Perceptions of Medication-Assisted Treatment for Opioid Use Disorder among DATA 2000 Waived and Non-Waived Providers in Montana

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Table of Contents

EXECUTIVE SUMMARY **1**

BACKGROUND **3**

Methods 3
Report Structure 4

SECTION I. RESPONDENT CHARACTERISTICS **5**

Demographics 5
Medical Setting and Experiences 7
FQHC Respondent Characteristics 8
State Targeted Response Opioid Funded Sites 8
Engagement with Substance Use Disorders 9

SECTION II. EXPERIENCES OF PROVIDERS WITH A WAIVER **12**

Prescribing Behaviors 12
Expanding Care 14

SECTION III. NON-WAIVED PROVIDERS ELIGIBLE FOR WAIVER **17**

Support Needed to Pursue a Waiver 17

SECTION IV. COMPARING WAIVED VS. NON-WAIVED PROVIDERS **20**

Attitudes About Buprenorphine 20
Challenges Providing Buprenorphine Treatment 21

RECOMMENDATIONS FOR CONSIDERATION **24**

REFERENCES **25**

APPENDIX A. PERCEPTIONS OF BUPRENORPHINE OF RESPONDENTS INELIGIBLE FOR WAIVER **26**

Executive Summary

Staff at JG Research & Evaluation collaborated with the Montana Primary Care Association (MPCA) to complete a multiple methods study of the use of the Drug Addiction Treatment Act (DATA) 2000 waivers in the state of Montana. This study includes the distribution of surveys to medical providers who are eligible to receive a waiver, including nurse practitioners, primary care physicians, internal medicine physicians, physician assistants, and emergency medicine physicians in the state of Montana between October 9, 2019 and November 20, 2019. In addition to collection information through the survey, the research team completed follow-up interviews throughout November 2019. The survey included closed and open-ended questions on topics related to acquisition of the DATA 2000 waiver (waiver), challenges and incentives to obtaining the waiver, and perceptions of medication-assisted treatment (MAT) for opioid use disorder (OUD) of waived and non-waived providers. At the time of this survey, there were 156 waived providers listed on the SAMHSA practitioner locator. Though this survey produced a small sample, it does represent trends and beliefs held at this moment in time regarding a type of treatment in an ever-evolving field of substance use disorder treatment.

Key findings from this study include:

- 30 out of 85 (35%) survey respondents reported that they have a waiver to prescribe buprenorphine

- Primary care physicians and nurse practitioners were the most common type of medical professionals who responded to the survey
  - 37 out of 85 (44%) respondents are primary care physicians, and 16 of these physicians (43%) work in FQHCs
  - 38 out of 85 (45%) respondents are nurse practitioners, and 4 of these nurse practitioners (11%) work in FQHCs
  - Slightly over half of waived respondents (17 out of 30) were primary care physicians
  - Respondents also included internal medicine physicians (7 total), physician assistants (2) and emergency medicine physicians (1)

- 21 out of 85 (25%) survey respondents work in a Federally Qualified Health Center (FQHC)
  - 15 out of 30 (50%) waived respondents practice in FQHCs
  - Only 6 out of 55 (11%) non-waived respondents practice in FQHCs
  - Waived FQHC providers who responded to the survey reported that they spend 50% to 75% of their clinical time treating patients with addiction substance use disorders (SUD)

- Survey respondents stated that there is currently extra capacity among waived providers and that if there is a need for more treatment, they could expand their client loads

- A majority of the non-waived providers (84%) stated that they are not interested in obtaining a waiver

- Only 7 out of 55 (12%) non-waived respondents adre interested in obtaining a waiver

- For all respondents, 38% cited time constraints and 27% cited lack of access to psychological services or other behavioral health providers for patients as the major reasons they have not pursued the waiver, or if they do have the waiver, these reasons prevent them from prescribing to their maximum patient limit
  - Among those who cited time constraints as a major barrier, 36% came from FQHCs
  - Among those who cited lack of access to psychological services or other behavioral health providers, 5% came from FQHCs

- 11 out of 85 respondents were part of a State Targeted Response (STR)-funded Hub or Spoke site

- The survey responses covered an estimated 15% of all waived practitioners in Montana. This level of coverage is adequate for the study but does introduce a margin of error of 17% at a 95% confidence interval for results about waived providers

Possible opportunities identified from this study include:

- There appears to be some confusion around the needs of chronic pain patients and how they are similar to and different from users of illicit opiates
- Based upon both the views of non-waived providers and waived providers, the issue of stigma about the client population remains
- Geographic access to a provider continues to be a challenge, but it is improving
- Interviewees all expressed some level of concern about the fidelity of MAT program implementation and a lack of performance metrics or measures
- Organizational barriers were stated as a concern and hinderance to expanding access
- A lack of client demand appears to be the main driver of practitioners who are prescribing below their capacity

BACKGROUND

In an effort to reduce the burden of opioid misuse in Montana, the Montana Primary Care Association (MPCA) has been actively supporting the State of Montana Addictive and Mental Disorders Division (AMDD) in expanding the total number of medical professionals who have received a DATA 2000 waiver to prescribe buprenorphine. These efforts have been successful, with the overall total number of waived providers increasing steadily from a total of 22 DATA 2000 waiver-holding practitioners in 2017 to 156 as of December 18, 2019[1].

The DATA 2000 waiver (waiver) is necessary for health care providers to administer buprenorphine, a medication used to treat opioid use disorder (OUD). Medication-assisted treatment (MAT), which pairs a pharmacological intervention with psychosocial support services has been shown to be effective in reducing opioid use as well as overdose mortality.

Changes in regulations made by the Substance Abuse Mental Health Services Administration (SAMHSA) have increased the total number of clients that a waived prescriber can serve, increasing from 30 to now 275. Studies have shown that many waived providers have not prescribed buprenorphine or do not prescribe close to their maximum limit[1–3].

In this study, JG Research & Evaluation developed a survey in conjunction with the MPCA to disseminate to health care practitioners to understand the characteristics of those who do and do not have a waiver, including their demographics, perceptions of buprenorphine, and challenges and incentives to prescribing buprenorphine or obtaining a waiver. The survey and accompanying interviews are intended to provide an understanding about prescribing behaviors of waived and non-waived providers in Montana. Questions explored why they care for fewer patients that their maximum capacity, and the limitations or barriers among providers who want to receive a waiver, but do not yet have a waiver. This information can assist the MPCA and peer, state-wide medical associations to support providers in their efforts to improve access to quality care for patients with OUD.

