# Overcoming Barriers to Medication Assisted Treatment (MAT) for Substance and Opioid Use Disorder (SUD/OUD): Resources and Strategies


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# Literature Analysis Brief – Medication Assisted Treatment (MAT)

This literature analysis brief:

(1) Identifies substance use disorder (SUD) and opioid use disorder (OUD) treatment and provider training barriers to Medication Assisted Treatment (MAT), and

(2) Provides resources and strategies for overcoming barriers to MAT.

The aim was to identify barriers and provide strategies and resources to improve access to MAT, especially in rural and underserved populations.

## Barriers to Medication Assisted Treatment (MAT):

**Structural/Organizational**

- There are philosophical and organizational differences between the implementation of abstinence-only and other evidence-based practices in clinical settings.[1]
- The barriers for adopting MAT go beyond reimbursement and include lack of patient and provider education, staff training, and stigma. [1,2]
- Clinical training for providers has offered limited education or hands-on experience for treating patients with SUD/OUD in primary care office settings. [1, 3]
- One survey showed 20% of SUD/OUD treatment counselors were not trained on MAT effectiveness.[1]
- MAT funding is important but changes in policies and clinical care are also necessary. [4]
- OUD treatments are primarily located in urban areas. Rural patients have longer drive times and fewer public transportation options for accessing services. [3,5,6,7]
- Individuals are often treated or need treatment from various providers -integration, communication, and collaboration can be difficult inrural areas. [3, 8, 9]
- There are longer waits for patients seeking treatment and prescriptions for SUD/OUD, especially in rural communities, which could lead to relapse, overdose, or mortality. [6]

**Providers**

- There is a need to dispel the myth that encouraging providers and pharmacists to prescribe naloxone could increase substance and opioid misuse.[10]
- Physicians are trained and educated on MAT, but post-surveys find providers are still not prescribing medication for patients with SUD/OUD.[11]
- Providers who prescribe buprenorphine report poor care coordination and lack of institutional and peer support. [12]
- Patients with SUD/OUD face challenges when seeking pain management due to provider misconceptions about SUD/OUD and effective treatments. [13]

Based on these identified barriers, the following resources and approaches may be helpful for addressing and improving SUD/OUD treatment and MAT provider training.

## Resources and Strategies to Overcome Barriers to Medication Assisted Treatment:

**Structural/Organizational**

- Provide organizational support before, during, and after providers participate in and complete the MAT DATA-waiver process. Support providers to identify and overcome barriers for implementing MAT.[3,11]
- Implement training programs for providers and pharmacists to increase patient access to naloxone. [14]
- Consider the reimbursement implications which may influence organizational commitment for addressing substance use disorder.[2]
- Engage Critical Access Hospitals to support the implementation of substance use prevention, treatments, and recovery in rural areas. [15]
- Increase availability of extended-release MAT formulations for rural patients. [4]
- Enforce parity policies requiring insurance companies to cover evidence-based SUD/OUD treatments. [12]
- Provide incentives for coordinated care. [12]

**Provider**

- Collect informed consent to educate patients about pain and SUD/OUD issues.[13]
- Treat patients who have pain and SUD/OUD by using risk stratification methods for relapse/reoccurrence (low, moderate, or high). [13]
- Engage providers in education on MAT**,** opioids, and SUDs.[12]
- Extend MAT to office-based settings, primary care offices and through telemedicine. [1]
- Conduct comprehensive assessment to offer whole-person services and supports.[17]
- Utilize integrated/coordinated care to manage services for people with OUD. [2]
- Implement screening, brief intervention/treatment, and referral (SBIRT) as a framework for identifying and intervening with people who misuse substances. [18-20]
- Create environments that patients with a history of SUD/OUD disclose their history to ensure evidence-based options for care are offered.[13]

## Conclusions

The barriers to substance and opioid use disorder treatment especially in rural areas are complex requiring structural, organizational and provider strategies to overcome them.

Barriers: Structural and organizational barriers identified include funding, reimbursement parity to improve access to effective treatment, lack of support for providers treating SUD/OUD, and stigma. Provider barriers included lack of education about the socio-psycho-biological issues of SUD/OUD, low implementation of MAT, lack of coordinated care or institutional/peer support, misconceptions and misinformation about effective treatments.

Resources and strategies to overcome barriers: Structural and organizational resources include supporting providers treating SUD/OUD, devising plans, strategies, and enforcement for reimbursement parity, and offering incentives for coordinated care. Provider resources include expanding training and education, using comprehensive screening/assessment, brief interventions, referrals, telemedicine and coordinated care.

Coordinated care includes physicians, nurses, behavioral health specialists, peer recovery support and the patient's social support. Studies found that using integrated, coordinated care models was effective for treating and managing SUD/OUD. Federal, state, local, and

organizational policy and guidance need refinement and data to continuously improve access to evidence based treatment of substance and opioid use disorders, reduce morbidity and mortality and improve health outcomes for these individuals.

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