

The University of Arizona
Arizona Center for Rural Health

FY 2022-2023: State Opioid Response via Arizona Department of Health Services

AzMAT Mentors Program

Annual Report

Programmatic Activities Year 4

October 1, 2022 – September 30, 2023



“The **Arizona Center for Rural Health** (AzCRH) core mission is to improve the health and wellness of Arizona’s rural and vulnerable populations.”



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health



UArizona Land Acknowledgement

“We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.”

AzMAT Mentors Labor Acknowledgement Statement

We recognize and acknowledge the labor upon which our country was and is continuously built by communities that have been historically disenfranchised and oppressed. We pledge to continuously expand our efforts to address racial injustices, health disparities, strive for more equitable health outcomes and be culturally responsive to all. We strive to connect diverse partners across the state, provide reliable and useful data to inform policies and programs, and assist in finding resources to support rural and underserved populations.

AzMAT Mentors Cultural Responsiveness Statement

We strive to provide culturally responsive services and programs. Arizonans who are Black, Latiné, Indigenous, Immigrants, and People of Color are central to our research, policies, and strategies to improve health equity. We believe that cultural responsiveness is a lifelong self-reflection and learning commitment to better understand and support all individuals. We pledge to continuously expand our efforts to address racial injustices and health disparities. We strive to connect diverse partners across the state, provide reliable and useful data to inform policies and programs, and assist in finding resources to support rural and underserved populations that have been historically exploited and ignored.

Executive Summary

The AzMAT Mentors Program was developed and delivered by faculty, staff, and students in the Arizona Center for Rural Health (AzCRH). This annual report includes program details and evaluation findings for program Year 4, October 1, 2022, to September 29, 2023.

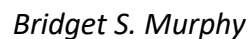
The AzMAT Mentors Program aims to increase Arizona healthcare providers' capacity to deliver medication-assisted treatment (MAT), an evidence-based and recommended treatment for individuals with opioid use disorder (OUD). Providers who are experienced in MAT services are matched with providers who are less experienced or new to MAT. The program assists these providers to establish mentorship goals which they work on through a series collaborative and individually tailored consultation sessions.

In Year 4, 10 new MAT providers received mentorship through the program. These providers set collaboration goals and 100% reported being satisfied with the program. They reported increased connections with the addiction medicine community and improvement in their ability to work with adolescents, expecting mothers, and in their knowledge of medications to treat OUD. Upon conclusion of the program, new MAT providers almost doubled their reported confidence to deliver MAT services and indicated a high likelihood (76 on a scale of 0-100) of beginning or increasing MAT services.

Improving providers confidence and capacity to deliver MAT services is a key step to improving access to this life saving treatment. As we close our Year 4, we also mark the end of this training program. We thank the Arizona Department of Health Services for their partnership in this important work.



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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 four 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), Arizona opioid prevention and treatment coalitions, 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 4.4. MAT Provider Outreach and Training

ISA 4.5. Among Arizona providers, increase understanding of MAT and knowledge of how to begin offering MAT.

Interagency Service Agreement: Tasks (5)

5.8. for Task 4.4

5.8.1. Produce trainings, training evaluation results, and summary report.

5.8.2. Create and distribute marketing materials to appropriate audiences.

5.9. For Task 4.5

5.9.1. Produce trainings, training evaluation results, and summary report.

5.9.2. Create and distribute marketing materials to appropriate audiences.

ISA 5. AzMAT Mentoring Program

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. Beginning in January 2023, we updated this definition by eliminating the DATA-waiver requirement given the federal policy change and agreement from ADHS. **Experienced MAT providers fall into the ISA 4.4 category.**

New MAT providers are practitioners who are Arizona licensed and DATA-waived or “x-waived” and self-identify as having an interest in collaborating with an experienced MAT provider. Beginning in January 2023, we updated this definition by eliminating the DATA-waiver

requirement given the federal policy change and agreement from ADHS. **New MAT providers fall into the ISA 4.5 category.**

5.8.1. & 5.9.1 Produce Training Containing Information on Resources

Activity Summary: We updated our training curricula and developed additional tools for the AzMAT Mentors program.

Accomplishments:

1. Updated the AzMAT Mentors Program curriculum for experienced providers training to (a) revise land acknowledgement and newly developed labor acknowledgement, (b) reflect federal policy changes associated with DATA waiver elimination, and (c) update frequently asked questions. These were updated for both the English and Spanish versions. Experienced providers who participated in the training last year were given the option to re-review training material or alternative training options (see Appendix A).
2. 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.
3. Developed three quick guides to be used as collaboration tools. The guides support the three priority areas assessed in the invitation forms (i.e., clinical care, person-centered strategies, and community and social resources). They include (a) treating perinatal opioid use disorder, (b) provider wellness, and (c) identifying and affirming patients' strengths and resiliency factors (Appendix B).
4. Maintained regular email communication with providers that includes upcoming free or low-cost training and practice-based resources.
5. Hosted a webinar to provide an overview of the Provider Clinical Support System (PCSS) to offer Arizona providers opportunities for ongoing training and support after AzMAT Mentors is complete.

5.8.1. Training & Summary Report: Experienced MAT Provider

This year we changed the engagement process for experienced providers. The process now requires experienced providers to complete the form and approve their profile posting on the website. In Year 4, 17 experienced MAT providers completed the form; 11 approved their website profile, and 6 were matched. The five who were not matched were not selected by a new provider. This year five of the six matched experienced MAT providers had participated in the AzMAT Mentors program in a previous year. As such, they may have participated in our introductory training and didn't require it this year. In terms of training, we had one provider complete the introductory training, and all received ongoing resources and training opportunities.

Table 1 shows the experienced MAT providers' professional type, practice location, and experience working in rural areas.

Table 1. Year 4 - Experienced MAT Provider Characteristics (n=6)

	# of Providers
Provider Type	
Physician	2
Nurse Practitioner	4
Provider Primary Practice Location (county)	
Cochise	1
Coconino	1
Maricopa	2
Mohave	1
Pima	1
Experience Providing MAT in Rural Locations	
None, very little	0
Some, a lot	6

Figure 1 English Version of Experience Provider Social Media Image



5.8.2 Create and distribute marketing materials: Experienced MAT Practitioners to Provide 1:1 Support to New MAT Practitioners

Activity Summary: We updated and implemented our marketing plan. The plan included an effort to comprehensively reach providers through social media, messaging through coalition and partnership networks, postcard mailers to providers registered in the Substance Abuse and Mental Health Services Administration buprenorphine practitioner locator tool, advertisements at AZ healthcare conferences, and targeted outreach to administrators and healthcare organizations in rural and underserved areas (Figures 1 and 2 examples) (see Appendix C for postcards). Our marketing methods are shown in Table 2, by year. These methods were used for both experienced and new MAT providers.

Accomplishments:

1. Maintained connection with Experienced MAT providers across multiple program years. Since Program Year 1, two experienced providers were matched in all four years, four were matched for three years, and 10 were matched for two years.
2. Used the dedicated program email to streamline communications between providers and program staff: MAT-Mentors@arizona.edu.
3. Used a consistent process for initiating independent contractor agreements and submitting invoices.

Figure 2 Example of Conference Sponsorship Material



Table 2. AzMAT Mentors Program Marketing Methods (Years 1-4)

Marketing Activity	Year			
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Emailed flyers through AzCRH listservs	X	X	X	X
Posted on social media	X	X	X	X
Joined relevant social media groups to share information.	--	--	--	X
Shared on AzCRH monthly newsletter	X	X	X	X
Partners promoted (MAT ECHO, AOTC, OD2A)	X	X	X	X
Targeted, rural FQHC outreach to managers to refer providers for participation	--	X	X	--
Purchased radio advertisements (AzPM)	--	X	--	X
Purchased LinkedIn Advertisement	--	X	--	--
Included in AZ State Board of Nursing newsletter	--	X	--	
Sent postcard mailers to providers listed on SAMHSA's buprenorphine practitioner locator site.	--	X	X	X
Sent postcard mailers to all providers listed in DEA buprenorphine practitioner list.	--	--	X	X
Direct outreach to Southern Arizona healthcare organizations	--	X	X	X
Sponsorship at relevant conferences	--	--	X	X
Presentations for community coalitions and other relevant groups.	--	--	X	X

Marketing Activity	Year			
	2021	2022	2023	2024
Included in Arizona Department of Health Services Daily Digest Bulletin	--	--	--	X
Included in the AZ Health Sciences Connect Newsletter	--	--	X	X

Acronym Key: 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; DEA: US Drug Enforcement Administration.

Other Marketing Activities

Face to face marketing occurred in southern Arizona. This year we documented 37 outreach activities during community events or by visiting healthcare organizations. We distributed 1,430 pieces of educational material (e.g., program flyers, organizational benefits of having MAT providers within their healthcare settings).

