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Community Rounds Workshop Series

Nurse Practitioners and Physician Assistants as Buprenorphine Providers: Facilitators and Barriers

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Disclosures

There is nothing to disclose for this UVM CORA Community Rounds session.

Potential Conflict of Interest:

All potential conflicts of Interest have been resolved prior to the start of this program.

All recommendations involving clinical medicine made during this talk were based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

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Objectives

1. Understand the growth and reach of nurse practitioners and other advanced practice clinicians into buprenorphine treatment, including their expansion into rural areas
2. Assess common barriers and facilitators regarding nurse practitioner engagement in buprenorphine treatment, including regulation, education, and community factors
3. Outline on-the-ground issues unique to nurse practitioners and physician assistants in delivering medications for opioid use disorder (MOUD)
4. Discuss treatment concerns for advanced practice clinicians working with special populations, including members of rural communities

Key points from national studies

- Advanced practice clinicians are now the main source of growth in the buprenorphine treatment workforce
- They face barriers to practice, which is dampening growth in access to treatment
- Particularly important in rural areas
- And not just scope of practice
- Workforce growth slowed during the pandemic
- Relaxing training requirements didn't help much
- We don't know how much eliminating the X waiver will help

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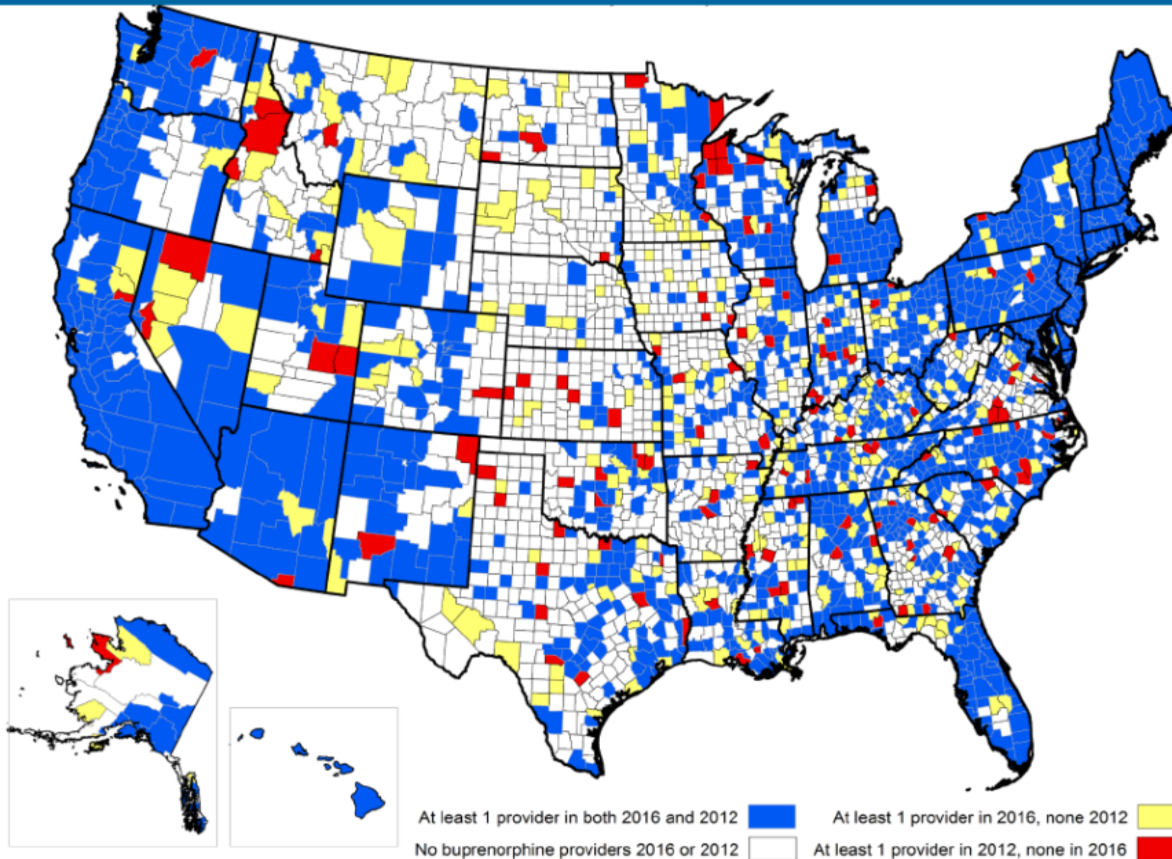
Counties without any waivered provider, 2012-16



