

POLICY BRIEF

Behavioral Health Workforce Strategies for Countering the U.S. Opioid Epidemic



Project Team

Kyle Grazier, DrPH, MPH, MS Erin Gaines
Maria Gaiser, MPH Jackson Bensley, MPH
Jessica Buche, MPH, MA

Background

Though approximately 2 million Americans currently live with an opioid use disorder (OUD) and more than 10 million reported misusing opioids in the past year,¹ OUD education remains underemphasized in behavioral health professional training.² Inadequate OUD education impacts provider preparedness and practice gaps across occupations and settings. This mixed-methods study sought to determine training variation among opioid treatment provider types and identify strategies for effective dissemination and implementation of best practices in OUD education, with an emphasis on supplementing current health professional education substance use disorder (SUD) curricula. Provider scopes of practice for psychiatrists (MDs), advanced practice registered nurses (APRNs), and physician assistants (PAs) were assessed to learn of regional trends in OUD and SUD training requirements across the U.S.

Methods

The University of Michigan Behavioral Health Workforce Research Center conducted a literature review and collected state-level data in fall 2021 on: (1) provider scopes of practice (SOPs), 2) SUD education and training requirements, and 3) state- and national-level loan repayment programs. Researchers identified a convenience sample of MD, APRN, and PA program key informants across the U.S. who completed 1-hour Zoom interviews on the topics of program structure, curriculum, recruitment, and sustainability as pertaining to SUD/OUD. Interviews were recorded, professionally transcribed using Scribie, and thematically analyzed.

Key Findings

A review of literature and state SOPs revealed significant variation in training requirements and prescribing practices for all 3 professions. States with more robust training requirements tended to have a greater number of special topics, education, or continuing education hours in SUD/OUD. Prescribing practices for psychiatrists were generally standardized across the US, while authorization for PAs to treat OUD without physician supervision and the number of PAs a physician was permitted to supervise at one time ranged from permissive to restrictive. APRN prescribing practices followed a similar pattern to PAs, with nearly half of U.S. states having restrictive or reduced APRN practice authority laws. All 3 prescriber types were required to pass an examination in order to practice.

Six key informants completed interviews in April–June 2022. Key informants were program directors and professors at institutions that train MD, APRN, and PA students across 5 states: California, Massachusetts, Missouri, North Carolina, and Rhode Island. Key informants from medical school and fellowship programs comprised the majority of the sample (n=4). All key informants held multiple roles within

their institutions, with titles including: medical director, program director, associate dean for medical education, associate professor, clinical professor, fellowship director, and clerkship director.

All key informant programs included a specific focus on OUD. Clinical experiences, course didactics, and roleplaying simulations were noted as valuable sources of student exposure to chronic pain and addiction cases. Funding was the most frequently cited facilitating and challenging factor for introducing OUD programming into training programs. Key informants applauded funding in the form of initiatives and certification for mastery of addiction-specific skills as a draw for students. Key informants also stressed having to raise money for fellowship programs as a hindrance, with limited guaranteed funding opportunities. Securing long-term funding was a noted challenge, particularly for programs reliant on external, term-limited funding such as grants. Key informants lauded loan repayment programs and scholarships as key factors in recruiting and retaining students in training programs.

Conclusions

SUD/OUD education requirements are not equal across states or training programs. State-specific SOPs vary in the robustness of their SUD- and OUD-specific education requirements, including mandated hours of SUD/OUD content and continuing education, and prescribing authority for APRNs and PAs differs across states. Staffing, curriculum time availability or constraints, and funding are consistent areas of both successes and challenges, with staff advocacy for OUD content inclusion and loan repayment opportunities as facilitators to maintaining program longevity. Standardization of national requirements and state-specific SOPs mandating OUD-focused content, as well as creating opportunities for emerging prescribers to earn the waiver necessary for medication-assisted treatment prescribing, are key strategies for expanding the workforce capable of treating OUD.

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