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Celebrating 30 Years

Medication Assisted Treatment and the Rural Provider Workforce

C. HOLLY A. ANDRILLA, TESSA E. MOORE

WWAMI Rural Health Research Center


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Contributors

Eric H. Larson, PhD

Director of the WWAMI Rural Health Research Center

Davis G. Patterson, PhD

Deputy Director of the WWAMI Rural Health Research Center






Background

The United States is in the midst of a severe opioid abuse epidemic.

In 2015, an estimated 2.0 million people, 12 and older, had a pain reliever use disorder, and 591,000 people had heroin use disorder.

In 2016, an estimated 42,249 people died of opioid overdose.






Medication Assisted Treatment (MAT)

Buprenorphine-naloxone is an effective medication-assisted treatment (MAT) for opioid use disorder (OUD) that can be provided in an office-based setting.

This treatment is particularly suitable for the rural primary care setting, because it solves some of the problems that other MAT options have:

- Allows for treatment where there are not Opioid Treatment Programs
 - Decreases travel
 - Protects confidentiality
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To Expand Treatment Options

The U.S. Congress passed the Drug Addiction Treatment Act (DATA 2000)

- Allows **physicians** who complete 8 hours of required training to obtain a Drug Enforcement Administration (DEA) waiver to prescribe buprenorphine.

The U.S. Congress passed the Comprehensive Addiction and Recovery Act of 2016 (CARA 2016)


- Extends ability to **nurse practitioners** (NPs) and **physician assistants** (PAs) who complete 24 hours of required training to obtain a DEA waiver to prescribe buprenorphine.
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Studies

The WWAMI Rural Health Research Center (RHRC) has several studies aimed at addressing the workforce trained to provide MAT both at the national and WWAMIO state-specific level (Washington, Wyoming, Alaska, Montana, Idaho, and Oregon).

This presentation will share findings from three recently completed or ongoing research studies.






Studies

Study 1: Estimated additional MAT treatment slots provided by NPs and PAs in rural counties.

Study 2: Updated, county-level distribution of MAT providers at both the national and WWAMIO state-specific level.

Study 3: Preliminary recommendations from waived physicians on how to overcome MAT prescribing barriers.





Data Sources

- 2016 WWAMI RHRC survey of rural, waivered physicians
 - January 2017 National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) file
 - 2015 American Medical Association Physician Masterfile
 - Health and Human Services Administration Area Health Resources File
 - U.S. Department of Agriculture Economic Research Service 2013 Urban Influence Codes (UIC)
 - December 2017 Drug Enforcement Administration (DEA) list of waivered providers
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NP/PA Treatment Slots






Study Goals

More than half (54.1%) of rural counties still lack any type of provider with a DEA waiver to prescribe buprenorphine for OUD.

The goal of this study was to quantify the potential increase in the number of rural MAT providers and treatment slots as NPs and PAs become DEA waived providers.






