

# Access to Office-Based Buprenorphine Treatment in Areas with High Rates of Opioid-Related Mortality

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## THE ISSUE

Prescribing buprenorphine in an outpatient setting has the potential to expand access to opioid use treatment, but the number of prescribers is limited. Patients may face other barriers, including finding a prescriber accepting new patients, quick access to buprenorphine, and high costs.



## STUDY FOCUS

This work examined barriers to buprenorphine treatment from the patient perspective. To assess availability of appointments, delays in treatment, and out-of-pocket costs, researchers called publicly listed buprenorphine providers. They posed as identical patients who were actively using heroin and were seeking treatment; one patient was covered by Medicaid, the other was paying out-of-pocket. The study sampled providers in six jurisdictions with the highest opioid-related mortality rate in 2016: Maryland, Massachusetts, New Hampshire, Ohio, West Virginia, and the District of Columbia.



## KEY FINDINGS

- Providers offered appointments to 54% of Medicaid patients and 62% of self-paying patients. Appointments were most often refused because the provider was not accepting new patients, did not accept the caller's insurance, or had a wait-list. Twenty-seven percent of Medicaid patients were offered buprenorphine at the first visit, compared with 41% for self-paying patients.
- Among providers accepting new patients, the median wait time for an initial appointment was 6 days for Medicaid-insured and 5 days for self-paying patients. Though wait times were no worse than estimates for general primary care, each additional day without treatment increases the chance of an overdose.
- The median cost for self-paying patients was about \$250, but often estimates did not include lab tests required at 54% of clinics, potentially posing substantial cost barriers to treatment.



## IMPLICATIONS FOR POLICY

In these six jurisdictions, the most prominent barrier to accessing buprenorphine treatment was finding a provider accepting new patients. Medicaid callers were more likely to have appointment requests refused, and Medicaid callers had less opportunity for rapid initiation of treatment than self-pay callers. This disparity may reflect poor Medicaid reimbursement for opioid use treatment, or administrative hurdles such as prior authorization. Increasing reimbursement and reducing such barriers could potentially encourage providers to treat Medicaid patients. Ways to better connect patients with providers accepting new patients could also improve treatment access.

Beetham T, Saloner B, Wakeman SE, Gaye M, Barnett ML. Access to Office-Based Buprenorphine Treatment in Areas With High Rates of Opioid-Related Mortality: An Audit Study. *Ann Intern Med.* [Epub ahead of print 4 June 2019]171:1–9. doi: 10.7326/M18-3457