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### Increasing DEA-X Waiver Trained Providers through Quality Improvement

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**Authors**

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## Background

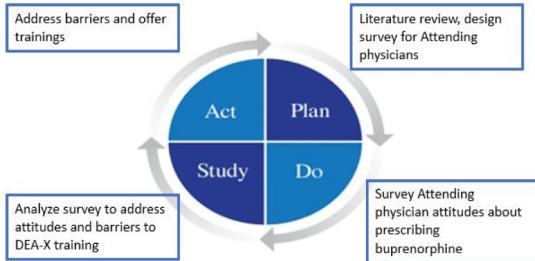
New Mexico has long experienced challenges associated with opioid use disorder (OUD)

- In 2017, New Mexico had the seventeenth highest drug overdose death rate in the United States.<sup>1</sup>
- Between 2013-2015 there was an 82% increase in opioid overdose related emergency department visits.<sup>1</sup>
- In 2017, of the 332 overdose deaths in New Mexico, the most common drugs causing overdose deaths were prescription opioids followed by heroin.<sup>2</sup>
- In 2017, 22% of patients with chronic opioid prescriptions (12,400 patients) were identified to be in need of treatment for OUD<sup>3</sup>

Medication-Assisted Treatment (MAT), including buprenorphine, is the mainstay maintenance therapy for OUD. In order to prescribe buprenorphine, providers must complete an 8 hour DEA-X waiver training.

## AIM Statement

Given the heavy burden of OUD in New Mexico, our aim was to increase the number of General Internal Medicine (GIM) attending physicians at the University of New Mexico (UNMH) who have completed DEA-X waiver training to 50% by January 1<sup>st</sup>, 2020



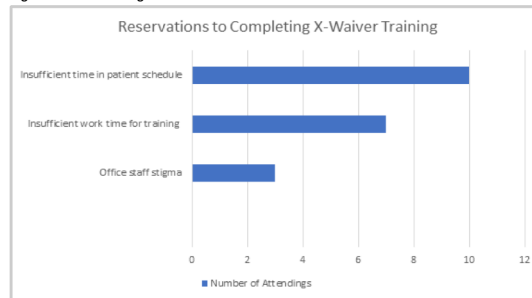
## Methods

- The number of UNMH GIM attendings who had already completed DEA-X waiver training were identified. During a GIM monthly meeting, the QI project was presented and GIM attendings were surveyed via RedCap.
- The survey was comprised of 21 questions assessing attitudes toward OUD and buprenorphine, reservations about prescribing buprenorphine, interest in obtaining a DEA-X waiver, and schedule availability for future DEA-X waiver trainings.
- Participant attitudes and barriers were analyzed using a five-point Likert scale, by assigning 1 to strongly agree through 5 to strongly disagree.
- Attitudes and common reservations were identified by grouping and summing the agreed and strongly agreed responses.
- Based on provider availability, a list of DEA-X waiver training dates were provided to the GIM attendings.

Figure 1: GIM Attending Attitudes



Figure 2: GIM Attending Reservations



## Results

- 13 out of 20 GIM attendings were surveyed. 12 respondents (92%) thought OUD is a chronic disease. 13 (100%) thought increasing buprenorphine availability is important. Six (46%) were interested in becoming DEA-X waiver trained.
- The top reservation to completing the training was insufficient time available in the provider's current patient schedule (77%), followed by insufficient work time dedicated to complete the training (54%). Office staff stigma was the least concerning reservation (23%).
- Based on our interventions, 3 attending physicians signed up and completed the DEA-X waiver training, resulting in a 100% increase in DEA-X waiver trained GIM attendings at UNMH.

## Conclusion & Next Steps

Although **100%** of GIM attendings surveyed thought increasing the availability of Buprenorphine was important, **only 46%** were interested in becoming DEA-X waiver training themselves

- Given the top reservations among GIM attendings, for our next PDSA cycle we plan to work with clinics to host a DEA-X waiver training on-site and during normal work hours or during a division faculty meeting to decrease some of the burden and increase the number of physicians trained.
- 54% of attendings agreed that having residents who are DEA-X waiver trained would encourage them to become trained too. We successfully coordinated with the UNMH IM department to incorporate DEA X-waiver training into the curriculum for all IM residents. We will continue our efforts to incorporate this training for future resident cohorts.

## References

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