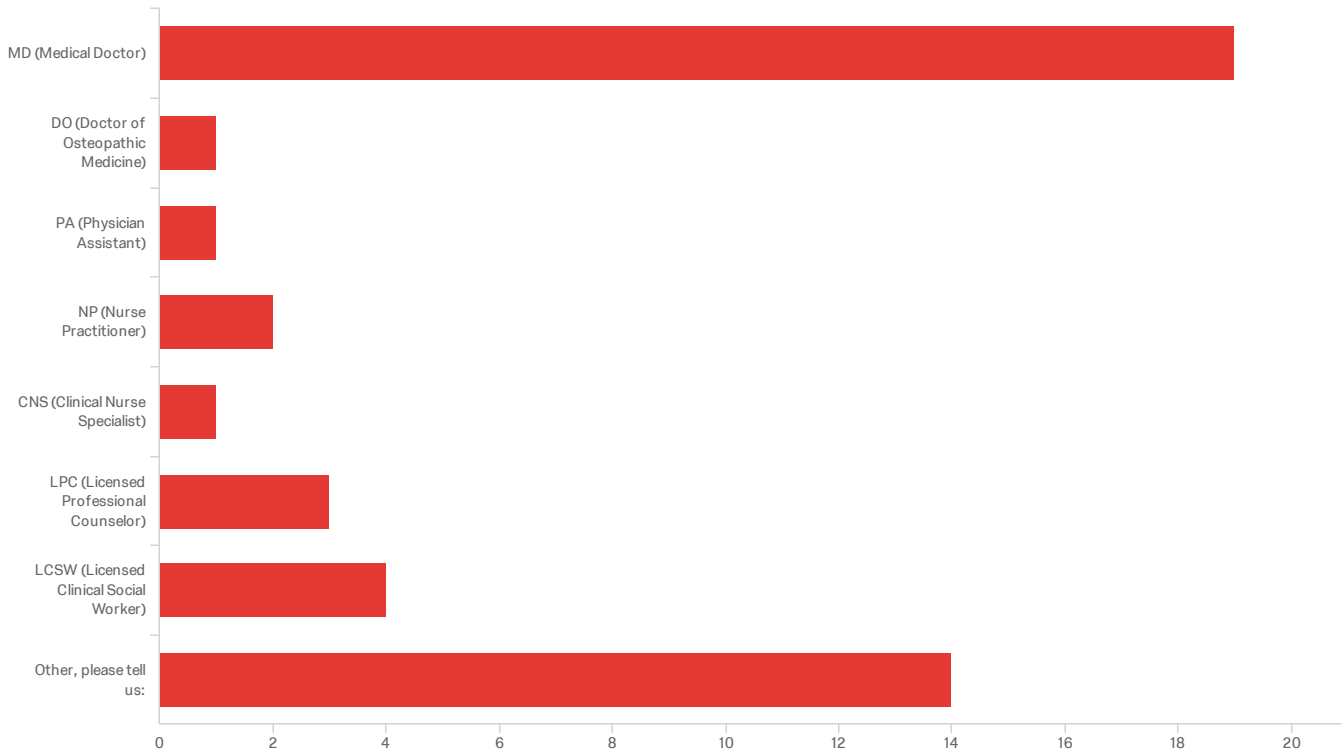
Q14 - How confident are you about providing each of the following kinds of care? How confident are you in your ability to...

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	...screen patients with SUD?	1.00	5.00	3.69	1.01	1.03	32
2	...provide brief counseling to assist patients in recovery from SUD?	1.00	5.00	3.59	0.82	0.68	32
3	...prescribe and manage medications for patients with SUD?	1.00	5.00	2.94	1.39	1.93	31
4	...use evidence-based knowledge on the safe use of Medication-Assisted Treatment?	1.00	5.00	3.33	1.22	1.49	30
5	...screen patients with mental health disorders for co-morbid substance use issues?	1.00	5.00	3.50	0.94	0.88	32
6	...prescribe and manage medications for co-occurring mental health and substance use disorders in patients?	1.00	5.00	3.00	1.18	1.40	30
7	...communicate with patients and families about SUD and treatment options?	1.00	5.00	3.56	1.06	1.12	32
8	...manage adverse events related to injection drug use?	1.00	5.00	2.87	1.20	1.45	30

