

# NaRCAD 2018

Current run (last updated Dec 6, 2018 4:44pm)

7

Polls

53

Participants

52

Average responses

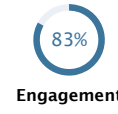
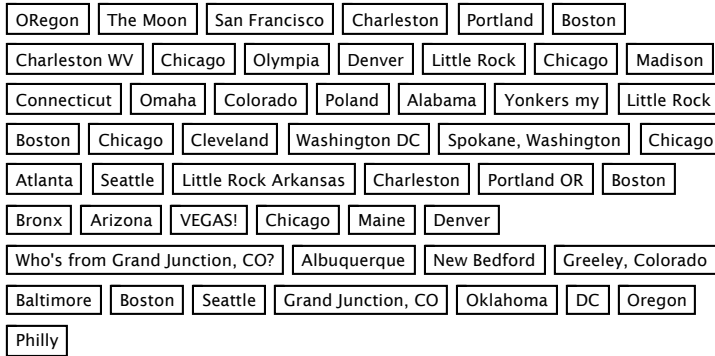


Average engagement

## Where are you from?



Responses

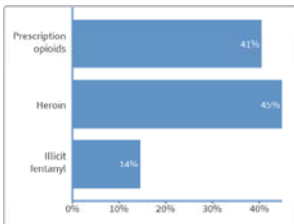


Engagement

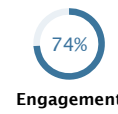
50

Responses

## Which type of opioid is most affecting your community: prescription opioids, heroin, or illicit fentanyl?



Response options	Count	Percentage
Prescription opioids	28	41%
<b>Heroin</b>	<b>31</b>	<b>45%</b>
Illicit fentanyl	10	14%



Engagement

69

Responses

### What challenges exist when working in a rural area?



Responses

- Lack of resources
- Staff turnover
- Entrepreneurs
- Cululture
- Pill mills
- Lack of opportunity
- Culture
- Fewer resources
- SdOH
- Takes forever to drive between sites
- Poverty
- Stigma
- Political climate
- Transportation
- Access
- Independent Drs
- Workforce capacity
- County Commissioners
- "We don't want the state to tell us what to do"
- Education
- Paranoia
- Poverty
- Access
- Lack of jobs
- Poverty
- Doctor shortages
- Poverty
- Gas \$\$\$
- Access
- Depressed economy
- Resources
- Local culture
- Lack of treatment providers
- Provider education
- Stigma
- Access
- Poverty
- Resource access
- Travel time
- Poor
- Access
- Culture
- Non-physician prescribers
- Low literacy
- History
- Everyone knows everyone
- Geography
- Conservative
- Community politics
- Big distances
- Access
- Political denial
- Lack of non opioid resources
- Lack of resources
- Limited community resources
- Disabilities from physical labor
- Economy
- connecting people to resources that are far away
- Omission Bias



### What are the benefits to working in a rural community?



Responses

- Resilience
- Close-knit Loyal
- Spillover
- Beautiful
- Connection
- Knowing everyone
- Strong community support
- Close-knit
- Sense of community
- Caring
- Appreciate of resources
- Care of community
- Faith
- We are in this together
- Big hearts
- Law enforcement thinks like public health
- Education
- Big needs
- Strong community
- Community
- People know each other
- Friendly
- Free parking
- People
- Long standing relationships
- Collaboration
- greater impact
- You know the dealers personally
- Close family connections
- Never have to decide which nice restaurant to go to
- Community cohesion
- Visible impact
- Loyalty
- Self reliance
- Collaboration
- Lots of community connections and social capital
- Collaboration across sectors
- Close relationships
- Supportive
- Sense of community
- Everyone knows everyone
- Once Trust is Built they are all in
- Understanding
- Close community
- Common cultural framework
- Relationships
- Strong community
- Link to community leads to engagement
- Compassion for community and patients
- Relationship based



### What are the barriers to a clinician providing Medication Assisted Treatment (MAT)?



Responses

- Stigma | Getting waived | Lack of peer support | I don't want THOSE patients
- One more unpaid mandate | Can't rely on care team | Comfort of doing it
- Not my job!!!! | Lack of knowledge of treatment of addiction | Lack of primary care
- Lack of knowledge of opioid use disorder | Lack of knowledge
- Fear they caused the OUD guilt drives avoidance of the issue to be someone else's problem
- Stigma | Abstinence | It takes too long | Not wanting addicts in your waiting room
- Too busy | Staff support | Long expensive training | Patient access to resources
- Perceived ineffectiveness | Fear of induction phase | Facility fee | waiver
- Lack of understanding | I know everything | Personal bias
- Not connected to community resource | Just replacing one drug for another
- Not having SUD as a focus | Lack of confidence
- Belief that mandatory cdp counseling is required | Not enough training
- Already overwhelmed | I heard that training is stupid | No behavioral health supports
- Fear | need longer appointment time | Fear of continuing/supporting addiction
- Bias towards abstinence | Fear | Lack of mentorship | Time consuming | Fear
- NARCAD2018 | Need to get x waiver | Lack of resources | Personal bias
- Stigma around patient population that will bring | Time
- Good MAT training for the prescriber
- Nurse care managers not billable in many states | Poor pay for effort | Busy
- Unknown demands | Need for x-waiver



Engagement

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Responses

### What supports exist (or should exist) for clinicians who provide MAT?



Responses

- Integrated Behavioral health
- Mentor
- Success stories
- Show me how it's done
- ECHO tele-mentoring
- Provider peer mentor
- remove waiver requirements
- Data on effectiveness
- economic incentives
- Team care with case management
- Peer mentoring- project Echo
- Access to psychosocial support for physicians to refer patients to
- Patient peer mentor
- Peer mentoring and support
- Sharing best practices and lessons learned
- Telemed conf to have addiction med back up frontier providers
- Feedback
- LOTS of academic Detailing programs!
- Peer support/recovery coaches
- Warm line staffed by experienced clinicians
- Team care.
- Peer mentoring
- Population management tools
- On demand e consults
- Clinicians should have access to great patient materials
- Pay me to get trained
- Technical assistance from established prescribers
- Training for rn and trher clinic staff
- Academic detailing
- Other resources are also available to support patients
- Adequate funding to support extra providers
- Feedback data showing the effectiveness of MAT in their patients
- Specialists start working with clients then pass off to PCP
- MD mentoring
- A quick video (30 sec) from other clinicians who've done it
- ECHO
- Partnerships with treatment agencies.

49% Engagement  
39 Responses

### Text in your questions for the panelists!



Responses

- How do you get very busy underfunded primary care practices acquire the time to do this week
- A Mcantwell021 A
- Review the information and compare it to what is being done in my area
- MCANTWELL021 MCANTWELL021 MCANTWELL021 Mcantwell Indicators
- MCANTWELL021 C MCANTWELL021 Mcantwell MCANTWELL021 B A
- MCANTWELL021
- Do you all have any emerging findings about recruitment successes with these local models compared to other statewide models?
- MCANTWELL021 Mcantwell021 A
- Will the CDC have another in-person meeting for AD educators? MCANTWELL021
- Goal-setting Mcantwell021 Why say "poisoning" instead of "overdose"?
- Mcantwell021 MCANTWELL021 B Indicators A MCANTWELL021
- MCANTWELL021 Mcantwell021 mcantwell021 MCANTWELL021
- Role of FQHCs in providing MAT? C C MCANTWELL021 Mcantwell021

30% Engagement  
42 Responses