

Salt Lake County Health Department (SLCoHD), Opioid Program, and The Program of Addiction, Research, Clinical Care and Advocacy (PARCKA) from the University of Utah Division of Epidemiology, joined in efforts to train family practice providers in the Salt Lake Valley in July 2018. Invitations were sent out through professional organizations: Utah Medical Association, Utah Nurse Practitioners Network, The Utah Academy of Physician Assistants, Utah Academy of Family Physicians, Association of Utah Community Health Centers, Utah Hospital Association, University of Utah (Community Clinics & Internal Medicine, Continuing Medical Education Office sent to all providers who have taken the online opioid training), as well as some local practices were reached out to.

SLCoHD received funding through a grant with the Utah Department of Health, the Community-Level Prescription Drug Overdose Prevention Grant. One of the grant objectives is to coordinate with local health systems to schedule provider trainings on opioid prescribing issues, controlled substance database use and best practices for reducing unintended deaths from prescription opioids. This provided a perfect opportunity for SLCoHD and PARCKA to coordinate and collaborate. PARCKA coordinated with University of Utah Continuing Medical Education Office to provide AMA PRA Category 1 Credit™ for those that attended the training.

SLCoHD was able to provide funds for meals and continuing medical education credit fees. The venues chosen for the trainings were Salt Lake County owned facilities so there were no fees. SLCoHD opioid staff coordinated the venues, lunches, registration, and assisted with advertising.

PARCKA donated resources:

- 1-Administration - meeting with the CME office and associated paperwork
- 2- Advertising -time spent reaching out to professional organizations by email and collaborating with them to advertise the event
- 3- Training- Dr. Gordon's time

Total time donated time: 37.5 hours
Total value donated: \$ 17,650.00

OVERVIEW of the training:

- Why should internists be concerned?
- Addiction care in primary care?

- Opioids and pain
- Success at access to medication treatment using buprenorphine for opioid use disorder
- What about alcohol?
- Some thoughts moving forward

Date	Time	Location	Number Registered	Number attended
July 6	12:00 – 2:00 pm	Viridian Center	11	9
July 11	4:00 – 6:00 pm	Viridian Center	9	5
*July 18	4:00 – 6:00 pm	Sandy Library	6	1
July 20	12:00 – 2:00 pm	Salt Lake County Government Center	15	13

*Cancelled due to only one person attending

Of the 28 attending, three MD's registered for the AMA PRA Category 1 credit; five other medical providers registered for credit (3-PA's, 2-FNP)

PROBLEMS encountered:

- Lead time was short due to having to spend grant funds so not sufficient time to advertise in advance
- Family physicians might be tired of hearing about opioids everywhere and they did have to take a required course this past year, so they may be uninterested because of that?
- The title “Addiction 101” might turn off some people who think they are beyond introduction and instead see themselves as having more knowledge and experience &/or not something they really deal with in their practice. Maybe a better future title would be something like “Managing Addiction in Your Practice – Meeting of the Minds” or some way to reflect the experiences people do have and growing from that?
- More notice, especially in the summer months, can sometimes be really important for family practice providers. Middle of the day stuff can be a real challenge as they often don't have time for

lunch, if clinics run over, etc. And going somewhere outside the office can be really daunting. Predicting the end of the day can be a big challenge, too.

- Bring the education to them (in person is best but webinar if that doesn't work).
- Attach training to an existing conference

SURVEY RESULTS – 11 responses

1. Did you find this training helpful? If yes, why? If no, why not?

- Yes. It is an excellent idea to have the PCPs trained to manage addicts w/ suboxone. It would give more people back their lives - which they have ruined thru their addiction. Suboxone is a God-send.
- yes. great exposure to an important topic
- Yes. It was nice to be with others to discuss the problem of addiction and the various ways to approach this issue.
- Yes. Excellent Paradigm for PCP/Medical Home Model of Addiction Treatment.
- Yes, I felt that it was very helpful in discussing barriers and ways to combat these barriers to treating patients in a primary care setting.
- Yes--It was good to hear addiction framed as a chronic illness.
- Yes, a different perspective on addiction from the minimal training I had in schooling or in the work place.
- Yes. Encouraged me to pursue suboxone training
- So-so
- Yes. I loved seeing the possible connection and support that could be created between client and doctor without the need of direct substance abuse support.
- yes, current topic and it gave a fresh view on what we're supposed to do as care team

2. What did you find most interesting about this training?

- The new idea of having PCPs manage addiction.
- buprenorphine therapy
- The discussion about what other clinics are doing.
- The presentation was informative and engaging
- I really liked how multidisciplinary it was and hearing viewpoints from other providers that attended the session.
- The evidence of the efficacy of MAT.
- That while we focus on opioid addiction, tobacco and alcohol are still more prominent.
- Learning about the epidemiology of addiction in slc

- The speakers vision about primary cares roll could be regarding addiction treatment
- The statistics were fascinating and Dr. Gordon was very knowledgeable.
- the concept that addiction is a chronic problem

3. What information would you have liked to receive that was not covered during this training?

- I would like to know how this idea is being received in the medical community. And what is being done to win over the skeptics.
- more definitions e.g. difference between dependence and addiction, . . .
- More details on additional training.
- The Training was Comprehensive
- More about buprenorphine, but I realize that this information is covered in other sessions.
- Nothing more. The presentation had an appropriate level of content for an introduction.
- Very specific information about abstinence-based treatment, i.e. using Suboxone as a bridge to vivitol rather than anticipating Suboxone long-term
- community resources that we can refer patients that need advanced therapies

4. How did you find out about this training?

- Email (7)
- Flyer sent via email throughout our clinic's providers ST MARKS
- Deanna England (SLCoHD) did a wonderful presentation on Tobacco and she sent my info to Tayler Nelson who let me know about this training.

5. Would you recommend this training to your colleagues?

- YES (10)
- NO (1)