

**Addressing Underutilization of Buprenorphine and Opioid Use Disorder Stigma in
Primary Care: A Pilot Intervention for Registered Nurses**

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On my honor I pledge that I have neither given nor received any unauthorized assistance on this paper. April 27, 2021, Anina Terry

Abstract

Background and Purpose: To address underutilization of buprenorphine in primary care and increase access to medication for opioid use disorder (OUD), this quality improvement (QI) project focused on two commonly reported barriers from primary care buprenorphine prescribers, lack of support from registered nurses and OUD stigma.

Methods: An education intervention was implemented for registered nurses working at a primary care community health organization. The two-hour virtual intervention combined evidenced-based anti-stigma curricula and evidenced-based buprenorphine training interventions. A pretest-posttest design measured change in stigmatizing attitudes about persons with OUD using a modified Opening Minds Scale for Health Care Providers (OMS-HC) scale. A self-reported buprenorphine participation scale measured participant behavior change and patient-level outcomes were evaluated by comparing the rate of patients receiving buprenorphine prescriptions pre- and post-intervention.

Results: There was a 4% reduction in OMS-HC total score post intervention. A Wilcoxon matched pairs signed rank test showed this reduction was not statistically significant. Cohen's *d* effect size statistic showed this decrease did have an intermediate effect ($d = 0.618$). There was no statistically significant change in buprenorphine participation or association between the intervention and the buprenorphine prescription rate.

Conclusions: This QI project provided evidence that a brief low-cost buprenorphine-specific anti-stigma intervention is feasible to implement in a low-resource community health setting. Results from this pilot project were consistent with larger studies using the same anti-stigma curricula to address mental health stigma, supporting the hypothesis that a buprenorphine-specific anti-stigma intervention has the potential to reduce healthcare providers stigmatizing

attitudes. Measuring the clinical impact from a reduction in health care providers' OUD stigma would further validate this intervention

Implications: Results serve to support and direct future, more rigorous, projects that include non-prescriber healthcare roles and incorporate anti-stigma interventions to address underutilization of buprenorphine in primary care.

Keywords: buprenorphine, stigma, education, primary care, utilization, access