

# Evaluation of the Medication-Assisted Treatment Learning Collaborative for RCORP Grantees, March - April 2023

## KEY FINDINGS AND RECOMMENDATIONS

JBS International offered monthly technical assistance (TA) through the Rural Communities Opioid Response Program (RCORP) on Medication-Assisted Treatment (MAT) Access through a Peer-to-Peer Learning Collaborative, which occurred from January to August, 2023. The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) conducted an evaluation of the learning collaborative sessions, which were offered in March and April 2023. The evaluation included online assessments with respondents from the April session and interviews with participants who attended the March and April sessions.

### Key Findings

- A total of 18 individuals, representing 10 of the 11 MAT Access grantee organizations, attended the MAT Access Peer-to-Peer Learning Collaborative in March and April. Thirteen individuals (72.2%) attended in March and 15 (83.3%) in April; 10 (55.6%) attended both months. All interview participants attended both sessions. Nine (60.0%) individuals completed the online assessment after the April session.
- Interview participants reported learning how to address the stigma associated with opioid use disorder (OUD) in the March session and how to address barriers to medication access for OUD in April. Many interviewees spoke about dosages and comparisons of medications for OUD (MOUD), such as Suboxone and Sublocade.
- Interviewees felt validated seeing how other organizations faced or addressed similar barriers in addressing OUD and appreciated the resources shared along with the opportunities to discuss experiences in addressing OUD.
- Many interviewees thought that learnings from the event could change the implementation of RCORP activities in the future and planned to implement stigma training and share learnings about stigma through conversations with consortium or team members as a result of the TA.
- Many more barriers to the implementation of learnings existed than supports. Continued stigma and misperceptions around patients living with OUD among clinical staff and consortium members exist as barriers to implementation. Facilitators included grantee administrative team support and the value of patient success stories in treatment for OUD.
- All respondents to the online assessment strongly agreed (66.7%, n=6) or agreed (33.3%, n=3) that the information shared about the types of medications for OUD/alcohol use disorder (AUD) was useful, that meaningful discussion was encouraged during the learning collaborative, and that insights shared by other participants enhanced their learning.

- Most interview participants were satisfied with the sessions' format and facilitation and enjoyed hearing other attendees' perspectives when they spoke up.
- Some interview participants mentioned that content was more relevant for clinical staff and less pertinent in their state because of state-level insurance restrictions for substance use treatment.
- Very few participants suggested improvements for the MAT Access Peer-to-Peer Learning Collaborative sessions, such as a centralized location for resources.

## Recommendations

- We recommend continuing to offer the MAT Access Peer-to-Peer Learning Collaborative as it impacted attendees' learning and actions to alleviate stigma and barriers to MOUD access. Discussions around prescribing various MOUD and strategies to navigate insurance were consistently cited as useful and should be prioritized moving forward.
- Some interviewees mentioned that the sessions were more relevant to the work of clinical staff. We recommend including a target audience in the description of each session via email to explicitly engage the audience that would most benefit from the sessions. Alternatively, offering break-out groups that divide clinical staff and project directors into targeted sessions would ensure that information and support are relevant to attendees' needs.
- Due to differences in state policies, some content related to prescription practices was challenging for attendees to incorporate into their RCORP activities. Grouping attendees from regions with similar policies to exchange state-level resources and knowledge might address this barrier.
- Several interviewees suggested offering a shared, centralized system for resource distribution that attendees can always access. We recommend establishing a central platform for resources that would allow attendees to effectively implement the learnings from the MAT Access Peer-to-Peer Learning Collaborative on demand.

## BACKGROUND

In March and April 2023, technical assistance (TA) provider JBS International hosted two one-hour Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative sessions via videoconference. Attendance at the sessions is a requirement for MAT Access grantees. Facilitators distributed objectives before the sessions and asked attendees to come prepared to share their experiences, questions, and thoughts about those objectives. Facilitators asked attendees to bring one to three team members and highly encouraged participation from clinical providers involved in MAT services. See Table 1 for the discussion objectives from each session. The objectives of this evaluation included understanding what participants learned during the MAT Access Peer-to-Peer Collaborative sessions, implemented based on these learnings, and perceived as helpful and suggested for improvement.

