

The University of Arizona
Arizona Center for Rural Health
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**FY 2021: State Opioid Response via Arizona Department of Health Services
AzMAT Mentors Program
Annual Report
Programmatic Activities Year 2
October 1, 2020 – September 29, 2021**



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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Institutional Ethics Statement: This project has been reviewed by the University of Arizona's Institutional Review Board and determined not to be human subject's research.

Disclaimer: This program was supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.

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Introduction

The University of Arizona Center for Rural Health (AzCRH) collaborated with the Arizona Department of Health Services (ADHS) to implement year two of the AzMAT Mentors Program for the State Opioid Response grant via the Arizona Health Care Cost Containment System and Substance Abuse and Mental Health Services Administration. Medication-assisted treatment (MAT) is an evidence-based approach to treat opioid use disorder (OUD). This work involved ADHS's Office of Injury Prevention (OIP), the Arizona Opioid Treatment Coalition, and Arizona MAT providers. Efforts were guided by the following Interagency Service Agreement (ISA) Scope of Work and Tasks.

Interagency Service Agreement: Scope of Work (4)

ISA 4.5. Launching a MAT Mentoring Program to provide additional support and hands on training to DATA-waived providers in Arizona to increase capacity to provide MAT.

Interagency Service Agreement: Tasks (5)

- 5.1.1. Develop a MAT mentoring curriculum containing information on clinical resources including but not limited to the Arizona Opioid Prescribing Guidelines; Arizona Opioid Assistance and Referral (OAR) Line; Arizona Controlled Substances Prescription Monitoring Program (CSPMP or PDMP), and Opioid related CME trainings that fulfill A.R.S. § 32-1430 R4-16-102 (A) statutory requirements.
- 5.1.2. Recruit and train experienced DATA-waived providers to provide 1:1 support to new DATA-waived providers (see definitions below),
- 5.1.3. Recruit new DATA-waived providers to participate,
- 5.1.4. Maintain documentation that includes the number experienced MAT providers that have successfully completed the training, and
- 5.1.5. Maintain documentation that includes the number of less experienced MAT providers that participated in the program.

ISA 5. MAT Mentoring Development and Implementation

Definitions:

Experienced MAT providers are practitioners who are Arizona licensed and DATA-waived or “x-waived” and have provided MAT services for at least one year and/or treated at least 20 patients.

New MAT providers are practitioners who are Arizona licensed and DATA-waived or “x-waived” and self-identify as having limited MAT experience and interest to collaborate with an experienced MAT provider.

5.1.1. Develop a MAT mentoring curriculum containing information on resources

Activity Summary: AzCRH updated curriculum tools for the AzMAT Mentors and used the enhanced curriculum materials we developed last year based on cultural and linguistic responsiveness.

Accomplishments:

1. Updated the AzMAT Mentors Program curriculum experienced provider training.
2. Transitioned the experienced provider training into recorded modules hosted via Panopto. This allowed Experienced MAT Providers to complete the training on their own schedule.
3. Updated the AzMAT Mentors Program resource guide for providers. The resource guide includes clinical and other related resources including Arizona Opioid Prescribing Guidelines, Arizona Opioid Assistance and Referral (OAR) Line, Arizona Controlled Substances Prescription Monitoring Program (CSPMP or PDMP), and opioid related CME trainings that fulfill A.R.S. § 32-1430 R4-16-102 (A) statutory requirements.
4. Added regular email communication with providers that includes upcoming free or low-cost training and practice-based resources.

Next Steps:

1. Develop and implement a plan to enhance provider engagement throughout the program.
2. Make the training modules more accessible on a different video hosting platform.

5.1.2. Recruit and train experienced DATA-waivered providers to provide 1:1 support to new DATA-waivered providers

Activity Summary: AzCRH updated its marketing plan and flyer to recruit experienced MAT providers. This included creating direct to provider mailers in a postcard format. Postcards were mailed to DATA-waived providers who provided a practice address on SAMHSA’s public Practitioner Locator list. Our recruitment methods are shown in Table 1 for year one and year two. The recruitment process involved experienced providers completing an interest form and an application to participate in the program. Following recruitment efforts, 36 experienced MAT providers completed the interest form, 21 were invited to apply, 16 completed the application, and 10 were matched. The six who were not matched did not respond to their match assignment or did not meet our protocol’s matching threshold. Of the ten who were matched, nine completed the training. Table 2 provides experienced MAT providers’ professional type, practice locations, and experience working in rural areas.

