

POLICY BRIEF

Nurse Practitioner and Physician Assistant Provision of Medication-Assisted Treatment for Opioid Use Disorder: A Survey of Knowledge, Engagement, and Perceptions



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Background

The 2016 Comprehensive Addiction and Recovery Act (CARA)¹ expanded addiction treatment for opioid use disorder (OUD) and authorized nurse practitioners and physician assistants to prescribe MAT for OUD until 2021.² MAT comprises medication, psychosocial, and recovery support services,³ and commonly involves the use of methadone, buprenorphine, or naltrexone. Because nurse practitioners are more likely to serve rural and Medicaid-eligible populations than physicians,^{4,5} and physician assistants specialize in expanding physicians' practice, authorizing both occupations to prescribe MAT should increase Americans' access to OUD treatment. Barriers to nurse practitioners and physician assistants expanding MAT access include state laws that restrict full practice, nurse practitioner and physician assistant lack of training/experience with MAT, and provider stigma about patients with OUD.⁶

Methods

The Behavioral Health Workforce Research Center created an online survey and disseminated it from July to August 2018 to a random sample of 3,711 nurse practitioners and physician assistants. Researchers offered the first 400 participants to complete the survey a \$25 MasterCard Gift Card. Survey themes included: demographics, professional characteristics and practice settings, screening for substance use disorder, substance use disorder maintenance, MAT drug knowledge and prescribing, and treatment barriers.

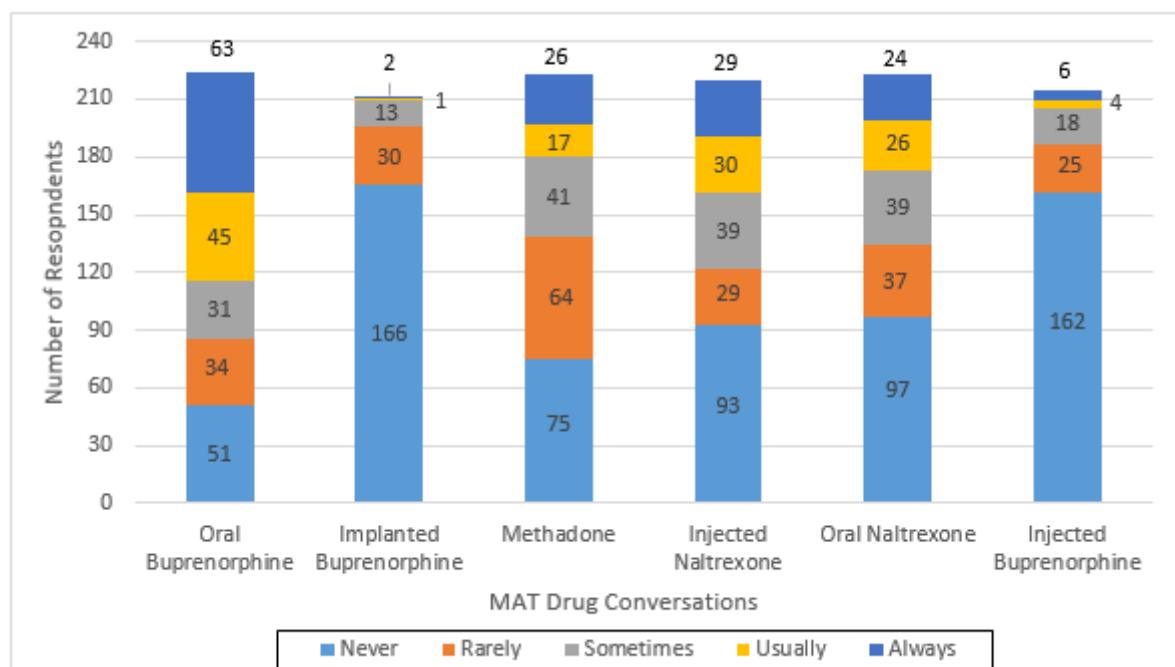
Researchers also conducted four, 1-hour long, semi-structured key informant interviews with nurse practitioners and physician assistants to supplement the survey results. The National Council recruited these participants from a pool of approximately 100 nurse practitioners and physician assistants via e-mail invitations. Participants received a \$50 incentive to compensate for 1-hour interviews.

Key Findings

Of the 240 responses to the online survey, 118 were from nurse practitioners (49.2%) and 122 were from physician assistants (50.8%). The majority of nurse practitioners and physician assistants surveyed screened between 76% and 100% of their new patients for substance use disorders, and treated between 0% and 25% of their patients for the same. Respondents were typically very confident in their ability to detect OUD in a patient, but less confident in their ability to treat it. The surveyed nurse practitioners and physician assistants were most familiar with oral buprenorphine, followed by methadone and oral naltrexone. For all three medications, respondents agreed that they decreased cravings, reduced rates of relapse, and reduced rates of overdose. They also agreed that MAT should be combined with counseling and peer support, and that these supports increase MAT's efficacy. Some respondents indicated they believe MAT to be an immoral or dangerous practice, a stigma that may stem from education, training, or providers' personal and cultural beliefs. Those surveyed were generally unfamiliar with implanted or injected buprenorphine, suggesting they

had not learned about these most recent MAT drug formulations. A summary of the frequencies with which providers talk about selected MAT medications with patients is presented in Figure 1.

Figure 1. Respondents' Frequency of Discussions with Patients About Select Medication Assisted Treatment Options



Policy Considerations

Key findings of this study highlight the opportunities that nurse practitioners and physician assistants provide for increasing access to MAT, accomplishable through implementation of such policies as:

- Focusing CARA trainings on current MAT best practices and the newest MAT drug formulations.
- Incentivizing the uptake of CARA training through lowered perceived costs of obtaining a waiver (cost of training) and increased perceived benefits (expanded patient panels).
- Standardizing graduate program addiction training to make MAT or OUD treatment a core requirement of the graduate nurse practitioner and physician assistant curricula, thereby ensuring that future workforces will be more confident in their ability to treat OUD.⁷
- Incorporating CARA's training requirements into graduate programs to equip all graduating nurse practitioners and physician assistants with a buprenorphine waiver and the training necessary to effectively utilize it.⁸
- Increasing students' and current professionals' access to active peer MAT providers using telecommunication technology in graduate programs or continuing medical education settings.⁹
- Integrating behavioral health and medical provider settings through co-location or telehealth to both increase access to services and improve providers' competency in treating OUD.¹⁰
- Implementing coursework to help identify and reduce stigmas related to substance use disorder in nurse practitioner and physician assistant graduate programs.¹¹

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