**Table 1. Description of Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative Sessions**

Month	Session title	Session discussion points
March	Stigma (internal, external, and within the population being served)	<ul style="list-style-type: none"> <li>Challenges and strategies for overcoming stigma within Rural Communities Opioid Response Program (RCORP) programs and healthcare settings.</li> <li>Challenges and strategies for overcoming stigma related to the community and RCORP partners.</li> <li>Challenges and strategies for overcoming stigma within the patient population we serve.</li> <li>How do language, words, and images perpetuate stigma and impact the success of providing treatment for substance use disorder (SUD)/opioid use disorder (OUD)?</li> </ul>
April	Medications for opioid use and alcohol use disorder (AUD)	<ul style="list-style-type: none"> <li>Medication types: What types/formulations of medication are being prescribed or are planning to be prescribed in your program?</li> <li>Managing challenges and barriers: Discuss common challenges and barriers encountered in the clinical setting.</li> <li>Managing medications for OUD and AUD, and strategies to overcome them.</li> <li>Strategies for optimizing patient outcomes: Explore strategies such as individualized treatment plans, patient engagement, and ongoing support.</li> </ul>

## METHODS

### Data Sources and Measures

The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) emailed attendees an invitation to complete an online assessment of the MAT Access Peer-to-Peer Learning Collaborative at the end of the April 2023 session. Respondents rated the learning collaborative sessions’ usefulness and outcomes in the online assessment. In the open-ended assessment items, respondents offered their thoughts on what was most helpful and their suggestions for future sessions. Session facilitators from JBS International sent an email to encourage attendees to participate in the evaluation, and attendees received up to three emails reminding them to complete the assessment.

We contacted all attendees from the March session to participate in interviews. The RCORP-TA Evaluation team reminded participants up to three times about participation. Respondents could also volunteer to participate in interviews by providing their contact information in the April online assessment. The evaluators conducted interviews in April and May lasting 15 to 30 minutes. The interview questions focused on what participants learned in the sessions, how they implemented these learnings, and their satisfaction with the learning collaborative.

## Analysis

We compared the attendance lists for each session to determine the frequency of individual and grantee attendance for each session. We calculated frequencies and percentages for the online assessment data. Two analysts assessed the open-ended responses for themes. We performed a thematic analysis of the interview data. See the Technical Appendix for further details.