METHODS

Multiple methods were used for this study. The primary method was a web-based survey of medical providers in the state of Montana. The survey was distributed using convenience sampling through the email listservs of the Montana Primary Care Association, the Montana Nurses Association, the Montana Medical Association, Addictive and Mental Disorders Division of the Department of Public Health and Human Services, and the Montana Healthcare Foundation. To increase the response of waived providers, the study team attempted to identify email addresses for each of the 156 practitioners listed in the SAMHSA Buprenorphine Practitioner Locator, providers at locations that have participated in the SAMHSA STR or SOR grant program, work at an FQHC, or who participated in any of the MPCA Data 2000 Waiver trainings. This produced an intentional sample of 214 individuals. Due to the convenience sampling methodology, we cannot know now many individuals received the survey but did not complete the form. This survey was not designed to be representative of all medical providers in the state of Montana due to budget

[1] These numbers reflect the providers who chose to make their waiver status publicly available on the SAMHSA website.

and time constraints. It was intended to provide insight into the perceptions of providers at a snapshot in time.

Survey recruitment was undertaken through multiple waves of email-based recruitment. Of the intentional sample pool, emails were sent directly by JG Research staff in three waves. MPCA, MNA, MMA, AMDD, and MHCF staff also distributed the recruitment email in three waves. Data collection occurred during a period of 6 weeks from October 9, 2019 – November 20, 2019. All surveys were completed via Survey Gizmo. JG Research staff reviewed all entries and removed missing data or incomplete entries.

In addition to the survey, telephone interviews were completed by the lead for the study, Dr. Green, with practitioners who expressed a willingness to also be interviewed at the conclusion of the web survey form. Each of these interviews was completed over the telephone and recorded, and the data was used to provide additional context or insight about the findings of the survey. Each interview lasted for approximately 45 minutes and there was a total of 5 interviews completed, with 3 waived practitioners and 2 practitioners who do not have a waiver.

Report Structure

Section I of the report provides an overview of the respondent characteristics, including demographic information and information about their level of engagement with substance use disorders and OUD specifically within their clinical settings. All information in Section I is organized to compare waived with non-waived medical professionals in Montana.

Section II of the report examines the experiences of providers with a waiver. Section III examines the experiences of providers who are eligible for, but do not currently have a waiver for prescribing buprenorphine. These sections correspond to the key research questions for this study, namely how to understand the prescribing behaviors of waived providers and to understand why eligible providers have not acquired a waiver. There is an additional focus on the characteristics of providers who are working in FQHCs (Table 4) as well as sites that have received State Targeted Response (STR)-funded sites (Table 5).

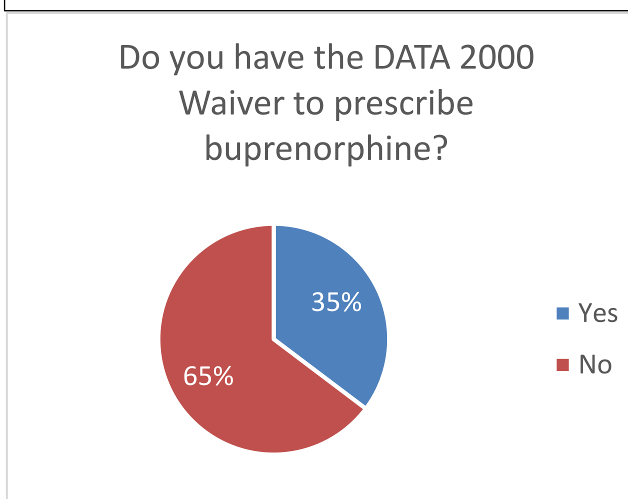
Section IV concludes the report with a comparison of waived and non-waived providers' attitudes about buprenorphine and the role it can have in the treatment of OUD. This final section also includes sets of recommendations about how the results of this study can inform efforts to support waived providers and continue to expand access to MAT for OUD via expanding the waived provider population in the state.

Section I. Respondent Characteristics

Demographics

Ninety-seven surveys were completed, and there were a total of 85 usable responses for the analyses. There were 22 completed surveys removed because they were completed by respondents who work in professional roles that are not eligible to apply for a DATA 2000 waiver. These respondents were excluded from the main results, but their perceptions about buprenorphine are important, and they are included in the Appendix.

Figure 1. Percentage of survey respondents with a waiver



Thirty out of 85 (35%) survey respondents reported that they had the waiver to prescribe buprenorphine while 55 out of 85 (65%) respondents reported that they do not have the waiver (Figure 1).

The majority of survey respondents were females (n=61, 72%), between the ages of 36 and 55 (n=38, 45%), and were licensed medical professionals in the state of Montana (n=84, 99%). Overall responses were comprised of 37 primary care physicians, 38 nurse practitioners, 7 internal medicine physicians, 2 physician assistants, and one emergency medicine physician. Waived respondents tended to be a bit older, with a larger proportion of the sample reporting an age over 55 years old (n=13, 43%).

Table 1. Demographics of survey respondents by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
What is your gender?						
Female	61	72%	20	67%	41	75%
Male	24	28%	10	33%	14	25%
What is your age?						
20 - 35	14	16%	6	20%	8	15%
36 - 55	38	45%	11	37%	27	49%
over 55	33	39%	13	43%	20	36%
Are you a licensed medical professional in the state of Montana?						
Yes	84	99%	29	97%	55	84
No	1	1%	1	3%	0	1

Based upon the SAMHSA Buprenorphine treatment locator, Montana has at least one waived practitioner who is willing to make their information public in 25 of the 56 counties. Respondents of this survey covered 21 counties, including 2 counties where practitioners do not participate in the SAMHSA practitioner locator. The geography of both respondents and publicly available waived providers is provided in Figure 2.

The geographic density of waived practitioners in the western part of the state is also reflected in the survey respondents, with the majority of respondents located in a practice in the western region of Montana, shown in Figure 1. Parts of northern Montana are also covered as well as Yellowstone County in the southern region and Powder River. However, there were few respondents in the eastern part of the state.

Figure 2. Map of survey respondents' and Practitioner locator primary practice by county