Table 1. AzMAT Mentors Program Recruitment Methods - Years 1 and 2

Recruitment Activity	Year (Cohort)		
	Year 1/ Year 2 (1 & 2)	Year 2 (1)	Year 2 (2)
Emailed flyers through AzCRH listservs	X	X	X
Posted on social media	X	X	X
Shared on AzCRH monthly newsletter	X	X	X
Partners promoted (MAT ECHO, AOTC, OD2A)	X	X	X
Targeted, rural FQHC outreach to managers to refer providers for participation	--	X	X
Purchased radio advertisements (AzPM)	--	X	--
Purchased LinkedIn Advertisement	--	X	--
Sent postcard mailers to 1,300 providers listed on SAMHSA's practitioner locator site.	--	--	X
Included in AZ State Board of Nursing newsletter	--	--	X

AzCRH: Arizona Center for Rural Health

MAT ECHO: Medication-Assisted Treatment Extension for Community Healthcare Outcomes hosted by Arizona State University

AOTC: Arizona Opioid Treatment Coalition

OD2A: Overdose Data to Action grant administered by AzCRH

AzPM: Arizona Public Media

SAMHSA: Substance Abuse and Mental Health Services Administration

Table 2. Experienced MAT Provider Characteristics (n=10)

	# of Providers
Provider Type	
Physician	4
Physicians' Assistant	1
Nurse Practitioner	5
Provider Primary Practice Location (county)	
Coconino	1
Maricopa	3
Mohave	1
Pima	4
Telemedicine	1
Experience Providing MAT in Rural Locations	
None, very little	2
Some, a lot	8

Accomplishments:

1. Refined the recruitment plan and enrollment process. This included revising the enrollment process to collect eligibility information on the interest form to ensure only eligible providers were invited to complete the application.
2. Used a standard process for initiating independent contractor (ICON) agreements and invoice submission.
3. Added more detailed information on the scope of work form.

4. Hosted two round-robin meetings for Experienced MAT Providers to meet each other and discuss successes and challenges related to collaborative consultations.
5. Created a dedicated program email to streamline communications between providers and program staff: MAT-Mentors@arizona.edu.

Next Steps:

1. Reconnect with year one and year two experienced providers to determine their interest in participating in year three.
2. Update flyers and refine talking points for colleagues and collaborators to share with potential providers who may be interested.
3. Participate in meetings and trainings to share AzMAT Mentors Program information.

5.1.3. Recruit new DATA-waivered providers to participate

Activity Summary: AzCRH created a marketing plan and flyer materials to recruit New MAT providers. New MAT Providers were asked to complete an interest form which was used to identify priority participants (located in rural communities). Program staff sent invitation emails to selected providers. Seventy-five less experienced MAT providers completed the interest form, 47 were invited to participate, and 29 completed the invitation form and were matched. Fourteen did not respond or declined participation and 15 were matched to participate in 1:1 collaborative consultations with experienced MAT providers. Table 3 provides New MAT Providers' professional characteristics.

Accomplishments:

1. Used the matching process developed in year one:
 - a. Range of MAT services (i.e., specialty services, adherence, diversion, monitoring, and implementation processes),
 - b. Medication and behavioral treatments, and
 - c. Provider type and proximity.
2. Added an orientation meeting to prepare New MAT Providers for collaborative consultations. Program staff used information collected in the interest form to create mentorship goals and collaboration plan. The plan was presented to matched providers in an orientation meeting to established mentorship priorities, collaboration expectations, and to schedule consultation dates.
3. Increased the number of collaborative consultations from two to five (Appendix A).

