PREPARING PHYSICIANS TO TREAT ADDICTION (PPTA) SURVEY RESULTS

Prepared by:

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Background

The University of Kansas School of Medicine-Wichita's Department of Psychiatry and Behavioral Sciences and the Department of Population Health were awarded funding for Preparing Physicians to Treat Addiction (PPTA) by the Sunflower Foundation's Kansas Fights Addiction program. The purpose of PPTA is to improve access to substance use disorder (SUD) care in Sedgwick County, Kansas. The goal for PPTA of Sedgwick County is to equip, train, and educate current and future physicians to engage with, evaluate, treat, monitor, and refer substance use disorder patients.

Methods

Staff from the Department of Population Health completed an extensive review of the academic literature to understand barriers and facilitators for physicians to provide care to those with SUD. The literature review informed development of an interview script that was used to conduct 26 interviews with physicians, residents, and medical students to understand barriers and facilitators to treating SUD locally. These interviews informed the development of a survey that was administered to physicians, residents, and medical students in Sedgwick County to assess perceived barriers and ways to address those barriers. The electronic survey was available March 30, 2024, through April 8, 2024.

The survey included 30 items, 11 of which consisted of the Medical Condition Regard Scale to assess stigma and biases, attitudes, and expectations for patients with SUD. Four questions were used from the Work Practice Questionnaire (WPQ) to assess role adequacy and legitimacy for treating substance use disorder. Three items assessed common barriers and facilitators to SUD treatment, two items prompted respondents to report the prevalence of SUD in Sedgwick County, and one assessed what SUD services physicians are currently offering. Eight items demographic questions were included, and physicians had a final opportunity to share additional information regarding SUD in Sedgwick County.

Results

Of 1,480 physicians, residents, and medical students, 17% (n=253) completed some of the assessment and 15% (n=229) completed the entire survey. Most respondents (66%, n=150) reported being attendings, 15% (n=34) were residents, and 20% (n=45) were medical students. Almost half of respondents (46%) reported they had been practicing medicine for more than 20 years. Approximately half (51%, n=97) reported being in primary care (i.e. family medicine, internal medicine, pediatrics). More than half (55%, n=122) reported seeing, on average, one to 10 patients with SUD each month (Table 1).

Table 1: Respondent Demographics

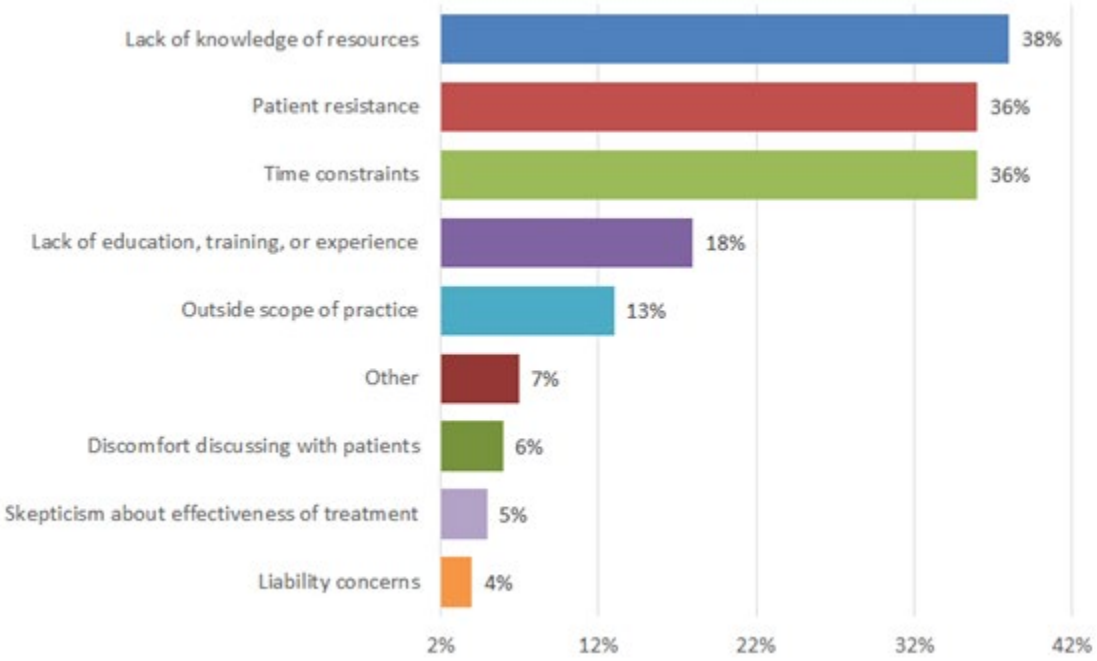
	Percent	Frequency
Years in Practice		
< 5 years	10%	16
5-9 years	15%	24
10-14 years	12%	19
15-19 years	18%	29
≥ 20 years	46%	74
Field of Medicine		
Family Medicine	29%	55
Other	21%	41
Internal Medicine	13%	25
Psychiatry	12%	23
Pediatrics	9%	17
Surgery	8%	16
Obstetrics and Gynecology	7%	14
Average number of SUD patients seen each month		
0 patients	21%	46
1-10 patients	55%	122
> 10 patients	25%	55