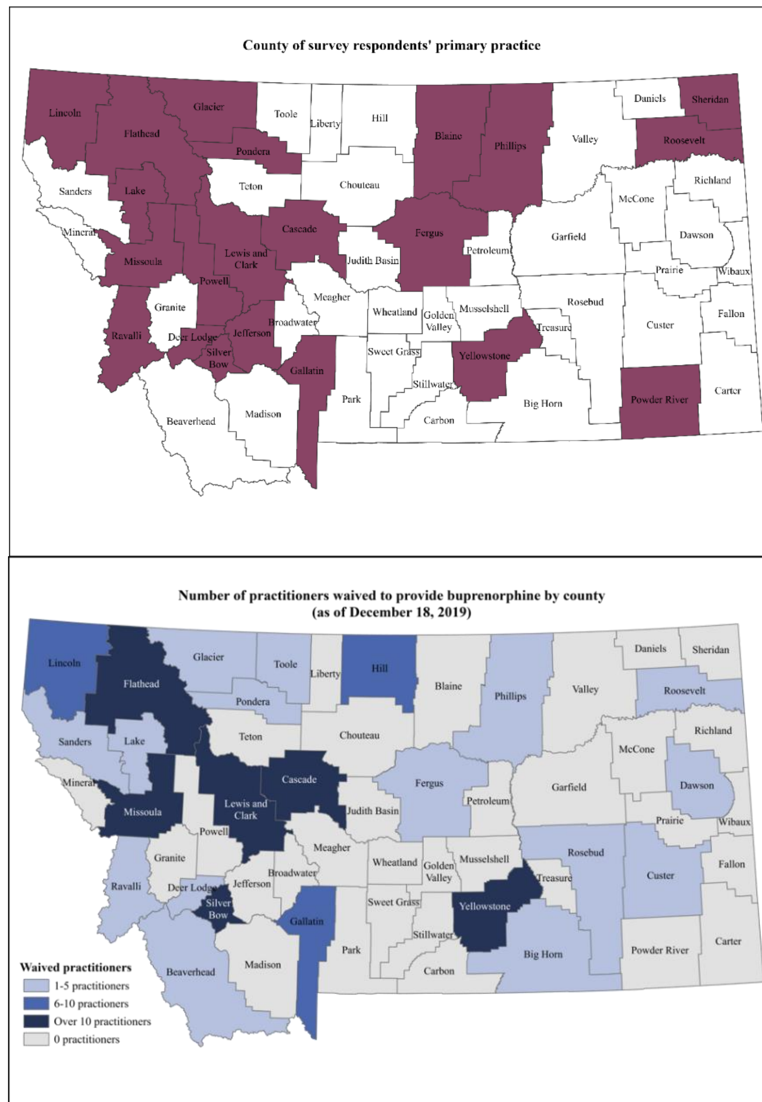


Table 2 shows that the majority (74%) of respondents primarily practice in urban counties, a pattern that held for both waived and non-waived practitioners. Based on the Montana Department of Health and Human Services' (DPHHS) Urban Rural Classification Scheme[4,5], small metro counties (Missoula, Cascade, Golden Valley, Yellowstone, and Carbon) and micropolitan counties

(Flathead, Lewis and Clark, Jefferson, Silver Bow, and Gallatin) are classified as urban while all other counties are classified as rural.

Table 2. Urban Rural Classification by primary practice location by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Urban Rural Classification by primary practice location						
Urban	63	74%	22	73%	41	75%
Rural	22	26%	8	27%	14	25%

Medical Setting and Experiences

Primary care physicians and nurse practitioners (NPs) were the most common category of medical professional who responded to the survey (89% of the total), with 37 out of 85 (44%) respondents being primary care physicians and 38 out of 85 (45%) respondents being nurse practitioners. Over half of waived respondents (17 out of 30) (67%) were primary care physicians. 9 out of 30 (30%) were FNPs and 1 out of 30 was a PA (>1%). Waived respondents had a higher proportion of physician respondents and non-waived respondents had a higher proportion of NP respondents.

Thirty-seven of the 85 (44%) respondents work in an office-based group or solo practice. 15 out of 30 (50%) waived respondents practice in FQHCs and 6 out of 85 (11%) of non-waived respondents practice in FQHC (table 3).

Table 3. Professional characteristics of survey respondents by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Please indicate which type of medical profession best describes your current position:						
Nurse Practitioner	38	45%	9	30%	29	53%
Primary Care Physician	37	44%	17	57%	20	36%
Internal Medicine Physician	7	8%	3	10%	4	7%
Physician Assistant	2	2%	1	3%	1	2%
Emergency Medicine Physician	1	1%	0	0%	1	2%
How many years have you been in practice?						
Less than 5 years	17	20%	8	27%	9	16%
5 - 10 years	19	22%	9	30%	10	18%
11 - 15 years	12	14%	3	10%	9	16%
16 years or more	37	44%	10	33%	27	49%
Please indicate your primary practice setting. Select all that apply.						
Office-based group or solo practice	37	44%	10	33%	27	49%
Hospital, health system, or emergency department	31	36%	5	17%	26	47%
FQHC*	**21**	**25%**	**15**	**50%**	**6**	**11%**
Rural health clinic	9	11%	3	10%	6	11%
Specialty practice	6	7%	3	10%	3	5%
Methadone or substance use disorder facility	3	4%	3	10%	0	0%
Correctional facility	3	4%	0	0%	3	5%
Tribal health	2	2%	1	3%	1	2%
Office based opioid treatment	1	1%	1	3%	0	0%
Community mental health	1	1%	1	3%	0	0%

** Further analysis conducted in Table 4*

FQHC Respondent Characteristics

Among the 21 survey respondents who work in a FQHC, 16 (76%) are primary care physicians and 5 are mid-level practitioners, including 4 nurse practitioners and 1 physician assistant (Table 4). Fifteen of the 21 FQHC providers (71%) are waived providers, with 12 of being primary care physicians. As compared to the full set of survey respondents, a larger proportion of respondents were primary care physicians (76% v. 45%).

Table 4. Professional characteristics of survey respondents who work in the FQHC setting (n=21) by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Please indicate which type of medical profession best describes your current position:						
Primary Care Physician	16	76%	12	80%	4	67%
Nurse Practitioner	4	19%	2	13%	2	33%
Physician Assistant	1	5%	1	7%	0	0%
How many years have you been in practice?						
Less than 5 years	5	24%	3	20%	2	33%
5 - 10 years	8	38%	7	47%	1	17%
11 - 15 years	2	10%	2	13%	0	0%
16 years or more	6	29%	3	20%	3	50%
Please indicate the percentage of your clinical time spent treating patients with addiction substance use disorders:						
Less than 25%	11	52%	6	40%	5	83%
Between 25% - 49%	6	29%	6	40%	0	0%
Between 50% -75%	3	14%	2	13%	1	17%
More than 75%	1	5%	1	7%	0	0%
100% of my time is spent practicing addiction medicine	0	0%	0	0%	0	0%

State Targeted Response Opioid Funded Sites

Respondents were asked to self-identify if they practice at a site that was either a Hub or Spoke site, meaning they participated in either the State Targeted Response (STR) or State Opioid Response (SOR) funding from SAMHSA via AMDD. Of the 85 respondents, 11 were part of either a Hub or Spoke site, 51 of 85 (60%) of respondents said their practice is not part of a Hub and Spoke network, and a quarter of respondents (27%) were unsure if they were a part of a Hub and Spoke. This lack of certainty about being a Hub or Spoke may be due to staff members having low levels of awareness about funding sources or due to staffing changes, or other shifting dynamics within the sites. Due to the nature of how respondents were queried about their participation in Hub and Spoke network (see question in Table 5), we are unable to independently verify how many of the respondents are or are not a part of Hub and Spoke sites.

