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Addressing the Opioid Crisis in Vermont: Lessons Learned from Primary Care Physicians

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Background

Opioid Misuse in Vermont:
• The number of Vermonters seeking treatment for opioid abuse is increasing, particularly in Chittenden County.
• Emergency department visits and deaths related to opioid misuse continue to increase, both locally and nationally.

Opioid Addiction Treatment:
• The Drug Addiction Treatment Act (2000) was passed to allow physicians to prescribe buprenorphine-naloxone for opioid addiction, termed Office-Based Opioid Therapy (OBOT).
• OBOT has been shown to be a highly effective treatment for opioid addiction.
• The Hub and Spoke model was implemented in Vermont to connect specialty treatment centers with outpatient OBOT providers.

Project Goal:
To identify barriers to providing OBOT that primary care physicians (PCPs) face in Chittenden County, Vermont.

Methods
• Performed structured interviews with 25 PCPs in Chittenden County regarding experiences and attitudes towards OBOT.
• Particular emphasis was placed on barriers to expanding OBOT capacity.
• Results were analyzed using the Grounded Theory approach.

Results

Barriers to Providing OBOT

<table>
<thead>
<tr>
<th>Non-prescribers</th>
<th>Prescribers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient state logistical support</td>
<td>71%</td>
</tr>
<tr>
<td>Challenging patient population</td>
<td>67%</td>
</tr>
<tr>
<td>Infrastructure/Capacity</td>
<td>57%</td>
</tr>
<tr>
<td>Time</td>
<td>71%</td>
</tr>
<tr>
<td>Provider fears/concerns</td>
<td>53%</td>
</tr>
</tbody>
</table>

Top 5 Barriers to Providing OBOT:
1. Insufficient state logistical support
2. Challenging patient population
3. Infrastructure/Capacity of the practice
4. Available time
5. Provider fears/concerns

Important Lessons Learned From Experienced OBOT PCPs:
• Providing OBOT is clinically satisfying
• Experienced OBOT physicians are happy to mentor new OBOT providers
• More physician education is needed

Potential Impact of Barrier Removal:
• Approximate current waiting list in Chittenden County = 200
• Mean patient panel size of OBOT providers = 40
• The number of providers which said yes to providing OBOT if barriers were removed =11.
• Removal of barriers will have a significant impact on the current OBOT waiting list

Discussion

• There were discrepancies in barriers noted between the Non-OBOT and OBOT providers.
• Non-OBOT providers were more likely to report that OBOT patients were challenging than were OBOT providers.
• OBOT providers were more likely to acknowledge the stigma associated with OBOT.
• Both groups desired increased state support for OBOT.
• A large proportion of Non-OBOT providers are willing to begin seeing OBOT patients if the identified barriers are addressed.

Recommendations

1. Increase state support/resources for OBOT
   • Hub and Spoke
   • Case management and counseling

2. Peer mentorship for newly waivered OBOT providers by experienced OBOT providers
   • Remedy perception vs. reality
   • Address fears and concerns
   • Ensure success

3. Best practices guidelines
   • Physician education
   • Organization/coordination of office, staff, and physicians within a practice