



Foundation *for*  
Opioid Response Efforts

3/9/23

# Beyond X-ing the X-Waiver

Thomas Jefferson University

Massachusetts General Hospital



**Jefferson**

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE



# Introduction



02

**Karen A. Scott, MD, MPH**

President

Foundation for Opioid Response Efforts



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<https://www.ForeFdn.org>

# Agenda

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1. **Introduction to FORE and Webinar Logistics**  
Karen Scott, MD, MPH (FORE)
2. **Overview of FORE's 'Access to Treatment' Program**  
Ken Shatzkes, PhD (FORE)
3. **Beyond X-ing the X-Waiver**  
H. Westley Clark, MD, JD, MPH (Board of Directors, FORE)
4. **X-ing the Stigma: Improving Access and Quality of Care for People with OUD, Considerations for Medical Education**  
Lara Weinstein, MD, MPH, DrPH (Thomas Jefferson University)
5. **Treat OUD: The Real Work Begins**  
Alister Martin, MD, MPP (Massachusetts General Hospital)
6. **Fireside Chat and Audience Q&A**

# Webinar Logistics

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1. The webinar is being recorded and will be available on [www.ForeFdn.org](http://www.ForeFdn.org) shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
  - If you have a similar question, please upvote using the thumbs up button on the question.
  - We will read as many questions live as time permits.
4. There will be a brief survey immediately following the webinar. Please provide us with feedback!

# FORE Grantee Portfolio

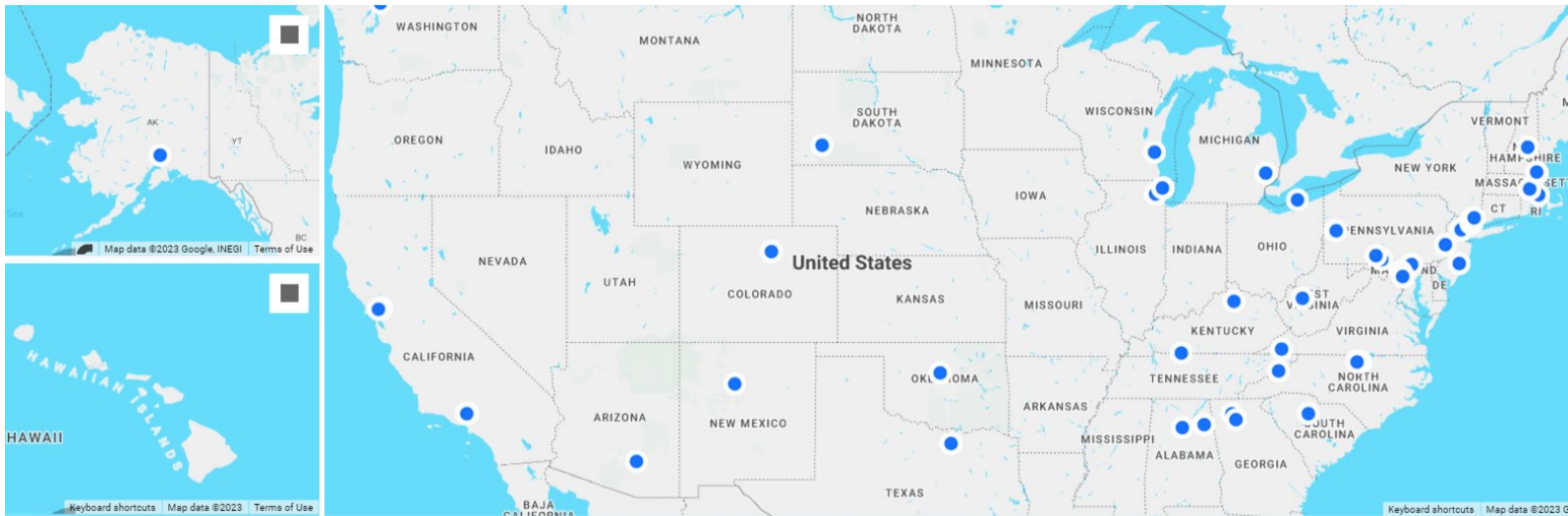
Grants to date:

74

Amount awarded:

\$33.9M

05



See all FORE Grantees on our website:  
<https://www.ForeFdn.org/Our-Grantees/>

# INSPIRE AND ACCELERATE



Professional  
education



Payer & Provider  
strategies



Policy initiatives



Public awareness

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## FORE Programs and Partnerships

FORE grantmaking programs to date have focused on:

- **Access to treatment** for vulnerable populations
- Responding to the **COVID-19 pandemic** through recovery services and evaluation of regulatory policies
- **Innovation** challenge to tackle some of the opioid crisis' most intractable problems (such as stigma, as well as generating more timely and actionable data)
- **Family- & community-based prevention** for children and families at high risk

Coming soon: **Supporting Community-Driven Responses to Opioid Use Disorder and Overdose Mortality**

# Overview of FORE's 'Access to Treatment' Program



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**Ken Shatzkes, PhD**  
Program Director  
Foundation for Opioid Response Efforts



Follow ongoing updates on our website:  
<https://www.ForeFdn.org>

# X-ing the X-Waiver



JANUARY 25, 2023

## White House Hosts Event to Mark Removal of Barriers to Addiction Treatment



ONDCP ► BRIEFING ROOM ► PRESS RELEASES

*President Biden delivered on his commitment to remove the X-waiver, which had been a barrier for health care providers prescribing medication treatment for opioid use disorder*

**WASHINGTON, D.C.** – Yesterday, Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy (ONDCP), Anne Milgram, Administrator of the Drug Enforcement Administration, and Dr. Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use at the U.S. Department of Health and Human Services, joined members of Congress and leaders from across the country for an event marking the removal of the X-waiver and calling on providers to join in providing treatment for addiction. The removal of the X-waiver advances President Biden's Unity Agenda to beat the opioid crisis by closing the addiction treatment gap, a step critically needed at a time when fewer than 1 out of 10 Americans with substance use disorder get the care they need.

08



## RELATED TOPICS:

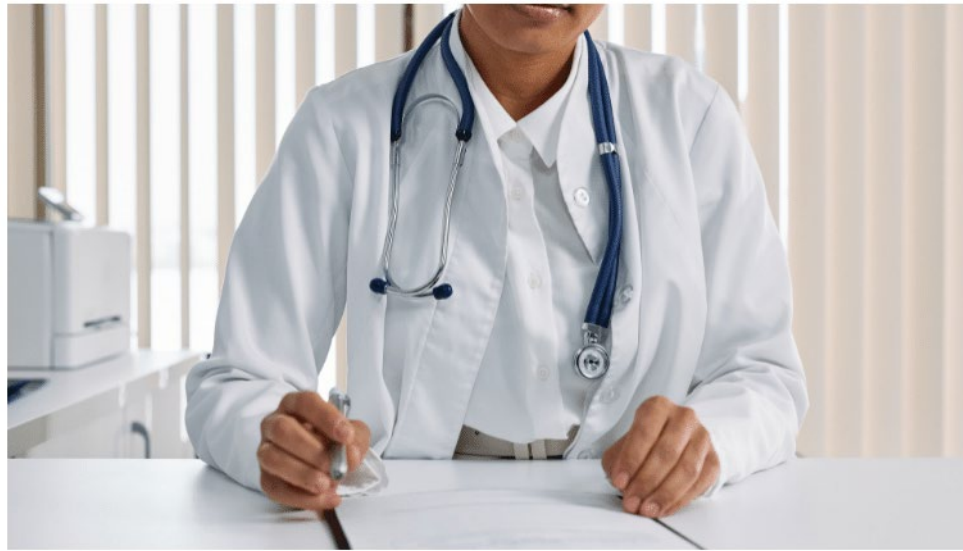
OPIOID USE DISORDER | SUBSTANCE USE DISORDER | BEHAVIORAL HEALTH CARE | ACCESS TO CARE  
| HEALTH PHILANTHROPY | PHYSICIANS | PHYSICIAN ASSISTANTS | NURSE PRACTITIONERS  
| EMERGENCY DEPARTMENTS | PRIMARY CARE PROVIDERS

# Expanding Access To Treatment For Opioid Use Disorder: Beyond "X-ing The X-Waiver"

[Kenneth Shatzkes](#), [Karen A. Scott](#)

NOVEMBER 8, 2021

10.1377/forefront.20211104.590924



# “Getting Waivered” Was Only the First Step

10

- Only 8% of eligible practitioners had an X-waiver at the time of removal. However, most X-waivered providers did not treat any patients at all, and half of all buprenorphine prescriptions in 2016-17 were prescribed by only 5% of all X-waivered prescribers.
- Most primary care providers have not received training in opioid use disorder treatment and do not know how to engage patients in long-term treatment or connect them to the supports they need for recovery.
- Providers of all types in all settings will need training, mentorship, and coaching.
- Efforts are also needed to reduce the stigma around addiction treatment and build a community of practice in which it is normal, and expected, to help opioid use disorder patients.
- **It is clear that X-ing the X-waiver, on its own, will not drive significant increases in buprenorphine prescribing where it is needed most.**
- **Our grantees view the removal of the X-waiver as a step in the right direction, but say much more is needed to substantially expand access to treatment.**

# Access To Treatment Grantees

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ADVANCING EMERGENCY CARE



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE



Foundation for  
Healthy Communities



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL



EQUAL  
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ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM



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# Access To Treatment Grantees

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Emergency Physicians®



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SCHOOL OF MEDICINE



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Healthy Communities



CA  
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TREATMENT STARTS HERE

THE UNIVERSITY  
of NORTH CAROLINA  
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EQUAL  
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THE UNIVERSITY OF  
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NORTH DAKOTA





# FORE Grantees: Expanding Access to Treatment



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

**PI:** Cody Chipp, PhD  
**Amount:** \$548,327  
**Timeline:** Feb. 2020 - Jan. 2023  
**Area:** Professional Education  
**Cohort:** Access to Treatment

## Opioid Use Recovery, Honoring & Empowering Local Providers (OUR HELP)

Tribal health organizations in remote, rural communities in Alaska will be enhancing their capacity to deliver medications for opioid use disorder through technical assistance and telehealth consultations with addiction medicine specialists in urban areas. The project aims to reach 80 percent of rural tribal health organizations within two years by arming clinicians and administrators with new outreach and engagement strategies.