We expanded our approach to social media, specifically using Facebook® and the University of Arizona’s Bear Down Network (<https://beardownnetwork.com/>). The Bear Down Network is an alumni group that promotes mentorship programming and engagement with other alumni and students for career and professional development opportunities. To promote the AzMAT Mentors Program, we created a personal page and posted information on five pages (College of Nursing, College of Pharmacy, College of Social and Behavioral Sciences, Health & Biosciences and Wildcats in Maricopa County). Through Facebook®, we also found relevant private groups and public pages to share information about the AzMAT Mentors and to highlight regulatory changes for prescribing opioid use disorder medications (see Figure 3). These included groups such as, Southern AZ Mental Health Providers, Arizona Health Care, Women’s Health Arizona, and Rural Arizona Action. We made 45 posts across 15 private groups between March 2023 and July 2023.

Figure 3 Example of a Social Media Post



To increase the number of program participants, we hired a community-based organization to assist our marketing efforts. We worked with the organization to review and update our marketing materials and to identify healthcare organizations for direct outreach. The marketing agency succeeded in reaching 95 contacts (state government agencies, local health departments, substance use and mental health organizations). Our internal marketing team also conducted outreach through direct contact with various community organizations and coalitions. We shared program information and materials with them and requested their support to promote the program to qualified practitioners in their communities.

Figure 4 Spanish Version of New Provider Social Media Image



5.9.1 & 5.9.2. Create and distribute marketing materials and summary report: New MAT Providers

Activity Summary: Using the marketing plan, we recruited new MAT providers (Figure 4) (see section 5.8.2 for details). New MAT Providers were asked to complete a form which was used to identify their primary goals for participation and their choice for an experienced provider (Appendix D). Ten new MAT providers completed this process and 10 were matched. One provider participated twice (only counted once in our evaluation and results). Table 3 describes new MAT providers’ professional characteristics.

Table 3. Year 4 - New MAT Provider Characteristics (n=10)

	# of Providers ^a
Provider Type	
Physician	2
Physicians’ Assistant	1
Nurse Practitioner	7
Provider Primary Practice Location (county)	
Maricopa	4
Mohave	1
Pima	3
Yavapai	1
Telemedicine	1
Experience prescribing a MAT medication^b	
Never prescribed	3

	# of Providers ^a
Not currently prescribing, but have previously prescribed	1
Currently prescribing	4
Choose not to answer	2
History providing behavioral health services^c	
Motivational interviewing	8
Brief behavioral office-based interventions	6
Coordinated with behavioral health provider	8

^a This year we had one provider participate twice. We are only reflecting non-duplicate results.

^b MAT Medications: buprenorphine, methadone, and naltrexone

^c Multiple selections allowed. Numbers greater than the sample size.

Accomplishments:

1. Reconnected with new MAT Providers who completed interest forms but did not participate in Year 3 to determine their interest in participating in Year 4.
2. Partially automated the matching process to improve participant engagement in the selection process. On a non-public website of experienced MAT providers, we hosted their brief bios, photos, and expertise areas (see Appendix D). New MAT providers used this website to select their preferred match and orientation dates and times.
3. Automated the goal selection process for new MAT providers. Providers completed their goal selection and outcomes using a REDCap form. Subsequently, the goals were incorporated into the collaboration plan for discussion during the orientation.
4. Continued hosting orientation meetings with experience and new MAT providers. Three project staff were trained and facilitated orientations. One UArizona student also participated in the orientations.
5. Encouraged providers to complete up to five collaborative consultations (Appendix E for program flow chart).

5.8.1 & 5.9.2. Summary Report of 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. Maintained a detailed program activity tracking document, including dates of first and last scheduled collaboration consultation and dates to administer check-in and program surveys (Tables 4 & 5; Figures 5 & 6).
2. Monitored implementation through short surveys mid-way through the program, after program completion, and long-term (participants during years 1-3) (Table 6).

Table 4. Enrollment (Years 1-4)

Activity	<u>Experienced (E)</u>				<u>New (N)</u>				<u>Years 1-4 Total (non-duplicative)</u>	
	<u>Yr. 1</u>	<u>Yr. 2</u>	<u>Yr. 3</u>	<u>Yr. 4</u>	<u>Yr. 1</u>	<u>Yr. 2</u>	<u>Yr. 3</u>	<u>Yr. 4</u>	<u>E</u>	<u>N</u>
Interest forms (eligible participants)	13 ^a	35	48	NA	21	75	30	NA	51	114
Application process (completed)	10	16	14	11	NA	NA	NA	NA	25	NA
Invitation process (completed)	NA	NA	NA	NA	11	29	20	10 ^b	NA	58
Matched & Trained	6	10	9	6	9	15	16	10 ^b	15	50

Notes: E=experienced; N=new; Yr.= Year; NA = not applicable.

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

^b) One New MAT provider participated twice. Numbers reflect non-duplicated participants.

Figure 5 Years 1-4: Experienced and New MAT Provider Types




Provider types	Experienced	New
 Nurse Practitioners	8	39
 Physician Assistants	1	4
 Medical Doctors/ Doctors of Osteopathic Medicine	6	7
TOTAL	15	50

Table 5. Experienced and New MAT Providers Primary Counties of Practice (Years 1-4)

	Experienced MAT Providers	New MAT Providers
Apache	0	2
Cochise	1	3
Coconino	1	1
Gila	0	0
Graham	0	0
Greenlee	0	0
La Paz	0	0
Maricopa	6	18
Mohave	2	2
Navajo	0	0
Pima	4	12
Pinal	0	1
Santa Cruz	0	0
Yavapai	0	2
Yuma	0	1

	Experienced MAT Providers	New MAT Providers
Telemedicine	1	3
Missing/Prefer not to answer	0	5
Total	15	50

Figure 6 AzMAT Mentors Counties of Practice, Years 1-4



Lessons Learned and Sustainability Planning

Lessons Learned:

In Year 4, we streamlined our forms to reduce the number of steps involved in the enrollment process. This required significant updates to our existing systems. As such, we encountered technical challenges. Unfortunately, this resulted in some individuals completing part of the form, but their submission did not include their contact information. This meant we were unable to start the process with them. During subsequent email marketing messaging, we acknowledge this issue and encouraged folks to reconnect with us.

Sustainability Planning:

To simplify program delivery, we developed and implemented a process for new MAT providers to select their own goals based on self-identified priority areas. This was incorporated into REDCap and updated the enrollment process. Reducing the need for staff involvement allows these tools to continue to be used even in the absence of funding.

Kennedy Orr, a public health student intern worked with AzMAT Mentors. Ms. Orr focused her work on identifying facilitators and barriers to sustaining health programs with the goal of

translating this understanding to assess AzMAT Mentors Program sustainability and provide general recommendations for program sustainment. She identified six facilitator and barrier domains: planning, environmental support, partnerships, integration, evaluation, and communication and discussed them in a focus group with program staff. Our team discussed each domain and acknowledged facilitators and barriers that were unique to our program. Following this work, Ms. Orr determined that the AzMAT Mentors Program has addressed each domain of sustainability and is well positioned to sustain key program components in the absence of funding. The full report is on the AzCRH website here:

<https://crh.arizona.edu/mentor>

Other Relevant Activities

Professional Presentations that included information about AzMAT Mentors:

- 2023 Arizona Center for Rural Health Annual Conference AzCRH presentation.
- 2023 Addressing Pain and Substance Use/Opioid Use Disorder in Rural Communities.
- 2023 Providers Clinical Support System, a SAMHSA-based training and mentoring organization led a webinar hosted by the State Office of Rural Health (AzCRH) and Arizona Telemedicine Program. The purpose was to provide Arizonans with information on how to access training and mentoring when AzMAT concludes.

Administrative Activities in Year 4:

- Shipped 14 packages containing program materials to new and returning providers.
- Disbursed payments to six experienced providers that participated in the program.

5.8.1 & 5.9.1 Evaluation Results

These evaluation findings represent programmatic activities between October 2022 and September 2023. During this time, six experienced MAT providers and 10 new MAT providers participated in the program. Evaluation data were collected and compiled using REDCap forms. These forms allow for secure, web-based data collection. The four data collection forms are detailed in Table 6.

Table 6. AzMAT Mentors Program REDCap Data Collection Forms

REDCap Forms	Purpose / When Collected	Number of Completed Forms	
		Experienced MAT Providers N (%)	New MAT Providers N (%)
Enrollment Forms	Determines eligibility. Establishes expertise area or mentorship priorities.	6	10
Check-In	Ensures collaboration plan is being followed and if any support is needed	3 (50%)	4 (40%)
Final Evaluation Survey	Gathers info on provider experiences, goal completion, and program outcomes.	6 (100%)	7 (70%)
Long-term follow up	Highlights the long-term impact of the program using year 1-3 participants	7 (50%)	14 (35%)

Final Evaluation Sample

Seven new MAT providers and six experienced MAT providers completed the final evaluation survey in Year 4, a completion rate of 70% and 100%, respectively (Appendices F and G).

Post Program Outcomes

The AzMAT Mentors Program goal is to increase new MAT provider confidence to provide MAT services and increase their capacity to deliver MAT services. To assess this, we collect new MAT provider confidence in implementing MAT services at the beginning and at the end of their program participation. Providers were asked to indicate their confidence on a scale of 0 (no confidence) to 100 (complete confidence). At baseline, new MAT providers reported an average confidence score of 36 (range: 0 – 100, median: 37). After participating in the program, they reported an average confidence score of 70 with a median of 74 (Table 7). These are similar with Year 3 baseline and post program confidence scores of 30 and 86.