## FINDINGS

### Training Attendance

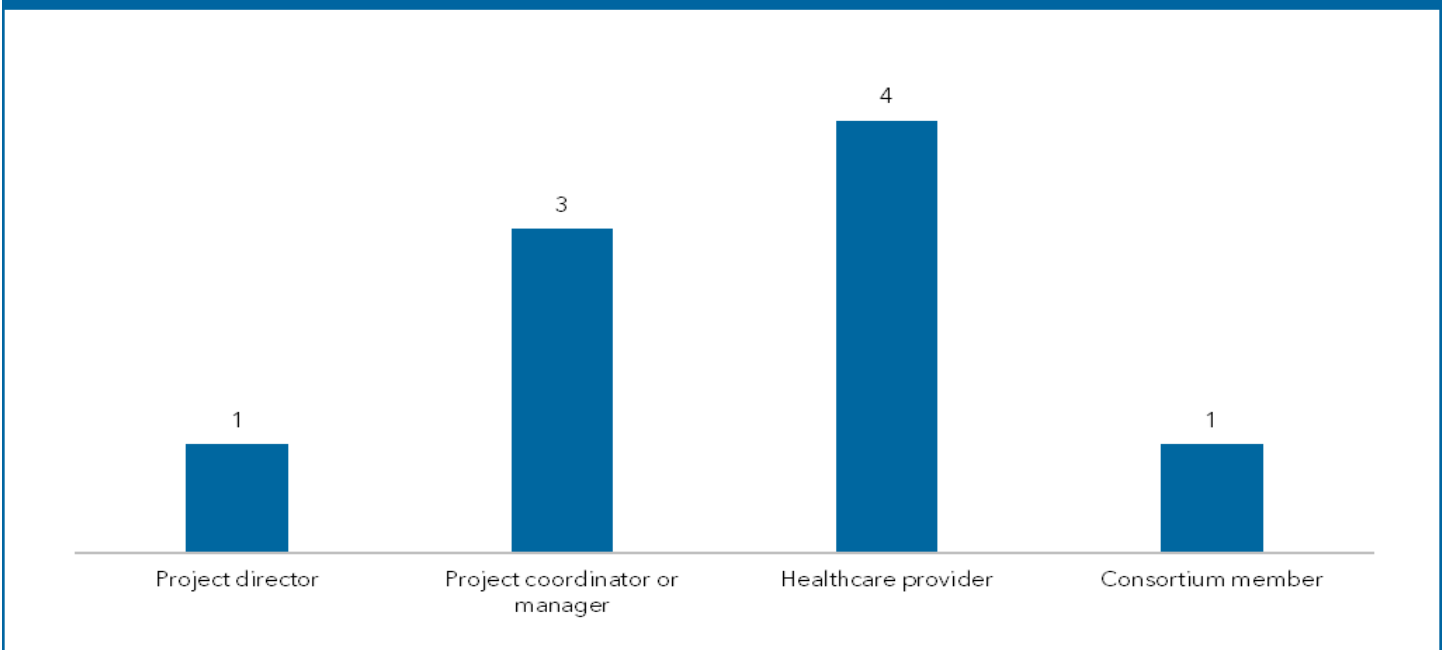
A total of 18 individuals attended at least 1 of the 2 MAT Access Peer-to-Peer Learning Collaborative sessions. Thirteen (72.2%) individuals attended the March session, and 15 (83.3%) participated in the April session; 10 (55.6%) attended both. Attendees represented 10 different MAT Access grantees in March and 9 in April. One MAT Access grantee attended neither session.

### Participants

#### Online Assessment Respondents

Nine (60.0%) individuals completed the online assessment after the April session. Figure 1 displays respondent roles, with nearly half (44.4%, n=4) reporting they were healthcare providers and one-third project coordinators/managers (33.3%, n=3).

Figure 1. Roles of Respondents Attending the Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative (April 2023, n=9)



We also asked assessment respondents to indicate if they provided MAT directly to individuals with OUD or AUD, and most did (88.9%, n=8).

### Interview Participants

Six attendees from six unique grantee organizations participated in semi-structured interviews. Each interviewee attended both the March and April sessions. The participants worked as directors (n=4, 66.7%) and providers (n=2, 33.3%).

### Learnings From the Peer-to-Peer Learning Collaborative

Interviewees described their learning from the MAT Access Peer-to-Peer Learning Collaborative sessions, including how to address stigma and barriers to accessing medication for opioid use disorder (MOUD) (Table 2). Several participants also mentioned learning about prescribing specific medications, comparing the usefulness of prescribing Suboxone and Sublocade for their patients.

**Table 2. Learnings from the Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative Sessions**

Theme	Illustrative quote
Learned about stigma or strategies to address stigma around opioid use disorder (OUD)	<i>"I think it was just good information to see what other people do [...] [to] help with [...] the stigma that goes along with that diagnosis and [...] help brainstorm what we can do here to make that better."</i>
Learned how to address barriers to access to medications for OUD	<i>"Sharing resources are things that I can take back to our project team to say, if you're having trouble getting someone approved for this medication, have you gone to the manufacturer to try to get them on a [...] program to get reduced?"</i>
Learned about prescribing and dosing medications for OUD	<i>"So one of the issues is getting [...] people from the emergency department bridged to outpatient treatment through an induction process [...] One of the things that I learned [...] is macro dosing so that you're able to facilitate that induction [...] without making your patient [...] feel too rough."</i>

## Implementation of Learnings after the Learning Collaborative

Interview participants thought that learnings from the event could change their RCORP activities in the future, and they shared learnings with their team and consortium members (Table 3). Two interviewees had plans to implement learnings as a result of the TA provided, including stigma training or monthly newsletters for consortium members. After the March session about stigma, participants decided to have more conversations with staff members to increase awareness of the stigma faced by patients living with OUD.