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**PI:** Shuchin Shukla, MD  
**Amount:** \$718,839  
**Timeline:** Mar. 2020 - Jun. 2022  
**Area:** Professional Education  
**Cohort:** Access to Treatment

## Building Access to Care Through Community Health Centers to Treat Opioid Use Disorder / Establishment of North Carolina Regional Addiction Medicine Programs

Addiction medicine experts in North Carolina are establishing a hub-and-spoke system to expand access to medications for opioid use disorder. From hubs at two new addiction treatment programs, staff will provide training and care management support to providers in community health centers and local health department clinics (the spokes) willing to offer treatment for opioid use disorder.

*In partnership with and additional funding provided by the Dogwood Health Trust.*



**PI:** Li Li, MD, PhD  
**Amount:** \$410,266  
**Timeline:** Mar. 2020 - Dec. 2022  
**Area:** Professional Education  
**Cohort:** Access to Treatment

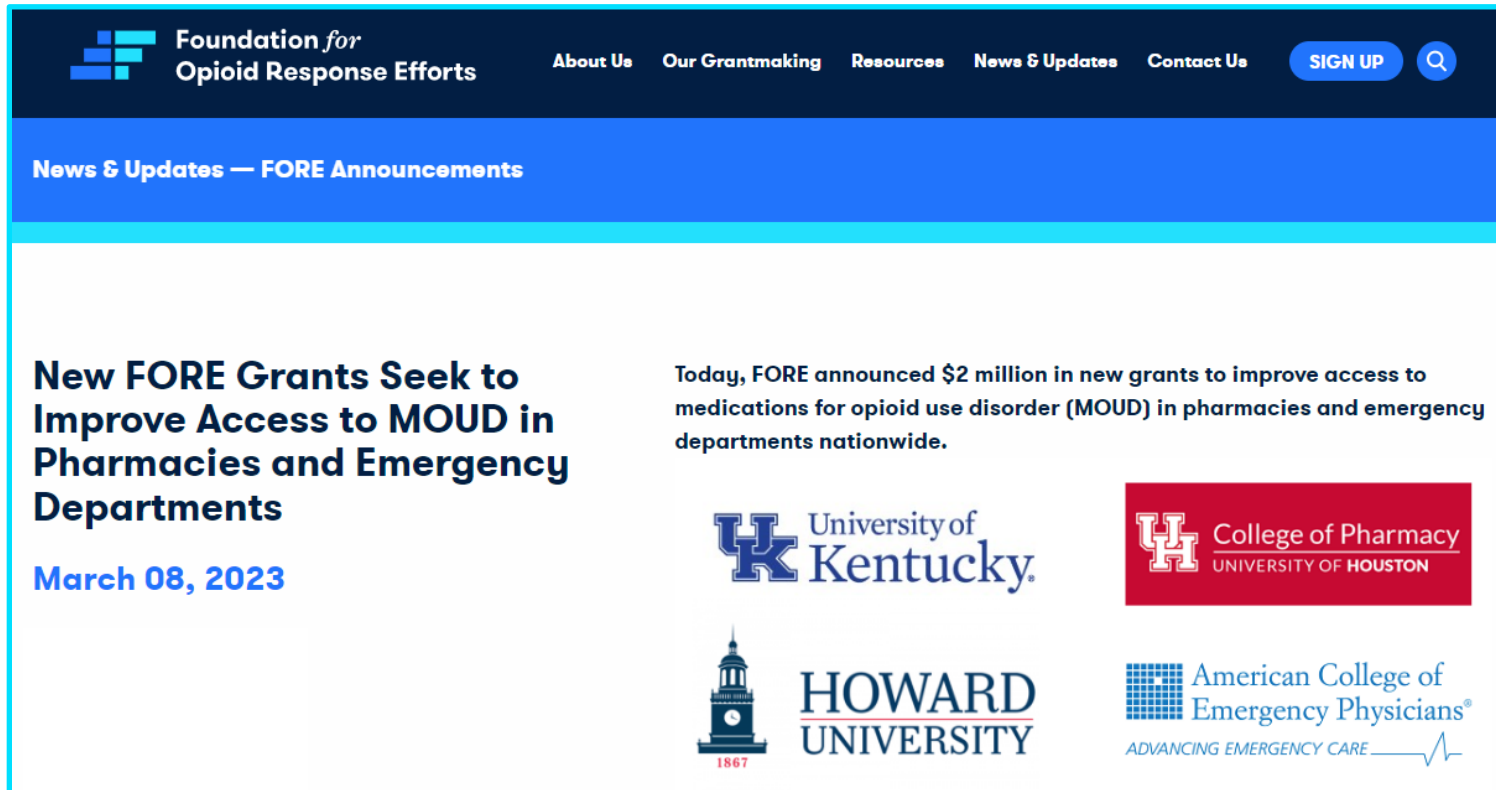
## Strategic Plans to Combat Opioid Use Disorder in the State of Alabama

The University of Alabama at Birmingham is using a variety of tools — from educational modules and waiver training to telemedicine consultation — to prepare a cadre of primary care providers at their hospital and in a network of community health centers in Alabama to provide medications for opioid use disorder.



# New Access to Treatment Grantees

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The screenshot shows the homepage of the Foundation for Opioid Response Efforts (FORE). The header is dark blue with the FORE logo (a stylized 'F' made of blue and teal squares) and the text 'Foundation for Opioid Response Efforts'. Navigation links include 'About Us', 'Our Grantmaking', 'Resources', 'News & Updates', and 'Contact Us'. A 'SIGN UP' button and a search icon are also present. Below the header is a blue banner with the text 'News & Updates — FORE Announcements'. The main content area features a news article titled 'New FORE Grants Seek to Improve Access to MOUD in Pharmacies and Emergency Departments' dated 'March 08, 2023'. The article text states: 'Today, FORE announced \$2 million in new grants to improve access to medications for opioid use disorder (MOUD) in pharmacies and emergency departments nationwide.' Below the text are four logos of the grant recipients: University of Kentucky, College of Pharmacy University of Houston, Howard University, and American College of Emergency Physicians®.

**Foundation for Opioid Response Efforts**

About Us Our Grantmaking Resources News & Updates Contact Us SIGN UP

**News & Updates — FORE Announcements**

**New FORE Grants Seek to Improve Access to MOUD in Pharmacies and Emergency Departments**

**March 08, 2023**

Today, FORE announced \$2 million in new grants to improve access to medications for opioid use disorder (MOUD) in pharmacies and emergency departments nationwide.

**University of Kentucky**

**College of Pharmacy**  
UNIVERSITY OF HOUSTON

**HOWARD UNIVERSITY**

**American College of Emergency Physicians®**  
ADVANCING EMERGENCY CARE

To read more about our new grantees, please visit [FOREfdn.org](https://FOREfdn.org).

# Webinar Presenters



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**H. Westley Clark, MD, JD, MPH**

Board of Directors

Foundation for Opioid Response Efforts (FORE)



**Lara Weinstein, MD, MPH, DrPH**

Associate Professor

Thomas Jefferson University



**Alister Martin, MD, MPP**

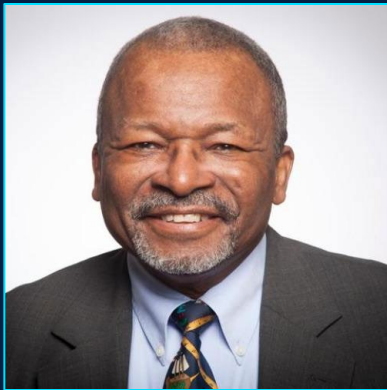
Emergency Room Physician & Assistant Professor

Massachusetts General Hospital / Get Waivered

# Beyond X-ing the X-Waiver



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**H. Westley Clark, MD, JD, MPH**

Board of Directors

Foundation for Opioid Response Efforts  
(FORE)



# Cumulative Data-Waivered Certified Practitioner by Waiver Limit as of January 6, 2023

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	30E	30	100	275E	275	Total
MD/DO	16,371	54,786	16,922	178	6,030	94,287
PA	2,059	4,170	2,670	72	577	9,548
NP	4,296	15,831	10,829	282	2,485	33,723
CNM	95	154	61	2	1	313
CNS	30	73	36	1	4	144
CRNA	1	13	13	0	1	28
Total	22,859	75,028	30,532	535	9,098	138,052

- 68.3% Physicians
- 24.8% Nurses
- 6.9% PA

# SAMHSA SUD Workforce and Clinical Support Efforts

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- Cooperative Agreement for a Provider's Clinical Support System for the Appropriate Use of Opioids in the Treatment of Pain and Opioid-related Addiction- from 2007 to 2017: \$7 million to a professional organization (either ASAM or AAAP)
- Provider's Clinical Support System – Universities: 2018-2021: \$12.1 Million to 150 entities
- Screening and Brief Intervention: 2009-2015: \$26.52 million to 198 grantees
- **Total workforce Funding (not including ATTCs): \$45.62 million**

# HRSA Behavioral Health Workforce Efforts

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- Behavioral Health Workforce Education and training program(BHWET)-Paraprofessionals: FY2014-FY2022, \$438 million to 1218 grantees
- BHWET-Professionals: FY 2021-2022, \$45 million to 112 grantees
- Opioid Workforce Expansion Program Professional: FY 2019, \$58.6 million to 49 grantees
- Opioid Workforce Expansion Program Paraprofessional: FY2019, \$12.4 million to 16 grantees
- Integrated SUD Training Program: FY2021-FY2022, \$18.8 million to 9 grantees
- Addiction Medicine Fellowship: FY2020-FY2022, \$64.6 million to 130 Grantees
- DATA 2000 Waiver Training Payment Program: FY2021, \$8 million to incentivize FQHCs or RHCs, 2,667 prescribers to get waivers

**Total: \$645.4 million**

**DING,  
DONG!**

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# **The X-Waiver is DEAD**

JANUARY 25, 2023

White House Hosts Event to  
Mark Removal of Barriers to  
Addiction Treatment



# Anticipated Positive Impact of the Removal of the X-Waiver to Prescribe Buprenorphine

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- **Increased access to treatment:** Removing the x-waiver should make it easier for healthcare providers to prescribe buprenorphine, which could increase access to treatment for individuals with OUD.
- **Reduced stigma:** By removing the x-waiver, buprenorphine should be treated similarly to other medications, reducing the stigma associated with medication-assisted treatment for OUD.
- **Increased flexibility for healthcare providers:** Removing the x-waiver should give healthcare providers more flexibility in treating their patients and could make it easier for them to provide comprehensive care.
- **Improved patient outcomes:** By increasing access to buprenorphine, patients may experience improved outcomes, including reduced cravings and withdrawal symptoms, decreased opioid use, and improved social and occupational functioning.