Upon final survey completion, new MAT providers were asked to rate their likelihood of beginning or increasing MAT services in their practice setting. Scores could range from 0 to 100. In Year 4, new MAT providers reported an average score of 76 (range: 4-100, median: 90) (Table 7). Interpreted together, the increase in confidence and high likelihood for beginning or increasing MAT services offers an optimistic outlook on the AzMAT’s impact in increasing Arizona’s OUD treatment capacity.

Table 7. New MAT Provider Program Outcomes

	Baseline	Program Completion	Percent Increase
Confidence to implement MAT services (0-100)	36	70	91%
Likelihood of beginning or increasing MAT services (0-100)	NA	76	NA

Notes: NA = Not applicable.

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

All new and experienced MAT providers (100%) reported that they felt appropriately matched with their collaborators (Table 8). In Year 4, new MAT participants were able to self-select their experienced provider match via a secured biographical website.

Table 8. Perceptions of AzMAT Mentors Program

	Provider Type	
	Experienced MAT Provider (N = 6)	New MAT providers (N = 7)
Felt appropriately matched with their collaborator	100%	100%
Will recommend AzMAT Mentors to other providers	100%	100%
Felt adequately prepared to support new MAT providers	100%	NA
Expressed their interest to participate in the program as an experienced provider	100%	29%

NA = Not applicable. Percent who responded “yes.”

Five of the six experienced MAT providers participated in previous program years. They were not required to complete the program training again. The one experienced MAT provider who completed program training reported that the videos adequately prepared them to collaborate with the new MAT providers. All experienced and new MAT providers reported they would recommend the program to other providers. The elevated level of interest suggests that the program provides a replicable process that is easy to follow with limited participant burden.

Experienced MAT providers reported an average program satisfaction score of 95 out of 100 and new MAT providers reported an average satisfaction score of 94. These compare with Year 3 satisfaction scores of 92 and 90 among experienced and new MAT providers, respectively. New MAT providers also reported that the goal selection process, orientation session, and use of a collaboration plan were helpful. These likely supported the important levels of program satisfaction (Table 9).

Table 9. Program Participation Experience

	Provider Type	
	Experienced MAT Provider Scores ^a	New MAT Provider Scores ^a
Satisfaction with the program	95	94
Helpfulness of the collaboration plan in guiding collaborative consultation sessions	83	94

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

Orientation Sessions

Each pair of providers began their collaborative consultations by participating in an orientation session. AzMAT Mentor staff introduced matched providers to one another and assisted them in reviewing the collaboration plan and scheduling five, bi-weekly collaborative consultation sessions and expectations for contacting each other. All providers (100%) indicated the orientation sessions were helpful.

Collaborative Consultations

Over 90% of new MAT providers indicated they participated in the recommended number of collaborative consultations (five or more). Almost 40% of participants voluntarily participated in more than five sessions.

Collaborative Consultation Goal Completion

At the end of the program, participants were asked to report the goals they achieved during their collaborative consultations. Among the new MAT providers who answered this question, we cross-referenced their answers with their collaboration plan goal selections and identified that 71% (5/7) of new MAT providers could be considered to have accomplished their program goals, while (2/7) 29% of new MAT providers chose not to answer this question.

In examining qualitative descriptions of met goals, we identified five specific areas where new MAT providers benefited from program participation. They include:

- Making connections in the addiction medicine community,
- Providing MAT services to specific populations such as adolescents and expecting mothers,
- Establishing treatment plans,
- Ensuring patient safety,
- Increase in OUD medication prescribing knowledge.

Collaborative Consultation Goal Selection

To assist new MAT providers to increase their confidence and likelihood of implementing MAT services, it is important that the collaborations focus on their specific areas of need. To illustrate what goals were most popular among all program participants, Table 10 shows the top three goals that were selected in Year 4 for each of the three MAT service domains.

Table 10. Priority Ranking of Collaborative Consultation Goals

Goal Popularity	Priority ranking for each goal category		
	Clinical Care	Person Centered	Community-Social
1	Differentiating types of MAT medications, their uses, and appropriate dosing.	Enhancing motivation for change through patient-centered behavioral strategies.	Determining when to treat and/or refer to higher level of (specialty) care.

Goal Popularity	Priority ranking for each goal category		
	Clinical Care	Person Centered	Community-Social
2	Screening (and pre-screening) for substance use concerns and addiction.	Engaging family or peer support services/networks.	Addressing legal-ethical issues.
3	Treating pain by following Arizona's prescribing guidelines and offering naloxone.	Identifying and affirming patient's strengths and resiliency factors.	Developing or enhancing an integrated behavioral health model or collaborative care approach.

Areas of MAT Service Improvement

After completing their collaborative consultations, new MAT providers were asked to assess what aspects of MAT service delivery improved for them because of participating in the program. Reported responses included: “Identifying need for OUD treatment,” and “Medication Induction.” Experienced providers were asked to comment on areas of improvement for their matched collaborator. They highlighted improvements in “Medication Induction,” and “Medication Management” (Table 11).

Table 11. New and Experienced Providers’ Self-reported Areas of Improvement

Provider Type	Areas of Improvement N (%)					
	Screening for OUD	Identifying need for OUD treatment	Medication induction	Medication management	Providing brief supportive counseling	Referring to a higher level of care
New (n=7)	5 (71%)	6 (86%)	6 (86%)	5 (71%)	5 (71%)	4 (57%)
Experienced (n=6) ^a	2 (33%)	4 (67%)	5 (83%)	5 (83%)	1 (17%)	3 (50%)

^aExperienced MAT providers commented on areas in which their collaborating partner improved.

Types of Active Learning Techniques Used by Experienced Providers

At program completion, experienced providers were asked if any active learning techniques were utilized during the collaborative consultations. Of the three listed options, demonstration of clinical tools was the most used (See Table 12).

Table 12. Active Learning Techniques Used by Experienced Providers

Provider	Active Learning Techniques ^a			
	N (%)			
	Case discussions	Roleplay	Demonstration of clinical tools	Other
Experienced (n=6)	4 (67%)	3 (50%)	5 (83%)	0 (0%)

^aThe question was a checkbox format and providers could select more than one active learning technique used.

Program Testimonials

Experienced and new MAT providers shared positive experiences with the program. The following testimonials describe how they benefited from the AzMAT Mentors program.

Experienced MAT Providers

“As an experienced prescriber, I learned how other clinics provided MOUD care. My knowledge was also broadened by [my] AzMAT experience.”

“Connected new providers with seasoned MAT providers to build confidence in treating OUD. Education regarding OUD is limited in medical school and therefore it is imperative to have support when new to addiction treatment.”

New MAT Providers

“As a provider, MAT has always been a challenge for me. I was never comfortable with this aspect of care and treatment until now. The AzMAT mentorship program has given and [taught] me so much. I’m very happy I did it.”

“I hope this program is able to continue, as it has greatly help increase my confidence when caring for patient with OUD.”

Long Term Follow Results

In Year 4, we surveyed former program participants (Years 1-3) to understand the long-term impact from the AzMAT Mentors Program (Appendix H). The follow-up evaluation represents an analysis of the continuing influence of the AzMAT Mentors Program over time. This includes former participants’ confidence, capacity, and current status in screening for and managing opioid use disorders.

Methods

We collected data using REDCap (Research Electronic Data Capture)¹ as it ensures data security and facilitates efficient data management. On May 31, 2023, initial survey invitations were distributed via email to 54 former participants. These included 40 new MAT providers and 14 experienced MAT providers. To encourage participation, we sent three follow-up reminders. The survey was officially closed on June 16, 2023. In total, 21 surveys (39%) were completed, with 14 responses from new MAT providers (35% completion rate) and seven from experienced MAT providers (50% completion rate). We used descriptive analysis to summarize results.

Results

Confidence. Providers reported their confidence, compared to before they participated in the AzMAT Mentors Program, to perform various OUD treatment practices. Most new MAT providers reported more confidence for every indicated practice (range: 86% to 93%). Confidence was highest for identifying OUD treatment need, selecting, and managing a medication, and providing brief supportive counseling. Experienced MAT providers also reported improvements in their confidence levels, albeit at slightly lower percentages, ranging between 71% and 86% for the same variables (Table 13). No providers reported less confidence.

Table 13. Experienced and New MAT Providers Reporting More Confidence to Perform MAT Services

MAT Clinical Practices	Experienced MAT Providers (N = 7) %	New MAT Providers (N = 14) %
Choosing which OUD medication to prescribe	86	93
Identifying need for OUD treatment	71	93
Medication management	71	93
Providing brief supportive counseling for patients with OUD on MAT	71	93
Referring to higher level of specialty care	86	86
Screening for OUD	71	86
Medication induction	86	86
Identifying need for referral to higher level of (specialty) care	71	86

Note: OUD = opioid use disorder

Service Delivery Status. Providers also reported their status in performing these MAT practices in the last 3 months. As expected, a higher percentage of experienced MAT providers indicated that they perform MAT services often or always for their patients (range: 83%-100%). New MAT

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.* 2019; 42(2): 377–381. <https://doi.org/10.1016/j.jbi.2008.08.010>

Harris PA, Taylor R, Minor BL et al. The REDCap consortium: Building an international community of software platform partners. *J Biomed Inform.* 2019; 95: 103208. <https://doi.org/10.1016/j.jbi.2019.103208>

providers reported that they screened for OUD and provided brief supportive counseling to almost 80% of their patients. A lower percentage (64%) reported starting patients with OUD and managing them on medication. Medication induction was the practice that most new MAT providers (36%) never or rarely performed (Table 14).