Methods

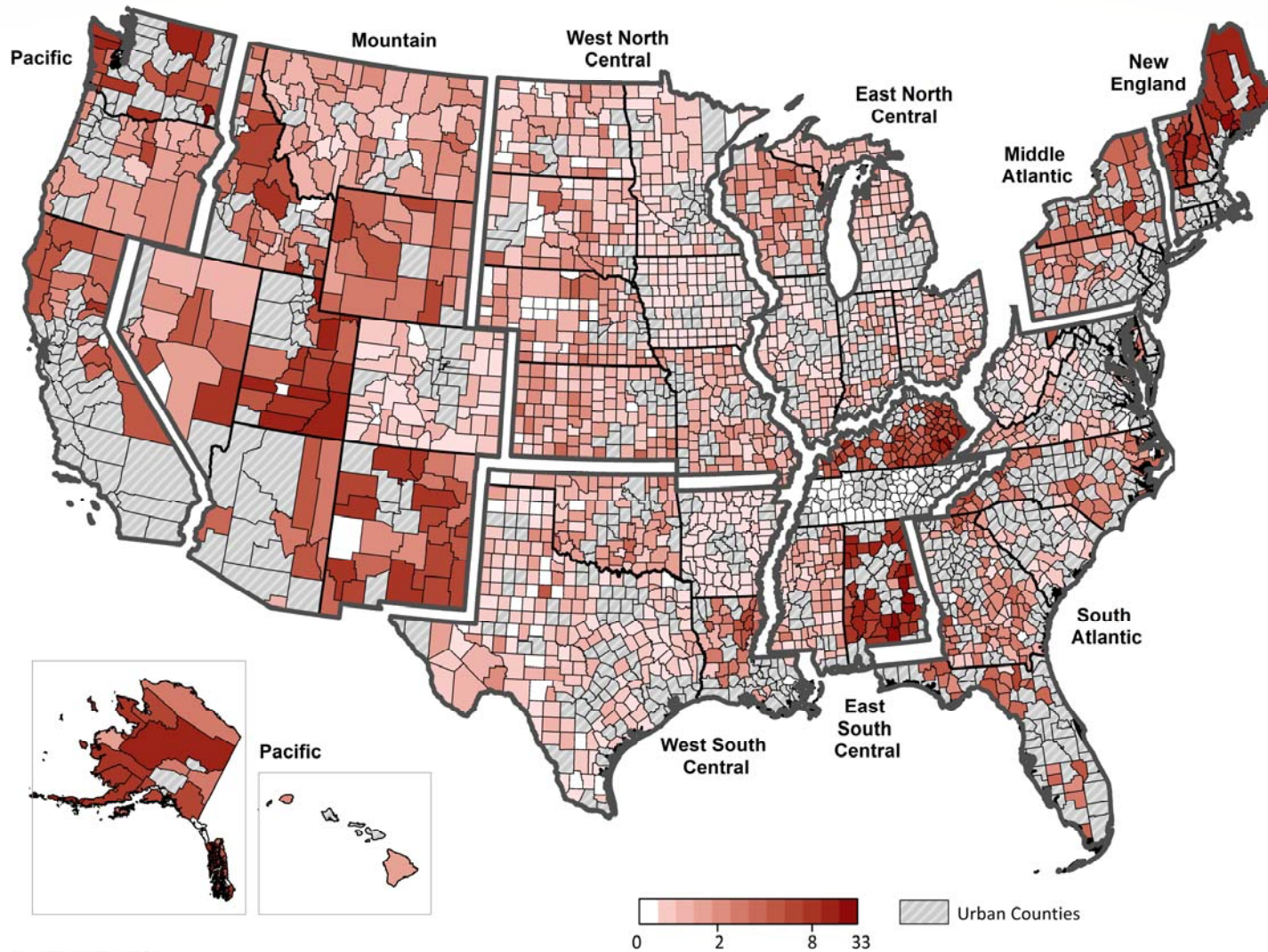
Results from the 2016 WWAMI RHRC survey were used to identify state UIC specific physician waiver uptake rates and prescribing practices.

Number of additional treatment slots provided by NPs and PAs with a DEA waiver to prescribe buprenorphine were estimated using the above identified physician trends.

Urban Influence codes (UIC) 1-12 were used to categorize counties using the provider's ZIP code.



Potential Additional Patients Treated per 10,000 Population by NPs and PAs with Medication Assisted Treatment by County and U. S. Census Division



Projected Number of NPs and PAs with a DEA Waiver to Prescribe Buprenorphine for Opioid Use Disorder and the Estimated Number of Patients Treated.

	Physicians			Nurse Practitioners (NPs)			Physician Assistants (PAs)		
	n	% with a DEA waiver	Estimated number of patients treated	n	Estimated number with a DEA waiver	Estimated number of patients treated	n	Estimated number with a DEA waiver	Estimated number of patients treated
WWAMIO States									
Washington, rural	875	7.9%	1,358	313	25	299	271	18	218
Wyoming, rural	697	3.0%	520	179	5	91	157	3	54
Alaska, rural	389	7.7%	518	146	11	94	153	9	76
Montana, rural	1,263	2.6%	946	394	11	45	313	6	22
Idaho, rural	771	3.0%	606	180	6	70	207	5	67
Oregon, rural	1,148	3.0%	924	400	12	64	223	5	29

Estimated Number of Patients Treated per 10,000 Population
by Physicians, NPs, and PAs.