# Possible Negative Impact of the Removal of the X-Waiver to Prescribe Buprenorphine

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- **Risk of misuse or diversion:** One of the reasons for the x-waiver was to limit the potential for misuse or diversion of buprenorphine.
  - Without the x-waiver, there is a risk that buprenorphine could be more easily misused or diverted, although existing evidence does not indicate that this is a major problem
- **Quality of care:** The additional training required for the x-waiver ensured that healthcare providers prescribing buprenorphine were knowledgeable about OUD and medication-assisted treatment.
  - Without the x-waiver, this may lead to a decrease in the quality of care provided.
  - The new training law is not OUD specific, using the once in a lifetime 8-hour SUD training that is required could focus on alcohol, tobacco, marijuana or novel psychoactive substances instead

# Other Possible Negative Impact of the Removal of the X-Waiver to Prescribe Buprenorphine

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- Healthcare providers who are **not adequately trained** in the treatment of OUD may be more likely to prescribe buprenorphine inappropriately or to patients who do not have OUD.
- **Liability:** Without the x-waiver, healthcare providers may be more vulnerable to liability claims related to prescribing buprenorphine.
- Because healthcare providers with little familiarity in treating those with OUD should receive ongoing **education and training**, convincing them to engage in that education and training may be a **challenge**.

# Without the X-waiver Data, the Federal Government Needs an Alternative Data Source

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- **Utilize prescription drug monitoring programs (PDMPs):** The government may utilize PDMPs, which are databases that track the prescribing and dispensing of controlled substances, to monitor prescribing patterns for buprenorphine.
- **Conduct surveys and research:** The government may conduct surveys and research studies to gather data on the use of buprenorphine for the treatment of OUD, including information on prescribing patterns and patient outcomes.
  - Medicaid and Medicare Claims data should help.
  - Private Insurance claims data could help
  - NSDUH
- **Work with healthcare organizations:** The government may work with healthcare organizations, such as hospitals and clinics, to collect data on the use of buprenorphine for OUD treatment.



# Other Possible Federal Government Data Sources

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- **Utilize electronic health records (EHRs):** The government may utilize EHRs to collect data on the use of buprenorphine for the treatment of OUD, including information on prescribing patterns and patient outcomes.
- **Establish reporting requirements:** The government may establish reporting requirements for healthcare providers who prescribe buprenorphine, requiring them to report the number of patients they treat with buprenorphine and other relevant information.
  - E.g., TEDS

# The X-Waiver Was an Illusion

26

	Total Waivered	Estimated Number of Practitioners
MD/DO	94,287	1,018,776*
PA	9,548	139,100
NP	33,723	355,000
CNM	313	13,050
CNS	144	89,000
CRNA	28	45,200
<b>Total</b>	<b>138,052</b>	<b>1,648,426</b>

How do we get over 1.5 million practitioners to treat those experiencing substance use disorders in general and OUD, in specific?

**1,510,374 unwaivered**

Crude Estimate: 8.4% of possible prescribers had waivers, but many saw either few or no patients

# Barriers to MOUD Care

27

**“The ability to intervene on opportunity and motivation are complicated barriers that likely relate to discomfort with the unknown, pervasive stigma against people with SUDs, and concerns about administrative and legal regulations”**

- Russell HA, Sanders M, Meyer JKV, Loomis E, Mullaney T, Fiscella K. Increasing Access to Medications for Opioid Use Disorder in Primary Care: Removing the Training Requirement May Not Be Enough. J Am Board Fam Med. 2021 Nov-Dec;34(6):1212-1215.

**“Our survey shows that mid-career providers overwhelmingly felt that MOUD is an important treatment, and yet were most likely to refer all their OUD patients to specialists for management.”**

- Lai B, Croghan I, Ebbert JO. Buprenorphine Waiver Attitudes Among Primary Care Providers. J Prim Care Community Health. 2022 Jan-Dec;13:21501319221112272.

**“Despite our finding of a substantial increase in potential treatment capacity following the Practice Guidelines change, we do not find an acceleration at a national level in the number of patients with OUD filling buprenorphine prescriptions following release of the Practice Guidelines.”**

- Office of the Assistant Secretary for Planning and Evaluation, “Early Changes in Waivered Clinicians and Utilization of Buprenorphine for Opioid Use Disorder After Implementation of the 2021 HHS Buprenorphine Practice Guideline, December 2, 2022

# The Role of Professional Organizations and Clinician Needs in Order to Treat OUD

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- Clinicians should be educated about the nature of addiction and how it is a complex disease that requires comprehensive treatment.
- Professional clinical organizations can provide training on evidence-based treatments such as buprenorphine and other medications for opioid use disorder.
  - This can help to increase access to effective treatment for opioid users.
- Professional clinical organizations can promote cultural competency by educating clinicians about the unique experiences and needs of different populations, including marginalized groups that may be disproportionately affected by opioid use disorder and other substance use disorders.

# The Role of Professional Organizations in Addressing Clinician Bias against those with OUD

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- Professional clinical organizations can encourage the use of non-stigmatizing language when referring to opioid users, such as "person with opioid use disorder" instead of "addict" or "junkie."
  - CME training oriented to reducing stigma and misconceptions about opioid users
  - Working with such organizations such as FAVOR, CAARD, NAMA, and other peer run organizations could help.
  - Advocacy groups like Stop Stigma Now could also help
- Professional clinical organizations can advocate for policies that reduce stigma against opioid users, such as funding for harm reduction programs and the elimination of discriminatory practices such as arbitrary drug testing.

# Mentoring and Support

30

- **Share success stories:** Share success stories of patients who have been successfully treated with buprenorphine. This can help to overcome negative perceptions and biases that some prescribers may have towards people with opioid use disorders.
- **Provide support:** Offer prescribers support in implementing buprenorphine treatment, such as guidance on dosing, monitoring, and managing side effects.
- **Address concerns about addiction:** Some prescribers may be hesitant to prescribe buprenorphine due to concerns about addiction.
  - It is important to educate them that buprenorphine is a safe and effective treatment that can help patients overcome opioid addiction.

# Possible Administrative or Policy Issues

31

- **Address administrative burdens:** Clinicians may be reluctant to prescribe buprenorphine due to administrative burdens, such as prior authorization requirements and insurance coverage issues.
  - Addressing these issues can help to make buprenorphine treatment more accessible and convenient for physicians.
- **Advocate for policy change:** Advocate for policy change at the state and national level that supports buprenorphine treatment, such as eliminating prior authorization requirements and increasing insurance coverage.

# Possible Incentives for Clinicians to Use MOUD For Those with OUD

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- **Reimbursement for treatment:** Prescribers should be reimbursed for the cost of buprenorphine or extended-release naltrexone treatment for their patients.
- **Performance-based incentives:** Prescribers should receive performance-based incentives for meeting certain treatment goals, such as reducing opioid use and increasing patient retention in treatment.
- **Quality improvement programs:** Prescribers should participate in quality improvement programs that provide financial incentives for improving the quality of care provided to patients with opioid use disorders.



