

PCP Perspectives on Opioid Prescribing Policies and Medication Assisted Treatment

JULY 2019

Background

Over the last decade, there has been a startling increase in the number of deaths attributed to opioid overdose. Between 1999 and 2016, the number of overdose deaths in Michigan increased seventeen fold—from 99 to 1,699. In 2017, more deaths were due to overdose than car accidents.¹

In 2017, Michigan enacted legislation intended to deter over prescribing. Key provisions include a seven-day limit on opioid prescriptions for acute pain and mandatory use of the Michigan Automated Prescription System (MAPS). The seven-day limit was put in place to both reduce the supply of prescription opioids in circulation, as well as require more oversight of patients receiving opioids for acute pain. The MAP system was mandated in order to track all opioid prescriptions to individual patients, regardless of source.^{2,3}

In 2017 and 2018, the Michigan Department of Health and Human Services (MDHHS) encouraged expansion of Medication-Assisted Treatment (MAT) programs. Specifically, MDHHS provided more than \$7 million for MAT training, rate incentives, and program expansions in rural areas. Additionally, MDHHS recently announced a tuition reimbursement program for training physicians who become waived to provide buprenorphine.

Whether these policy reforms and additional resources will have an impact on opioid use depends in part on physician support. Physicians need to be key partners in the implementation of changes in opioid prescribing and in providing supportive treatment approaches. In order to understand the likelihood that these policies will succeed, CHRT's latest [Michigan Physician Survey](#) asked primary care providers (PCPs) about their views on these initiatives.

Key Findings

- In general, PCPs think the new prescribing policies will help to address the opioid epidemic, but are concerned about administrative burden and patient care.
- Just one in five physicians offer Medication-Assisted Treatment (MAT) in their practices, and even less are interested in being trained.
- Physicians who are newer-practicing and serving higher volumes of Medicaid patients are more likely to be currently providing or interested in providing MAT.



Center for
Health and Research
Transformation

CHRT.ORG

2929 Plymouth Rd, Ste 245
Ann Arbor MI 48105-3206

734-998-7555

CHRT-info@umich.edu

¹ State of Michigan (2019). [Get the facts about opioids.](#)

² Department of Licensing and Regulatory Affairs and the Michigan Department of Health and Human Services (2019). [Michigan opioid laws: Frequently asked questions.](#)

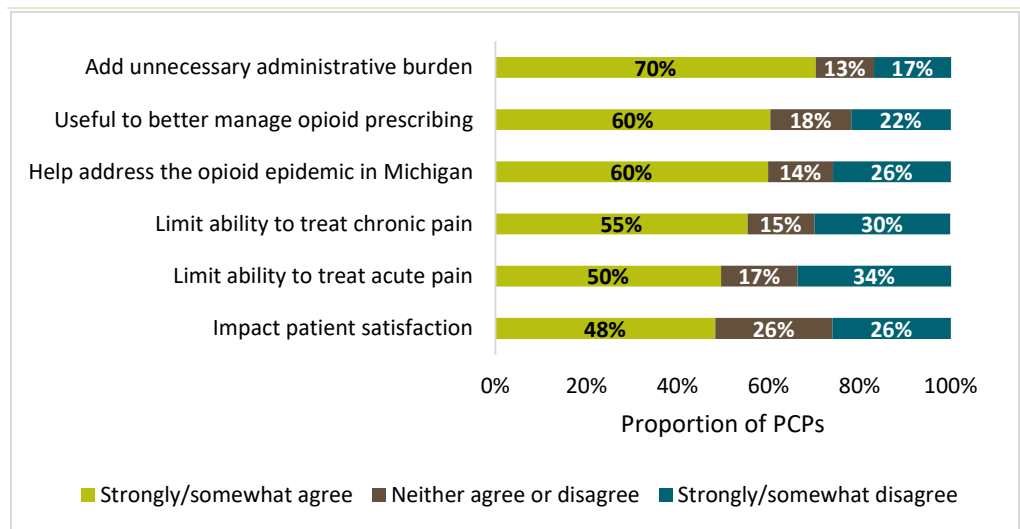
³ Michigan Health and Hospital Association (2018). Memo: Impact of new opioid laws on hospitals.

Opioid Prescribing

95 percent of physicians reported being trained on Michigan Automated Prescription System (MAPS) and most (92 percent) reported feeling confident using it. Most providers think the new policies are useful for better managing opioid prescribing and will help address the opioid epidemic in Michigan. However, over two-thirds of physicians reported concerns that the new policies for opioid prescribing could create an unnecessary administrative burden. Around half of providers worry these policies will limit their ability to effectively treat patients with chronic and acute pain, and will have a negative impact on patient satisfaction.