	Physicians	NPs and PAs
WWAMIO States	Estimated number of patients treated per 10,000 population	Estimated number of patients treated per 10,000 population
Washington, rural	19	7
Wyoming, rural	13	4
Alaska, rural	22	7
Montana, rural	14	1
Idaho, rural	11	2
Oregon, rural	14	1

Summary

- Allowing NPs and PAs to obtain a DEA waiver and provide buprenorphine treatment for OUD, increases the national estimated number of rural treatment slots by 10,777 (15.2%).
- Within the WWAMIO states, waived NPs and PAs increase the estimated number of rural MAT treatment slots by 1,129 (23.2%).
- NPs and PAs with a DEA waiver have the potential to substantially increase the accessibility of MAT for many patients.
- More data on the MAT prescribing practices of NPs and PAs are needed in order to make an accurate assessment of their contribution to buprenorphine provider workforce.


Distribution of Waivered Providers





Study Goals


The goal of this study was to present updated county-level data of the availability of all physicians, nurse practitioners (NPs), and physician assistants (PAs), with a DEA waiver to prescribe buprenorphine to treat opioid use disorder (OUD) in the WWAMIO states.



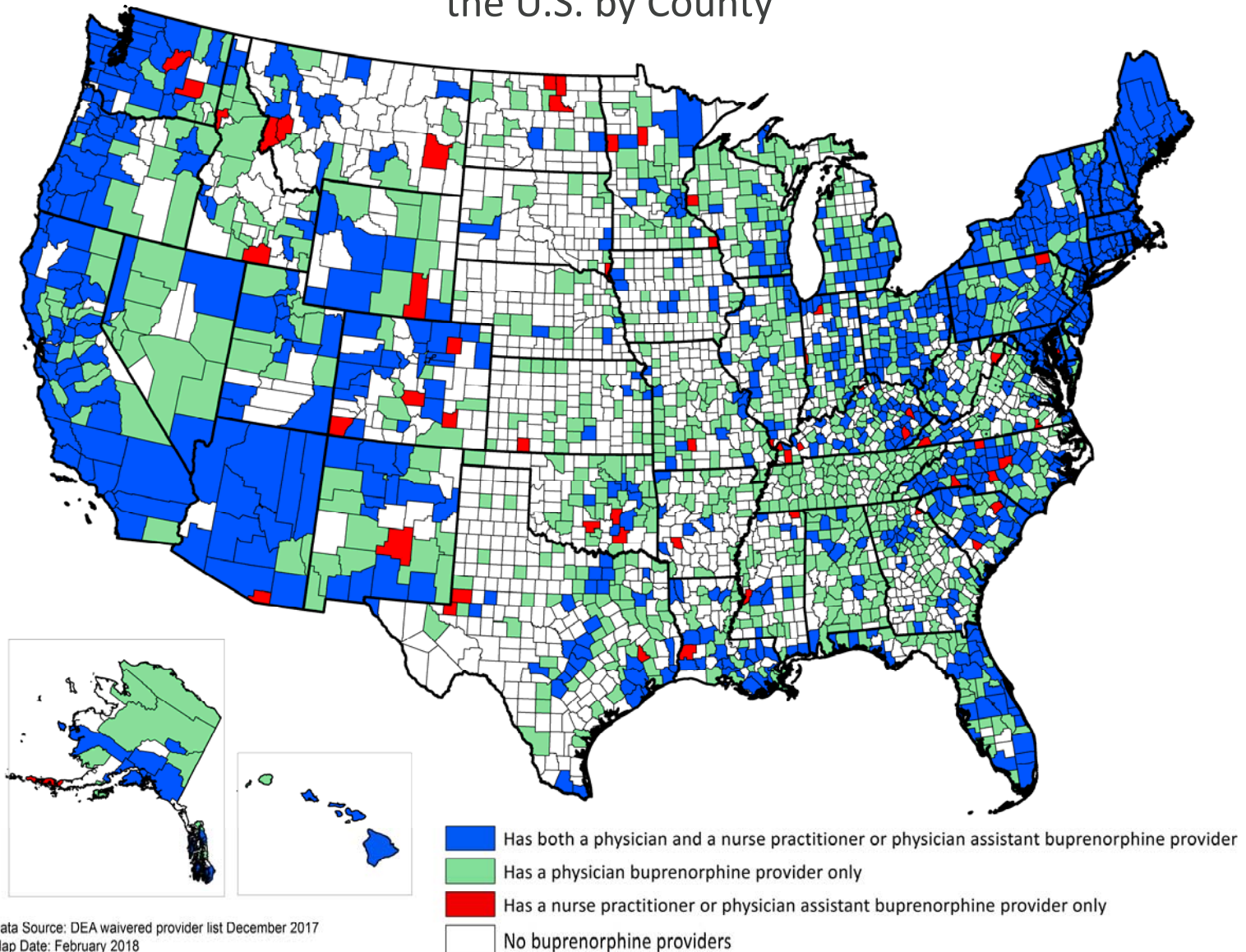


Methods

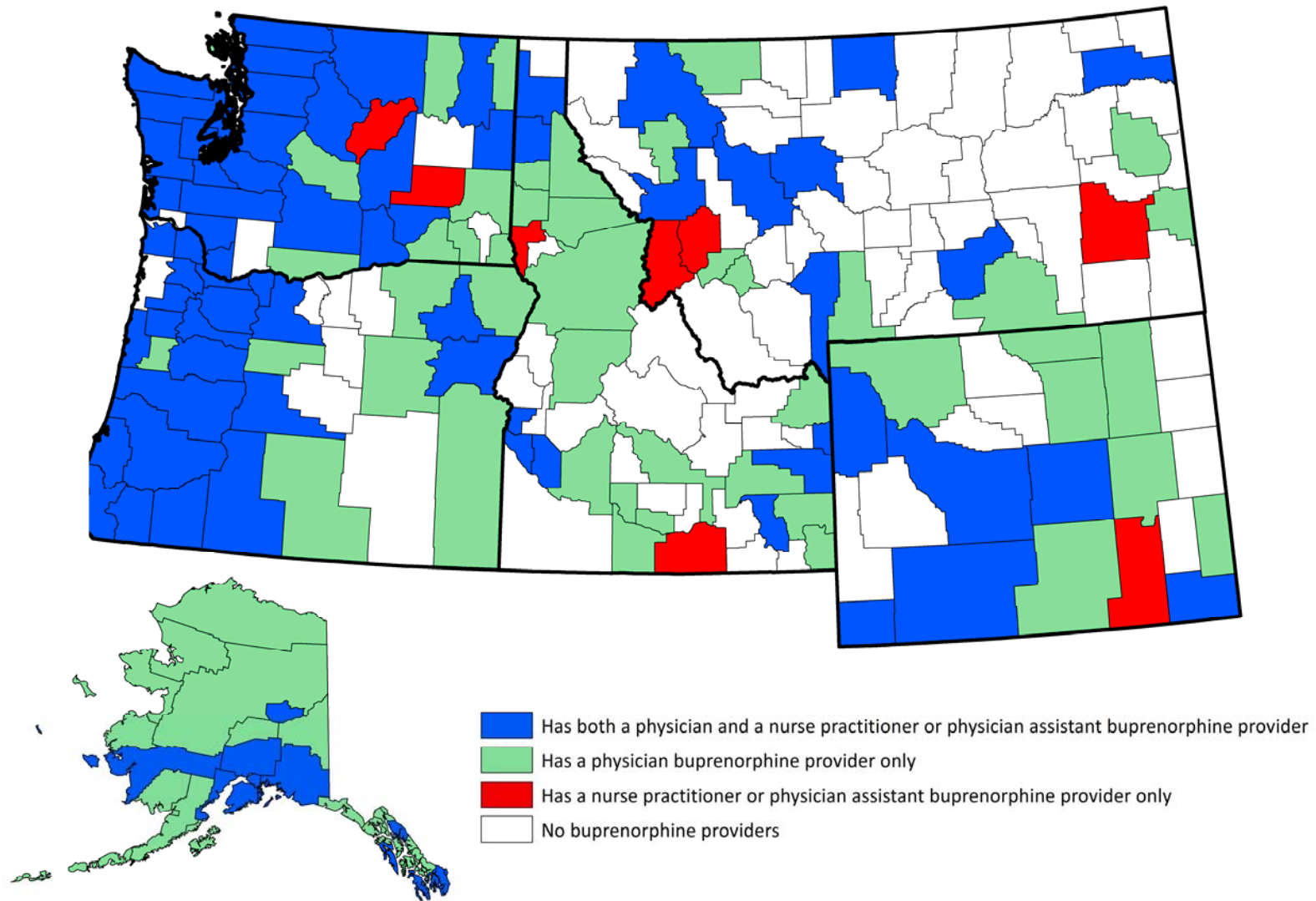
The current distribution of waived providers was determined using data from the December 2017 Drug Enforcement Administration (DEA) list of providers with a waiver to prescribe buprenorphine to treat OUD.