	Percent	Frequency
Age		
< 35 years	33%	73
35-44 years	24%	53
45-54 years	20%	45
55-64 years	15%	34
≥ 65 years	8%	18
Gender		
Male	50%	112
Female	48%	106
Other	<1%	5
Race		
White/Caucasian	84%	185
Asian American/Pacific Islander	5%	18
Black/African American	8%	10
Other	4%	8
Hispanic, Latino, or Spanish origin		
No	97%	214
Yes	3%	6

Barriers to SUD Treatment

Respondents most frequently reported a lack of knowledge of SUD resources (38%, n=97), patient resistance (36%, n=91), and time constraints (36%, n=90) as barriers to working with patients to address their substance use disorder (Figure 1).

Figure 1: Respondents' Barriers to Working with Patients to Address Their SUD



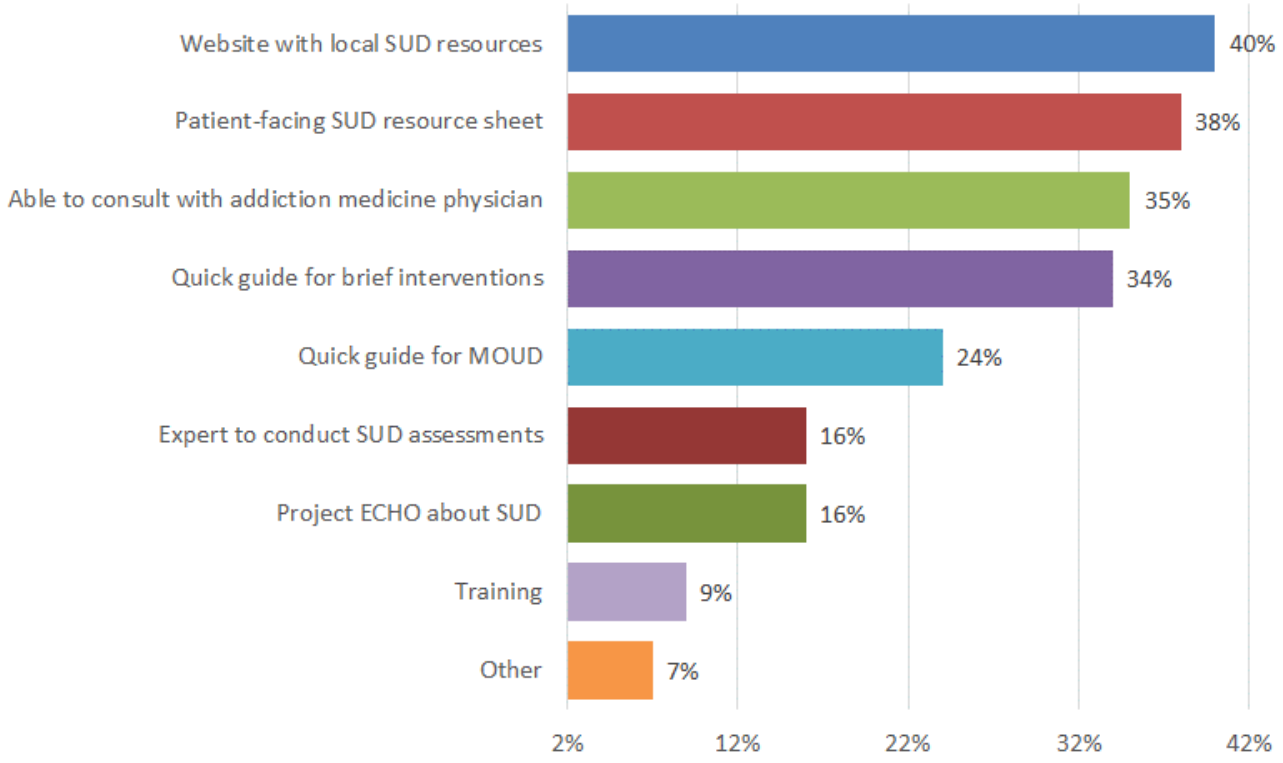
"Other" barriers identified by physicians to working with patients to address their SUD included: a lack of resources available in the community, especially for youth and those with financial constraints; not having interactions with SUD patients; a lack of support from others in their practice. Four respondents indicated they had no barriers to working with patients with SUD.