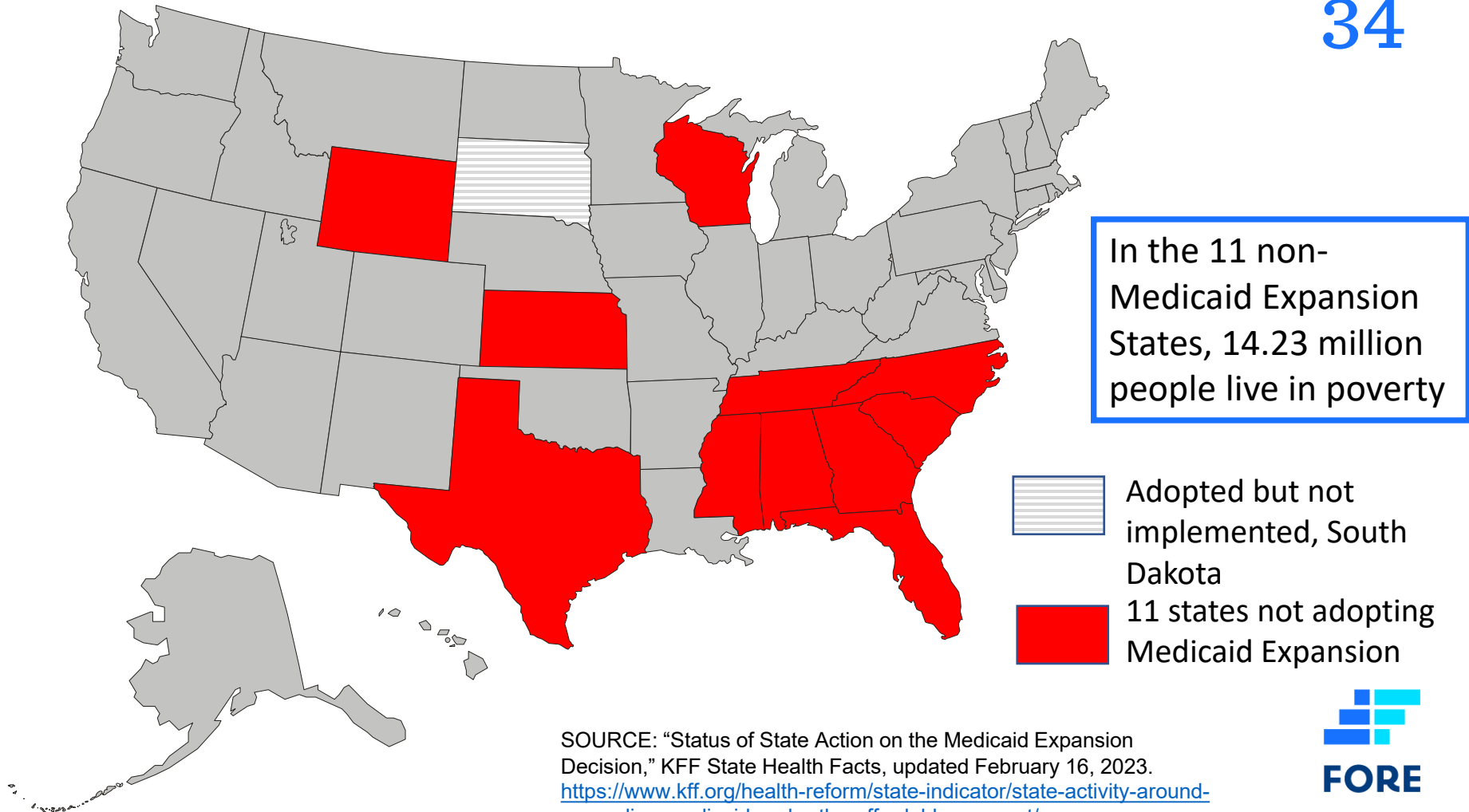
# Other Possible Incentives for Clinicians to Use MOUD For Those with OUD

33

- **Loan forgiveness:** Prescribers who agree to provide buprenorphine or extended-release naltrexone treatment in underserved areas could be eligible for loan forgiveness programs.
- **Grants and funding:** grants and funding opportunities should be made available to support the development and implementation of opioid use disorder treatment programs.
  - These programs should also have data requirements so that evaluation and outcome measures could be assessed.

# OUD Treatment Access, Equity & Non-Medicaid Expansion States

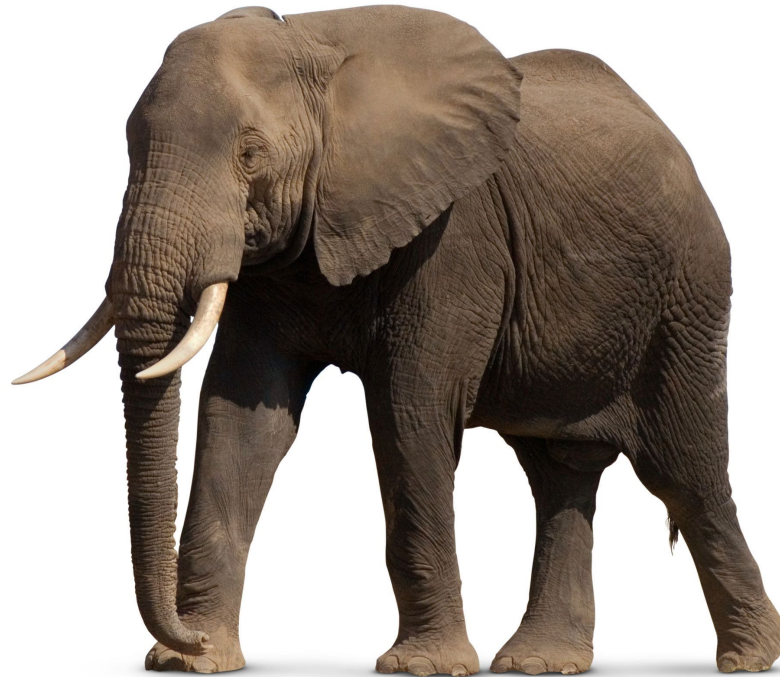
34



# The Elephant in the Room

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STIGMA & DISCRIMINATION



**THE END**

# X-ing the Stigma: Improving Access and Quality of Care for People with OUD, Considerations for Medical Education



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**Lara Weinstein, MD, MPH, DrPH**

Associate Professor

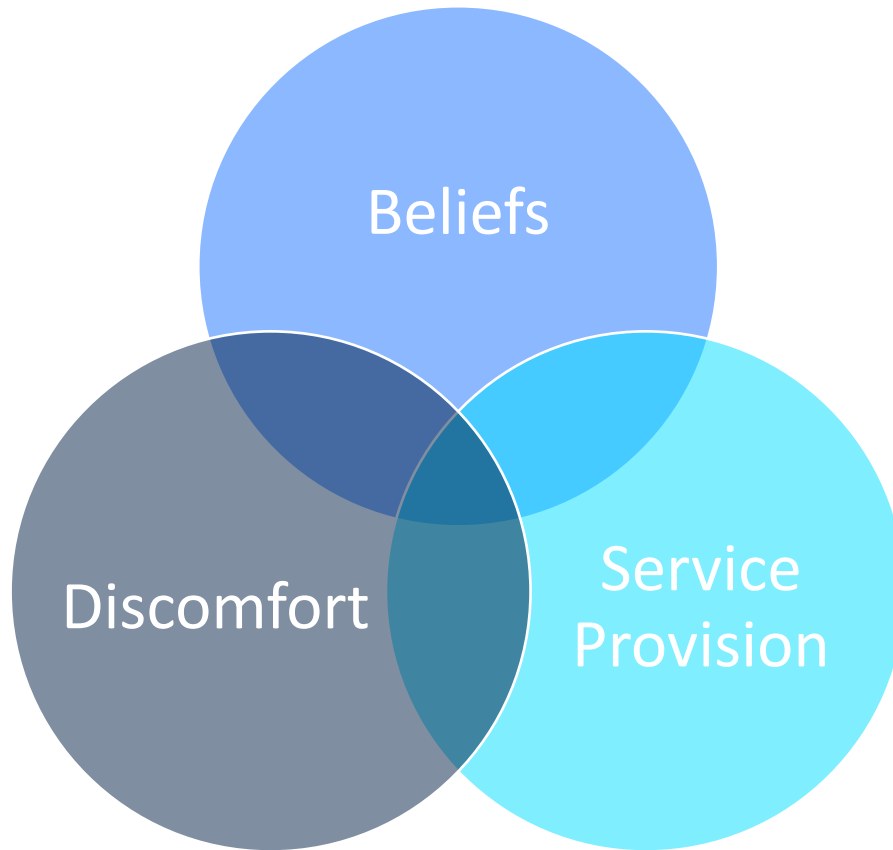
Department of Family and Community Medicine

Thomas Jefferson University

# Key Areas of OUD Stigma in Medicine



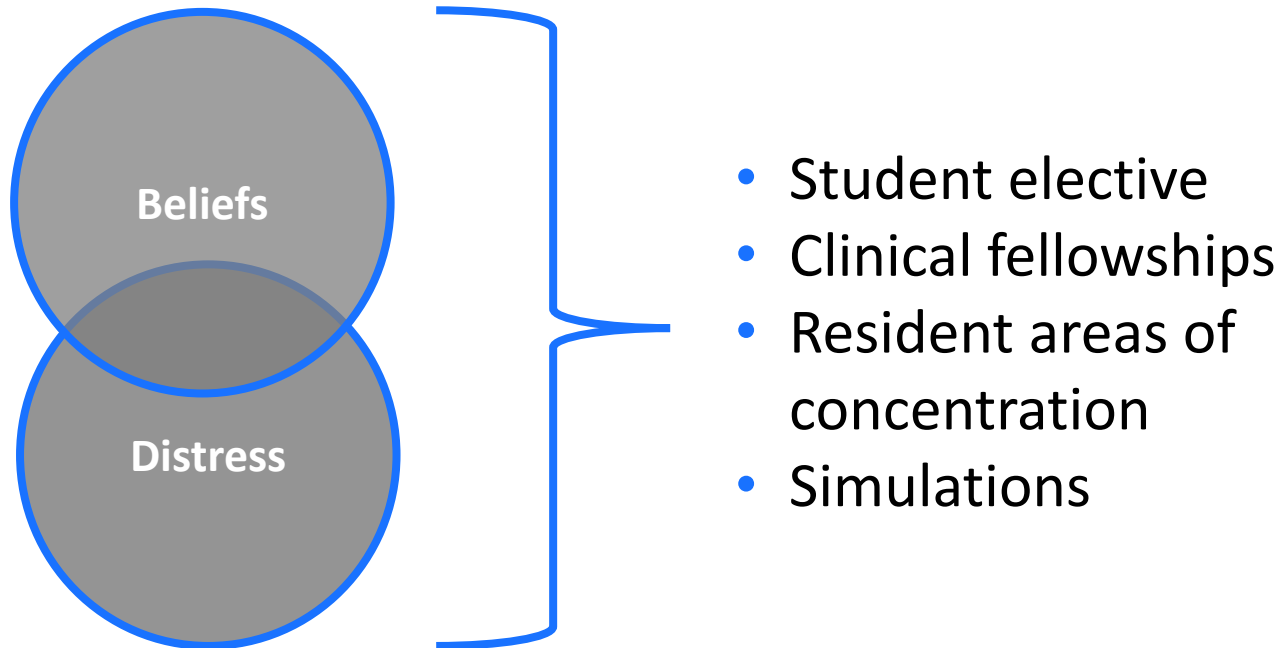
38



# Stigma Counter Measures



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# Stigma Counter Measures



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Unprepared  
for Service  
Provision