Distribution of DEA Waivered Providers Within the U.S. by County



Distribution of DEA Waivered Providers Within the WWAMIO States by County



Data Source: DEA waived provider list December 2017
Map Date: February 2018

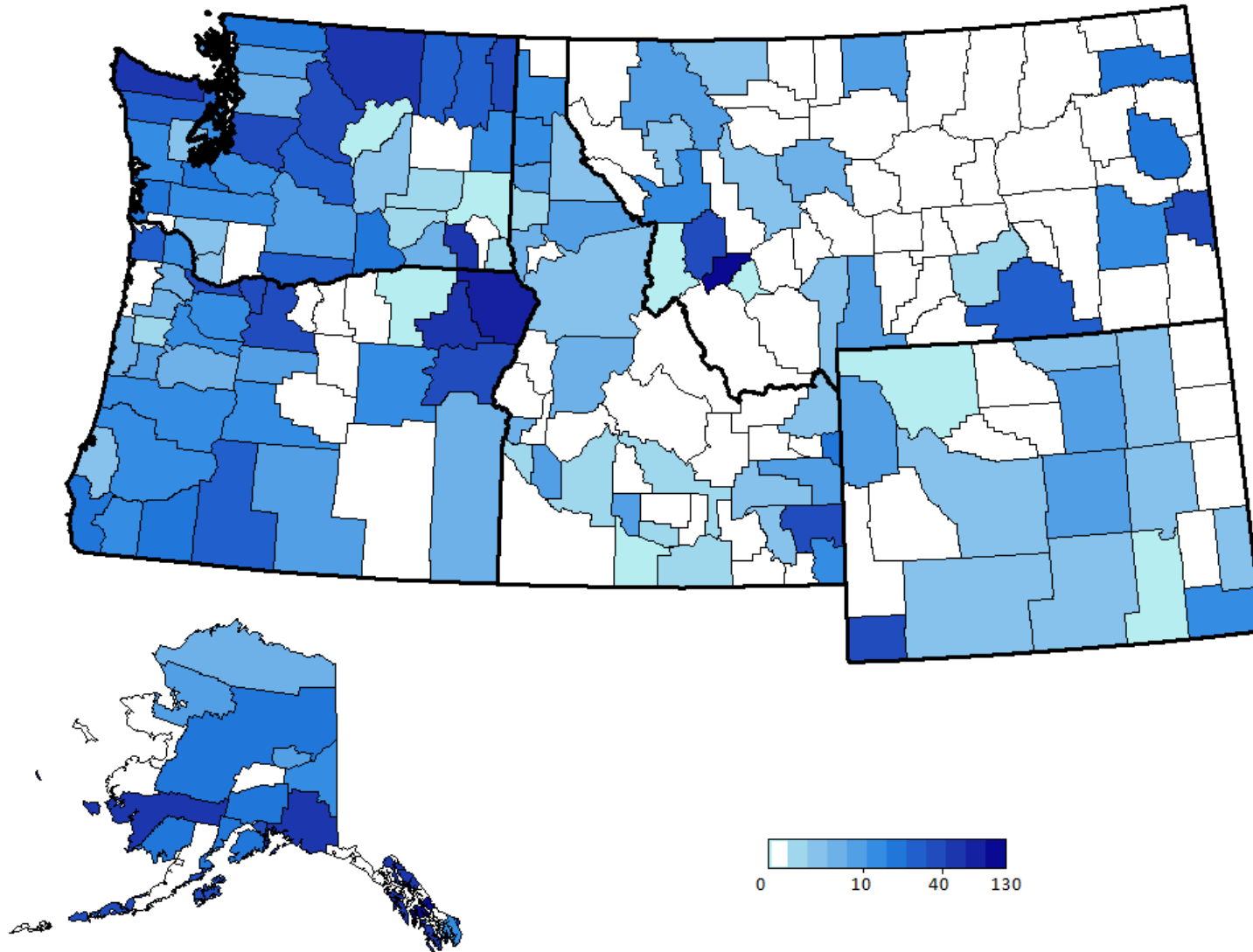
DEA Waivered Providers in WWAMIO Counties

