Target Audience

- The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.

Outline

- Opioid Use Disorder
- Medication Assisted Treatment and Rural Areas
- Buprenorphine Regulation
- Access Disparities
- Physician Barriers and Facilitators
- Nurse Practitioner Barriers and Facilitators
- Future Directions
Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Describe the role of buprenorphine-naloxone in treating individuals living with opioid use disorder in rural areas
  - Analyze policies that impact buprenorphine prescribing
  - Describe barriers and facilitators to buprenorphine prescribing

Opioid Use Disorder in Rural Regions

- Public Health Crisis
- Geographic Disparities
- Rural South

Medication Assisted Therapy

- Methadone
- Naltrexone
- Buprenorphine-Naloxone
Buprenorphine Prescribing Policy

• **DATA (2000)**
  - Drug Addiction Treatment Act
  - Included physicians not specialized in addiction medicine
  - DEA-X
  - 8 hour education requirement
  - Buprenorphine-naloxone FDA approved (2002)
  - 30 patients/practice
    - Increased to 30/provider in 2005
  - Prohibited PA and NP prescribing
  - Estimated treatment gap >1.5 million (2006)
  - Issues: MDs not obtaining waivers, waivered MDs not prescribing, waivered MDs under-prescribing, increase NP/PA in primary care

Buprenorphine Prescribing Policy

• **CARA (2016)**
  - Comprehensive Addiction and Recovery Act
  - Extended prescribing to NPs and PAs
  - 24 hour education requirement
  - 30 pt limit for 1 year
  - Can apply for 100 pt waiver after 1 year
  - Was to expire October 1, 2021
• **DATA (2016 amendment)**
  - Increased MD patient limit to 275

Buprenorphine Prescribing Policy

• **SUPPORT (2018)**
  - Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act
  - Overrode CARA (was to expire October 1, 2021)
  - Extended prescribing to CNSs, CNMs, CRNAs
  - Increased pt limit for Advanced Practice Providers (APPs)
  - Some APPs can immediately apply for 100 pt waivers
  - After 1 year with 100 pt waiver, some MDs and APPs can apply for 275 pt waiver
  - Expires October 1, 2023
Self-Check

Describe three qualities that make buprenorphine-naloxone therapy particularly suitable for those living in rural areas?

Self-Check

What legislation permitted advanced practice providers such as physician assistants and nurse practitioners to apply for buprenorphine prescribing waivers?

Access Disparities

- Rural areas disproportionately impacted by opioid crisis
- 1/3 rural Americans in county with no waivered prescriber
- Many waivered do not prescribe or under-prescribe
- Who delivers primary care in rural areas?
- Federal policy complicated by state restrictions NP practice
Case Study: Eastern North Carolina

Self-Check

What is the maximum number of patients experiencing opioid use disorder a physician can treat with buprenorphine-naloxone therapy?

What is the maximum number of patients experiencing opioid use disorder an advanced practice provider can treat with buprenorphine-naloxone therapy?

Does federal law alone affect a nurse practitioner’s prescribing eligibility?

What factors account for provider shortages and access disparities?
Physician Barriers

• Regulation
• Reimbursement & patient cost
• Perceived demand
• Organizational & external support
• Medication access
• Education & training
• Perceived intrusion
• Addiction stigma
  • Patient stigma
  • Provider stigma
  • Medication stigma

Physician Facilitators

• Mentorship
• Patient contracts
• Patient limits
• Organizational support
• Reward

Advanced Practice Provider Barriers and Facilitators

• Limited inquiry into APP prescribing
• Regulation of APPs differs from physician regulation
• Regulation variation among APP providers
• Data from interviews with NPs practicing in primary care settings in eastern North Carolina
Nurse Practitioner Barriers

- Environmental Context and Resources
  - Resource poor environments
  - Regulatory restrictions, education requirements
- Social Influences
  - Stigma
    - Medication Stigma
    - Patient Stigma
    - Provider to Provider Stigma
- Beliefs about Consequences
  - Prescribing as a prescription?
- Beliefs about Capabilities

Nurse Practitioner Facilitators

- Environmental Context and Resources
- Reward
- Professional Role Identity

Future Directions

- Research
- Policy
- Practice and Education
Questions

References


References

References


PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: pcssnow.org/mentoring

PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer from an addiction specialist. Click here to ask a prompt response to your practice-related questions.

PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

- American Academy of Addiction Psychiatry
- American Academy of Neurology
- American Dental Association
- American Academy of Family Physicians
- American Psychiatric Association
- American Society of Addiction Medicine
- American Society of Pain Management Nursing
- International Nurses Society on Addictions
- American Psychiatric Nurses Association
- American Academy of Pediatrics
- American Osteopathic Academy of Addiction Medicine
- National Association of Drug Court Professionals
- Southeastern Consortium for Substance Abuse Training