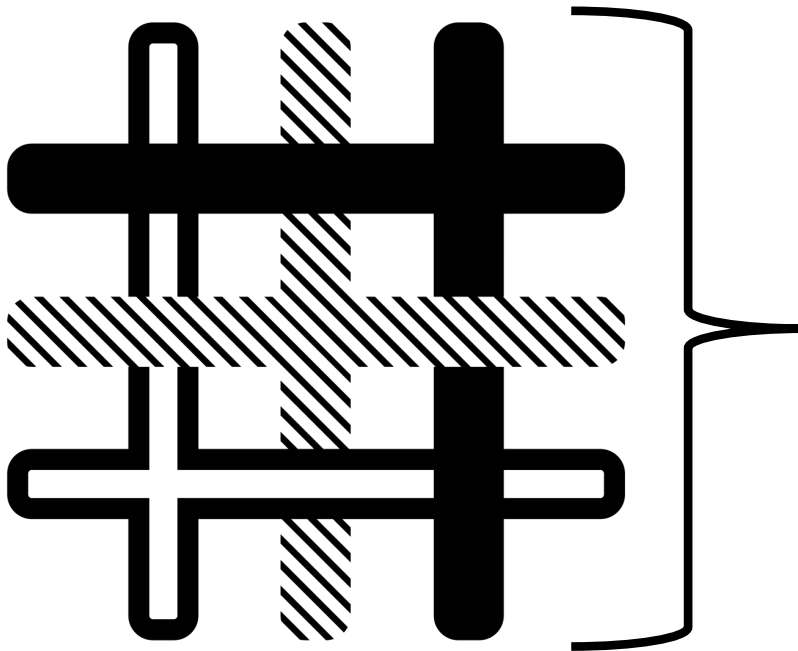
- Preceptor program
- Academic practice support
- Nontraditional sites **housing**, homeless drop in, street medicine
- Complementary services: HIV/HCV/COVID testing/vaccination



# Cross Cutting Counter Measures



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- Peer staff
- Advisory councils
- Waiver training
- MOUD ECHOs
- Program evaluation

# Countering Inaccurate Beliefs: Discussing Safer Injection



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Recognize substance use might be ongoing

- Share your knowledge on cleaner injection techniques to prevent the transmission of blood borne diseases
- Utilize your expertise, the expertise of colleagues, and that of harm reduction organizations
- Avoid unintentional shaming or paternalism; these conversations will be easier once you have built rapport with patients



To view the entire Harm Reduction Video Series, please visit [here](#).

# Modeling to Decrease Distress: Discussing Urine Drug Screen Results



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- Avoid the impulse to characterize the patient's narratives or explanations as true or false; address all concerns with data and empathy
- Use all available resources to stay up-to-date on the state of the drug supply and emerging risks
- Provide patients with options for staying safer while using drugs (e.g. consider doing a test dose- "start low, go slow", fentanyl test strips)



To view the entire Harm Reduction Video Series, please visit [here](#).

# Preparing for Service Provision: Recognizing Withdraw in the Waiting Room



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- Prepare your staff to recognize the basic signs of withdrawal and provide them with basic techniques to support patients
- Remember that while a patient is actively experiencing opioid withdrawal symptoms they have limited ability to concentrate, follow directions, or modulate emotional reactions
- A successful interaction with the patient means attending to basic physical and relational needs



Recognizing Withdrawal in the Waiting Room



Jefferson Health  
4.88K subscribers

Subscribe

38,251 views Mar 22, 2022

Harm reduction is an evidence-based, practical approach to re

To view the entire Harm Reduction Video Series, please visit [here](#).



# Treat OUD: The Real Work Begins



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**Alister Martin, MD, MPP**

Emergency Room Physician & Assistant Professor  
Massachusetts General Hospital / Get Waivered

# Imagine...



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## The year is 2017..



# 2017: Increasing ED-MAT at MGH ED

## Three Diagnostic Subcomponents of the Problem

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1

Few ED Clinicians had their DEA-X Waivers

*"How do you get clinicians to go the extra mile and get their X waiver?"*

2

We didn't have a protocol in place for ED-MAT

*"Even if you have a critical mass of waived clinicians, does the hospital support ED-MAT?"*

3

Changing clinician behavior is challenging

*"Even if you have waived clinicians, and an ED MAT protocol in place, how do you get folks to actually prescribe ED-MAT?"*

# 2017: Increasing ED-MAT at MGH ED

## Three Subcomponents of the Problem

48

1

Few ED Clinicians had their DEA-X Waivers

*"How do you get clinicians to go the extra mile and get their X waiver?"*

2

We didn't have a protocol in place for ED-MAT

*"Even if you have a critical mass of waived clinicians, does the hospital support ED-MAT?"*

3

Changing clinician behavior is challenging

*"Even if you have an ED MAT protocol in place how do you get folks to use it?"*



# History of *Get Waivered*: Massachusetts General Hospital (2017)



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## Start of Campaign:

Only 1/42 MGH ED attending with DEA X waiver

Recruited team of designers, behavioural scientists, and public policy students

Designed and launched campaign using design thinking and **behavioral economics** framework

### Goal:

Get critical number of MGH ED attendings to choose to take course and get waived **without** making it mandatory

# End of Campaign



50

95%

of department

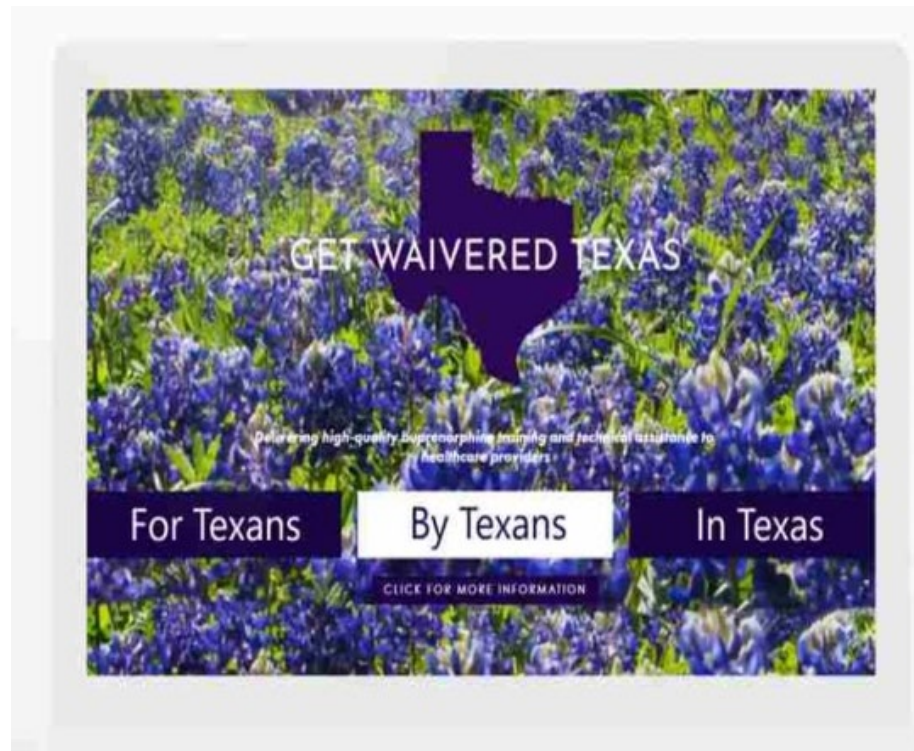
40/42 Physicians with DEA X waivers



# Expanded to State-Wide Model: *Get Waivered Texas*



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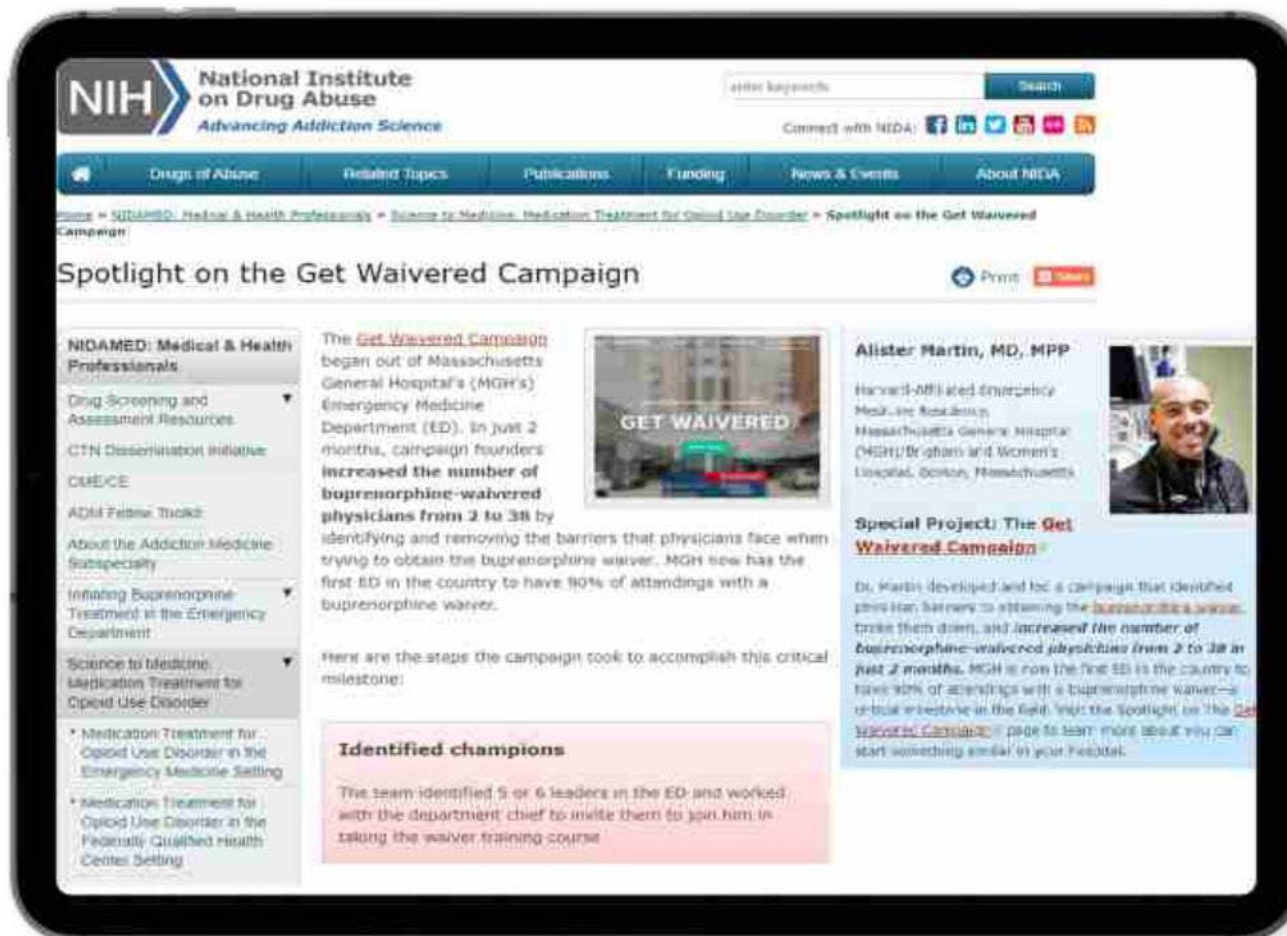