To minimize barriers, respondents reported a need for training/education on SUD stigma, treatment, and referrals. Respondents indicated that lists of local resources and quick reference sheets, especially resources for youth, would be helpful, as would an easy referral process, similar to those used for other diseases. Many indicated that having access to an expert such as an addition medicine specialist, or meeting others in the SUD field, would be helpful. Many specified that an enhanced workforce (i.e. more clinical staff) and improved access to care (e.g. inpatient bed availability) would minimize barriers. To minimize barriers, systems changes were also identified, including: being able to dedicate more time with patients, better reimbursement for time, funding for more community SUD resources, behavioral healthcare providers, and societal changes regarding substance use.

Resources for SUD Treatment

Physicians were asked what resources would help them address their patients' substance use disorders. Respondents identified several resources including: a website for physicians with local SUD resources (40%, n=101), a patient-facing SUD resource sheet (38%, n=97) and consults with an addiction medicine physician (35%, n=89) (Figure 2).

Figure 2: Resources that Would Help Respondents Address Patients' SUDs



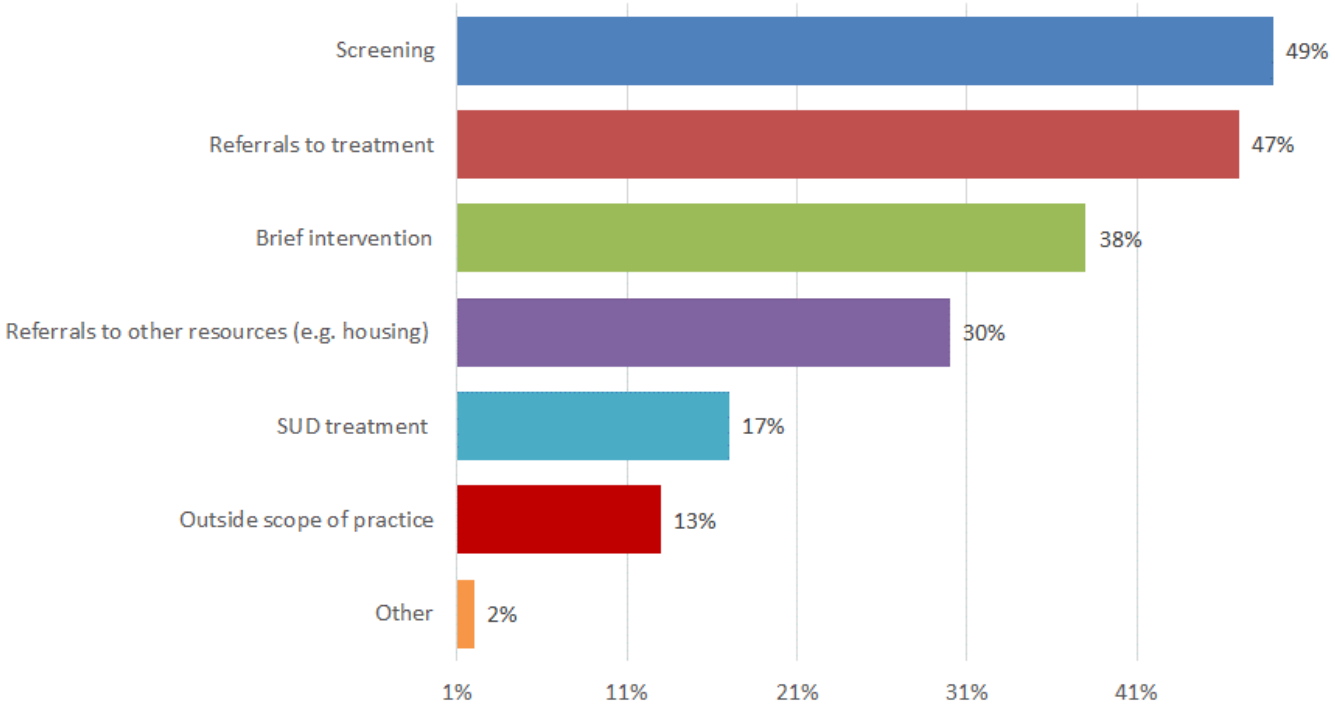
Respondents who identified "training" as a needed resource specified SUD treatment training, especially for opioid use disorder (OUD). This would include when to initiate treatment, when/how to follow-up, and counseling/therapy options to accompany medication. Others specified that training from an expert (i.e. addition medicine specialist) that counted toward CME would be helpful. Respondents also indicated it would be beneficial to offer quarterly trainings that encourage discussion of cases to reinforce knowledge gained from in-person/online training.