#	Field	Not at all	Slightly	Somewhat	Very	Extremely	Total
1	...screen patients with SUD?	3.13% 1	6.25% 2	34.38% 11	31.25% 10	25.00% 8	32
2	...provide brief counseling to assist patients in recovery from SUD?	3.13% 1	0.00% 0	43.75% 14	40.63% 13	12.50% 4	32
3	...prescribe and manage medications for patients with SUD?	25.81% 8	9.68% 3	22.58% 7	29.03% 9	12.90% 4	31
4	...use evidence-based knowledge on the safe use of Medication-Assisted Treatment?	10.00% 3	16.67% 5	20.00% 6	36.67% 11	16.67% 5	30
5	...screen patients with mental health disorders for co-morbid substance use issues?	3.13% 1	9.38% 3	34.38% 11	40.63% 13	12.50% 4	32
6	...prescribe and manage medications for co-occurring mental health and substance use disorders in patients?	13.33% 4	20.00% 6	30.00% 9	26.67% 8	10.00% 3	30
7	...communicate with patients and families about SUD and treatment options?	3.13% 1	12.50% 4	31.25% 10	31.25% 10	21.88% 7	32
8	...manage adverse events related to injection drug use?	20.00% 6	13.33% 4	33.33% 10	26.67% 8	6.67% 2	30

Showing rows 1 - 8 of 8

Q16 - The next questions are about your background. What is your current title or clinical role?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The next questions are about your background. What is your current title or clinical role? - Selected Choice	1.00	8.00	4.33	3.14	9.87	45

#	Field	Choice Count
1	MD (Medical Doctor)	42.22% 19
2	DO (Doctor of Osteopathic Medicine)	2.22% 1
3	PA (Physician Assistant)	2.22% 1
4	NP (Nurse Practitioner)	4.44% 2
5	CNS (Clinical Nurse Specialist)	2.22% 1
6	LPC (Licensed Professional Counselor)	6.67% 3
7	LCSW (Licensed Clinical Social Worker)	8.89% 4

