

Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Institutional Barriers and Strategies

Even though medications to treat opioid use disorder (MOUD) are effective, almost four in five Americans with opioid use disorder (OUD) do not receive any form of treatment, including with these medications. The gap in access to evidence-based care, including treatment with medications, stems in part from barriers to change within our existing 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 key barriers to access, use, and delivery of evidence-based treatment and focuses on actions to surmount barriers that compromise our current treatment system. Explore key institutional barriers and strategies below.

MOUD Treatment Should Follow Accepted, Evidence-based Standards

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.** One key challenge is continued resistance to proven strategies, like initiating buprenorphine treatment for OUD in emergency departments and maintenance of OUD treatment while people are incarcerated, which eliminates forced detoxification and withdrawal. Additionally, there are gaps in the continuum of care such as inadequate transitions from rescue to treatment and poor care coordination.

STRATEGY 1: 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.

STRATEGY 2: 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.

STRATEGY 3: 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.

STRATEGY 4: States should organize and fund evidence-based technical assistance for clinicians prescribing buprenorphine and naltrexone, linking them to specialists and other resources.

Systems of Care Should Center Around Patients and Their Needs

Patients face a range of structural and logistical challenges when seeking and continuing treatment for OUD. Even as greater financial resources have been appropriated to the opioid epidemic by the federal government, **many clinics lack resources such as staff, clinic space, visit time, and institutional support necessary to provide quality substance use treatment.** There is an urgent need to develop flexible systems of care that are centered around patient needs.

STRATEGY 1: States should implement and fund models that address patient needs at varying levels of complexity.

STRATEGY 2: SAMHSA, NIDA, and CMS should implement and evaluate programs that expedite access to medications for opioid use disorder.

STRATEGY 3: 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.

In 2016, only 6% of substance use treatment facilities offered all three FDA-approved MOUD.

Over 70% of people with OUD do not receive treatment.

Almost 33% of rural Americans cannot access buprenorphine within the county where they live.

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>

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