

An Evaluation of the RCORP-TA Activity

“Office Hours With Dr. C,” June 2022 – May 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the “Office Hours with Dr. C” technical assistance (TA) sessions that were held through the Rural Communities Opioid Response Program (RCORP) for RCORP grantees and facilitated by RCORP-TA provider JBS International. During “Office Hours with Dr. C,” participants discussed medications for opioid use disorder (MOUD) and other topics with a physician expert. To understand the impacts of these sessions on grantees, the RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) analyzed attendance data for the sessions held from June 2022 to May 2023 and collected and analyzed data from interviews held from November 2022 to May 2023.

Key Findings

- Forty-four individuals attended 1 or more of the 22 Office Hours sessions from June 2022 to May 2023, though most individuals attended more than once (56.8%, n=25). The number of participants at each session ranged from 2 to 9, with an average of 5.2 participants. Participants represented 30 grantee consortia (6.4% of 468 total grantee consortia). Participants most often attended because they wanted to learn from an expert or from peers.
- Participants reported that Office Hours fostered in-depth discussion and allowed them to pose specific questions about their RCORP projects to Dr. C (the physician expert and primary TA provider), who shared best practices and resources to support participants’ RCORP work. Office Hours topics ranged from system-, to program-, to individual-level issues. Grantees also appreciated the time to learn and receive advice from each other.
- After attending Office Hours, participants shared what they had learned with others in their organizations and consortia, and they sought more information about session topics. Participants also modified their RCORP projects based on what they had learned, eg, by using information obtained during Office Hours as they implemented a new treatment method at their organization.
- Participants frequently expressed appreciation for Dr. C and for a JBS RCORP-TA Technical Expert Lead (TEL) who served as a secondary TA provider. Participants appreciated Dr. C’s expertise and supportiveness, as well as being able to drop in to the sessions, having preset discussion topics at some sessions, and having ample time for discussion.
- A few participants made suggestions for improvement (eg, more preset topics for discussion or polls to elicit participation), primarily to address situations in which participants had less to share or less in common with each other. Participants also suggested that topics be shared before sessions to help them decide whether to participate and to help them generate questions to ask during sessions.

Recommendations

- Given the low attendance for these sessions, we recommend data collection to assess what percentage of RCORP grantees who offer MOUD services are aware of Office Hours with Dr. C and their reasons for attending or not. If Office Hours with Dr. C continues, TA leaders could expand and target outreach to attract more participants to this activity.
- All future sessions of Office Hours should include preset topics. Prior to sessions, the TA provider should solicit topics from grantees, asking them what they would like to discuss with an MOUD physician expert, to ensure that sessions will meet their needs. Once a topic is chosen for a given session, it should be shared with grantees in advance of the session. Data collection also should assess whether sharing preset topics is related to attendance numbers.

BACKGROUND

“Office Hours with Dr. C” sessions began in 2020 and have continued through May 2023. The primary technical assistance (TA) provider, Dr. Melinda Campopiano von Klimo (“Dr. C”), is a family physician with expertise in medications for opioid use disorder (MOUD) who has directed federal programming and policy implementation for opioid treatment programs. A secondary TA provider is a JBS International Technical Expert Lead (TEL) with a background in counseling and management of state MOUD projects. Office Hours sessions have included discussion of specific topics but primarily have been open-ended and designed to address Rural Communities Opioid Response Program (RCORP) participants’ questions. JBS invited RCORP grantees, consortium members, and any other affiliated groups working with MOUD services to attend. The one-hour sessions have been held approximately twice per month. This report assesses the impact of these sessions on RCORP grantees and offers recommendations for improvement.

METHODS

Data Sources

The WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation Team conducted six semi-structured interviews with attendees of Office Hours with Dr. C in the fall of 2022 and spring of 2023. Interviews lasted approximately 15 to 30 minutes, addressing what interviewees took away from the sessions, what action they planned to take based on their takeaways, and what they thought about the sessions’ facilitation and format. In addition, JBS International RCORP-TA provided records of session attendance.

Analysis

We calculated frequencies and percentages for attendance data. We performed a thematic analysis of the interview data, developing a set of codes to summarize and interpret text segments, and organizing codes into themes. (For details, see the Technical Appendix.)

FINDINGS

We present quantitative findings on training attendance, followed by qualitative findings from interviews.

Training Attendance

There were 22 sessions of Office Hours with Dr. C from June 2022 to May 2023. Forty-four unique individuals attended, representing 30 grantee consortia (6.4% of 468 grantee consortia). Just over half of attendees (56.8%, n=25) came to more than 1 session; 19 individuals (43.2%) attended only 1. The number of individuals per grantee consortium attending any individual session ranged from 1 to 4. The number of attendees at each session ranged from 2 to 9, with an average of 5.2 and a median of 6.

