



PAs and Buprenorphine Waivers

Trends and implications for PAs

04/14/2020 • November 2019 PA Practice Survey

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Methodology

Data were collected in a survey sent to a random sample of 8,934 PAs and PA students, with a response rate of 13.2%. Data contained within this report represent clinically practicing PA respondents only. A total of 532 clinically practicing PAs responded to the survey. The overall margin of error is 4.24% at a 95% confidence level. Response rates and margins of error vary by section and breakout.

Measures

On the tables that follow:

“Respondents” is the number of respondents to a question

“Ratings” above a column of numbers indicates the number of ratings for an individual question

“Mean” is the average, or the sum of numerical scale responses divided by the total number of respondents

“Median” earnings are those at the 50th percentile, i.e., half of responses are equal to or above the median and half are equal to or below the median.

“N” refers to the number of respondents and is generally the first column in the data tables.

Notes about the Data

SUD = Substance Use Disorder

OUD = Opioid Use Disorder

MAT = Medication Assisted Treatment

Waiver = Buprenorphine Waiver

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Executive Summary

Substance use disorder and opioid use disorder (SUD and OUD) are widespread

Substance use disorder and opioid use disorder (SUD and OUD) affect all patient groups in the United States: from affluent to poor, urban to rural, and across racial, ethnic, religious, gender, and age groups. Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 10.3 million persons aged 12 and older misused opioids in 2018, including 9.9 million who misused prescription pills.¹ Adolescents and adults that abuse non-medical prescription opioids have a higher incidence of mood disorders, such as major depressive disorder, bipolar, and any generalized anxiety disorder.² Injection drug users are at higher risk for contracting HIV, hepatitis B, and hepatitis C1; the CDC reports that 9% of HIV diagnoses in 2017 were related to injection-related opioid abuse.³ Given the widespread nature of OUD and addiction, and the widespread effects of opioid abuse in other areas of health, PAs should be prepared to address OUD in their scope of practice.

Substance use disorder and opioid use disorder affects many Americans,

10.3 million

persons aged 12 and older misused opioids in 2018.¹

Medication-assisted treatments (MAT) approved to potentially combat OUD and SUD. Include the usage of medication in conjunction with counseling and/or behavioral therapies to treat substance use disorder. The goal of MAT is to regulate brain chemistry, block and alleviate cravings, and return the neurochemistry to pre-drug use levels. Three FDA-approved drugs can be used for opioid dependence: buprenorphine, methadone and naltrexone.⁴ In November 2016, U.S. Department of Health and Human Services (HHS) announced that PAs and NPs could apply for buprenorphine waivers to prescribe buprenorphine for the treatment of opioid addiction. As a condition to be waived, outlined in Section 303 of the Comprehensive Addiction and Recovery Act (CARA), PAs and NPs must complete 24 hours of required educational training.⁵

¹ Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP 19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>.

² 2. Martins SS, Fenton MC, Keyes KM, Blanco C, Zhu H, Storr CL. Mood and anxiety disorders and their association with non-medical prescription opioid use and prescription opioid-use disorder: longitudinal evidence from the National Epidemiologic Study on Alcohol and Related Conditions. *Psychol Med*. 2012; 42: 6 1262-1272.

³ HIV: People Who Inject Drugs. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/hiv/group/hiv-idu.html>. Updated February 6, 2020. Accessed April 10, 2020.

⁴ Medication and Counseling Treatment: SAMHSA. Substance Abuse and Mental Health Services Administration Web site. <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>. Updated April 9, 2020. Accessed April 10, 2020.

⁵ Summary of the Comprehensive Addiction and Recovery Act. American Society of Addiction Medicine Web site. <https://www.asam.org/advocacy/issues/opioids/summary-of-the-comprehensive-addiction-and-recovery-act>. Accessed April 10, 2020.

As a collaborative, [ASAM, AAPA and AANP, are providing the mandatory 24-hour waiver training for both PAs and NPs.](#)⁶

Multiple criteria must be met to qualify as a MAT prescriber:

- Be licensed under state law to prescribe Schedule III, IV, or V medications for pain
- Complete not less than 24 hours of appropriate education through a qualified provider
- Through other training/experience, demonstrate the ability to treat and manage OUD
- If required by state law, be supervised or work in collaboration with a qualifying physician to prescribe medications for the treatment of OUD⁶

The waiver allows PAs to treat up to 30, 100, or 275 patients for OUD.

Few PAs have a waiver to prescribe buprenorphine.

4% to 8%

of PAs report having a waiver to prescribe buprenorphine.

In November 2019 AAPA asked PAs whether they hold an buprenorphine waiver, what barriers they may face to obtain a waiver, and more broadly, what level of competency they have related to diagnosing, treating, and managing SUD. Within this randomly selected group of PAs (Tables 1 to 5 list demographics of the sample), 7.5% responded that they were waived and able to prescribe buprenorphine (Table 6). This is slightly higher than the number of PAs reported by SAMHSA in the United States: as of March 9, 2020, 5,083 PAs hold waivers for 30, 100, or 275 patients, for a total of 3.6% of PAs. The rate of PAs with a waiver, as reported by SAMSHA, is similar to that for other providers.⁷ A majority of waived PA respondents report being waived for 30 or 100 patients (Table 7), and among all PAs regardless of waiver status, more than 2 in 3 PAs report seeing patients with opioid use disorder, underscoring the prevalence of OUD (Table 8).

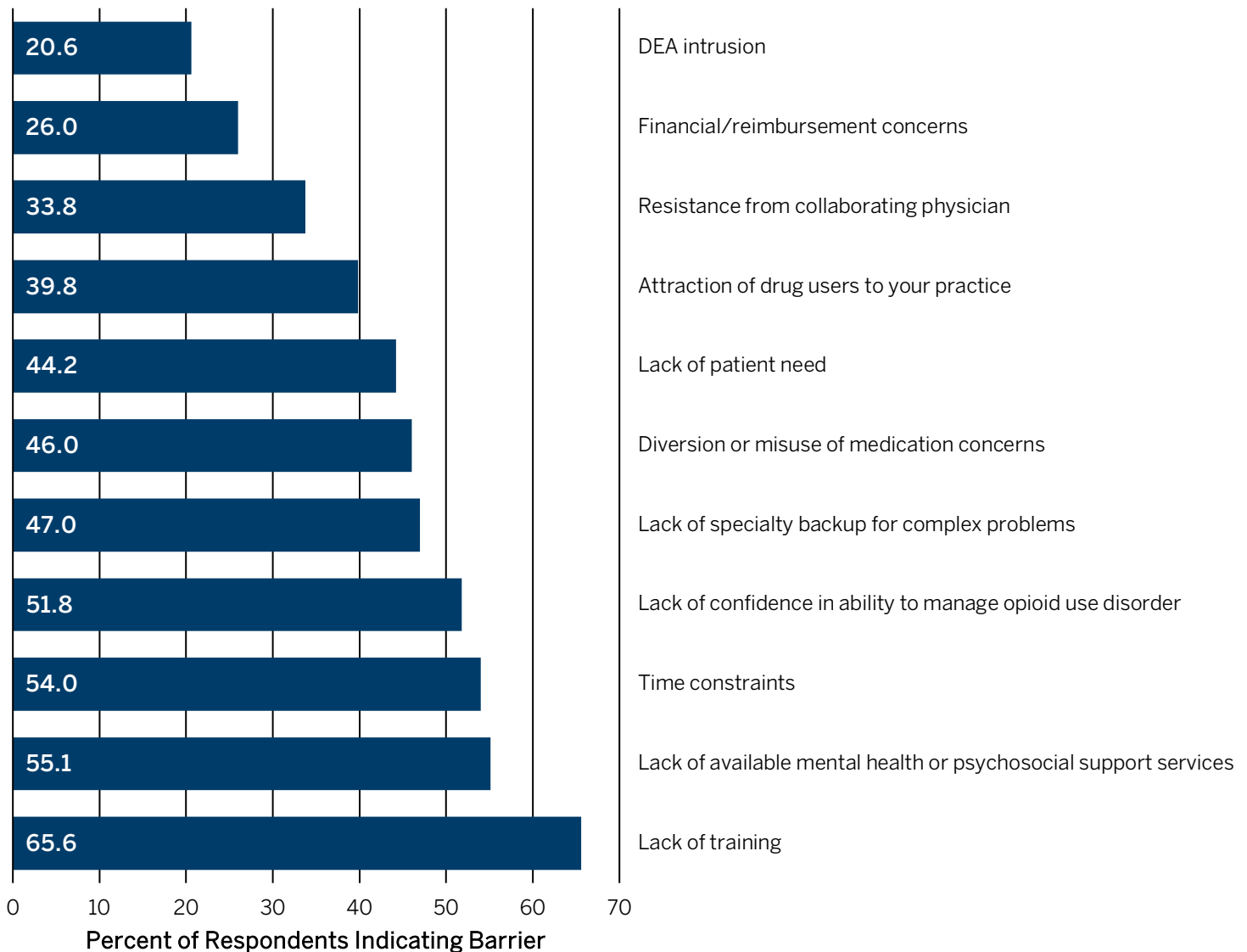
Tables 9 to 12 summarize prescribing patterns and patient information for waived PAs. More than 3 in 5 (62.5%) of waived PAs have prescribed buprenorphine in the past 6 months, and almost 3 in 5 (57.5%) are accepting new patients seeking MAT for OUD (Tables 9 and 10). Respondents currently treat a median of 5 patients for OUD and report a median of 14 patients ever on their panel simultaneously (Table 11). Slightly more than 1 in 10 PAs (11.3%) have ever prescribed buprenorphine for OUD (Table 12).

⁶ 24-Hour Waiver Training: AAPA. American Society of Addiction Medicine e-Learning Center Web site. <https://elearning.asam.org/products/24-hour-waiver-training-aapa>. Accessed April 10, 2020.

⁷ National Waiver Totals. Substance Abuse and Mental Health Services Administration website. <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/certified-practitioners>. March 9, 2020. Accessed April 20, 2020.

Less than 1 in 5 PA respondents are interested in a buprenorphine waiver and barriers to obtain waivers include confidence in managing OUD.

Barriers to Buprenorphine Waivers Among PAs Without a Waiver

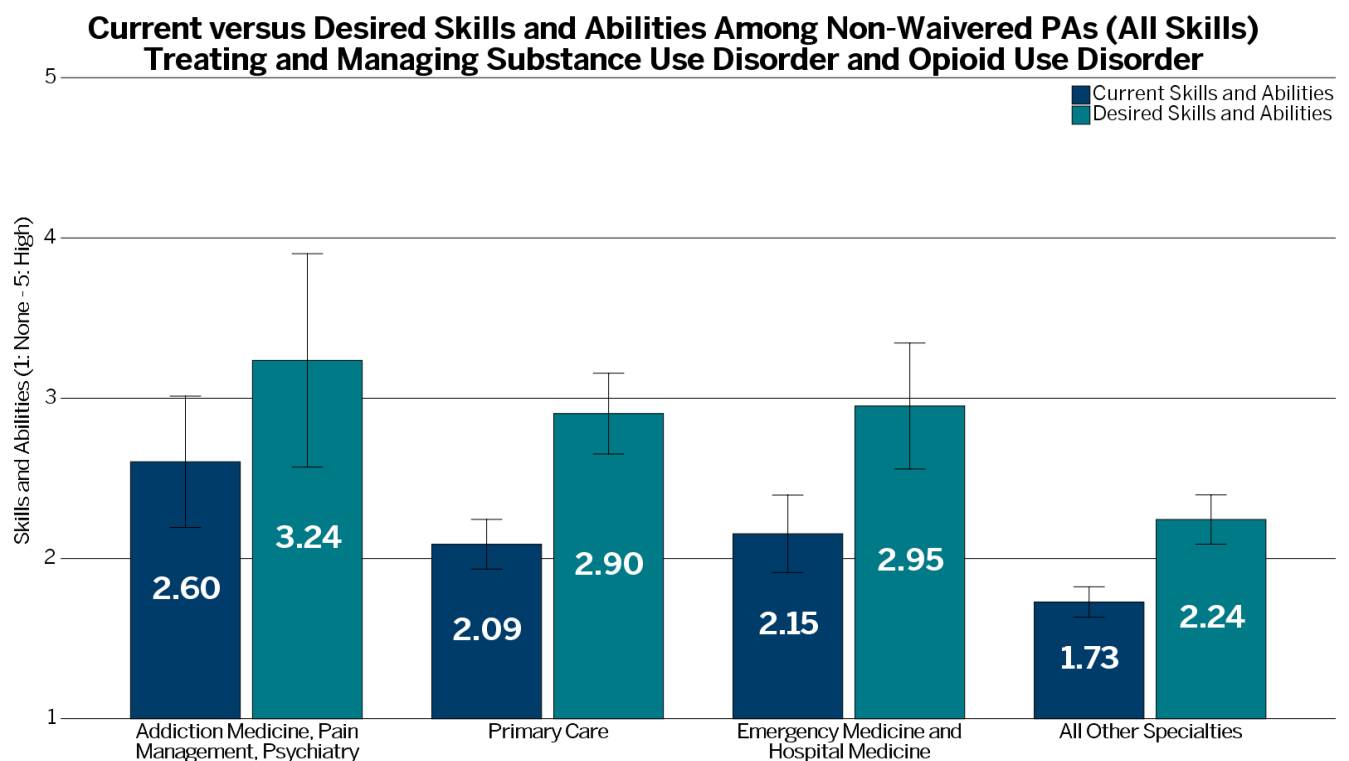


Of PAs without a buprenorphine waiver, 19.9% are interested in obtaining one (Table 13). In order to understand barriers these PAs may perceived to obtaining one, PAs were asked to provide this information. Table 14 shows that of the large percentage of PAs not waived for buprenorphine, PAs report lack of training (65.6%), lack of available mental health or psychosocial services (55.1%), and time constraints (54.0%), as the top three barriers to obtaining their buprenorphine waiver. This is consistent with past research from Huhn & Dunn that found lack of training, lack of support services in the community, and time spent providing treatment to be the top three concerns to PAs and MDs.⁸ Lack of confidence in their ability to manage OUD was reported by more than half of respondents (51.8%), possibly speaking to gaps in current versus desired skills and abilities among PAs.

20%
Among PAs without a buprenorphine waiver, 20% are interested in obtaining one.

PAs have skills gaps in SUD and OUD

To understand more about how education, skills, and confidence to manage and treat SUD and OUD play a part in a PA's decision for or against a buprenorphine waiver, PAs self-reported their current versus desired skills and abilities on five-point scales (1: None to 5: High) for a series of 12 competencies related to managing, treating, and diagnosing patients with SUD and OUD. Table 15 displays current versus desired skills and abilities in treating and managing SUD and OUD, regardless of waiver type or specialty.



Across 12 separate SUD and OUD skills and abilities which were averaged together, PAs without a buprenorphine waiver indicated that their current skills and abilities were lower than their desired skills and abilities. This was true across specialties, but for PAs in addiction medicine, pain management, and psychiatry, their current versus desired skills were not statistically significantly different. PAs without a buprenorphine waiver reported low current skills and abilities, and their desired skills and abilities were moderately low as well. Figures 1-12 display differences in current versus desired skills and abilities by waiver status, and Figures 13-24 display differences in current versus desired skills and abilities across specialty groups.

PAs in addiction medicine, pain management, and psychiatry assessed their current and desired skills to be about the same, among 12 areas of SUD and OUD management areas.