**Table 3. Implementation of Learnings from the Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative**

Theme	Illustrative quote
Implemented strategies to address stigma (eg, stigma training or monthly newsletters)	<i>"We're gonna do some stigma training. I have a webinar next week with a gal that teaches stigma [...] training for healthcare facilities [...] through the primary care association next week. So we'll schedule some time to [...] work with our executive team and then work on just simulating it down [to] administrative staff."</i>
Shared or planned to share what they learned with team or consortium members	<i>"I take the information a kernel of [...] knowledge or a pearl [...] of knowledge away from each session [...] that I can incorporate into my thought process or that I can [...] pass on to others or teach other people about."</i> <i>"I think it's a lot of information-sharing [...] It's sharing it with the project team and [...] all the members [...] of this grant [...] Then they'll have a different aspect of what they're learning [because] they're doing the clinical activities."</i>
Had new conversations with staff members around stigma to increase awareness around opioid use disorder (OUD)	<i>"Speak to colleagues about alternative dosing and [...] continuing our education efforts on the [...] medical model of addiction [...] with my colleagues who still have stigma around people [...] who use drugs."</i>
Thought learnings from this event could change RCORP activities in the future	<i>"I think as we get further into this grant [the learning collaborative sessions] have potential to kind of change what we're doing [...] For example, if someone has a really good evidence-based program or best practice, those are things that I would take back to the team."</i>

## Benefits of Attending the Learning Collaborative

Five respondents to the online assessment provided open-ended responses about what they found most helpful about the learning collaborative, including the resources shared and having discussions of experiences providing MAT. Interviewees also described benefitting from opportunities to share their experiences addressing OUD, networking, and sharing resources (Table 4). Many interviewees specifically mentioned the validation they experienced from hearing about other organizations facing and addressing similar barriers related to the stigma around OUD or accessing MOUD. Half of the interviewees discussed the benefits of the resources associated with navigating prior authorization, an insurance process where providers must obtain approval from a health plan for payment coverage of services, a key barrier to MOUD prescribing.

**Table 4. Benefits of Attending the Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative Sessions**

Theme	Illustrative quote
Felt validated to see how other organizations are facing or addressing similar barriers	<i>"It's nice to know that you're not the only one that's struggling with these issues. And then, [...] working with and seeing what other people have done, it doesn't mean that it's gonna work for you, but at least gives you a starting point sometimes."</i>
Had opportunities to share experiences addressing opioid use disorder (OUD)	<i>"Getting that out in the open [...] the stigma and [...] the bias and things like that sometimes that [...] maybe we're unaware of, or maybe things that we don't think of [...] but the patient might perceive."</i>
Increased knowledge and understanding in treating OUD	<i>"This is [...] what was most helpful. Someone said, be a tour guide for your patient. I'm walking alongside you. Where do you wanna go in your recovery journey? And I thought that was [...] key."</i>
Found the shared resources beneficial	<i>"I really appreciate just the collaboration and [...] the sharing of resources. The chat is my favorite because people are constantly dropping things in there, and even if it's something not for our state, I try to grab it, hold it, put it in a file."</i>

## Barriers and Facilitators to Implementing Learnings

Interviewees described many barriers to implementing learnings from the sessions (Table 5), including stigma and misperceptions around patients living with OUD among staff members and consortium members. Some participants mentioned that providers do not want to be known to provide MAT or perceived patients living with OUD as time-consuming or negatively impacting their productivity. Interviewees cited some challenges to implementing their learnings, including the presence of stigma of grantee organizations, and state-level differences in Medicaid limiting access to treatment.

