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

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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
Table 1. Characteristics of PCPs

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Median/Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Practice</td>
<td>16.5 yrs</td>
</tr>
<tr>
<td>Range: 1-38 yrs</td>
<td></td>
</tr>
<tr>
<td>Private practice</td>
<td>28%</td>
</tr>
<tr>
<td>Providing OBOT services</td>
<td>44%</td>
</tr>
<tr>
<td>OBOT panel size</td>
<td>30</td>
</tr>
<tr>
<td>Range: 1-112</td>
<td></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

Ways To Improve the Hub and Spoke Model
1. Increased support from Hub
2. Increased flow to and from Hub
3. Hub needs to stabilize more patients
4. Training is currently inadequate
5. Don’t know about patient outcomes

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 identified barriers were removed = 11.
Residual Waiting = 200 - (11X40) = -220
• 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 waived 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