How Many Patients Do Waivered Buprenorphine Prescribers Treat?

THE ISSUE

The Drug Addiction Treatment Act of 2000 allowed clinicians to obtain a waiver to prescribe buprenorphine to treating opioid use disorder (OUD), with a limit on the number of patients a waivered clinician could treat concurrently rising over time. State initiatives were implemented to encourage clinicians to become waivered, training programs were established, Medicaid coverage for buprenorphine treatment was expanded, financial incentives were offered for obtaining a waiver, and federal laws expanded parity of benefits for substance use disorder treatment. Despite these efforts, only about 100,000 U.S. clinicians have obtained waivers to prescribe buprenorphine.

STUDY FOCUS

This study examined how the monthly patient caseloads of waivered clinicians evolved in the 6 years after they first started prescribing and identified the characteristics of prescribers with different caseload trajectories. Using data from 2006-2018, the research team created monthly patient caseloads for the 6 years following the first filled buprenorphine prescription written by each clinician; the data set captures 90% of all prescriptions filled at retail pharmacies in the 50 states and the District of Columbia.

KEY FINDINGS

• Slightly more than 42,000 clinicians wrote their first buprenorphine prescription between 2006 and 2013.
• Most prescribers were in counties that were urban, higher income, had higher overdose rates, and a higher percentage of Black and Hispanic residents.
• About three-quarters of the clinicians treated only a few patients for several months, then stopped prescribing.
• Only about 10% of the clinicians treated more than 10 patients per month over the six years after their first buprenorphine prescription.
• Psychiatrists and addiction specialists were more likely to keep prescribing buprenorphine to more patients for longer periods than clinicians for other specialties.

IMPLICATIONS FOR POLICY

• Increasing capacity for buprenorphine treatment of OUD will require not only increasing the number of physicians who start prescribing buprenorphine but also the number who continue to prescribe it.
• Addiction specialists, psychiatrists, and pain specialists are more likely to continue prescribing to more patients for longer, but there are many more PCPs than specialists.
• Motivating more PCPs to prescribe buprenorphine may require renewed emphasis during residency, confronting the stigma often associated with treating substance use disorders, and convincing clinicians that buprenorphine is an extremely effective treatment for OUD.


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