

## Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Provider 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 provider barriers and strategies below.

### Targeted Efforts are Needed to Reduce Stigmatizing Attitudes Among Providers

A systematic review of attitudes toward patients with substance use disorders (SUDs) among physicians, nurses, psychologists, social workers, and other health professionals **found evidence that some providers have negative views of individuals with SUDs**. Additionally, despite proven benefits, there is stigma towards lifesaving MOUD. Stigma against people who use drugs and stigma against MOUD is prevalent within the health care system and further impedes otherwise successful strategies to improve patient care and treatment.

**STRATEGY 1:** 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.

### Providers Need Increased Training in Screening, Diagnosis, and Treatment

Despite the impact and pervasiveness of the opioid epidemic, **most clinicians cannot confidently diagnose and treat patients with SUDs**. Standard medical school and residency training do not require the detailed training necessary to recognize or manage OUD, including providing MOUD. Improving training for providers to administer evidence-based care for patients with SUDs will advance quality care.

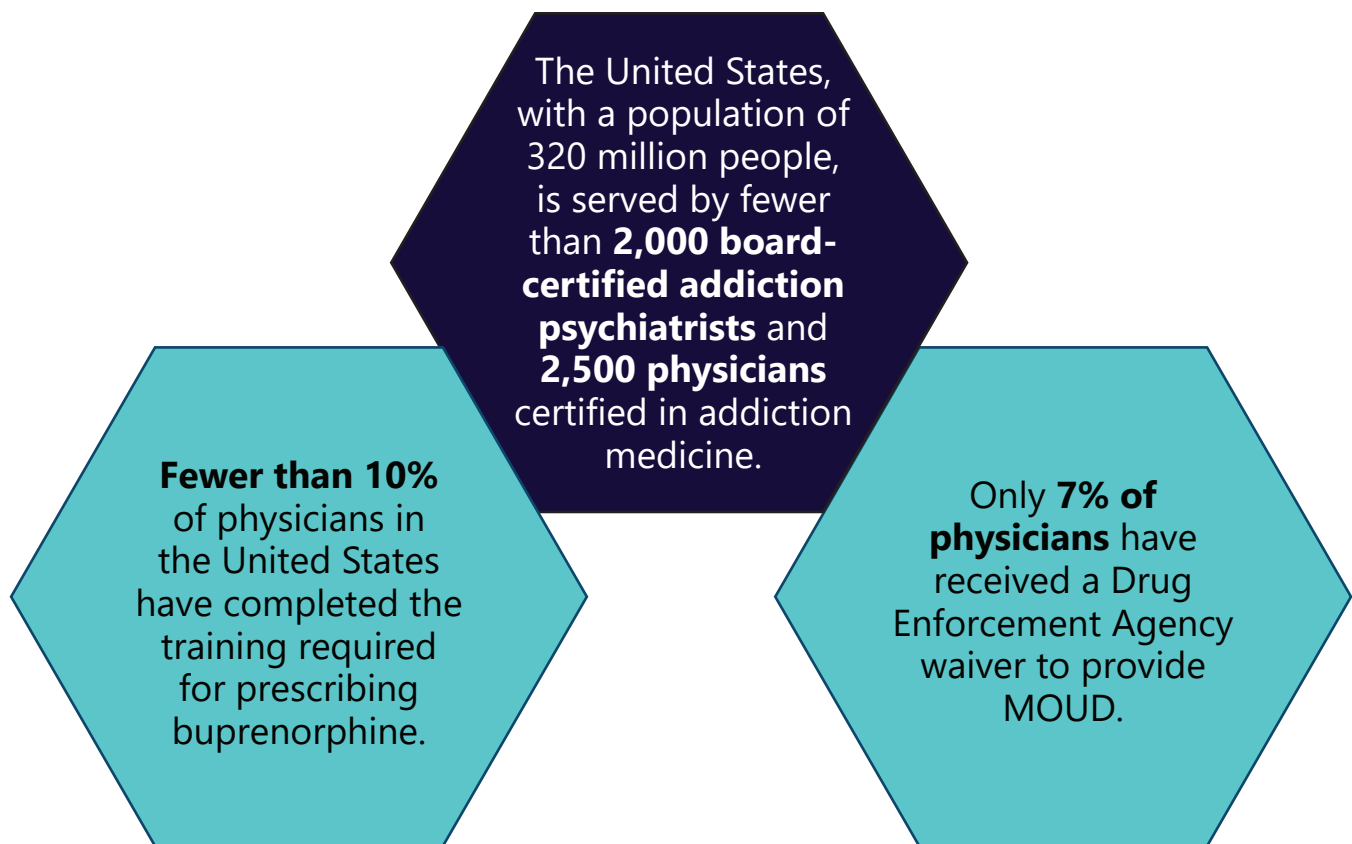
**STRATEGY 2:** Accreditation agencies should require that clinicians receive training in screening, diagnosis, and treatment of opioid addiction. These requirements should cover medical students, residents, physicians, and advanced practice clinicians (e.g. nurse practitioners and physician assistants). Recommended credentialing agencies include the LCME, ACGME, CCNE, ACEN, and ARC-PA.

## The Treatment System Needs More Clinicians Who are Prepared to Treat OUD

Experts have noted that the mental health and addiction workforce is insufficient to address diverse and proliferating treatment needs across the country. **A recent survey of opioid treatment program facilities listed the lack of behavioral health and clinical providers as major barriers to expanding access to care.**

**STRATEGY 3:** Congress should increase opportunities to train addiction psychiatrist 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.

**STRATEGY 4:** Congress should increase funding for loan repayment programs for addiction specialists who treat substance use disorders in underserved areas.



**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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