IPHCA

MEDICATION-ASSISTED TREATMENT TOOLKIT

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Introduction

Substance use disorder (SUD) affects 8% (SAMHSA, 2019) of the population annually, and 27% of the population across their lifespan (Kessler et al, 2005).The impact of SUD is increased comorbidities, decreased lifespan, and increased cost associated with the care of these patients. Federally Qualified Health Centers (FQHCs) are uniquely equipped to address these challenges due to: 1) the high quality whole-person perspective rooted in their model of care, 2) the integration of biopsychosocial services, and 3) their established harm-reduction perspective for the treatment of chronic diseases. These factors decrease barriers, while increasing access to necessary SUD treatment services and combating the stigma of SUD.

This Medication-Assisted Treatment (MAT) toolkit was created to support FQHCs in aligning the 'whole-person' care they are currently providing with the necessary tools to support and sustain MAT programs. We hope this toolkit will serve as a valuable resource not only for FQHCs who are considering the development of MAT services, but for those who have recently established services and seasoned providers.

While the national epidemic has focused on the impact of prescription opioids, Illinois residents are disproportionally impacted by illicit opioids, including heroin and fentanyl. Between 2013 and 2016, Illinois saw nearly a 73% increase in overdose deaths involving heroin, and more than 10x increase in deaths involving fentanyl. Black and Hispanic men have been most significantly impacted in Illinois, unlike the national epidemic which has focused on white men (IDPH, 2017).

IPHCA would like to thank the health centers who shared their MAT program models, policies, and procedures. We'd also like to thank Amanda Brooks, LCSW, CADC for consulting with IPHCA on this project. Toolkit disclaimer: documents included in this toolkit have been developed by subject matter experts based on existing publicly available documents and clinical experience. The documents, as written, have not been vetted by legal counsel. The following policies and templates are meant to provide guidance to FQHCs in developing their own policies and procedures for chemical dependency programs.

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Why Medication-Addiction Treatment

With more than two-million individuals in the United States addicted to opioids, MAT has been shown to be one of the most effective ways to treat substance use disorders, specifically opioid use disorder (OUD). For patients with OUD, MAT has been shown to reduce illicit substance use, increase treatment retention, decrease overdose related deaths, and decrease all-cause mortality (SAMHSA TIP 63).

Illinois State Efforts

The Illinois Department of Public Health (IDPH) began collecting data in 2013 on heroin and other opioids (synthetic opioids and prescription medication) involving fatal and non-fatal overdoses in Illinois. Between 2013 and 2019, Illinois saw an 8.3% (9,822) increase overall in heroin and opioid overdoses, with a 1.35% (1,026) increase overall in heroin and opioid overdose deaths (IDPH, Opioid Data Dashboard).

In 2017, the State of Illinois produced the Illinois Opioid Action Plan, a collective call to action to address the growing epidemic of opioid use disorder in our state. This action plan is comprised of three primary pillars: prevention, treatment and recovery, and response. Each pillar identifies priorities and evidence- based interventions to help curb the growing epidemic. The Illinois Opioid Action Plan.

The Illinois Department of Human Service division of Substance Use Prevention and Recovery (SUPR) is the governing state agency for substance use disorder treatment licensure in Illinois, and holds much responsibility for the implementation of the Opioid Action Plan. As the primary funder of community based SUD treatment services, SUPR has been a leader in the effort to destigmatize language in substance use treatment, including the changing of the division name, and most recently, in 2020, changing Medication-Assisted Treatment (MAT) to Medication Assisted Recovery (MAR). This change supports the efforts in recognizing the impact of language and their agency goal of supporting long-term recovery. Illinois Primary Health Care Association acknowledges and supports this change, however, the federal government still refers to it as Medication-Assisted Treatment (MAT) and for the purpose of this toolkit we will refer to this service as MAT. For health centers considering future funding please be aware of the updated language.

Health Center Spotlights

IPHCA would like to thank Chestnut Family Health Center, Crossing Healthcare, Esperanza Health Center, and Christopher Greater Area Rural Health Planning Corporation for sharing their best practices in implementing MAT services within a health center. This section presents best practice examples of work flows, engaging new clients, implementation for Buprenorphine inductions, referral processes, and care coordination.

