

# Increase Access to Buprenorphine by Supporting the Most Active Prescribers



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## THE ISSUE

In an effort to increase access to buprenorphine for treatment of opioid use disorder (OUD), the administration removed the training requirement for clinicians treating fewer than 30 patients, and Congress is considering legislation to eliminate the need for a waiver to prescribe buprenorphine. However, it is not clear how many trained clinicians are actively prescribing buprenorphine or how much buprenorphine care they are providing.



## STUDY FOCUS

Drawing on national retail pharmacy data, Center researchers identified clinicians who prescribed buprenorphine for OUD at least once between January 2017 and December 2018. The team determined the number of months in which the clinician was prescribing, the clinician's monthly caseload, and the clinician's total patient-months of care during the study period. They classified prescribers as primary care physicians, advanced practice practitioners, pain specialists, psychiatrists, emergency physicians, addiction specialists, and other physicians. They identified the prescribers who were responsible for 50% of all buprenorphine care provided to patients.



## KEY FINDINGS

The research team identified about 50,500 clinicians who prescribed buprenorphine between January 2017 and December 2018. Most were primary care physicians (44%), advanced practice practitioners (21%), psychiatrists (15%), and pain specialists (8%). Across these specialties, clinicians had buprenorphine patients for an average of about 11 months—about 14 patients per month over the study period. Prescribing patterns differed across specialties: addiction specialists prescribed for more patients and had a higher monthly caseload.

Only 5% (2,450) of prescribers were responsible for half of all the patient-months of buprenorphine treatment during 2017-2018. Primary care physicians, psychiatrists, pain specialists, and addiction specialists comprised more than 90% of these high prescribers. Across all specialties, high-volume prescribers accounted for half of all patient months.



## IMPLICATIONS FOR POLICY

A small number of high-volume prescribers are responsible for half of the buprenorphine treatment being provided, with over half of prescribers not treating any patients in more than half the months. But most high-volume prescribers are allowed to treat more patients. Efforts to increase access to buprenorphine should capitalize on existing buprenorphine prescribing patterns. Targeted policies could support clinicians who have demonstrated willingness to prescribe buprenorphine for OUD to treat more patients, focusing on the effectiveness and safety of the treatment they provide, may have a greater impact than efforts focused primarily on increasing the number of buprenorphine prescribers.

Stein, B.D. et al. (2021). Concentration of Patient Care among Buprenorphine-Prescribing Clinicians in the US. *JAMA*.325(21), 2206-2208. doi:10.1001/jama.2021.4469

