

Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies for Providers, Researchers, Payers, Institutions, and Regulators

Though medications for opioid use disorder (MOUD) are effective and approved by the FDA, almost four in five Americans with opioid use disorder (OUD) do not receive treatment with these medications. The gap in access to evidence-based care, including treatment with these medications, stems in part from barriers to change within the health care system.

An individually authored discussion paper by members of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic identifies nine key barriers to access, use, and delivery of evidence-based treatment and focuses on strategies that can be employed by providers, researchers, payers, institutions, educational and accrediting bodies, and regulators to overcome barriers and move toward a more functional treatment system for all. The barriers are divided into five categories: provider barriers, institutional barriers, regulatory barriers, financial barriers, and barriers to engagement within the treatment system.

The paper's authors present 25 potential strategies to address these barriers. Some are achievable immediately, and some will need to be executed over a longer term. All the strategies work toward the end goal of improving access to evidence-based medical treatment and better care for those with OUD.

The barriers and strategies are provided below for ease of reference. Please find more detail and read the entire discussion paper at nam.edu/OpioidCollaborative.

Strategies to Overcome Provider Barriers

BARRIERS: Stigma against people who use drugs and stigma against MOUD is prevalent within the health care system and impedes otherwise successful strategies to improve patient care and treatment. Additionally, standard medical school and residency training do not require the training necessary to recognize or manage OUD, including providing MOUD. These issues contributed to a mental health and addiction workforce that is insufficiently prepared to address diverse and proliferating treatment needs across the country. It is reasonable to assume increasing the number of providers prepared to treat OUD will increase access to lifesaving treatment.

STRATEGIES

- The CDC should partner with professional associations and others to develop and implement an evidence-based stigma reduction campaign targeting clinicians, pharmacists, and support staff.
- Accreditation agencies should require that clinicians receive training in screening, diagnosis, and treatment of opioid addiction. These requirements should cover medical students, residents, physicians, and advanced practice clinicians (e.g. nurse practitioners and physician assistants). Recommended credentialing agencies include the LCME, ACGME, CCNE, ACEN, and ARC-PA.
- Congress should increase opportunities to train addiction psychiatrists and addiction medicine specialists by appropriating funding for the Mental and Substance Use Disorders Workforce Training Demonstration Program, which was authorized under the 21st Century Cures Act. who treat substance use disorders (SUDs) in underserved areas.
- Congress should increase funding for loan repayment programs for addiction specialists who treat substance use disorders in underserved areas.

Strategies for Institutional Change

BARRIERS: The medical community has been slow to adopt standards for the integration of substance use disorder treatment into medical and psychiatric care, resulting in a treatment system that misses opportunities to engage patients at risk of the serious consequences of OUD. Patients also face a range of structural and logistical challenges when seeking and continuing treatment for OUD. Innovation in delivery of care will hopefully both increase access and improve the quality of care people receive.

STRATEGIES

- The National Institutes of Health and Agency for Healthcare Research and Quality should support standards and metrics for primary care, community health centers, certified community behavioral health clinics, emergency departments, detention facilities, and mental health programs to screen for and treat opioid use disorder.
- Agencies or organizations responsible for the accreditation and licensing of substance use treatment facilities, including the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities, should ensure that providing access to effective medications is a condition of accreditation and licensure for treatment of opioid use disorder.
- SAMHSA, NIDA, and CMS should evaluate programs receiving federal funding to support service provision. These agencies should phase out funding for addiction treatment programs that do not offer evidence-based care, including MOUD.
- States should organize and fund evidence-based technical assistance for clinicians prescribing buprenorphine and naltrexone, linking them to specialists and other resources.
- States should implement and fund models that address patient needs at varying levels of complexity.
- SAMHSA, NIDA, and CMS should implement and evaluate programs that expedite access to medications for opioid use disorder.
- SAMHSA, NIDA, and CMS should fund and evaluate innovative models of treatment delivery that address social determinants of health and racial and geographic disparities in access to care.

Strategies to Overcome Regulatory Barriers

BARRIERS: Laws and regulations not rooted in evidence create barriers to treatment access, care coordination, lead to breaks in the treatment system, and frustration for clinicians treating those with OUD. Additionally, a key component to comprehensive substance use treatment is the sharing of data in an efficient, effective way that improves outcomes. Unfortunately, distinct privacy regulations impair data sharing for patient care. Regulations should be examined regularly to ensure they comply with the most recent evidence.

STRATEGIES

- Once there is an assurance of appropriate training for all prescribing clinicians, Congress should repeal the requirement to obtain a waiver to prescribe buprenorphine.
- States should consider expanding the training and scope of practice for nurse practitioners in order to facilitate greater access to medications for opioid use disorder.
- DEA and SAMHSA should encourage innovation on methadone delivery.
- Congress should preempt state laws that add unnecessary additional barriers to the provision of medications for opioid use disorder.
- Public and private payers should eliminate utilization policies that limit access to quality treatment.
- To improve care coordination among clinicians, SAMHSA should revise restrictions on data sharing specific to substance use treatment programs.
- NIDA should fund research exploring the impact of prescription drug monitoring programs and other data sharing tools on overdose mortality and other opioid-related health outcomes.

Strategies to Overcome Financial Barriers

BARRIERS: While more and more Americans today have health insurance, patients still experience significant financial barriers to accessing treatment for OUD and other substance use disorders. Additionally, too few incarcerated individuals receive treatment for OUD. Addressing financial barriers to increase access to and coverage of lifesaving OUD treatment for vulnerable

STRATEGIES

- All states should expand Medicaid to childless adults to gain the benefits of health coverage.
- Congress should permit Medicaid funds to be used for medications for opioid use disorder for incarcerated individuals.
- States should ensure that incarcerated individuals have active health coverage immediately upon release.
- Public and private payers should provide coverage that facilitates access to all three FDA-approved medications for opioid use disorder.
- States should enforce mental health parity laws.

Strategies to Improve Engagement in the Treatment System

BARRIERS: It is critical for stakeholders in the treatment system to better understand the needs and motivations of people with OUD and to develop strategies to engage them in care that will reduce their risk of opioid-related morbidity and mortality. To increase interest in treatment among people with OUD, it is necessary to understand their perceptions and experiences with barriers to care.

STRATEGIES

- Treatment systems should consult with people who use drugs to improve services targeted at them.
- NIDA should fund research on strategies to increase patient engagement and motivation to receive treatment.

SOURCE: Madras, B. K., N. J. Ahmad, J. Wen, J. Sharfstein, and the Prevention, Treatment, and Recovery Working Group of the Action Collaborative on Countering the U.S. Opioid Epidemic. *NAM Perspectives*. Discussion Paper, Washington, DC. <https://doi.org/10.31478/202004b>

DISCLAIMER: The views expressed in this paper are those of the authors and not necessarily of the authors' organizations, the National Academy of Medicine (NAM), or the National Academies of Sciences, Engineering, and Medicine (the National Academies). The paper is intended to help inform and stimulate discussion. It is not a report of the NAM or the National Academies. Copyright by the National Academy of Sciences. All rights reserved.

Download the full publication at nam.edu/OpioidCollaborative