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A call to action for Colorado's advanced practice nurses: Medication for opioid use disorder

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There is a low rate of buprenorphine prescribing among providers in Colorado despite removal of legislative barriers and offer of incentives for qualified prescribers (Gold et al., 2021). While advanced practice registered nurses (APRNs) including nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists can obtain approval to prescribe buprenorphine, as of September 2019, 102,570 providers had approval to prescribe buprenorphine (known as an X waiver), yet only 14.6% (15,021) of those practitioners were APRNs (Cos et al., 2021).

With a focus on Colorado, Gold et al. (2021) reported that if all currently active prescribers were prescribing buprenorphine to 8 patients, every county would need at least one more prescriber. Yet some of the more densely populated counties and those with greater treatment need would require over 100 additional providers, e.g., Jefferson and El Paso counties. In 2017, the Colorado General Assembly Senate Bill 19-001 (<https://leg.colorado.gov/bills/sb19-001>) was enacted and funding appropriated to expand access to medication treatment for persons with opioid use disorder. The number of buprenorphine prescribers in Colorado has steadily increased since 2017, even during the COVID-19 pandemic (J. Place, personal communication, August 19, 2021).

Given their full practice authority, the APRN workforce in Colorado who are eligible to prescribe buprenorphine can be instrumental in helping to close the treatment gap for Coloradans with opioid use disorder. Presented herein are recommendations for APRNs who want to address the treatment needs of this underserved population in Colorado.

1. **Engage in continuing nursing education on medication for opioid use disorder.** Although the educational prerequisite for obtaining approval to prescribe buprenorphine, i.e., the X waiver, was lifted in April 2021 (Goldstein, 2021), APRNs should have a solid understanding of the pharmacokinetics and pharmacodynamic of buprenorphine. A free, online course is provided by the American Psychiatric Nurses Association (<https://www.apna.org/i4a/pages/index.cfm?pageid=6197>). This course was approved to meet the previous 24-hour education requirement for the X waiver. The Providers Clinical Support System (PCSS) offers a wide variety of educational materials related to buprenorphine

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2. (<https://pccsnow.org/education-training/>). APRNs with limited exposure to persons with an opioid use disorder can view videos focusing on patient-provider discussions about medication options and patient education on buprenorphine. Other valuable PCSS educational modules focus on respect and dignity in treating persons with opioid use disorder. Knowledge of the impact of stigma in treating persons with opioid use disorder can help counter negative attitudes toward this population.
3. **Obtain and review the Quick Start Guide from the Substance Abuse and Mental Health Services Administration, available at <https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>.** This document provides facts about buprenorphine and important points to review with the patient. The guide also provides a checklist for prescribing medication for persons with an opioid use disorder.
4. **Observe a buprenorphine prescriber.** The web-based treatment locator from the Substance Abuse and Mental Health Services Administration (SAMHSA) is a starting place to identify where prescribers are located across the United States. A search by state and county via this website (<https://findtreatment.samhsa.gov/locator>) provides names and contact information for substance use facilities and buprenorphine practitioners. This is an opportunity to shadow a provider locally.
5. **Submit a Notice of Intent (NOI) to begin the process for prescribing approval for buprenorphine.** Information about how to become a buprenorphine waived practitioner is available at <https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>. The Notice of Intent (NOI) form is accessible at <https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>. The APRN will need to include information on their qualifying credentials and additional certifications. The APRN must also confirm that they will not have more than the approved number of patients at any one time, i.e., 30 patients for the first year, regardless of the number of practice locations. In the “Certification of Qualifying Criteria” section of the NOI, practitioners utilizing the recent practice guidelines training exemption should enter “practice guidelines” in the text box labeled “date.” Inquiries about this process can be directed to the SAMHSA Center for Substance Abuse Treatment (CSAT) at [866-BUP-CSAT](tel:866-BUP-CSAT) (866-287-2728) or infobuprenorphine@samhsa.hhs.gov.
6. **Slowly build the number of patients managed.** Assuming the primary care of persons with opioid use disorder should be undertaken anticipating as many challenges as possible. APRNs should have an appropriate level of education about screening, assessment, and diagnosis of an opioid use disorder, and how to determine the appropriateness for buprenorphine treatment. By starting slowly and with patients who do not have complex medical and psychiatric comorbidities or conditions that warrant special considerations, e.g., pregnancy, the APRN can gain the knowledge, skills, and confidence needed to ensure the highest quality of care for patients.
7. **Utilize RN colleagues and other interprofessional colleagues.** Registered nurses have had key responsibilities in working with buprenorphine prescribers as evidenced by the 2009 Technical Assistance Publication from the Center for Substance Abuse Treatment (CSAT, 2009). This document provides guidance for nurses regarding their role in conducting screening, assessment, treatment monitoring, counseling and supportive services for patients and their family members or other supportive individuals related to buprenorphine therapy. The Massachusetts Collaborative Care Model is a national exemplar wherein registered nurses have a central role in effective treatment of patients with opioid use disorder (Labelle et al., 2016).
8. **Engage in a mentoring program.** The Providers Clinical Support System (PCSS) has a mentoring program (<https://pccsnow.org/mentoring/>) that includes a national network of clinicians with expertise in treating persons with substance use disorder. Options for mentoring include an online moderated discussion, email communication with a clinical expert, and individualized one-on-one guidance for addressing clinical questions.

