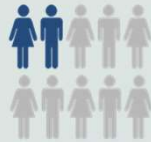


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BACKGROUND

- The opioid epidemic in the US is a major concern in healthcare.
- In 2018, 21.2 million people aged 12 or older needed treatment for a substance use disorder (SUD), yet only 18% actually received treatment.¹
- <20% of SUD patients who need treatment actually receive it.
- In 2017, fewer than 10% of primary care providers in the US could prescribe buprenorphine and 48% of these providers were not prescribing to their maximum capacity.^{4,5}
- It has been estimated that roughly half of individuals with OUD would be treated if all MAT waived providers prescribed to their permitted capacity.⁵
- Various medical schools also now deliver education on MAT, including Rutgers New Jersey Medical School (NJMS). Following waiver training, NJMS reported that students
 - 1) Had an increase in confidence and knowledge
 - 2) Plan to apply for a waiver once licensed
 - 3) Would be more likely to prescribe because of training.⁴
- However, there is a paucity of data on behavioral outcomes of MAT educational interventions in medical school.



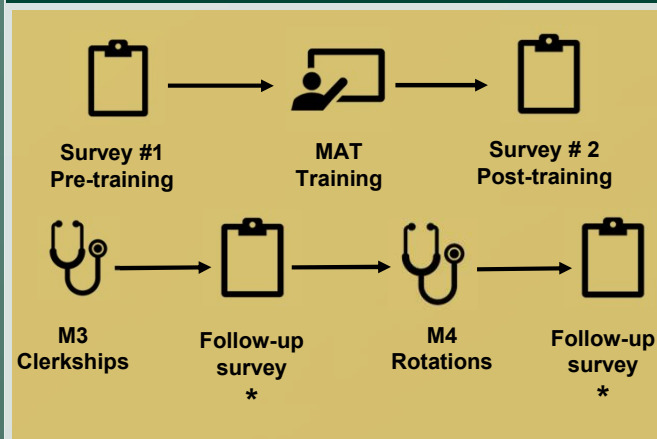
MAT at WAYNE STATE UNIVERSITY

- Students and faculty collaborated to add Medication for Addiction Treatment (MAT) Waiver Training to the curriculum at Wayne State University School of Medicine (WSUSOM).
- An exploratory study demonstrated that while most students wanted training in SUDs and MAT, the majority did not feel equipped to appropriately treat these patients.²
- A preliminary study (n=266) revealed the positive impact of MAT-waiver training on students' opioid addiction knowledge and attitudes, as well as their willingness and comfortability to treat patients with an opioid use disorder (OUD).³
- MAT-waiver training is now a required component of the third year curriculum at WSUSOM since the 2019-2020 school year.

AIM

To determine how MAT training during medical school impacts students' recommendations for management of patients with SUD.

METHODS



Follow-up Survey* questions:

1. Did you recommend MAT for a patient? How many times?
2. On which rotation(s) did you recommend MAT?
3. How many patients do you think would have benefitted?
4. What was your confidence in suggesting MAT?
5. To whom did you voice your recommendation (patient, attending, resident, etc.)?
6. Was your team receptive?
7. Did someone else on the team recommend? Who was it?
8. Did the recommendation lead to the start of MAT?
9. What were your reasons for not recommending?

RESULTS

Primary outcomes:

1. How often students recommended MAT
2. During which rotations MAT recommendations occurred

Secondary outcomes:

1. Receptivity of care team to recommendations
2. Whether patient was started on MAT

DISCUSSION

- MAT education is effective in changing attitudes of third year medical students towards patients with OUD.
- This study will determine the impact of training on treatment recommendations of patients cared for by students during the latter half of their medical education.
- This study will also gauge the receptiveness of healthcare teams and patients may be when MAT induction is suggested by a medical student.
- Incorporating MAT training during undergraduate medical education may result in an increase in student recommendations for initiating MAT as a plan of care option, thus helping to address the gap in patients who need SUD treatment yet do not receive it.
- Additionally, by bringing this treatment option into care decision discussions more often, the precepting physicians may be more likely to consider it even after the student has finished their rotation.

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