

# MAINE PROVIDERS CLINICAL SUPPORT SYSTEM – UNIVERSITY

Year 1 Evaluation Report

(October 2019 – September 2020)



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## Background

The University of New England received a three-year grant in 2019 from the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Providers Clinical Support System – University (PCSS-U) Program. The program aims to increase access to Medication Assisted Treatment (MAT) for opioid use disorder (OUD) by facilitating MAT waiver training for students in the UNE College of Osteopathic Medicine (UNE COM). Maine PCSS-U secondarily aims to enhance the curricula related to substance use disorder in both COM and UNE's Physician Assistant (PA) Program.

## Methods

The evaluation of Maine PCSS-U employs a mixed methods approach that collects and analyzes both quantitative and qualitative data. The online platform Trello facilitates program management. Post-training surveys incorporate SAMHSA's required Government Performance and Results Act (GPRA) surveys and additional questions selected by the Maine PCSS-U team. Survey design and administration occur through REDCap, an online survey program available to the UNE community, and data are analyzed using Microsoft Excel. Student registration data are tracked in Google Sheets, and all files are stored in a secure SharePoint site. GPRA data are submitted to SAMHSA's Performance Accountability and Reporting System (SPARS) upon completion of every training and follow-up period. Maine PCSS-U received an exemption from full review by UNE's Institutional Review Board.

## Summary

Much of Year 1's evaluation activities focused on learning federal reporting requirements, setting up data collection systems, and adapting the evaluation plan in the face of programmatic changes due to COVID-19. Overall facilitators of success included having all staff except for the Program Coordinator available on Day 1 of the project, considerable buy-in from COM and PA faculty and staff, enthusiastic participation from trainers and clinical champions, significant media coverage of PCSS-U, and a strong connection with TrueLearn, a student assessment company. Major barriers to progress included the lack of a Program Coordinator until February 2020 and sudden, significant adaptations to the workplan due to COVID-19.

Like all universities, UNE was heavily impacted by the ongoing COVID-19 pandemic, and all non-clinical COM and PA classes transitioned to an online format starting March 16, 2020. This

resulted in several planned Maine PCSS-U in-person events to either also transition to an online format or be canceled altogether. The project received assurance from SAMHSA that they would support all workplan adjustments due to COVID-19 and no funding would be in jeopardy.

Overall, the project achieved 371 student contacts through 7 different events (Table 1). Tables 2 to 5 display a summary of progress made in Year 1 for each of the four goals and objectives therein.

**Table 1. PCSS-U Year 1 Trainings**

<b>Event #</b>	<b>Date(s)</b>	<b>Description</b>	<b>Modality</b>	<b># of Participants</b>
1	4/1/20	Training for 1 <sup>st</sup> Year PA students	In person	46
2	4/18 to 5/1/20	Training for 3 <sup>rd</sup> and 4 <sup>th</sup> Year Osteopathic Medical Students (OMS)	Synchronous and asynchronous online	119
3	7/1 to 7/31/20	Training for 4 <sup>th</sup> Year OMS	Asynchronous online	7
4	8/28/20	Training for 2 <sup>nd</sup> Year OMS	Synchronous online	177
5	8/1 to 8/31/20	Training for 4 <sup>th</sup> Year OMS	Asynchronous online	11
6	9/1 to 9/29/20	Training for 4 <sup>th</sup> Year OMS	Asynchronous online	8
7	8/17 to 9/25/20	A minimum of 5 hours of shadowing in MAT services for 3 <sup>rd</sup> Year OMS with Physician Champions at Maine clinical campuses.	In person	3
<b>Total</b>				<b>371</b>

**Goal 1: Increase supply of physicians educated in Maine eligible for and providing evidence-based medication assisted treatment for individuals with opioid use disorder to meet the need in Maine.**

**Table 2. Year 1 Progress on Goal 1**

<b>Objective</b>	<b>Year 1 Progress</b>
<p>1. Within the first two months of the grant award, The University of New England College of Osteopathic Medicine will offer to the Class of 2020 the opportunity to take the American Academy of Addiction Psychiatry (AAP) Provider Clinical Support System Medical Student Course that certifies eligibility for the DATA 2000 Waiver, and an accompanying in person follow-up learning session during Senior Week, as shown by an announcement to eligible students.</p>	<p>The course was offered online to both the Classes of 2020 and 2021 in April 2020 through the American Osteopathic Academy of Addiction Medicine (AOAAM). The follow-up learning session during Senior Week was canceled due to COVID-19.</p> <p>The North Carolina Governor’s Institute, with the collaboration of the Maine PCSS-U PI, developed the PCSS Medical Student Course. TrueLearn delivered novel assessment questions for the course with its trademark analytics. The AAP approved the changes to the course, certifying it as a DATA Waiver Training Course. UNE COM launched the course in July through its learning management system, Blackboard.</p>
<p>2. Within four months of the award, the UNE COM curriculum will formally include the PCSS Medical Student Course as a core component, shown by minutes of the Curriculum Advisory Committee.</p>	<p>On November 13, 2019, the UNE COM Curriculum Advisory Committee voted to make the PCSS Medical School Waiver Training Course optional for the Class of 2020, and a mandatory graduation requirement beginning with the Class of 2021, to be completed in their Fourth Year.</p>
<p>3. Immediately following the inclusion of the PCSS course, UNE COM OMS-3s and all subsequent classes will be notified of the requirement to take the online PCSS Medical Student Course as a “selective” during their OMS-4 year and participate in the in person follow- up learning session during Senior Week as shown by announcements to students.</p>	<p>Students received the announcement in July 2020. Any student in the Class of 2021 who did not complete the course in April 2020 must do during their fourth year.</p>
<p>4. By the end of Year 1 of the award, an in-person follow-up learning session for</p>	<p>The follow-up learning session during Senior Week was canceled due to COVID-19</p>