<https://getwaiveredtx.com/>

# NIH/NIDA Spotlight on Get Waivered



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# COVID-19 Pandemic: Expanded and Adapted Our Model



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## Get Waivered 8min Course

### Free Live Web-Based Trainings





- **Basic dosing education and X waiver completion right then and there**
- Interactive remote learning conducted via Zoom.
- MDs/DOs (including residents),
- PAs/NPs/CNSs/CRNAs/CNMs (including those in training),
- and medical students are eligible to attend.

### Virtual Office Hours



Assistance & counseling is available via chat or email.





- **Mobile**
- **Open to all specialties**
- **Frequent trainings**

# Get Waivered's Remote Course



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The screenshot shows the homepage of the "Get Waivered's Remote Course" website. The header includes navigation links: Remote, Programs, About, Contact, Resources, Support, and a Donate button. The main content area has a blue background with white text. On the left, it lists challenges like COVID-19 barriers, isolation impacts, and ED overcrowding, followed by a quote: "Getting X-waivered can make a difference and save lives". Below this is an "Eligibility:" section with a bulleted list of professions. On the right, it states the mission: "Get Waivered is finding solutions to move patients out of the emergency room and into evidence-based care remotely". A dark button says "Register Here for Waiver Training Webinar". Below this, two large numbers are displayed: "10" for "Enrollments" and "500" for "Total Seats". A red arrow points from the "10 Enrollments" text down to the URL below. At the bottom right, it says "Registration for our November 18th course is now open!".

Remote Programs About Contact Resources Support Donate

## Get Waivered's Remote Course

COVID-19 has created new barriers to care  
Isolation impacts patients struggling with addiction  
Clinics are reducing hours and limiting the intake of new patients  
For many, the ED is their only source of treatment  
*Getting X-waivered can make a difference and save lives*

**Eligibility:**

- MD, DO
- PA
- NP/CNS/CRNA/CNM
- Residents\*
- Medical Students\*

Get Waivered is finding solutions to move patients out of the emergency room and into evidence-based care *remotely*

Register Here for Waiver Training Webinar

**10**  
Enrollments

**500**  
Total Seats

Registration for our November 18th course is now open!

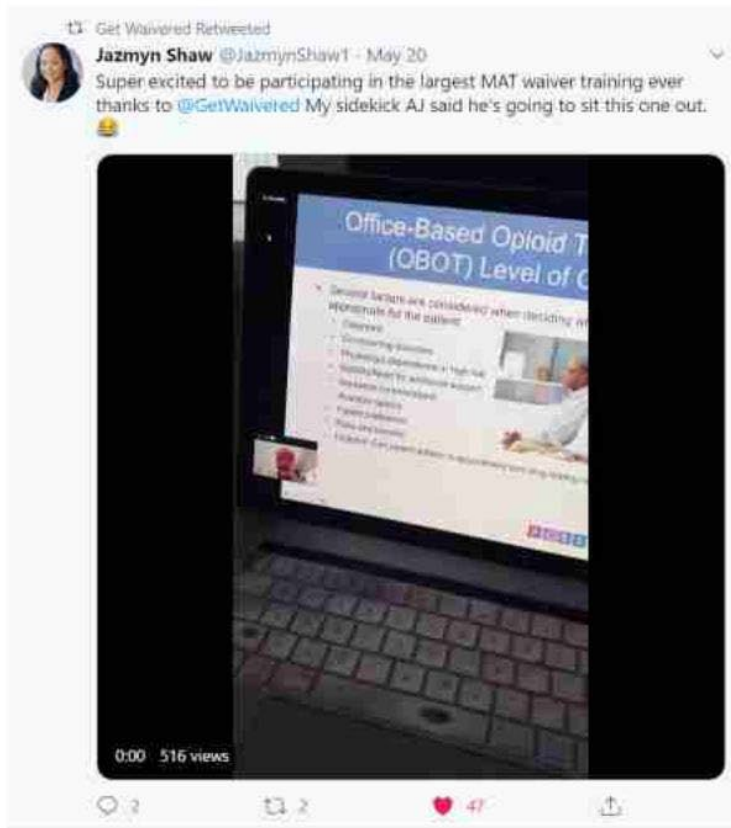
[getwaivered.com/remote/](https://getwaivered.com/remote/)



# Digital Amplification Mid Course Normalizes Waiver Attainment



# Digital Amplification Mid Course Normalizes Waiver Attainment





# Influencer Campaign



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joelcollinsii

See what we can do when we band together!



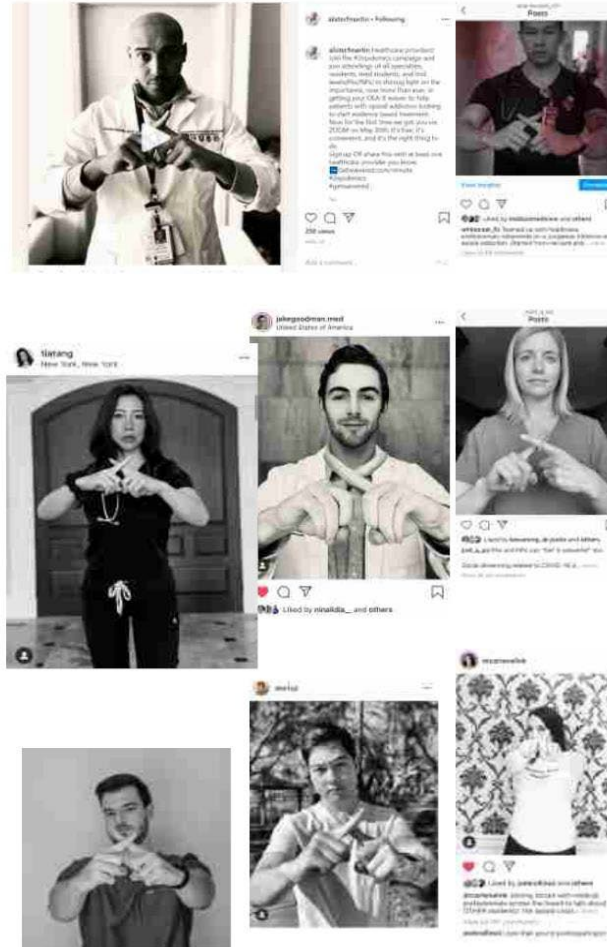
thetiktokdoc

I'm in!



vinnypatel

I'm in! Thanks for the info



# Impact After 1.5 Years of Refining

58

- 24 Get Waivered courses done each with an anchor partner to recruit clinicians to take the X waiver course
- Partnered with a wide range of partners (key examples below):
  - VA Dept of Health
  - Ohio Dept of Public Health
  - Sentara Health System (Virginia)
  - U of Michigan
  - ALIEM
  - YouTube Health
- **5,100+** clinicians in our DEA X waiver program through our Get Waivered courses

# End of Campaign



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5,109

clinicians (majority ED clinicians)

Trained through Get Waivered to obtain their  
DEA X waivers



# 1,800,000+

Clinicians now able to  
prescribe MAT after MAT Act

A background image of a physician in a white coat holding a stethoscope, overlaid with a semi-transparent blue rectangle containing text.

# 53%

of physicians who got their  
DEA-X waiver didn't regularly  
use their waiver.

Source: Mancher M, Leshner AI. Barriers to Broader Use of Medications to Treat Opioid Use Disorder.  
National Academies Press 2019 Mar 30.