**Table 5. Barriers to Implementing Learnings from the Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative Sessions**

Theme	Illustrative quote
Stigma around patients with opioid use disorder (OUD)	<i>"You can't make people be nice to people, unfortunately [...] I just hope that [...] we're [staff members] willing to come with an open mind and listen and [...] we can start breaking down those barriers."</i>
System- and policy-level barriers	<i>"Something that might work somewhere, we might have barriers for our state with [...] especially Medicaid [...] are different for every state. So I think that's the challenge [...] taking what you've learned and applying it to [...] your own program."</i>
Lack of capacity or resources to address OUD	<i>"Not enough time, that's for sure [...] The ability to translate what I hear to others and get them inspired about new information. I think that can be a barrier." "I get the same feeling [...] with substance use disorders and the treating [Medication-Assisted Treatment] as I did with [...] trying to implement [...] [a] social determinant health screening tool [...] because they don't have the in-house capacity to handle that."</i>
Barriers to accessing treatment	<i>"I mean, sometimes insurance can be pretty difficult to deal with [...] That's usually the primary reason why most of the [...] providers [...] have difficulty of implementing the new techniques and new tendencies with the medications." "If I'm just having a discovery with a patient on something and I don't have a resource [...] I don't have a social worker close by that I could hand some of this stuff off to [...] So kind of puts them [providers] at [...] caution of wanting to unearth [...] some of these things that they know present themselves."</i>
Limited buy-in among patients	<i>"We know patients don't do that [compliance with medical advice] anymore. They have to have that buy-in, they have to want to do it. They have to choose to do it [...] It's not just do what I say [...] this is what's [going to] help you and how do I make you understand that?"</i>

Interviewees shared what supported their implementation of learnings from the learning collaborative sessions, including the support from their administrative team and sharing patient success stories:

*"I think our [...] admin team is definitely on board. I think that our providers really want this to work and they want to treat."*

*"I think when staff start seeing the success stories [...] We have a few patients that we've delivered babies for and the stories that we tell out of that are just great [...] Those stories become more powerful and that alone will start making everybody, I think, want to help care for these patients."*



## Satisfaction with Learning Collaborative Sessions

All online assessment respondents in the April session strongly agreed (66.7%, n=6) or agreed (33.3%, n=3) that the information shared about the types of medications for OUD/AUD was useful, that meaningful discussion was encouraged during the learning collaborative, and that insights shared by other participants enhanced their learning.

Interview participants elaborated on their satisfaction with the sessions (Table 6). Multiple participants enjoyed the unstructured conversation format, which allowed them to share their experiences. One participant mentioned finding the sessions useful because the content was actionable, particularly on the system and policy level, and helpful for reframing the patient journey. Interview participants enjoyed that people spoke up during the sessions, in part because of the excellent facilitation. Interviewees liked the facilitation of these engaged and lively sessions and the email announcements with resources that the facilitator shared.

**Table 6. Areas of Satisfaction with Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative Sessions**

Theme	Illustrative quote
Liked the unstructured format	<i>"I really enjoyed just the [...] unstructured conversation of it sometimes where people are just sharing their experiences and what they're doing to address stigma."</i>
Liked the facilitation	<i>"I think [the facilitator] does a good job [...] I think we're all passionate [...] on that call, so it [...] it doesn't require a lot of facilitation."</i>
Found the session useful	<i>"All of us have work to do. So if we're gonna be investing time, we want it to be valuable and I find it to be so."</i>
Liked that attendees spoke up during the session	<i>"I feel like this is a really engaged group that we're working with and that's really helpful. And I love, there's not a lot of dead air [...] People jump on and talk and that just shows the dedication of the group."</i>

Some interviewees expressed dissatisfaction with some aspects of the training (Table 7). One participant mentioned that the information or resources shared by other attendees might not work in their own state due to policy restrictions. For instance, multiple interviewees mentioned how Medicaid coverage for substance use treatment differs by state.<sup>1</sup> Another participant felt overwhelmed by information due to attending multiple other TA activities, and others thought that the sessions were more relevant for clinical staff.

