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CHIP Title: Beyond the X-waiver: Normalizing MAT Prescribing in Primary Care

Project Description:

In January 2023 the DEA and SAMSHA announced elimination of the X-waiver as a requirement to prescribe Suboxone (buprenorphine/ naloxone) for opioid use disorder which presented an opportunity to reduce one barrier to treatment, access to X-waivered providers, among patients at a suburban community health center. This project looked at the willingness of primary care providers not previously X-waivered to begin prescribing Suboxone for patients on a stable dose before and after a peer-led training. It further assessed if there was a difference in willingness to prescribe buprenorphine for chronic pain vs opioid use disorder. Prior to the training, 60% of providers indicated they were likely to prescribe buprenorphine for an indication of chronic pain or opioid use disorder and 40% of providers responded they were not likely to prescribe for either indication. After a one-hour peer training and the creation of a reference guide the number of providers likely to prescribe for an indication of chronic pain was 71% while the percentage likely to prescribe for opioid use disorder was 57%. Those not likely to prescribe for chronic pain dropped to 28%, but the number not likely to prescribe for opioid use disorder remained nearly the same at 43%. During the three months between the peer training and data collection one provider began sending Suboxone prescriptions for a patient with opioid use disorder. In the post-training survey, a question was asked about the new DEA license renewal requirement to complete 8 hours of education on substance use disorders which started in June 2023. Out of the two providers who completed the new requirement one felt it increased their willingness to prescribe MAT and one reported it had no effect.

Key Findings and Lessons Learned:

I started this project in February of 2023 after staffing challenges stalled my original CHIP from taking shape. The primary outcome measure of this project, willingness to prescribe MAT for opioid use disorder, was based on anonymous survey responses with a response rate of 42% for the pre-survey and 58% for the post-survey. No incentives were offered for completion of the survey, offering a small incentive might have improved response rate but would have been difficult given the desire to have anonymous responses. The peer training had a small impact on increasing the number of providers likely to prescribe buprenorphine for chronic pain, suggesting that in learning more about the medication itself they felt more comfortable with managing it, but the training appeared to have no effect on the likelihood of prescribing MAT. Based on survey responses the reluctance to prescribe MAT is more likely related to perceived difficulties and stigma around opioid use disorder than lack of knowledge about management. Although the number of respondents who completed the new DEA education requirement was small, it suggests there will be an effect on some practitioner's willingness to prescribe MAT as license renewals occur over the next few years.

Next Steps:

Knowing that culture change takes time I consider it a success that one provider sent their first Suboxone prescription during the months following the training. As the pre-contemplative

providers see others in the group managing opioid use disorder for their empaneled patients it may become more accepted as a routine practice in primary care. Survey responses indicated a desire for ongoing support and training around MAT, each quarter a portion of the adult medicine team meeting will be dedicated to MAT case conference to hopefully “humanize” treatment and reduce stigma around treating OUD.