

Meet R. Lyle Cooper, PhD

*Welcome to the Communities of Practice BLOG at the National Center for Medical Education, Development and Research at Meharry Medical College (NCMEDR). This week our Communities of Practice Director, Katherine Brown, EdD had the opportunity to interview **R. Lyle Cooper, PhD** who in addition to being a Researcher in the Department of Family and Community Medicine for the NCMEDR serves as the Course Liaison-PCMH and Opioid MAT Training Grant Assistant Professor.*

KB: Thank you, Dr. Cooper for taking time out of your schedule to be featured on our Communities of Practice BLOG. As one of our Communities of Practice Members, Researchers for the National Center for Medical Education, Development and Research, and faculty at Meharry Medical College we thank you for all that you do to help in our goal to transform medical education.

RLC: Thank you for having me.

KB: Each member of our Communities of Practice has a diverse background. You are doing amazing work as a research and community leader. Can you share your educational and professional background and the skills that you bring to the Communities of Practice, Meharry, and Community?

RLC: I have a Ph.D., in social work and am a Licensed Clinical Social Worker. I have spent my entire career working with patients that suffer with substance use disorder (SUD). I started as an outreach worker identifying drug users that were at risk for HIV and linking them to treatment and prevention services. I went on to manage several substance use disorder treatment and harm reduction programs, including integrated substance abuse and HIV treatment facilities and syringe service programs.

As a researcher and educator, I am focused on developing substance use interventions that can be delivered through integrated primary care settings. This too me is a critical area of research for many reasons. First, the current specialty substance use treatment system cannot treat the current number of people with SUD, with only about 1 in 10 people that need treatment getting it. Second, SUD is a chronic illness that can require lifelong treatment, and primary care is a setting that is set up to maintain long term patient contact. Third, treatment in primary care is less stigmatizing to the individual, and if substance use disorder is to be effectively treated on a wide scale, we have to lessen stigma.

KB: As a participant in our 1st and 2nd Annual Communities of Practice Conference that we held in Nashville, TN can you share with me thoughts on the overall conference?

RLC: They were both great! They provide a great forum to share innovative ideas with colleagues and get excellent feedback from experts in the field.

KB: As a confirmed speaker for the 3rd Annual Communities of Practice Conference can you share with us your most recent research projects for the Center?

RLC: We are wrapping up a state level analysis of opioid overdose deaths. This paper will provide a baseline for subsequent papers examining the relationship between changes in rates and policy changes and service capacity. We also recently submitted our PrEP Education Systematic Review to Perspectives in Medical Education. We are also in the middle of conducting a meta-analysis of primary care delivered MAT treatment.

KB: Are there any other research projects that you are working on that you would like to share?

RLC: In addition to submitting manuscripts we have received three grant awards in the past year that are supporting our primary care delivered substance use disorder clinic. We have an Office of Minority Health award to study differences in opioid use disorder outcomes between ED recruited and self-referred patients. We also have a SAMHSA award in which we are evaluating the outcomes of Medication Assisted Treatment. Finally, we also have an HIV prevention grant targeted at minority patients that misuse drugs, also funded through SAMHSA.

KB: How can people learn more about your work?

RLC: Our work will soon be featured on Nashville Public Television in a documentary regarding opioid use disorder treatment among older adults. We will also be posting a more full description of our opioid overdose state analysis on the NCMEDR website and sharing with our NCMEDR Communities of Practice.

KB: How do you see your role as a Researcher for the NCMEDR in the years to come?

RLC: I am very interested to work on the opioid related projects that are taking place through the NCMEDR. Our clinic population is largely homeless, one of the target populations of the NCMEDR, and we intend to survey these patients to better understand the relationship between homelessness, and opioid use.

KB: Is there anything else that you would like to share that I have not asked you?

RLC: No, thank you for inviting me!

KB: Thank you again for your time, we look forward to working with you.

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Project Director: Patricia Matthews-Juarez, PHD

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For more information about the Center please visit our website: www.NCMEDR.Org