

## BRIEF COMMUNICATION

# Buprenorphine prescribing comfort level among family medicine providers post MAT and MATE Acts

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### ABSTRACT

**Objective:** To evaluate the percentage of family medicine providers in our institution on completing the 8-hour required training on opioid and substance use disorders 14 months after introduction of the Medication Access and Training Expansion (MATE) Act and to evaluate buprenorphine prescribing attitudes.

**Design/setting:** An anonymized survey was electronically sent to all family medicine providers in a single institution in Minnesota, spanning five outpatient and two express care clinics. Survey was deployed for 2 weeks, August 26-September 8, 2024.

**Outcome measures:** Provider completion of MATE Act training and comfort level in prescribing buprenorphine for opioid use disorder (OUD).

**Results:** A total of 41 out of 127 providers completed the survey (31.5 percent). Although 76 percent respondents completed the training, only half felt comfortable seeing patients with OUD on buprenorphine, writing a bridge prescription, or initiating buprenorphine.

**Conclusions:** Findings suggest that elimination of the x-waiver and enactment of required training are insufficient to positively affect buprenorphine prescribing comfort level.

### BACKGROUND

Despite recent declines in fatal drug overdoses in the United States, opioid use disorder (OUD) continues to be a significant driver of morbidity and mortality.<sup>1</sup> Access to OUD treatment remains suboptimal, especially among those in lower socioeconomic groups, certain racial groups, eg, Black and Hispanic Americans,<sup>2,3</sup> and those living in rural parts of the country.<sup>4</sup>

Medications for opioid use disorder (MOUD), such as buprenorphine, are considered first-line treatment for patients with OUD.<sup>5-7</sup> Benefits of MOUD in reducing mortality,<sup>8</sup> improving treatment retention,<sup>9</sup> reducing infectious diseases, eg, human immunodeficiency virus and hepatitis C,<sup>10,11</sup> and quality of life are well documented.<sup>12</sup> Despite these benefits, buprenorphine has been underutilized in OUD treatment.<sup>13</sup> Until recently, a major cited

barrier was the training and regulatory requirements needed to obtain the DATA-2000 x-waiver, which was required to prescribe buprenorphine to treat OUD.<sup>14,15</sup>

The Mainstreaming Addiction Treatment Act, which is a part of the Consolidated Appropriations Act of 2023, was enacted in January 2023 with the intent to improve OUD treatment access.<sup>16</sup> This Act eliminated the DATA-2000 x-waiver, thus making it possible for all practitioners with an active Drug Enforcement Agency (DEA) registration to prescribe this lifesaving medication. Separately, the Medication Access and Training Expansion (MATE) Act came into effect in June 2023, which introduced a one-time, 8-hour training requirement for DEA registered practitioners on topics related to opioid and substance use disorders.<sup>17</sup> There are several exceptions to this requirement, including veterinary providers, those who previously completed

the DATA-2000 x-waiver training, and those with Addiction Medicine or Addiction Psychiatry board certification. Whether these legislative changes have positively affected buprenorphine prescribing attitudes remain unclear.

To determine the percentage of providers in our family medicine department who completed this 8-hour required training on opioid and substance use disorders 14 months after the introduction of the MATE Act, as well as to investigate attitudes and intention to prescribe buprenorphine for OUD, we designed and deployed a brief survey to all members of our department. This serves as a part of a quality improvement initiative to expand access to buprenorphine for our primary care patients with OUD.

## METHODS

### Survey design and deployment

We designed a brief, four-item anonymized survey on Qualtrics to determine the percentage of our practitioners who have completed the required one-time, 8-hour training. Our survey assesses respondent comfort level in seeing patients prescribed buprenorphine for OUD in their practice, as well as comfort level in “writing a bridge buprenorphine prescription for OUD or initiating this medication while patients await consultations with Addictions or other specialties.”

Our survey was sent electronically on August 26, 2024, with an accompanying e-mail explaining the purpose of the survey by our department’s leadership team. Respondents were given a 2-week period to complete the survey with one e-mail reminder sent 8 days after deployment (September 3, 2024).

### Study setting

Our family medicine department comprises 64 physicians and 63 advanced practice providers (APPs) working in seven outpatient clinic locations (five primary care clinics and two express care clinics) in Rochester and Kasson, Minnesota. We excluded resident family medicine physicians from this study, as a significant percentage of these providers did not yet have a DEA registration and were not yet subject to the MATE Act training requirements.

