



PA
LEADERSHIP
IN MAT
SUMMIT

Proceedings of the Summit held April 20-21,
2018

ABSTRACT

A white paper on important themes in the provision of MAT by physician assistants.

[PA Leadership in MAT Summit Participants and Presenters](#)

White Paper on the Proceedings of the PA Leadership in MAT Summit

The Wright Center for GME, in coordination with the Society for PAs in Addiction Medicine, Marywood University, Geisinger Marworth, First Hospital Wyoming Valley, Commonwealth Health, Geisinger Wyoming Valley, James A. Casey House and El Rio Community Health Center (Tucson, AZ), hosted a Summit for physician assistants in Scranton, PA on April 20-21 of 2018. There were 133 attendees and 8 presenters working together for eight hours each day on this event that was allowed 12.5 CMEs by the American Academy for Physician Assistants. Attendees were largely PA students from Marywood University and King's College. Practicing PAs and PA program faculty from New Jersey, Washington state, and West Virginia were also in attendance. In order to claim CME, practicing PAs were required to submit completed evaluations of each session for which they wanted credit. This event was funded by a HRSA grant supplemental to a Primary Care Training Enhancement grant awarded to the Wright Center in partnership with AT Still University School of Osteopathic Medicine in Mesa, AZ.

Throughout the Summit, presenters utilized real-time feedback capture technology via PollEverywhere and Google Forms as well as pencil-and-paper to capture qualitative and quantitative data (self-report, Likert scale) on participants' perceptions and experiences in a variety of MAT-focused domains. Below are key findings from the Summit that may be of interest to HRSA and other organizations, both governmental and NGO, that are seeking to alleviate the crisis of opioid use disorder currently gripping the United States.

Current Perspective on Role of PAs in MAT

While in terms of positive impact the dominant sentiment is that PAs can increase access to MAT, perhaps particularly in health provider shortage areas (HPSAs), most Summit participants expressed a variety of challenges that would hinder such progress against the current crisis. These challenges might be categorized as follows:

- **Systems-based**
 - Concerns licensing and waiver processes
 - Insurance not recognizing PAs as "credentialed participants"
 - Fear of patient panel becoming only or primarily MAT
 - Concern about supervising physicians not adequately engaging leaving PAs on the hook for problems
 - Variance in ability to practice top-of-license
 - Challenges of complex health systems navigation
- **Attitudinal**
 - Stigma re: people suffering with addiction ("drug seekers")
 - Personal reservations re: MAT
 - non-ODD patient concerns about sharing environments

Summit Participant Perspectives on Challenges to PA Administered MAT

Category	Subcategory	Evidence
Systems-based		
	Licensing and waiver processes	<p>“Need to reapply every 5 years.”</p> <p>“Pricey”</p> <p>“PAs need 24 hours of certification versus MDs need 8 hours”</p> <p>“We do not get a lot of education in PA school on addiction medicine (maybe about 3-4 hours total), but we are required to take additional CME courses on opioid use before practicing specifically in Pennsylvania (some states do not require that for practicing PAs)”</p>
	Insurance not recognizing PAs as “credentialed participants”	“Insurance companies don’t want to pay for PA services.”
	Fear of panel becoming only or primarily MAT	<p>“Increasing the number of patients that you see daily could limit the amount of focus on patients which could lead to missing the patients that need further care.”</p> <p>“Too many patients pushed on PAs once have waiver vs. with other providers.”</p>
	Concern about supervising physicians not adequately engaging leaving PAs on the hook for problems	“PAs can be taken advantage of and pushed to deal with these issues where as [sic] physicians or other providers do not.”
	Variance in ability to practice top-of-license	<p>“Some regions PAs don’t have the ability to prescribe scheduled medications.”</p> <p>“If your supervising physician doesn’t want to be involved with MAT then you don’t have the ability to participate in MAT programs.”</p> <p>“Language unclear” about “if supervising physician needs to</p>