Objective	Year 1 Progress
<p>OMS-4s will be developed, piloted and delivered by a waived osteopathic physician during Senior Week as shown by a signed contract with the provider and the written lesson design.</p>	<p>restrictions on in-person gatherings. It is being planned for 2021, potentially over Zoom.</p>
<p>5. By the close of Year 1 of the award, the first cohort of students (e.g. OMS-4 who opted in to the course) at UNE COM will demonstrate knowledge of the PCSS Medical Student Course content and be certified to apply for the DATA 2000 Waiver as shown by student completion records and TrueLearn assessment data.</p>	<p>119 COM students completed the AOAAM waiver course in April 2020, and 26 COM students had completed the TrueLearn waiver course as of September 2020.</p>
<p>6. By Year 2 of the award, entire UNE COM graduating classes (approximately 175 students per class) will demonstrate knowledge of the PCSS Medical Student Course content and the in person follow up learning session and be certified to apply for the DATA 2000 Waiver as shown by student completion records and TrueLearn assessment data.</p>	<p>Data pending.</p>
<p>7. By Year 3 of the grant, a minimum of 40% of UNE COM graduates beyond 2020 will be shown to be practicing MAT, as shown by the SAMHSA Practitioner and Program Locator and self-report.</p>	<p>Data pending.</p>

In spring 2020, shortly after COVID-19 forced classes to go online, a group of osteopathic medical students organized a DATA 2000 Waiver training in collaboration with the American Osteopathic Academy of Addiction Medicine (AOAAM). The training featured a synchronous 4-hour session on April 18 presented by Stephen Wyatt, DO, AOAAM Past President, followed by an additional 4 hours of self-paced, asynchronous online lessons to be completed by May 1. The course was completed by 119 UNE COM students, and evaluation results were very positive (Appendix A). The original workplan included a follow-up session for the Class of 2020 to occur during Senior Week in May, but due to COVID-19 restrictions on in-person gatherings, this was canceled. Because Senior Week occurs near the end of the academic year, it could not be postponed or rescheduled.

Concurrently, novel assessment questions for the PCSS Medical Student Course were developed as originally planned in partnership with TrueLearn. The course was launched in July and administered through Blackboard. All Class of 2021 UNE COM students who did not complete their MAT training in April are required to complete this course, and by the end of the grant's first year in September, 26 COM students had done so. While a formal evaluation of this course has not been completed yet because it will go through at least January 2021, initial results look favorable.

Goal 2: Ensure physician faculty with the knowledge, training, expertise, and experience necessary to train students on DATA waiver content are secured to provide the training in pre- clinical and clinical settings.

**Table 3. Year 1 Progress on Goal 2**

Objective	Year 1 Progress
<p>1. Within 2 months of the award, an Introduction to MAT learning session led by a MAT physician-provider, a pharmacist and a social worker will be delivered to 175 OMS-2s, as shown by student quizzes, feedback forms, and curriculum schedules.</p>	<p>The session occurred on August 28, 2020, via Zoom. While the panel did not include a pharmacist or social worker, it did have a physician, a psychologist, a person in recovery, and a public health professional. A total of 177 COM students participated.</p>
<p>2. Within 6 months of the award, a minimum of 2 local preceptors/faculty OBOT providers and 1 Recovery Center will offer OMS-1s and -2s shadowing opportunities in their clinical settings as shown by schedules and student feedback forms.</p>	<p>Two local preceptors/faculty OBOT providers planned to offer shadowing opportunities (one is also a Champion), but due to COVID-19, those have been eliminated. Both joined the PCSS-U Advisory Group, which met 3 times.</p> <p>COVID-19 restrictions complicated the Recovery Center shadowing opportunity. In response, the PCSS-U team developed “flipped classroom” asynchronous modules for 1<sup>st</sup> and 2<sup>nd</sup> year COM students, and will release them in Year 2.</p>
<p>3. Within 6 months of the award UNE COM will identify and contract with 1 waived primary care physician Champion at each of its 3 Maine Clinical Campuses as an Office-based Opioid Treatment (OBOT) Champion, as shown by signed contracts and a list.</p>	<p>Primary care physician Champions were identified at 2 Maine Clinical Campuses (Augusta and Lewiston), as well as 2 Family Medicine residents and a Nurse Practitioner in Bangor. Three COM students completed a rotation with a Champion.</p>
<p>4. Within 6 months of the award UNE COM will contract with 3 waived physician Champions in rural areas identified through the Maine Area Health Education Center (AHEC) as an Office-based Opioid Treatment (OBOT) Champions, as shown by contracts and a list.</p>	<p>Due to the volume of UNE COM OMS-3s in Bangor, funds were shifted to the Bangor site (Northern Light EMMC). In addition, the Nurse Practitioner at the FQHC in Bangor was identified through AHEC and sees patients from rural Eastern Maine.</p>



Objective	Year 1 Progress
5. Within 8 months of the award identified Clinical Campus and AHEC-identified physician OBOT Champions will increase their knowledge and skills in how to support the learning of UNE COM OMS-3s placed with them during the Family Medicine, Internal Medicine or Community Health rotations by participating in quarterly collaborative trainings via Zoom technology, focused on emerging evidence-based practices in MAT, sharing successes and crowdsourcing responses to challenges, as shown by pre and post surveys	Due to delays in identifying Champions, only one introductory meeting was held.

Year 1 highlights around Goal 2 included a successful MAT learning session for all 177 Class of 2023 COM students on August 28. Despite having to conduct the session over Zoom due to COVID-19, the session received high marks from students on meeting its learning objectives and other indicators of satisfaction (Appendix B). Qualitatively, students most frequently commented that they appreciated hearing the perspective of a person in recovery, and this perspective will remain an integral feature of future panels.

Additionally, two local preceptors, Merideth Norris, DO, and Kelley Harmon, DO, were identified to offer shadowing opportunities for 1<sup>st</sup> and 2<sup>nd</sup> year COM students, which were subsequently eliminated due to COVID-19 and other scheduling complications. Dr. Harmon is the physician Champion at the MaineGeneral Health clinical campus, and Dr. Norris teaches addiction medicine in the pre-clinical years. Both preceptors also joined PCSS-U’s Advisory Group.

Unfortunately, a Recovery Center partnership has yet to be forged due to COVID-19 restrictions and the need to limit capacity at those sites, and is unlikely to become available. In lieu of what was proposed, the PCSS-U team developed “flipped classroom” asynchronous learning modules for both 1<sup>st</sup> and 2<sup>nd</sup> year COM students that would give them similar educational opportunities and simulate exposure followed by face-to-face debriefings. The modules have added value because they can be easily adopted by other health professions programs, and will be implemented in Year 2.

