Expanding the Scope of Practice for Psychiatrists to Include Buprenorphine Treatment

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Background

- Opioid addiction affects over 2 million Americans
- Available medication-assisted treatments (MAT) include:
  - Methadone: full mu receptor agonist
  - Buprenorphine: partial mu receptor agonist
  - Naltrexone: opioid antagonist
- Individuals with opioid use disorder (OUD) may have limited access to MAT due to limited supply of qualified prescribers
  - Only 2.2% of physicians have waivers that allow them to prescribe buprenorphine
  - 25% of physicians with these waivers have never actually administered treatment
- Patients with co-occurring psychiatric disorders may have difficulties with successfully engaging, participating and completing addiction treatment
- Developing models of care that enable psychiatrists to prescribe buprenorphine while also treating co-occurring psychiatric illnesses could enhance access for a vulnerable patient population

Objectives

- Characterize the prevalence of OUD and MAT utilization among psychiatric patients in a community-based clinical setting
- Implement a home induction protocol that can be adapted to increase buprenorphine prescribing capabilities by community-based psychiatrists

Study Setting

- The study was set in Haight Ashbury Free Clinic (HAFC), a Federally Qualified Health Center
- HAFC was founded in 1967 on the principle that “Healthcare is a Right, Not a Privilege”
- HAFC helped pioneer the treatment of addiction as a medical disease as opposed to a moral failing
- HAFC is a community-based primary care clinic in an urban setting
- Psychiatric, behavioral health and addiction medicine services are offered free of charge
- HAFC serves approximately 1,200 patients per year

Methods

Study type

- Needs assessment via retrospective chart review
- Process-oriented documentation of practice change

Participants

- Patients seen by a psychiatrist at HAFC from October 2016-September 2017

Data

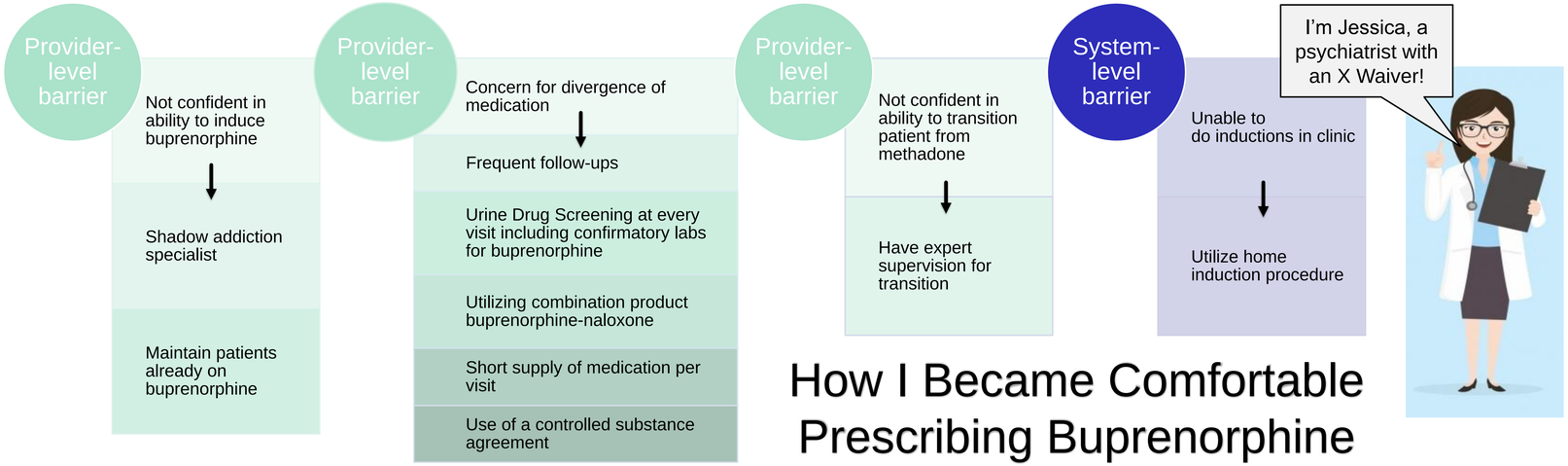
- Demographics, diagnosis, and MAT status abstracted from electronic medical records