Education and reduction of barriers important

Substance and opioid use disorders do not discriminate. PAs in every setting and specialty are likely to encounter a patient who may potentially be struggling with SUD or OUD. Having a well-trained healthcare workforce that can comfortably treat and manage OUD patients is paramount to successful eradication of the opioid epidemic. In addition to more PAs becoming buprenorphine waived, it is incumbent on the profession to provide training that prepares PAs to handle this crisis, and for prescriptive barriers to treating these patients to be removed.

AAPA and Physician Assistant Education Association (PAEA) are actively assisting PAs to combat this epidemic. OUD is [one of AAPA's national health priorities](#). AAPA is also a collaborative member on [National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic](#). In addition to AAPA's work, PAEA is actively promoting buprenorphine waiver training within all PA programs. With opioid use disorders affecting large portions of the population, it is imperative that more PAs be able to recognize and treat this disorder.

**OUD is an AAPA
National Health
Initiative**

Sample Demographics

Table 1. Primary Role

Role	N	Percent (%)
Clinician	514	96.6
Educator	7	1.3
Administrator/manager	10	1.9
Researcher	1	0.2
Total	532	100.0

Question: Please indicate your primary role as a PA. Your primary role is the role you spend the most time in as a PA.

Table 2. Primary Specialty

Specialty	N	Percent (%)
Addiction Medicine, Pain Management, Psychiatry	25	4.7
Primary Care	126	23.7
Emergency Medicine and Hospital Medicine	57	10.7
All Other Specialties	324	60.9
Total	532	100.0

Question: Please indicate your primary specialty as a PA. Your primary specialty is the specialty you practice most as a PA. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty.

Table 3. Gender

Gender	N	Percent (%)
Male	149	28.2
Female	379	71.6
I prefer to self-identify:	1	0.2
Total	529	100.0

Question: What is your gender?

Table 4. Race

Race	N	Percent (%)
American Indian or Alaskan Native	2	0.4
Asian	22	4.3
Black/African American	10	1.9
Native Hawaiian or Other Pacific Islander	1	0.2
White	464	90.3
Two or more races:	11	2.1
Other:	4	0.8
Total	514	100.0

Question: Which of the following best describes you?

Table 5. Ethnicity

Ethnicity	N	Percent (%)
Not Hispanic or Latino	488	94.0
Hispanic or Latino	31	6.0
Total	519	100.0

Question: Are you of Hispanic/Latino origin?

MAT Module Tables

Table 6. PAs with Buprenorphine Waiver

PA has Buprenorphine Waiver	N	Percent (%)
Yes	40	7.6
No	485	92.4
Total	525	100.0

Question: Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.

Table 7. Number of Patients Waivered PAs May Treat

Number of Patients	N	Percent (%)
30	19	47.5
100	12	30.0
275	1	2.5
I don't know	8	20.0
Total	40	100.0

Question: How many patients are you waived for? Buprenorphine is one drug used for treatment of opioid use disorder.

Note: Question only asked of PAs with buprenorphine waiver.

Table 8. PAs Who See Patients with Opioid Use Disorder by Waiver Status

PA Sees Patients with Opioid Use Disorder	Buprenorphine waived					
	Yes		No		All PAs	
	N	Percent (%)	N	Percent (%)	N	Percent (%)
Yes	36	90.0	314	64.9	350	66.8
No	4	10.0	170	35.1	174	33.2
Total	40	100.0	484	100.0	524	100.0

Question: Do you see patients who have been diagnosed with, or who you suspect may have, opioid use disorder (OUD)?

Table 9. Waivered PAs Who Have Prescribed Buprenorphine in Past 6 Months

PA Has Prescribed in Past 6 Months	N	Percent (%)
Yes	25	62.5
No	15	37.5
Total	40	100.0

Question: In the past 6 months, have you prescribed methadone, buprenorphine, or naltrexone to a patient for opioid use disorder? Buprenorphine is one drug used for treatment of opioid use disorder. Note: Question only asked of PAs with buprenorphine waiver.

Table 10. Waivered PAs Who Are Accepting New Patients Seeking MAT for Opioid Use Disorder

Accepting New Patients	N	Percent (%)
Yes	23	57.5
No	17	42.5
Total	40	100.0

Question: Are you currently accepting new patients seeking MAT for opioid use disorder? Buprenorphine is one drug used for treatment of opioid use disorder. Note: Question only asked of PAs with buprenorphine waiver.

Table 11. Number of OUD/MAT Patients Seen by Waivered PAs

Question/Measure	Median	Mean
Current number of OUD patients	5	25.1
Maximum number of MAT patients ever on panel simultaneously	14	32.7

Source: November 2019 PA Practice MAT Module. Questions asked of all respondents who indicated they are MAT waived.

Table 12. PAs Who Have Ever Prescribed Buprenorphine for OUD

PA Has Prescribed Buprenorphine	N	Percent (%)
Yes	54	11.3
No	426	88.8
Total	480	100.0

Question: Have you ever prescribed methadone, buprenorphine, and naltrexone to a patient for opioid use disorder? Buprenorphine is one drug used for treatment of opioid use disorder. Note: Question only asked of PAs without buprenorphine waiver.

Table 13. PA Interest in a Buprenorphine Waiver

PA is Interested in Buprenorphine Waiver	N	Percent (%)
Yes, I am interested	95	19.9
No, I am not interested	383	80.1
Total	478	100.0

Question: Are you interested in securing a Medication Assisted Treatment (MAT) waiver to prescribe buprenorphine for patients with opioid addiction? Buprenorphine is one drug used for treatment of opioid use disorder. Note: Question only asked of PAs without buprenorphine waiver.

Table 14. Barriers to Incorporating MAT into Practice by Waiver Status

Barrier		Buprenorphine waived					
		Yes		No		All PAs	
		N	Percent (%)	N	Percent (%)	N	Percent (%)
Time constraints	Yes	14	42.4	223	54.0	237	53.1
	No	19	57.6	190	46.0	209	46.9
	Total	33	100.0	413	100.0	446	100.0
Lack of patient need	Yes	1	3.2	176	44.2	177	41.3
	No	30	96.8	222	55.8	252	58.7
	Total	31	100.0	398	100.0	429	100.0
Financial/reimbursement concerns	Yes	6	18.2	99	26.0	105	25.4
	No	27	81.8	282	74.0	309	74.6
	Total	33	100.0	381	100.0	414	100.0
Resistance from collaborating physician	Yes	7	21.9	132	33.8	139	32.9
	No	25	78.1	259	66.2	284	67.1
	Total	32	100.0	391	100.0	423	100.0
Lack of specialty backup for complex problems	Yes	10	31.3	188	47.0	198	45.8
	No	22	68.8	212	53.0	234	54.2
	Total	32	100.0	400	100.0	432	100.0
Lack of confidence in ability to manage opioid use disorder	Yes	6	18.8	204	51.8	210	49.3
	No	26	81.3	190	48.2	216	50.7
	Total	32	100.0	394	100.0	426	100.0
Lack of available mental health or psychosocial support services	Yes	16	48.5	220	55.1	236	54.6
	No	17	51.5	179	44.9	196	45.4
	Total	33	100.0	399	100.0	432	100.0
Lack of training	Yes	4	12.5	263	65.6	267	61.7
	No	28	87.5	138	34.4	166	38.3
	Total	32	100.0	401	100.0	433	100.0
Attraction of drug users to your practice	Yes	9	28.1	153	39.8	162	38.9
	No	23	71.9	231	60.2	254	61.1
	Total	32	100.0	384	100.0	416	100.0
DEA intrusion	Yes	2	6.5	77	20.6	79	19.5
	No	29	93.5	297	79.4	326	80.5
	Total	31	100.0	374	100.0	405	100.0
Diversion or misuse of medication concerns	Yes	13	41.9	173	46.0	186	45.7
	No	18	58.1	203	54.0	221	54.3
	Total	31	100.0	376	100.0	407	100.0

Question: Some PAs may perceive barriers to incorporating MAT into clinical practice. Are any of the following a barrier for you?

Current and Desired SUD/ODD Skills and Abilities

Table 15. Current and Desired Skills and Abilities (All Respondents)

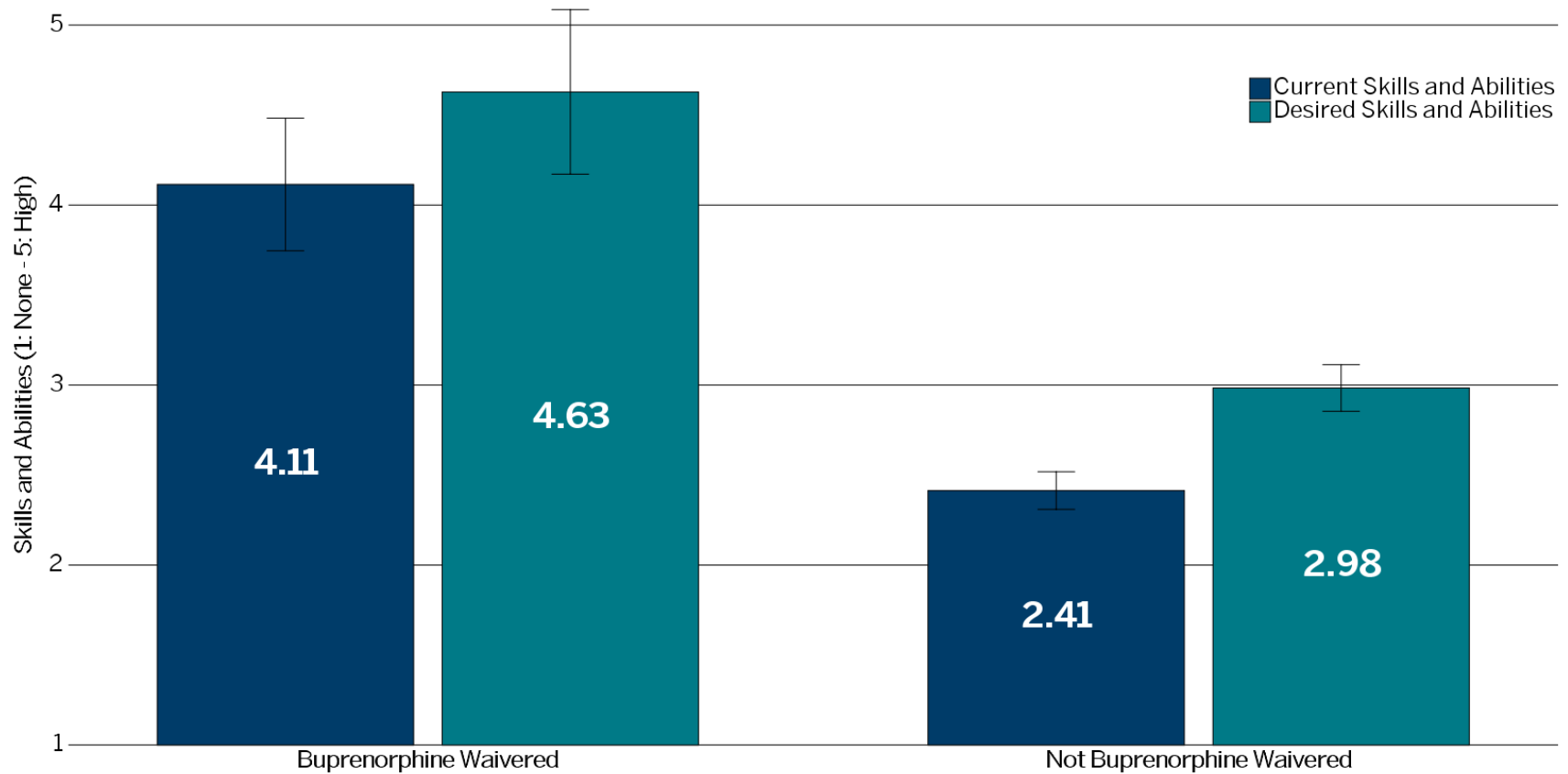
Task or Competency		1: No Skills and Abilities		2		3		4		5: Strong Skills and Abilities	
		N	Row %	N	Row %	N	Row %	N	Row %	N	Row %
Diagnosis and manage patients with SUD	Current	108	22.8	133	28.1	141	29.7	54	11.4	38	8.0
	Desired	87	18.3	88	18.5	107	22.5	71	14.9	122	25.7
Diagnosis and manage patients with OUD	Current	127	27.4	144	31.0	121	26.1	47	10.1	25	5.4
	Desired	105	22.6	106	22.8	83	17.8	66	14.2	105	22.6
Select the best treatment(s) for an individual patient with SUD	Current	170	37.3	132	28.9	96	21.1	39	8.6	19	4.2
	Desired	126	27.6	94	20.6	84	18.4	56	12.3	97	21.2
Manage patient with SUD through treatment, including managing withdrawal and risk of relapse	Current	212	46.7	117	25.8	78	17.2	31	6.8	16	3.5
	Desired	163	35.8	87	19.1	70	15.4	48	10.5	87	19.1
Provide/initiate comprehensive SUD treatment with approved opioid agonist medications and opioid antagonist medications	Current	232	51.8	125	27.9	53	11.8	19	4.2	19	4.2
	Desired	177	39.4	82	18.3	69	15.4	41	9.1	80	17.8
Select the appropriate starting dose and dosage increases for patients on medication assisted therapy for SUD	Current	261	58.3	101	22.5	52	11.6	17	3.8	17	3.8
	Desired	195	43.4	69	15.4	64	14.3	41	9.1	80	17.8

Table 15 cont'd. Current and Desired Skills and Abilities (All Respondents)

Task or Competency		1: No Skills and Abilities		2		3		4		5: Strong Skills and Abilities	
		N	Row %	N	Row %	N	Row %	N	Row %	N	Row %
Provide psychosocial treatment in conjunction with approved opioid agonist medications and opioid antagonist medications	Current	222	50.2	113	25.6	69	15.6	21	4.8	17	3.8
	Desired	177	39.8	79	17.8	63	14.2	45	10.1	81	18.2
Utilize steps to reduce the chance for buprenorphine diversion	Current	276	62.9	82	18.7	53	12.1	17	3.9	11	2.5
	Desired	205	46.5	66	15.0	59	13.4	35	7.9	76	17.2
Conduct and interpret urine drug tests to help to identify drug misuse/addiction	Current	131	29.7	77	17.5	99	22.4	59	13.4	75	17.0
	Desired	115	26.1	52	11.8	81	18.4	59	13.4	134	30.4
Conduct follow-up with patients with SUD at timely intervals	Current	215	49.0	93	21.2	70	15.9	29	6.6	32	7.3
	Desired	171	38.9	73	16.6	79	18.0	40	9.1	77	17.5
Taper and discontinue buprenorphine when appropriate	Current	302	68.9	64	14.6	38	8.7	14	3.2	20	4.6
	Desired	227	51.6	47	10.7	56	12.7	34	7.7	76	17.3
Manage patients with SUD after medication assisted treatment ends	Current	259	58.6	87	19.7	55	12.4	27	6.1	14	3.2
	Desired	202	45.7	59	13.3	57	12.9	44	10.0	80	18.1

