

## **Hub and Spoke Provider Survey - 2020 CSAM Respondents**

UCLA collected surveys from May 15-July 15, 2020. All known Hub and Spoke physicians were sent surveys. However, overall responses to the survey this year were lower than past years, most likely due to the COVID-19 pandemic.

Conferences:

- 23.3% (n = 21) of all respondents attended the CSAM 2018 conference
- 21.1% (n = 19) of all respondents attended the CSAM 2019 conference

### **MERF MATES**

14.3% (n = 12) of all respondents indicated that they participated in either the 2018 (n = 9) or 2019 (n = 3) MERF MATES program.

- 8 also attended the CSAM 2018 conference
- 4 also attended the CSAM 2019 conference

### **MERF MATES Waiver limits**

| <b>Waiver limit</b> | <b>n</b> | <b>Valid %</b> |
|---------------------|----------|----------------|
| 30-patient limit    | 0        | 0              |
| 100-patient limit   | 7        | 70.0%          |
| 275-patient limit   | 3        | 30.0%          |
| Missing             | 2        |                |

### **MERF MATES Current number of buprenorphine patients**

- Only 1 respondent had 0 patients
- Mean: 54.3
- SD: 66.0
- Max: 240

### **MERF MATES participants (n = 12) vs. non-participants (n = 72)**

MERF MATES participants:

- Less frequently created treatment agreements describing patient goals, risks and benefits of treatment than non-participants (M = 4.6 vs. 5.4; p = .013)
- Were less likely to agree that most patients should be tapered off of buprenorphine as soon as possible than non-participants (M = 1.2 vs. 1.7; p = .017)

- Were less likely to agree that treating patients with OUD in primary care can be detrimental to the safety of other patients and clinic staff than non-participants (1.3 vs. 1.9;  $p = .033$ )
- Were more likely to say they would continue prescribing buprenorphine after the H&S grant ended than non-participants ( $M = 4.9$  vs.  $4.6$ ;  $p = .059$ )
- Found lack of time to be a greater barrier to prescribing than non-participants ( $M = 2.9$  vs.  $1.9$ ;  $p = .003$ )

## **CSAM Conference Attendees**

### **Conference Attendee Waiver limits**

| <b>Waiver limit</b> | <b>n</b> | <b>Valid %</b> |
|---------------------|----------|----------------|
| 30-patient limit    | 3        | 8.3%           |
| 100-patient limit   | 18       | 50.0%          |
| 275-patient limit   | 15       | 41.7%          |
| Missing             | 4        |                |

### **Conference Attendee Current number of buprenorphine patients**

- Only 1 respondent had 0 patients
- Mean: 60.4
- SD: 58.3
- Max: 240

### **CSAM Conference attendees (n = 40) vs. non-attendees (n = 50)**

Those who attended either CSAM conference:

- Had a larger current number of buprenorphine patients ( $M = 60.4$  patients vs.  $30.1$  patients;  $p = .002$ )
- Prescribed extended-release naltrexone more often than non-attendees ( $M = 3.2$  vs.  $2.5$ ;  $p = .022$ )
- Provided opioid detox with a buprenorphine taper more often than non-attendees ( $M = 2.9$  vs.  $2.2$ ;  $p = .05$ )
- Were more likely to feel confident prescribing buprenorphine than non-attendees ( $M = 4.8$  vs.  $4.5$ ;  $p = .042$ )
- Were less likely to agree that patients demonstrating ongoing opioid use should be reprimanded or discharged from treatment than non-attendees ( $M = 1.7$  vs.  $2.1$ ;  $p = .045$ )
- Were more likely to say they would continue prescribing buprenorphine after the H&S grant ended than non-attendees ( $M = 4.8$  vs.  $4.5$ ;  $p = .042$ )

- Found reimbursement issues to be a greater barrier to prescribing than non-attendees ( $M = 2.7$  vs.  $2.0$ ;  $p = .012$ )
- Found regulatory issues to be more of a barrier to prescribing than non-attendees ( $M = 2.5$  vs.  $1.8$ ;  $p = .002$ )
- Found lack of time to be a greater barrier to prescribing than non-attendees ( $M = 2.4$  vs.  $1.8$ ;  $p = .013$ )
- Found lack of support from leadership in their organizations to be more of a barrier to prescribing than non-attendees ( $M = 1.7$  vs.  $1.2$ ;  $p = .005$ )