#	Field	Choice Count
8	Other, please tell us:	31.11% 14

45

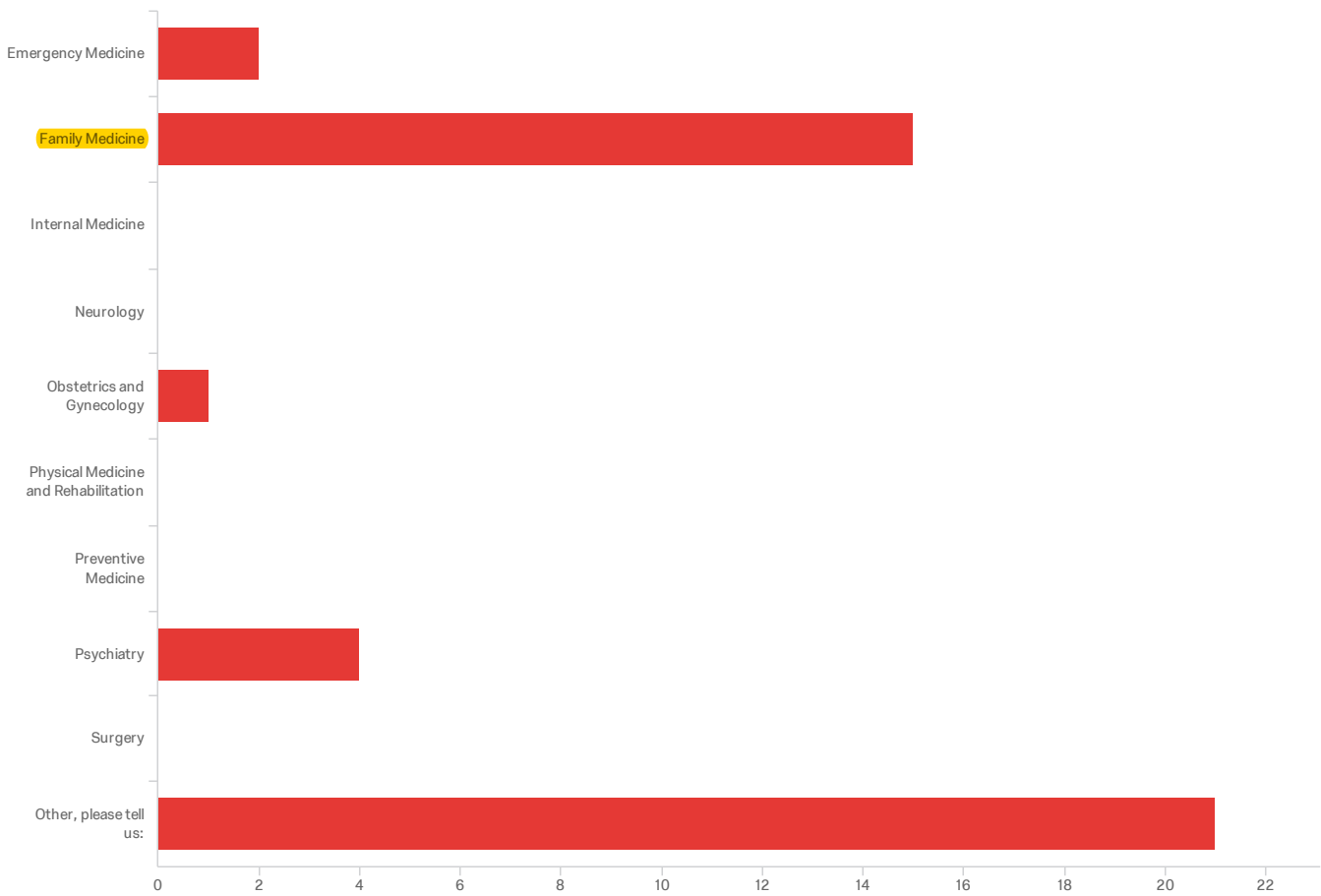
Showing rows 1 - 9 of 9

Q16_8_TEXT - Other, please tell us:

Other, please tell us:

Rph
Non-Clinical Advocacy
PharmD
project coordinator
PharmD
Dentist
APSW, CSAC
LPC, SAC-IT
admin
AODA Specialist with LPC and CSAC
PhD
MSW (Masters of Social Work)
RPh & Board Certified Patient Advocate
Certified Peer Specialist

Q17 - What is your current primary specialty?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your current primary specialty? - Selected Choice	1.00	10.00	6.49	3.84	14.71	43

#	Field	Choice Count
1	Emergency Medicine	4.65% 2
2	Family Medicine	34.88% 15
3	Internal Medicine	0.00% 0
4	Neurology	0.00% 0
5	Obstetrics and Gynecology	2.33% 1
6	Physical Medicine and Rehabilitation	0.00% 0

#	Field	Choice Count
7	Preventive Medicine	0.00% 0
8	Psychiatry	9.30% 4
9	Surgery	0.00% 0
10	Other, please tell us:	48.84% 21

43

Showing rows 1 - 11 of 11

Q17_10_TEXT - Other, please tell us:

Other, please tell us:

Dual Diagnosis Treatment / Psychotherapy

Pharmacy

Non-Clinical Advocacy

Pharmacy - ambulatory care

research

Clinical Pharmacy

Behavioral Health

Dentist

Substance use disorders, mental health

counselor

psychotherapy

Care Coordination (formerly mental health)

Hospitalist

Quality Improvement

pediatrics

Adult/Geriatric inpatients

managed health care

Other, please tell us:

