

Increasing Knowledge of Opioid Use Disorder (OUD) and Medication-Assisted Therapy (MAT) for Advance Practice Registered Nurses in Georgia

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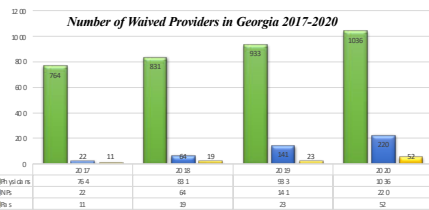
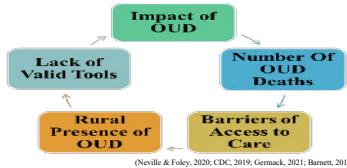
Purpose

- ❑ To increase the knowledge of OUD treatment for APRNs in Georgia
- ❑ To increase the interest of APRNs in treating OUD

Background & Significance

- The U.S. has 4% of the world's population, but 27% of the world's drug overdose mortality rates
- Overdoses have increased by 120% since 2010
- Claims 128 lives daily
- Costs \$2 trillion dollars from 2015-2018
- 10 million admit to misuse of opioids
- U.S. consumes 6x the number of opioids

Summary of Evidence



Data provided by Diversion Control Division database of the U.S. Drug Enforcement Administration (DEA, n.d.).

Clinical Questions/Study Aims

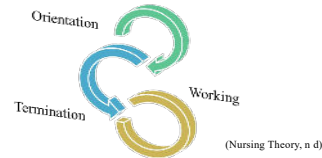
- Will an online OUD and MAT training module increase APRNs' knowledge of OUD and Medication-Assisted Treatment (MAT)?
- Will an online OUD and MAT training module increase the desire of APRNs to treat OUD?
- Will an online OUD and MAT training module increase the desire of APRNs practicing in rural areas to treat OUD?
- Will an online OUD and MAT training module increase the desire of board-certified primary care/family practice nurse practitioners to treat OUD?
- Will APRNs DEA-waiver status be correlated to years of professional experience with OUD?
- Are APRNs with personal or professional experience with OUD more likely to be interested in treating OUD?

Theoretical Framework

Hildegard Peplau's Interpersonal Relations Theory

Three phrases:

- Orientation**-The APRN establishes a trusting relationship with the patient based on the patient's needs and the ability of the APRN to meet those needs
- Working**-The proficiently trained APRN encourages the patient to be an active participant in the plan of care
- Termination**-The trained APRN leads the patient through the plan of care and helps establish new normalcy and a better self-management care model



Methods/Materials/Study Design

Study Design: Descriptive, Pre/Posttest design
Instruments: Researcher-developed Demographic survey, CDC-developed online training module for OUD, CDC-developed pretest and posttest for OUD, Researcher-developed Completion Survey
Data Analysis: Dependent sample paired *t*-tests, Independent *t*-tests, Pearson's correlation, and Chi-square analysis

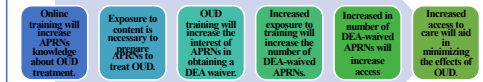
Results

Years of Practice <i>M</i> = 10.30 years	Board Certification 61.8% NP	Certification Specialty 40.4% Family	Community Setting 58.4% rural
DEA authorization 55.1%	DEA waiver status 9%	Experience with OUD 56.2%	Years of Experience <i>M</i> = 1.5 years
Pre-Module Interest <i>M</i> = 3.46	Pretest Score <i>M</i> = 187.1	Posttest Score <i>M</i> = 2.15	Post-Module Interest <i>M</i> = 4.45

N = 89

- Participants showed an increase in knowledge from pretest ($M = 187.1, SD = 35.6$) to posttest scores ($M = 215.0, SD = 2.07$) ($t(75) = 5.78, p < .001$ after completing the training module.
- Participants' interest in treating OUD did show an increase from pre-module ($M = 3.5, SD = 1.9$) to post-module ($M = 4.5, SD = 1.8$) ($t(75) = 3.33, p = .001$ after completing the training module.
- There was no statistically significant difference between pre-module interest and post-module interest in rural APRNs, but there was statistically significant pre-module interest ($M = 3.71, SD = 1.92$) and post-module interest ($M = 4.47, SD = 1.85$) ($t(75) = 2.09, p < .05$ for Family Practice NPs).
- There was a significant correlation ($r = .341, p = .001$) between years of professional experience with OUD and DEA-waiver status. Participants who reported having more years of professional practice with OUD were more likely to be DEA waived.
- Those with experience, 17.9% had a DEA waiver and 41% did not. Of those without experience, only 2.1% had a DEA waiver while 59% did not.
- There was no statistically significant difference in post-module DEA waiver interest between those with experience with OUD and those without experience.

Implications for Practice



Recommendations for Future Research

- Causes of lower post-module interest in APRNs in rural practice
- Reasons for lower post-module interest practicing APRNs who have personal or professional experience with OUD
- Prevalence of stigma, bias, or prejudice with OUD in APRNs in Georgia
- Effects of restrictive practice versus full practice regulations on the interest of APRNs in OUD management

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Acknowledgements

Many thanks to my DNP committee members: Dr. Jennifer Goldsberry, Dr. Gail Godwin, & Dr. Sallie Coke and the faculty of GCSU