Table 3. New MAT Provider Characteristics (n=15)

	# of Providers
Provider Type	
Physician	2
Physicians' Assistant	0
Nurse Practitioner	13
Provider Primary Practice Location (county)	
Apache	2
Cochise	1
Coconino	1
Maricopa	5
Pima	3
Yuma	1
Telemedicine	2
Experience prescribing a MAT medication^a	
Never prescribed	8
Not currently prescribing, but have previously treated	2
Currently prescribing	5
History providing behavioral health services	
Motivational interviewing	9
Brief behavioral office-based interventions	12
Coordinated with behavioral health provider	14

^a MAT Medications: buprenorphine, methadone, and naltrexone

Next Steps:

1. Reconnect with New MAT Providers who completed interest forms but did not participate in year two. Explore their interest in year three.
2. Update flyers and talking points for colleagues and collaborators to share with potential providers who may be interested.
3. Further refine the matching process to include automated steps.
4. Participate in meetings and trainings to share AzMAT Mentors Program information.

5.1.4 & 5.1.5. Maintain documentation of training and program participation

Activity Summary: We tracked program activities including Experienced MAT Providers who completed the training and New MAT Providers who participated in the program (Table 4).

Accomplishments:

1. Continued monitoring implementation through short surveys and follow up phone calls.
2. Updated a password protected Excel database to track program activities.

Next Steps:

1. Strategize steps to collect regular collaborative consultation information to ensure Experienced and New MAT Providers are connected, engaged, and supported.
2. Maintain documentation that includes the number of experienced providers who participated in the training and new MAT providers who participated in the program.

Table 4. Recruitment and Enrollment Years 1 and 2

Activity	<u>Experienced (E)</u>		<u>New (N)</u>		<u>Years 1 & 2 Total (non-duplicative)</u>	
	<u>Yr. 1</u>	<u>Yr. 2</u>	<u>Yr. 1</u>	<u>Yr. 2</u>	<u>E</u>	<u>N</u>
Interest forms (eligible participants)	12 ^a	36	21	75	40	96
Application forms (completed)	10	16	NA	NA	19	NA
Invitation forms (completed)	NA	NA	11	29	NA	40
Trained	7	9	NA	NA	12	NA
Matched	6	10	9	15	11	24

Notes. E=experienced; N=new; NA = not applicable.

^a\ In year one our interest form process was being developed. This number reflects providers who communicated an interest in participating.

Lessons Learned and Sustainability Planning

Lessons learned this year facilitated our sustainability planning. We plan to automate some steps in the processes to expedite matching and avoid errors. This year there was an error detected in matching. This error did not disrupt the matching or collaboration process as evidenced by the program evaluation. However, it highlighted the need for us to streamline aspects of the process for sustainability.

In year two, our lead evaluator directed our team in a focus group using a nominal group technique to identify and prioritize sustainability initiatives to improve the program. Selected initiatives included: Automated Matching, Automated Goal Creation and Selection, Experienced Provider Listing on the Website, and Financial Forecasting. In year 3 will focus on implementing these priorities.

At the end of the program, providers were asked to complete the final evaluation form. The next section covers the results. However, a lesson learned during this process is to automatically send providers their respective forms, new or experienced preselected. We had a discrepancy with one new provider and one experienced provider selecting the incorrect role, thus skewing their logic branching.

Program Evaluation

These evaluation findings represent programmatic activities between October 2020 – September 2021. Ten experienced MAT providers and 15 New MAT providers participated in the program. Program evaluation data were collected and compiled into Research Electronic

Data Capture (REDCap)¹ forms. These forms allow for secure, web-based data collection. The program used six forms, described in Table 5.

Table 5. AzMAT Mentors Program REDCap Data Collection Forms

REDCap Forms	Purpose / When Collected	Number of Completed Forms	
		Experienced MAT Providers	New MAT Providers
Interest form	To determine eligibility / Prior to application or invitation form.	36	75
Experienced Provider Application	To match providers and process consulting agreements / Collected after completion of interest form.	16	NA
Experienced Providers – Post Training Evaluation	To assess the training experience and preparedness for the program/Following training	9	NA
New MAT Providers Invitation Form	To match with an experienced MAT provider and identify mentorship priorities and develop a collaboration plan.	NA	29
Check-In Survey	To check in with providers about the collaborative consultations/Approximately 30 days after the orientation meeting	4	6
Final Evaluation Survey	To gather information regarding the meeting the goals of the program and assessing areas for improvements/End of fiscal year.	9	9

Note. NA = Not applicable.

