



What Works In Rural OUD (or SUD) Care: A Best Practice Case Study With St. Matthews Pharmacy & Spero Health

Today's Speakers



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What You'll Learn



The key differences between treating patients in rural vs. urban settings



How Spero Health and St. Matthews Pharmacy increased patient retention through a partnership serving patients in rural areas



A real-life example of how one individual in rural Kentucky benefited from a care pathway designed specifically for his life



Best practices for how your organization can apply SUD/OD treatment access in rural areas

Why This Matters

Only ~6% of rural residents with SUD received treatment in the past year

Rural residents are 9× less likely to have access to buprenorphine

Rural residents are 4.5× more likely to enter inpatient SUD treatment through court order or law enforcement

Sources: Rural Health Research, NORC

About St. Matthews Pharmacy

- A specialty pharmacy with a long-standing focus on SUD treatment
- Focused on expanding into long-acting injectables (LAIs) as the standard of care evolved
- Built Stream, a communication and prior-authorization portal giving clinic staff real-time visibility into the medication process
- Trains clinic staff directly and manage and provide support regarding prior authorizations

The logo for St. Matthews Pharmacy is centered within a large white circle. It features the text "St. Matthews" in a bold, dark blue font, with the word "Pharmacy" in a smaller, lighter blue font directly beneath it. To the right of the text is a stylized graphic consisting of two overlapping, light blue chevron-like shapes pointing to the right.

St. Matthews
Pharmacy

About Spero Health

- A multi-state SUD/ODU treatment provider operating across Kentucky, Indiana, Ohio, Tennessee, Virginia, and West Virginia
- Champions a team-based model where providers, counselors, and case managers work together on each patient's treatment plan
- Combines on-site and telehealth services to reach patients regardless of transportation or distance



The Problems St. Matthews & Spero Observed

Medication access
Rural pharmacies often don't stock LAIs, and clinics may only be open one or two days a week



Operational complexity
Every clinic tracked LAIs its own way, with too many manual handoffs and too little visibility



Rural barriers
Limited pharmacy access, clinics that aren't open five days a week, longer distances, and patients with unreliable or Medicaid-dependent transportation

The result: Difficulty getting patients to stay in care

Delays and manual friction that a patient in a rural community can't easily route around

Medication Access

- Many rural pharmacies don't routinely stock SUD LAIs because of their cost, reimbursement complexity, and relatively low volume.
- Rural clinics may only be open one or two days per week. If medication isn't available on the appropriate day, the patient may lose an entire week.
- Requiring patients to obtain medication from a separate pharmacy adds another trip, another transportation barrier, and another point where treatment can break down. In some communities, pharmacy stigma creates an additional barrier to access.

In an urban setting, there are often more alternatives if something goes wrong.

In a rural community, there may not be another pharmacy or treatment resource nearby.

Operational Complexity

1. Every clinic had built its own workaround for tracking SUD LAIs
2. Staff had to stop and call the pharmacy just to check basic status
3. Manual handoffs meant low visibility. When something broke down, no one could easily identify or resolve the problem
4. Medication coordination competed with the counseling, case management, and other patient needs the care team was already managing

The operational burden fell on the care team.

The consequences of a breakdown fell on the patient.

"In a rural community, the isolation that exists makes getting all those things so much more challenging than it does in an urban area."

David Hayden, *Spero Health*

Meeting Patients Where They Are Requires The Care Model To Move

ACCESS

Transportation and daily medication requirements are often incompatible in a rural setting

FLEXIBILITY

Clinics can't always predict if a patient will show up, but care models need to bend around that

Patient X:

The Challenge

1

Lives in rural Kentucky with no reliable cell service and no transportation of his own

2

Like many in the region, his roots were in the coal industry. When that work disappeared, so did much of the community's stability

3

Motivated to change after losing several people close to him to overdose, and wanting better for his two children

4

Recovery meant breaking from a culture where his day, and his community, revolved around using

Patient X:

The Care Model

1

Spero's team of providers, counselors, and case managers built the treatment plan around him, not the other way around

2

Counseling and case management shifted to telehealth, so care continued even when he couldn't get to the clinic

3

LAs allowed for consistent coverage whether he arrived a few days early or late

4

The injectable changed his routine when he no longer started the day by seeking out a substance

Patient X:

The Outcome

1

Spero's care team educated his family, explaining that this is an illness being treated, not a character flaw

2

Family stigma didn't disappear immediately, but treatment administered by a medical professional helped change how his medication was perceived

3

After about nine months in and a real stretch of clean time, his family noticed the difference, which reinforced his motivation

4

Eventually moved with his family to a less isolating area and found steady work

"It's recognizing that [*addiction*] is a community condition. It affects the community, and you change that by one person at a time."

David Hayden, *Spero Health*

Support System

FAMILY

Needs education, not judgment: this is an illness being treated. Especially critical in rural areas, where communication and outside resources are limited.

FLEXIBLE ROUTINES

Flexibility matters: daily oral medication often doesn't work in a rural setting, since patients can't consistently reach a clinic.

CULTURE SHIFT

Moving a patient from a culture of addiction to a culture of recovery, one relationship at a time.

Centralized Pharmacy Expertise
+
Standardized Workflow
+
Technology-Enabled Communication

What Changed

St. Matthews became an extension of the care team: managing the medication process from prescription through administration, rather than each clinic handling specialty-pharmacy complexity alone

"Stream" gives clinic staff real-time visibility and creates a documented, HIPAA-compliant channel clinics can use anytime, not limited to St. Matthews' business hours

"Communication has to happen. Our Stream portal is built to make communication really easy and really simple for the majority of people."

Kim Caudill, *St. Matthews Pharmacy*

Why The Partnership Works

SPERO HEALTH

Owns the clinical relationship and whole-person treatment plan

- Medication management
- Counseling
- Case management
- Telehealth
- Family/support engagement

ST. MATTHEWS PHARMACY

Removes medication-access and workflow barriers

- Prior authorization
- Medication coordination
- Delivery to the clinic
- Real-time status visibility
- Flexible communication with clinic teams

TOGETHER

The patient doesn't have to navigate disconnected systems to stay in treatment.

What Can You Learn From This?

Flexibility means having multiple clinical and service pathways, not forcing every patient into the option that is easiest to deliver

Communication is vital:
Listen to patient needs and maintain communication with clinics and pharmacies

Be partners to local clinics

Be curious:
Start with the problem not the solution

Where To Start:

1

Identify what is actually keeping patients from entering or staying in care: transportation, clinic hours, medication access, connectivity, stigma, or another barrier

2

Build in flexibility through combining in-person and telehealth and designing appointment models that tolerate real-world unpredictability

3

Choose a pharmacy partner with rural SUD expertise, one that communicates proactively, not just fills prescriptions

4

Give your team visibility into medication status to help remove a major time sink and stress point

5

Treat family and community supports as part of the care team, not an afterthought

Strategic Discussion With *Stuart Buttlair, PhD*



One of the challenges in treating opioid use disorder is that a patient's readiness can change very quickly. When a patient says, 'I'm ready to do something different,' what has to happen—from that moment through receiving the first injection—so the system doesn't lose that opportunity?



The patient in this case brought considerable motivation to his recovery. For someone who is more ambivalent, what can a long-acting medication and a more flexible workflow solve—and what still depends upon counseling, trust, family or community support, and continued engagement?



Long-acting buprenorphine can be very valuable, particularly in a rural setting, but it isn't the right treatment for every patient. How do you keep geography and convenience from determining the clinical choice? What happens when another treatment—including methadone—may be more appropriate but is much harder for the patient to access?



Getting the medication to the clinic on time is essential, but it is an intermediate outcome. How do you know the overall model is working?



For a leader of a rural provider organization listening today, I'd like each of you to leave them with one practical recommendation.



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