Table 14. Practice Status in Past 3-months

MAT Clinical Practices	Experienced MAT Providers (N = 7) %			New MAT Providers (N = 14) %		
	Never/ Rarely	Sometimes	Often/ Always	Never/ Rarely	Sometimes	Often/ Always
Screening for OUD	0	0	100	0	21	79
Medication induction	0	0	100	36	0	64
Medication management	0	0	100	21	14	64
Providing brief supportive counseling	0	14	86	21	0	79
Referring to higher level of specialty/behavioral health care ^a	17	0	83	21	14	64

Note: OUD = opioid use disorder

^aOne experienced MAT provider preferred to not answer. Percentages based on 6 responses.

Related to service delivery, we also inquired if providers' activity changed in the last 3-months, compared to before participating in the AzMAT Mentors Program (Table 15). A higher percentage of new MAT providers reported increasing their frequency of MAT services as compared to experienced. For new MAT providers, 64% reported an increase in screening and identifying need for OUD and providing brief supportive counseling for patients with OUD. For referring to higher level of specialty/behavioral health care, 57% of new MAT providers reported an increase in practice while 50% reported an increase in medication induction. For experienced MAT providers, 43-57% reported no change in practice frequency for all areas of MAT clinical practices.

Table 15. Change in Practice Frequency in the Last 3-months

Clinical Practice	Experienced MAT Providers (N = 7)		New MAT Providers (N = 14)	
	Stayed same	Increased	Stayed same	Increased
Screening for OUD	57	43	36	64
Identifying need for OUD	57	43	36	64
Medication induction	57	43	50	50
Medication management	57	43	29	71
Providing brief supportive counseling for patients with OUD	57	43	36	64

	Experienced MAT Providers (N = 7)		New MAT Providers (N = 14)	
Clinical Practice	Stayed same	Increased	Stayed same	Increased
Referring to higher level of specialty/behavioral health care	43	43	43	57

Note. OUD = opioid use disorder

Finally, in assessing providers’ attitudes towards providing OUD services, we identified that 91% of new MAT providers and 100% of experienced MAT providers view treating patients with OUD as rewarding and that they feel capable of doing so. In reflecting on ongoing challenges to providing MAT services, participants reported the following barriers:

- Practice leadership discouraging or not supporting MAT,
- Feeling judged by other providers for prescribing MAT,
- Lack of OUD medication availability in surrounding pharmacies,
- Lack of exposure to target patient population, and
- Long waiting list for medication induction with not enough staff to accommodate the growing need for MAT.

Discussion

The results of this study appear to indicate a persistent effect of the program 1-3 years following participation. The elevated levels of confidence extend across each aspect of MAT service, from screening and treatment initiation to medication management and counseling, ensuring a comprehensive approach to OUD treatment and management.

The results indicate differences in current practice status for medication induction and medication management between experienced and new MAT providers; 34% of new MAT providers reported “rarely” or “never” performing medication induction. It is important to consider that less experienced MAT providers might still be reluctant to treat OUD, even with mentoring and support from experienced colleagues. This may relate to ongoing obstacles highlighted by survey participants. Further studies could delve into these specific challenges and identify strategies to mitigate provider reluctance and enhance the overall quality of OUD care.

Summary

The AzMAT Mentors Program offers training to providers to increase their capacity to offer opioid use disorder treatment in Arizona. This year, the AzMAT Mentors Program engaged in outreach, education, training, and evaluation.

We developed and disseminated program materials to support mentorship-based collaborations between experienced and less experienced MAT providers. This included sharing information about elimination of the x-waiver process, quick guides on topics requested by new MAT providers, organizational benefits of offering MAT services, and a comprehensive resource guide. These materials are available on our website and will remain there for at least one year following the conclusion of this project.

We engaged 10 less experienced providers to collaborate with 6 experienced MAT providers. Similar to previous years, in Year 4, new MAT providers reported substantial increases in their confidence to provide MAT services and a high likelihood that they would do so. We found that these results were maintained among prior-year participants who shared their confidence and practice status levels 1-3 years after program completion.

AzMAT Mentors Program Staff Roles and Contributions

Bobbie Alcanzo, BA is a third-year medical student at UACOM-Tucson. She coordinated the program's long-term impact evaluation study.

Benjamin Brady, DrPH is an assistant research professor in the UArizona Zuckerman College of Public Health and the Education and Policy Director at the Comprehensive Pain and Addiction Center. He was the principal investigator and assisted with the evaluation components.

Elena 'Lena' Cameron, BS was an AzCRH program coordinator. She provided administrative, logistic, and other provider support as needed. She led our community presentation outreach activities.

Dominic Clichee, DrPH(c) is the Research Professional I and was responsible developing collaboration plans and facilitating orientation meetings, and directing evaluation and assessment implementation, including REDCap surveys.

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. He provided administrative leadership and guidance.

Ann Garn is a marketing specialist III who provided design expertise and suggestions on our materials. Ann has years of experience in community-centric development, engagement, and systems.

Maria Losoya is an AzCRH health educator and community outreach specialist. Since 2015 she has worked to 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 health education and promotion professional II and was responsible for reviewing best practices associated with provider training, translating materials into Spanish, and outreach/marketing, examining/revising training materials for providers working in Tribal communities, developing collaboration plans, facilitating orientation meetings between providers, and creating education material for providers.

Bridget Murphy, DBH is an assistant research professor. She is the project manager and led the development and implementation of training curricula, training events, matching processes, orientations, and communications with providers.

Kennedy Orr is a senior at the University of Arizona and provided administrative and program support. She also conducted her internship with AzMAT Mentors on health programs sustainability.

Collaborator Acknowledgement: We want to acknowledge Paul Akmajian, MFA, Pam Barnes, Roderick Gorrell, Alyssa Padilla, MPH, and Melissa Quezada who provided important support throughout this project and to all the providers who participated.

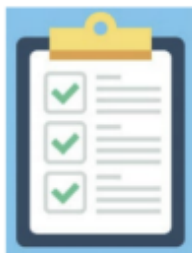
The AzMAT Mentors Program: Returning Experienced MAT Providers Training Options

We would like to thank you and acknowledge your efforts to increase access to medicated-assisted treatment in Arizona. We are excited about your participation in the AzMAT Mentors Program Year 4.

As returning experienced MAT providers, you understand the program components. Part of the program is to participate in training. While you can participate in the AzMAT Mentors Training modules again we recognize you may want to use your training time differently.

We would like to give you a few options for your training. At the end of the year we will ask you to self-report what training you completed.

Thank you!



1. AzMAT Mentor's Training Modules
 - 1) Module 1, <https://tinyurl.com/Training1-one>
 - 2) Module 2, <https://tinyurl.com/Training-two>
 - 3) Module 3, <https://tinyurl.com/Training-three>
 - 4) Module 4, <https://tinyurl.com/Training4-four>
2. Arizona Rural Opioid Response-Implementation site, Provider and Community Learning Hub, <https://cpac.arizona.edu/education>
3. The Opioid Response Network: Advancing Racial Equity 2-part webinar, search "Advancing Racial Equity in the Substance Use Field", <https://tinyurl.com/ORN-2part>

If you have any questions, please contact us at mat-mentors@arizona.edu



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Appendix B: 3 Collaboration Quick Guides

AzMAT Mentors Program Provider Collaboration Quick Guide #4 *Treating Perinatal Opioid Use Disorder (OUD)*

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This quick guide is for experienced medication-assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. The commitment of healthcare providers for treating perinatal OUD is critical to improve access to care and health outcomes for this vulnerable population. If this is an area that aligns with a new MAT provider's goals, please consider using this tool.

Challenges:

The perinatal period is defined as pregnancy and the first year postpartum.¹ People with perinatal OUD may experience physical dependency and be at-risk for adverse birth and health outcomes.² Providers report patients with OUD present with complex medical and mental health comorbidities, which may extend beyond one provider's expertise.² Furthermore, stigmatization and fear of criminalizing pregnant patients influences treatment recommendations.² Gaps in training and inconsistent best practice guidelines present challenges for clinical decision making.²

Pregnancy is a positive motivator for making changes.² Providers can offer holistic substance use treatment approaches and foster positive health outcomes.^{2,3} We present resources for (1) offering MAT to patients who are pregnant, (2) providing care plans and additional support, (3) using person-first and gender affirming language, and (4) accessing links to other resources and supplemental tools.⁴

Resources:

1. Offering MAT to patients who are pregnant

The American College of Obstetricians and Gynecologists (ACOG), Substance Abuse Mental Health Services Administration (SAMHSA), and the Arizona Department of Health Services (ADHS) recommend methadone or buprenorphine, in conjunction with behavioral therapy, as the first line of OUD treatment for individuals who are pregnant.

