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

Where are you from?

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

7         53         52         63%
Polls     Participants Average responses Average engagement

Where are you from?

Responses

<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
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<tr>
<td>The Moon</td>
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<tr>
<td>San Francisco</td>
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<td>Charleston</td>
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<td>Portland</td>
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<td>Boston</td>
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<td>Chicago</td>
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<td>Olympia</td>
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<td>Denver</td>
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<td>Little Rock</td>
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<td>Madison</td>
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<td>Chicago</td>
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<tr>
<td>Cleveland</td>
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<td>Seattle</td>
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<td>Boston</td>
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<tr>
<td>Bronx</td>
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<td>Arizona</td>
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<td>VEGAS!</td>
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<tr>
<td>Chicago</td>
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<td>Maine</td>
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<tr>
<td>Denver</td>
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<tr>
<td>Who's from Grand Junction, CO?</td>
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<tr>
<td>New Bedford</td>
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<td>Grand Junction, CO</td>
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<td>Oklahoma</td>
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<td>DC</td>
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<tr>
<td>Oregon</td>
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<tr>
<td>Philly</td>
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</tbody>
</table>
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Which type of opioid is most affecting your community: prescription opioids, heroin, or illicit fentanyl?

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Response options

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription opioids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illicit fentanyl</td>
<td></td>
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</tr>
</tbody>
</table>
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Responses

Count Percentage

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription opioids</td>
<td>28</td>
<td>41%</td>
</tr>
<tr>
<td>Heroin</td>
<td>31</td>
<td>45%</td>
</tr>
<tr>
<td>Illicit fentanyl</td>
<td>10</td>
<td>14%</td>
</tr>
</tbody>
</table>
What challenges exist when working in a rural area?

Responses
- Lack of resources
- Staff turnover
- Entrepreneurs
- Culture
- 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
- Fear they caused the OUD guilt drives avoidance of the issue to be someone else's problem
- 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
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 in and trher clin 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.

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
  MCANTWELLO21 MCANTWELLO21 MCANTWELLO21 Mcantwell Indicators
  MCANTWELLO21 C MCANTWELLO21 Mcantwell MCANTWELLO21 B A
  MCANTWELLO21
- Do you all have any emerging findings about recruitment successes with these local models compared to other statewide models?
  MCANTWELLO21 Mcantwell021 A
- Will the CDC have another in-person meeting for AD educators?
  MCANTWELLO21
- Goal-setting
  Mcantwell021 Why say "poisoning" instead of "overdose"?
  Mcantwell021 MCANTWELLO21 B Indicators A MCANTWELLO21
  MCANTWELLO21 Mcantwell021 mcantwell021 MCANTWELLO21
- Role of FQHCs in providing MAT?
  C C MCANTWELLO21 Mcantwell021