Attendees were from the Behavioral Health Support, Implementation (II, III, and IV), Medication Assisted Treatment Access (MAT-A), Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support (I and II) cohorts. Implementation I and MAT-Expansion (MAT-E) cohorts were not represented.

Interview Participants

The six interviewees, who included program managers and healthcare practitioners, were from Implementation (II, III, and IV), MAT-A, and NAS cohorts; two interviewees were from consortia receiving multiple RCORP grants. There were no interviewees from the Behavioral Health Support or Psychostimulant Support cohorts. All interviewees attended Office Hours more than once.

Why Interviewees Attended

Interviewees said most often that they attended sessions to learn from an MOUD expert or from peers. Other reasons included thinking they were required to attend, wanting to know what sessions were about, wishing to attend more sessions because their grant project had recently started, and wanting to know whether their project was going in the right direction.

“I feel that we have really high-quality, top experts and that really motivates me to sign up and show up for those sessions.” – Implementation II Grantee

“I think that this is always an opportunity to get some insight on what’s going on around the country. And I don’t feel like I’m in a vacuum.” – Implementation II Grantee

What Interviewees Took Away from the Sessions

Interviewees reported several key takeaways from attending Office Hours (Table 1). Interviewees reported learning from Dr. C about best practices for MOUD, having in-depth conversations in which they shared specific issues they were facing and got feedback, and receiving resources on a variety of topics. Participants learned about session topics that ranged from system- and program-level issues, such as the national fentanyl supply or how to run a MAT program in a jail, to individual-level issues, such as discussion of a specific patient case. Participants also appreciated learning about emerging issues like the spread of xylazine. Further, interviewees shared advice and learned from each other about variations in RCORP program implementation across geography and stages of project execution, they appreciated the opportunity to help each other in the sessions, and they experienced validation about their RCORP work.

Table 1. What Interviewees Took Away from the RCORP-TA Activity “Office Hours With Dr. C” (November 2022 - May 2023)

Themes	Illustrative quotes
Learned from technical assistance (TA) provider about best practices	<p><i>“We are planning a [Medication Assisted Treatment] program ... and ... [Dr. C shared suggestions] ... that I never thought about: specific lab work that we would need to order and the cost of that.”</i></p> <p>–Implementation II Grantee</p>
Asked questions and got feedback on specific situations from Dr. C and other participants	<p><i>“[In the session, I can] throw some situations [from my Rural Communities Opioid Response Program (RCORP) project work] into the mix to see how to maybe respond or [learn] did I respond in an effective way.”</i></p> <p>–Implementation II Grantee</p>
Received resources	<p><i>“[The Technical Expert Lead (TEL)] always shares resources and sent some things after the meeting – just information for us to follow up on.”</i></p> <p>–Multi-Cohort Grantee</p>
Learned about system-, program-, and individual-level issues	<p><i>“I think that we have had pretty diverse topics to discuss ... So it might be macro-level, like financing program development, ... all the way to, ‘I have this client ... [and] they decline to do a urine ... test, and how do I ... [address] that?’”</i></p> <p>–Implementation II Grantee</p>
Learned about emerging issues relevant to RCORP work	<p><i>“[The TEL] gave us the amended rules [for prescribing buprenorphine] ... the most updated information.”</i></p> <p>–Implementation II Grantee</p>
Learned from other participants, including learning about variations in RCORP implementation around the country or in different stages of RCORP work	<p><i>“This [TA] is always an opportunity to get some insight on what’s going on around the country.”</i></p> <p>–Implementation II Grantee</p> <p><i>“I think when ... [Dr. C] opens it up for questions and all the grantees are in different areas or stages of a grant ... I’m thinking, ‘Oh, they’re about done [with their grant], and they’ve talked about this and this. So that’s something I can think about.”</i></p> <p>–Multi-Cohort Grantee</p>
Felt fulfilled helping other participants by sharing information in the session	<p><i>“There are times I am able to help my colleagues if they are having a dilemma by sharing information with them, I feel like [the session] gives me the ability to help them ... which is very fulfilling.”</i></p> <p>–Implementation II Grantee</p>
Felt validated about their RCORP project efforts	<p><i>“I think mostly what she [Dr. C] says pretty frequently is ... ‘This is hard work.’ And I think because she validates for people how difficult things are, I think it makes you feel a little bit more like the work you’re doing is worthwhile.”</i></p> <p>–Multi-Cohort Grantee</p>

How Interviewees Used or Planned to Use What They Took Away from the Sessions

After attending the sessions, interviewees used, or planned to use, what they had learned (Table 2). They planned to share, or had already shared, resources and information with others in their organization or consortium. A few opted to do more research on a topic that had been introduced in the session or sought the advice of experts on a session topic, both to educate themselves and to support their organizations and consortia. Interviewees used what they learned to modify their RCORP projects, for example, by using information from Office Hours as they implemented a new treatment modality at their organization.

