



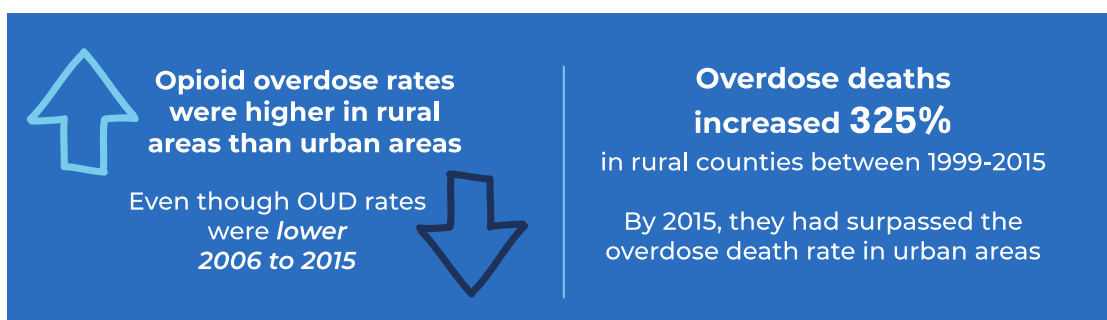
# Expanding Access to Opioid Use Disorder Treatment in Rural America

## Introduction

Much of the reporting on the opioid crisis in rural America has focused on the environmental circumstances that can trigger or worsen addiction, including hollowed-out economies and social isolation in many rural communities. But just as relevant is the fact that many rural Americans have much worse access to addiction treatment and recovery services for opioid use disorder (OUD) than those living in suburbs or cities.

As of 2018, a [majority of rural counties](#) did not have any physicians with the federal waiver required to prescribe medications for OUD (MOUD), the standard of care. And not all rural physicians who have the waiver are offering treatment; in a 2017 [survey](#), rural physicians pointed to several barriers to doing so, including lack of time, confidence, and behavioral health counselors. One promising trend is that, following enactment of a 2017 federal law enabling nurse practitioners (NPs) and physician assistants (PAs) to prescribe buprenorphine, the number of waived clinicians per 100,000 people in rural areas [grew substantially](#), driven by newly waived NPs and PAs.

With our first grants awarded in March 2020, FORE is seeking to expand access to OUD treatment and recovery services in rural communities through several initiatives: training and supporting primary care providers, leveraging community paramedics to engage people in treatment, enlisting family members and social supports, and redesigning hospital care in partnership with patients with OUD.



Sources: <https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm> and <https://www.cdc.gov/mmwr/volumes>.

## TAKEAWAYS

Rural Americans have much worse access to addiction treatment and recovery services for opioid use disorder (OUD) than those living in suburbs or cities.

FORE grantees are finding innovative ways to reach them and overcome barriers including stigma, a dearth of trained providers, and lack of social supports.

The models of care grantees are developing offer examples for other providers as well as state leaders and national agencies.

## MAHEC: Training More Providers

Through a grant from FORE and North Carolina's [Dogwood Health Trust](#), clinicians at the University of North Carolina (UNC) at Chapel Hill and the Mountain Area Health Education Center (MAHEC), an academic health center based in Asheville, are seeking to expand access to MOUD treatment throughout North Carolina. They are following the “hub-and-spoke” model [developed in Vermont](#) in which experts at hubs lend oversight and support to primary care providers at spokes to help them care for OUD patients.

