



# Increasing Access to Treatment for Opioid Use Disorder in Rural Communities Through a Virtual Clinician Training and Support Program

**AHRQ Impact:** A research team in New Mexico applied the Project ECHO® model to train rural primary care clinicians in New Mexico to provide evidence-based care for patients with opioid use disorder (OUD). This has led to increased access to medications for opioid use disorder (MOUD) in this largely rural State, as more primary care clinicians are getting trained in providing MOUD treatments and offering it to their patients. The regularly held virtual training program is now open to clinicians across the United States, with the potential to dramatically increase the accessibility of MOUD treatment in rural areas nationwide.

Over the past two decades, the US has experienced a growing crisis in substance use and addiction with a rise in death from overdoses.<sup>1</sup> Approximately 75% of overdose deaths in 2021 involved some form of opioids.<sup>2</sup> Medications for opioid use disorder (MOUD) are the current standard of

care for treatment of opioid use disorder (OUD) to reduce opioid use, reduce risk of death from opioid overdose, and increase retention in treatment programs and other supportive services.<sup>3</sup>

In 2021, an estimated 2.5 million people had an OUD, yet only 22% received MOUD.<sup>4</sup> Though primary care is a low-barrier way for patients to access treatment for an OUD, many primary care clinicians report a lack of confidence in providing MOUD to patients.<sup>5</sup> This barrier is the result of systemic issues, such as limited capacity and appointment flexibility, as well as clinicians' discomfort with providing MOUD due to lack of training and support.<sup>6</sup> People with OUD living in rural communities experience worse health outcomes than those in non-rural communities due to limited resources for prevention, treatment, and recovery.<sup>7</sup>

An [AHRQ-funded research study](#) led by Principal Investigator (PI) Julie Salvador, PhD investigated the application of the Project Extension for Community Health Outcomes (ECHO®) Model to train and support primary care clinicians to provide MOUD (the MOUD ECHO®-F Program). Project ECHO® is a televideo-based training environment that

<sup>1</sup> State Health Access Data Assistance Center (SHADAC). The Opioid Epidemic in the United States. Retrieved from <https://www.shadac.org/opioid-epidemic-united-states>.

<sup>2</sup> State Health Access Data Assistance Center (SHADAC). The Opioid Epidemic in the United States. Retrieved from <https://www.shadac.org/opioid-epidemic-united-states>.

<sup>3</sup> Rural Health Information Hub. Benefits and Evidence Supporting MOUD. Retrieved from <https://www.ruralhealthinfo.org/toolkits/moud/1/benefits>.

<sup>4</sup> NIDA. 2023, August 7. Only 1 in 5 U.S. adults with opioid use disorder received medications to treat it in 2021. Retrieved from <https://nida.nih.gov/news-events/news-releases/2023/08/only-1-in-5-us-adults-with-opioid-use-disorder-received-medications-to-treat-it-in-2021> on 2024, October 14.

<sup>5</sup> Austin EJ, Chen J, Briggs ES, et al. Integrating Opioid Use Disorder Treatment Into Primary Care Settings. JAMA Netw Open. 2023;6(8):e2328627. doi:10.1001/jamanetworkopen.2023.28627.

<sup>6</sup> Austin EJ, Chen J, Briggs ES, et al. Integrating Opioid Use Disorder Treatment Into Primary Care Settings. JAMA Netw Open. 2023;6(8):e2328627. doi:10.1001/jamanetworkopen.2023.28627.

<sup>7</sup> Rural Health Information Hub. Substance Use and Misuse in Rural Areas. Retrieved from <https://www.ruralhealthinfo.org/topics/substance-use>.

enables clinicians to present real cases for discussion and recommendations with experienced peers in another location, to learn and improve their skills for patient care and treatment. Previously, the ECHO® model has been effectively used to build rural clinicians' capacity to implement best practices for a range of health conditions – but its use for expanding access to behavioral health is less well explored. The MOUD ECHO®-F program applied the Project ECHO® Model, with additional supports as needed, to improve access to MOUD in rural New Mexico.

**The results of the research showed that participating in MOUD ECHO®-F program helped to expand access to MOUD treatment in New Mexico, with more clinicians getting trained in MOUD, starting to prescribe MOUD, and adding more patients onto MOUD treatment.<sup>viii</sup>**

Clinicians who participated in the MOUD ECHO®-F Program shared that the experience was transformative. It helped the clinicians understand the life-saving impacts of MOUD and increased their confidence in treating patients with OUD, in a supportive, peer-led, virtual environment. The rural clinicians particularly valued the virtual aspect of the MOUD ECHO®-F Program, noting they would not have been able to participate if it were in person.



**It really changed [the] providers' practice itself, increasing their comfort levels; They started to prescribe [MOUD] more and add patients onto the panel. They moved from a few patients to hundreds."**



– Julie Salvador, PHD; Study PI

Due to the study's success in expanding the availability of, and access to, MOUD in rural communities in New Mexico, the state is continuing to fund MOUD ECHO® initiatives. As of 2023, 48 clinics (and 79 clinicians) from across this largely rural state had participated in the MOUD ECHO®-F Program.

You can read more about the MOUD ECHO®-F Program and other related resources through [New Mexico Bridge](#), a state-funded initiative which seeks to support New Mexico, hospital-based emergency departments in establishing MOUD programs in acute settings with a bridge to community for treatment. The [training for MOUD ECHO®](#) is held regularly and is open to clinicians across the United States – allowing the potential for dramatically increasing the availability of MOUD treatment throughout the country.

<sup>viii</sup> Salvador JG, Myers OB, Bhatt SR, et al. Association of MOUD ECHO Participation on Expansion of Buprenorphine Prescribing in Rural Primary Care. Subst Abus. 2023;44(4):282-291. doi:10.1177/08897077231198971.