Table 2. How Interviewees Used or Planned to Use What They Took Away from the RCORP-TA Activity "Office Hours With Dr. C" (November 2022 – May 2023)

Themes	Illustrative quotes
Sharing resources and information within their organization or with their consortium	<p><i>"I brought it back to the staff and our provider ... 'This was a suggestion on one of the calls and I think we could utilize it here.'"</i> –Multi-Cohort Grantee</p> <p><i>"We do have a gal who is helping in the consortium in our area. I'll forward [resources] to her."</i> –Multi-Cohort Grantee</p>
Seeking out additional information about a session topic	<p><i>"There may be a topic that may come up during the session with Dr. C and our team. And then I may bring or find an expert in our area to have that same discussion. ... After we discussed it in this setting, I was able to find an expert locally to have a discussion regarding fentanyl with our consortium sites."</i> –Implementation II Grantee</p>
Modifying their Rural Communities Opioid Response Program (RCORP) project	<p><i>"[Dr. C] did send me a bunch of articles [on implementing a specific treatment modality] ... So, I used those to bring that into practice at the treatment center."</i> –Implementation II Grantee</p>

What Interviewees Appreciated about the Facilitation and Format of Office Hours With Dr. C

Interviewees' comments on the session facilitation and format were largely positive (Table 3). Interviewees repeatedly said that Dr. C had the expertise and facilitation skills to create meaningful discussion; positive comments about Dr. C and the JBS TEL were the single most common topic of interviews. Interviewees also appreciated aspects of the session format, including that sessions allowed participants to drop in as needed, had preset topics at some sessions, and allowed discussion, with content flowing from attendees' questions and needs.

Table 3. What Interviewees Appreciated about the Facilitation and Format of the RCORP-TA Activity "Office Hours With Dr. C" (November 2022 – May 2023)

Themes	Illustrative quotes
Appreciated Dr. C's expertise	<i>"[I liked] just having the opportunity to have access to an expert in the area."</i> –Implementation II Grantee
Found Dr. C to be personable	<i>"[Dr. C] is just down to earth, makes things easy to understand, ... is always willing to make sure everybody's been heard."</i> –Multi-Cohort Grantee
	<i>"I liked how personable Dr. C was and how easy she was to talk to."</i> –Implementation II Grantee
Saw Dr. C as supportive and encouraging	<i>"Dr. C tries to get more folks to really get involved and to share their concerns and have conversations."</i> –Implementation II Grantee
Appreciated being able to drop in	<i>"I like that ... [the session is] a drop-in, when you can leave if you need to."</i> –Implementation II Grantee
Appreciated preset session topics, when available	<i>"[Dr. C and the JBS Technical Expert Lead (TEL)] usually have topics."</i> –Planning III Grantee
Appreciated having time for discussion	<i>"[Dr. C and the JBS TEL] leave it very open to us to kind of discuss things."</i> –Implementation I Grantee

Suggestions for Improving Office Hours Sessions

Interviewees' suggestions for improvement largely focused on ways to elicit engagement when participants had less to share or had less in common with each other. Suggestions were as follows (with numbers of individuals making the suggestions in parentheses):

- Always have preset session topics and announce topics before sessions (two individuals). Such announcements could help individuals decide whether to attend or how to focus their questions beforehand.
- Have more didactic sessions that could address "most recent research findings, literature, best practices, or cases" (one individual). Such sessions could be useful when participants do not have much to share.

- Hold sessions for groups with shared characteristics (eg, geography, profession, or stage in their RCORP projects' implementation), if enough participants attend to allow this (one individual). Sometimes the diversity of participants, especially in terms of how far along participants were in their projects, made it hard to find common ground for discussion.
- Use online polls or whiteboards to elicit participation from attendees (one individual).
- Ask attendees to use their video (one individual).

DISCUSSION AND RECOMMENDATIONS

Discussion

Participants reported learning from Office Hours with Dr. C sessions and changing their RCORP projects on the basis of what they learned, and they provided positive feedback about the sessions' format and facilitation. Further, more than half of those who attended returned to additional sessions between June 2022 and May 2023. These findings suggest that the TA has value for those who attended. However, attendance was low relative to other types of TA,^{1,2} which suggests that data collection should assess reasons for low participation and determine if there are ways to boost engagement.

Participants reported several takeaways from the sessions and modifying their RCORP projects based on those takeaways. Takeaways included getting to ask questions specific to their own RCORP programming and having in-depth conversations with Dr. C; receiving resources; and learning about a wide variety of system-, program-, and individual-level topics. Participants also appreciated that the sessions provided space to learn from each other. After the sessions, participants reported implementing what they learned by sharing information within their organizations and with their consortia, seeking additional information on topics discussed during Office Hours, and modifying their RCORP programming based on what they had learned.

