Evaluate the Buprenorphine Waiver Training to Increase providers’ implementation

Christine Nguyen, MHA, PMP; CDR Julie Chodacki, MPH, PsyD, ABPP
Psychological Health Center of Excellence, Defense Health Agency, Silver Spring, Maryland

Background

Buprenorphine is an opioid medication approved for clinical use in 2002 by the U.S. Food and Drug Administration (FDA). Initially, only physicians were permitted to receive a Drug Enforcement Administration (DEA) x-waiver to treat opioid-dependent patients. In July of 2016, the Comprehensive Addiction and Recovery Act (CARA) extended prescribing privileges to qualifying nurse practitioners (NPs) and physician assistants (PAs). Given the prescribing requirements, the Psychological Health Center of Excellence (PHCoE) and the National Capital Region’s Opioid Safety Program organized medication-assisted treatment (MAT) trainings for providers treating active duty military members, beneficiaries and veterans.

The purpose of this project was to evaluate the implementation and dissemination activities to increase providers’ uptake of the quarterly Buprenorphine waiver training.

Methods

Planning Phase

- Conducted stakeholder analysis:
  - External change agents
  - Keynote speaker
  - Collaborators and partners
  - Personnel
  - Providers
- Conducted policy analysis and literature review:
  - Identified and stay current on key policies
  - Reviewed literature for educational materials
- Developed communication plan
- Communicated frequently (monthly, bi-monthly, weekly)
- Identified networks and communication channels
- Developed communication products (information content and articles)
- Developed tools (training roster, tracking sheet, training instructions)

Implementation Phase: Training Logistics Timeline

Dissemination Products

- As needed
  - Previously trained providers
- Monthly
  - Latest serve of Service POCs
  - Medical Treatment Facilities’ Champions
- Quarterly
  - PHCoE Website
  - PHCoE Facebook
  - PHCoE Round up

Discussion

Recommendations

- Modify training policy to:
  - track and report DEA x-waiver
  - retain providers to prescribe
  - provide CEUs and CME credits
- Conduct geographic and specialty distribution analysis to target training needs
- Conduct impact evaluation: training materials, providers prescribing habit, training policy impacts, resource allocation.

References

1 Substance Abuse and Mental Health Services Administration. 2015. Buprenorphine Waiver Management.
2 Substance Abuse and Mental Health Services Administration. 2015. Qualify for Nurse Practitioners (NPs) and Physician Assistants (PAs) Waiver.

Poster presented at Collaborative Family Healthcare Association in October 2019. For more information, please contact jnhm@dha.net. The views expressed in this presentation are those of the authors and do not necessarily represent the official policy or position of the Psychological Health Center of Excellence, Department of Defense, Department of Veterans Affairs, or any other US government agency. UNCLASSIFIED