# 2017: Increasing ED-MAT at MGH ED

## Three Diagnostic Subcomponents of the Problem

62

1

Few ED Clinicians had their DEA-X Waivers

*"How do you get clinicians to go the extra mile and get their X waiver?"*

2

We didn't have a protocol in place for ED-MAT

*"Even if you have a critical mass of waived clinicians, does the hospital support ED-MAT?"*

3

Changing clinician behavior is challenging

*"Even if you have waived clinicians, and an ED MAT protocol in place, how do you get folks to actually prescribe ED-MAT?"*

# 2017: Increasing ED-MAT at MGH ED

## Three Subcomponents of the Problem

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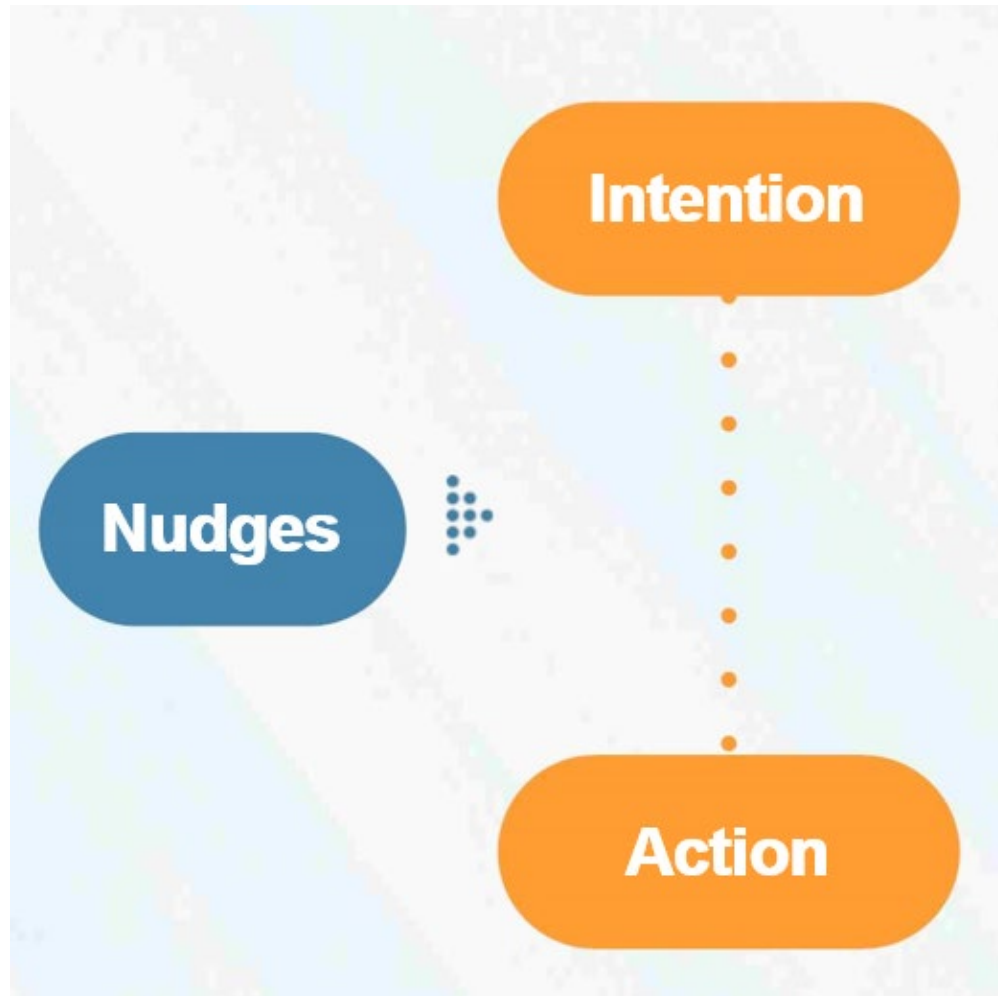
*"Even if you have waived clinicians, and an ED MAT protocol in place, how do you get folks to actually prescribe ED-MAT?"*

Challenge:

Changing Clinician Practice is  
Hard



# Closing the Gap



## Opportunity:

In 2017, we partnered with **ideas42**  
to develop **nudges** that  
helped quickly create new  
practice patterns

ideas<sup>42</sup>



MASSACHUSETTS  
GENERAL HOSPITAL  
EMERGENCY MEDICINE



**Design and consulting firm** that  
uses insights from behavioral  
economics to address complex  
social problems.

**Prev Partners:** The White House,  
City of Chicago, American Express

# News Flash



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What are the  
**behavioral barriers**  
to clinicians adopting a  
new ED-MAT protocol?

# Shadowing: Decision-Action Maps



# Interviewing: Feedback on ED-MAT Protocol

71

## What we learned:



Protocol not easy to  
remember  
or access



Lack of cues to initiate  
conversations about  
OUD



Not top of mind/Time  
pressure =  
more likely to be  
deprioritized



Unclear responsibility  
to treat

# Barrier: Protocol Not Easy to Remember / Access





# Barrier: Protocol Not Easy to Remember / Access

73



# Barrier: Not Top of Mind



74

## Success Stories / Shout Outs



Hi team,

We've made great strides in helping our MGH ED patients with our innovative Opioid Use Disorder program. Since its launch, we've:



**Started 55 patients on ED-MAT with home bupe packs**



**Referred 62 patients to the Bridge Clinic**



**Helped 90 patients follow up at Bridge Clinic after ED visit**

Thanks to you, many patients are beginning their journeys to recovery. This is good work so far, but I know we can make an even greater difference. As mentioned in the faculty and resident meetings last week, I'll be sending out a monthly update on our department's progress so we can continue to improve together and help more patients with OUD get the treatment they need.

**A special shout out to the following team members who made the most Bridge Clinic referrals:**

- Farah Dadabhoy (Junior Resident)
- Kelley Wittbold (Senior Resident)
- Jamie Santos (PA)
- James Kimo Takayesu (Attending)
- Jonathan Slutzman (Attending)

### **Patient Success Story**

Dr. Stuart Harris helped organize the first steps on the road to recovery for a family member of one of our beloved MGH ED faculty. Thanks to his good work in collaboration with Joe Gustin, the patient was started on buprenorphine that day and is now approaching 3 months in recovery.

### **Please join us in wearing the new OUD badge backer**

Thanks to all who are already wearing the badges and proclaiming our ED's commitment to treat OUD.

# Barrier: Not Top of Mind



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## Success Stories / Shout Outs

**Salience**

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# Barrier: Unclear Whose Responsibility it is to Treat



