Greater Attention to Professional Education and Clinician Knowledge Can Increase Access to Treatment for Opioid Use Disorder


THE ISSUE
Expanding use of buprenorphine to treat opioid use disorders (OUD) is an essential component of the U.S. response to the opioid crisis. But fewer than one-third of individuals treated for OUD receive buprenorphine. State policies may influence buprenorphine use.

STUDY FOCUS
Using national pharmacy claims data, the research team identified filled prescriptions for buprenorphine formulations used to treat OUD dispensed from 2006 through 2018. They examined whether the rate of buprenorphine dispensing per 1,000 county residents was associated with any of six state-level policies: Medicaid expansion, Medicaid coverage of buprenorphine, regulations for pain management clinics, mandatory Prescription Drug Monitoring Programs (PDMP), requiring additional education for buprenorphine prescribers, and requiring CME related to substance misuse and addiction for licensure.

KEY FINDINGS
• Requiring additional education for buprenorphine prescribers and requiring CME related to substance misuse and addiction for physician licensure were both associated with significant increases in filled buprenorphine prescriptions.
• None of the other policies examined was associated with a significant change in buprenorphine dispensing.

IMPLICATIONS FOR POLICY
Improving access to buprenorphine is essential for treating more patients with OUD and decreasing overdoses and other OUD-related harms. Requiring education in substance misuse and substance use disorders and providing additional attention to buprenorphine prescribing clinicians are actionable proposals for achieving that goal. CME and other requirements can be directly modified by state medical boards and are relatively low burden for clinicians to complete. Greater attention to professional education and clinician knowledge has real potential to achieve meaningful change in access to OUD treatment.