

Graham Center Policy One-Pager

Family Medicine: An Underutilized Resource in Addressing the Opioid Epidemic?

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Opioid overdose rates have tripled since 2000, and although overprescribing of opioids by physicians is widely accepted as a causal factor, the physician's role in providing medication-assisted treatment for opioid use disorder is less appreciated. Despite a clear willingness to prescribe opioids, few family physicians (FPs) have the necessary certification to treat opioid use disorder with buprenorphine, an effective, evidence-based treatment.

Opioid use disorder is a growing public health concern, with the rate of opioid overdose deaths tripling since 2000 and 28,647 overdose deaths in 2014 alone.¹ As a specialty group, FPs prescribe more opioids (by total volume) than any other individual medical specialty.² Since 2000, FPs have also been able to prescribe buprenorphine, an effective³ and U.S. Food and Drug Administration-approved treatment for opioid use disorder. To provide this treatment, FPs must complete eight hours of training to obtain a Drug Abuse Treatment Act (DATA) waiver, which allows for treatment of up to 275 patients (30 in the first year).

We analyzed recently released 2013 Medicare Part D data and the U.S. Drug Enforcement Administration's DATA waiver roster, and found that 77,278 FPs prescribed opioids to Medicare patients in 2013. Among these,

34,671 (44.9%) prescribed 10 or more patient-years of opioids (enough opioids to supply more than 10 patients for the entire year), and 4,530 (5.9%) were licensed to prescribe buprenorphine to treat opioid use disorder (Figure 1). Therefore, although many FPs prescribe opioids, and a large number prescribe a significant amount, a much smaller number are certified to prescribe a critical treatment for the growing opioid epidemic.

Efforts to improve the appropriateness of opioid prescribing by all physicians are already underway and have received significant attention at the policy level.⁴ These efforts are a positive step toward improving the primary prevention of opioid use disorder. However, there has not been a similar policy focus on the potential for FPs to provide treatment for the epidemic with buprenorphine. Given the comparability of opioid use disorder to other chronic diseases⁵ treated by FPs, this represents a missed opportunity. Family medicine leaders and policy makers should consider educational, maintenance of certification, and policy interventions to increase FP engagement in opioid use disorder treatment, and they should adopt policies to encourage interest in treatment within the family medicine community.

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This series is coordinated by Sumi Sexton, MD, Associate Deputy Editor.

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REFERENCES

1. Rudd RA, et al. Increases in drug and opioid overdose deaths. *MMWR Morb Mortal Wkly Rep*. 2016;64(50-51):1378-1382.
2. Chen JH, et al. Distribution of opioids by different types of Medicare prescribers. *JAMA Intern Med*. 2016;176(2):259-261.
3. Mattick RP, et al. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev*. 2014;(2):CD002207.
4. AAFP. Pain management and opioid abuse. <http://www.aafp.org/patient-care/public-health/pain-opioids.html>. Accessed June 13, 2016.
5. McLellan AT, et al. Drug dependence, a chronic medical illness. *JAMA*. 2000;284(13):1689-1695. ■

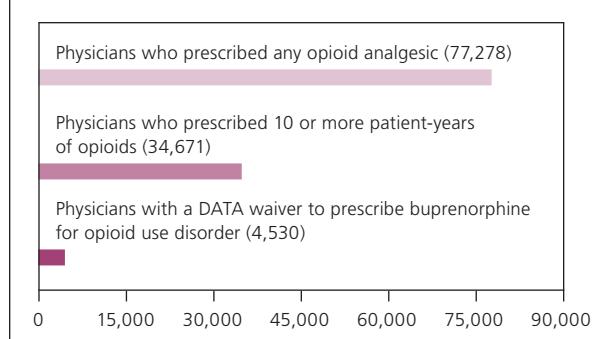


Figure 1. Number of family physicians prescribing opioid analgesics vs. those certified to prescribe buprenorphine to treat opioid use disorder in 2013. (DATA = Drug Abuse Treatment Act.)

Information from 2013 Medicare Part D data and the U.S. Drug Enforcement Administration's DATA waiver roster.