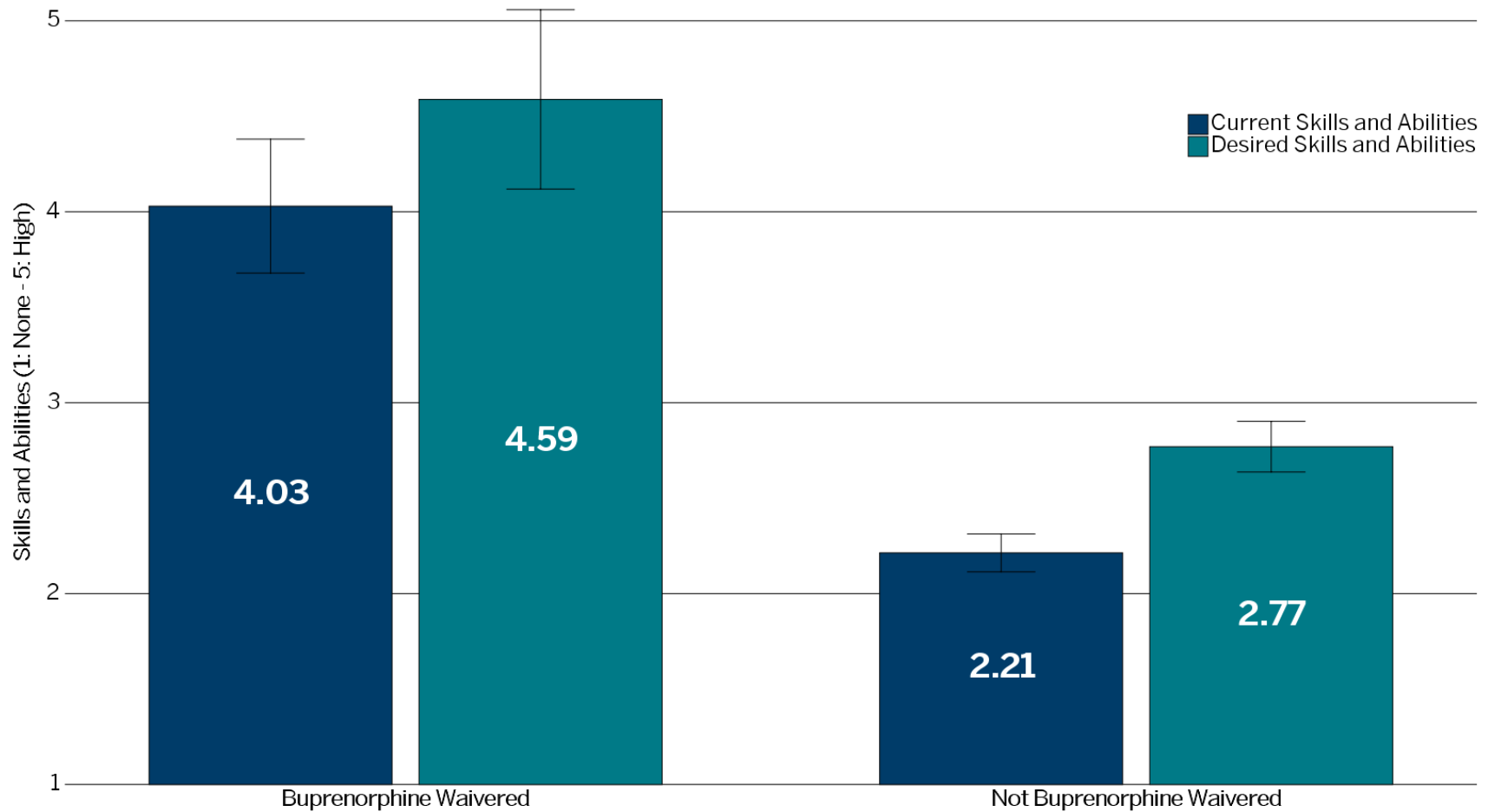
Question: Please rate your current and desired skills and abilities for the following tasks and competencies.

Figure 1. Skills and Abilities to Diagnose and Manage Patients with Substance Use Disorder (SUD) by Buprenorphine Waiver Status



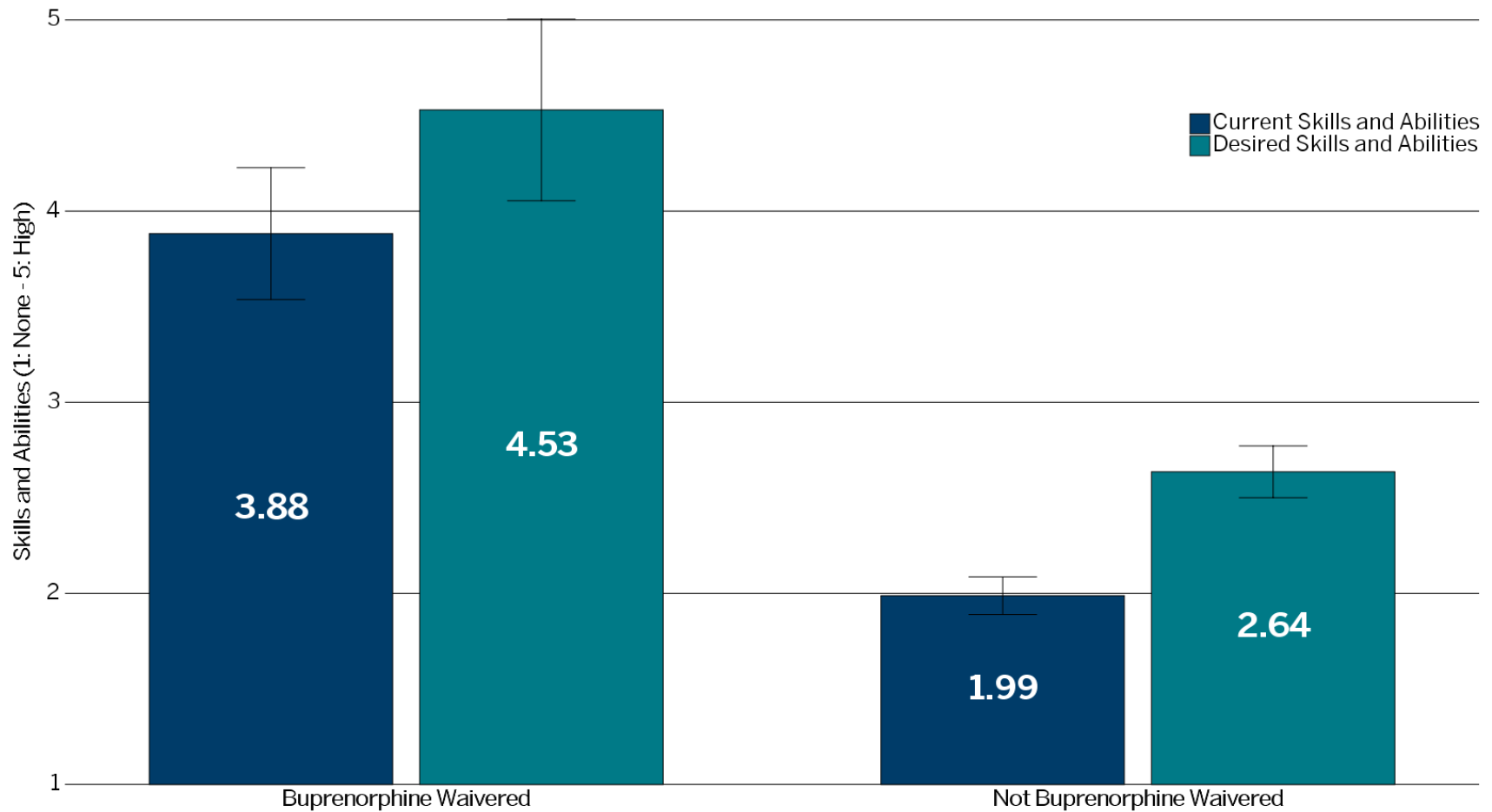
Notes: Based on 470 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 2. Skills and Abilities to Diagnose and Manage Patients with Opioid Use Disorder (OUD) by Buprenorphine Waiver Status



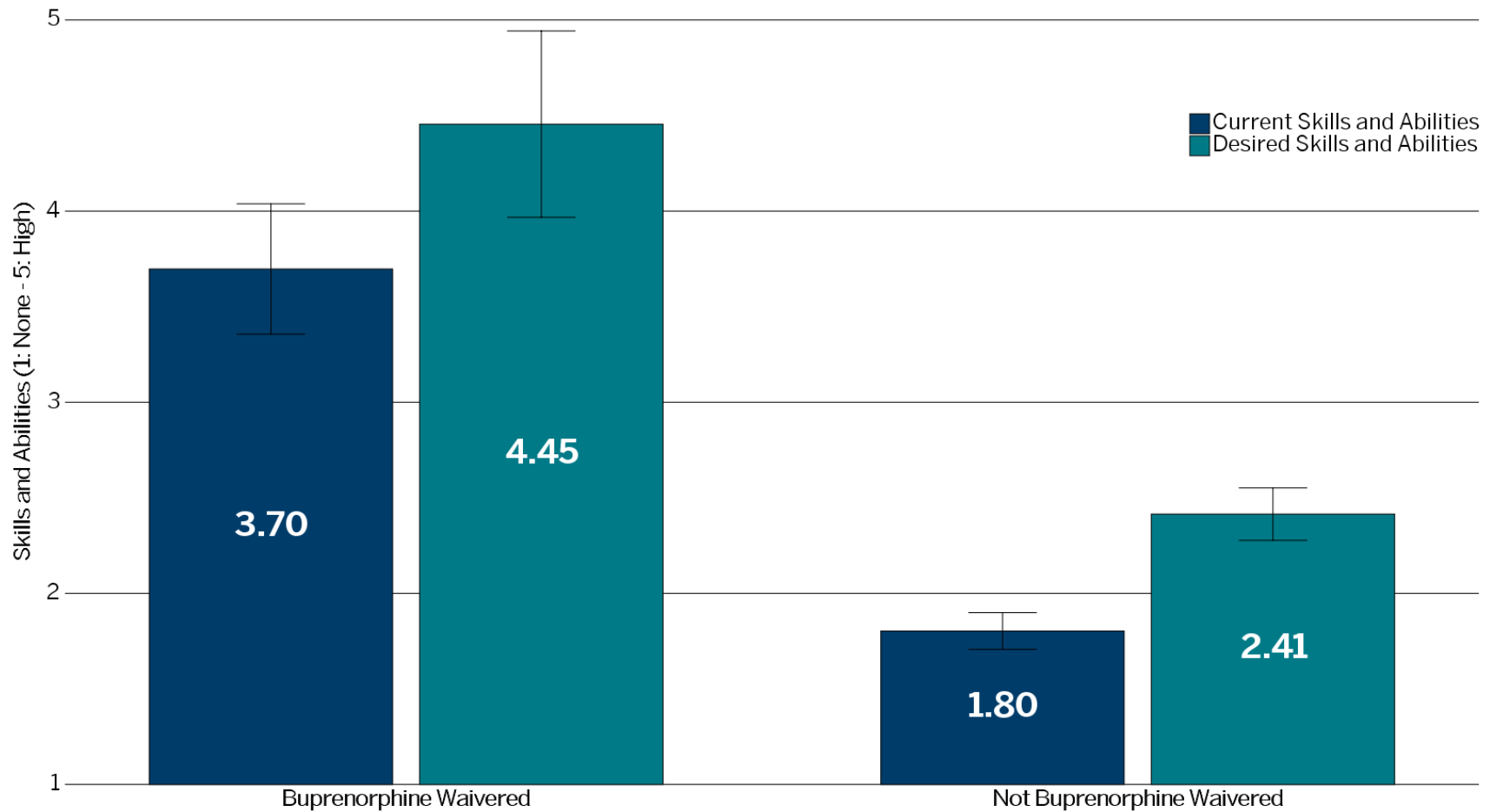
Notes: Based on 460 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 3. Skills and Abilities to Select the Best Treatment(s) For an Individual Patient with Substance Use Disorder (SUD) by Buprenorphine Waiver Status



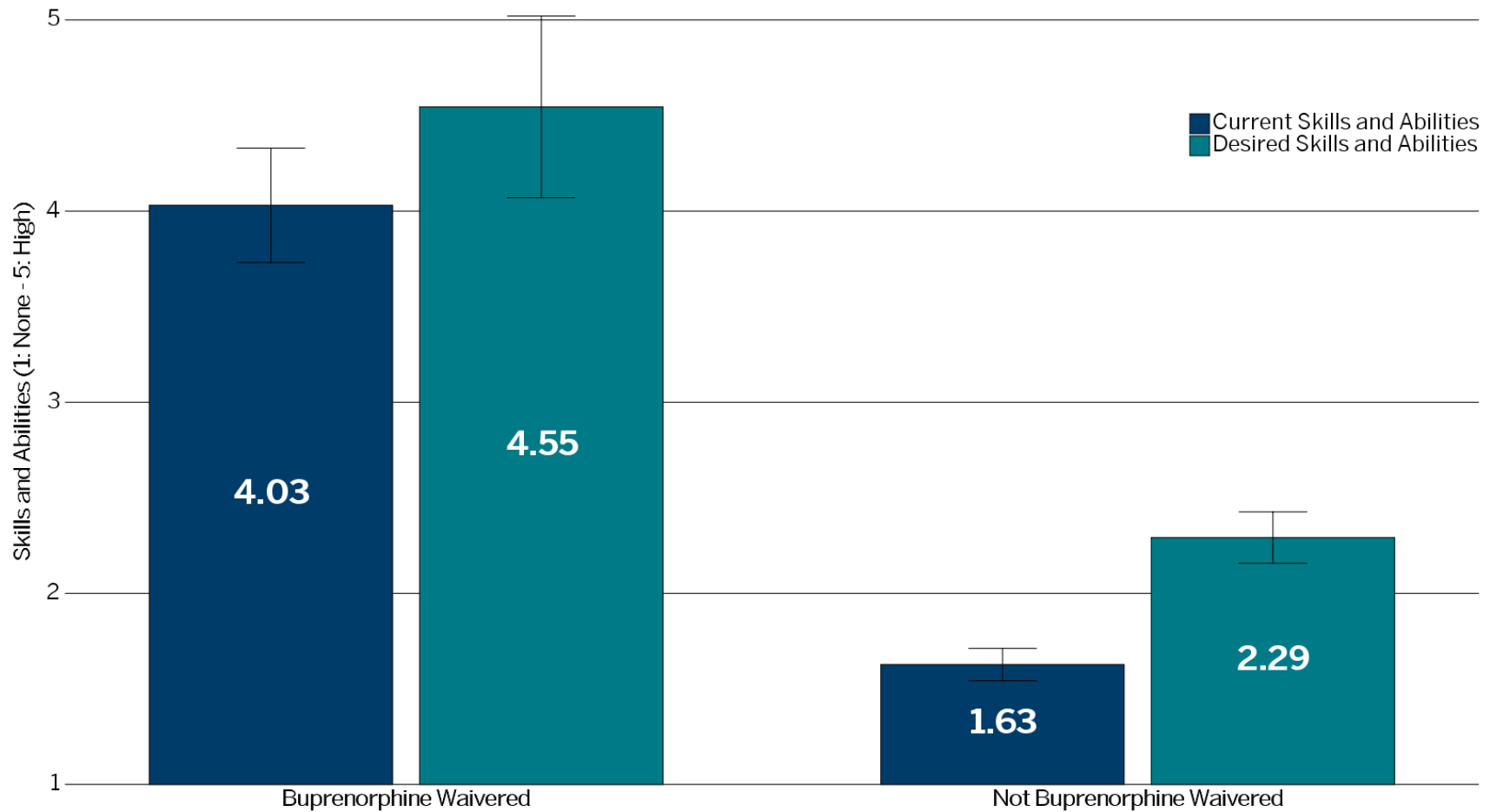
Notes: Based on 452 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 4. Skills and Abilities to Manage Patients with Substance Use Disorder (SUD) Through Treatment, Including Managing Withdrawal and Risk of Relapse by Buprenorphine Waiver Status