Fig. 1

Michigan PCP Perceptions on New Opioid Policies

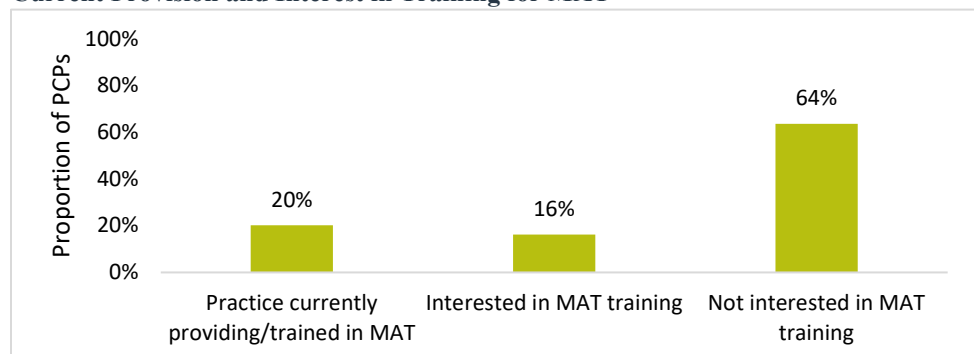


Medication Assisted Treatment

Only 20% of physicians reported that their practices provide MAT for Opioid Use Disorder (OUD), and only 16 percent said they were interested in MAT training.

Fig. 2

Current Provision and Interest in Training for MAT



Though slight differences by practice setting and urban or rural location were observed, those differences were not statistically significant—despite the concerted effort to expand access to MAT in rural areas,⁴ which have some of the highest rates of overdose in the state.

Fig. 3

MAT Training by Urban or Rural Environment

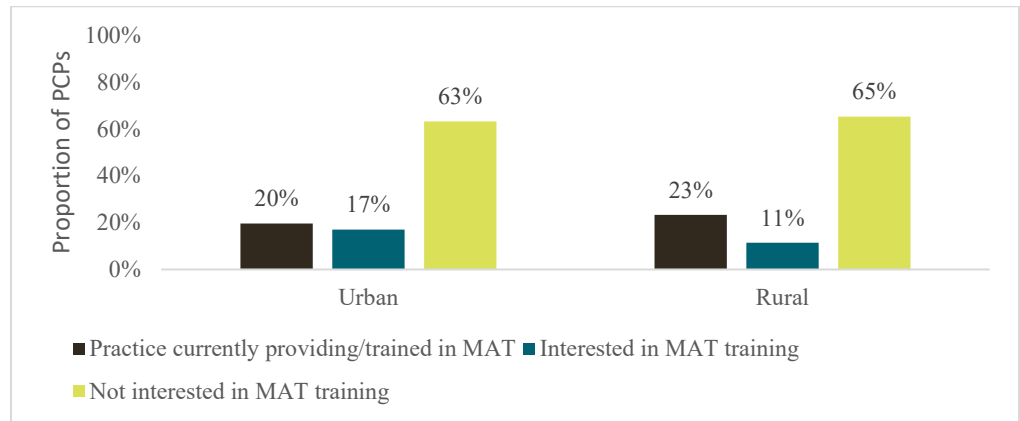
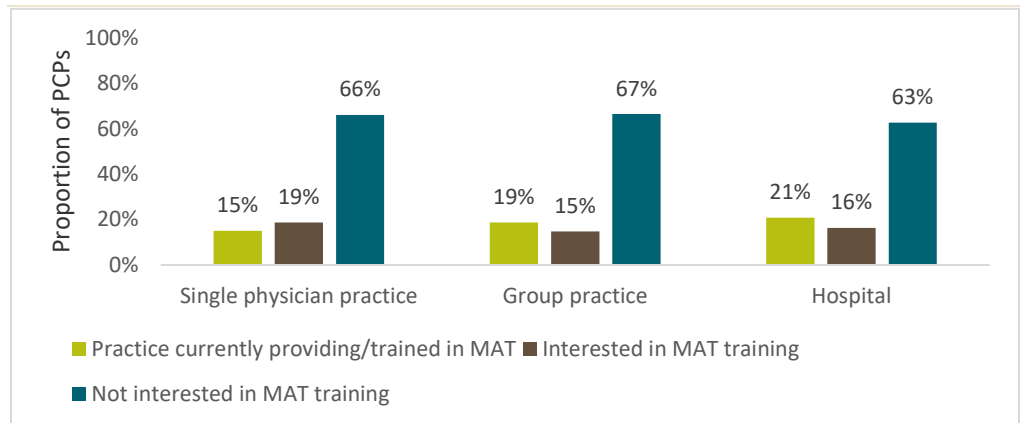