Physician Champions at each of UNE COM's three clinical campuses in Augusta, Bangor, and Lewiston took longer than expected to identify given the immediate needs to address COVID-19 at those sites. As mentioned above, Dr. Harmon is the Champion at MaineGeneral Health in Augusta. Margo Goodman, DO, is the Champion at Central Maine Healthcare in Lewiston. Efforts to recruit an attending physician at Northern Light Health in Bangor were unsuccessful, so instead two Family Medicine residents were identified: Cameron Burke, DO, and Matthew Harrison, DO. Additionally, given that the Bangor campus accepts the largest cohort of COM students, an additional Champion was secured at Penobscot Community Health Care (PCHC), a federally qualified health center where Bangor-based COM students typically complete their Community Health Rotation. After being unable to identify a physician at PCHC, George Case, FNP, was secured. The group held its first and only meeting in Year 1 on September 15, and 3 COM students completed a rotation with a Champion.

Goal 3: Supplement the learning of Physician Assistants educated in Maine who already graduate with a DATA 2000 Waiver and increase the supply of PAs who actively prescribe buprenorphine once eligible.

**Table 4. Year 1 Progress on Goal 3**

Objective	Year 1 Progress
1. Beginning in Year 1 of the award, a 3 hour annual Introduction to MAT (for which we will seek PCSS approval to serve as part of the required 24 hours of Waiver training) will be provided to UNE’s 50 first-year Physician Assistant (PA) students as shown by the PA curriculum calendar, utilizing a team of a waiver-trained Physician Assistant, a pharmacist and a behavioral health provider experienced in MAT, as shown by curriculum scheduling.	The session was held on April 1, 2020, with 46 PA students in attendance. It was held online over Zoom and shortened to 2 hours due to COVID-19 restrictions that impacted curriculum delivery. While a pharmacist was not on the panel, there was a PA and behavioral health provider (LCSW), as well as a physician, person in recovery, and public health professional.
2. Beginning in Year 1 of the award, the PCSS Medical Student Waiver Training course will be offered to the PA program as a potential supplement to existing training.	The Course was offered to the PA program yet is not in use because the PA Program uses other PCSS resources that ensure that students graduate with their DATA 2000 Waiver.
3. By Year 3 of the award, 40% of UNE PA program graduates beyond 2020 will be shown to be practicing MAT, as shown by SAMHSA Practitioner and Program Locator and self-report.	Data pending.

The highlight of Goal 3 was the Introduction to MAT session held for all 46 first-year PA students on April 1, 2020. Similar to the COM MAT session held later in the fall, students had generally positive feedback on the session, despite it being held over Zoom due to COVID-19 (Appendix C). Like the COM students, the PA students also appreciated the inclusion of a person in recovery to add a personal perspective to the topics of OUD, MAT, and stigma.

**Goal 3’s second objective was met.** The Medical Student Waiver Training Course, the first-ever DATA Waiver Training course specifically designed for trainees, was offered to the PA program. They declined it because they already use other PCSS resources that ensure that students graduate with their DATA Waiver.

Goal 4: Develop/build on existing infrastructure to ensure the sustainability of MAT, opioid use disorders and addiction overall in the UNE COM and PA curricula.

**Table 5. Year 1 Progress on Goal 4**

Objective	Year 1 Progress
1. By Year 3 of the award, the UNE COM curriculum will be mapped to general addiction medicine, MAT, CARA and HealthyPeople 2000 training topics, which will then be embedded in the core curriculum as shown by curriculum documents.	UNE COM course directors have been approached but work has yet to begin.
2. By Year 3 of the award, the PA curriculum will be mapped to general addiction medicine, MAT, CARA and HealthyPeople 2000 training topics which will then be embedded in the core curriculum as shown by curriculum documents.	Work has yet to begin.
3. In Years 1-3 of the award, student capacity to support curriculum enhancement will be increased by working with UNE COM’s Addiction Medicine Club, Family Medicine Club, Emergency Medicine Club and Military Medicine students and similar groups in the PA program as shown by meeting notes.	Initial outreach has been conducted. The Maine PCSS-U Advisory Group has a student member from both UNE COM and the PA program. One unanticipated outcome was the development of an informational program on MAT by four PA students and two COM for corrections officers at the Cumberland County Jail, and exploration of expanding the Portland Exchange Program (which is staffed partially by UNE COM students) to Biddeford.
4. By the end of Year 2 of the award, a resource website will be made available to students and faculty for continuous learning as shown by links to the website.	Progress on the website has been made but it is not live yet.
5. In Years 1-3 of the award, enduring bridges will be built between UNE COM and TrueLearn that will ensure the development of assessment of student learning as well as the strengths and weaknesses of the overall Medical Student Waiver Course, as shown by a	TrueLearn was instrumental in the development of the assessment of student learning for the Medical Student Waiver Course launched in July 2020.  Maine PCSS-U was represented at the annual Governor’s Opioid Summit led by Maine’s

Objective	Year 1 Progress
<p>signed contract, student results and data analytics. Partnerships between UNE COM and the UNE PA Program and state and national groups (such as the state Opioid Response System, Maine Quality Counts, Maine Primary Care Association, Maine Medical Association, SAMHSA, HRSA, and the Coalition on Physician Education in Substance Use Disorders (COPE) will also ensure sustainability beyond the award period, as shown by participation in activities at UNE and with the abovementioned group.</p>	<p>Opioid Response Network along with other UNE OUD-related initiatives, and also had a presence at the Maine Harm Reduction Conference.</p> <p>The PI/Project Director of Maine PCSS-U also serves as the Executive Director of the Coalition on Physician Education in Substance Use Disorders (COPE), which ensures communication and collaboration.</p>

Many of Goal 4’s objectives are the focus of subsequent years, but some activities were accomplished in Year 1. Most notably, a group of COM and PA students created an educational program about MAT for a target audience of corrections officers at the Cumberland County Jail in Portland. Despite COVID-19 preventing the curriculum from being presented in person, the students and officers met over Zoom to conduct the training and discuss the unique issues facing people who are incarcerated and live with an OUD. Two of the students involved—Ivy Ngo (COM) and Alexander Vining (PA)—also serve on the PCSS-U Advisory Group, thereby establishing a link between this service learning project and PCSS-U.

