Concerns and Perceived Barriers Related to Treatment of Opioid Addiction with Buprenorphine

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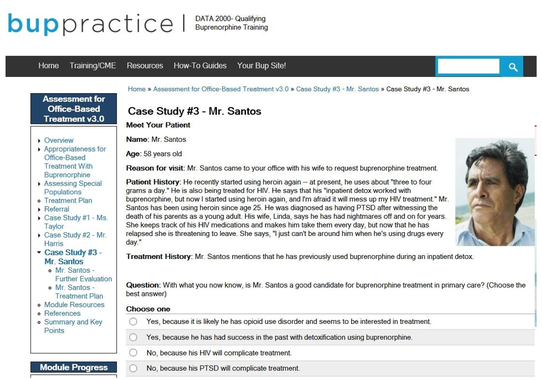
Relevance: Despite the demonstrated value of opioid treatment with buprenorphine there are an insufficient number of prescribers who have completed the necessary training to obtain a waiver to prescribe buprenorphine. Understanding the barriers that hinder potential prescribers may help address this practice gap and thus improve the health of patients with opioid addiction.

Background: The benefits of treatment of opioid addiction with buprenorphine are well established and the required training is readily available from a variety of sources. Yet implementation of treatment remains low despite the growing opioid epidemic. We sought to better understand physician perceptions and barriers which are interfering with physicians obtaining DATA 2000 training to prescribe buprenoprhine. We investigated potential factors including concerns related to patient behavior or treatment complexity. We also investigated practice environment concerns; for example anxiety related to the DEA and state substance enforcement programs aggression in combating diversion.

Purpose: With current funding from the National Institutes of Drug Abuse (NIH Grant #R44DA034404-01A1, *Coordinated Treatment of Addiction to Prescription Pain Medications)*, we are creating a web-based support and training program for prescribers of buprenorphine and their patients. The project's focus is identifying barriers to prescribing and in turn addressing those barriers on both patient and providers levels through improved education and skills, conveyance of expectations, and enhanced data collection and communication.

Learning Objectives: Upon completion, participants in the poster review activity will be able to:

- Recognize barriers to treatment of opioid addiction with buprenorphine.
- Describe how factors including concerns related to patient behavior or treatment complexity can harm acceptance of buprenorphine treatment and dissemination of buprenorphine treatment to the full audience of primary care professionals.
- Describe potential ways that perceived barriers associated with the perceived risk of patient hostility and diversion can be lowered.
- Describe potential ways that other perceived barriers can be lowered including barriers related to the challenge of treating addicted patients with pain, polysubstance use, or complicated medical problems.



Methods: A survey was administered to all users both before and after participation in the BupPractice.com online DATA 2000 qualifying training experience. Between October 9, 2013 and April 22, 2014, 775 individuals completed pre- and post-surveys. Participants were asked about their attitudes toward prescribing buprenorphine, confidence, perceived impact of the educational training program on their intended practice, and potential barriers to treatment with buprenorphine.

Results: The respondents were primarily physicians; most commonly in family medicine (26.5%), internal medicine (22.8%) and psychiatry (20.6%). Most physicians who choose the program had over 11 years of experience after residency (60.5%).

Prior to beginning the program, only 55% of users agreed or strongly agreed that primary care physicians should prescribe buprenorphine. Of the population who completed the program during the same time period, 88% agreed after completing the program that primary care physicians should prescribe, a dramatic increase.

Prior to training, only 60% of users agreed or strongly agreed that they were confident in their ability to screen for opioid abuse. After the training, over 90% indicated improved confidence in screening and other clinical skills related to diagnosing and treating either substance or opioid use.

Common concerns about treatment remained, included difficulty treating opioid addiction in the presence of:

- patient hostility and/or threats (30%),
- comorbid issues such as chronic pain (24%),
- serious medical issues (22%),
- polysubstance addiction (16%), and
- possible diversion (12%).

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References

Barry DT, Irwin KS, Jones ES, Becker WC, Tetrault JM, Sullivan LE, Hansen H, O'Connor PG, Schottenfeld RS, Fiellin DA. Integrating buprenorphine treatment into office-based practice: a qualitative study. J Gen Intern Med. 2009 Feb. 24(2):218-25. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2628993/?tool=pubmed. Accessed: 10/4/14. PMID: 19089500

Cunningham CO, Kunins HV, Roose RJ, Elam RT, Sohler NL. Barriers to obtaining waivers to prescribe buprenorphine for opioid addiction treatment among HIV physicians. J Gen Intern Med. 2007 Sep. 22(9):1325-9. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219773/?tool=pubmed. Accessed: 10/4/14. PMID: 17619934

Mintzer IL, Eisenberg M, Terra M, MacVane C, Himmelstein DU, Woolhandler S. Treating opioid addiction with buprenorphine-naloxone in community-based primary care settings.. Ann Fam Med. 2007 Mar-Apr. 5(2):146-50. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1838690/?tool=pubmed. Accessed on: 10/2/14. PMID: 17389539

Netherland J, Botsko M, Egan JE, Saxon AJ, Cunningham CO, Finkelstein R, Gourevitch MN, Renner JA, Sohler N, Sullivan LE, Weiss L, Fiellin DA; BHIVES Collaborative. Factors affecting willingness to provide buprenorphine treatment. J Subst Abuse Treat. 2009 Apr. 36(3):244-51. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866292/?tool=pubmed. Accessed: 10/4/14. PMID: 18715741

Conclusions: The survey demonstrates the effect of training on self confidence and confidence in the primary care profession in treating opioid addiction with buprenorphine. Despite this, physicians reported significant concerns that are harming the ability of addiction medicine to achieve its potential impact even after training. To increase its impact, addiction medicine must help primary care overcome perceived dangers due to a fear of hostility and diversion. Further, it must assist primary care in understanding approaches to complicated cases involving pain, other medical problems, or polysubstance use to enhance confidence in the full range of patients with addiction. Future research will attempt to clarify the basis of these concerns (e.g., news media, personal experience, overall perception). Defining the source of the barriers can guide interventions that can reduce or eliminate these barriers to treatment.