Final Evaluation Sample

Nine new MAT providers and nine experienced providers completed the final evaluation survey (Appendix B) for a completion rate of 60% among new and 90% among experienced MAT providers. One additional New and one Experienced MAT Provider also completed surveys, but they completed the incorrect form. For this reason, we were not able to include their responses. Reasons why the five remaining New MAT Providers did not respond to the final survey may relate to the other program activities being completed and closed prior to sending the survey, not having time to complete the form, or dissatisfaction with the program or mentor. Although a 60% response rate is high findings should be interpreted with caution due to loss to follow-up and the small sample size.

Program Outcomes

The goal of the AzMAT Mentors Programs is to increase new MAT providers' confidence to provide MAT services, thereby increasing their capacity to deliver MAT services. To measure

¹ Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform.* 2009; 42(2):377-81.

this, New MAT Providers reported their level of confidence in implementing MAT services at the beginning and end of the program. At baseline, new MAT providers reported an average confidence score (range: 0 – 100) of 53. After participating in the program, they reported an average confidence score of 72. At program completion, they also indicated a high likelihood of implementing MAT services in their practice setting—81 out of 100.

Table 6. Perceptions of AzMAT Mentors Program

	Provider Type	
	Experienced MAT Provider (N = 9)	New MAT providers (N = 9)
Felt appropriately matched with their collaborator	90%	89%
Will recommend AzMAT Mentors to other providers	100%	89%
Felt adequately prepared to support new MAT providers	100%	N/A
Expressed their interest to participate in the program again	100%	11%

Table 7. Program Outcomes

	Provider Type	
	Experienced MAT Provider Scores (N=9)	New MAT Providers Scores (N=9)
Program satisfaction	97	81
Helpfulness of collaborative consultations ^a	91	77
Average number of collaborative consultations (range) ^b	4.6 (1-7)	
Baseline confidence level score to implement MAT services ^a	N/A	53
Follow-up confidence level score to implement MAT services ^a	N/A	72
Likelihood of implementing MAT services ^a	N/A	81

Notes. N/A = Not applicable.

^a Scores range from 0 to 100. Higher scores indicate more positive response.

^b Reported by New MAT Providers. Program recommended at least five collaborative consultations.

All experienced MAT providers felt that the training activities and orientation sessions adequately prepared them to collaborate with the new MAT providers. They reported an average program satisfaction score of 97 out of 100 and new MAT providers reported an average satisfaction of 81. All experienced providers indicated an interest in participating again. The high level of interest suggests that the program provides a replicable process that is easy to follow with limited participant burden. Among new MAT providers, 80% reported that they felt appropriately matched with their collaborators and one described scheduling conflicts and fewer collaborative consultations, which resulted in their dissatisfaction with the matching.

Orientation Sessions

New to the program this year was the inclusion of an orientation meeting and collaboration plan. Our objective was to facilitate an initial meeting where AzMAT Mentor staff introduced matched providers to one another and assisted them to create a collaboration plan and

schedule. Providers reported that the orientation and collaboration plan were useful. Experienced MAT providers gave it an average score of 91 and new MAT providers scored 77 out of 100.

Collaborative Consultation Goal Completion

At the end of the program, participants were asked to report the goals that they achieved during their collaborative consultations. Using a qualitative process, we analyzed providers' responses and identified key themes of goals that were accomplished during the collaborative consultations. These are presented in Figure 1. Most providers indicated that the collaborative consultations helped them accomplish the goals set out in the orientation session, such as identifying clients who would benefit from MAT, delivering appropriate patient care, reviewing cases, and discussing the process of prescribing medication. For example, one Experienced MAT Provider expressed that their goals accomplished during collaborative consultations were helping the new provider with learning to access relevant information, providing hands-on experience, and reviewing patient interaction to start treating patients with SUD.