The PCSS-U PI/Project Director met regularly with faculty and staff from UNE’s School of Pharmacy, Center for Excellence in Collaborative Education, and Center for Excellence in Public Health (CEPH). Collaboration occurred with several activities, including promoting the International Association of Medical Science Educators’ webinars focused on OUD and MAT in the winter of 2020, presenting a poster at the Maine Governor’s 2nd Annual Opioid Summit on July 23, and generating ideas for future funding related to substance use. Maine PCSS-U also became a central contact for SUD issues across UNE, with the potential to expand partnerships and service learning including one with the City of Portland Public Health Division. Maine PCSS-U’s role as a central contact has also facilitated the dissemination of curricular materials across UNE health professions programs, and the formation of a small group working to design future collaborative projects.

## Other Achievements

Beyond the four goals, the PCSS-U project achieved much in Year 1. Recognition of UNE receiving the grant, along with some of the activities accomplished, were featured in several local news stories and on the UNE website (Table 6).

**Table 6. PCSS-U Year 1 News Features**

Date	Source	Title and Link
11/4/2019	Portland Press Herald	<a href="#">Medical students at UNE to be trained in treating substance use disorder</a>
11/5/2019	Maine Public (Maine PBS affiliate)	<a href="#">Grant will help UNE train its medical students to treat opioid use disorders</a>
11/7/2019	WGME (Portland CBS affiliate)	<a href="#">UNE medical students will train to help treat substance use disorder under grant</a>
11/11/2019	WAGM (Presque Isle NBC affiliate)	<a href="#">Maine's sole med school to boost opioid disorder training</a>
11/22/2019	WCSH (Portland NBC affiliate)	<a href="#">UNE preparing students to battle opioid epidemic</a>
6/2/2020	UNE News	<a href="#">PA and COM students volunteer to create Medically Assisted Treatment education program for the Cumberland County Jail</a>

The PCSS-U Advisory Group guided UNE’s efforts and has representatives from across UNE and the community (Table 7). The group met 3 times, on January 27, April 20, and June 1. PCSS-U staff also met monthly to monitor progress on deliverables and adapt the workplan as needed.

**Table 7. PCSS-U Advisory Group Members**

<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
Emily Dornblaser, Pharm.D., MS, BCPS	Assistant Dean for Interprofessional Education	UNE School of Pharmacy
Jennifer Gunderman, MPH	AHEC Director	UNE CEPH
Kelley Harmon, DO	Director of Pre-Doctoral Education	MaineGeneral Health
Selma Holden, MD, MPH, MS	Assistant Clinical Professor, Family Medicine	UNE COM
Anthony Martin, PA-C	Physician Assistant	DFD Russell Medical Center
Ivy Ngo	Osteopathic Medical Student	UNE COM
Merideth Norris, DO	Medical Director	Grace Street Recovery
Gretchen Preneta, PA-C	Assistant Clinical Professor	UNE PA Program
Cameron Samuelson	PCSS-U Project Coordinator	UNE COM
Ryan Smith, DO, M.Ed., Ph.D., FAPA, FFSMB, FNAOME	Chief of Psychiatry	UNE COM
Toho Soma, MPH, MS	PCSS-U Evaluator	UNE CEPH
Jenifer Van Deusen, M.Ed.	PCSS-U Project Director	UNE COM
Alexander Vining	Physician Assistant Student	UNE PA Program

## Conclusion

Year 1 of the PCSS-U Project was incredibly fruitful despite weathering the effects of the COVID-19 pandemic starting midyear. As UNE, clinical training sites, and community organizations quickly adapted to address the pandemic, the PCSS-U team likewise adapted the workplan to those changes to still meet the needs of the project, and ultimately, the needs of those living with an opioid use disorder.

As the pandemic persists, Year 2's activities will incorporate lessons learned from Year 1 in terms of delivering effective trainings online, being innovative in the face of reduced community-based opportunities for pre-clinical students, and continuing to encourage UNE faculty and clinical champions to not lose focus on the OUD epidemic in Maine. This public health issue persists and shows signs of worsening due to the pandemic's effects, including decreased access to MAT providers and public health services, and ongoing social isolation.



## Maine Providers Clinical Support System – University

Substance Abuse and Mental Health Services Administration,  
US Department of Health and Human Services

### “Introduction to Medication Assisted Treatment for Opioid Use Disorders” Evaluation Summary

UNE College of Osteopathic Medicine and Center for Excellence in Public Health  
April – May 2020

#### Background

The University of New England (UNE) received a three-year grant in 2019 from the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Providers Clinical Support System – University (PCSS-U) Program. The program’s goal is to increase access to Medication Assisted Treatment (MAT) for opioid use disorder (OUD) by facilitating MAT waiver training for students in UNE’s College of Osteopathic Medicine (COM) and Physician Assistant (PA) Program, and by enhancing the overall curricula of these two programs.

On April 18, 2020, a training on medication assisted treatment for opioid use disorders was offered to all 3<sup>rd</sup> and 4<sup>th</sup> year COM students. The synchronous online session lasted 4 hours and the asynchronous online portion lasted another 4 hours. The synchronous portion was taught by Stephen Wyatt, DO, Past President of the American Osteopathic Academy of Addiction Medicine. The asynchronous portion was available until May 1, 2020. This training was not initially offered as part of the PCSS-U Program but was added as part of a national effort to train medical students after the COVID-19 pandemic restricted many in-person clinical rotations for medical students.

#### Methods

A survey was administered online via REDCap to all participants and remained open for one week after the conclusion of the training. The survey contained SAMHSA’s required Technology Transfer Center GPRA Post-Event Form-Domestic, which focused on demographics, overall satisfaction with the event, and plans on applying what they learned to their future practice. The survey also included stigma-related elements from County,

## Appendix A

Steinbronn, and Grady's survey instrument, which itself was adapted from the Opening Minds Scale for Health Care Providers.<sup>1,2</sup> These items were rated in a retrospective pre/post manner and the difference in means was analyzed using a paired t-test for each item.

### Results

#### *Demographics*

A total of 112 COM students finished the training, and 100 completed the survey, for a response rate of 89%. The demographic distribution shows a larger proportion of women, people who identify as white, those whose highest education level attained is a bachelor's degree, and 3<sup>rd</sup> year COM students (Table 1). Notably, 10% of respondents claimed their highest education level attained was a doctor of medicine or osteopathy, even though at the time of the training they had not yet graduated.