Table 5. Hub and Spoke counts and percentages by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	Percent	Count	Percent	Count	Percent
Has your practice been a part of a Hub and Spoke network for MAT provision?						
Yes, Hub site	5	6%	5	17%	0	0%
Yes, Spoke site	6	7%	5	17%	1	2%
No	51	60%	11	37%	40	73%
Unsure*	**23**	**27%**	**9**	**30%**	**14**	**25%**

** Further analysis conducted in Table 14*

Half of respondents who were unsure if their practice was part of a Hub and Spoke network were in office-based group or solo practices and 12 (40%) were in FQHCs (Table 6), a pattern that is similar for both waived and non-waived respondents.

Table 6. Characteristics of respondents who were unsure if their practice was part of a Hub and Spoke network by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	Percent	Count	Percent	Count	Percent
Primary practice setting						
Office-based practice	12	52%	4	44%	8	57%
FQHC	8	35%	4	44%	3	21%
Hospital, health system, ED	10	43%	2	22%	8	57%
Rural health clinic	5	22%	3	33%	2	14%
Opioid or specialty substance use disorder facility	2	9%	2	22%	0	0%
Specialty practice (psychiatry, pain)	1	4%	1	11%	0	0%
Type of medical profession						
Physician (MD)	12	52%	7	78%	5	36%
Mid-Level Provider (NP, PA)	11	48%	2	22%	9	64%

Engagement with Substance Use Disorders

To improve understanding of any differences between waived and non-waived providers, respondents were asked to provide information about the types of insurance accepted at their practice, screening tools they use to measure substance use disorders, and if they have an addiction certification (Table 7). Medicaid, Medicare, and private insurance are commonly accepted by both waived and non-waived respondents, with all three having above 85% acceptance. When asked about using validated tools to screen patients for substance use disorder, 45 out of 85 (43%) respondents use a single question screen for alcohol and/or drugs, while many will also use an evidence-based screening tool, including CAGE-AID, AUDIT, and SBIRT. Out of all survey respondents, 89% do not hold any additional certificate in addiction medicine. (Note: no additional certification is necessary to be a waived provider.) This number does not vary much between waived and non-waived respondents and is a level of certification that is consistent with a general need for more specialists in addiction medicine in Montana.

Table 7. Characteristics of survey respondents' insurance, substance use disorder screening tools, and addiction certification by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	Percent	Count	Percent	Count	Percent
Please indicate the type(s) of insurance accepted at your practice.						
Medicaid	79	93%	29	97%	50	91%
Medicare	74	87%	27	90%	47	85%
Private insurance (Commercial)	77	91%	27	90%	50	91%
Cash only	32	38%	14	47%	18	33%
Tricare	63	74%	23	77%	40	73%
Do you use any of the following validated tools to screen your patients for substance use disorders?						
CAGE-AID or CAGE	35	34%	9	30%	26	35%
Drug Use Questionnaire (DAST -20)	18	17%	8	27%	10	14%
Alcohol Use Disorders Identification Test (AUDIT)	23	22%	10	33%	13	18%
Audit-C	13	13%	4	13%	9	12%
NIDA Drug Use Screening Tool	2	2%	0	0%	2	3%
SBIRT	4	4%	2	7%	2	3%
CRAFTT	2	2%	0	0%	2	3%
Single question screen for alcohol	44	42%	13	43%	31	42%
Single question screen for drugs	45	43%	11	37%	34	46%
Opioid specific screening tool	4	4%	3	10%	1	1%
Informal screening	4	4%	2	7%	2	3%
Other tools	4	4%	0	0%	4	5%
I do not screen for substance use disorders	13	13%	1	3%	12	16%
Do you hold a certification in addiction medicine? If yes, please indicate which certification.						
Addiction psychiatry (ABMS)	1	1%	1	3%	0	0%
Addiction medicine (ASAM/ABPM)	3	4%	3	10%	0	0%
Addiction medicine (AOA)	1	1%	1	3%	0	0%
I do not hold a certification in addiction medicine	76	89%	25	83%	51	93%
No response	4	5%	0	0%	4	7%

There does not seem to be a large difference in the number of patients referred to or co-managed with a pain specialist or the number of patients referred for screening or treatment for a SUD between a waived and non-waived respondent, as shown in Table 8. Eight out of 30 (23%) waived respondents and 7 out of 55 (13%) non-waived respondents spend at least 50% of their time treating patients with addiction SUDs. One difference to note is that waived respondents report spending a larger percentage of their clinical time treating patients with addiction substance use disorders, with 50% of waived respondents reporting that they spend at least 25% of their time treating patients with SUD in comparison to the 25% of non-waived providers who report spending at least 25% of their time treating patients with SUD.

Table 8. Characteristics of patients and clinical time spent treating patients with SUDs by waiver status

	ALL		WAIVED		NON-WAIVED	
	Count	Percent	Count	Count	Percent	Count
In a typical month, about how many of your patients do you refer to or co-manage with a pain specialist?						
0	26	31%	9	30%	17	31%
1 to 10	42	49%	14	47%	28	51%
11 to 30	9	11%	3	10%	6	11%
over 30	4	5%	2	7%	2	4%
No response	4	5%	2	7%	2	4%
In a typical month, about how many of your patients do you refer for screening or treatment for a substance use disorder?						
0	31	36%	10	33%	21	38%
1 to 10	34	40%	9	30%	25	45%
11 to 30	10	12%	5	17%	5	9%
over 30	7	8%	4	13%	3	5%
No response	3	4%	2	7%	1	2%
Please indicate the percentage of your clinical time spent treating patients with addiction substance use disorders:						
Less than 25%	56	66%	15	50%	41	75%
Between 25% - 49%	14	16%	7	23%	7	13%
Between 50% -75%	9	11%	4	13%	5	9%
More than 75%	4	5%	3	10%	1	2%
100% of my time is spent practicing addiction medicine	2	2%	1	3%	1	2%

Although the survey did not delve into the specifics of which substance use disorders practitioners were encountering, this topic did arise during at least one interview. In particular, two interviewees expressed two types of concerns related to the relationship between OUD and other forms of SUD. The first concern was based upon the ever-changing focus of attention.

> *People can be on to the next big thing, concern is that people are going to get bored with opioid crisis, move on to meth, thinking we had fixed it. It is getting worse, will get worse, and the number of patients who will need treatment.*

The second concern was about the relationship between management of opiates access and ignoring the legitimate need for access to these prescriptions for chronic pain patients.

> *Chronic pain people have been taken down on their dosage amounts, and they come in to see me when they are suicidal. It's especially difficult for those who have exhibited some med seeking behaviors and are now noted on PDMP. People who have been on chronic med pain, now they are being tapered, that they are now miserable and chasing pills.*

This quote also touches upon a broader set of themes from the interviews, that of how different the care, impact of stigma, and needs of chronic pain patients is from those patients who come to MAT due to illicit substance use.

