

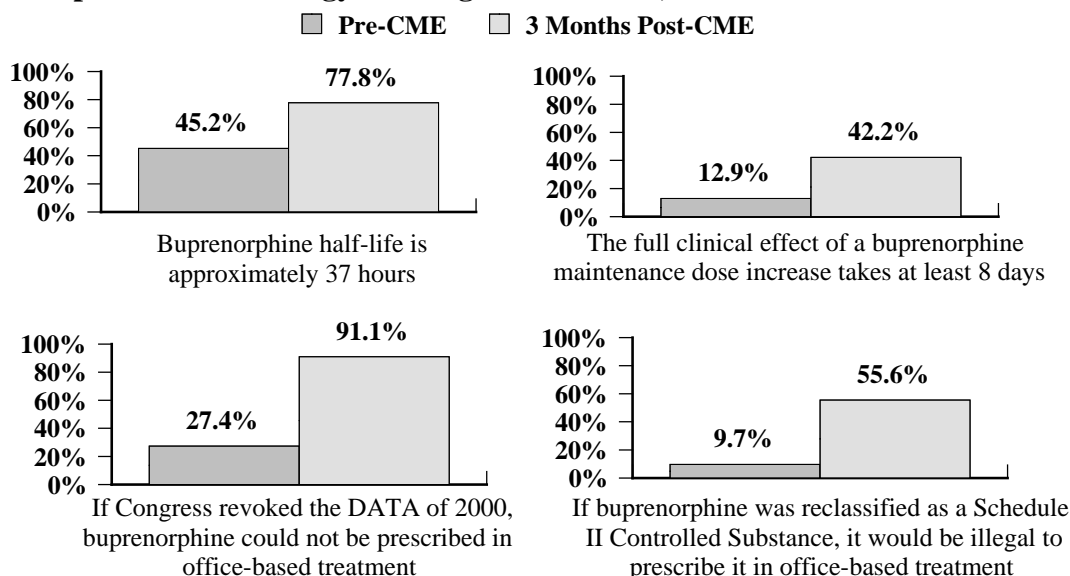
## A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

### *Continuing Medical Education Improves Buprenorphine-Waivered Physicians' Knowledge and Practice Behaviors*

In order to prescribe buprenorphine for opioid addiction, a physician must complete an 8 hour class and receive a federally approved waiver. However, a recent study has found that waived physicians may have limited knowledge of buprenorphine pharmacology and legislative issues and that additional continuing medical education (CME) training might improve their understanding. Physicians in two U.S. regions with indicators of buprenorphine misuse/diversion were surveyed before and three months after attending a free CME on the best medical practices recommended for office-based buprenorphine treatment. Knowledge of buprenorphine pharmacology and legislative issues significantly increased after the CME. For example, the percentage of physicians who knew that the full clinical effect of a buprenorphine maintenance dose increase takes at least 8 days increased from 12.9% before the CME to 42.2% after the CME (see figure below). In addition, the doctors reported significant improvement in 10 clinical practice behaviors, including examination for track marks/intranasal erythema; performance of random pill counts; discussions of diversion with patients; and use of random urine drug testing (data not shown). According to the authors, “certification trainings in [office-based opioid dependence treatment], although essential and relevant to practice, typically occur before a doctor begins treating patients—before they have understood or had the opportunity to identify practice challenges or the limitations of their knowledge in the context of delivering the treatment themselves” (p. 8). They suggest that mandatory, ongoing buprenorphine education for buprenorphine-waivered physicians “has the potential to improve patient care and the public health” and “may decrease risk of buprenorphine misuse and diversion from practices” (p. 8; p. 1).

#### Percentage of Buprenorphine-Waivered Physicians Knowing the Correct Answer to Buprenorphine Pharmacology and Legislative Issues, Pre- and 3 Months Post-CME



NOTE: All differences in the figure are significant at  $p < .05$ .

SOURCE: Adapted by CESAR from Lofwall, M.R., Wunsch, M.J., Nuzzo, P.A., and Walsh, S.L., “Efficacy of Continuing Medical Education to Reduce the Risk of Buprenorphine Diversion,” *Journal of Substance Abuse Treatment*, In Press, 2011. For more information, contact Dr. Michelle Lofwall at [michelle.lofwall@uky.edu](mailto:michelle.lofwall@uky.edu).