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**Title**

*Buprenorphine prescribing patterns in community health centers in 2012-2021*

**Priority 1 (Research Category)**

Prescribing and pharmacotherapeutics

**Presenters**

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**Abstract**

Context: Buprenorphine is a safe and effective medicine for treatment of opioid use disorder (OUD) and can also be prescribed to treat pain conditions. Despite policies promoting its use, it continues to be underutilized. Community health centers (CHCs) have a key role in treating patients with both pain and opioid use disorder because they serve vulnerable populations more likely to be suffering from these conditions. Understanding how buprenorphine is used in CHCs can help identify facilitators and barriers, and inform future policies aimed to expand access to MOUD. Objectives: To 1) understand how use of buprenorphine evolved in a large network of CHCs, including during the COVID-19 pandemic and 2) characterize patients who receive and clinicians who prescribe medications for opioid use disorder in this network from 2017-18. Study Design: Cross-sectional descriptive Dataset: Electronic health records (EHR) from 558 primary care safety-net clinics on OCHIN's EHR network. Population studied: Adults ( $\geq 18$  years of age) with  $\geq 1$  primary care visit to a study clinic from January 1, 2012, through December 31, 2021 (N= 1,941,174) Outcome Measures: Rates of active patients who received and prescribers who wrote orders for buprenorphine, annually 2012 through 2021. Patient demographic and clinical characteristics in 2018. Results: The percentage of clinicians prescribing buprenorphine rose four-fold over the study period, from 7.6% in 2012 to 31.0% in 2021. In 2021, this included 34.5% of physicians, 28.7% of physician assistants and 26.4% of nurse practitioners. Among all active patients 3.2 per 1000 (0.3)% received a prescription in 2012, rising each year (including through the pandemic) to 14.3 per 1000 (1.4%) in 2021. In 2018, patients were more likely to receive a buprenorphine order if they were male, American Indian/Alaska native or non-Hispanic white, between ages 25 and 34, had a federal poverty level  $\leq 138\%$ , were on Medicaid insurance, or had a greater burden of pain or mental health conditions. Conclusions: In this system of community health centers, buprenorphine ordering by physicians, physician assistants and nurse practitioners all rose dramatically between 2012 and 2021, including during the COVID-19 pandemic. The demographic and clinical characteristics of patients who received orders for buprenorphine varied greatly.