

Mindful Continuing Education

Utilizing Medication-Assisted Treatment for Opioid Disorders in Rural Settings

Opioid Use Disorder

1. While in the 1960's and 1970's early users of heroin tended to be young men, including many minorities, more recent users tend to be slightly older white men and women who live outside of urban areas.

- A. True
- B. False

Rural Context

2. The authors propose each of the following as potential explanations for the increase in opioid use in rural areas EXCEPT:

- A. There is increased availability of opioids in States with large rural populations because of high prescription rates
- B. The large kinship networks unique to rural areas may contribute to the spread of prescription opioids as friends and family with prescriptions are often a main source of access to these drugs
- C. Although rural areas have experienced a recent outmigration of many young adults, those who remain in this community tend to make better wages than in the past and therefore have more money for recreational opioid use
- D. Individuals living in rural areas may be more likely to suffer injuries in labor occupations that lead to higher rates of chronic pain and prescription opioid abuse

Delivering MAT in Rural Primary Care Settings

3. In general, people with substance use disorders (SUDs) are more willing to receive treatment in a specialty drug treatment center than primary care settings because of the stigma associated with drug abuse and lack of adequate treatment in primary health care.

- A. True
- B. False

Challenges and Strategies for Overcoming Them

4. In addition to having poor access to behavioral health services and substance abuse treatment, individuals living in rural counties may experience health inequities, which are shaped by broader social determinants of health, such as higher levels of poverty than those in metropolitan areas as well as:

- A. A greater aging population
- B. Poorer insurance benefits
- C. Less access to technological services and advancement
- D. Lower levels of education

Workforce and Training

5. Rural providers who offer MAT services must be trained on how to implement new clinical protocols and interact with patients, and should be offered education that emphasizes the brain chemistry of addiction, signs and symptoms of OUD, neonatal abstinence syndrome, and effectiveness of MAT.

- A. True
- B. False

Provider Knowledge, Attitudes, and Beliefs

6. Which of the following is NOT one of the authors' recommendations to combat the negative perceptions about the misuse of medication during MAT?

- A. Increase the frequency of clinic or counseling visits
- B. Use methadone combined with buprenorphine for treatment
- C. Require supervised medication ingestion
- D. Provide smaller amounts of unsupervised medication

Community Support

7. Since many providers in rural areas lack referral options for psychosocial support, providers must engage in strength-based care for patients that includes solution-focused and narrative techniques.

- A. True
- B. False

Logistical Barriers

8. Cumbersome regulations, including periodic DEA audits of patient records, deter physicians from offering MAT services, as some providers have found DEA's approach threatening and have felt that providers with buprenorphine treatment waivers were unfairly subjected to greater scrutiny than those prescribing opioids for pain.

- A. True
- B. False

Health Information Technology and Telehealth

9. While health IT and telehealth can be very beneficial for rural primary care, they both present similar challenges, including:

- A. Financial barriers to their implementation
- B. A significant time investment
- C. The need for adequate resources to acquire, implement, and manage a new system
- D. All of the above

Payment and Reimbursement-Utilization Management Policies

10. The requirement by public and private insurance programs that patients be referred to behavioral therapy in order to receive coverage for MAT medication has proven to be very effective in treating rural populations.

- A. True
- B. False

Policy

11. State policy that can be leveraged to prevent OUD includes enacting legislation to set limits on opioid prescribing practices, using an electronic database to monitor controlled substances, and adopting coverage of alternative pain management services such as acupuncture, cognitive-behavioral therapy, and:

- A. Massage therapy
- B. Hypnosis
- C. Biofeedback
- D. Relaxation therapies

Harm Reduction

12. Which of the following is NOT one of the author's recommendations to support patients and reduce the health consequences of opioid abuse through harm reduction interventions?

- A. Primary care providers (PCPs) can help educate patients and families about the risk of overdose from opioids and about the use of naloxone, and can facilitate access to naloxone and sterile needles for individuals using intravenous drugs
- B. Vital policies that expand access to naloxone and that give emergency medical responders and technicians the training and authority to administer naloxone in rural areas can be implemented
- C. Local laws can be passed in rural areas to dispense buprenorphine without a "direct, individual prescription from a medical provider" to increase access to this drug for other key members of the community, such as family members of individuals with OUD, law enforcement, and emergency responders
- D. County officials can advocate on behalf of their communities and work with their State and Federal partners to promote the implementation of policies that will best address their needs in fighting the opioid crisis

Promising Models for Use in Rural Settings- The Office-Based Opioid Treatment with Buprenorphine (OBOT-B) Collaborative Care Model

13. The OBOT-B Collaborative Care Model has been used within community health centers to improve access to buprenorphine treatment, primarily among underserved and marginalized communities, by using nurse care managers to provide support and act as a liaison between patients and waivered physicians.

- A. True
- B. False

Conclusion

14. To fight the opioid epidemic, it is critical to build the workforce of available providers who offer MAT services in rural areas, implement policies that support the work of these providers and the community-based programs that provide services and supports to those in recovery, and:

- A. Use secure electronic health information and technology across the care continuum
- B. Decrease stigma surrounding SUDs and treatment
- C. Prioritize prevention efforts
- D. Support cutting-edge research on pain and addiction

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