**Table 1: Demographics**

Variable	Count (%)
Gender (n=99)	
Female	55 (56)
Male	44 (44)
Race (n=100)	
White	73 (73)
Asian	19 (19)
Multiracial	7 (7)
Latino	1 (1)
Highest Education Level (n=99)	
Bachelor's	75 (76)
Master's	14 (14)
MD/DO	10 (10)
COM Year (n=95)	
3 <sup>rd</sup> year	76 (80)
4 <sup>th</sup> year	19 (20)

<sup>1</sup> Countey H, Steinbronn C, Grady SE. Changing student attitudes and perceptions toward opioid use disorder. *Ment Health Clin.* 2018;8(5):222-226. doi:10.9740/mhc.2018.09.222.

<sup>2</sup> Kassam A, Papish A, Modgill G, Patten S. The development and psychometric properties of a new scale to measure mental illness related stigma by health care providers: The Opening Minds Scale for Health Care Providers (OMS-HC). *BMC Psychiatry.* 2012;12(1):62. doi:10.1186/1471-244X-12-62.

## Appendix A

### *Stigma*

Among the four stigmatizing statements, Item b had the highest agreement rating both pre- and post-training, and Item d consistently had the lowest level of agreement (Table 2). The level of agreement with each of the items decreased significantly with the exception of Item d.

**Table 2: Stigma**

Item*	n	Pre-training Mean	Post-training Mean	Change
a. Moral strength plays a large part in the cause of an opioid use disorder.	98	2.65	2.32	-14%**
b. I think that people with substance use disorders have unstable childhoods.	97	3.18	2.87	-10%**
c. Most people with substance use disorders are uneducated and of lower economic status.	97	2.46	2.14	-13%**
d. I feel people with opioid use disorders are at fault for their disease.	96	1.46	1.56	+7%

\*1 = "Strongly Disagree," 5 = "Strongly Agree."

\*\*p<0.05 for paired t-test.

### *Satisfaction and Future Plans*

All nine items related to satisfaction with the training and its applicability to future plans rated highly (Table 3). Additionally, all said they would recommend this event to a colleague.

**Table 3: Satisfaction and Future Plans**

Item	n	Mean	Yes
a. How satisfied are you with the overall quality of this event?*	98	4.31	N/A
b. How satisfied are you with the quality of the instruction?*	98	4.31	N/A
c. How satisfied are you with the quality of the training materials and training approaches?*	98	4.31	N/A
d. I expect to use the information gained from this training to treat opioid use disorder.**	99	4.33	N/A
e. The material presented in this training increased my knowledge of opioid use disorder and medication-assisted treatment.**	99	4.29	N/A
f. I anticipate obtaining a DATA-waiver when I am eligible.**	98	4.41	N/A

## Appendix A

Item	n	Mean	Yes
g. I expect this event to benefit my professional development and/or practice.**	99	4.41	N/A
h. I will use the information gained from this event to change my future practice.**	99	4.30	N/A
i. I would recommend this event to a colleague.	97	N/A	100%

\*1 = "Very Dissatisfied," 5 = "Very Satisfied."

\*\*1 = "Strongly Disagree," 5 = "Strongly Agree."

### *Additional Comments*

Comments provided by students were mostly positive and focused on the quality of the content and presenter (Table 4). Suggestions included shortening the live session, ensuring that material is not repetitive between the two sections, presenting more complicated concepts earlier, and focusing more on office-based practice of MAT.

**Table 4. Additional Comments (n=13)**

Statement
Dr. Wyatt does a great job!
Great material! Very engaging and relevant.
I am glad that it was a lecture followed by the handbook. The lecture helped a lot with the exam topics.
I liked the different modalities used for the training, and I found it both educational and engaging.
I thought this was a great opportunity to learn about opioid use disorders and how to use treatment for patients suffering with addiction. Learning the pharmacology was a good refresher and informed me on what I should be looking out for in the future.
It would be good if he talked about the dosing and other in-depth, more complicated and less familiar content earlier in the presentation. The stuff he discussed towards the end of the video series was the most in-depth (such as dosing and formulations) and since we had already been listening for about 4 hours, it was hard to take this information in.
More discussion about office based practice. I understand discussing appropriate ways to talk with patients and understand that opioid use is a disease- but many of us have already been trained in these modalities and are looking for more advanced understanding of clinical application.
Thank you for doing this!

## Appendix A

Statement (continued)
The live zoom session could be truncated to get the critical information in a shorter amount of time. Being able to review the modules at my own pace for the computer based portion worked well for my learning style.
The webinar and subsequent online portion had almost identical information. They should be made to complement each other better.
To have been able to take this training as a student and the ability to prescribe MAT right at the start of residency with no barriers is such a unique opportunity. This training has inspired me to seek out additional learning opportunities regarding substance use disorder, especially opioid use disorder, and most recently I just finished the book Dopesick by Beth Macy to further inform myself. This training would be really excellent when paired with Addiction Medicine topics in medical school (perhaps during the Psychiatry block in second year, during Neurology in second year, or during an Addiction Medicine rotation as a third or fourth year medical student).
Very user friendly and a valuable educational experience.
Wonderful! I am so grateful for this opportunity.

### Conclusions

Despite the relatively brief time spent planning this training, its positive results are an indication that learning objectives were met and student participants found it engaging and useful. Despite the differences in content, the findings echoed those from the Physician Assistant student training earlier, including the statistically significant reduction in stigmatizing statements. This training includes a 30-day follow-up evaluation component, which will be launched on June 1, after which this report will be revised to include those results as well. Additionally, UNE's Office of Communications featured UNECOM's participation in this national event (<https://www.une.edu/news/2020/com-students-participate-%E2%80%9Cget-waivered%E2%80%9D-day-speed-their-ability-prescribe-medications-opioid-use>).

Providers Clinical Support System – University  
Substance Abuse and Mental Health Services Administration,  
US Department of Health and Human Services

“Introduction to Medication Assisted Treatment for Opioid Use Disorders” Evaluation  
Summary

UNE College of Osteopathic Medicine and Center for Excellence in Public Health  
August 28, 2020

### Background

The University of New England (UNE) received a three-year grant in 2019 from the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Providers Clinical Support System – University (PCSS-U) Program. Entitled “Maine PCSS-U,” the program’s main goal is to increase access to Medication Assisted Treatment (MAT) for opioid use disorder (OUD) by facilitating MAT waiver training for students in UNE’s College of Osteopathic Medicine (COM) and Physician Assistant (PA) Program. The secondary goal of Maine PCSS-U is to enhance the curricula related to substance use disorder of both COM and the PA Program.