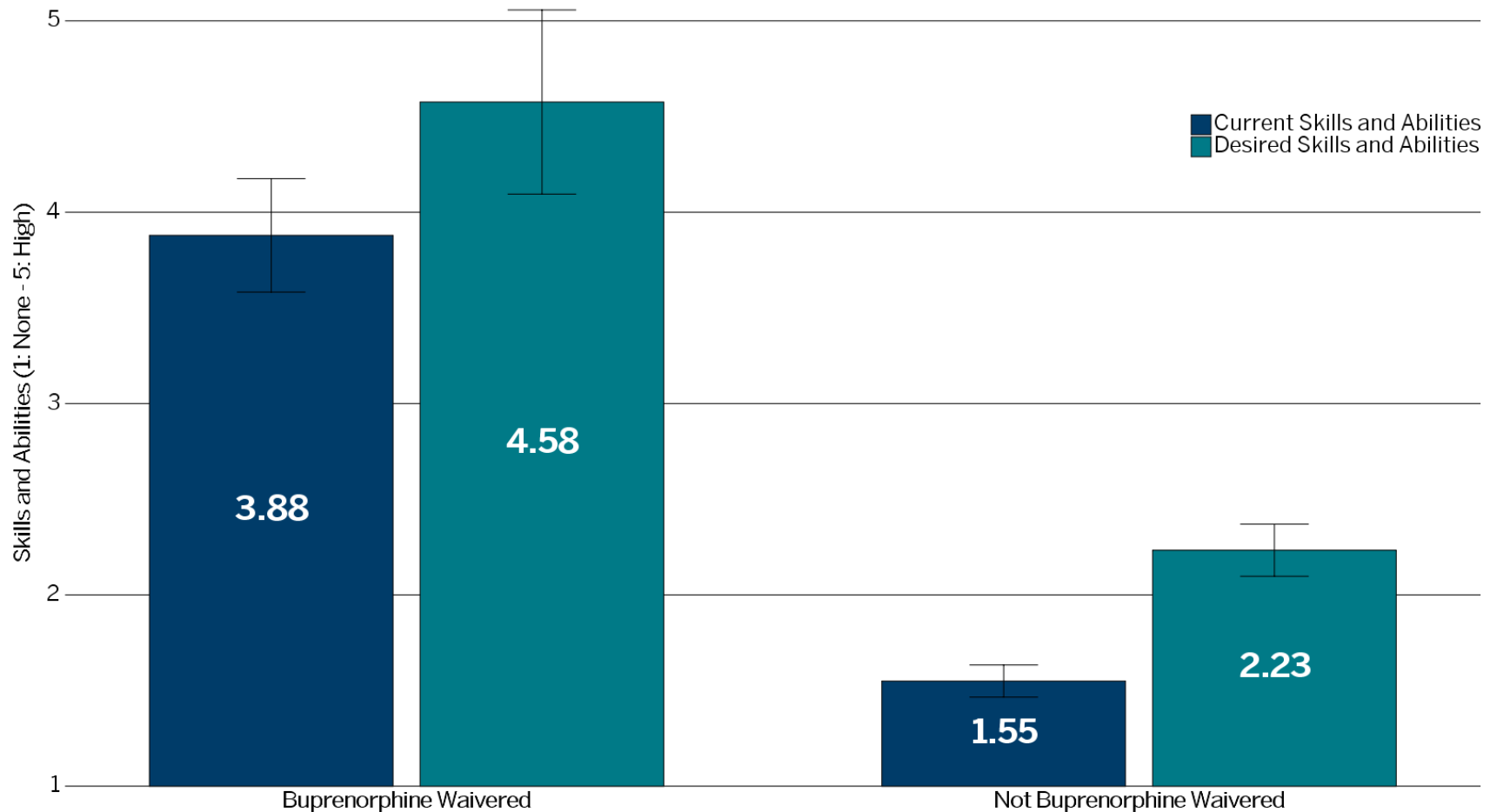
Notes: Based on 450 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 5. Skills and Abilities to Provide/Initiate Comprehensive Substance Use Disorder Treatment with Approved Opioid Agonist and Antagonist Medications by Buprenorphine Waiver Status



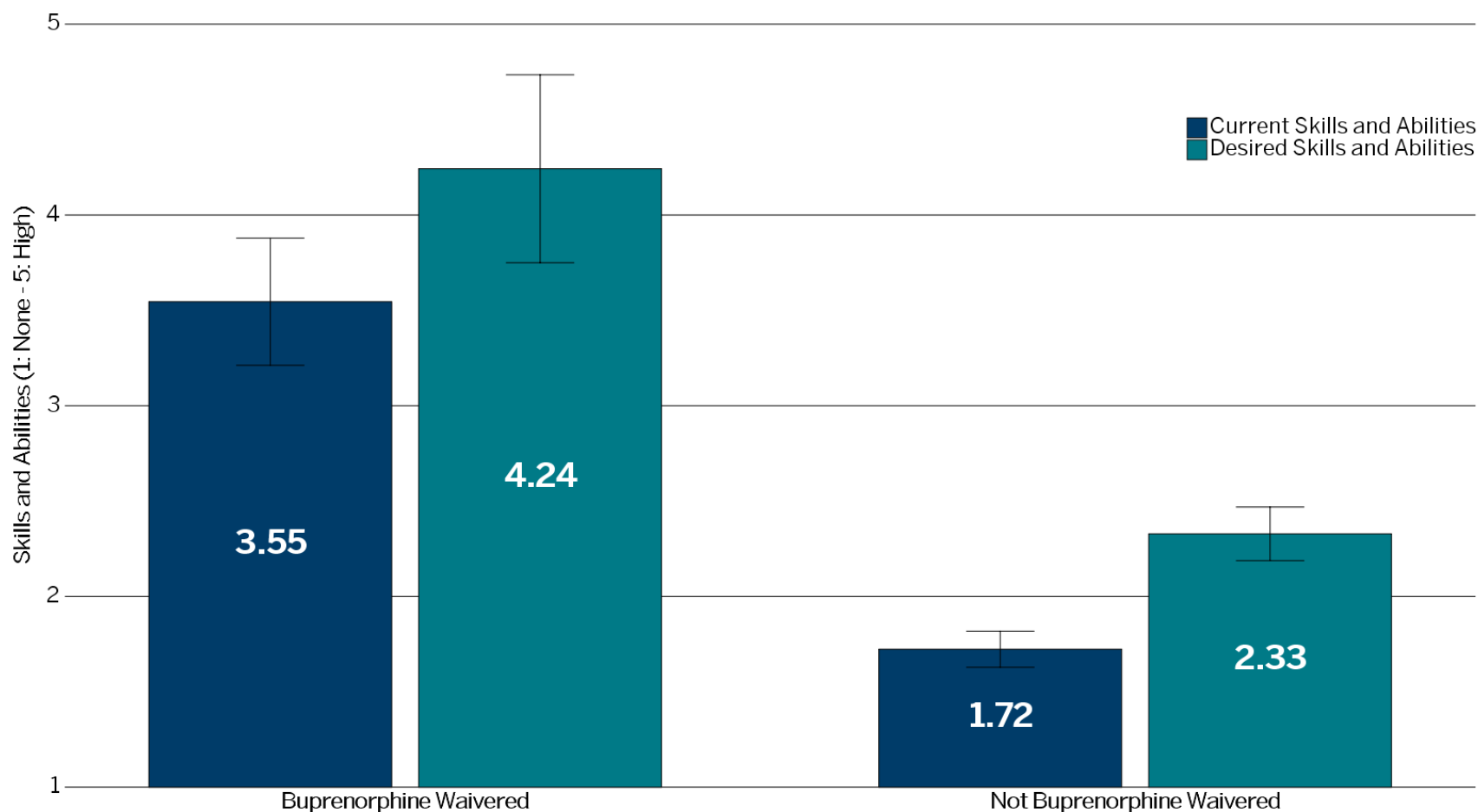
Notes: Based on 444 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 6. Skills and Abilities to Select Appropriate Starting Dose and Dosage Increases for Patients on Medication Assisted Therapy for Substance Use Disorder (SUD) by Buprenorphine Waiver Status



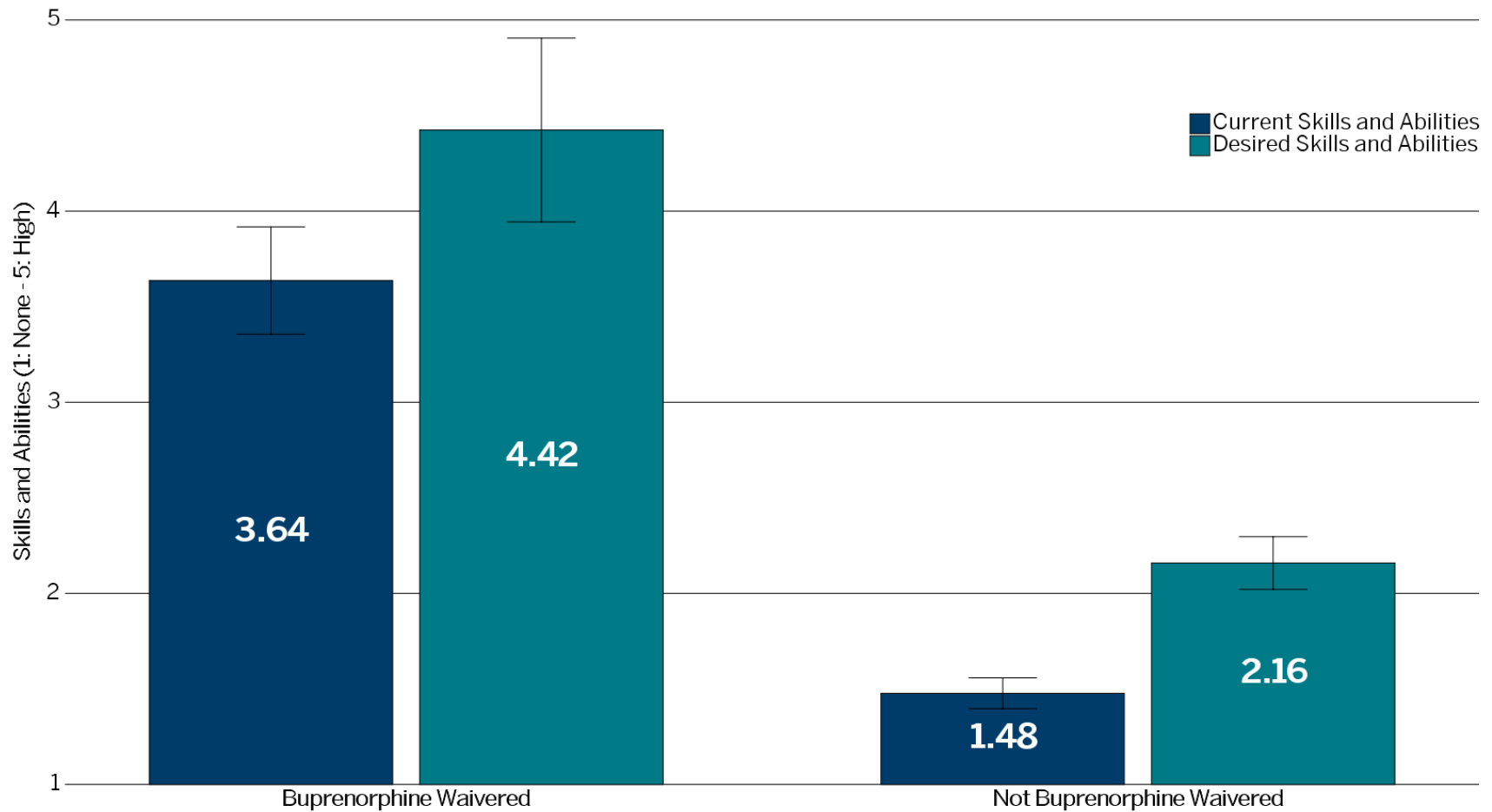
Notes: Based on 444 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 7. Skills and Abilities to Provide Psychosocial Treatment in Conjunction with Approved Opioid Agonist Medications and Opioid Antagonist Medications by Buprenorphine Waiver Status



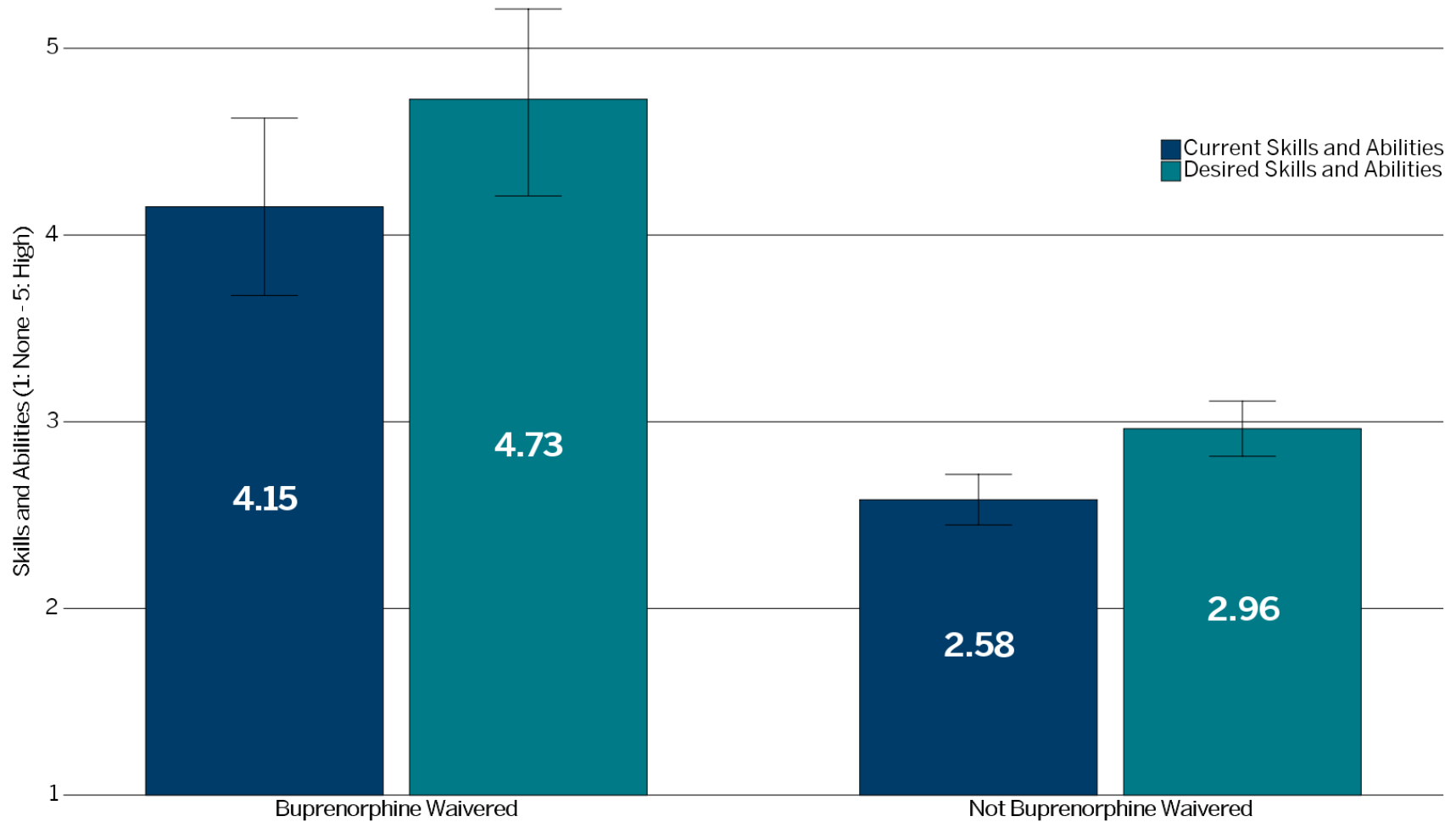
Notes: Based on 438 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 8. Skills and Abilities to Utilize Steps to Reduce the Chance for Buprenorphine Diversion by Buprenorphine Waiver Status



