

## BACKGROUND

- ▶ An estimated 11.8 million Americans ages 12 and older misuse opioids, the majority of whom misused prescription pain relievers.<sup>1</sup>
- ▶ About 2.1 million Americans (3.9% of people aged 12 and older) have dependence to opioid pain relievers and 700,000 to heroin.<sup>2</sup>
- ▶ Only a fraction of Americans actually receive maintenance therapy for their opioid addiction: 100,043 with methadone and 46,148 with buprenorphine.<sup>3</sup>
- ▶ More Americans die from overdoses of prescription opioids than from all other drugs combined, including heroin and cocaine.<sup>4</sup>
- ▶ U.S. deaths involving prescription opioids tripled from 2001 to 2011; deaths involving heroin increased 5 fold.<sup>5</sup>
- ▶ HRSA Health Centers provides access to treatment and recovery services for opioid use disorder within urban and rural communities.

Opioids include opium derivatives ranging from heroin to prescription pain relievers such as oxycodone, morphine, hydrocodone, and hydrocodone/acetaminophen. Opioids originally referred to synthetic derivatives of opium, such as prescription drugs. In new uses, these terms are often interchangeable. Opioid use disorder has increasingly become a public health crisis in many communities across the country. Communities are challenged to manage the impact poor health outcomes, increased needs related to the social determinants of health, and spread of communicable diseases such as HIV, Hepatitis C, and other infectious diseases.

## ROLE FOR HEALTH CENTERS

Buprenorphine injection (buprenorphine, referred to as “buprenorphine” for simplicity) is an office-based therapy that can be prescribed at health centers by MUDs/DOs who have completed an [8-hour training](#) and have applied for and been granted a waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000). Under Section 303 of the Comprehensive Addiction and Recovery Act (CARA), nurse practitioners (NPs) and physician assistants (PAs) can also be granted a waiver to prescribe buprenorphine products for opioid use disorders after completing 24 hours of training.

- 1 Health centers should consider periodic, regular screening of all adult and teenage patients for substance use as recommended in the Substance Abuse and Mental Health Services Administration’s [SAMHSA’s Guidelines for Opioid Use Disorder](#).
- 2 Screening can be conducted by any trained clinical team member using validated [screening tools](#) as [brief as one question](#) as part of routine clinical workflow. Screening, brief intervention, and Referral to Treatment (SBIRT) and Motivational Interviewing can be integrated into workflow.
- 3 Individuals meeting DSM-5 criteria for opioid use disorder may be offered or referred for opioid substitution therapy (OST) with buprenorphine or methadone. OST is the best evidence-based treatment for opioid use disorder. OST, including the use of buprenorphine, falls under the larger pharmacologic strategy of medication-assisted treatment (MAT) which may include non-opioid medication classes for treating substance use disorders as well as behavioral health therapies. Special training may be added for special populations, including but not limited to use during pregnancy, adolescent patients, geriatric patients, patients with chronic pain, and patients with multiple medication dependencies.

## KEY CLINICAL CHALLENGES & STRATEGIES

Health centers wishing to integrate buprenorphine therapy into their primary care practice can consider the following strategies to address common clinical challenges.

- 1 **Physician Recruitment and Retention:** Educate and identify interested MUDs/DOs as well as NPs/PAs, offer training sites and use of waiver, consider team-based program to support practitioners with potential barriers to include nurse, medical assistant, substance misuse counselor, mental health clinician, and front desk staff provide support through long distance learning models and mentoring programs. The [Provider Clinical Support System \(PCSS\)](#) offers an exemplary long distance mentorship model as well as free training courses. Telehealth practitioners are exempt from the requirement of one in-person medical evaluation of the patient if the practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of [28 C.F.R. § 1.804](#).
- 2 **Clinical Time Constraints:** Map out workflow including how referrals, intake, in-office and home injections, maintenance visits, toxicology screenings, prescriptions, and patient adherence to treatment plan will be handled. Use team members to accomplish many clinical tasks, e.g., nursing visits, groups, care management to improve treatment efficacy to ensure patient adherence and to empower clinical team members, consider use of coaches that can be trained by any team member to patients to allow them to pick up the buprenorphine prescription at the pharmacy.