- ACOG and SAMHSA recommend that parents who are pregnant and experiencing OUD should continue most medications for opioid use disorder (MOUD) treatment through the perinatal period. Discontinuation of treatment is highly discouraged.
- There is not enough information about the use of naltrexone to treat OUD during pregnancy. ACOG advises careful consideration of continuing naltrexone during pregnancy.
 - ▶ To review more of ACOG's recommendations and conclusions click here: <https://tinyurl.com/ACOG-CG>
 - ▶ To review more of SAMHSA's clinical guidance recommendations, click here: <https://tinyurl.com/SAMHSA-CG>
 - ▶ To review ADHS prescribing guidelines, click here: <https://tinyurl.com/RX-guidelines>
 - ▶ Review SAMHSA's Medications to Treat Opioid Use During Pregnancy information sheet for providers, click here: <https://tinyurl.com/OUD-Pregnancy>

Specific guidance for each perinatal stage:

- MAT during pregnancy
 - ▶ Dosing for MAT should be focused on pregnancy opioid cravings in order to assist in preventing relapse.⁵
 - ▶ The birthing parent should be counseled that medication dosage is not associated with Neonatal Opioid Withdrawal Syndrome (NAS).⁵



- ▶ Treatment consisting of opioid agonist pharmacological medication, like buprenorphine or methadone are recommended.^{5,6,7,10}
- MAT in the peripartum period
 - Use of various pain management methods is recommended to reduce peripartum opioid use.⁵
 Options include:
 - Doula support, massage, position changes
 - Neuraxial, regional, and/or local anesthesia
 - Early epidural
 - NSAIDs and acetaminophen in postpartum period
 - Epidural maintained for the first 24 hours of postpartum period
 - C-section: preoperative gabapentin and/or acetaminophen
 - Nonopioid adjunctive medications (i.e. ketamine, dexmedetomidine)
- Encourage breastfeed/ chestfeeding. It is safe with MAT and reduced NAS if the birthing parent is not actively using other illicit substances or not confirmed to have any medical conditions known to prevent breastfeeding.⁵
- Buprenorphine or methadone treatment should be continued during delivery and postpartum.⁵

2. Providing care plans and support to improve treatment delivery

According to the CDC (<https://tinyurl.com/CDC-pregnancy-opioids>), a **plan of safe care** should be created with the healthcare team of the expecting parent for optimal results for both infant and parent. Developed collaboratively, safe care plans aim to “strengthen the family, keep the child safe, and link the family with services in their community.” See these resources for guidance on creating a plan for safe care:

- The National Center on Substance Abuse and Child Welfare has a list of recommended resources to better help create a plan of safe care, click here: <https://tinyurl.com/safety-plans>
- SAMHSA has a webinar titled Learning Exchange Lessons from Implementation of Plans of Safe Care found on YouTube[®], click here: <https://www.youtube.com/watch?v=3h7tL03Zu2A>

Emphasize **psychosocial needs** for patients. Provide support in finding availability and access to patient resources (e.g., transportation, safe housing, economical support). To find resources, click here: <https://tinyurl.com/CPAC-Learning-Hub>

3. Using Person-First and Gender Affirming Language

Pregnancy can be experienced by women, transgender men, and non-binary folks. Being aware of a person’s gender identity and offering gender-affirming care is important for person-centered care.⁸ This involves asking patients about their gender identity, preferred pronouns, and using appropriate and inclusive words. The use of inclusive language helps enhance patient-provider relationships for positive health outcomes. Here are some examples of person-first and gender affirming language.

- **Pregnancy.** Use terms such as a “parent who is expecting,” “parent experiencing pregnancy,” “patient who is pregnant,” and/or “patient in labor” alongside women-centered language.
- **Feeding.** Use terms such as “parent who is chest feeding,” or “body feeding” alongside the term woman who is breastfeeding.^{8,9}
- **Person-first and gender-neutral terms.** These terms can be used alongside can be used alongside woman-centered language, such as:
 - ▶ Women and people who are pregnant
 - ▶ Women and people who are birthing
 - ▶ Women and people who are breast/chestfeeding
 - ▶ Women and people who are in postnatal period
- **Person-first language** when discussing **substance use.** When discussing substance use consider reviewing these resources:

- ▶ Addictionary developed by the Recovery Research Institute, click here: <https://tinyurl.com/addiction-ary>
- ▶ ‘Words Matter’ developed by the National Institute on Drug Abuse, click here: <https://tinyurl.com/words-matter-NIDA>
- ▶ Refer to the AzMAT Mentors Tool 3 on stigma for more ideas, click here: <https://crh.arizona.edu/mentor>

4. Additional Resources

- Arizona opioid addiction treatment services, including neonatal abstinence syndrome resources, click here: <https://www.azdhs.gov/opioid/#community>
- Academy of Perinatal Harm Reduction, Provider Education + Training, click here: <https://tinyurl.com/perinatal-ed>
- CDC articles and key findings about opioid use during pregnancy, click here: <https://tinyurl.com/CDC-pregnancy>
- CDC: Treatment for Opioid Use Disorder Before, During, and after Pregnancy, click here: <https://tiny.one/CDC-perinatal>
- American Society of Addiction Medicine (ASAM) 2020 National Practice Guidelines for MAT for pregnant patients (starts on page 49), click here: <https://tinyurl.com/ASAM-guidelines>
- Use the Rural Health Information Hub provides examples of models addressing OUD in pregnant women, click here: <https://tinyurl.com/rural-maternal>
- For more ways to improve perinatal care, click here: <https://tinyurl.com/perinatal-care>
- The American Rescue Plan Act of 2021 expanded Medicaid postpartum coverage. This extends coverage for postpartum patients on AHCCCS for 12-months after delivery. click here for more details: <https://tinyurl.com/American-rescue-plan> and <https://tinyurl.com/AZextension>

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Disclaimers:

The information on this tool is designed for educational purposes only. This information does not substitute, nor does it replace, the advice of a medical professional, including diagnosis or treatment. Always seek the guidance of a qualified health professional with questions you may have regarding any medical condition.

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AzMAT Mentors Program Provider Collaboration Quick Guide #5 *Wellness and Well-being for Healthcare Providers*

The AzMAT Mentors Program increases capacity for offering substance use disorder/opioid use disorder (SUD/ OUD) prevention, harm reduction, treatment, and recovery. This quick guide is a tool for all medication assisted treatment (MAT) providers to prioritize their personal wellness and well-being. We recommend experienced providers use this when collaborating with less experienced MAT providers.

Well-being and Wellness

The well-being and wellness of healthcare workers is crucial. Well-being involves, “... global judgments of life satisfaction and feelings ranging from depression to joy”.¹ Wellness can be understood not only as the lack of disease, illness, and stress, but rather as the existence of a constructive sense of direction in life, fulfilling and enjoyable work and leisure activities, nurturing relationships filled with joy, a physically fit body, a conducive living environment, and an overall state of happiness.²

- Read more on the different dimensions of wellness, here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508938/>
- Read more on the different dimensions of well-being and some improvement strategies, here: <https://www.berkeleywellbeing.com/what-is-well-being.html>

Impact of Burnout

Professional burnout and job dissatisfaction existed well before the COVID-19 pandemic. Yet, the decline of job satisfaction and reports of provider burnout increased between 2020 and 2021.³ In the past 10 years, emotional exhaustion, depression and depersonalization scores have increased,^[3] and stress levels are higher among people of color and women in the healthcare field compared to their white counterparts. Stress appears to be related to excessive workloads and provider mental health concerns,^[4] and providers may be exposed to high doses of stressors over significant periods of time. This can harm their physical, mental, and emotional wellness.⁵

Physician burnout negatively impacts healthcare organizations through physician disengagement, turnover, and reducing the quality of patient care.⁶ Provider burnout also affects other health care staff members, potentially creating a cycle of dissatisfaction with one another.⁷ The financial costs from provider burnout include medical errors, replacing staff,^[7] and physician turnover which leads to hiring expenses and revenue loss during recruitment, training, and the period it takes for a new doctor to become proficient in a new organization.⁸ It is important to address burnout and find ways to reduce its impact on healthcare providers.