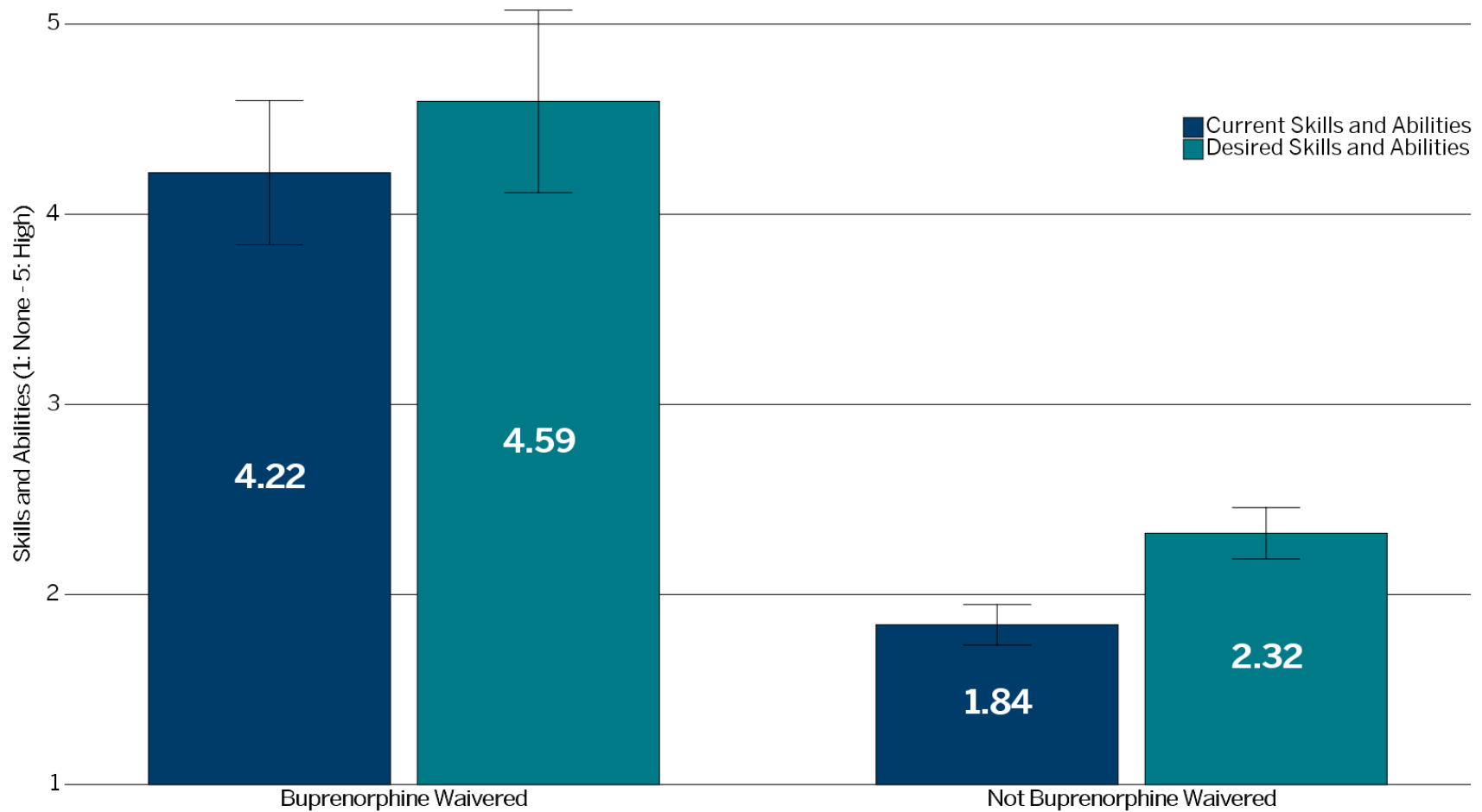
Notes: Based on 435 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 9. Skills and Abilities to Conduct and Interpret Urine Drug Tests to Help to Identify Drug Misuse/Addiction by Buprenorphine Waiver Status



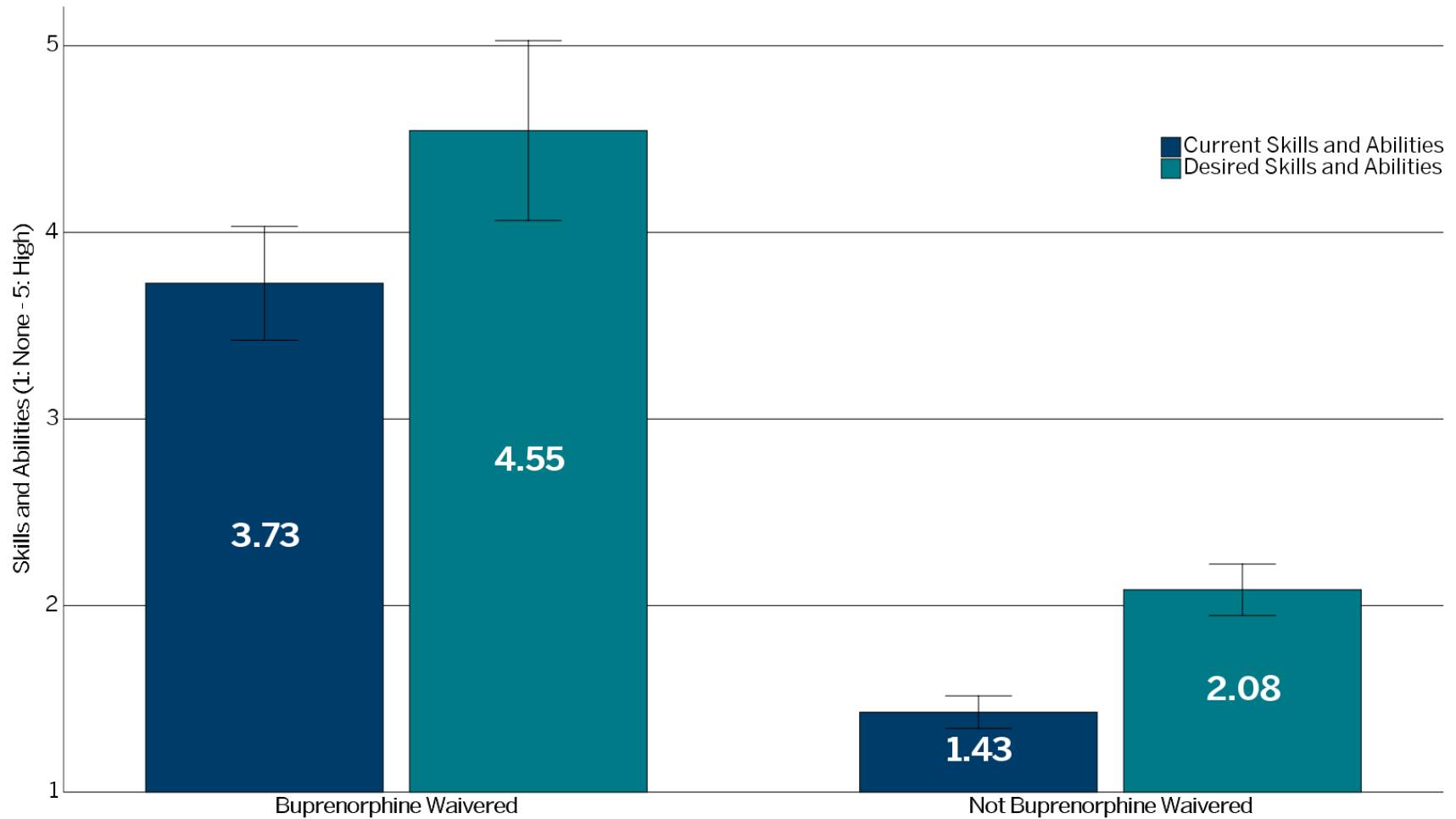
Notes: Based on 438 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 10. Skills and Abilities to Conduct Follow-Up with Patients with Substance Use Disorder (SUD) at Timely Intervals by Buprenorphine Waiver Status



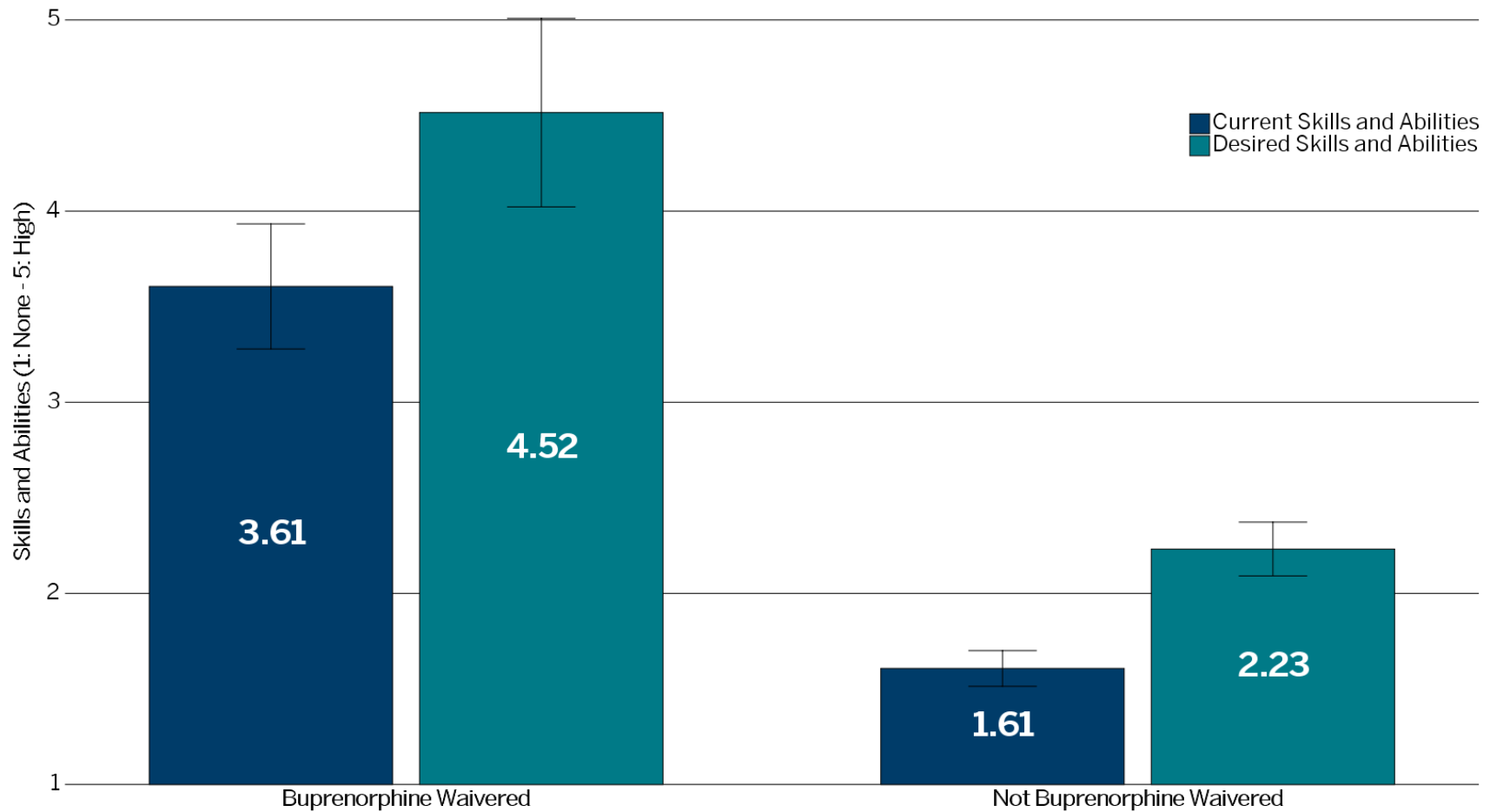
Notes: Based on 435 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 11. Skills and Abilities to Taper and Discontinue Buprenorphine When Appropriate by Buprenorphine Waiver Status



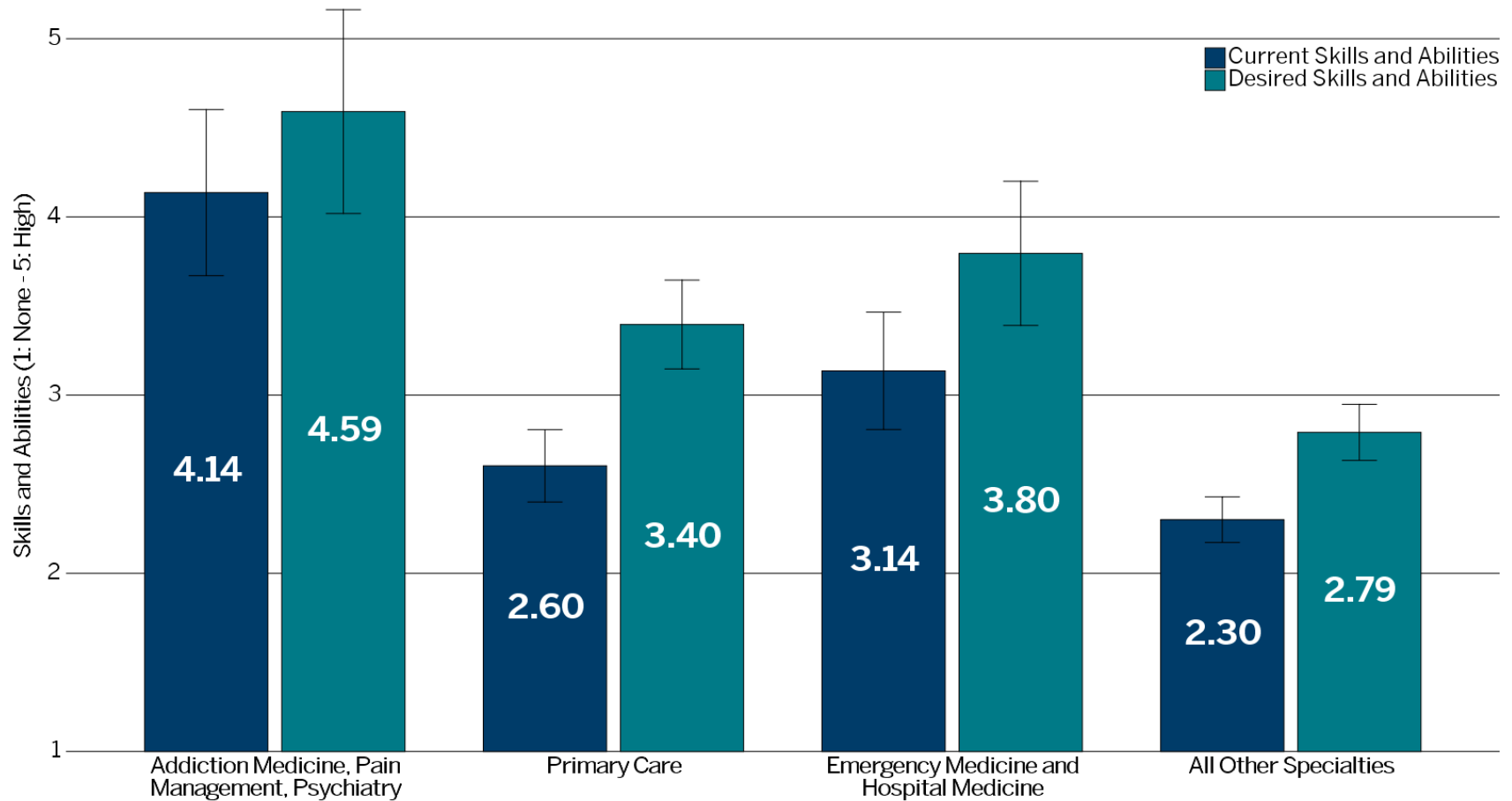
Notes: Based on 434 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 12. Skills and Abilities to Manage Patients with Substance Use Disorder (SUD) After Medication Assisted Treatment Ends by Buprenorphine Waiver Status