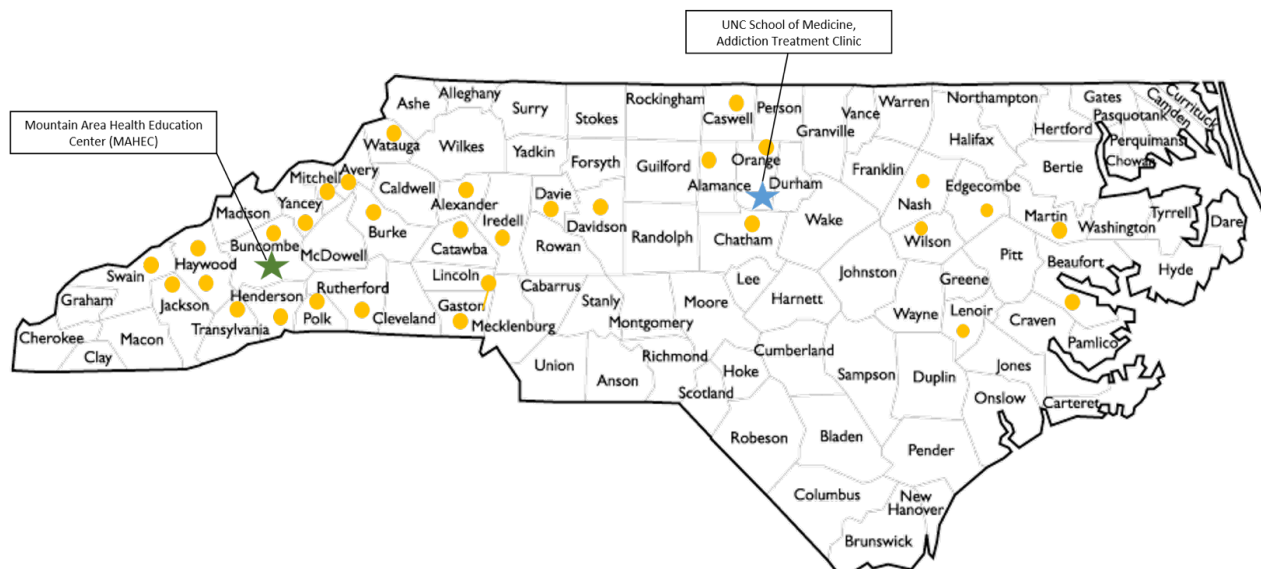
Since March 2020, addiction medicine specialists at UNC Chapel Hill and MAHEC have been offering training, technical assistance, and clinical supports to providers at nine community health centers, which have 52 sites in 31 North Carolina counties. They've helped providers at the spoke clinics learn how to initiate and titrate buprenorphine, treat patients with HIV or hepatitis (conditions that can be common among patients with OUD), and offer perinatal support. And as the pandemic unfolded, clinicians at the hubs greatly expanded telehealth services. In 2020, they provided care to more than 300 OUD patients.

“Providers at community health centers are seeing firsthand how the pandemic has compounded the opioid crisis,” say Shuchin Shukla, M.D., M.P.H., a family physician and opioid educator. “Having one-on-one technical assistance and consultation available provides them reassurance.”

MAHEC and UNC have been able to leverage FORE funding and other grants in order to treat more uninsured individuals and expand mental health services.

Clinicians at the University of North Carolina at Chapel Hill and the Mountain Area Health Education Center (the “hubs”) are helping primary care providers treat OUD patients in nine community health centers (the “spokes”) that span 31 North Carolina counties and 52 sites.

Year 1 (2020): Hub and Spokes Statewide System Map



Source: Mountain Area Health Education Center

## Allegheny Health Network: Engaging People in Treatment

Another grant from FORE supports efforts to deploy community paramedics to reach people with OUD in rural and/or medically underserved areas in Western Pennsylvania. The grant supports a partnership between Allegheny Health Network's Mobile Integrated Health team and its Center for Inclusion Health, a clinic catering to people with substance use disorders, the homeless, refugees, those with HIV, and others who may have trouble accessing care.

Emergency medical services (EMS) agencies serving Western Pennsylvania can refer people who receive naloxone to the Mobile Integrated Health team's community paramedics. The team tries to reach people as soon as possible after an overdose, when they may be most receptive to offers of help, and uses motivational interviewing techniques to understand "what's important to them and what barriers prevent them from getting where they would like to be," says Jonah Thompson, operations manager for Mobile Integrated Health and a longtime community paramedic. People's immediate goal may not be to stop using, but to get help in managing chronic pain, finding better housing, or leaving an abusive relationship; helping them improve their lives in such ways may eventually lead them to treatment, Thompson says. Once the community paramedics connect with the patient, clinicians from the Center for Inclusion Health are engaged to help address gaps in care including initiating medication-assisted treatment for OUD.

Allegheny Health Network's community paramedics are also partnering with nonprofits in rural communities, including [FAVOR-Western PA](#), a grassroots recovery community organization founded by two mothers of children affected by substance use disorder in Bolivar, a small town disproportionately affected by drug trafficking and addiction. "Recovery is not one-size-fits-all, so whatever the person's needs may be, we do our best to get it for them," says Kim Botteicher, one of the founders. "We offer families nonjudgmental support and help them navigate the massive web of information that is out there about detox, rehab, recovery programs, and social programs."

Eventually, Allegheny Health Network hopes to deploy mobile clinicians to deliver basic medical services at FAVOR's community center (there's widespread need for primary care) and offer MOUD through telemedicine with clinicians at the Center for Inclusion Health.