Section II. Experiences of Providers with a Waiver

Among the 30 waived providers, 19 (64%) obtained their DATA Waiver in 2017 and 2018, 5 providers (17%) had obtained their initial waiver between 2002 and 2013. The timing of waiver acquisition among the respondent pool mirrors that of the broader state-wide trends, as there was a marked increase of waived providers that began in 2017. There are 156 waived providers who make their information public on the SAMHSA practitioner locator. This survey received responses from 30 waived providers. If we assume that 70% practitioners with a waiver are listed, the estimated total number of practitioners with a waiver in Montana as of December 2019 would be 202. Our survey responses covered an estimated 15% of all waived practitioners in Montana. This level of coverage is adequate for the study and introduces a margin of error of 17% at a 95% confidence interval. These values mean that we can be 17% certain that our findings reflect the views of all waived practitioners in Montana, and that we are 95% certain that another sample of waived respondents would answer the questions in the same way as our sample.

Prescribing Behaviors

Eighteen out of 30 (60%) providers hold a Tier 1 level waiver to cover up to 30 patients at a time. Nine providers (30%) hold a Tier 2 to treat up to 100 patients and only 2 providers (7%) hold a Tier 3 waiver to treat up to 275 patients. Among the Tier 1 providers, only 2 providers (11%) plan to increase their patient capacity in the next 6-12 months, while the others do not have plans to increase their patient capacity and similarly, among the 9 Tier 2 level providers, only 2 plan on increasing their patient capacity to become a Tier 3 provider. This suggests that providers are generally content with their level of capacity, a finding reinforced when viewing the average number of clients that practitioners are treating with buprenorphine in an average month, with 60% caring for fewer than 20 patients.

Table 9. Characteristics of waived providers (n=30)

	Count	Percent
Please select the year you received your initial waiver:		
2002	1	3%
2004	1	3%
2010	1	3%
2012	1	3%
2013	1	3%
2017	5	17%
2018	14	47%
2019	6	20%
Please select which patient tier your Waiver currently covers:		
Tier 1 up to 30 patients	18	60%
Tier 2 up to 100 patients	9	30%
Tier 3 up to 275 patients	2	7%
No response	1	3%
Are you planning to increase your waiver capacity to 100 patients in the next 6-12 months? (Tier 1 Waived Providers, n=18)		
Yes	2	11%
No	16	89%

Are you planning to increase your waiver capacity to 275 patients in the next 6-12 months? (Tier 2 Waived Providers, n=9)		
Yes	2	22%
No	7	78%
Did you grant permission to be listed on SAMHSA's Buprenorphine Provider Locator?		
Yes	20	67%
No	1	3%
Unsure	8	27%
No response	1	3%
Have you prescribed buprenorphine for the treatment of opioid use disorder since obtaining your Waiver?		
Yes	26	87%
No	3	10%
No response	1	3%
Please indicate the type(s) of buprenorphine product(s) you prescribe or administer:		
Buprenorphine only (sublingual)	17	57%
Buprenorphine plus naloxone (sublingual, film, buccal)	28	93%
Extended-release buprenorphine injection	8	27%
Buprenorphine implant	0	0%
Please list the number of patients you treated with buprenorphine in an average month in the past year.		
0	4	13%
1 to 10	13	43%
11 to 20	4	13%
21 to 50	3	10%
over 50	3	10%
No response	1	3%
Please list the number of patients you have treated with buprenorphine in the past thirty days.		
0	4	13%
1 to 10	12	40%
11 to 20	5	17%
21 to 50	4	13%
51-100	2	7%
Over 100	1	3%
No response	2	7%

Two-thirds of waived providers granted permission to be listed on the SAMSHA's Buprenorphine Provider Locator, a finding that is consistent with national-level estimates of 60% of waived providers listing their information on the provider locator[1]. While the majority of waived providers have prescribed buprenorphine for treating OUD, 3 out of 30 have not. 24 out of the 30 (80%) waived providers stated that they did have access to either technical or curriculum support in effectively prescribing buprenorphine. Only 4 out of 30 providers had not prescribed buprenorphine in the past 30 days.

Three of the five interviewees hold waivers, and their prescribing behavior varied substantially, with two of the three being heavy prescribers with more than 30 clients and one having fewer than 10. For the provider who provides care to fewer than 10 patients, he noted that his main barrier was organizational inertia and some resistance from leadership within his site. When asked how he managed this tension, he shared that carefully screens and assesses the likelihood that a new client will do well in the program.

I look at the patient history, history of commitment/compliance. I will always meet with somebody. Try to get a sense of their goals. I'm looking for red flags. I want someone who is long-term and who will stick around. I don't have a lot of time to chase people around.

Balancing client load is true for all providers, whether they have a waiver or not. For a physician who interacts with quite a few chronic pain patients, the lack of client demand and lack of organizational support has meant that she has not needed to pursue a waiver.

In large part, I haven't pursued it because of a lack of a larger support structure and because, to be honest, even though I care for pain patients, there wasn't a huge need among my group of established patients.

Interview results provide some context to the survey responses, suggesting that there is an interaction between organizational setting and demand. They also show how providers with a waiver develop their own methods for finding balance in being able to provide care within organizational constraints.

Expanding Care

A central question for this study is to improve understanding about why practitioners who hold a waiver prescribe to fewer clients than their limit, regardless of the numerical value of the limit. Among the 30 waived providers, 6 (20%) have turned away patients. The top reason cited by all 6 of those waived providers who have turned away patients is that the potential new patient did not meet clinic standards for new patients.

The clinic standard, and the variation in that standard, was an element of care that was highlighted by interviewees. 5 out of 6 providers who have turned away patients stated that another reason was that the patient needed a higher level of care than they could provide. **The mention of clinic standards warrants additional investigation, as both the survey and interview results suggest that there may be variation in how each provider defines the standard, resulting in uneven care access for complex patients.**

The challenge of providing care to patients in this population was also a theme of interviews, with some variation in how interviewees viewed the challenge. As noted in the non-waived practitioner section, providers with a waiver tend to be less concerned about the potential for manipulation and interpersonal challenges with the MAT client population. It appears that these divergent perspectives are the result of experience and the associated expertise that a provider gains in how best to support this client population. Two separate interviewees made comments to this end.

I keep hearing that there are easy and hard drug addicts. This is ridiculous. I don't think you can make gradations of intensity of drug addiction, but that's what is happening.

