

Increasing Access to Buprenorphine for Treating Opioid Use Disorder



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THE ISSUE

Buprenorphine is one of the most effective treatments for opioid use disorders. FDA-approved in 2002, buprenorphine can only be prescribed by providers who have completed required training courses and obtained a waiver to prescribe and dispense buprenorphine. Initially, waived prescribers were limited to treating 30 patients concurrently. In an effort to increase capacity, the limit was raised to 100 in 2006 and to 275 in 2016; nurse practitioners and physician assistants were authorized to obtain waivers in 2017.



STUDY FOCUS

In a series of studies, researchers assessed whether increasing the number of buprenorphine waived physicians and their patient limits increased access to treatment. They analyzed the number of patients treated monthly, the length of a treatment episode, how close prescribers were to practicing near their patient limits, and how much of the buprenorphine being prescribed was associated with providers of different patient limits.



KEY FINDINGS

Having more providers receive a waiver to prescribe buprenorphine substantially increased potential access to treatment, especially in rural areas. The effects of increasing providers depended on the provider's certification: Adding a provider with a 100-patient limit increased access for about 9 patients per year; adding a provider with a 275-patient limit increased access for about 45 patients per year. Few providers were practicing near their patient limits.



IMPLICATIONS FOR POLICY

In the near term, increasing the number of providers with a 275-patient limit, and supporting them in treating more patients effectively, may expand access to buprenorphine treatment more efficiently than just increasing the number of clinicians authorized to prescribe the medication. It's not clear why waived physicians are not prescribing near their patient limits. Reasons might include lack of physician confidence in treating a complicated patient population, insufficient availability of counselors for patients receiving buprenorphine, low reimbursement rates, inadequate coordination and payment systems, and potential stigma associated with treating these patients.

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