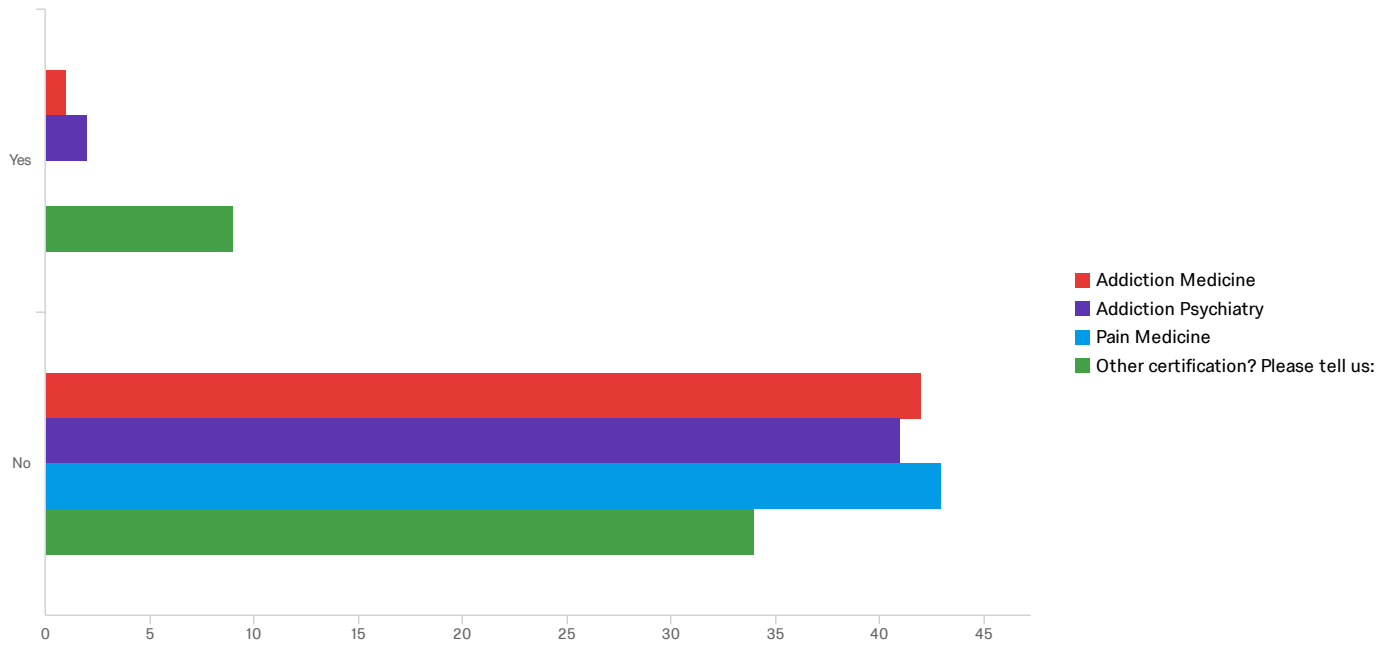
mental health and addictions

Substance Use Treatment

Independent Patient Advocacy with focus on SUD and mental wellness management

Volunteer

Q18 - Currently, do you have any of the following additional board certifications?