You're being asked to care for patients who have historically not been in the medical system, socially they are not easy. They have been taught to lie and deceive

and not trust, which reinforces the bias among those who don't interact with them. ***Until it's clear that behavioral issues are an expression of the disease and not taken as an expression of bad character, these patients are going to be looked upon as being not desirable.***

Table 10. Reasons why providers had to deny potential buprenorphine patients (n=30)

	Count	Percent
Have you needed to deny or turn away potential buprenorphine patients over the past month?		
No	19	63%
Yes	6	20%
No response	5	17%
If you have needed to deny or turn away potential patients, select the top 3 reasons why you have needed to deny or turn them away. (n=6)		
Adding a new patient would exceed my ability to provide appropriate care to my existing clients.	2	33%
The potential new patient did not meet our clinic standards for new patients.	6	100%
We do not have the staff support to add additional patients.	4	67%
Patients need a higher level of care than I can provide.	5	83%
Other	4	67%

Waived providers were asked about some incentives that would help them increase their prescribing behaviors for buprenorphine or to enable them to prescribe at the maximum patient limit. 9 out of 30 cited a need for more patients, or increased patient demand, as the primary reason that could help to increase their behavior. This finding is important, as it suggests that an avenue to enhancing access to MAT treatment for OUD may be as simple as an advertising and outreach campaign among likely clients. This finding is further expanded upon in the recommendations section of the report.

Increased patient demand also scored the highest when waived providers were asked to rank their top three incentives. The other highly ranked incentives included an easier system for referral to psychosocial or other behavioral health supports and improved guidance on clinical practice standards for the treatment of OUD.

Table 11. Incentives that waived providers might prescribe buprenorphine or prescribe at their maximum patient limit (n=30)

	Count	Percent
What is the primary incentive that would enable you to prescribe buprenorphine or to prescribe at your waiver's maximum patient limit?		
Increased patient demand	9	30%
Addiction medicine specialist mentor or consultative access	4	13%
Easier system for referral to psychosocial or other behavioral health supports	3	10%
Increase reimbursement	2	7%
Institutional support for buprenorphine treatment	2	7%
Integrated system with direct access to addiction specialists and behavioral health providers	1	3%
Improved guidance on clinical practice standards for treatment of opioid use disorder	1	3%
Nothing will increase my prescribing	1	3%

	Other (please specify)	3	10%
	No response	4	13%
		Weighted Score*	
Please rank the top three incentives that would enable you to prescribe buprenorphine or to prescribe at your Waiver's maximum patient limit. 1 = highest rank, 3 = lowest rank			
	Increased patient demand	35	
	Easier system for referral to psychosocial or other behavioral health supports	21	
	Improved guidance on clinical practice standards for treatment of opioid use disorder	15	
	Addiction medicine specialist mentor or consultative access	12	
	Increase reimbursement through bundled payment	12	
	Institutional support for buprenorphine treatment	12	
	Integrated system with direct access to addiction specialists and behavioral health providers	9	
	Nothing will increase my prescribing	8	
	Additional in-person education on addiction medicine fundamentals treatment	6	
	Additional online education on addiction treatment medicine fundamentals	3	

** Respondents ranked their top three incentives and score was weighted based on their rankings. Highest rank was worth 3 points while the lowest rank was worth 1 point.*

Thirteen out of 30 waived respondents selected "Increased patient demand" (i.e., needing more patients) as an incentive that would allow them to prescribe at their waiver's maximum limit. Ten out of those 13 come from urban areas and 8 out of the 13 work in the FQHC setting. Eight out of the 13 stated that they prescribed roughly 1 to 10 patients with buprenorphine in the past thirty days. Only 1 out of those 13 stated that they prescribed buprenorphine to over 30 patients in the past thirty days.

Only 3 out of 30 waived respondents selected "Nothing will increase my prescribing" as a ranked incentive. All of these providers reside in urban settings and have been in practice for 5 to 10 years. Two out of the 3 are in FQHCs while the other works primarily in a hospital or health system setting. All 3 also have the Tier 1 Waiver. Two out of the 3 have prescribed buprenorphine to 1 to 10 patients in the past 30 days while the 1 has not prescribed buprenorphine at all in the past 30 days.

SECTION III. NON-WAIVED PROVIDERS ELIGIBLE FOR WAIVER

Among the 55 non-waived providers, a vast majority of providers (n=49, 89%) stated that they have not attempted to retrieve the DATA waiver while 6 providers (11%) had previously attempted to become a waived provider (Table 12). In addition, the majority of the non-waived providers (n=46, 84%) stated that they were not interested in becoming a waived provider. While roughly a third (36%) of non-waived respondents stated that they did not see patients that were referred for OUD treatment, 35 of the 55 (64%) non-waived respondents referred from 1 to over 30 patients to receive OUD treatment in the past year.

Among the 10 non-waived providers who are interested in becoming a waived prescriber, only 2 had previously attempted to get the waiver. Only 1 out of the 10 holds a certification in addiction medicine. 5 out of 10 are physicians and 2 out of 10 are mid-level providers (nurse practitioner and physician assistant). **6 out of 10 non-waived providers (60%) cite having a lack of confidence in managing patients with OUD as a reason for not pursing the waiver to provide buprenorphine.**

Table 12. Details of non-waived providers and past and present interest in obtaining waiver (n=55)

	Count	Percent
Have you previously attempted to become a DATA 2000 Waived (Waiver) provider?		
Yes	6	11%
No	49	89%
Are you interested in becoming a Waived prescriber?		
Yes*	**7**	**13%**
No	46	84%
No response	2	4%
In the last year, how many patients did you refer to treatment for opioid use disorder? Please make your best estimate.		
0	20	36%
1 to 10	24	44%
11 to 30	7	13%
over 30	2	4%
No response	2	4%

** Those interested in becoming a Waived prescriber are further analyzed in Tables 10 and 11.*

SUPPORT NEEDED TO PURSUE A WAIVER

Approximately half (n=27, 49%) of non-waived respondents stated that none of the given reasons would increase their willingness to prescribe buprenorphine. However, being paired with an experienced prescriber (n=20, 36%) and being provided with information about counseling resources in the local area (n=15, 27%) were cited as the two most useful resources that would increase their willingness to become waived. Of these who cited a challenge in being able to provide counseling resources in the local area, 5 reported working at an FQHC.

A waived provider commented on the concern that non-waived providers had about the lack of being able to connect to the appropriate counselors or supports for an evidence-based MAT program dismissively.

If they want it, everyone has access. For example, the VA has counseling for free and tools for recovery that have been made available to everyone on their phone. You can do an online meeting or phone meeting for free. Even if it's not formalized, you can get peer support, introspection and the elements you need for free. It's a false barrier.

The above quote alludes to a general question about the use of telemedicine and virtual tools for expanding access to psychosocial supports for patients with a prescribing provider.

Among the 7 non-waived survey respondents who were interested in becoming obtaining the waiver (Table 13), 6 of them cited being paired with an experienced prescriber who can help answer questions and provide guidance on prescribing as a major resource that would increase their willingness to become Waived.