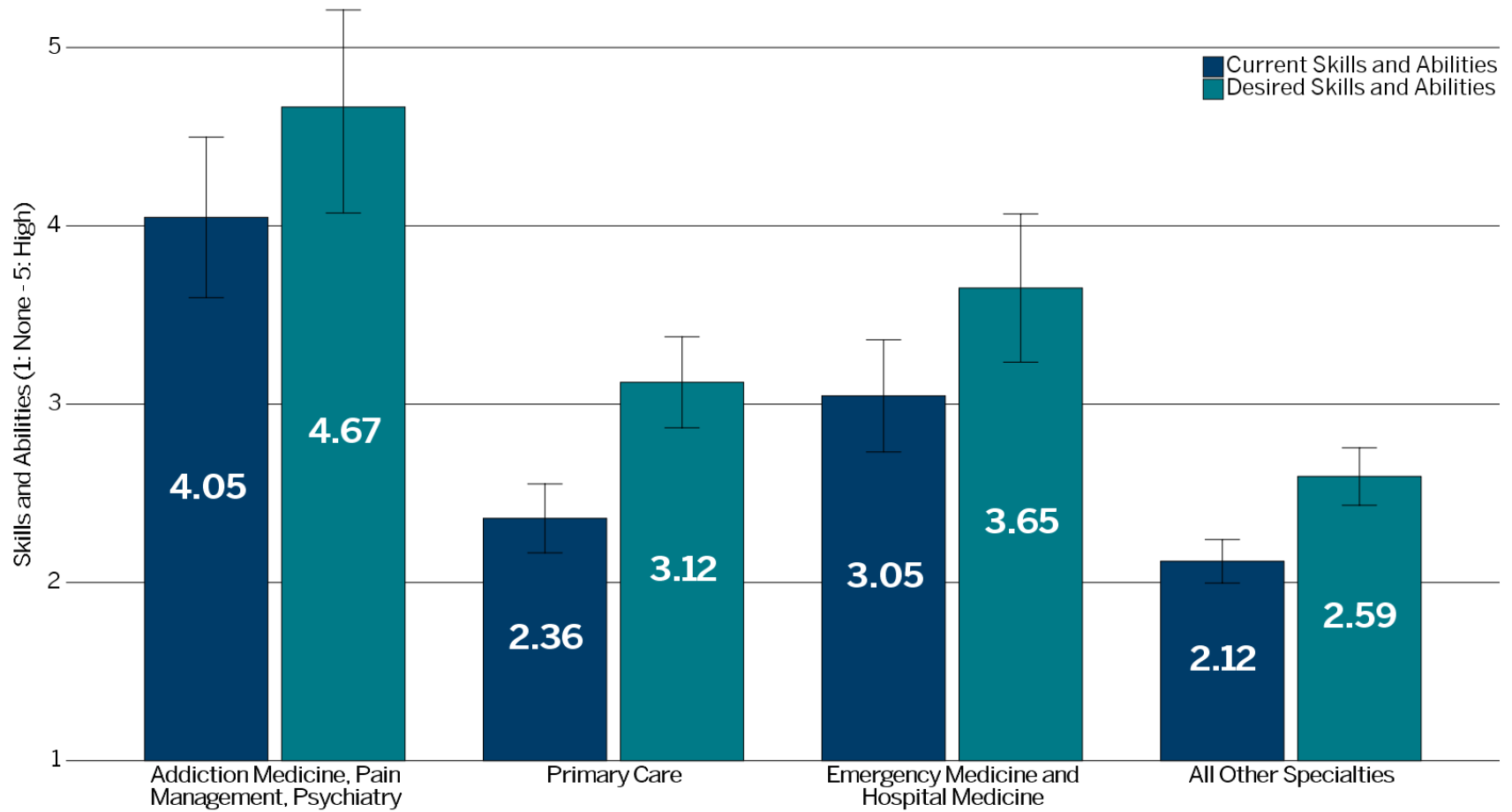
Notes: Based on 438 responses. Responses were grouped by whether a PA answered “yes” (buprenorphine waived) or “no” (not buprenorphine waived) to the question “Are you currently waived (DEA X-waiver) to provide Medication Assisted Treatment (MAT) for patients with opioid addiction? This is sometimes referred to as a buprenorphine waiver. Buprenorphine is one drug used for treatment of opioid use disorder.” Error bars are 95% confidence intervals.

Figure 13. Skills and Abilities to Diagnose and Manage Patients with Substance Use Disorder (SUD) by Specialty



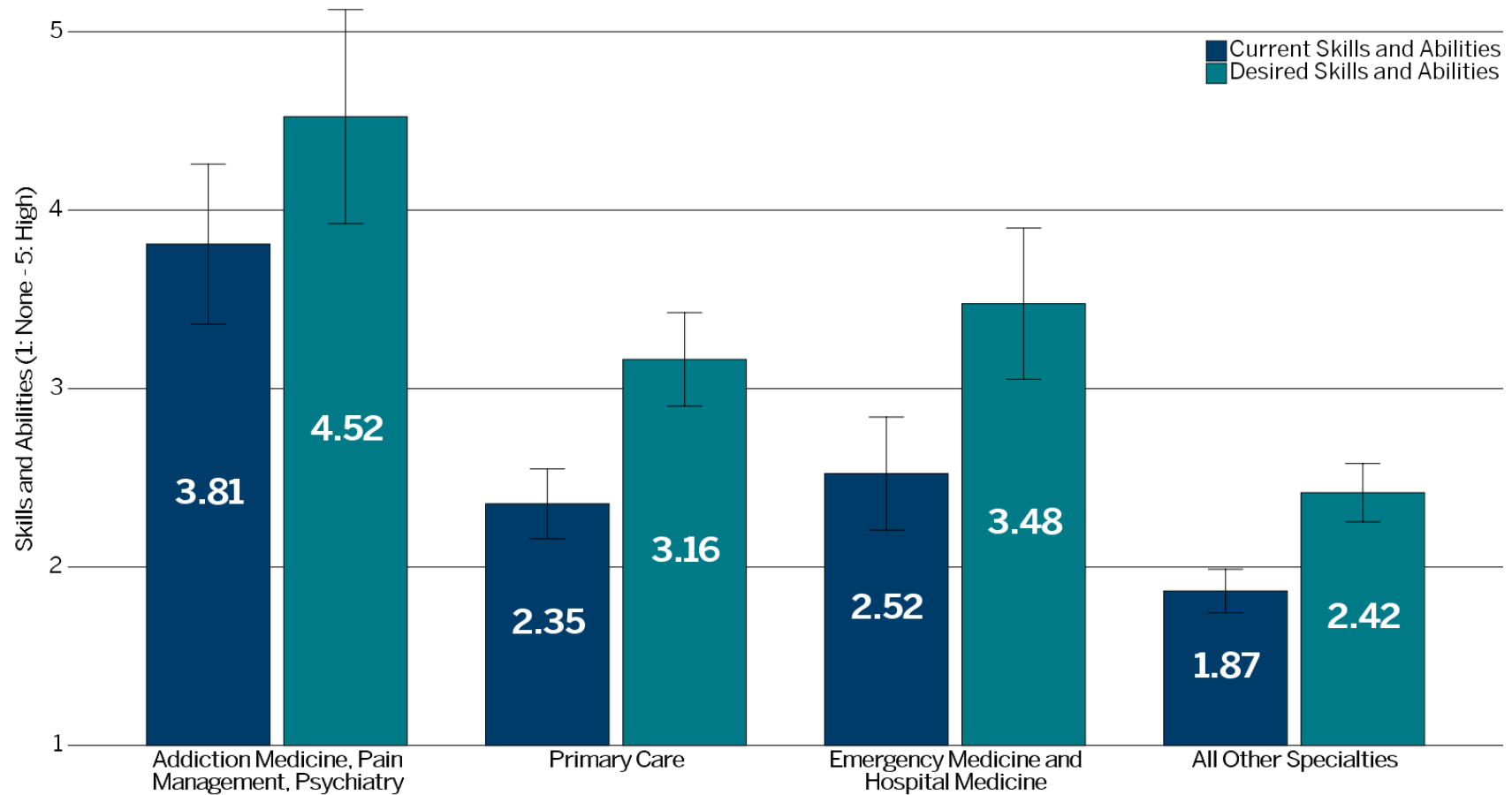
Notes: Based on 474 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 14. Skills and Abilities to Diagnose and Manage Patients with Opioid Use Disorder (OUD) by Specialty



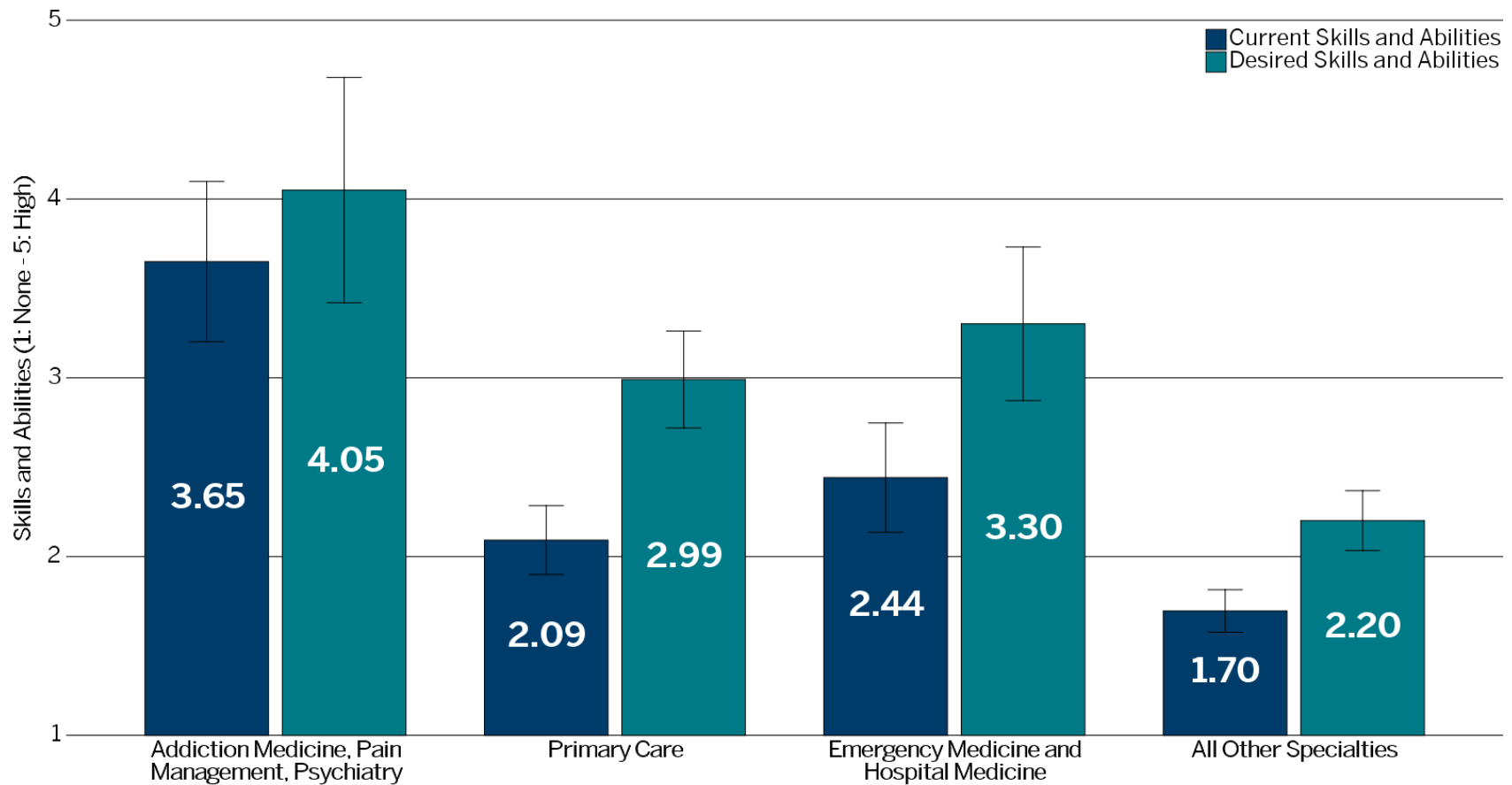
Notes: Based on 464 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 15. Skills and Abilities to Select the Best Treatment(s) For an Individual Patient with Substance Use Disorder (SUD) by Specialty