Relevant Resources

- American Medical Association’s (AMA) burnout assessment <https://cloud.e.ama-assn.org/21-1617-HSP-Well-Being>
- AMA On demand webinar: Proactively addressing burnout by investing in the well-being of clinicians <https://cloud.e.ama-assn.org/21-1617-HSP-Well-Being>
- AMA Steps Forward ®Program, offers real world solutions to challenges physicians face today. Look in their practice innovation topics: burnout <https://www.ama-assn.org/practice-management/ama-steps-forward>
- Check out these Toolkits, modules, playbooks and podcasts relevant to aiding burnout in medical professionals <https://www.ama-assn.org/practice-management/ama-steps-forward/listening-campaign-engage-physicians-uncover-sources-burnout>



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Reasons for Optimism

Posttraumatic Growth

People who work in jobs that may be traumatic in nature (healthcare) can grow after traumatic experiences.⁹ Posttraumatic growth involves positive psychological change following a struggle with difficult life circumstances.¹⁰ If an individual or organization experiences **disruption** (traumatic experience) followed by **dysregulation** of individual and organizational systems,⁹ posttraumatic growth can follow if there are enablers such as personal and professional relationships, supportive organizational culture that includes occupational support, work relationships and attentive companionship.⁹ Here are a few suggestions for individuals or organizational leaders to facilitate posttraumatic growth:¹⁰

- **Be intentional.** Understanding how individuals and the organization, as a whole, have been affected. Reflect on lessons learned and offer compassion.
- **Identify examples.** Giving your organization examples of individuals, other organizations, or anecdotal stories of overcoming adversity to show growth after a traumatic event helps build morale.
- **Learn.** Shaping your view of the situation as not just traumatic with negative effects, but a chance to grow and learn.
- **Assess.** Thinking about how the experience can connect the individual or the whole organization with humanity and insight.
- **Reflect.** Articulating what is missing within your organization, what is most important among individuals and what are some reasons to be optimistic about.
- For more details on these suggestions, please visit this journal article: <https://jamanetwork.com/journals/jama/fullarticle/2771807>

Wellness and Well-being Strategies

Mindfulness

Mindfulness is a “process of intentional paying attention to experiencing the present moment with curiosity, openness and acceptance of each experience without judgment”.¹² Having a mindful mindset can lead to improved mood, lower stress, and allow individuals to respond to stimuli more effectively.¹²

No Cost Resources

- Bringing mindfulness to healthcare TedTalk® by Bob McClure, watch on YouTube® here: <https://www.youtube.com/watch?v=vYY45U0uI4>
- Comprehensive Pain and Addiction Center, resource hub strategies to promote well-being, here: <https://cpac.arizona.edu/education>
 - Scroll down to Arizona Rural Opioid Response-Implementation and click ‘Learn More’
- The Schwartz Center provides healthcare workers with a handful of resources such as:
 - Preventing and managing stress for healthcare workers
 - COVID-specific resources for healthcare workers
 - Coping with workplace violence
 - Resources for healthcare leaders
 - Resources for the families of healthcare workers

All resources can be found on the Schwartz Center website, found here: <https://www.theschwartzcenter.org/mentalhealthresources/>



Mindfulness Podcasts

- The Mindful Physician
Official Website, here: <https://themindfulphysician.libsyn.com/webpage/category/podcasts>
- The Happy Nurse
Official Website, here: <https://healthpodcastnetwork.com/show/the-happy-nurse/>
- Thoughtful Wellness Revolution
Explore wellness by highlighting BIPOC leaders and changemakers in the wellness industry.
Spotify®: <https://open.spotify.com/show/7GjAZCwtd22l2m0KAqjJmD>
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Feel free to visit the AzMAT Mentors Program webpage which includes other resources:

<https://crh.arizona.edu/mentor>



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Disclaimers:

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Recommended Citation:

Mendivil E, Murphy BS, Brady B. AzMAT Mentors Program Provider Collaboration Quick Guide 5: Wellness and Well-being for Healthcare Providers. The University of Arizona Center for Rural Health, June 2023.



AzMAT Mentors Program Provider Collaboration Quick Guide #6 *Identifying and Affirming Patients Strengths and Resiliency Factors*

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This quick guide is a tool to assist all medication assisted treatment (MAT) providers in understanding, identifying, and promoting resilience in patients. We recommend experienced providers use this when collaborating with less experienced MAT providers.

Defining Terms:

■ **Resilience** is the ability to “successfully adapt to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands”.¹

■ **Protective factors** enhance one’s ability to be resilient.

Protective factors may include:

- Individual Factors: personal identity, a feeling of power and control over one’s life, a feeling of self-worth, good coping and problem-solving skills, a positive outlook for the future.²
- Family Factors: trusting relationships, a safe environment, good goal-setting and decision-making skills.²
- Community Factors: involvement in the community and activities that give the individual opportunities to develop positive relationships, a sense of belonging.²

■ **Risk factors** are attitudes, beliefs, or environmental circumstances that can create stress for an individual and affect their ability to be resilient.

Risk factors may include:

- Negative emotionality, conflict in relationships, trouble with social determinants of health (safe housing and transportation, education, job opportunities, income, access to nutritious foods and opportunities for physical activity, clean water).³

Understanding the key terms are important for developing treatment plans that enhance resilience and protective factors. During collaborative consultations it might be helpful to have these key terms readily available. Then, determine how they can be incorporated in treatment plans. See next section.

What are some strategies for developing a strength-based treatment plan?

Search For Strengths

It can be common for providers and patients to focus on health deficits.⁴ Identifying and affirming patients strengths and resiliency factors means taking a strengths-based approach to facilitate healing. Strengths include personal assets such as faith, use of humor, flexibility, positive outlook, and close relationships with friends or family, as well as external resources such as ability to access community resources for health.⁴

A “search for strengths” approach helps providers identify resilience factors in patients:⁵

Search for Strengths:⁵

- Patients can have many different strengths that, when realized, can lead to resilience. A conversation with the patient can help the patient identify the strengths they already possess and build resilience based on these strengths.⁵

(over)



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- Providers can ask patients about their passionate interests, committed values, small daily activities that they enjoy, or positive sustained habits.⁵ By discussing daily activities that the patient enjoys or ways that the patient feels accomplished in their daily life, the provider is able to identify strength and resiliency factors. Strengths can be identified in these daily experiences and should be brought to the patients attention.
- Patients can be directed to discuss positive life experiences to find strength factors. Choosing to search for strengths in positive areas of a patient’s experiences is more likely to reinforce resilient behaviors.⁵
- Patients may discuss obstacles that they face in these daily activities, and attention should be brought to how they persist and demonstrate the resilience to continue their interests, daily activities, or positive habits in the face of obstacles.⁵
 - To learn more about searching for patient strengths, look here: <https://onlinelibrary.wiley.com/doi/10.1002/cpp.1795>

“Obstacles are the window into resilience because there is no need to be resilient until one encounters difficulties”.⁵

After strength and resiliency factors have been identified, the provider has the opportunity to assist the individual in transitioning these strengths into general resilience strategies:

- Take the strengths identified by the individual and create a general plan for how these strengths can be utilized to handle obstacles. For example, if an individual identifies having a good sense of humor and a strong relationship with a family member as strengths, a plan could be made to find humor in difficult situations, or the individual could plan to talk with the family member they are close with.
- Write the plan in the individuals own words, as the individual is more likely to be invested in and commit to a plan that they created.⁵

Providers have the opportunity to help the individual understand how mindfulness-based interventions (MBIs) can promote resiliency:

- Practicing mindfulness is a technique for building resilience. Being mindful means having a “non-judgmental, non-reactive, present-centered attention and metacognitive awareness of cognition, emotion, sensation, and perception.”⁶
- Practicing mindfulness can help patients cope with stress, negative experiences, and substance use impulses.⁶
- Practicing MBIs decreases stress reactivity which allows the individual to practice resilience in situations that might lead to maladaptive behaviors.⁶
- Utilizing “techniques like mindful breathing, body scan, and mindfulness of everyday life activities to de-automatize substance use habits, and strengthen self-regulatory capacity.”⁶
- Utilizing mindfulness programs or apps, which may include meditation, muscle relaxation, or breathing exercises.
 - To learn more about mindfulness meditation in the treatment of substance use disorders, look here: <https://doi.org/10.2147/SAR.S145201>
 - Please also refer to Quick Guide #5: *Wellness and Well-being for Healthcare Providers* found on the AzMAT Mentors website here, <https://crh.arizona.edu/mentor> or directly here, https://crh.arizona.edu/sites/default/files/2023-07/230726_ProviderFlyer_Wellness_Quick_Guide_508.pdf

(over)

Self-Care and Resiliency:

Self-care is a critical component of building resilience, and it involves practices that maintain or improve one's physical, emotional, and mental wellness.⁷ Practicing self-care can assist in finding healthy ways to manage and cope with stress.

- Patients can practice self-care to promote resiliency.⁸ Even small acts of self-care can make a big difference. Self-care strategies include:
 - Reflecting and journaling to help to identify successful strategies for dealing with difficult situations.⁸
 - Setting goals and priorities to help alleviate stress. It is important to try and be mindful of what has been accomplished at the end of the day, instead of what has not.⁷
 - Practicing gratitude and positive thinking by identifying and challenging negative and unhelpful thoughts can improve one's ability to cope with stress.⁷
 - Eating a nutritious and well balanced diet.⁷
 - Getting an adequate amount of sleep.⁷
 - Getting regular physical activity and exercise.⁷

Cultural Considerations:

Arizona is home to 22 federally recognized tribes who are resilient and have cultural traditions and practices that serve as protective factors.⁹ Native American communities have seen a 39% increase in overdose deaths in one year (2019-2020).¹⁰ Engaging Indigenous populations to connect to their culture and community can bring a sense of healing and is best practice. Here are some ways providers can achieve this:

- Address the patient's sense of community and connectedness. A sense of community allows for positive role models, advice, and emotional assistance during the recovery journey.¹¹ Many resilience factors can be found in a patient's relationship to culture and can be rooted in community and connectedness.
- Understand cultural values and the patient's connection to Indigenous traditions and history.
- Discuss the value of cultural connectedness with the patient. Cultural values can be protective against substance use disorders by creating a support system in the community, increasing self-awareness and identity, and providing alternative therapies.¹¹
- Understand that positive patient relationships with health care providers "involve communication that is open, honest, and respectful".¹²
- Employ communication strategies that consider the patient's cultural values and preferences.¹²
 - To learn more about resiliency specific to Indigenous communities, look here: <https://doi.org/10.1353/hpu.2019.0017> and <https://doi.org/10.15288/jsad.2022.83.613>
 - Please also refer to Quick Guide #2: *Improving Cultural Humility to Better Serve Diverse Populations* found on the AzMAT Mentors website here, <https://crh.arizona.edu/mentor> or directly here, https://crh.arizona.edu/sites/default/files/2022-09/20220922-ProviderFlyer_Culture_Tool-2.pdf

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Disclaimer: This program was supported by Grant number H79T081709 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.