Data Source: DEA Waivered physician list, July 2012 & April 2016
Map Date: May 2016

Policy changes in 2016 & 2018

- 2016 Comprehensive Addiction and Recovery Act
  - Added nurse practitioners & physician assistants (temporary)
  - Must take 24 hours of training
  - Expanded physicians to 275 maximum patients
- 2018 SUPPORT opioid bill
  - Added nurse midwives and anesthetists
  - Made NP & PA waivers permanent
- No restrictions on advanced practice clinicians if they have full practice authority
  - If physician oversight required, the physician must also be qualified to have a waiver or meet other criteria

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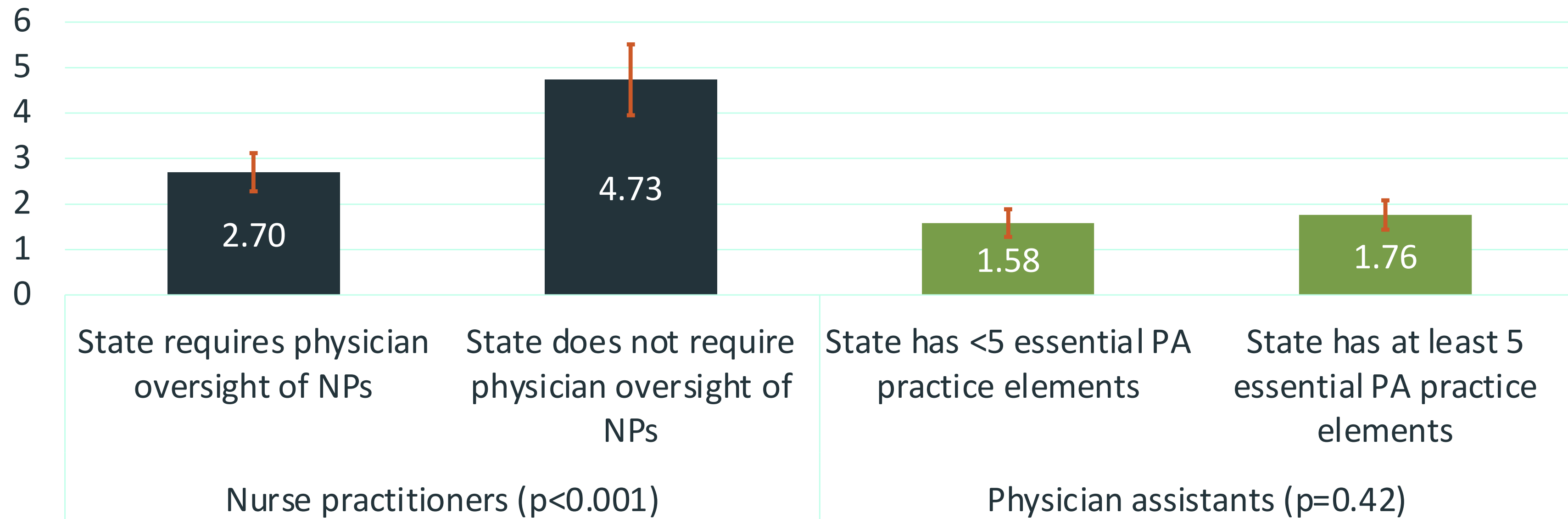
States with physician oversight requirements had fewer NPs obtain waivers by mid-2018



Source: Spetz, J, Toretsky, C, Chapman, S, Phoenix, B, Tierney, M. Nurse practitioner and physician assistant waivers to prescribe buprenorphine and state scope of practice restrictions. JAMA, 2019, 321 (14): 1407-1408.