Fig. 4

MAT Training by Practice Arrangement

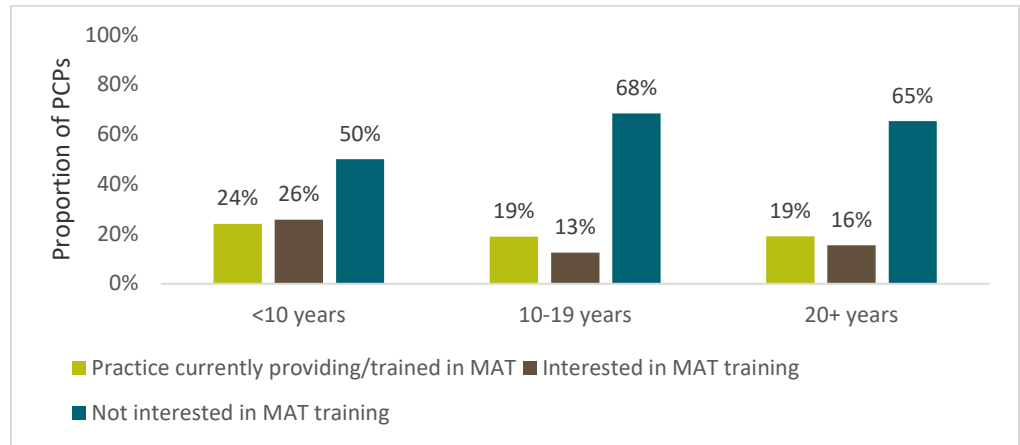


The data also show that physicians who began practicing within the last 10 years—the timeframe within which opioid-related mortality has risen to epidemic proportions—are significantly more likely to be providing or to be interested in providing MAT to treat OUD, suggesting that the culture of medicine may be shifting in response to the fallout from the opioid epidemic.

⁴ amfAR (2019). Michigan opioid epidemic: Vulnerable counties. amfAR Opioid and Health Indicator Database. <https://opioid.amfar.org/MI#data-explorer>

Fig. 5

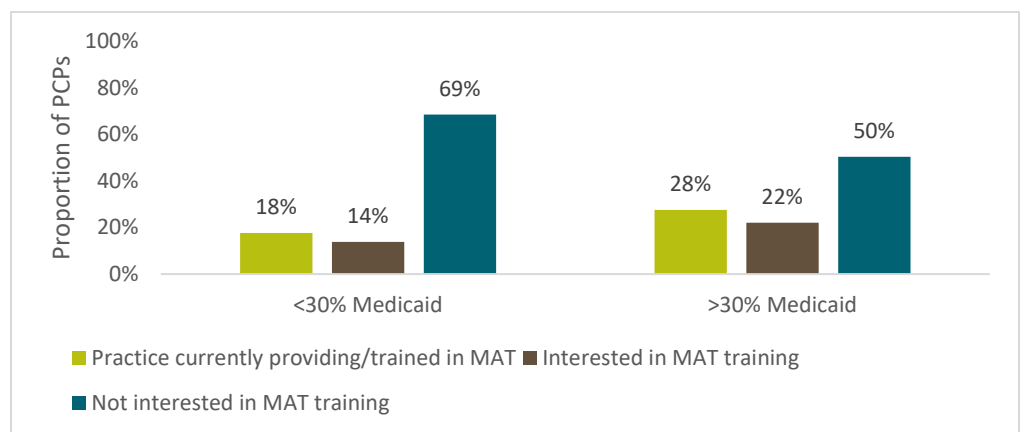
MAT Training by Time Since Clinical Training



Physicians with higher volumes of Medicaid patients (>30 percent of patient volume) are also more likely to be providing MAT or be interested in MAT training, compared to physicians with lower volumes of Medicaid patients. The fact that Michigan Medicaid currently covers all options of MAT may also be a factor.

Fig. 6

MAT Training by Medicaid Patient Volume



Suggested Citation:
 Welch-Marahar, Molly MPP; Slowey, Megan MPH; Riba, Melissa MS; Udow-Phillips, Marianne MHSa. "Michigan Physician Survey: Primary Care Physician Perspectives on Opioid Prescribing Policies and Medication Assisted Treatment." July 2019. Center for Health and Research Transformation. Ann Arbor, MI.

Conclusion

CHRT’s physician survey shows that Michigan’s new requirements for MAPS reporting are generally supported by primary care physicians in Michigan. However, physician interest in Medication-Assisted Treatment is low, and more will need to be done in order for MAT to be a viable treatment option for the many Michiganders in need of help.