		<p>have waiver along with PAs.”</p> <p>“A lot of non-healthcare (and even some medical providers) do not understand the potential scope of practice of advanced practitioners and do not understand that we can diagnose and treat patients.”</p>
	Complex health systems navigation	<p>“Not know who or where patients that need help should be referred to.”</p> <p>“Where can you refer patients to if you yourself are not in primary care or psych, detox, etc. to take care of patients with active substance abuse disorder? Is it psych, or what agency to refer them to? Are inpatient facilities only available to refer certain hospitals for instance, i.e. Geisinger patients can only go to Marworth?”</p> <p>“PAs often have some say but it is ultimately the supervising physician or the healthcare system’s decision whether the providers can see patients who need help with addiction”</p>
Attitudinal		
	Stigma re: people suffering with addiction (“drug seekers”)	“Supervising physicians might not want to attract that kind of population to their practice”
	Personal reservations re: MAT	One presenter admitted verbally to formerly having an abstinence only perspective and having working through their own reservations now assist others in working through theirs. But the personal concerns about providing MAT remain prevalent in the PA community.
	Perceptions of non-OUD patient concerns about sharing environments	Practicing PAs at a roundtable discussion mentioned their concern that patients would leave their clinic if they started

		treating patients suffering with addiction.
	Patient mistrust of PA ability to provide adequate care	“Patients may look at PAs as under-qualified when dealing with their diagnosis and their care plan.”

One participant provided the following story that contains several of the elements from the table above:

The DEA revoked a physician’s license for “prescribing too many scheduled substances to addicts”. The other providers in the facility then took on his patients and did not want to re-establish their opioid medications assuming that they were “addicts” because of the previous provider and their medication list. Most of the patients were not “addicts”, but an 80-year-old grandmother with a broken hip who needed pain medications, a patient with severe anxiety, etc. No one else wants to pick up patients from this provider. Another patient was on benzodiazepines for many years and no other provider wanted to pick her up as a patient because of her history with this provider, so then she went into benzo withdrawal and subsequently suffered seizures. There is already a stigma for patients when they have a PCP that has been noted to prescribe many opioids/controlled substances, but in reality, these patients might actually be compliant and controlled on their regimen. In the ED, providers might already have a bias toward these patients strictly because of their PCP.

The Power of Education

As one participant noted, “I think teaching about the ability PAs have to make a difference during the opioid epidemic should be spoken about more frequently. Being a student myself, I think this was an eye opening lecture because I now know the steps I can take when treating future patients.”

We agree wholeheartedly. An intentional, systemic inclusion of standards and procedures for treating patients struggling with addiction into PA education both in PA program curricula and as CME will likely go a long way toward increasing awareness of how PAs can positively impact the current, and any future, addiction crisis. Based on the Summit, a few key topics should be considered for inclusion:

ALTOs: A relatively simple educational intervention is increased education both for PA students as well as providers on the utilization of alternatives to opioids (*ALTOs*), particularly in emergency department practice, primary care, and for post-surgical pain management.

“Drug seekers”: As may common, the term *drug seeker* was used to describe people struggling with addiction who engage with health systems, typically in primary care or the emergency department, in an attempt to alleviate their addiction symptoms with prescription medications. While the term is a pervasive shorthand, when utilized by faculty and other practicing professionals it exacerbates the challenges of stigma related to the disease of addiction.

Student participants from a PA program in southeastern Pennsylvania stated that they are explicitly taught about the harm terms like *drug seeker* can cause and are actively educated against its use. They were disappointed at its use by others in the Summit and made a point of telling Summit organizers about the active steps their program was taking to reduce such terms in practice.

Explicitly Addressing Stigma and How Addiction Works: When one presenter asked the roomful of participants how many people knew someone or of someone who had died from overdose, approximately 85% of the hands in the room were raised. Still, stigma and ignorance of the mechanisms of addiction persist. Education about the challenges of opioid use and the mechanisms of addiction including social and economic determinants of use via case-based active learning should be explicitly and intentionally included in student and CME education to address the systemic and attitudinal barriers to caring for this population.

Empowering PAs as Multipliers

Summit participants and organizers agree that physician assistants can be significant force multipliers for combating the opioid crisis. However, this will only be actualized if systemic and attitudinal challenges are thoroughly and consistently addressed. We suggest that in addition to the intentional educational interventions listed above, MAT providers at all practice levels be brought into discussions that address MAT at all levels of the healthcare ecology: the exam room, the clinic, the health system, and the industry.

More information about the Summit can be found at thewrightcenter.org/leadership-in-mat/ and serveteachlearn.org/mat-for-pas.