Analysis

- Descriptive statistics and chi-square tests comparing psychiatry patients with co-occurring OUD prescribed MAT and those not prescribed MAT

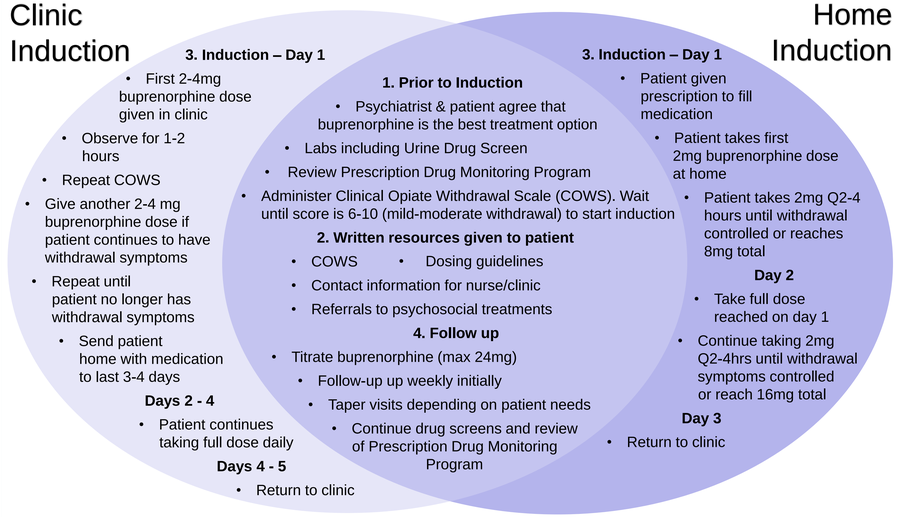
Table 1. Characteristics of Patients with OUD

	Patients prescribed MAT	Patients not prescribed MAT	χ^2	*p*
Total	83	17		
Average Age (years)	42.1 (24 - 77)	41.0 (19 - 68)		
Sex			0.78	.377
Male	53% (44)	65% (11)	.4	
Female	47% (39)	35% (6)	.4	
Race/Ethnicity			1.85	.933
White / Middle Eastern	57% (47)	59% (10)	0.0	
Black / African descent	7% (6)	12% (2)	0.4	
Hispanic / Latino	15% (12)	12% (2)	0.1	
Asian / Pacific Islander	5% (4)	0% (0)	0.8	
Unreported/Refused to report	8% (7)	12% (2)	0.2	
More than one race	2% (2)	0% (0)	0.4	
Native American / Alaska Native	6% (5)	6% (1)	0.0	
Time as HAFC Patient			7.31	.120
10-19 months	40% (32)	33% (5)	0.3	
30-39 months	19% (15)	13% (2)	1.3	
20-29 months	20% (16)	13% (2)	0.3	
40-49 months	10% (8)	13% (2)	1.1	
<10 months	11% (9)	27% (4)	4.4	



Needs Assessment Results

- 377 patients seen by an HAFC psychiatrist during study period
- 100/377 patients seen by a psychiatrist have OUD
- 83/100 patients with OUD were prescribed some form of MAT
  - 60% on only buprenorphine
  - 29% on only methadone
  - 11% naltrexone or trialed multiple MAT options
- No racial/ethnic differences observed between those who were prescribed MAT and those who were not
- Although not statistically significant, patients with longer time at HAFC were more likely to be prescribed MAT



Discussion

- The community-based approach to care used by HAFC results in successful utilization of MAT for 83% of psychiatric patients with OUD; this program could be adapted by others in similar settings.
- This project demonstrated how community-based psychiatrists can increase capacity to prescribe buprenorphine by addressing provider and system level barriers. Provider and system level barriers including concerns about medication diversion and patient safety can be successfully addressed in a variety of ways (see figure above).
- Home induction may be preferable to clinic-based induction since more patients and providers are able to engage in buprenorphine treatment. It may especially increase accessibility for individuals in safety net populations that are particularly vulnerable to drug addiction and lack of resources.
- Future research directions include comparing the efficacy, effectiveness, patient/provider satisfaction, and cost of various MAT options.

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