**Table 7. Areas of Dissatisfaction with Rural Communities Opioid Response Program (RCORP) Medication-Assisted Treatment (MAT) Access Peer-to-Peer Learning Collaborative Sessions**

Theme	Illustrative quote
Information was too general or not specific to their geographic location	<i>"We're all in different states, so [...] something that might work somewhere, we might have barriers for our state with [...] especially Medicaid [...] So I think that's the challenge is [...] taking what you've learned and applying it [...] to your own program."</i>
Sessions more relevant to clinical staff	<i>"So I kind of [...] listen to what they're saying, more clinical stuff, but some of that goes over my head, but I feel [...] where once my nurse practitioners get in there, that'll make sense to them."</i>
Information overload from taking part in several different learning collaboratives	<i>"It's kind of hard when you have multiple grants [...], you're sitting in a lot of learning collaboratives [...] So I think, I don't know if it's overload of how much information and different resources that we give [our consortium members]."</i>

### Suggested Improvements to TA Sessions

Both interviewees and assessment respondents had few suggestions for improvements to the MAT Access Peer-to-Peer Learning Collaborative sessions and enjoyed them as they were. Several interview participants suggested the facilitators share resources with attendees in a worksheet or email before and after the sessions:

*"Just making that resource toolkit, just popping them in a little folder to say, Hey, [...] if this becomes a barrier in the future, we already [...] know some things we can do about it based on what we've learned in these learning collaboratives."*

## DISCUSSION AND RECOMMENDATIONS

### Discussion

The findings from this evaluation of the RCORP MAT Access Peer-to-Peer Learning Collaborative sessions provide insights into the attendance, learnings, benefits, and implementation of knowledge gained from the sessions. Repeat attendance for the learning collaborative sessions was high, with over half of the 18 individuals attending both the March and April sessions. The participation of individuals representing 10 of the 11 MAT Access grantees and diverse project roles enhanced the collaborative learning experience and the knowledge exchange between individuals with different experiences and responsibilities within their RCORP projects.

Interviewees specifically reported learning strategies to address stigma, knowledge about prescribing MOUD, and ways to address barriers to treatment access. Similarly, assessment respondents agreed that information shared about the types of medications for OUD/AUD was useful. Interview participants thought that learnings from the event could potentially change the implementation of their RCORP activities in the future. Participants shared their learnings with team and consortium members. At the time of the interviews, some participants had already initiated plans for stigma training or monthly newsletters to enhance awareness around OUD.

Additionally, interview participants discussed benefitting from the learning collaborative sessions in several ways. Participants valued the opportunities to learn from other organizations' experiences, network, access resources, and engage in open discussions around OUD-related stigma. A previous WWAMI RHRC report showed that grantees requested more technical assistance focused on addressing stigma, which has been effectively prioritized in the provided technical assistance.<sup>2</sup> Attendees also felt validated in seeing how other organizations faced or addressed similar barriers to treating OUD and appreciated the platform to share resources and experiences in addressing OUD, which has been described in previous WWAMI RHRC reports.<sup>3,4</sup>

Several barriers to implementing learnings were identified. The stigma surrounding patients with OUD among clinical staff and consortium members posed a significant challenge. In a previous WWAMI RHRC report, we found that RCORP grantees reported stigma as one of the top three barriers they face in their work.<sup>2</sup> Another prior WWAMI RHRC report found that individual TA more frequently covers stigma than group TA.<sup>5</sup> Based on the reports of interviewees, the March session on stigma appeared to provide a meaningful opportunity to engage with their peers in a meaningful way to discuss stigma. System- and policy-level barriers, such as insurance-related challenges and state-specific restrictions, also provided challenges to implementing learnings. Thus, interviewees also particularly appreciated the resources provided to navigate required prior insurance authorization for coverage of services, a common barrier faced in prescribing MOUD.<sup>6</sup> In addition, actors such as organizational support and patient success stories were identified as facilitators to incorporate learnings in attendees' RCORP work.

