URBAN AND RURAL PRACTICE UTILIZATION OF EVIDENCED BASED PRACTICES FOR SUBSTANCE USE AND MENTAL HEALTH DISORDERS IN WASHINGTON STATE

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Purpose/Aims: The primary aim of the investigation was to assess for differences in Evidence Based Practice (EBP) utilization between rural and urban mental health and substance abuse prevention provider agencies in Washington State.

Rationale/Background: EBPs are intended to improve the quality and effectiveness of health care by incorporating the best available research evidence, clinical expertise and patient values and preferences into patient care decisions (Taylor, Wilkinson, & Blue, 2001). Adaptation of EBPs to rural settings and practices has been identified as problematic, attributable in part to limited access to information and training on EBPs for rural practitioners, (Curry et al., 2011) financial and technological barriers to accessing databases and literature searches (O'Lynn et al., 2009) and the lack of EBPs that are applicable to general practice (Taylor, Wilkinson, & Blue, 2001). In the interest of decreasing disparities in health outcomes, it is important that EBPs be both accessible and acceptable for rural practitioners and their patients. This study examined treatment variations between urban and rural settings with a goal of decreasing the disparity clients in communities experience while seeking or receiving mental health and/or substance abuse prevention services.

Methods: The current investigation analyzed existing data collected via the 2007 Evidence Based Practice (EBP) Survey, a component of Washington State’s Mental Health Transformation effort that was developed to assess the adoption and utilization of EBPs by publically-funded mental health and substance use provider agencies in Washington State. (Coburn et al., 2007) The Evidence Based Practice Survey was administered in 2007 to 250 of Washington State Department of Social and Health Services’ contracted provider agencies. The survey solicited input from solo and group practices across the state on EBP implementation, successes and challenges.

Results: There were no statistical differences between the numbers of EBPs used by mental health or substance abuse prevention agencies based on urban vs. rural location. Urban and rural mental health and substance abuse prevention providers reported common barriers to providing EBPs, including shortage of appropriately trained workforce, financing issues in paying for EBPs, attaining or maintaining fidelity to EBP model standards, and provider resistance to implementing EBPs. Urban agencies reported financial incentives (in mental health agencies) and monitoring of fidelity (in substance abuse prevention agencies) as the mechanisms most commonly used to promote adoption of EBPs. Rural mental health and substance abuse prevention agencies both reported system and data report modification as the most commonly used mechanism to promote EBP adoption.

Implications for research and rural health practice: Urban and rural practices experience challenges to implementation and maintenance of EBPs. Factors impacting the successful adoption of EBPs vary by community location. Future research regarding the impact of site and community preparation and knowledge of EBPs, the impact of targeted training on EBP effectiveness in rural communities, and the assessment of model “shift” in rural vs. urban settings is warranted.

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References