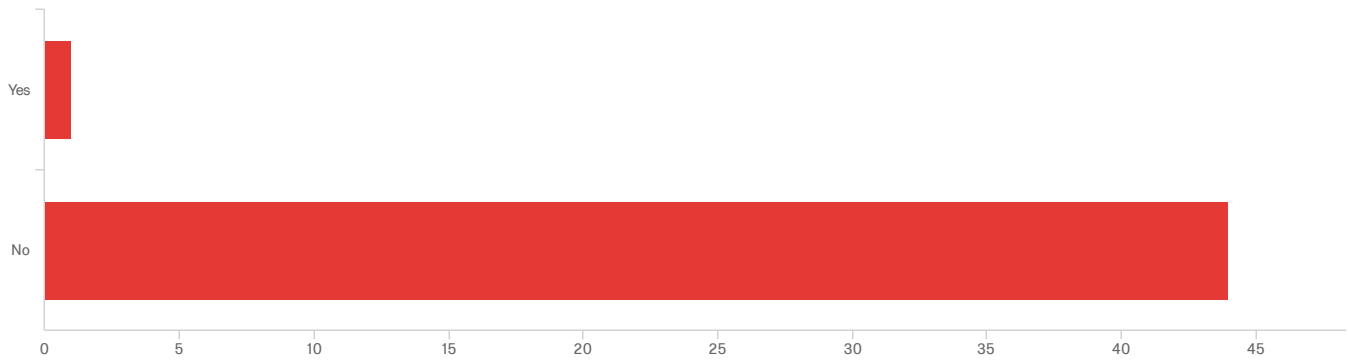


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Addiction Medicine	1.00	2.00	1.98	0.15	0.02	43
2	Addiction Psychiatry	1.00	2.00	1.95	0.21	0.04	43
3	Pain Medicine	2.00	2.00	2.00	0.00	0.00	43
4	Other certification? Please tell us:	1.00	2.00	1.79	0.41	0.17	43

#	Field	Yes	No	Total
1	Addiction Medicine	2.33% 1	97.67% 42	43
2	Addiction Psychiatry	4.65% 2	95.35% 41	43
3	Pain Medicine	0.00% 0	100.00% 43	43
4	Other certification? Please tell us:	20.93% 9	79.07% 34	43

Showing rows 1 - 4 of 4

Q19 - Are you a resident or trainee?



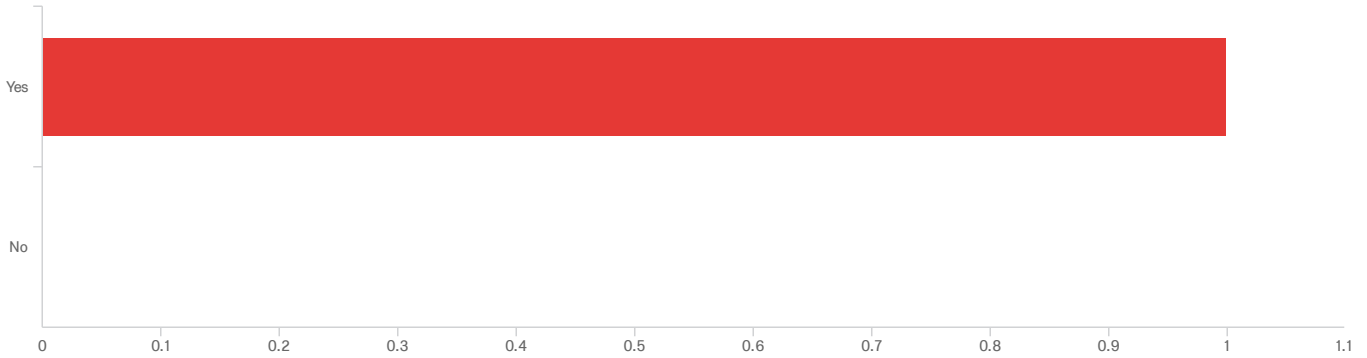
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you a resident or trainee?	1.00	2.00	1.98	0.15	0.02	45

#	Field	Choice	Count
1	Yes	2.22%	1
2	No	97.78%	44

45

Showing rows 1 - 3 of 3

Q20 - Have you had formal education in the management of substance use disorders during your training?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you had formal education in the management of substance use disorders during your training?	1.00	1.00	1.00	0.00	0.00	1

#	Field	Choice Count
1	Yes	100.00% 1
2	No	0.00% 0

1

Showing rows 1 - 3 of 3

Q22 - What is the zip code of where you primarily practice or work?

