A Model to Provide Medication-Assisted Treatment for Opioid Use Disorder in a Rural Residency Clinic

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Objective
- Assess initial quality outcomes in a new rural MAT program designed to address three barriers limiting widespread uptake of MAT: time constraints, lack of behavioral health resources, and lack of specialty care support

Methods
- For non-pregnant adults with moderate-to-severe OUD, MAT was provided with behavioral therapy as needed, which included referral to county-level AODA services
- MAT providers had access to continuous addiction medicine phone consultation and a state wide tele-medicine program (Project ECHO)
- If buprenorphine induction was recommended, this was done with at-home induction, if not contraindicated, using RN telecommunication and administration of the subjective opioid withdrawal scale (SOWS)

Primary Outcomes

Secondary Outcomes

Conclusions
- Initial data suggest this model is able to address the barriers to providing MAT in a rural setting
- Further longitudinal data will help evaluate quality MAT metrics

Intake Visit
- As of May 2019, 5 of 9 residents and 6 of 8 faculty had buprenorphine waiver
- Standard note template to discuss:
  - Opioid use history, longest period of abstinence, barriers to stop use
  - Substance use contacts, legal issues, motivators to quit, support system
  - Other substance use, treatment history
  - Psychiatric history

Patient Characteristics

Primary Outcomes

Secondary Outcomes

Conclusions

References

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Conflicts of Interest
None