Table 13. Willingness of non-waived providers to become waived by all non-waived vs those interested in becoming waived

	All Non-Waived (n=55)		Interest in Waiver (n=7)	
	Count	**Percent**	**Count**	**Percent**
Which, if any, of the following resources would increase your willingness to become Waived to prescribe buprenorphine?				
Being paired with an experienced prescriber who can help answer questions and provide guidance on prescribing	20	36%	6	86%
Being provided with information about counseling resources for patients in their local area	15	27%	4	57%
Receiving financial assistance to cover the cost of the Waiver	6	11%	1	14%
Having access to more continuing medical education courses on OUD and OUD treatment.	13	24%	3	43%
None of the above will increase my willingness to prescribe buprenorphine	27	49%	1	14%

Thirty out of 55 (55%) non-waived respondents cited other reasons as to why they did not become a waived provider. The most common other reason (cited by 6 out of those 30) was a lack of interest and trust in buprenorphine. Some stated that they were just not interested in utilizing a drug as a treatment option while others believe that buprenorphine is a dangerous drug that can be used as a method to get high. Two out of the 7 respondents who were interested in becoming waived stated that they did not have appropriate administrative support while another two cited challenges in the process of being a waived provider including concerns about the Drug Enforcement Agency (DEA) being cumbersome to deal with.

Of particular note is that no non-waiver holding practitioners stated that their practice was full and that adding buprenorphine treatment would limit their capacity to provider other services.

Table 14. Attitudes about buprenorphine treatment that impacted a non-waived provider to not pursue the waiver by all non-waived vs those interested in becoming waived

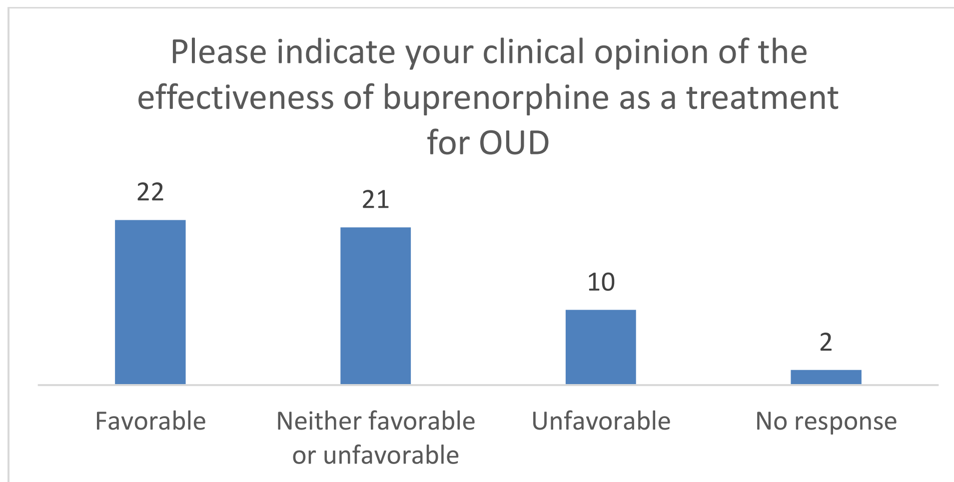
	All Non-Waived (n=55)		Interest in Waiver (n=7)	
	Count	**Percent**	**Count**	**Percent**
Which aspects of providing buprenorphine treatment to patients impacted your decision to not become a Waived provider?				
My patients would have difficulty adhering to the treatment program	9	16%	0	0%
My patients would be unable to pay for treatment/medication	6	11%	0	0%
My patients do not have substance abuse needs	2	4%	0	0%
My patients have substance abuse needs that do not require buprenorphine treatment	2	4%	0	0%
My practice is full and I am concerned that adding buprenorphine treatment would limit other services	0	0%	0	0%
Other (please specify)	30	55%	5	71%

SECTION IV. COMPARING WAIVED VS. NON-WAIVED PROVIDERS

ATTITUDES ABOUT BUPRENORPHINE

Less than half of non-waived providers view buprenorphine as a favorable treatment for opioid use disorders. As shown in Figure 3, 22 out of the 55 (40%) non-waived respondents view buprenorphine as a favorable OUD treatment, however, over a third (38%) view buprenorphine efficacy as neither favorable or unfavorable while only 10 providers (18%) view buprenorphine efficacy as unfavorable or very unfavorable.

Figure 3. Count of non-waived providers' perception of buprenorphine effectiveness as an OUD treatment (n=55)



As shown in Table 15, all but two waived providers who did not respond to the question stated that the statement they most agreed with was "Buprenorphine should be used indefinitely as long as the patient is benefiting." While almost half of non-waived respondents (n=23, 42%) stated that they believe that buprenorphine should be used indefinitely as long as the patient is benefiting, 22 respondents (40%) agree that buprenorphine should be used for a limit of 3 to 12 months while 4 (7%) providers believe buprenorphine should be used just for detoxification.

The variation between practitioners who do and do not hold waiver in their view of how long buprenorphine should be used is a key finding of this study.

A waived provider offered some perspective on the challenge he faces in attempting to educate his colleagues, noting that he simply does not have the time.

> *I didn't have the time to train doctors and overcome their stigma/resistance.*

Table 15. Perception of best practice of prescribing buprenorphine by waived status

	ALL		WAIVED		NON-WAIVED	
	Count	Percent	Count	Percent	Count	Percent
Please indicate the statement you most agree with:						
Buprenorphine is best used for detoxification	4	5%	0	0%	4	7%
Buprenorphine should be used for no more than 3 months	4	5%	0	0%	4	7%
Buprenorphine should be used for no more than 6 months	10	12%	0	0%	10	18%
Buprenorphine should be used for no more than 12 months	8	9%	0	0%	8	15%
Buprenorphine should be used indefinitely as long as the patient is benefiting	51	60%	28	93%	23	42%
No response	8	9%	2	7%	6	11%

Challenges Providing Buprenorphine Treatment

Overall, time constraints (33 out of 85) and lack of access to psychological services or other behavioral health providers for patients (23 out of 85) were the major reasons that all survey respondents either have not pursued the waiver or if they do have the waiver, prevent them from prescribing to their maximum patient limit (Table 16).

Sixteen out of 30 (53%) waived providers cited time constraints in their practice as a major reason preventing them from prescribing buprenorphine or prescribing to their waiver's patient maximum.

Twenty out of 55 (36%) non-waived providers cited a lack of access to psychological services or other behavioral health providers for patients as the major reason for not pursuing a waiver. The second most cited reason was concern about the risk of misuse or diversion of buprenorphine by 19 of the 55 non-waived providers. In addition, many non-waived respondents cited an "Other" reason for not pursuing the waiver is because it is outside their scope of practice.

Of note, practitioners who hold a waiver express more concern about time constraints than those who do not have a waiver, while those without a waiver express more concern about misuse and manipulation by potential clients. This divergence may support a contact-theory based view of stigma, that non-waived providers are likely to still be operating with stereotypes structuring their expectations of potential clients, and that once individuals have real experiences with patients who are addressing their OUD via MAT, their views shift.