"Other" needed resources identified by physicians included: having lists of local resources and quick reference sheets, easy assessment and referral processes, inpatient bed availability, more clinical staff, and resources specific for youth; better social worker support from the hospital; and a collaboration with parole and probation officers.

SUD Services

Physicians were asked to describe the SUD services they are currently providing to patients. Respondents reported screening (49%, n=125), referring to treatment (47%, n=118), and providing brief interventions (38%, n=96) (Figure 3).

Figure 3: SUD Services Provided by Respondents



"Other" SUD services identified by physicians included: referring to social work and "naloxone."

Stigma

Stigma about people with SUD is associated with poor health outcomes. In particular, physicians' stigma about people with SUD is associated with poor access to care (Khenti et al., 2017) and poor health outcomes among those with a SUD (van Boekel et al., 2013; Couto E Cruz et al., 2018). In effect, stigma isolates individuals with SUD who need treatment and prevents them from getting the care they need. The Medical Condition Regard Scale (MCRS) was used to measure stigma among Sedgwick County physicians, residents, and medical students to understand attitudes toward patients who have a SUD (Christison, Haviland, & Riggs, 2002). The MCRS is an 11-item scale with scores ranging from 11 (lowest regard) to 66 (highest regard). Respondents generated an average score of 44.3, which is higher than general practitioners in another study (42.0) ($p<0.001$) (Table 2).

Table 2: Respondents' Medical Condition Regard Scale (MCRS) Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Medical Condition Regard Scale	231	14.00	66.00	44.27	9.34

MCRS can be stratified into three subscales: 1) desire to work with this population, 2) attitudes and perceptions around "treatability," and 3) worthiness of medical resources. The percent of Sedgwick County respondents who agreed with the items in each subscale are compared to responses from a national study with 116 practitioners (Table 3). Items highlighted in yellow indicate Sedgwick County responses that vary from national respondents in a negative manner.