9. **Serve as a preceptor for future APRNs.** Preceptors have a vital role in students' clinical education. APRNs can help advance the knowledge and skills of students related to opioid use disorder in general and buprenorphine therapy. There is evidence that personal and professional attitudes impact nurses' motivation to work with this population (Mahmoud et al., 2021) and thus, positive and effective APRN preceptors are needed to motivate students to care for this population in their future practice.
10. **Seek formal and informal teaching roles in schools of nursing.** Beyond the preceptor role, by further engaging with schools of nursing, APRNs are credible teachers, bringing their day-to-day experiences to students in the classroom setting. As current buprenorphine prescribers, APRNs can contribute to theory courses, such as pharmacology and provide lectures in clinical courses about all aspects of opioid use disorder care – from screening for opioid risk to ongoing management of patients being treated with buprenorphine.
11. **Inspire other APRNs in Colorado to expand their practice.** APRNs can engage with the Colorado Nurses Association (CNA) on initiatives to advance opioid use disorder treatment and expand buprenorphine prescribers. Providing presentations on your practice experiences at the CNA annual conference is a vehicle for stimulating others to address the opioid crisis.

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References:

Center for Substance Abuse Treatment (CSAT). (2009). *Buprenorphine: A Guide for Nurses*. DHHS Pub. No. (SMA) 09-4376. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Cos, T. A., Starbird, L. E., Lee, H., Chun, B., Gonnella, K., Bird, J., Livsey, K., Bastos, S., O'Brien, M., Clark, I., Jenkins, D., & Tavolaro-Ryley, L. (2021). Expanding access to nurse-managed medication for opioid use disorder. *Nursing Outlook*, S0029-6554(21)00085-3. Advance online publication.
<https://doi.org/10.1016/j.outlook.2021.03.012>

Gold S, Chen Y, Furniss A, Shah P, Petterson S, Gilchrist E, Hemeida S, Pacheco D, Knierim K. Closing the Treatment Gap for Opioid Use Disorder in Colorado. Brief #19, April 2021. Available at: <https://medschool.cuanschutz.edu/farleyhealthpolicycenter/our-work/projects/mappingOUDtreatment>

[Goldstein, A. \(2021, April 27\). Biden administration eases restrictions on prescribing treatment for opioid addiction. The Washington Post.](#)

LaBelle, C. T., Han, S. C., Bergeron, A., & Samet, J. H. (2016). Office-Based Opioid Treatment with Buprenorphine (OBOT-B): Statewide implementation of the Massachusetts Collaborative Care Model in Community Health Centers. *Journal of Substance Abuse Treatment*, 60, 6–13. <https://doi.org/10.1016/j.jsat.2015.06.010>

Mahmoud, K. F., Finnell, D. S., Sereika, S. M., Lindsay, D., Schmitt, K., Cipkala-Gaffin, J., ... & Mitchell, A. M. (2021). Personal and professional attitudes associated with nurses' motivation to work with patients with opioid use and opioid use-related problems. *Substance Abuse*.
<https://doi.org/10.1080/08897077.2020.1856287>