

MPCA SURVEY SUMMARY

INTRODUCTION

The Montana Primary Care Association (MPCA) has been actively supporting the Addictive and Mental Disorders Division of Montana's Department of Health and Human Services to expand the number of medical providers able to prescribe Medication-Assisted Treatment (MAT) for opioid use disorder (OUD) through the expansion of the DATA 2000 Waiver (Waiver). In Montana, only 22 medical providers were Waivered to prescribe buprenorphine, however, through these efforts, as of December 2019, that number has increased to 156 eligible Waivered providers. While Montana has seen an increase in Waivered providers across the state, many studies have shown that many Waivered providers do not prescribe buprenorphine or do not prescribe close to their maximum limit.

To understand this further, JG Research & Evaluation developed a survey to disseminate to health care providers in order to understand characteristics between Waivered and non-Waivered providers, perceptions of buprenorphine, as well as the challenges and incentives to prescribing buprenorphine or obtaining the Waiver. Interviews were conducted with providers after the survey in order to provide a broader understanding of prescribing behaviors of Waivered providers and challenges amongst providers who stated they were interested in receiving the Waiver but have not yet obtained it.

DEMOGRAPHICS

Between October 9 and November 20 of 2019, JG collected a total of 85 surveys, 30 of which were Waivered respondents and 55 of which were non-Waivered providers that were eligible to apply for the Waiver.

Majority of survey respondents were female (n=61, 72%) and between the ages of 36 and 55 (n=38, 45%). The average age varied slightly by Waiver status, as majority of Waivered respondents were over 55 years old (n=13, 43%). 74% of all respondents primarily practice in urban counties without much difference in Waiver status.



DEMOGRAPHICS KEY TAKEAWAYS

Practicing in FQHC settings

- ◇ 15 out of 30 Waivered providers practice in FQHCs
- ◇ 6 out of 55 non-Waivered providers practice in FQHCs
- ◇ Almost half of Waivered providers who work in FQHCs have been in practice for 5 to 10 years
- ◇ Half of non-Waivered FQHC providers have been in practice for 16+ years

Hub and Spoke

- ◇ 11 out of 85 respondents were either part of a Hub or Spoke site.
- ◇ 23 out of 85 respondents were unsure if they were in a Hub & Spoke network
- ◇ 14 out of 23 unsure respondents were non-Waivered providers
- ◇ 12 out of 23 unsure respondents were in FQHCs

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WAIVERED PROVIDERS

Among the 30 waived providers, 19 (64%) obtained their DATA Waiver in 2017 and 2018. Only 5 providers (17%) had obtained their initial waiver between 2002 and 2013.

18 out of 30 providers hold a Tier 1 level waiver to cover up to 30 patients at a time and among Tier 1 providers, only 2 of those providers (11%) plan to increase their patient capacity in the next 6-12 months.

Waived providers were asked about some incentives that would help them prescribe buprenorphine or prescribe at the maximum patient limit.

NON-WAIVERED PROVIDERS

Among the 55 non-Waivered providers, 6 providers had previously attempted to become a Waivered provider. In addition, majority of the non-Waivered providers (n=46) stated that they were not interested in becoming a Waivered provider.

While roughly a third of respondents stated that they did not see patients that were referred for OUD treatment, 35 respondents referred from 1 to over 30 patients to receive OUD treatment.

Among the 7 non-Waivered providers who are interested in becoming Waivered, only 2 had previously attempted to get the Waiver. Only 1 out of the 7 holds a certification in addiction medicine. 5 out of 7 are physicians and 2 out of 7 are mid-level providers (nurse practitioner and physician assistant).

NON-WAIVERED PROVIDERS KEY TAKEAWAYS

- ◇ 13 out of 30 Waivered respondents selected “Increased patient demand” as an incentive that would allow them to prescribe at their Waiver’s maximum limit
 - 10 out of those 13 come from urban areas and 8 work in the FQHC setting
- ◇ Only 3 out of 30 Waivered respondents selected “Nothing will increase my prescribing”
 - All reside in urban settings and have been in practice for 5 to 10 years
 - 2 out of the 3 are in FQHCs



NON-WAIVERED PROVIDERS KEY TAKEAWAYS

- ◇ 27 out of 55 respondents stated that nothing would increase their willingness to prescribe buprenorphine
- ◇ 30 out of 55 respondents cited other reasons as to why they did not get the Waiver
 - The most popular reason as cited by 6 out of those 30 was a lack of interest and trust in buprenorphine.
 - 5 out of those 30 said that their practice setting was not the appropriate place to be prescribing buprenorphine
- ◇ Among the 7 respondents interested in obtaining the Waiver, 6 cited being paired with an experienced prescriber who can help answer questions and provide guidance on prescribing as a major resource that would increase their willingness to become Waivered
 - 2 out of 7 stated that they did not have appropriate administrative support
 - 2 out of 7 cited challenges in the process of being a Waivered provider including concerns about the Drug Enforcement Agency being cumbersome

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WAIVERED VS. NON-WAIVERED PROVIDERS

Attitudes about buprenorphine

Both Waivered and Non-Waivered providers had favorable views of buprenorphine as a treatment for OUD. In addition, when asked similar questions about challenges in Waivered providers prescribing buprenorphine or Non-Waivered providers pursuing the Waiver, both groups had similar responses to the question.

- ◇ All but two Waivered providers stated that they believe that “Buprenorphine should be used indefinitely as long as the patient is benefiting”
- ◇ Non-Waivered respondents had a slightly mixed perspective on the clinical effectiveness of buprenorphine
 - 22 out of 55 view buprenorphine as a favorable OUD treatment
 - 21 out of 55 view buprenorphine efficacy as neither favorable or unfavorable
 - 10 out of 55 view buprenorphine efficacy as unfavorable

CONCLUSION

While there continues to be a need for MAT in Montana, many providers continue to prescribe less than their limit or have yet to pursue the Waiver due to lack of time and capacity to provide behavioral health treatments.

By further understanding patterns of prescribing among Waivered providers or attitudes about buprenorphine among non-Waivered providers, this study has future implications on how the state can help reduce these barriers to treatment of OUD.

Challenges to prescribing buprenorphine

Waivered and Non-Waivered providers had similar perspectives on reasons why providers either did not prescribe buprenorphine to their limit or have not pursuing the Waiver. Overall, time constraints (33 out of 85) and lack of access to psychological services or other behavioral health providers for patients (23 out of 85) were the major reasons that all survey respondents either have not pursued the Waiver or if they do have it, prevent them from prescribing to their maximum patient limit.

- ◇ 16 out of 30 (53%) Waivered providers cited time constraints as a major reason preventing them from prescribing
- ◇ 20 out of 55 (36%) non-Waivered providers cited a lack of access to psychological services or other behavioral health providers for patients as the major reason for not pursuing a Waiver
 - The second most cited reason was concern about the risk of misuse or diversion of buprenorphine by 19 of the



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