The satisfaction ratings for the learning collaborative sessions were high, indicating that the sessions met participants' expectations. The facilitation of the sessions was perceived as effective, with facilitators providing guidance and an unstructured conversation format to share insights about treating OUD among attendees. Most respondents and interviewees had few recommendations for improving the MAT Access Peer-to-Peer Learning Collaborative sessions. Some interview participants did mention that the sessions' content was less relevant to their project role or geographic area.

## **Limitations**

Interviewees' views may not represent the views of all attendees because they had more active engagement with sessions than other attendees. Similarly, there is potential for bias in the online assessment results if the non-respondents differed in their views from the respondents. The evaluation only includes an online assessment from April, so there are no comparable data for the March session.

## **Recommendations**

We recommend continuing to offer MAT Access Peer-to-Peer Learning Collaborative sessions, as they helped attendees' work toward understanding and alleviating stigma and barriers to MOUD access. We recommend prioritizing discussions around prescribing various MOUD and strategies to navigate insurance.

## **Targeted Support**

Some interviewees mentioned that the sessions were more relevant to the work of clinical staff. We recommend including a target audience in the description of each session to explicitly invite an audience that would most benefit from the sessions. Alternatively, offering break-out groups that divide clinical staff and directors into targeted sessions would ensure that information and support are relevant to the attendees' needs. Offering attendees with similar project roles and skill sets the opportunity to connect within a session could also increase engagement and learning.

We recommend grouping attendees at the sessions from similar geographic regions between sessions to exchange state-level resources and knowledge that might address the challenge of providing relevant state-specific information to grantees around substance use treatment.

## **Sustained Collaboration**

Based on interviewees' suggestions and similar to recommendations from a past WWAMI RHRC evaluation of TA, we recommend offering a shared and centralized system for resource distribution that attendees can access before and after sessions.<sup>3</sup> A platform for resources would allow attendees to access resources on demand to effectively implement the learnings from the MAT Access Peer-to-Peer Learning Collaborative. Platforms or networks need to be established to facilitate sharing of success stories, strategies, and resources.

# **TECHNICAL APPENDIX**

## **Qualitative Methods**

All qualitative interviews were professionally transcribed and then analyzed using thematic analysis. One analyst reviewed all transcripts to develop an initial codebook. We further developed this working codebook by summarizing individual text segments into codes that we added to the codebook. Two researchers independently analyzed three transcripts using the initial codebook and discussed inconsistencies until reaching consensus. The lead analyst revised the codebook, applied the final coding scheme to all transcripts, and organized the codes into a hierarchy of themes.

## REFERENCES

1. Grogan CM, Andrews C, Abraham A, et al. Survey highlights differences in Medicaid coverage for substance use treatment and opioid use disorder medications. *Health Aff Proj Hope*. 2016;35(12):2289-2296. doi:10.1377/hlthaff.2016.0623
2. Burchim SE, Patterson DG, Andrilla CHA. *RCORP Grantees' Sustained Challenges, Technical Assistance Needs, and Technical Assistance Provided: A Review of the September 2022 Request for Information*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; April 2023.
3. Dunn JA, Keppel GA, Burchim SE, Miller SG, Patterson DG, Andrilla CHA. *An Evaluation of the Data Learning Collaborative for RCORP Grantees: November 2022 – February 2023*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; June 2023.
4. Andrilla CHA, Miller SG, Burchim SE, Keppel GA, Patterson DG. *An Assessment of the RCORP Kentucky Implementation II and III Grantees Regional Site Visit, February 28, 2023 – March 1, 2023*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; May 2023.
5. Burchim SE, Andrilla CHA, Patterson DG. *The RCORP-TA Response to RCORP Grantees' Challenges and Needs: A Review of the March 2022 Request for Information and Subsequent Technical Assistance*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; December 2022.
6. Andraka-Christou B, Golan O, Totaram R, et al. Prior authorization restrictions on medications for opioid use disorder: trends in state laws from 2005 to 2019. *Ann Med*. 2023;55(1):514-520.

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