Appendix C: Postcard Mailers

**MAT Provider?
Join the AzMAT
Mentors Program!**

 **Collaborate to
provide MAT!**

crh.arizona.edu/mentor


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**Participation is open to
Arizona controlled substance
prescribers.**

The University of Arizona
Arizona Center for Rural Health
1295 N. Martin Ave.
Tucson, AZ 85724-0001

**Join as an experienced or new MAT
provider. One-on-one collaborations.**



crh.arizona.edu/mentor



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Appendix D: Partial Screenshot of Non-Public Matching Website

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COLLEGE OF PUBLIC HEALTH

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AzMAT Mentors Experienced Collaborators

Welcome new AZ MAT Mentors providers:

This website lists the current experienced MAT providers affiliated with the AzMAT Mentors Program. We're sure you will agree that the experienced MAT providers bring expertise and commitment to serving individuals with substance use disorders and their families. We invite you to review their professional experience, expertise, and collaboration areas.

At the bottom is a matrix of items you may recognize from the invitation form. The experienced providers answered the same items in terms of their level of interest and expertise. We hope this provides you help in selecting three experienced providers for which you would be interested in collaborating.

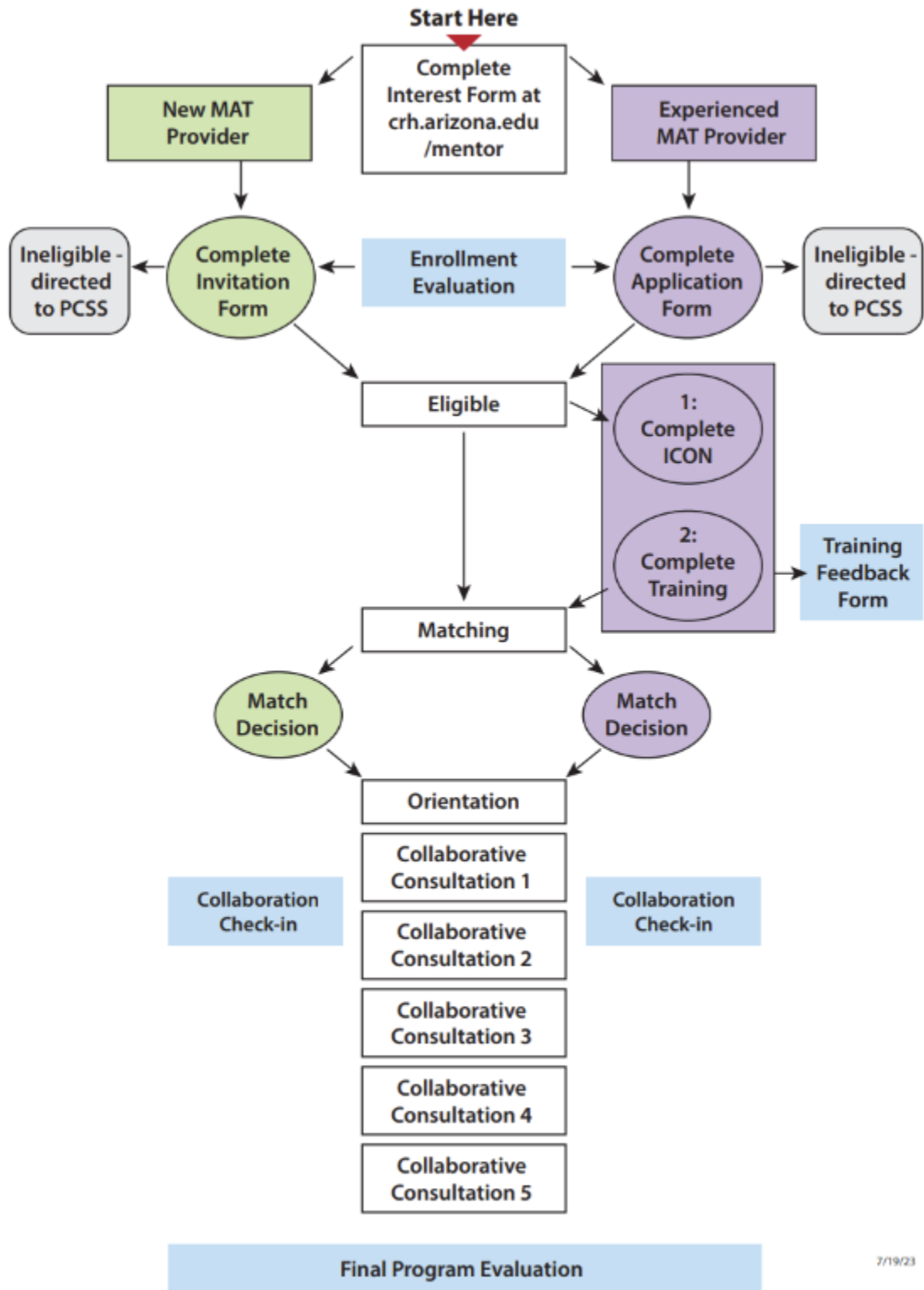
We ask that you do not contact any of these providers directly or share this link with colleagues. AzMAT Mentors Program has or will have agreements in place for the experienced MAT providers time and expertise. If you know someone who may be interested in participation, please ask them to complete the interest form on our webpage (<https://crh.arizona.edu/mentor>).

If you would like more information, please feel free to contact AzMAT Mentors Program at mat-mentors@arizona.edu.

Happy reading!

AzMAT Mentors Program

Appendix E: Program Flow Chart



7/19/23

Appendix F: Final Program Evaluation, New MAT Provider Survey

Page 1

AzMAT Mentors Program Final Survey

Thank you for your participation in the AzMAT Mentors program! We appreciate your commitment to increase access to opioid use disorder services in Arizona.

We invite you to complete this final survey. The purpose is to help us gather information regarding the success of the program and ways it can be improved. Results will be shared in program reports to our funders and potentially other dissemination products (e.g., professional presentations, scientific manuscripts). We expect this survey to take 7 - 10 minutes. While every question requires an answer, you may select "prefer not to answer."

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

Disclaimer: This project was supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Project material 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.

Name (First and Last): _____

Did you feel that your collaboration partner was a good match?

- Yes
 No
 Prefer not to answer

Was the orientation session helpful in preparing you for the collaborative consultations?

- Yes
 No
 Prefer not to answer

What aspects of the orientation sessions helped you to prepare for the collaborative consultations? (Please enter N/A if you prefer not to answer).

What aspects of the orientation sessions could be improved? (Please enter N/A if you prefer not to answer).

Please rate the helpfulness of the collaboration plans in supporting goal setting and guiding the focus of your collaborative consultations.

Not helpful Somewhat helpful Very helpful

(Place a mark on the scale above)

What goals (if any) were accomplished during your collaborative sessions? (Please enter N/A if you prefer not to answer).

What goals or topics (if any) did you intend to address but were unable to do so during your collaborations? (Please enter N/A if you prefer not to answer).

As a result of your collaborative consultations, please rate the likelihood of beginning or increasing MAT service delivery in your practice.

Not Likely Somewhat Likely Very Likely

=====

(Place a mark on the scale above)

Please rate your current level of confidence for implementing MAT into your practice:

Somewhat
Not Confident Confident Very Confident

=====

(Place a mark on the scale above)

As a result of your collaborations, what aspect of MAT service delivery improved for you the most (i.e., screening for OUD, selecting medication doses, medication inductions, etc.)?

How many total collaborative consultations did you participate in?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5
- Prefer not to answer

Was this a sufficient number of collaborative consultations?

- Yes
- No
- Prefer Not to Answer

How many sessions would you have preferred?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5
- Prefer not to answer

What challenges (if any) did you encounter during your collaborative consultations? (select all that apply)

- Scheduling
- Insufficient communication with collaborator
- Did not feel comfortable talking to or working with collaborator
- Collaboration consultations were based on inappropriate mentorship goals
- Collaboration consultations did not stay on topic
- Collaboration consultations were not long enough
- Collaboration consultations were too long
- Unclear Information
- I did not encounter any challenges
- Other
- Prefer not to answer

Please describe (Please enter N/A if you prefer not to answer).

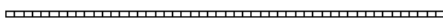
What additional resources or support (if any) could the AzMAT Mentors Program have provided to address these challenges?