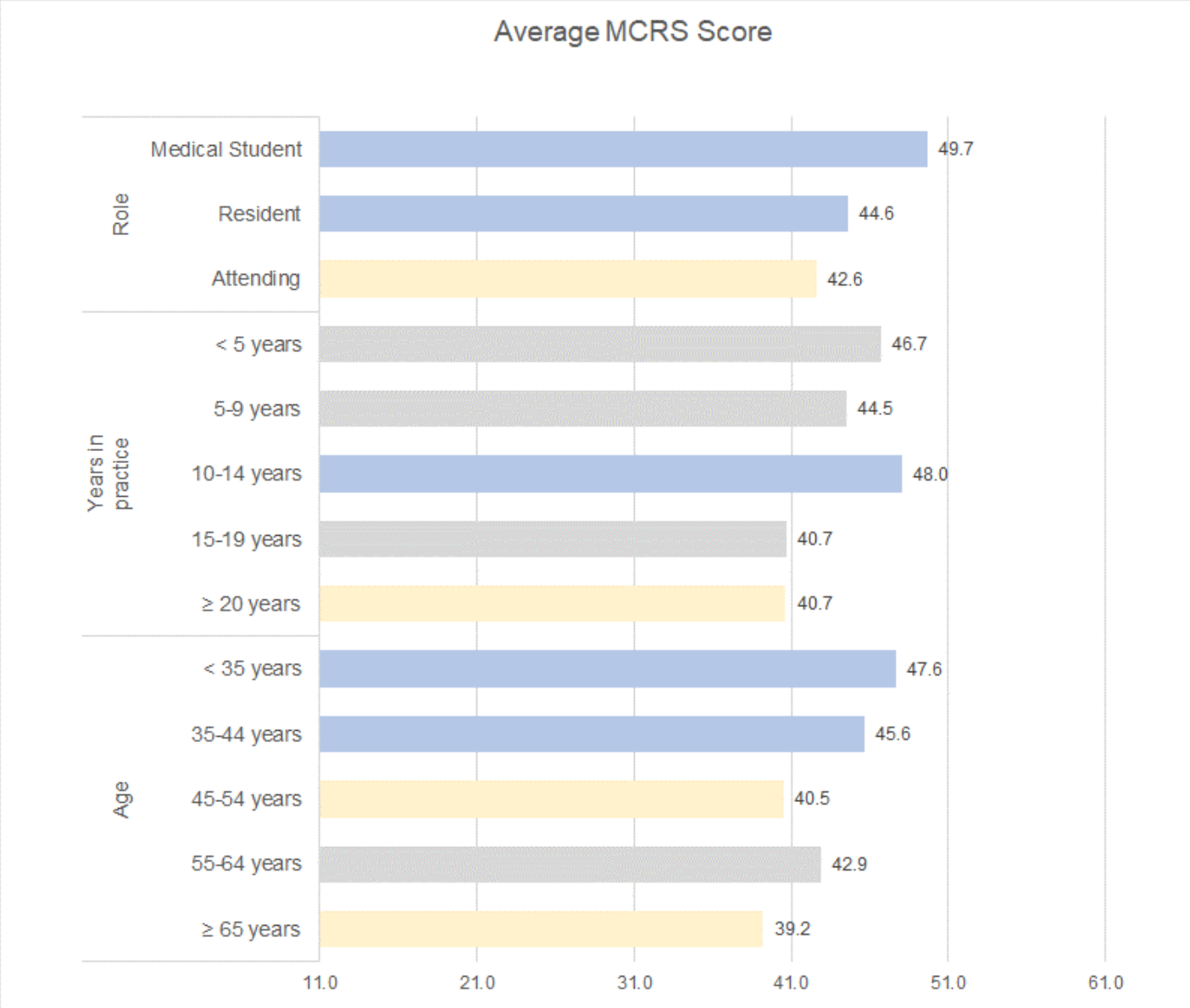
Table 3: Respondents' Subscale Results

Subscales	Items	Sedgwick County Physicians	Practitioners across the US
Desire to work with population	Working with this population is satisfying	53.2%	45.7%
	I feel especially compassionate toward patients like this	70.1%	62.0%
	I enjoy giving extra time to patients like this	41.6%	41.4%
	Patients like this irritate me	21.6%*	12.9%
	I prefer not to work with patients like this	31.2%*	16.0%
Treatability of individuals with SUDs	I can usually find something that helps patients like this feel better	63.0%	59.3%
	There is little I can do to help patients like this	31.0%*	9.5%
	Patients like this are particularly difficult for me to work with	43.3%*	22.4%
Worthiness of medical resources	Insurance plans should cover patients like this to the same degree that they cover patients with other conditions	90.5%*	72.4%
	I wouldn't mind giving extra time or effort to care for patients like this	29.0%	29.3%