Rural counties had greater NP treatment capacity in states without physician oversight, June 2020

	Urban counties	Rural counties	Difference between urban & rural	P-value
Percentages of APRNs with waivers				
All states	6.06%	6.74%	-0.68	0.22
Physician oversight states	6.36%	3.76%	0.61	0.41
No physician oversight	5.39%	7.57%	-2.19	0.006
Waivered APRNs per 100K				
All states	229.9	258.9	-29.0	0.29
Physician oversight states	239.4	166.8	72.6	0.005
No physician oversight	209.4	338.1	-128.8	0.005

Source: Spetz, Chapman, Tierney, Phoenix, & Hailer, Journal of Nursing Regulation, 12 (2), July 2021.

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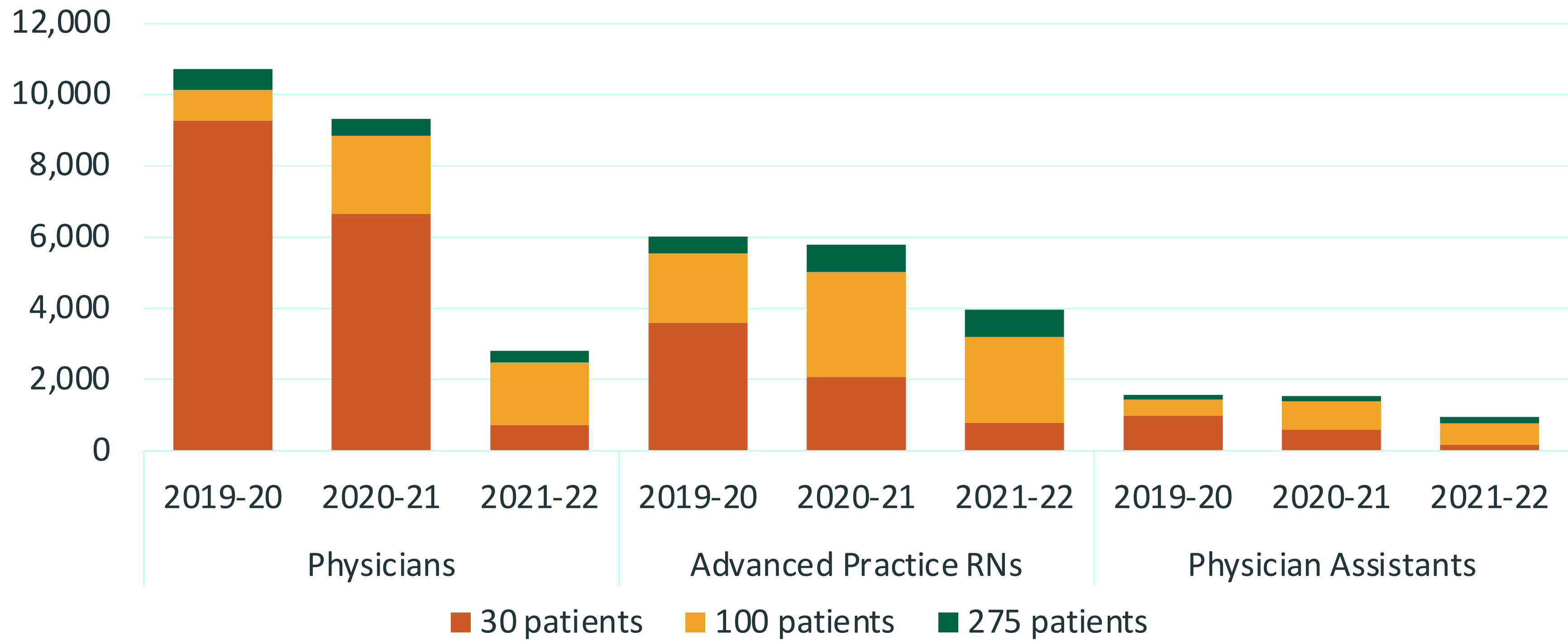
Waiver growth has been more rapid among APRNs through 2022



