

## Ability to Treat Opioid Use Disorder in West Virginia

### Block 1

Dear Participant,

This letter is a request for you to take part in a research project assessing barriers and facilitators to medication assisted treatment (MAT) for opioid use disorder in West Virginia. This survey is a joint effort of the WV Department of Health and Human Resources, Marshall Health, WV School of Osteopathic Medicine, and West Virginia University under the direction of Garrett Moran, PhD at WVU and Lyn O'Connell, PhD, at Marshall Health. Funding for the project was provided by the West Virginia Department of Health and Human Resources and the Substance Abuse and Mental Health Services Administration (SAMSHA). Your participation in this project is greatly appreciated and it will take no more than about 10 minutes to complete the attached questionnaire.

Your involvement in this project will be kept as confidential as legally possible. All data will be reported in the aggregate. Neither you nor your clinic will be identified when the results of this survey are reported. It will not be possible to link your contact information with individual survey results. You must be 18 years of age or older to participate. Your participation is completely voluntary. You may skip any question that you do not wish to answer and you may discontinue at any time. There is no penalty whether or not you decide to participate or to withdraw. West Virginia University's Institutional Review Board acknowledgement of this project is on file.

We hope that you will complete this brief questionnaire. The data gathered will help us understand and address factors that limit the availability of MAT for opioid use disorder in West Virginia. Should you have any questions about this letter or the project, please feel free to contact Brianna Sheppard, PhD, at 304-293-1444 or [absheppard@hsc.wvu.edu](mailto:absheppard@hsc.wvu.edu).

Thank you for your time and help with this project.

Sincerely,

Garrett Moran, PhD

Lyn O'Connell, PhD

School of Public Health  
Medicine  
West Virginia University

Department of Family  
Marshall University

## Ability to Treat Opioid Use Disorder in West Virginia

Published research and clinical experience in West Virginia show that using evidence-based medication assisted treatment can successfully improve medical and social outcomes for as many as 50%-60% of patients with Opioid Use Disorder (OUD).

Medication-assisted treatment (MAT) most commonly includes three medications to treat OUD: Methadone (daily dosing of an opioid agonist); Naltrexone (opioid antagonist such as Vivitrol); or Buprenorphine (opioid agonist/antagonist such as Suboxone or Subutex) in combination with counseling and behavioral therapies.

MAT success rates are comparable to those for other chronic health conditions such as diabetes and hypertension. Providers treating patients with OUD report rapid and dramatic positive changes for patients upon entering treatment as well as high levels of personal reward in improving patients' lives.

The following survey, *Ability to Treat Opioid Use Disorder in West Virginia*, is designed to assess providers' availability and willingness to prescribe MAT to patients with OUD. Providers include physicians, physician assistants, and nurse practitioners.

Thank you very much for taking the time to complete and submit this survey. Your insight and information are very valuable to us.

Have you taken the mandatory training to allow you to apply for a DEA waiver to prescribe buprenorphine?

Yes

No

Have you received a DEA waiver to allow you to prescribe buprenorphine?

Yes

No

Have you ever prescribed any form of MAT (buprenorphine, methadone, or naltrexone/Vivitrol) for the treatment of OUD?

Yes

No

Do you currently prescribe MAT for treatment of OUD as part of your practice?

Yes

No

What made you decide to offer MAT at your clinic?

If free training is made available and you were compensated for your time, would you be willing to obtain your DEA waiver to prescribe buprenorphine?

Yes

No

Please indicate why you would choose not to obtain a waiver.

Please indicate whether or not each of the following are barriers to incorporating MAT into your practice for the treatment of OUD.

Very Serious  
Concern

Serious  
Concern

Minor Concern

Not a Concern

	Very Serious Concern	Serious Concern	Minor Concern	Not a Concern
Time constraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of patient need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial/reimbursement concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resistance from practice partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resistance from practice administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resistance from community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside my scope of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty backup for complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of confidence in my ability to manage patients with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of available mental health or psychosocial support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about attracting drug users to your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about DEA intrusion on your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about diversion or misuse of medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about legal liability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you selected "Other", please describe other barriers to incorporating MAT into your practice for the treatment of OUD.

Do you feel reimbursement should be increased for treatment of OUD?

Yes

No

Do you feel reimbursement should be increased for treating mental illness?

Yes

No

Are you currently accepting new patients with OUD?

Yes

No

Approximately how many patients with OUD are you currently treating with MAT?

Not including yourself, how many providers are in your practice?

Not including yourself, how many providers in your clinic are currently waived by the DEA to prescribe buprenorphine?

Not including yourself, how many providers in your clinic are currently treating OUD with any form of MAT?

Please indicate which of the following groups of patients you accept for MAT.

- Patients who are already on my personal panel
- Patients of other clinicians in my clinic
- Patients from the community not in my practice
- Patients outside of my community

Which of the following best describes your clinical practice?

- Rural health clinic
- Hospital-sponsored clinic
- Community health clinic/FQHC
- Private practice
- Veterans Affairs facility
- Behavioral health facility
- Emergency department
- Inpatient hospital
- Substance use treatment facility
- Other

If you selected "Other", please describe your clinical practice setting.

Does your practice accept the following types of reimbursement for MAT?

	Yes	No
Private insurance	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>
Self-pay	<input type="checkbox"/>	<input type="checkbox"/>
PEIA	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware and have you participated in any of the following Project ECHO Sessions? (Extension for Community Healthcare Outcomes)

	Aware	Participated
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>
Medication-Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>

If you identify a patient who injects drugs and has not been tested for Hepatitis C, do you (please select all that apply)

Order a Hepatitis C test

Make a referral to another provider for Hepatitis C testing

Encourage the patient to get testing somewhere else e.g. Health Department

I do not really discuss testing

Not Applicable: I do not have any patients who inject drugs

How often to you talk about Hepatitis C screening and treatment with your patients who inject drugs (e.g. heroin, methamphetamine)

Never

Sometimes

Often

Always

Not Applicable: I do not have patients who use drugs

What year were you born?

What is your gender?

Male

Female

Prefer not to answer

What is your clinical specialty?

What is the zip of your principal practice?

Open Comments (confidential):

Powered by Qualtrics