Do you feel that the topics covered in the resource guide were helpful?

- Yes
- No
- I did not use the resource guide
- Prefer not to answer

Please rate your level of satisfaction with the AzMAT mentors program.

Dissatisfied Somewhat satisfied Satisfied



(Place a mark on the scale above)

Would you recommend the AzMAT Mentors program to other providers?

- Yes
- No
- Prefer not to answer

Would you be interested in participating as an experienced provider should future opportunities arise?
(If YES or MAYBE are selected AzMAT will keep you on our email list for future opportunities.)

- Yes
- No
- Maybe
- Prefer not to answer

Are you an Arizona-licensed, DATA-waived (x-waived) provider?
(If NO is selected, unfortunately this criterion is required to participate as an experienced MAT provider.)

- Yes
- No

Have you treated more than 20 patients OR have you been treating patients for more than a year?
(If NO is selected, unfortunately this criterion is required to participate as an experienced MAT provider. If YES is selected, Great! We will be in touch in the near future.)

- Yes
 No

What suggestions do you have for improving the AzMAT Mentor Program (i.e., related to goal setting, collaborative consultations, the resource guide, etc.)? (Please enter N/A if you prefer not to answer).

We'd love to hear about any positive experiences with the program. If you are willing, please provide a brief testimonial of how this program assisted you as a MAT provider. We plan to share these messages with funders and other supporting partners.

Any additional questions, comments or concerns?

Appendix G: Final Program Evaluation, Experienced MAT Provider Survey

Page 1

AzMAT Mentors Program Final Survey

Thank you for your participation in the AzMAT Mentors program! We appreciate your commitment to increase access to opioid use disorder services in Arizona.

We invite you to complete this final survey. The purpose is to help us gather information regarding the success of the program and ways it can be improved. Results will be shared in program reports to our funders and potentially other dissemination products (e.g., professional presentations, scientific manuscripts). We expect this survey to take 7 - 10 minutes. While every question requires an answer, you may select "prefer not to answer."

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Name (First and Last): _____

Did you feel that your collaboration partner(s) was a good match?

- Yes
 No
 Prefer not to answer

Was the orientation session helpful in preparing you for the collaborative consultations?

- Yes
 No
 Prefer not to answer

What aspects of the orientation sessions helped you to prepare for the collaborative consultations? (Please enter N/A if you prefer not to answer).

What aspects of the orientation sessions could be improved? (Please enter N/A if you prefer not to answer).

Please rate the helpfulness of the collaboration plans in supporting goal setting and guiding the focus of your collaborative consultations.

Not helpful Somewhat helpful Very helpful

=====

(Place a mark on the scale above.)

Did you feel that you were adequately prepared (i.e. training, resources, etc.) to provide new MAT providers the support they required?

- Yes
 No
 Prefer not to answer

As a result of your collaborations, what aspect of MAT service delivery do you think improved for the provider(s) you mentored (i.e., screening for OUD, selecting medication doses, medication inductions, etc.)?

How many total collaborative consultations did you participate in? Please include an average if you worked with more than one collaborator.

- 0
 1
 2
 3
 4
 5
 More than 5
 Prefer not to answer

Was this a sufficient number of collaborative sessions?

- Yes
 No
 Prefer Not to Answer

How many sessions would you have preferred?

- 0
 1
 2
 3
 4
 5
 More than 5
 Prefer not to answer

What challenges (if any) did you encounter during your collaborative consultations? (select all that apply)

- Scheduling
 Insufficient communication with collaborator
 Did not feel comfortable talking to or working with collaborator
 Collaboration consultations were based on inappropriate mentorship goals
 Collaboration consultations did not stay on topic
 Collaboration consultations were not long enough
 Collaboration consultations were too long
 Unclear Information
 I did not encounter any challenges
 Other
 Prefer not to answer

Please describe (Please enter N/A if you prefer not to answer).

What additional resources or support (if any) could the AzMAT Mentors Program have provided to address these challenges?

Do you feel that the topics covered in the resource guide were helpful?

- Yes
- No
- I did not use the resource guide
- Prefer not to answer

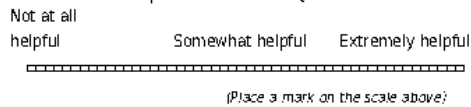
This year, three new Quick Guides (Starting Conversations about SUD, Stigma, and Cultural Competency) were developed to assist you in your provider collaboration, did you use any of these during your time in the Program?

- Yes
- No

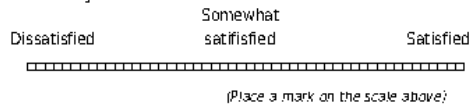
Great! How did you use the Quick Guides?

- Shared with your MAT Mentor collaboration partner
- Shared with others, outside the MAT Mentors program
- Both

Please rate the helpfulness of the Quick Guides



Please rate your level of satisfaction with the AzMAT mentors program.



Would you recommend the AzMAT Mentors program to other providers?

- Yes
- No
- Prefer not to answer

Would you be interested in participating as an experienced provider should future opportunities arise? (If YES or MAYBE are selected AzMAT will keep you on our email list for future opportunities.)

- Yes
- No
- Maybe
- Prefer not to answer

What suggestions do you have for improving the AzMAT Mentor Program (i.e., related to goal setting, collaborative consultations, the resource guide, or additional quick guide topics, etc.)? (Please enter N/A if you prefer not to answer).

We'd love to hear about any positive experiences with the program. If you are willing, please provide a brief testimonial of how this program assisted you as a MAT provider. We plan to share these messages with funders and other supporting partners.

Any additional questions, comments or concerns?

Long Term AzMAT Mentors Survey

Thank you for your previous participation in the AzMAT Mentors program!

We are reaching out to invite you to participate in an evaluation of the AzMAT Mentor Program's long-term impact on healthcare provider capacity for offering medications to treat opioid use disorder (OUD). The program's funder, the Arizona Department of Health Services (ADHS), advised that we collect follow-up evaluation data from past-year participants to assess long-term program impact.

This survey takes about 5-7 minutes to complete. We ask that you answer all the questions. All questions require an answer, but you can "select choose not to answer". Your responses will remain confidential (no names will be shared), and we will only report aggregated results. This information may be used in funder reports and scientific publications to contribute to the evidence base for healthcare provider training and support.

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

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Name (First and Last)

Years in practice (as a licensed medical professional):

_____ (numeric value)

Years prescribing medication for SUD/OUD treatment:

_____ (numeric value)

Estimated number of patients served (overall) in 2022:

_____ (It's okay if you don't have an exact number. Please provide your best estimate.)

Estimated number of patients treated for OUD since completing the AzMAT program:

_____ (It's okay if you don't have an exact number. Please provide your best estimate.)

Compared to before you participated in the AzMAT Mentors Program, in the last three months, how would you rate your CONFIDENCE to do each of the following:

	Much less confident	Less confident	No change	More confident	Much more confident	Prefer not to answer
Screening for OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying need for OUD treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing which OUD medication to prescribe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medication induction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing brief supportive counseling for patients with OUD on MAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying need for referral to higher level of (specialty) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring to higher level of specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share your status in performing the following clinical practices for ALL patients during the past 3-months:

	Never	Rarely	Sometimes	Often	Always	Prefer not to answer
Screening for OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring to higher level of behavioral health care (when requested or indicated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share your status in performing the following clinical practices for patients with OUD during the past 3 months:

	Never	Rarely	Sometimes	Often	Always	Prefer not to answer
Medication induction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing brief supportive counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring to higher level of specialty/behavioral health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to before you participated in the AzMAT Mentors Program, how has your activity changed in the last 3-months for each of the following:

	Decreased	Stayed the same	Increased	Prefer not to answer
Screening for OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying need for OUD treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication induction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing brief supportive counseling for patients with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring to higher level of specialty/behavioral health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Generally speaking, please report your level of agreement with the following statements:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Prefer not to answer
I find treating patients with OUD rewarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel capable to treat patients with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does treating people with OUD compare to other patient populations you serve?

- Much more difficult
 More difficult
 Same
 Less difficult
 Much less difficult
 Prefer not to answer

As a result of participating in the AzMAT Mentors Program, has the average number of patients with OUD that you treat each month increased, decreased, or stayed about the same?

- Decreased
 Stayed the same
 Increased
 Prefer not to answer

Since participating in the AzMAT Mentors Program, have you participated in any of the following additional trainings or activities? (select all that apply):

- ASU MOUD ECHO
 SUD/ODD-focused Webinars
 SUD/ODD-focused CME/CE course
 PCSS events
 Other
 Prefer not to answer

If you chose "other", please specify what other trainings/activities you have participated in:

Have you referred a colleague to a MAT training or mentorship program (AzMAT Mentors or another program)?

- Yes
 No

In the past 3-months have you experienced any of the following barriers related to MAT services? (check all that apply)

- My practice leadership discourages or does not support prescribing MAT
 I feel judged by other providers in my practice for prescribing MAT
 Medications for OUD are not available at pharmacies in my area
 Prefer not to answer
 Other

If you chose "other", please specify what barriers related to MAT services you have experienced:



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.

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