On August 28, 2020, a learning session entitled “Introduction to Medication Assisted Treatment for Opioid Use Disorders,” was delivered to all 2<sup>nd</sup> year COM students. The session lasted two hours and was held online via Zoom technology, as the COVID-19 pandemic prevented the training from occurring in person. The learning objectives for the session were as follows:

- Relate the impact of opioid use disorder and recovery from an individual person’s experience
- Discuss the history and statistics that describe the opioid epidemic from a public health perspective
- Explain how stigma and language around opioid use disorder (OUD) are related
- Describe the elements of Medication-Assisted Treatment (MAT) as an evidence-based treatment option for OUD
- Identify FDA-approved medications for the treatment of opioid use disorder

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- Review the importance of facilitating behavior change in individuals with opioid use disorder

Speakers and topics included the following:

- Jenifer Van Deusen, MEd (UNE, Maine PCSS-U Principal Investigator/Project Director); Moderator
- Sara Halsey; Recovery Perspective
- Toho Soma, MPH, MS (UNE); Epidemiology and Stigma
- Kelley Harmon, DO (MaineGeneral Family Medicine Institute); Physician Perspective
- Corey Smith, PsyD (MaineGeneral Family Medicine Institute); Behavioral Health Perspective

## Methods

A survey was administered online after the session via REDCap to all attendees and remained open for two weeks. The survey contained SAMHSA's required Technology Transfer Center GPRA Post-Event Form-Domestic, which focused on demographics, overall satisfaction with the event, and plans on applying what they learned to their future practice. The survey also included stigma-related elements from Countey, Steinbronn, and Grady's survey instrument, which itself was adapted from the Opening Minds Scale for Health Care Providers.<sup>1,2</sup> These items were rated in a retrospective pre/post manner and the difference in means was analyzed using a paired t-test for each item. Learning objectives from the session were also rated on how well each one was achieved, and additional questions on knowledge gained and the quality of the event were included.

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<sup>1</sup> Countey H, Steinbronn C, Grady SE. Changing student attitudes and perceptions toward opioid use disorder. *Ment Health Clin.* 2018;8(5):222-226. doi:10.9740/mhc.2018.09.222.

<sup>2</sup> Kassam A, Papish A, Modgill G, Patten S. The development and psychometric properties of a new scale to measure mental illness related stigma by health care providers: The Opening Minds Scale for Health Care Providers (OMS-HC). *BMC Psychiatry.* 2012;12(1):62. doi:10.1186/1471-244X-12-62.

## Results

### *Demographics*

A total of 177 2<sup>nd</sup> year COM students attended the training, and 71 completed the survey, for a response rate of 40%. The demographic distribution among participants shows a greater proportion of women, people who identify as white, and those whose highest education level attained is a bachelor's degree (Table 1).

**Table 1: Demographics**

<b>Variable</b>	<b>Count (%)</b>
Gender	
Female	51 (73)
Male	19 (27)
Race	
White	56 (80)
Asian	11 (16)
Multiracial	3 (4)
Highest Education Level	
Bachelor's	59 (83)
Master's	8 (11)
Doctorate	4 (6)

### *Learning Objectives*

Respondents rated how well the session's learning objectives were met (Table 2). Results show that all learning objectives were met with a mean rating between "Well" and "Very Well."

**Table 2: Learning Objectives**

<b>Objective*</b>	<b>Mean</b>
a. Relate the impact of opioid use disorder on an individual	4.72
b. Discuss the history and statistics that describe the opioid epidemic from a public health perspective	4.52
c. Describe how stigma and language around opioid use disorder are related	4.55
d. Explain medication assisted treatment as an evidence-	4.56



## Appendix B

based treatment option for opioid use disorder

- |  |      |
|--|------|
| e. Identify FDA-approved medications for the treatment of opioid use disorder                    | 4.59 |
| f. Review the importance of facilitating behavior change in individuals with opioid use disorder | 4.58 |

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\*1 = "Very Poorly," 5 = "Very Well."

### *Stigma*

Among the four stigmatizing statements, Item b had the highest agreement rating both pre- and post-session, and Item d consistently had the lowest level of agreement (Table 3). The level of agreement with each of the items decreased significantly with the exception of Item b.

**Table 3: Stigma**

Item*	Pre-session Mean	Post-session Mean	Change
a. Moral strength plays a large part in the cause of an opioid use disorder.	2.38	2.10	-12% **
b. I think that people with substance use disorders have unstable childhoods.	2.82	2.51	-11% **
c. Most people with substance use disorders are uneducated and of lower economic status.	2.14	1.83	-14% **
d. I feel people with opioid use disorders are at fault for their disease.	1.66	1.50	-9% **

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\*1 = "Strongly Disagree," 5 = "Strongly Agree."

\*\*p<0.05 for paired t-test.

### *Satisfaction and Future Plans*

All nine items related to satisfaction with the training and its applicability to future plans rated highly (Table 4). Additionally, nearly all said they would recommend this event to a colleague.

**Table 4: Satisfaction and Future Plans**

Item	Mean	Yes
a. How satisfied were you with the overall quality of this event?*	4.54	N/A
b. How satisfied are you with the quality of the instruction?*	4.66	N/A

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c. How satisfied are you with the quality of the training materials and training approaches?*	4.51	N/A
d. I expect to use the information gained from this training to treat opioid use disorder.**	4.42	N/A
e. The material presented in this training increased my knowledge of opioid use disorder and medication-assisted treatment.**	4.59	N/A
f. As a result of this training I am better equipped to prevent and identify OUD and support patients in treatment and recovery.	4.46	N/A
g. I anticipate obtaining a DATA-waiver when I am eligible.**	4.46	N/A
h. I expect this event to benefit my professional development and/or practice.**	4.69	N/A
i. I will use the information gained from this event to change my current practice.**	4.39	N/A
j. I would recommend this event to a colleague.	N/A	96%

\*1 = "Very Dissatisfied," 5 = "Very Satisfied."