Chestnut Family Health Center

Chestnut Health Systems, the umbrella organization of Chestnut Family Health Center has provided MAT services since 2011 in their central Illinois location. In 2016 they began offering MAT services in their southern Illinois health center location. Since 2016, they have implemented several changes to improve performance, such as wave scheduling for follow-up appointments, telehealth, coordinating with local hospitals, and integrating recovery coaches. Staff will schedule several clients at the top of the hour and fill them in to see the prescriber, nurse, and behavioral health clinician. By utilizing wave scheduling, Chestnut has had the ability to maximize prescriber schedules and minimize the impact of no shows and cancellations. Offering telehealth has helped expand services and lower the barriers in reaching rural clients.

Chestnut is building partnerships with local hospitals and jails. Their partnership agreement with a local emergency room (ER) includes the ER providing the initial induction and having the patient follow up within three days at their health center. Chestnut is also developing a partnership agreement with a local county jail to coordinate Vivitrol treatment. The individual would start Vivitrol while at the jail, then receive follow-up care at their health center upon release. Developing these partnerships has allowed Chestnut to reach the clients sooner and provide quality MAT care.

Chestnut has found success in engaging their clients by utilizing their behavioral health clinicians, case managers, and recovery coaches. A behavioral health clinician will meet with the client prior to their appointment with the medical prescriber and identify any behavioral health needs and then provide counseling or referral to other services if needed. Staff will also screen for barriers, such as transportation and difficulty in paying for medication. Chestnut has been successful in addressing these barriers by building in additional funding streams to help address the different obstacles patients might encounter. Recovery coaches add additional support in keeping patients engaged by reaching out through phone, text, or email. With their lived experience, recovery coaches are better able to empathize with patients.

Esperanza Health Center

Esperanza Health Center began offering MAT services in 2016. They have found a team based care approach is best when providing MAT services. Each patient receiving care has a team consisting of a medical provider, behavioral health provider, and care coordinator with the

option to bring in other multidisciplinary teams based on the needs of the patient. When developing work flows, staff look at patient demand, provider availability, and clinical space at each of their locations with specific MAT clinic days/hours.

Their MAT care coordinators play an important role as the main contact for patients by scheduling the initial assessment with the medical and behavioral health providers, making reminder calls, and answering any questions or concerns.

Esperanza has found success in engaging their clients in the office through their MAT care coordinators helping patients navigate and learn responsibility for their healthcare and treatment. Most recently they started offering telemedicine due to the COVID-19 pandemic. Telemedicine has been successful by decreasing barriers (transportation, childcare, etc.) and will continue offering this service. Current patients have the option of Buprenorphine inductions in the office or at home. However, due to COVID-19 most inductions are now home inductions, unless a patient is new to Buprenorphine.

Additional best practices from Esperanza worth mentioning include, every patient receives a prescription for Narcan along with education on how to administer the emergency medication, emphasizing their program is a harm reduction model, and listening to their patients' needs and goals and meeting them where they are. MAT staff acknowledges that recovery looks different for everyone. By training providers and staff to have this mindset, patients feel supported and retention rates are higher.

Crossing Healthcare

Crossing Healthcare has provided MAT services at their primary location since October 2016. They have expanded services to include inpatient substance use treatment, recovery homes, and substance use treatment services at the Macon County Jail. Crossing notes the successes from system level changes their health center has implemented to improve performance by strengthening community care coordination, team-based care, integrated care, and population health management. Crossing has collaborated with other community care providers to develop a strong referral process. They implement weekly interdisciplinary team meetings at their inpatient treatment facility, outpatient treatment facility and at the county jail. To achieve success in providing integrated care, Crossing has developed a care team to include medical, psychiatric, behavioral health and dietary providers.

An additional service they offer their MAT patients are wellness programs which include prescription produce, physical wellness, mental health services, managing medical concerns including Hepatitis C, HIV and liver functions, counseling, and case management. Crossing also plans to expand dental services to their MAT and substance use patients.

Crossing has developed partnerships which include specialty courts (hybrid and mental health court), probation/parole, county jail, law enforcement, DCFS, local hospitals, churches and other social service providers. They have also found it beneficial to establish working relationships with other long term sober housing facilities in Decatur and the surrounding areas. Some patients do not meet eligibility criteria to be admitted to Crossing's Transitions Recovery Home, which is up to 6 months of recovery housing. In this case they have paid for patients' rent in other recovery homes.

Additional best practices shared by Crossing include screening patients using the Drug Abuse Screening Test (DAST) and Alcohol Use Disorder Identification Test (AUDIT) and if warranted, a referral is made to their inpatient treatment facility or their outpatient treatment facility. Patients who present for outpatient treatment services receive a medical appointment within 72 hours of presenting. A referral is then made to behavioral health. Buprenorphine inductions are offered either in the office or via home inductions. American Society of Addiction Medicine (ASAM) recommendations are utilized for in-home inductions. Medical provider and patient preferences are taken into consideration.