	Treating patients like this is a waste of medical dollars	3.0%	2.6%

*Significant difference

Medical students and residents had significantly higher regard for patients with SUD than attendings (Figure 4). Those with 10 to 14 years of practice had significantly higher regard for patients with SUD than those with more than 20 years of practice. Those younger than 35 years and those 35 to 44 years had significantly higher regard for patients with SUD than those 45 to 54 years. Additionally, those younger than 35 years had significantly higher regard for patients with SUD than those 65 years or older. Multivariate data showed that age was the only variable that had significant associations with MCRS scores with those who were 44 or younger having significantly higher scores than those 45 or older.

Figure 7: Differences in Average MCRS Scores*

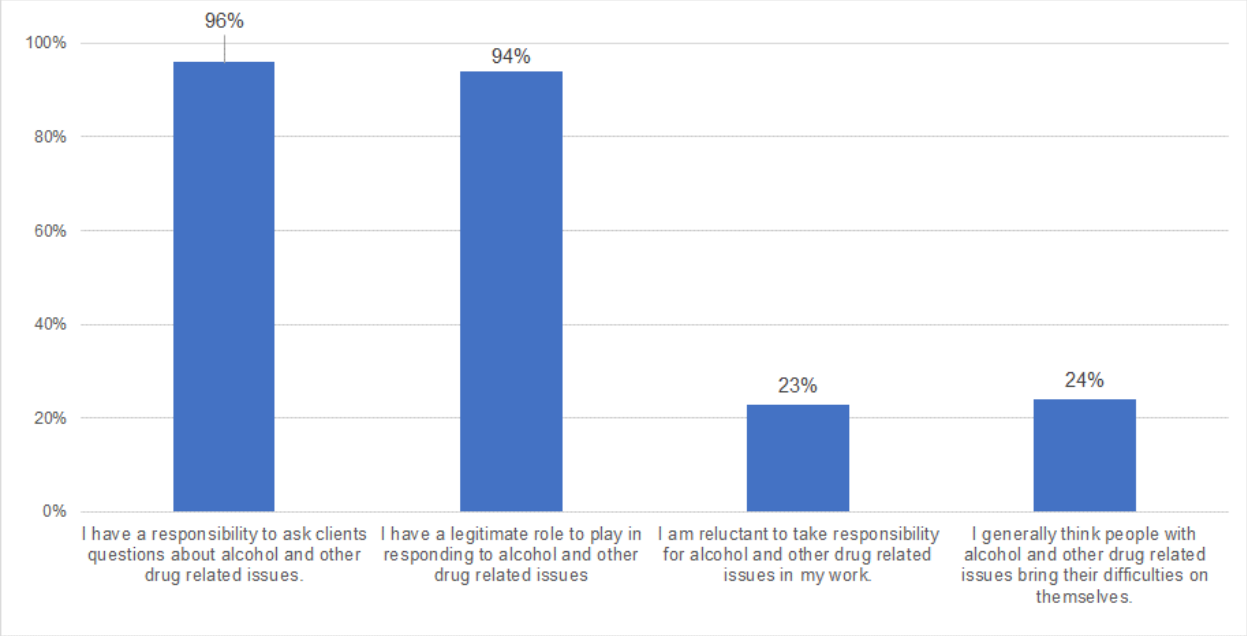


*Blue bars indicate significantly higher regard, yellow bars indicate significantly lower regard, and gray bars indicate there was no difference.