Zip code

54220

53508

54013

53583

53715

54452

53706

53704

53705

53223

55811

53589

53703

5305

53705

53703

53719

53083

53188

53221

53715

53040

Zip code

54115

54501

53051

54911

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53713

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53948

53792

53226

53792

53233

53715

54143

53705

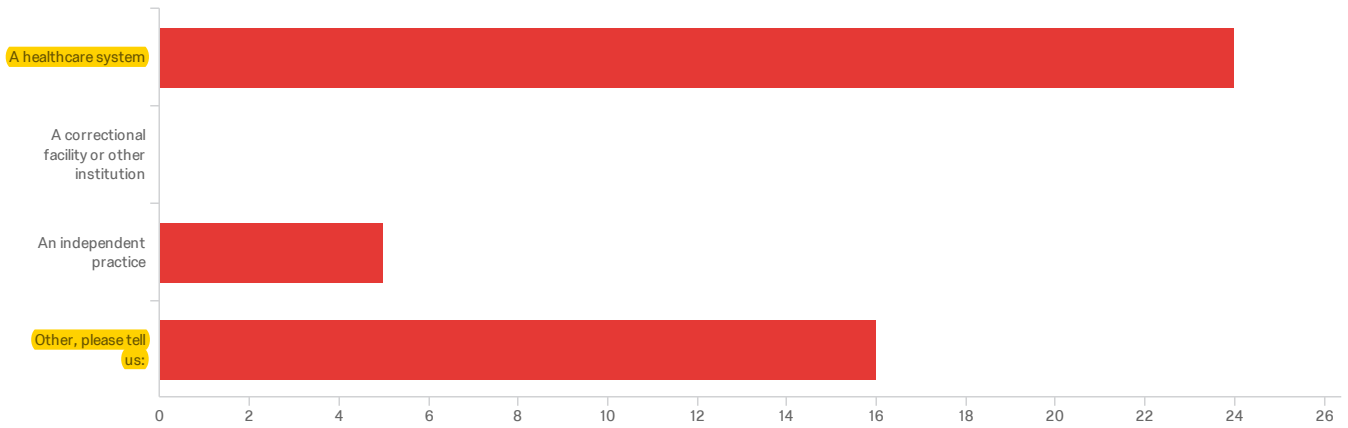
53711

53533

53081

54956

Q23 - Which one of the following best describes the type of environment in which you primarily practice or work?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Which one of the following best describes the type of environment in which you primarily practice or work? - Selected Choice	1.00	4.00	2.29	1.41	1.98	45

#	Field	Choice Count
1	A healthcare system	53.33% 24
2	A correctional facility or other institution	0.00% 0
3	An independent practice	11.11% 5
4	Other, please tell us:	35.56% 16

Showing rows 1 - 5 of 5

Q23_4_TEXT - Other, please tell us:

Other, please tell us:

Rural healthcare network

university

Academia

Other, please tell us:

Outreach program throughout the state of WI

Dental training institution

Veteran disability

VA

Non-profit

OTP

non profit residential treatment facility

Community health center

Quality Improvement Organization

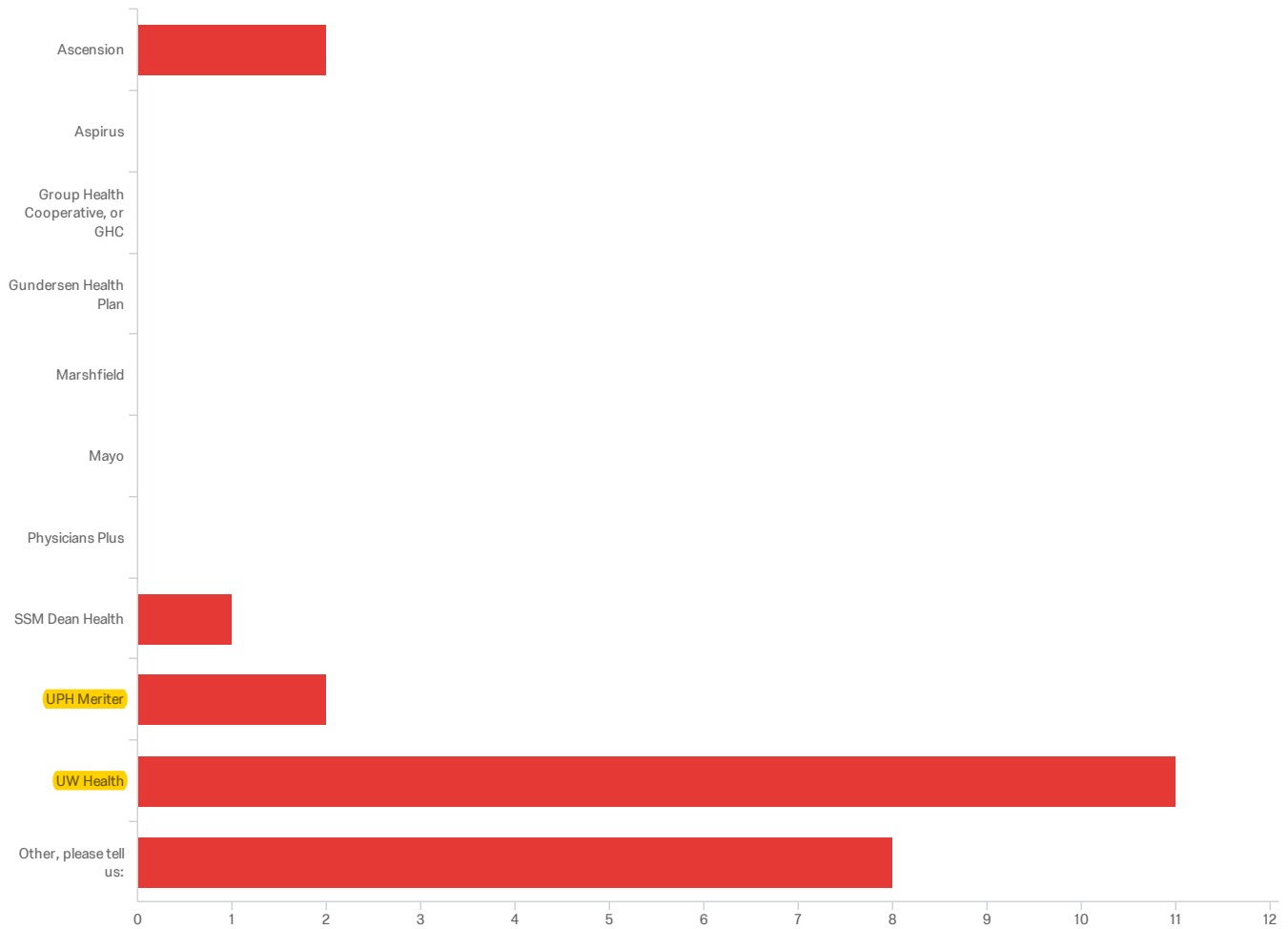
managed care organization

Population health research

hospital owned practice

Volunteer

Q24 - Currently, in which healthcare system do you practice?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Currently, in which healthcare system do you practice? - Selected Choice	1.00	11.00	9.42	2.64	6.99	24

#	Field	Choice Count
1	Ascension	8.33% 2
2	Aspirus	0.00% 0
3	Group Health Cooperative, or GHC	0.00% 0
4	Gundersen Health Plan	0.00% 0
5	Marshfield	0.00% 0

#	Field	Choice Count
6	Mayo	0.00% 0
7	Physicians Plus	0.00% 0
8	SSM Dean Health	4.17% 1
9	UPH Meriter	8.33% 2
10	UW Health	45.83% 11
11	Other, please tell us:	33.33% 8
		24

Showing rows 1 - 12 of 12

Q24_11_TEXT - Other, please tell us:

Other, please tell us:

Stoughton Hospital Emergency Services

Advocate Aurora

ProHealth

Prevea Health

Froedtert

Mile Bluff Medical Center

HSHS St. Vincent Hospital

Prevea

Q25 - What topics would you like to see addressed in ECHO programming?

What topics would you like to see addressed in ECHO programming?

Dual Diagnosis

Buprenorphine for pain

use of medications for comorbid mental health disorders in SUD;

Closer programming sites, travelling to Green Bay is 6 hours, 12 hours round trip, too far.

buprenorphine education

Challenges with treating OUD in patients who relapse.

Best continuums of care; do we need new abilities to commit patients for treatment if they have been rescued by narcan multiple times;

treatment of stimulant use disorders, OUD in pregnancy, use of CAM for addictive disorders, different role of various therapies for trauma, how to help advocate for pts with MA insurance that lose it when they become more stable and get jobs

I have only participated in one and viewed a couple. The topics you are covering are good.

