

Nurse practitioner treatment of opioid use disorder

A phenomenographic study

Regulatory and other barriers impact nurse practitioner provision of medication for opioid use disorder (MOUD) and safe supply within North American primary care settings.^{1,2} The concept of capability has potential to describe a level of NP practice that is inclusive, expert, and flexible; essential attributes for the provision of MOUD.³

This study explored how NPs experienced capability development when providing medication for opioid use disorder and/or safe supply in primary care settings.

Methods

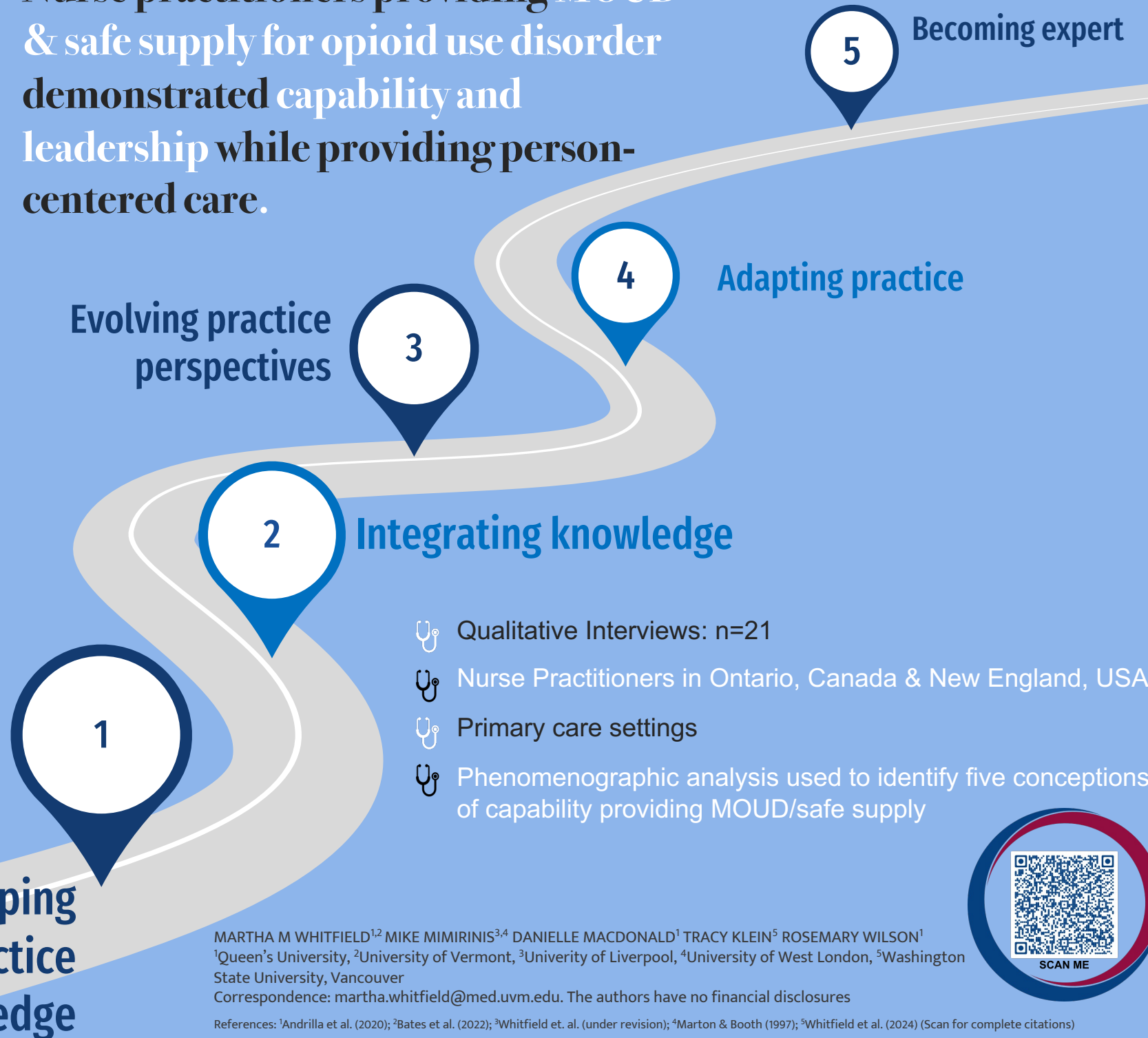
- Purposive and network sampling.
- NPs prescribing MOUD or safe supply to patients aged 18 and up.
- Primary care settings in Ontario, Canada, and New England, USA.
- Qualitative interviews with 21 participants using Zoom.
- Phenomenographic approach to data analysis.^{4,5}

Results & Discussion

- Five categories of description represented conceptions of capability providing MOUD/safe supply.
- Mentors were important to NPs providing MOUD/safe supply.
- Many participants assumed leadership roles.
- NPs have potential to increase access to MOUD/safe supply.
- Further research might consider NP education and the experiences of PWUD.

Medications Prescribed	n
Buprenorphine (any form)	19
Methadone	7
Extended-release naltrexone	5
Safe supply (long-acting morphine, hydromorphone, others)	7

Nurse practitioners providing MOUD & safe supply for opioid use disorder demonstrated capability and leadership while providing person-centered care.



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References: ¹Andrilla et al. (2020); ²Bates et al. (2022); ³Whitfield et al. (under revision); ⁴Marton & Booth (1997); ⁵Whitfield et al. (2024) (Scan for complete citations)