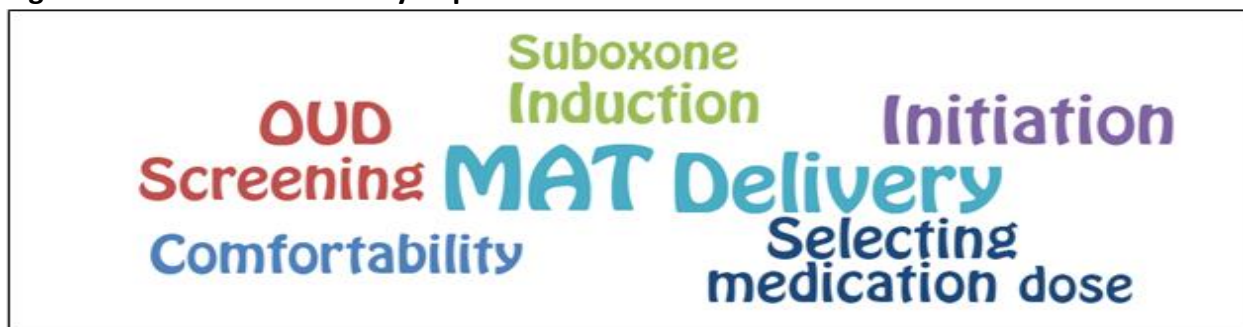
Figure 1. Goals Accomplished During the Collaborative Consultations



Aspect of MAT Service Delivery

After completing their collaborative consultations, providers were asked to identify aspects of MAT service delivery improved for the New MAT Providers because of the collaborative consultations. Using the same qualitative analysis process, we found that both Experienced and New MAT Providers indicated improvements in selecting medication doses, OUD screening, initiating MAT with comfortability, and providing guidelines on suboxone inductions.

Figure 2. MAT Service Delivery Improvements from the Collaborative Consultations



Program Testimonials

Overall, providers had positive experiences with the program. Their testimonials describe how they benefited from the AzMAT Mentors program.

Experienced MAT Providers

“I enjoyed mentoring new MAT providers, introducing the artistry along with the science, of the suboxone induction process and how to document the patient care. Watching the provider gain confidence in the use of MAT for treatment of opioid use disorder is inspiring.”

“I believe it is a great program that allow experienced MAT provider to share their expertise with inexperienced one. When I started to work as MAT provider years ago it was a time consuming to find right information. Also hands on experience is critical.

New MAT Providers

“I had an awesome Mentor who was very knowledgeable! He was well experienced and was able to share relevant experiences that broadened my knowledge, and expanded my insight relative to OUD patient monitoring!”

“I am much more comfortable providing patient-centered treatment, including MAT, for my patients with substance use disorders and in particular those with opioid use disorder. My mentor was really helpful in discussing cases with me and reviewing different treatment options and my mentor is someone I will keep in touch with in the future for help with any difficult cases I have.”

AzMAT Mentors Program Staff Roles and Contributions

Michelle Albert was the project management assistant and supported marketing and provider orientations.

Benjamin Brady, DrPH is an assistant professor in the UArizona Zuckerman College of Public Health and Faculty Director at the Comprehensive Pain and Addiction Center. He is the principal investigator and oversaw the development and implementation of the needs assessment and evaluation components.

Elena ‘Lena’ Cameron, BS is an AzCRH health educator assistant. She provided administrative, logistic, orientation, and other provider support as needed.

Dominic Clichee, DrPH (c) is the project management assistant and responsible for the evaluation and assessment plan implementation. He also developed and sent recurring communications highlighting helpful resources and upcoming events.

Daniel Derksen, MD is the AzCRH director, professor of public health, and associate VP for health equity, outreach and interprofessional activities at UArizona Health Sciences.

Eniola Idowu, BS is the evaluation coordinator and responsible for assisting in the development and implementation of evaluation tools. Eniola completed her responsibilities as part of a Masters of Public Health graduate program internship.

Maria Losoya is an AzCRH health educator and community outreach specialist. Since 2015 she has worked to help and educate Southern Arizona rural communities about access to care, Marketplace health insurance and Medicaid-AHCCCS, opioid overdose recognition and naloxone administration.

Estefanía Mendivil, BA is the community outreach professional and responsible for reviewing best practices associated with provider training, translating materials into Spanish, and examining/revising training materials for providers working in Tribal communities.

Bridget Murphy, DBH is the project manager for this program. Dr. Murphy led the development and implementation of training curricula, training events, matching criteria, and maintained communications with providers.

Alyssa Padilla, MPH is the AzCRH and Comprehensive Pain and Addiction Center's community outreach manager. She managed and supervised staff activities and timelines.

Appendices

Appendix A: Program Flow Chart

Appendix B: Final Program Evaluation Survey