Managing challenging patients within a busy clinic/multiple prescriber setting e.g. no shows, late arrivals, inconsistent UDS results. How do you balance harm reduction/meet patients where they are at with keeping consistent amongst prescribers, varying levels of comfort/risk tolerance

vaping, regional resources

Other substance use disorders.

self help groups

ongoing support and education for CHCs around MAT..

any and all

initiating suboxone

A continued focus on Substance Use and Addictive Behaviors.

I haven't been able to attend regularly due to scheduling conflicts. I vote to just keep doing what your doing and I will redouble my efforts to attend.

Addressing pain management and substance abuse with those with disabilities.

Rural health initiatives related to SUD.

cases gone bad

What topics would you like to see addressed in ECHO programming?

I think you do a good job at a variety

Q26 - Are there any other comments or feedback on the topic of this ECHO programming that you would like to share?

Are there any other comments or feedback on the topic of this ECHO programm...

Very nicely done. I really enjoy the discussions.

Getting better and better

like the opportunity to attend remotely.

Great program!

it has been a pleasure to attend the program and it has always a learning experience

no

Team found value in the sessions they attended

I appreciate the case studies and sharing ideas

I think the group is excellent. Perhaps additional attention to the "marketing" of it would help increase the participation. It is filling a huge need but may take time to become established and better attended. Don't give up on it. Our patients need their providers to have this kind of support.

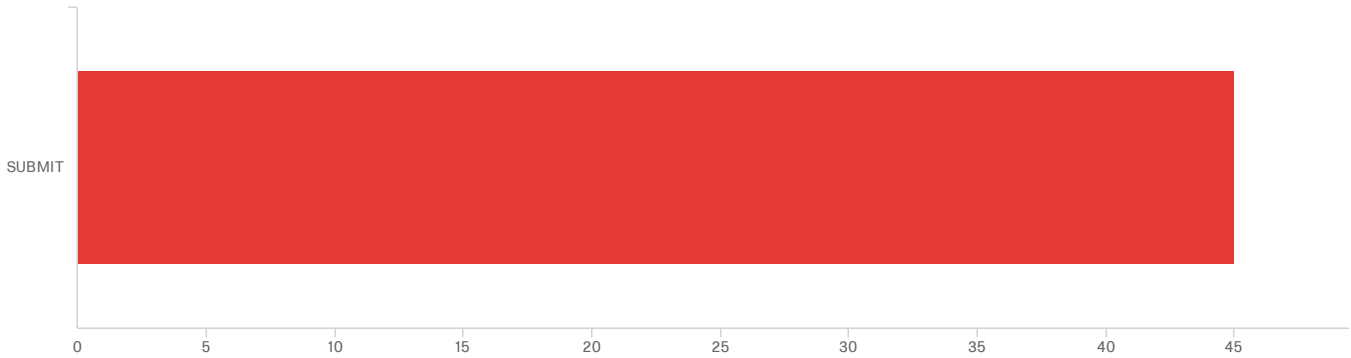
I think Project ECHO is a great idea!

This has been a great way to get consultation and education. Keep up the great work. We will continue to encourage others to join.

I only recently discovered ECHO and am looking forward to the interdisciplinary approach to topics addressed, as well as connecting with other providers in the Madison area and potentially across the country.

Honestly, not sure what it is. Just started getting a lot of emails from them. I trained for and received the waiver but have no opioid use disorder patients in my practice so, unfortunately, have forgot most of what I learned!

Q26 - After the entire questionnaire has been completed and all the data are ready to be submitted, please click on the 'SUBMIT' button below. Once you click 'SUBMIT' you will not be able to re-enter the questionnaire. Thank you for participating in this important study!



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	After the entire questionnaire has been completed and all the data are ready to be submitted, please click on the 'SUBMIT' button below. Once you click 'SUBMIT' you will not be able to re-enter the questionnaire. Thank you for participating in this important study!	1.00	1.00	1.00	0.00	0.00	45

#	Field	Choice Count
1	SUBMIT	100.00% 45

Showing rows 1 - 1 of 1

End of Report