State	Total Counties	Counties without any waived providers N (%)	Counties with at least 1 waived provider	Vulnerable Counties - Have a single waived provider N (%*)
Washington	39	4 (10.3%)	35	4 (11.4%)
Wyoming	23	9 (39.1%)	14	6 (42.9%)
Alaska	29	10 (34.5%)	19	7 (36.8%)
Montana	56	37 (66.1%)	19	5 (26.3%)
Idaho	44	19 (43.2%)	25	11 (44.0%)
Oregon	36	7 (19.4%)	29	3 (10.3%)

*of counties with at least one waived provider

Data Source: DEA Waivered Physician List, December 2017

Number of MAT Providers per 100,000 Population Within the WWAMIO States by County



Map Date: March 2018
Data Source: DEA waived provider list December 2017 and Health and Human Services Administration Area Health Resources File

Summary

- Many counties, both nationally and within the WWAMIO region, still lack any type of MAT provider, and of those counties that do have a provider, about 25% only have one.
- Due to the Comprehensive Addiction and Recovery Act, NPs and PAs are beginning to get their DEA waivers to prescribe buprenorphine; however, in order to realize the full potential of this workforce contribution, barriers that keep providers from delivering MAT must be addressed and overcome.

Waivered Physician Recommendations






Study Goals

Many physicians report experiencing a variety of barriers to providing medication-assisted treatment (MAT).

However, a significant number of providers have successfully overcome these barriers and are actively using their waiver.

We are reporting preliminary results from interviews with rurally located physicians who have identified strategies to overcome barriers to prescribing buprenorphine for the treatment of opioid use disorder (OUD).






Methods

Physicians who were prescribing to an above average number of patients were identified using the 2016 WWAMI RHRC survey.

Thus far, we have interviewed **36** of these physicians in order to determine how they have been able to overcome commonly cited barriers to providing this service.



Barriers

We asked physicians about the following previously identified barriers:

- **Time constraints**
 - Financial /reimbursement concerns
 - Resistance from practice partners
 - Lack of specialty backup for complex problems
 - Lack of confidence in your ability to manage opioid use disorder
 - **Lack of available mental health or psychosocial support services**
 - Attraction of drug users
 - DEA intrusion on your practice
 - **Concerns about diversion or misuse of medication**
-

Physicians Recommend

- Getting a mentor (can apply for one through PCSS.org).
 - Having patients sign a contract/agreement and sticking to it.
 - Dedicating a discrete amount of time to this part of your practice.
 - Starting with just a few patients while you get accustomed to it.
 - Creating close relationships with the local pharmacies.
 - At the minimum, getting the waiver so you can treat your own patients, you do not have to take on new ones.
-

Many Physicians Have Found This Rewarding


“The addicted patient who gets better, it just has ripple effects through the community; it keeps families together, moms and children and grandparents are all much happier, so it’s much more rewarding in a lot of ways than routine family practice.”

“How many times a week do you have somebody tell you ‘you saved their life’? I treat a lot of strep throat, but nobody ever tells me I saved their life, but [now] I hear it every week”

“Bup is closest thing to a miracle drug that I’ve seen in my career. Patients who get on it are suddenly able to think clearly, control drug-seeking behavior. I’m always impressed around Christmas time the number of patients who are suddenly able to afford gifts for their family members.”



Future Implications

- Access to MAT must be improved for all U.S. patients, especially those located in rural areas with limited access to treatment.
 - In order to increase the number of providers that obtain and actively use their waiver, practice support is needed and solutions must be found to combat the barriers associated with providing buprenorphine treatment.
 - Compared to many parts of the country, the WWAMIO region is well equipped to add to the rural workforce waived to treat OUD with buprenorphine in order to provide MAT for all who are seeking it.
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Shawnda Schroeder, PhD
Principal Investigator
701-777-0787
shawnda.schroeder@med.und.edu



Center for Rural Health
University of North Dakota
501 N. Columbia Road Stop 9037
Grand Forks, ND 58202

Contact Information

Holly Andrilla, MS

hollya@uw.edu

206-685-6680

WWAMI Rural Health Research Center

<http://depts.washington.edu/uwrhrc>