76

Identity  
Framing



# Barrier: Unclear Whose Responsibility it is to Treat



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## Identity Framing

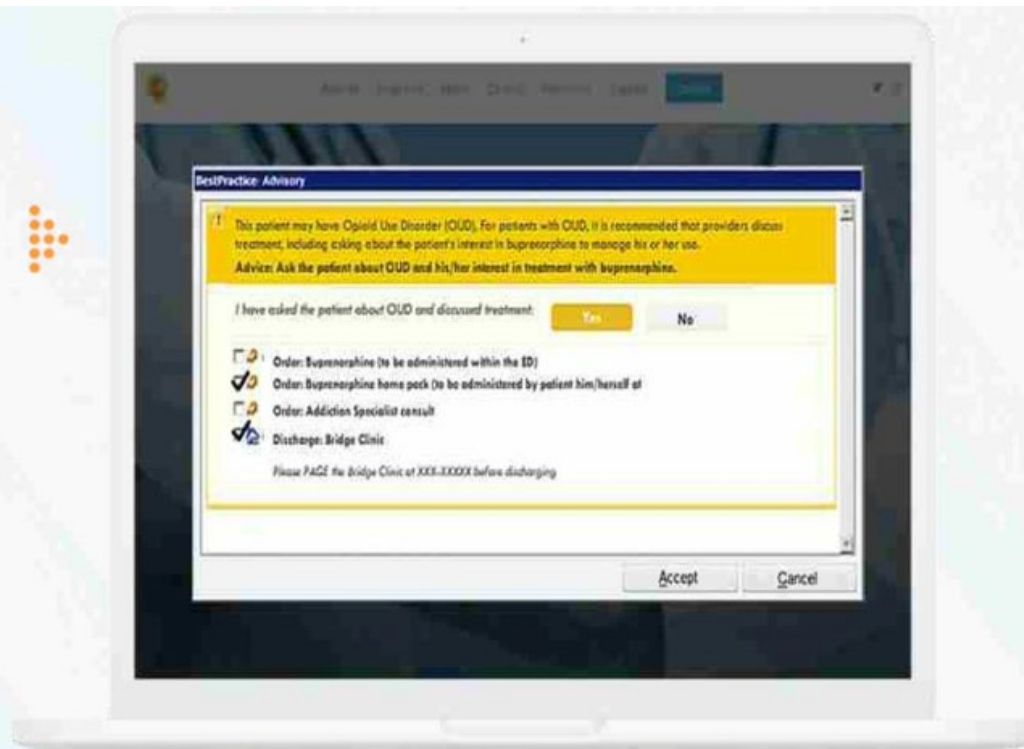


Accountability



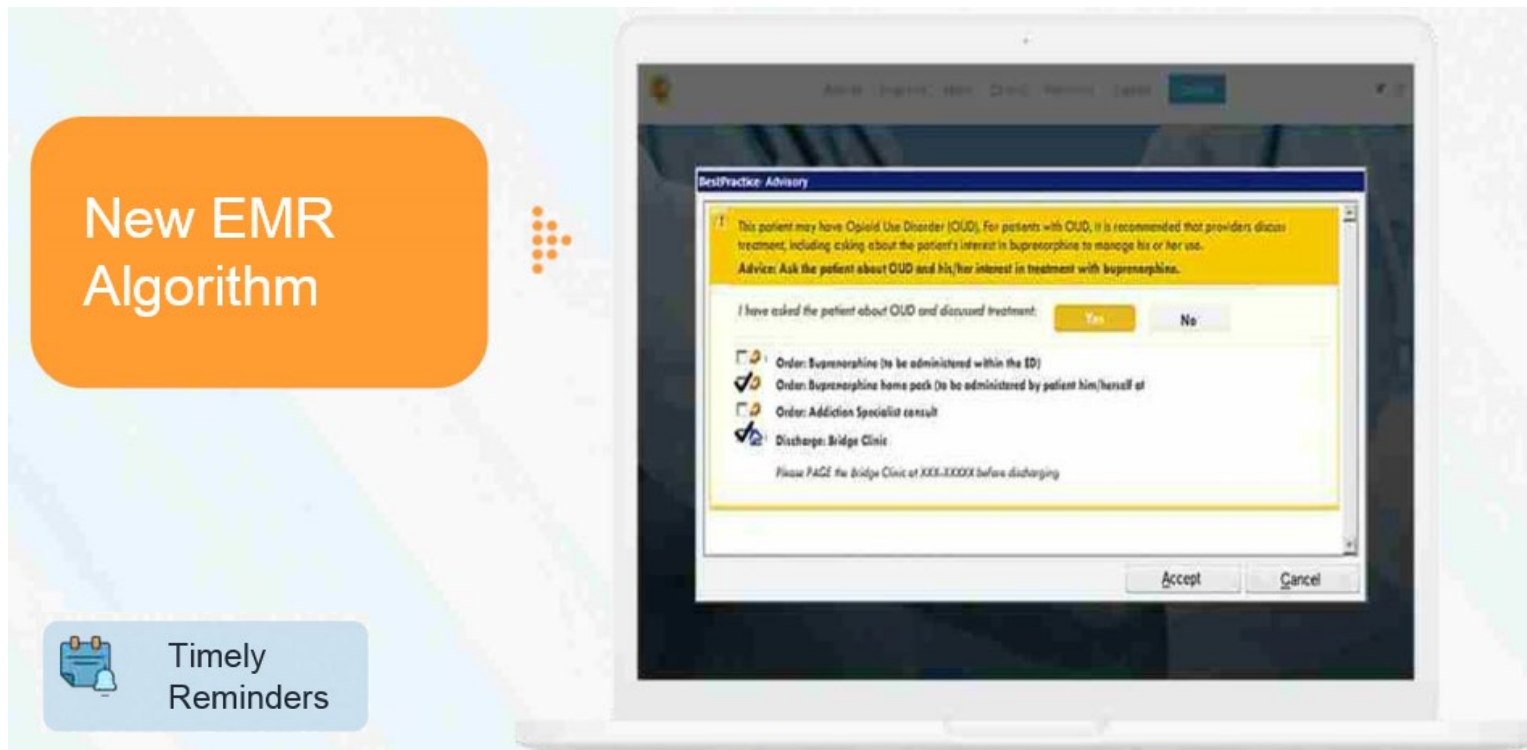
# Barrier: Lack of Cues to Remember

New EMR  
Algorithm

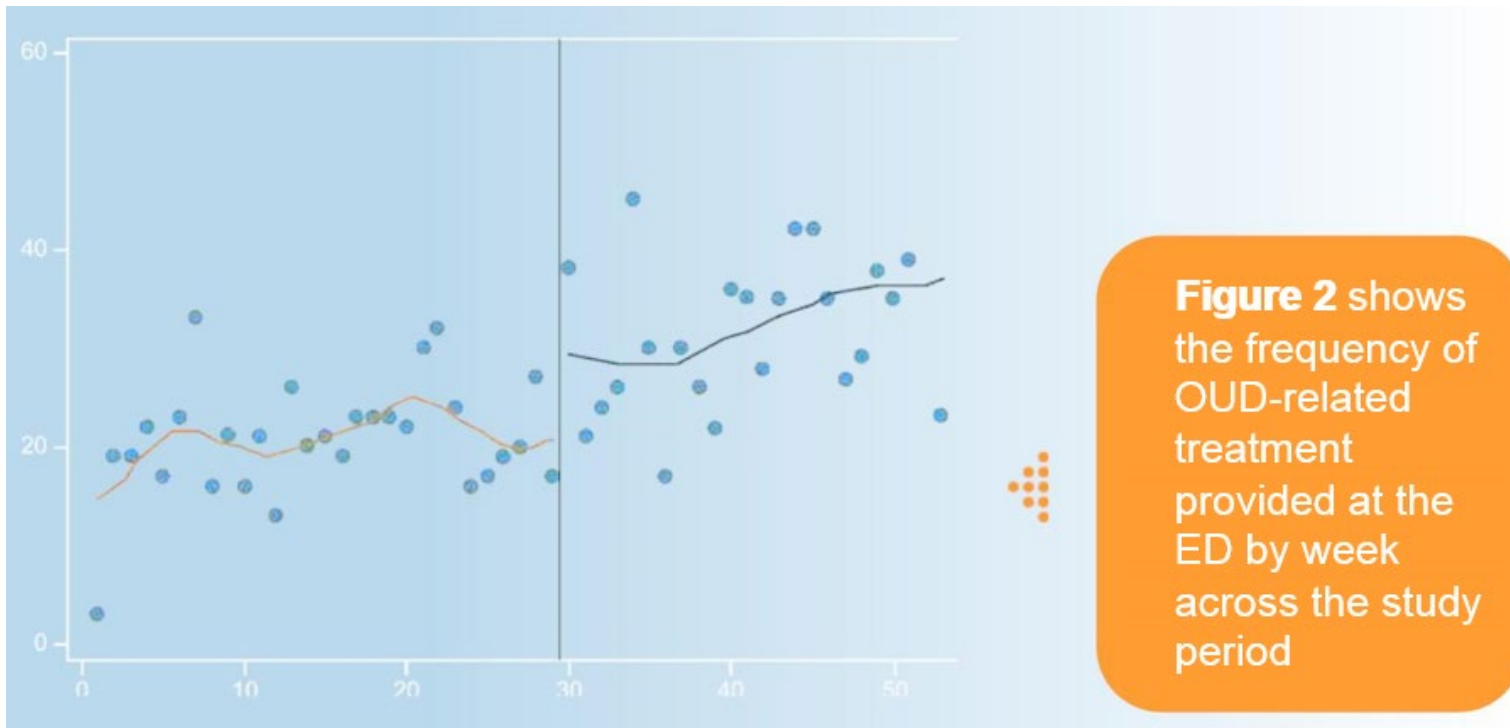




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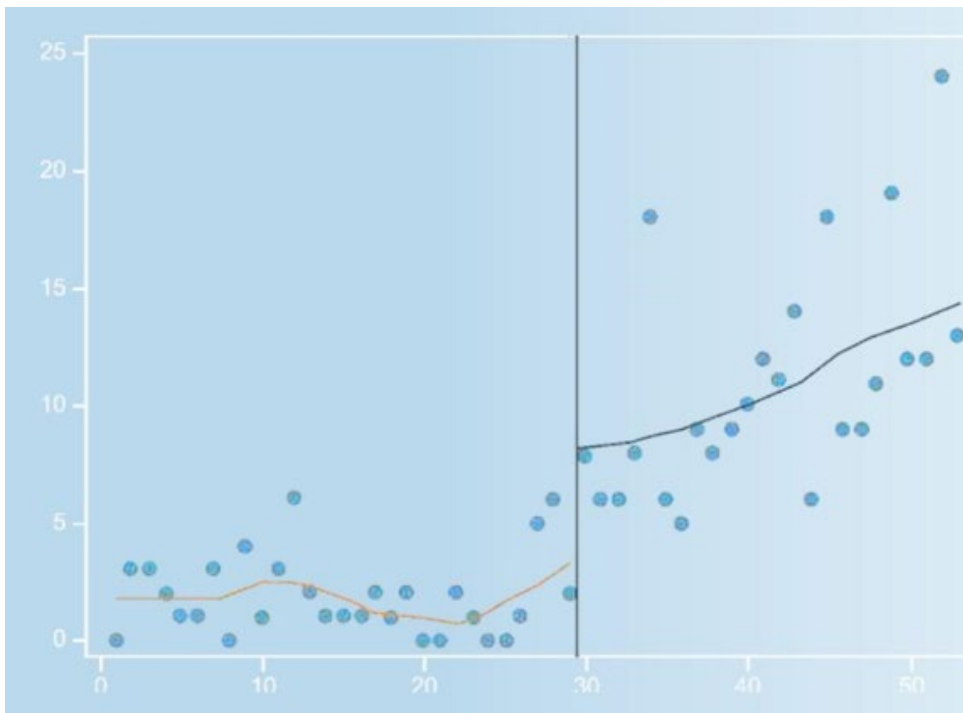


# Results





# Results



**Figure 3:**  
Treatment  
orders per week  
(#) pre- and  
-intervention  
package

# Opportunity

The nation's EDs are where we were in 2017.

Can we apply these and other lessons learned from our partners in a highly disseminated and distributed way to begin to really help ED clinicians **#TreatOUD?**

# Questions?



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**H. Westley Clark, MD, JD, MPH**

Board of Directors

Foundation for Opioid Response Efforts (FORE)



**Lara Weinstein, MD, MPH, DrPH**

Associate Professor

Thomas Jefferson University



**Alister Martin, MD, MPP**

Emergency Room Physician & Assistant Professor

Massachusetts General Hospital / Get Waivered



**Take Care of Yourself!**  
**Thank You For Your Work!**



### About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit [www.ForeFdn.org](http://www.ForeFdn.org).



### About Massachusetts General Hospital

Mass General has the largest hospital-based research program in the U.S. Guided by the needs of patients, Mass General delivers care grounded in leading edge research, advanced treatment offerings and the latest clinical trials. At Mass General, the brightest minds in medicine collaborate on behalf of patients to bridge innovative science with state-of-the-art clinical medicine.

For more information, please visit <https://www.massgeneral.org/>



### About Thomas Jefferson University

Jefferson Medical College is committed to educating physicians who will form and lead the integrated healthcare delivery and research teams of tomorrow; discovering new knowledge that will define the future of clinical care through investigation from the laboratory to the bedside, and into the community; and setting the standard for quality, compassionate and efficient patient care for their community and for the nation.

For more information, please visit <https://www.jefferson.edu/>

General inquiries: [info@ForeFdn.org](mailto:info@ForeFdn.org)



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