Table 16. Counts and percentages of challenges preventing waived providers from prescribing buprenorphine and non-waived providers from pursuing the waiver

	ALL		WAIVED		NON-WAIVED	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
(Waived) What are the top three reasons that prevent you from prescribing buprenorphine or prescribing to your Waiver's maximum patient limit?						
(Non-waived) What are the top three reasons why you have not pursued a Waiver to provide buprenorphine treatment?						
Time constraints in my practice*	**33**	**39%**	**16**	**53%**	**17**	**31%**
Lack of access to psychological services or other behavioral health providers for patients	23	27%	3	10%	20	36%
Do not want to be inundated with requests for buprenorphine	20	24%	2	7%	18	33%
Concerned about the risk of misuse or diversion of buprenorphine	20	24%	1	3%	19	35%
Lack of patient demand.	12	14%	12	40%	0	0%
Resistance from practice partners or staff or lack of institutional support	11	13%	4	13%	7	13%
Federal regulations related to buprenorphine	7	8%	1	3%	6	11%
Concerns over DEA intrusion into your practice	6	7%	1	3%	5	9%
Lack of access to psychiatric services for patients with co-occurring mental health disorders	5	6%	5	17%	0	0%
Prefer non-buprenorphine treatment options	5	6%	0	0%	5	9%
State regulations related to buprenorphine.	5	6%	1	3%	4	7%
Prior authorization or other insurance utilization management requirements for buprenorphine	4	5%	1	3%	3	5%
Patient resistance to receiving OUD treatment	4	5%	4	13%	0	0%
Insufficient reimbursement from insurers	3	4%	1	3%	2	4%
Lack of access to addiction specialists for consultation	1	1%	1	3%	0	0%
Other (please specify)	17	20%	6	20%	11	20%

** Further analysis conducted in Table 17*

Among the 35 respondents who stated that a major reason from prescribing buprenorphine or from pursing the waiver was time constraints, the majority (79%) came from urban settings. While a majority of those 35 respondents come from an office-based group or solo practice, 9 of the 16 (56%) waived respondents who found time constraints to be a major challenge from prescribing buprenorphine more often were in FQHCs while 12 of the 17 (71%) of non-waived providers were mostly in office-based group or solo practices.

Table 17. Breakdown of respondents who selected "Time constraints in my practice" as a primary challenge preventing waived providers from prescribing buprenorphine and non-waived providers from pursuing the waiver

	ALL		WAIVED		NON-WAIVED	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Urban Rural Classification by primary practice location						
Urban	26	79%	11	69%	15	88%
Rural	7	21%	5	31%	2	12%
Please indicate your primary practice setting. Select all that apply.						
Office-based group or solo practice	15	45%	3	19%	12	71%
FQHC	12	36%	9	56%	3	18%
Hospital, health system, or emergency department	11	33%	3	19%	8	47%
Rural health clinic	3	9%	1	6%	2	12%
Specialty practice (psychiatry, pain)	3	9%	2	13%	1	6%
Methadone or substance use disorder facility	2	6%	2	13%	0	0%
Office based opioid treatment	1	3%	1	6%	0	0%
Community mental health	1	3%	1	6%	0	0%
Tribal health	1	3%	1	6%	0	0%

RECOMMENDATIONS FOR CONSIDERATION

The multiple methods used for this study provided complimentary findings and suggest a few potential avenues for future education and outreach efforts.

- There seems to exist confusion around the needs of chronic pain patients and how they are similar to and different from users of illicit opiates.
- Based upon both the views of non-waived providers and waived providers, the issue of stigma about the client population remains.
- Geographic access to a provider continues to be a challenge, but it is improving.
- Interviewees all expressed some level of concern about the fidelity of program implementation and a lack of performance metrics or measures.
- Organizational barriers were stated as a concern and hinderance to expanding access.
- A lack of client demand appears to be the main driver of practitioners who are prescribing below their capacity.

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Appendix A. Perceptions of Buprenorphine of Respondents Ineligible for Waiver

A total of 19 non-waived respondents were removed from the final analyses because they were ineligible to obtain the DATA 2000 waiver. However, their demographics, characteristics, and perceptions of buprenorphine are explored here.

Select demographics and characteristics of respondents who are ineligible for the waiver were chosen to look at (Table A1). Over half (58%) of respondents were between the ages of 36 and 55. 9 out of 19 (47%) are licensed practical nurses or a registered nurse. Eleven out of 19 (58%) respondents work in an FQHC setting and the same number are in rural settings. While 7 out of 19 (37%) are unsure if they are part of a Hub and Spoke network, 8 out of 19 (43%) are either a part of a Hub or Spoke site. While many did not respond to the question if they were interested in the waiver, 3 out of 19, an administrator, addiction counselor, and social worker, did respond that they would be interested in acquiring the waiver.

Table A1. Select demographics and characteristics of respondents ineligible for the waiver (n=19)

		Count	Percent
What is your age?			
	20-35	3	16%
	36-55	11	58%
	over 55	5	26%
Please indicate which type of medical profession best describes your current position.			
	Licensed Practical Nurse/Registered Nurse	9	47%
	Addiction Counselor	5	26%
	Administrator	3	16%
	Peer Support Specialist	1	5%
	Social Worker	1	5%
Please indicate your primary practice setting. Select all that apply.			
	FQHC	11	58%
	Office-based group or solo practice	4	21%
	Methadone or substance use disorder facility	3	16%
	Rural health clinic	3	16%
	Hospital, health system, or emergency department	1	5%
	Correctional facility	1	5%
	Specialty practice (psychiatry, pain)	1	5%
Urban Rural Classification by primary practice location			
	Rural	11	58%
	Urban	8	42%
Has your practice been a part of a Hub and Spoke network for MAT provision?			
	Yes, Hub site	6	32%
	Yes, Spoke site	2	11%
	No	3	16%
	Unsure	7	37%
	No response	1	5%

While 7 out of 19 respondents did not answer the following two questions found in Table A2, 10 out of 19 believe that the clinical effectiveness of buprenorphine is favorable. In addition, 10 out of 19 believe buprenorphine should be used indefinitely as long as it is benefiting the patient.

Table A2. Perception of clinical effectiveness of buprenorphine and its utilization as a treatment for OUD among respondents ineligible for the waiver (n=19)

	Count	Percent
Please indicate your clinical opinion of the effectiveness of buprenorphine as a treatment for opioid use disorders:		
Favorable	10	53%
Neither favorable nor unfavorable	1	5%
Unfavorable	1	5%
No response	7	37%
Please indicate the statement you most agree with:		
Buprenorphine is best used for detoxification	1	5%
Buprenorphine should be used for no more than 3 months	0	0%
Buprenorphine should be used for no more than 6 months	1	5%
Buprenorphine should be used for no more than 12 months	0	0%
Buprenorphine should be used indefinitely as long as the patient is benefiting	10	53%
No response	7	37%