\*\*1 = "Strongly Disagree," 5 = "Strongly Agree."

### *Additional Comments*

Comments provided by students were overwhelmingly positive and focused primarily on appreciating the inclusion of a person in recovery, who told their story of recovery at the start of the session and then added commentary after each section (Table 5). Constructive feedback was provided on the survey structure and how this session should not have been fit into an already full day of online classes.

**Table 5. Additional Comments**

Statement
(E)verything was fine, would've been nice to have the slides to follow with because at times it was information overload.
Great session and there was a lot of good stuff to be learned. I loved Sara's story and the parts on motivational interviewing. Some of the pharmacological stuff and clinical treatment from Dr. Harmon had been covered this morning in Grand rounds, as well as by Dr. Straub this week and last year. My suggestion would be to cut out

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Statement
some of the basics in that section or lighten it a bit. It made for a very dense presentation and was hard to stay focused throughout especially as we all deal with zoom fatigue.
Having a patient with previous SUD was the most valuable part of this training. As 2nd year medical students, we mostly listen to lectures and study and have limited encounters with patients. Sara's story was amazing, inspiring, and much needed to put things in perspective.
I benefited the most from Sara's firsthand stories, and less from the long lectures. Though the lectures from Dr. Smith were very informative, they were hard to engage with for long periods of time ( <i>editor's note: this refers to the Psych System," of which this session was a part</i> ). More interactive sessions could help with this, though I understand it is hard on zoom! Maybe more frequent, but shorter sessions could also help with engagement. Overall I am very happy that our school offers this, and I feel better equipped to go out into third year now that I am armed with this knowledge.
I found Sarah's commentary to be particularly moving as it took the topic we were discussing and made it concrete. Thus, students were compelled to acknowledge their unique position to help address the opioid epidemic.
I liked having Sara there to describe her experience with opioid use disorder. It helped give a look into the disease from her perspective.
I really appreciate hearing Sara Halsey's story as most of the time, we only witness it in a textbook setting and does not hear about people successfully being treated. Sara is inspirational and her story has demonstrated the impact that physicians can have on lives of patients. This session had opened up my mind about the different stigma that people, including doctors, have on these patients and that can limit the care that the patients with SUD can receive.
I really appreciated listening to Sarah's story. She had so much perspective on what OUD is -- how it can come about, how it can tear apart relationships, how hard it can be to stop using, and how these patients often feel like it requires a miracle to stop using permanently. Her story had a satisfying ending, but it was clear that she lost so much in the process, and also that not everyone faces the same outcomes she did. I'm glad she was a part of this training session because hearing first-hand what OUD is all about really impacted my appreciation for the issue.
I really loved the personal aspects being interwoven throughout the presentation. Sara's personal story is deeply moving and it puts the opioid crisis into perspective. Good people are being affected every day. I can't imagine how draining it can be treating patients with substance abuse disorder each and every day, but I imagine that stories like these are why you keep going and why you treat every patient with dignity, respect, and hope.
I think have a patient present to comment throughout the presentation was invaluable. It makes the whole event more engaging and constantly puts into perspective the importance of the information being presented.
I thought this was very well put together. You can tell a lot went into making this. Listening to Sarah's emotional

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<p>journey to laying out the facts/process of MAT training provides not only a solid base of understanding of what MAT is and what it hopes to accomplish, but also gave us insight on who were doing it for and why. I truly appreciate each of the presenters taking the time to educate us on such an important matter.</p>
<p>It was so great to be able to hear from someone who suffers from a substance use disorder who was able to find help and get treated for it, and who is now living her best life and in school to become a substance use counselor. The MAT program is so great and should be much more publicized, since substance abuse is such a huge issue in our community. I wish we had more treatment facilities so that more individuals like Sarah could find help when they need it.</p>
<p>More personal accounts throughout to maintain engagement. Maybe multiple speakers. It was great thank you for your time.</p>
<p>Necessary!</p>
<p>Sara's story is so important to this educational opportunity.</p>
<p>Thank you - this was amazing and so helpful.</p>
<p>The experience and perspective of a person in recovery is very important to keep the goal of the task at hand in focus.</p>
<p>The training was great and the incorporation of Sara's story from her point of view was very powerful. I believe that incorporating personal stories into trainings involving substance use disorder helps to make the issue more personal and real. Thus, the incorporation of Sara into this event helped put real faces to the epidemic. I appreciate the time and effort Sara went through to be there with us today. I can imagine it is difficult to relive some of the hardest moments of her life in order to teach us.</p>
<p>This is my 2nd training on MAT, as a member of CUP AHEC, I was able to get a first look at it, and today I received a stronger message because it coincides with my medical school curriculum. thank you</p>
<p>This isn't really a comment about the training, more about this survey- I feel like it would be better to have participants fill out the first four questions before they actually do the training to have a more accurate result. I really enjoyed hearing Sara's perspective. I thought that was very powerful.</p>
<p>This training was very helpful! I don't have a lot of experience with OUD and hearing about the topic from multiple perspectives was a great experience. Also as a future physician I found the information regarding treatment options very informative and helpful.</p>
<p>This was incredibly eye-opening, profound talk that I wish most of the common public received. Hearing Sara's story shed new light on the issue that I never knew I needed. I hope this talk is presented across all disciplines at UNE as it is essential in healthcare for us to understand patient stories and experiences when implementing treatment plans. While it was a lot of information to take in on an already academically full day, I am so happy we got it. Thank you all and thank you Sara for your bravery, grace, and strength.</p>

## Appendix B

Statement
This was really great. However we were presented this information at the end of a 9 hour zoom day. In the future it would be great if this was the only thing on the zoom schedule. Thank you for everything.
Was informative and enjoyable. I thought the way in which Sara was framed as the center of the training, constantly giving feedback to the more academic presentations a wonderful framework.

### Conclusion

With each additional OUD and MAT session delivered to COM and PA students through the Maine PCSS-U project, the same high levels of satisfaction and reduced stigma continue to be achieved. Additionally, the inclusion of a speaker in recovery has generated tremendously positive feedback from students, particularly these 2<sup>nd</sup> year COM students who have yet to begin clinical rotations.

The low response rate is a concern, particularly when compared to the 89% response rate achieved by 1<sup>st</sup> year PA students in the April 1, 2020 training, which was also held online due to COVID-19. The response rate could be increased by keeping the survey open longer, shortening the survey, and making it a requirement of participation, among other ideas.