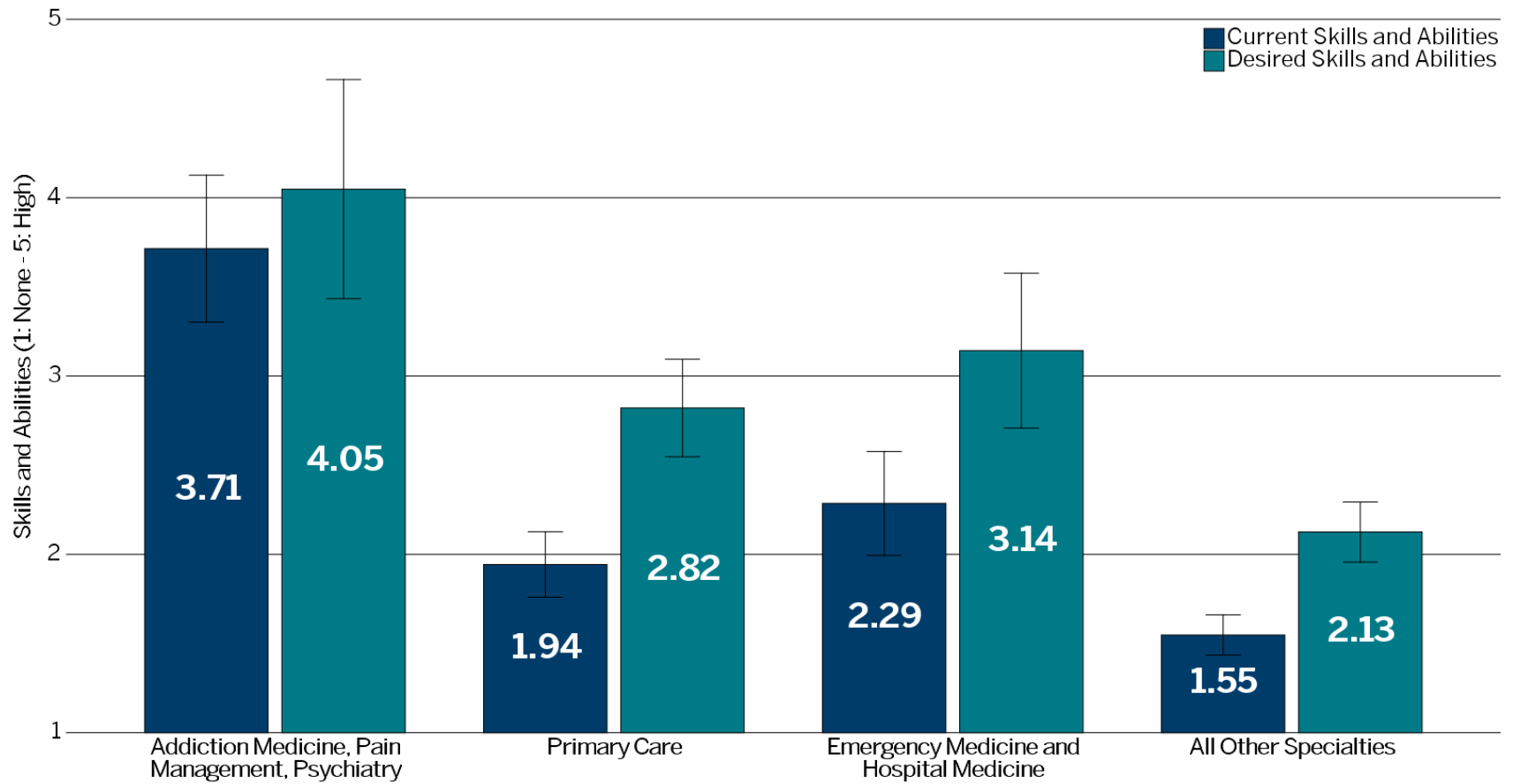
Notes: Based on 456 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 16. Skills and Abilities to Manage Patients with Substance Use Disorder (SUD) Through Treatment, Including Managing Withdrawal and Risk of Relapse by Specialty



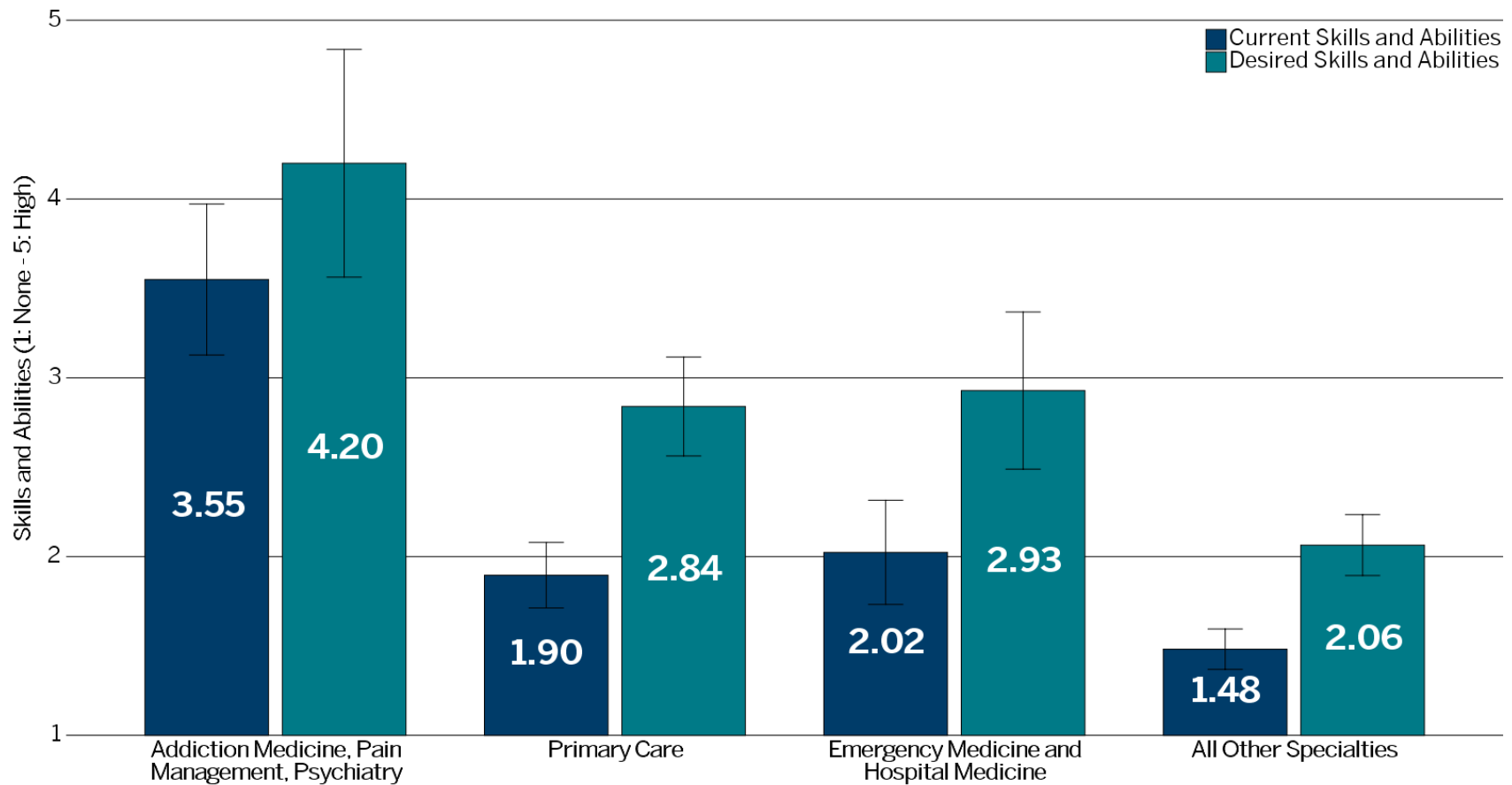
Notes: Based on 454 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 17. Skills and Abilities to Provide/Initiate Comprehensive Substance Use Disorder Treatment with Approved Opioid Agonist Medications and Opioid Antagonist Medications by Specialty



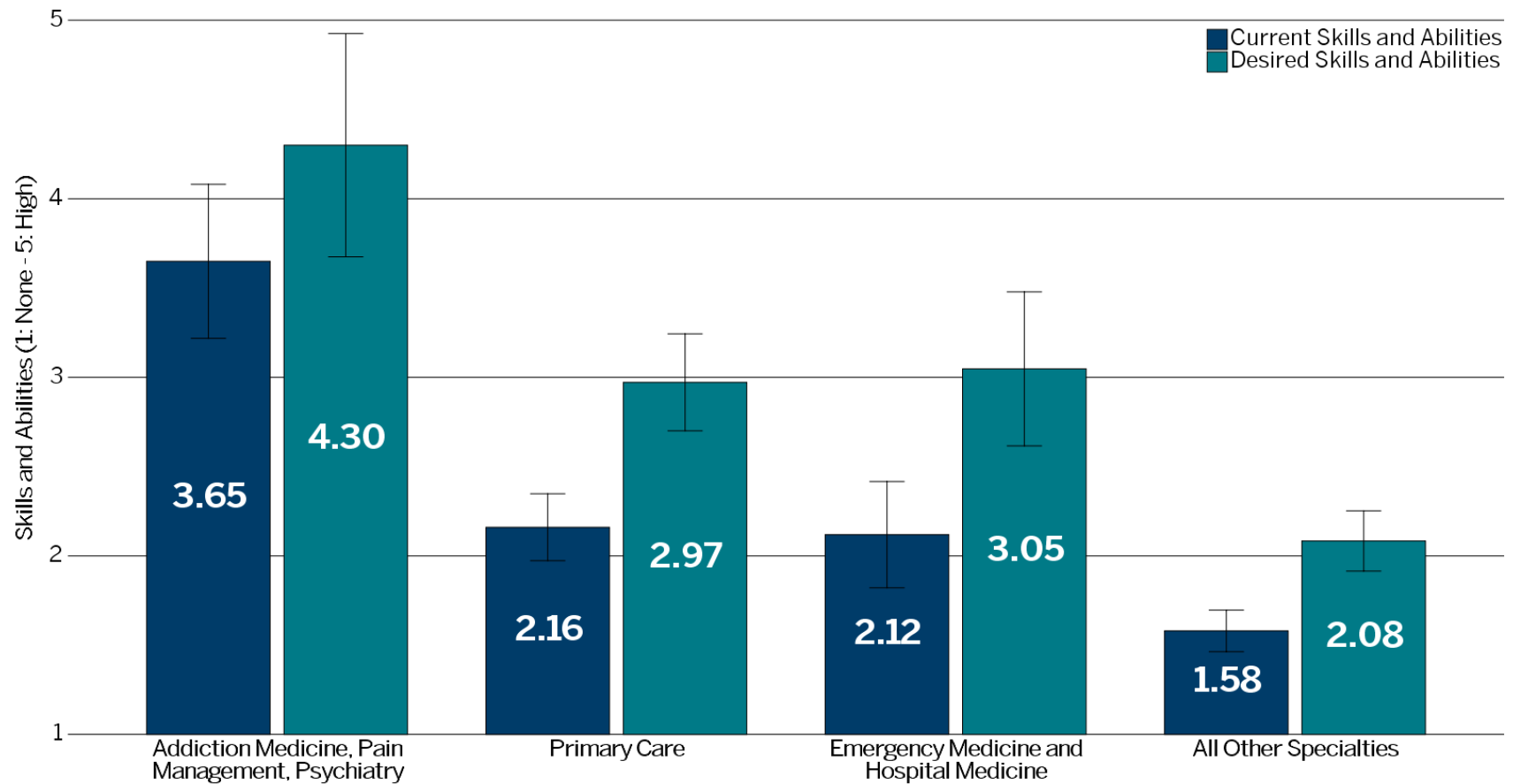
Notes: Based on 448 responses. Responses were grouped by respondent’s primary specialty. Error bars are 95% confidence intervals.

Figure 18. Skills and Abilities to Select Appropriate Starting Dose and Dosage Increases for Patients on Medication Assisted Therapy for Substance Use Disorder (SUD) by Specialty



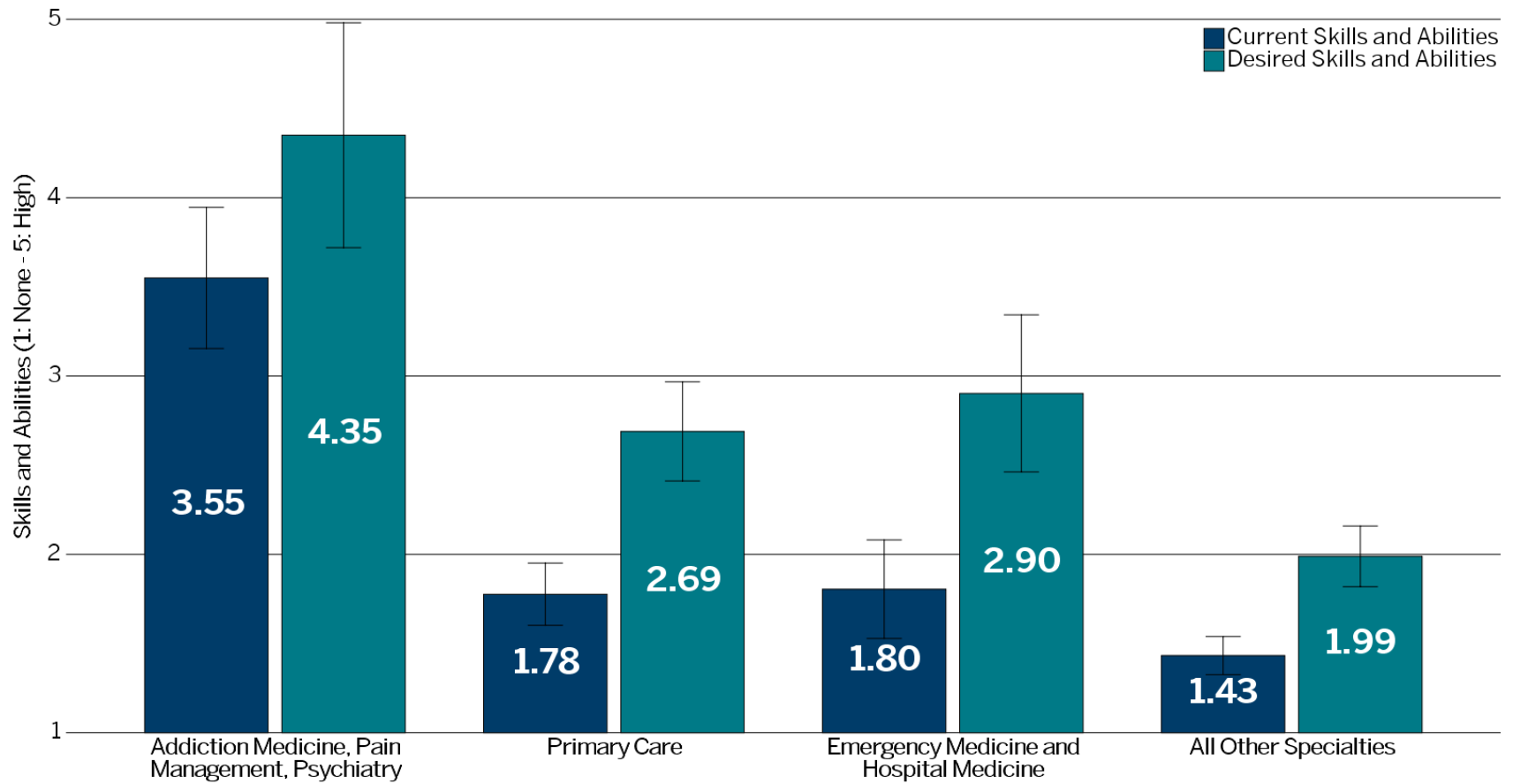
Notes: Based on 448 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 19. Skills and Abilities to Provide Psychosocial Treatment in Conjunction with Approved Opioid Agonist Medications and Opioid Antagonist Medications by Specialty