Participants provided primarily positive feedback about the sessions' format and facilitation, though they also offered suggestions for improvement. Participants appreciated the TA provider and that the sessions offered some preset topics while allowing room for discussion. Suggestions for improvement included ideas about how to elicit discussion from attendees, such as polls during the session. Suggestions also included proposals to share topics before sessions to help individuals decide whether to participate and to give them an opportunity to generate questions they might ask during sessions.

Though Office Hours with Dr. C served a lower number of attendees than other RCORP-TA activities, it may have been valuable to attendees because of the type of interaction it fostered. Participants reported that Office Hours allowed in-depth participation with a physician expert, as well as the chance to ask questions specific to participants' own RCORP projects. The activity's intensive interaction perhaps made it more tailored to participants' experience than other TA activities and therefore unique among the types of online, group TA offered to participants. Office Hours' ability to motivate and support in-depth conversation may make its value more like that of in-person site visits, which offer opportunities to connect and interact in depth. Prior evaluation by the WWAMI RHRC found that participants value opportunities to connect and interact intensively in ways typically available at in-person TA activities,³ and TA literature finds that in-depth, intensive interaction is part of effective TA programs.⁴ If Office Hours with Dr. C fosters interaction that approaches the depth that an in-person event allows, it may be an economical way to deliver an important kind of effective TA. In addition, Office Hours with Dr. C also may be valuable to retain as a TA activity in part because it appears to allow participants to connect with and learn from each other, which RCORP-TA participants have reported appreciating.^{2,3}

Limitations

The opinions of those who completed qualitative interviews may not represent the views of all who attended Office Hours with Dr. C, especially given that all interviewees attended multiple sessions.

Recommendations

We recommend data collection to assess what percentage of RCORP grantees who offer MOUD services know about Office Hours with Dr. C, and their reasons for attending or not. Following data collection about grantees' knowledge of Office Hours with Dr. C, we recommend expanding outreach as appropriate to increase participation in this TA activity.

We recommend that Office Hours sessions always have a preset topic and that JBS RCORP-TA notifies grantees in advance about discussion topics. The TA provider should solicit participants' input about what session topics they would like an MOUD physician expert's advice on and use that information to tailor topics to grantees' needs. Data collection also should assess whether use of preset topics relates to attendance.

TECHNICAL APPENDIX

All interviews were audiorecorded and professionally transcribed. One analyst reviewed all transcripts to develop an initial codebook. The analyst assigned a code (a word or short phrase) to segments of text to summarize or interpret them. The analyst grouped codes into themes, or key features of the data, with one or more codes describing an aspect of each theme. Next, a second analyst coded a subset of transcripts using the initial codebook and noted where changes to the coding scheme could ensure that the analysis provided a consistent representation of data. Analysis team members then discussed cases in which there was disagreement and resolved them to ensure consistency and consensus. Finally, one analyst applied the final coding scheme to all the transcripts.

REFERENCES

1. Dunn JA, Woolcock SC, Miller SG, Keppel GA, Patterson DG, Andrilla CHA. *Evaluation of the Medication-Assisted Treatment Learning Collaborative for RCORP Grantees, March – April 2023*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; August 2023.
2. 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.
3. 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.
4. Baumgartner S, Cohen A, Meckstroth A. *Providing TA to Local Programs and Communities: Lessons from a Scan of Initiatives Offering TA to Human Services Programs*. Report. Mathematica Policy Research; January 2018.

AUTHORS

S.G. Miller, PhD, WWAMI Rural Health Research Center, University of Washington

Gina A. Keppel, MPH, WWAMI Rural Health Research Center, University of Washington

Julia A. Dunn, MSc, WWAMI Rural Health Research Center, University of Washington

Davis G. Patterson, PhD, WWAMI Rural Health Research Center, University of Washington

C. Holly A. Andrilla, MS, WWAMI Rural Health Research Center, University of Washington

FUNDING

This report was supported by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$12,672,053 with zero percent financed through non-governmental sources. The views expressed are those of the authors and do not necessarily represent the official views of, or an endorsement by, HRSA, HHS, or the U.S. Government.

SUGGESTED CITATION

Miller SG, Keppel GA, Dunn JA, Patterson DG, Andrilla CHA. *An Evaluation of the RCORP-TA Activity “Office Hours With Dr. C,” June 2022 – May 2023*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; August 2023.

University of Washington • School of Medicine
Box 354982 • Seattle WA 98195-4982
phone: (206) 685-0402 • fax: (206) 616-4768
<https://familymedicine.uw.edu/rhrc/>