Providers Clinical Support System – University  
Substance Abuse and Mental Health Services Administration,  
US Department of Health and Human Services

“Introduction to Medication Assisted Treatment for Opioid Use Disorders” Evaluation  
Summary

UNE College of Osteopathic Medicine and Center for Excellence in Public Health  
April 2020

## Background

The University of New England (UNE) received a three-year grant in 2019 from the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Providers Clinical Support System – University (PCSS-U) Program. The program’s goal is to increase access to Medication Assisted Treatment (MAT) for opioid use disorder (OUD) by facilitating MAT waiver training for students in UNE’s College of Osteopathic Medicine (COM) and Physician Assistant (PA) Program.

On April 1, 2020, a training, “Introduction to Medication Assisted Treatment for Opioid Use Disorders,” was held for all 1<sup>st</sup> year PA students. The session lasted 2 hours and was held via Zoom technology, as the COVID-19 pandemic prevented the training from occurring in person as originally planned. Speakers and topics included the following:

- Jenifer Van Deusen, MEd; Moderator
- Sara Halsey; Recovery Representative
- Toho Soma, MPH, MS; Epidemiology and Stigma
- Kelley Harmon, DO; Physician Perspective
- Rebecca Vose, PA-C; Physician Assistant Perspective
- Catherine Colby, LCSW; Behavioral Health Perspective

## Methods

A survey was administered online via REDCap to all attendees and remained open for one week after the conclusion of the training. The survey contained SAMHSA’s required Technology

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Transfer Center GPRA Post-Event Form-Domestic, which focused on demographics, overall satisfaction with the event, and plans on applying what they learned to their future practice. The survey also included stigma-related elements from Countey, Steinbronn, and Grady's survey instrument, which itself was adapted from the Opening Minds Scale for Health Care Providers.<sup>1,2</sup> These items were rated in a retrospective pre/post manner and the difference in means was analyzed using a paired t-test for each item. A coding error in the survey invalidated the stigma results for some surveys, but this error was corrected quickly and early respondents were encouraged to complete the survey again.

### Results

#### *Demographics*

A total of 46 PA students attended the training, and 41 completed the survey, for a response rate of 89%. The demographic distribution among participants shows a larger proportion of women, people who identify as white, and those whose highest education level attained is a bachelor's degree (Table 1).

**Table 1: Demographics (n=41)**

Variable	Count (%)
Gender	
Female	34 (83)
Male	7 (17)
Race	
White	37 (90)
Asian	3 (7)
Multiracial	1 (2)
Highest Education Level	
Bachelor's	33 (80)
Master's	7 (17)
Doctorate	1 (2)

<sup>1</sup> Countey H, Steinbronn C, Grady SE. Changing student attitudes and perceptions toward opioid use disorder. *Ment Health Clin.* 2018;8(5):222-226. doi:10.9740/mhc.2018.09.222.

<sup>2</sup> Kassam A, Papish A, Modgill G, Patten S. The development and psychometric properties of a new scale to measure mental illness related stigma by health care providers: The Opening Minds Scale for Health Care Providers (OMS-HC). *BMC Psychiatry.* 2012;12(1):62. doi:10.1186/1471-244X-12-62.

## Appendix C

### *Stigma*

Among the four stigmatizing statements, Item b had the highest agreement rating both pre- and post-training, and Item d consistently had the lowest level of agreement (Table 2). The level of agreement with each of the items decreased significantly with the exception of Item b.

**Table 2: Stigma (n=26)**

Item*	Pre-training Mean	Post-training Mean	Change
a. Moral strength plays a large part in the cause of an opioid use disorder.	2.42	2.08	-14% **
b. I think that people with substance use disorders have unstable childhoods.	3.15	2.88	-9%
c. Most people with substance use disorders are uneducated and of lower economic status.	2.58	2.27	-12% **
d. I feel people with opioid use disorders are at fault for their disease.	2.08	1.85	-11% **

\*1 = “Strongly Disagree,” 5 = “Strongly Agree.”

\*\*p<0.05 for paired t-test.

### *Satisfaction and Future Plans*

All three items related to satisfaction with the training and its applicability to future plans rated highly (Table 3). Additionally, nearly all said they would recommend this event to a colleague.

**Table 3: Satisfaction and Future Plans**

Item	n	Mean	Yes
a. How satisfied were you with the overall quality of this event?*	40	4.28	N/A
b. I expect this event to benefit my professional development and/or practice.**	41	4.27	N/A
c. I will use the information gained from this event to change my current practice.**	41	4.10	N/A
d. I would recommend this event to a colleague.	41	N/A	95%

\*1 = “Very Dissatisfied,” 5 = “Very Satisfied.”

\*\*1 = “Strongly Disagree,” 5 = “Strongly Agree.”



## Appendix C

### *Additional Comments*

Comments provided by students were very positive and focused primarily on appreciating the inclusion of a person in recovery from OUD (Table 4). Other comments highlighted the general quality of the training and speakers.

**Table 4. Additional Comments (n=8)**

<b>Statement</b>
I really appreciated that you had someone who was in recovery come to speak about her personal experience. While not everyone has her experience, it was nice to hear someone's story rather than reading about it in a story.
It was extremely helpful in terms of getting a general picture of all aspects of OUD and MAT. The personal story provided and input provided by someone who experienced this was the most helpful and resonating part.
It was really great to hear from someone who is actively in treatment and hear how this treatment has impacted her life.
It was very specific to the resources available in Maine and described the MAT provided at the agency from start to maintenance.
Really appreciated Sara's first hand account.
Thank you! Very helpful. Appreciated Sara's story.
The anecdotal account and quiz parts were fantastic.
The most poignant part was Sarah's first hand account of substance use disorder. The other speakers provided excellent factual information and seemed happy to answer questions as they came up.

### **Conclusions**

The positive results from this training illustrate its benefit to learners, even when held remotely via video rather than in person. The inclusion of a speaker in recovery from OUD was highlighted as a specific strength of the approach, and students recommended the training to their colleagues. Despite the lower number of responses to the stigma items due to a coding error, three of the four stigmatizing statements still showed a statistically significant reduction; findings from future trainings will hopefully corroborate this result.