APRNs account for a growing percentage of treatment capacity

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

1.9% 2.2% 2.5% 2.8% 3.1% 3.6% 4.1% 4.6% 5.0% 5.1% 5.6% 5.9% 6.1% 6.3% 6.6% 6.8%

6.8% 8.3% 9.5% 10.8% 11.8% 13.8% 15.9% 17.6% 19.2% 20.1% 21.9% 23.3% 24.2% 25.1% 26.0% 27.3%

Q2 2018 | Q3 2018 | Q4 2018 | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Q3 2020 | Q4 2020 | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Q1 2022

Physician APRN PA

Providing Low Barrier mOUD services: A Nurse Practitioner's Perspective

Facilitators

- Full Practice Authority
- State Funding and Support
- Multidisciplinary Teams
- Hub and Spoke Collaboration
- Access to Harm Reduction Services
- Training Opportunities

Providing Low Barrier mOUD services: A Nurse Practitioner’s Perspective

Barriers

- Insurance Prior Authorizations
- Pharmacy Limitations
- Limited detoxification and residential treatment options
- Medication options limited to buprenorphine products
- Risk of diversion
- Stigma

Providing Low Barrier mOUD services: A Nurse Practitioner's Perspective

Treatment Concerns

- Psychiatric and Medical Comorbidities
- Complex psychosocial and behavioral health needs
- Use and Misuse of Multiple substances

Rural Implications

- Stigma
- Access to services
- Availability of services

Facilitators & Barrier from a 4-State Study (WV, NM, OH, PA)

Medicaid regulations

- Therapy requirements are a problem when there are shortages of therapists – particularly in rural areas
- Limitations on telehealth

Culture

- Stigma toward both SUD and mOUD

Value of advanced practice nurses

- Clinicians and health care leaders identified the holistic nature of nursing education and practice as an asset

Three Rural Centers of Excellence (RCOEs)

University of Vermont
- Expanding evidence-based treatment and harm reduction for OUD and other SUDs via education, technical assistance, and resources
- Patient focused approaches serving the needs of rural populations through innovative technology and telehealth strategies
- VT, NH, ME, Northern NY

Find us at:
www.uvmcora.org
or cora@uvm.edu

Recovery Center of Excellence

University of Rochester
- Reduce morbidity and mortality related to SUD
- Working to engage communities/ reduce stigma, save lives, and support primary care
- Serving any rural community in the U.S.

Find us at:
recoverycenterofexcellence.org

Fletcher Group
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- Rural Recovery Ecosystem Support Services: Employment, Housing, Transportation
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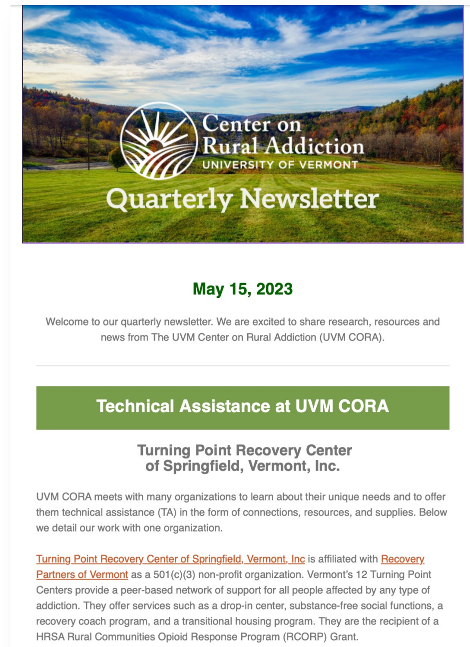
Thank you!
Questions?



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