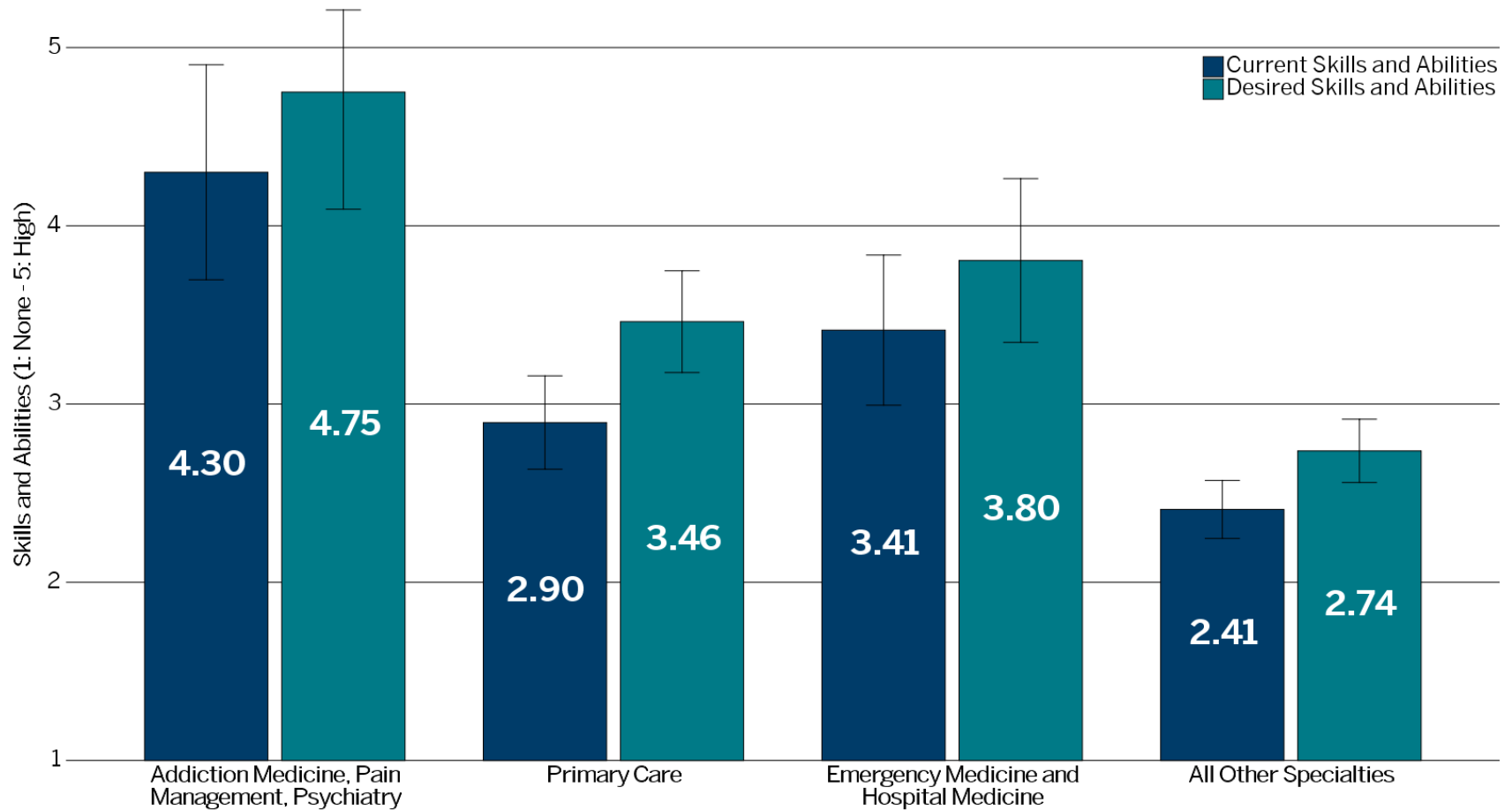
Notes: Based on 442 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 20. Skills and Abilities to Utilize Steps to Reduce the Chance for Buprenorphine Diversion by Specialty



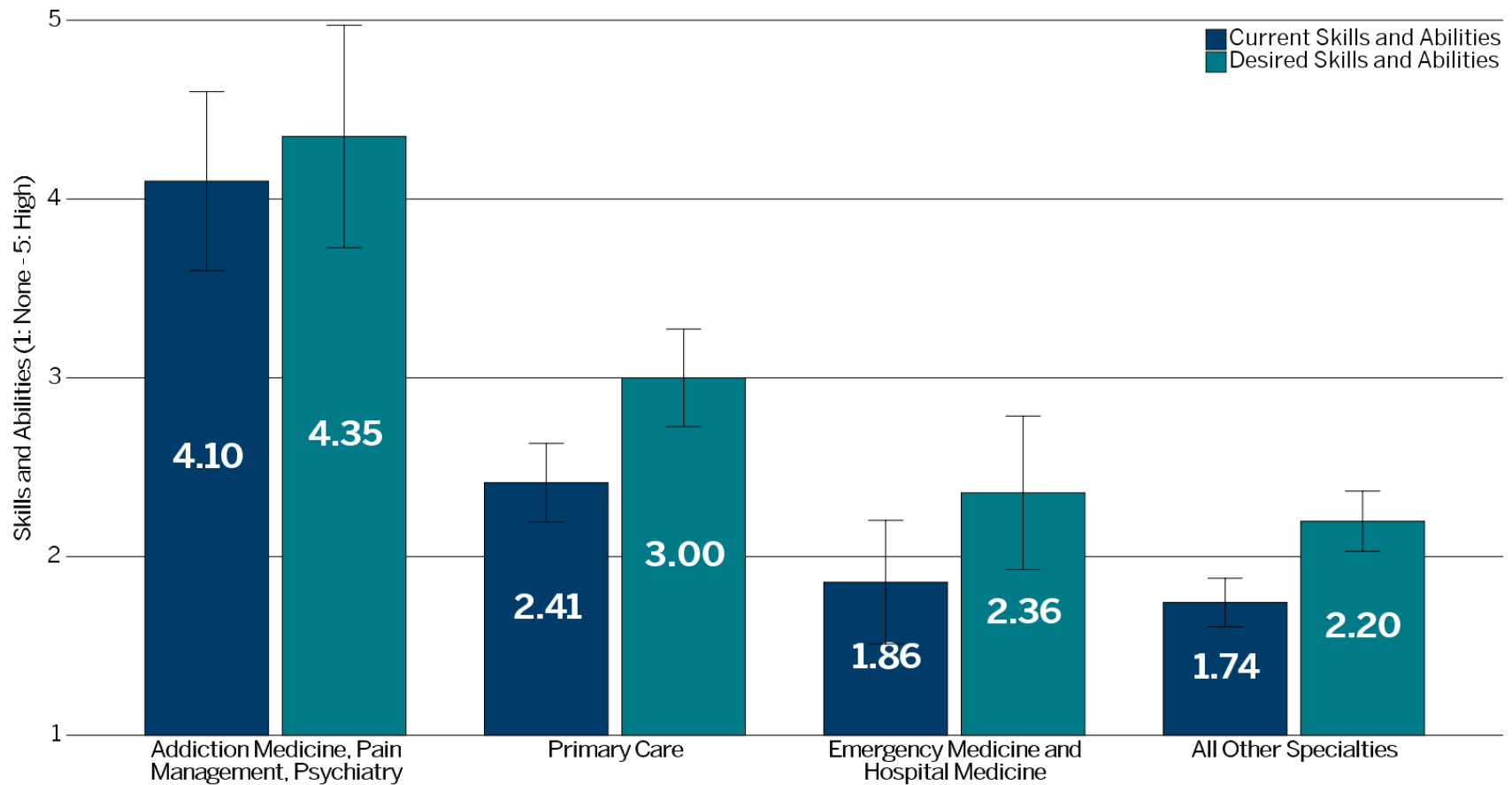
Notes: Based on 439 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 21. Skills and Abilities to Conduct and Interpret Urine Drug Tests to Help to Identify Drug Misuse/Addiction by Specialty



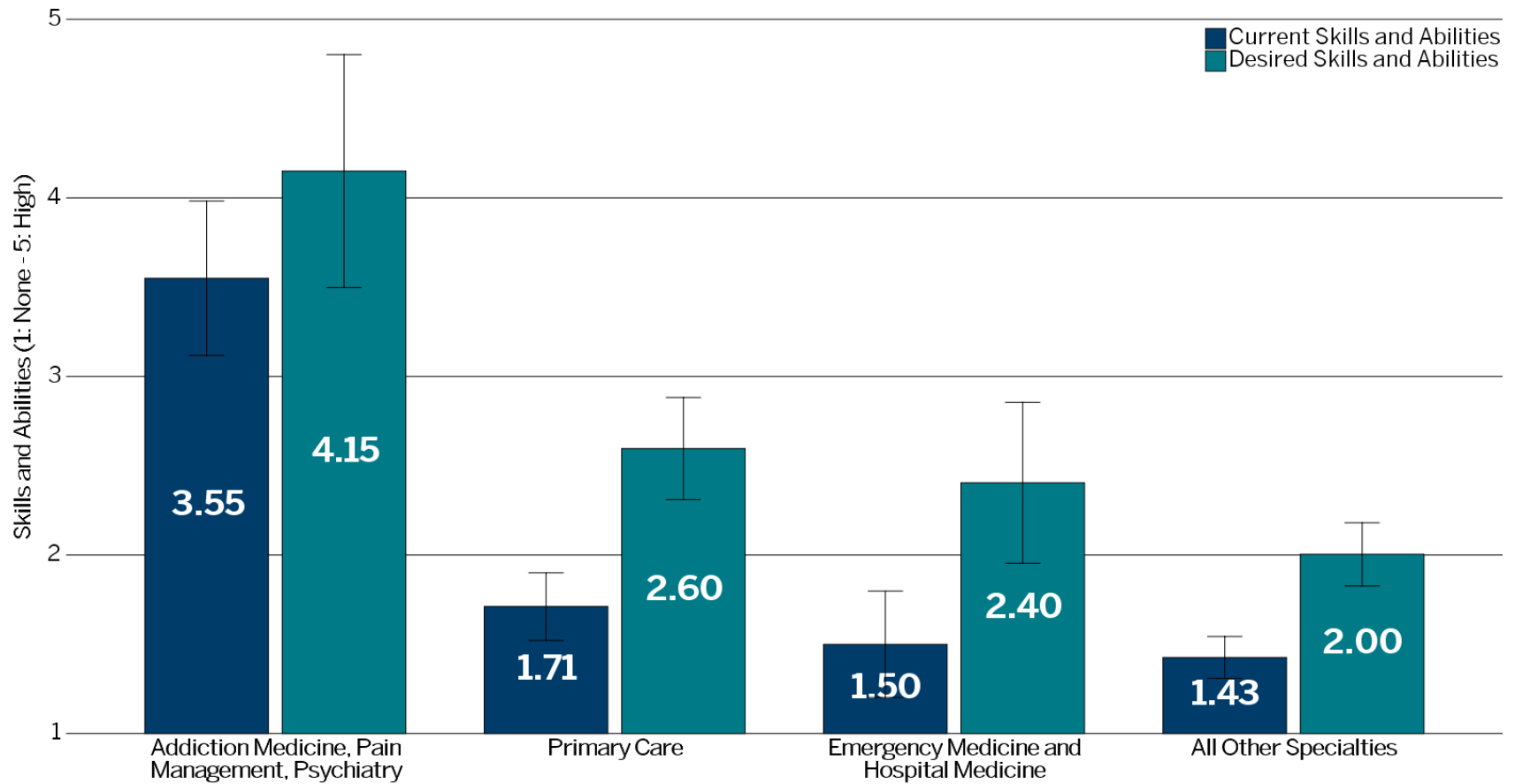
Notes: Based on 441 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 22. Skills and Abilities to Conduct Follow-Up with Patients with Substance Use Disorder (SUD) at Timely Intervals by Specialty



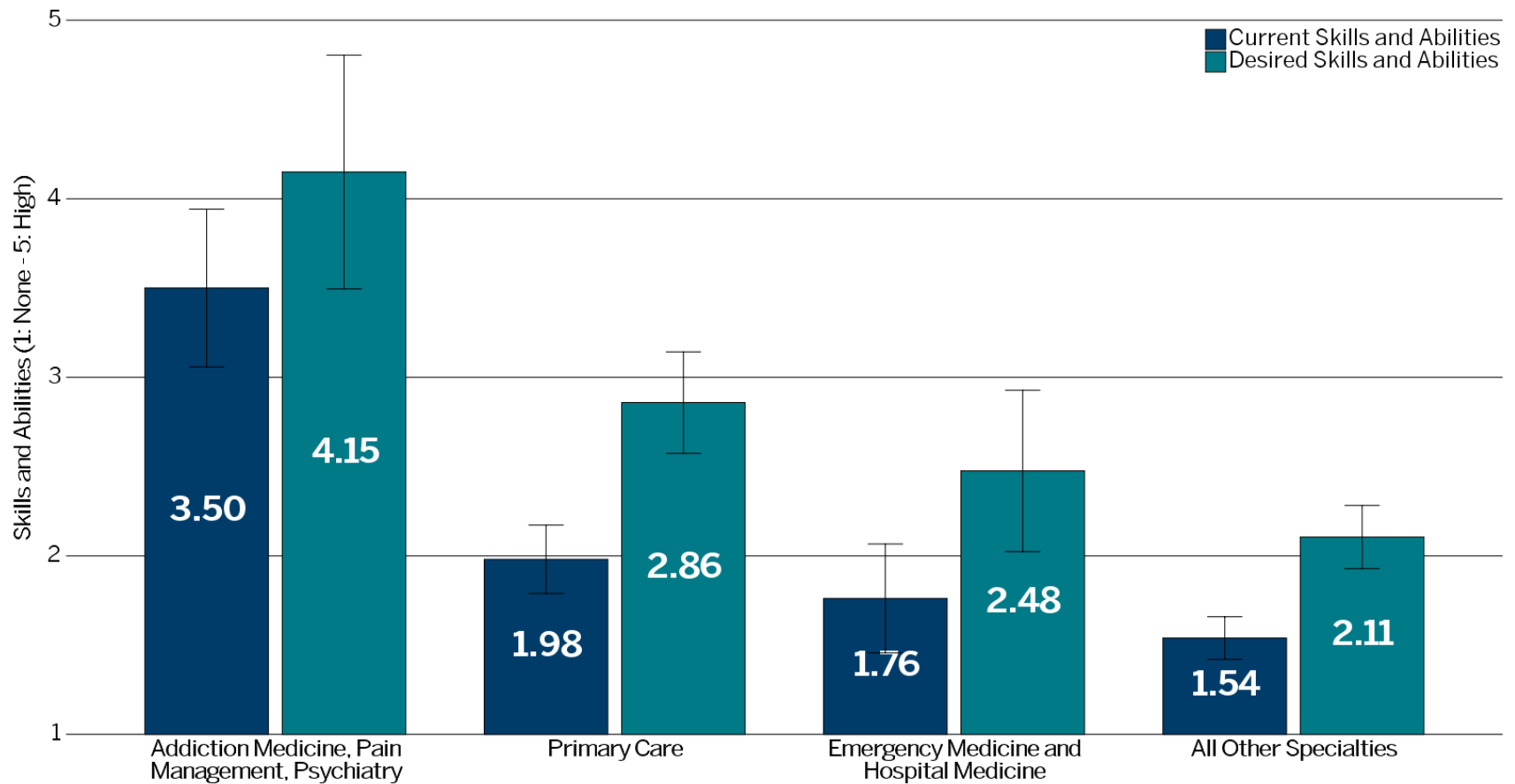
Notes: Based on 439 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 23. Skills and Abilities to Taper and Discontinue Buprenorphine When Appropriate by Specialty



Notes: Based on 438 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 24. Skills and Abilities to Manage Patients with Substance Use Disorder (SUD) After Medication Assisted Treatment Ends by Specialty



Notes: Based on 442 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.