Somewhere To Go: Enhancing Access to Medication Assisted Treatment in Rural Maryland

Cohort:
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Location:
Baltimore, Maryland

Focus Areas:
Addiction & Substance Use
Health Care Access

Background

Rural communities in America are affected by the opiate epidemic at an alarming rate. From 2010-2015 deaths related to prescription and non-prescription opiate overdose in the State of Maryland has nearly tripled with substantial increases occurring in rural communities in Western Maryland and on the Eastern Shore. Although buprenorphine treatment can be delivered in a less regulated way than methadone, less than 2% of buprenorphine-waivered physicians in the United States practice in small and remote rural counties.

Wicked Problem Description

The wicked problem that confronts us is how to provide access to evidence based, life-saving treatments such as buprenorphine directly to communities in rural areas that are suffering most from the opiate epidemic? On the face of it, the solution may seem clear cut given the long history of success when it comes to using telehealth interventions in rural areas. Yet, as this is a wicked problem, implementation may be hampered by regulatory and legal hurdles, stigmatization of opioid use, concerns

about diversion, as well as historical concerns in the drug treatment community that Medication Assisted Treatment is just substituting one drug for another.

Project Strategies

One strategy to overcome these obstacles to implementation of telehealth interventions in rural areas is to use HIPPA compliant technology to provide buprenorphine services directly to rural areas in need. Clinicians at the University of Maryland Medical Center have done just that. Over the last year, over 150 people receiving substance abuse services in a clinic located in Western Maryland have successfully been treated with buprenorphine using this telehealth strategy. A chart review revealed that approximately 60% of these patients were still in treatment at 3 months with 94% of them being free of opioid use.

Our approach includes 3 sequential phases that will build on one another. Phase 1 is a Planning Phase, which will focus on creating materials and enlisting new rural treatment sites. Phase 2 is an Implementation Phase, which will focus on providing clinician training, ensuring treatment site preparation and evaluating satisfaction with the telehealth services. Phase 3 is a Dissemination and Liaison Phase, which will focus on expanding overall access by training others to provide these services in different locales throughout the State of Maryland and beyond.

Outcomes

Our primary goal for this project is to increase access to medicated assisted treatment in rural areas using a telehealth approach. To do this we plan to:

1. Increase the number of clinicians who are trained to provide medication assisted treatment using a telehealth approach.
2. Increase the number of substance use treatment programs in rural areas successfully offering telehealth medication assisted treatment programs.
3. Increase the number of patients in rural areas receiving medication assisted treatment.

Timeline

We anticipate completing Phase 1 (The Planning Phase) of the project between months 6-8; Phase 2 (The Implementation Phase) between months 18 and 20; and Phase 3 (The Dissemination and Liaison Phase) by month 36.

Partnerships

The diverse, interdisciplinary clinical team will be assisted by a local advisory board whose complimentary skill sets will assist with creating “outside the box” solutions to challenging problems as they arise.

Evaluation Strategies

Our evaluation plan will be cross-walked to our anticipated outcomes and use both chart review and informant interviews of clinicians, patients, and their families to provide a complimentary approach to understanding the challenges and success of the proposed project.