## Statistical analysis

Descriptive statistics were collected. No statistical analysis was performed due to the descriptive nature of our data.

This study was reviewed by our Institutional Review Board and was determined to be exempt under 45 CFR 46.101, item 2.

## RESULTS

Forty-one responses were received (32.3 percent response rate). Among those who responded, 27 (66 percent) were physicians and 14 (33 percent) were APPs.

Thirty-one respondents (76 percent) completed the required MATE Act training; 49 percent expressed feeling comfortable seeing patients on buprenorphine for OUD in their clinic, while 51 percent of the respondents expressed feeling comfortable to write “a bridge buprenorphine prescription for patients with OUD or initiate buprenorphine while patients await consultations with Addictions or other specialties” (Table 1).

## DISCUSSION

Our study showed that the majority of respondents completed the mandatory one-time, 8-hour training requirement on opioid and substance use disorders management approximately 14 months after the MATE Act came into effect. Despite the high training completion rate among survey respondents, approximately half of them continued to express a lack of comfort in treating patients with OUD prescribed buprenorphine in their outpatient clinic. A similar percentage of respondents reported a lack of comfort in writing a bridge buprenorphine prescription or initiating buprenorphine while patients await consultations with specialty.

Our findings seem consistent with recently published data using a large national database, suggesting little change in the number of patients initiated on and prescribed buprenorphine since the DATA-2000 x-waiver was eliminated.<sup>18</sup> Previous studies also suggest that buprenorphine and OUD-related training alone may not be adequate in increasing buprenorphine prescribing behaviors.<sup>15,19</sup> Other important barriers exist that need to be addressed, including lack of mentorship and peer consultation, scarcity in mental health services to complement

**Table 1. Survey respondent practice location and characteristics, and expressed comfort level with buprenorphine prescribing**

Main practice location	n (percent)
Clinic 1	13 (32)
Clinic 2	5 (12)
Clinic 3	6 (15)
Clinic 4	4 (10)
Clinic 5	8 (20)
Express Care 1	3 (7)
Express Care 2	2 (5)
Are you	
Staff physician	27 (66)
Advanced practice provider	13 (34)
Have you completed the required MATE Act training?	
Yes	31 (76)
No	10 (24)
Do you feel comfortable seeing patients with OUD on buprenorphine in your clinic?	
Yes	20 (49)
No	21 (51)
Do you feel comfortable writing a bridge buprenorphine prescription for patients with OUD or initiating buprenorphine while patients await consultations with addictions or other specialties?	
Yes	21 (51)
No	20 (49)

OUD treatment, provider stigma, and perceived inadequate institutional support.<sup>20-22</sup> Our findings suggest that the DATA-2000 x-waiver elimination and the accompanying mandatory training alone may not be adequate in significantly improving buprenorphine prescribing behaviors among primary care providers, at least not to date.

Our study was limited by a relatively low response rate. Furthermore, our findings may not

be generalizable in that we only surveyed providers within a single department in one healthcare institution in the upper Midwest. It is possible that attitudes and prescribing behaviors could change once all prescribers have completed the required training. Prescribers have until their DEA renewal date to complete the required training; thus, we do not expect full compliance until mid-2026 (3 years after enactment of the MATE Act).

We also acknowledge that our survey did not separate comfort level between the process of writing a bridge buprenorphine prescription versus the process of initiating a patient with OUD on buprenorphine; we realize that different comfort levels may exist for these two different processes. Future efforts to gauge our providers' comfort level in these two processes, and how best to support, are being considered.

Finally, our findings may also be subject to self-selection bias, as survey nonrespondents (which represented 68 percent of our providers) may be more likely not to have yet completed the training. They may have different attitudes and comfort level toward themselves prescribing buprenorphine to patients with OUD compared to respondents. Therefore, our findings would need to be interpreted with caution, given the limited response rate. Work is under way to gather input from a larger sample of providers across multiple disciplines in our institution.

## CONCLUSIONS

Our survey study suggests that the elimination of the DATA-2000 x-waiver and the concurrent enforcement of a one-time required training on opioid and substance use disorders may be insufficient in positively affecting buprenorphine prescribing behaviors among primary care providers. Future efforts to address other previously identified barriers may be needed to improve treatment access.

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**Data availability:** *The dataset generated during this study is available from the corresponding author upon reasonable request. Request may be made to Dr. Benjamin Lai at [lai.benjamin@mayo.edu](mailto:lai.benjamin@mayo.edu).*

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