Additional data

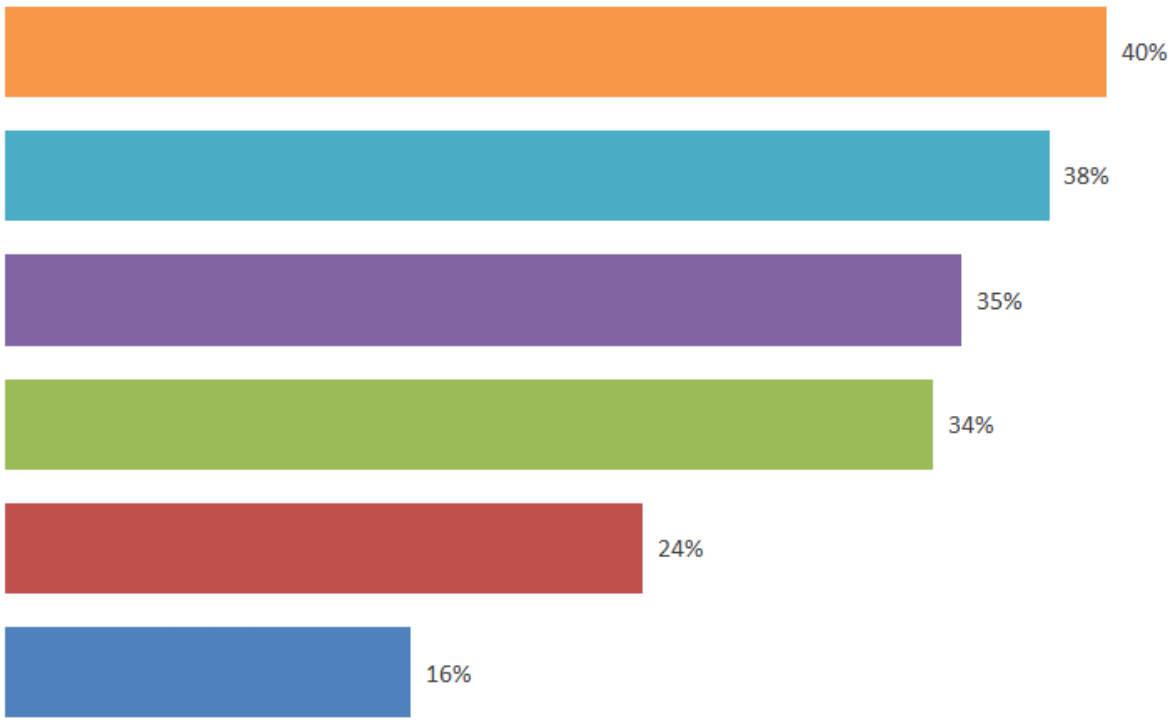
Respondents were asked four questions from the Work Practice Questionnaire (Addy, et al., 2004) that related to themes identified in the qualitative interviews (Figure X). The first three questions address role legitimacy which measures the extent to which an individual perceives their profession has a right to intervene in substance use issues. Overall, respondents agreed that they have a responsibility to ask patients questions about substance use (96%, n=221) and have a role to play in responding to substance use issues (94%, n= 214). However, some respondents reported feeling reluctant to take responsibility (23%, n=53). The fourth question addressed the extent to which respondents hold negative and stereotypical views of individuals who use drugs with almost a quarter of respondents indicating they blame SUD patients for their difficulties (24%, n=55).

Figure 6: Respondents' Work Practice Questionnaire



SUD Resources for Physicians

Based on the data from the survey results, our team has developed the following resources to address needs.



- Website with local SUD resources (KUMC and SACK websites)
- Patient-facing SUD resource sheet (available in English, Spanish, and Vietnamese)
- Consult with an addiction medicine physician (Call Dr. Daniel Warren at 316-302-5107)
- Quick guide for brief interventions
- Quick guide for MOUD (Buprenorphine and Naltrexone)
- Experts to conduct full SUD assessments

References

Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A., Pidd, K. and Watts, S. (2004), Handbook for theWork Practice Questionnaire (WPQ): A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field, Australian Government Department of Health and Ageing, Canberra.

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