



THE PEW CHARITABLE TRUSTS

Lowering Barriers, Increasing Access

Helping Patients Start and Stay on Buprenorphine Treatment

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Substance Use Prevention and Treatment Initiative

The Pew Charitable Trusts

Substance Use Prevention and Treatment Initiative

- Our goal is to expand access to medications for opioid use disorder through research and technical assistance to states.

Medications for opioid use

• Methadone
disorder

- Buprenorphine
- Naltrexone

Where are we now?

95,000

- People died of an overdose in the 12-months ending February 2021.¹
- ~3/4 involved an opioid

1.6 million

- Americans aged 12 or older had an opioid use disorder (OUD) in 2019.²

18.1%

- People with OUD who received medication treatment.³

Barriers to buprenorphine treatment

- Providers have to “opt-in” to prescribing by obtaining a special DEA-license (aka the X-waiver)
- State policies restrict prescribing and/or place burdensome requirements on patients
 - E.g. prior authorization, counseling requirements
- Payment and funding for medication and treatment programs
- Stigma among health systems, providers, and patients

X-Waiver Facts

- In 2020, only 5.9% of physicians had a waiver to prescribe buprenorphine.⁴
- In 2018, 40% of counties in the U.S. did not have a single waived provider.⁵
 - 72% of counties with low or no capacity were in rural areas.
- In 2017, almost 20 million Americans lived in counties without a single physician with a waiver allowing them to prescribe buprenorphine.⁶

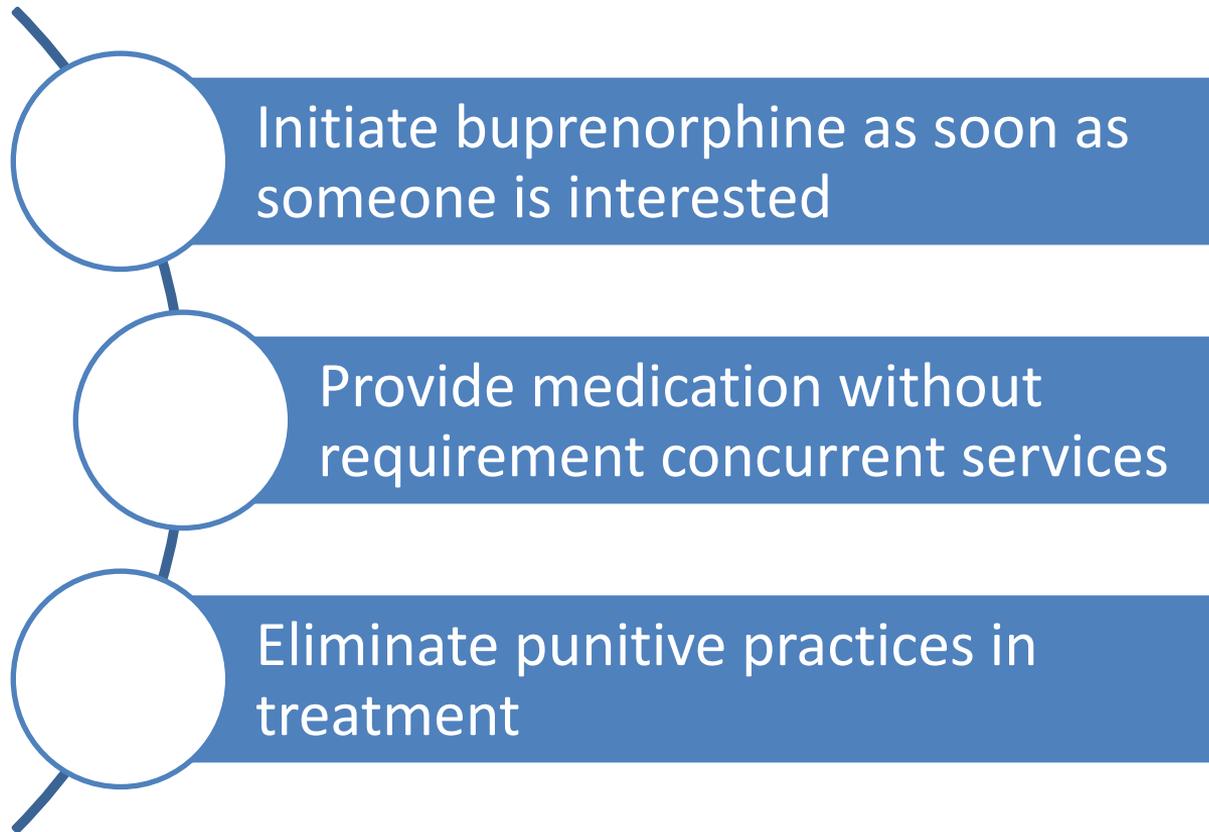
Current and potential changes to federal policy

- COVID flexibilities for prescribing buprenorphine via telehealth
- SAMHSA guidance allows providers to prescribe up to 30 patients without a waiver
- The Mainstreaming Addiction Treatment (MAT) Act would remove the waiver entirely

Anyone can be ready for treatment

- Lower threshold treatment models meet people where they are so that all people can engage in treatment based on individual needs

Components of Low Threshold Treatment



Reaching underserved populations

- Black and low-income patients are less likely to get buprenorphine
- Fewer conditions on treatment means easier participation for marginalized populations

Opportunities to address billing barriers to initiation

- Remove prior authorization for initial buprenorphine prescriptions
- Allow buprenorphine to be prescribed prior to intake assessments

Opportunities to address billing barriers to retention

- Remove required tapers
- Remove limits on therapeutic doses
- Ensure providers can bill for buprenorphine treatment services without concurrent counseling

Paying for wraparound

- **services** Reimburse for services that support patients in their varying treatment needs
 - E.g. the Nurse care manager model
- Allocate funds to services that facilitate low-threshold prescribing (e.g. outreach, transportation, case management).

Utilizing telehealth for low-threshold care during

COVID-19 Rhode Island 24-hour “tele-bridge” clinic

- NYC Health + Hospitals Virtual
Buprenorphine Clinic

Rethinking what “success”

looks like for treatment

- Typical treatment metrics may not capture success in low-threshold program models
- Outcomes measures could include:
 - Reduced use
 - Days covered in treatment

Citations

1. Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
2. Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health, <https://www.samhsa.gov/data/>.
3. Ibid.
4. Kaiser Family Foundation. Professionally active physicians. March 2019, www.kff.org/other/state-indicator/total-active-physicians.
5. C.A. Grimm, "Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder" (U.S. Department of Health and Human Services, Office of Inspector General, 2020), <https://oig.hhs.gov/oei/reports/oei-12-17-00240.pdf>
6. Andrilla, C. Holly A., Tessa E. Moore, Davis G. Patterson, and Eric H. Larson. "Geographic distribution of providers with a DEA waiver to prescribe buprenorphine for the treatment of opioid use disorder: a 5-year update." The Journal of Rural Health 35, no. 1 (2019): 108-112.

Thank you!

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Brief

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EXAMINER/THU WASHINGTON POST VIA GETTY IMAGES

Policies Should Promote Access to Buprenorphine for Opioid Use Disorder

State and federal leaders can eliminate barriers, boost treatment