U.S. Department of Veterans Affairs
Veterans Health Administration
*Office of Rural Health*
***March 2025***

# ORH PROJECT OVERVIEW

# Rural Substance Use Disorder Treatment

## Background

Substance use disorder (SUD) is a mental health condition that significantly complicates clinical management of other mental health disorders and increases the risk of mortality.[1,2] While advancements in care such as medically assisted treatments (MAT) have improved clinical outcomes, it is unclear how effectively these treatments are delivered in rural areas.

Medications for opioid use disorder (MOUD) are a form of MAT that can significantly impact mortality of SUD patients. Between 2003 and 2017, Veterans treated with MOUD (receipt of methadone, buprenorphine, or naltrexone) saw a substantial reduction in suicide mortality as well external causes of mortality and all-cause mortality.[3] Patients with post-traumatic stress disorder (PTSD) have a high prevalence of SUD and those receiving MOUD for 60 days were significantly less likely to die from external causes overdose or suicide.[4] Understanding the variation in MOUD delivery is key to optimizing this critical mental health intervention for rural Veterans enrolled for care from the Department of Veterans Affairs (VA) Veterans Health Administration (VHA).

## Goals and Objectives

Given the tremendous clinical impact of appropriate medical treatments for SUD, an analysis of current practices, and the effects of rurality on those practices, was undertaken. The VHA Office of Rural Health (ORH) Veterans Rural Health Resource Center-White River Junction project, *Rural Substance Use Disorder Treatment*, was initiated to better understand the reasons for variations in care. Regional treatment practices were explored as well as barriers and/or facilitators to clinical implementation that may exist in rural areas. Mapping the processes of SUD care delivery and evaluating outcomes allowed for the development of best practices that can be piloted in future studies for process improvement and spread.

1. Variation in SUD treatments across the VA was explored to determine if significant differences exist between rural and urban settings.
2. Best practices that result in improved treatment adherence and outcomes were identified.
3. Various approaches to SUD treatment adopted across VA and evaluate the impacts of these approaches on clinical outcomes was assessed.

## Methodology

With an understanding of how rurality and resource availability impact clinical approaches, best practices can be identified and that optimize care in rural and urban settings. This work aimed to develop a better understanding of VA SUD treatment, access to, and quality of care in rural areas. Mapping the processes of SUD care delivery and evaluating outcomes can allow the development of best practices to be piloted in future studies for process improvement and spread of informed practices.

Detailed information from SUD clinics across the VA about their process, focusing on differences between rural and urban clinics was collected. Many urban clinics serve subpopulations of rural veterans, and any process modifications employed to treat those rural veterans was identified.

SUD treatment clinics across the VA represent a wide array of clinical microsystems composed of staff with variable clinical disciplines, resources, and training. Moreover, the patient populations they serve are heterogeneous with respect to demographics, comorbidities, and community resources. The interaction of these factors will likely promote tailored approaches to SUD at individual clinics. Thus, various models of care impact patient outcomes, such as SUD treatment compliance and other measure of care quality were explored.

## Impact on Rural Veteran Health

VA expends considerable resources on treatment for opioid use disorder, and there is considerable impact to public health and safety.

- To explore this area further, a cohort that includes all Veterans diagnosed with opioid use disorder over the past ten years was identified.
- There is extreme variability in the opioid use disorder services provided when observed when comparing various VAMCs, including dosing of OUD medications used, mental health and substance use related clinic visits, and use of laboratory test (most notably use of urine toxicology).

## Key Takeaways

Substance use disorder (SUD) is a mental health condition that significantly complicates clinical management of other mental health disorders and increases the risk of mortality. While advancements in care such as medication assisted therapies (MAT) have improved clinical outcomes, exploration of how effectively these treatments are delivered in rural areas continues.

## Key Takeaways *(continued)*

- Requirements for in-person delivery and management of MAT may create barriers for geographically isolated patients.
- Additionally, federal guidelines for buprenorphine prescribing have been revised recently to reduce the training burden on providers, potentially increasing provider participation at some clinics.
- The prescription of methadone requires direct patient-provider contact for drug delivery, which may be a barrier to patient compliance with the SUD treatment. Individual clinics may have adopted novel approaches to engage patients and incentivize continued participation in the program.

## References


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*Funding Acknowledgement:* Department of Veterans Affairs, Veterans Health Administration, Office of Rural Health, NOMAD #PROJFY-009800.

*Suggested Citation:* Watts, B.V. (2025). *Rural Substance Use Disorder Treatment*. Department of Veterans Affairs, Veterans Health Administration. Washington, DC: Office of Rural Health.