## Cabin Creek: Finding Ways to Keep People in Treatment

Cabin Creek Health System, a federally qualified health center in West Virginia, began offering MOUD in its Kanawha City facility in 2016 and expanded to three smaller clinics over the next few years. Before the pandemic, its [comprehensive treatment model](#) — with three-hour weekly appointments for the first 90 days, including visits with prescribers and group therapy — had achieved some success in combatting widespread stigma that discourages people from accepting MOUD. "Addiction is seen as a moral issue," says Joshua Carter, Psy.D.,

**"The thing that community paramedics are best at is walking into an uncontrolled environment and identifying problems."**

JONAH THOMPSON  
Community paramedic and  
operations manager for Mobile  
Integrated Health at Allegheny  
Health Network



staff psychologist and MAT program manager. “And there is a particular stigma around buprenorphine. Patients say I don’t want to be dependent on something.”

Before the pandemic, Cabin Creek had been able to keep half of new patients in MOUD treatment for at least 90 days — a much higher percentage than many programs, according to Ryan Morrison, M.D., medical director of Cabin Creek’s MOUD program. But leaders knew they could retain even more people if they could help them find rides to the clinic, stable housing, and waive even the \$3 copayments for medications. “We wanted to be able to address the basic things that were keeping people out of treatment,” says Morrison.

A February 2020 FORE grant to Cabin Creek is enabling leaders to reduce some of the barriers to treatment by partnering with nonprofits and paying for patients’ rides to and from the clinic. And for the first time, they’ve been able to find housing for 22 patients with substance use disorders. “This is a huge deal in rural Appalachia,” says Morrison.

With FORE funding, Cabin Creek is also expanding efforts to engage families in treatment and recovery. Leaders encourage each OUD patient to enlist a family member or friend as a “recovery accountability person” so they have support through treatment. In group therapy sessions, Carter helps patients navigate what may be troubled relationships with family members and is launching a “Beyond Addiction” support group for family members whose loved ones are in active addiction or recovery.

While Cabin Creek shifted some services to virtual platforms during the first months of the pandemic, poor internet connections in their mountainous region and lack of the in-person connections that had been the glue for its treatment model made this approach unworkable. They’ve since shifted to masked and socially distanced visits. Still, Morrison worries about the people who aren’t coming in. “COVID happened, and our impoverished, unemployed, rural West Virginians, they just lost sort of hope for the future and didn’t see the point in recovery,” he says. “We’ve had to fight a lot harder to get people. My experience is that the most powerful thing in getting patients into treatment is giving them hope for a better future.”

## **Foundation for Healthy Communities: Improving Inpatient Treatment for OUD Patients**

Another FORE grantee, the Foundation for Healthy Communities, is partnering with staff, clinicians, and patients from four rural hospitals in New Hampshire to improve inpatient management of patients with OUD. Although patients with OUD may be hospitalized due to complications from drug use, overdose, or other reasons, they are rarely included in efforts to improve services. “People with a substance use disorder, especially those who are currently using, are not often invited to participate,” says Tanya Lord, Ph.D., M.P.H., director of Patient and Family Engagement at the Foundation for Healthy Communities.

Using an experience-based co-design model, staff, clinicians, and patients have come together for a series of virtual groups to identify problems based on their personal experiences delivering or receiving care. The focus groups have revealed that patients are frustrated by the stigmatizing language and behaviors of staff. One participant asked, “Why can’t they treat me the same as someone who uses alcohol? Or someone who eats four cupcakes? Isn’t that also bad for their health?” Staff, in turn, said they were frustrated by investing lots of effort in finding treatment resources for patients only to see them not follow through.

The next step will be having staff, clinicians, and patients come together to brainstorm and identify solutions to pilot. “The process is effective because it does not begin with the solution, but rather allows all stakeholders including patients to be part of identifying the problem, designing the solution, and evaluating its effectiveness,” Lord says.

### **Improving Rural Health Care, Improving Addiction Treatment**

Expanding access to OUD treatment in rural America is part and parcel of the broader challenges facing rural health care providers today. These FORE grantees are finding innovative ways to reach OUD patients in rural communities and overcome the barriers that can keep them from getting treatment, including stigma, a dearth of trained providers, and lack of time or money to get to visits. They’re partnering with patients and their family members as well as nonprofits that can provide a range of recovery and social supports, and they’re deploying mobile staff and virtual platforms to meet people where they are.

The models of care delivery they are developing and testing offer examples that other providers as well as state leaders and national agencies can learn from and build on — demonstrating different components of what’s needed to establish a systematic approach to expanding access to treatment and saving lives.

“Even before COVID-19, it was recognized that economic and social supports are an important part of a person’s recovery capital and these are especially needed in hard-to-reach rural communities,” says Ken Shatzkes, Ph.D., senior program officer at FORE. “With social distancing and the isolation that brings, the pandemic has likely compounded the need for these services. Our grantees are thinking creatively and are developing innovative ways to provide these supports to rural communities and all those who need help.”



*FORE is a national, private, grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.*

*We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions to make the greatest impact on the crisis.*