Christopher Greater Area Rural Health Planning Corporation

Christopher Greater Area Rural Health Planning Corporation (CRHPC) began offering MAT services ten years ago. As of 2018 they are SUPR compliant and licensed as a Level 1 Adult Treatment Facility. Utilizing telehealth through a host site, they are able to provide MAT services to an otherwise hard to reach population. CRHPC does not follow a specific work flow when providing MAT services, rather they believe serving all patients equally no matter the health concern or challenge. Patients receiving MAT are scheduled accordingly, as there are no specific MAT clinic hours. For new patients interested in starting MAT services, the staff strives to schedule the patient for the first available appointment with the medical provider.

CRHPC has found success in engaging and retaining patients with providing care coordination and offering services in a quick and expedited manner. This may include the medical provider staying late if there is a patient in need of their first Buprenorphine induction. They have a dedicated team of social works who are available to help patients with dual diagnosis, arrange for counseling services and follow up with patients at least every two weeks or more frequently if needed.

Additionally CRHPC provides medical care for untreated health concerns, such as Hepatitis C treatment that may not have been addressed previously. CRHPC believes strong partnership and coordinating care is the key to providing a positive experience for patients. There is not one doctor or individual that makes the program great, it is the partnerships and effective communication that allows them to treat the patient as a whole person. CRHPC's partnerships include the local health department, local group peer services, local states attorneys, Gateway Treatment facilities, and other organizations, such as Treatment Alternatives for Safer Communities (TASC).

Developing a MAT Program

Medication-Assisted Treatment (MAT) can be implemented in a variety of service settings. The proper integration of specific key components aid in offering a successful program. We also acknowledge every health center is unique in their own strengths, challenges, and opportunities. What works for a health center in an urban setting may not be helpful for a health center in a rural setting. The following documents provide general information and resources to consider when developing an MAT program.

Download Here

Additional Resources:

[The National Council: MAT Readiness and Implementation Checklist]

[Seattle and King County: Developing a Buprenorphine Treatment Program for OUD in Primary Care]

[Three Strategies to Help Primary Care Teams Treat Substance Use Disorders]

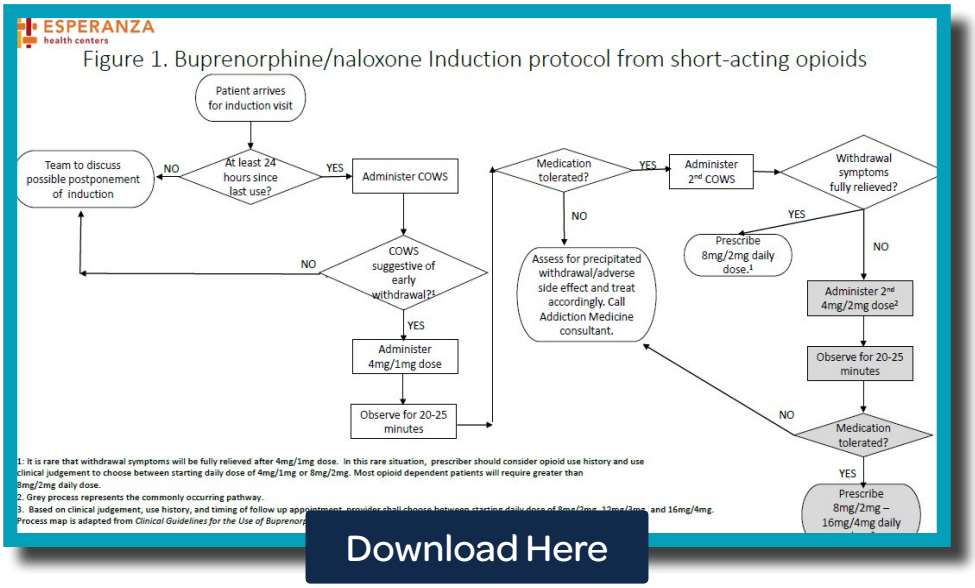
[Guidance Document on Best Practices]

[Launching a Medication-Assisted Treatment in an Outpatient Office-Based Practice]

Work Flows, Policies, and Procedures

While each clinic within a health center system may be different, the goal remains the same, to provide ex-ceptional team-based care. In order to do this the first step is developing a structured and integrated model to implement within your health center. Below are a few examples of work flows, policies and procedures.

Work Flows



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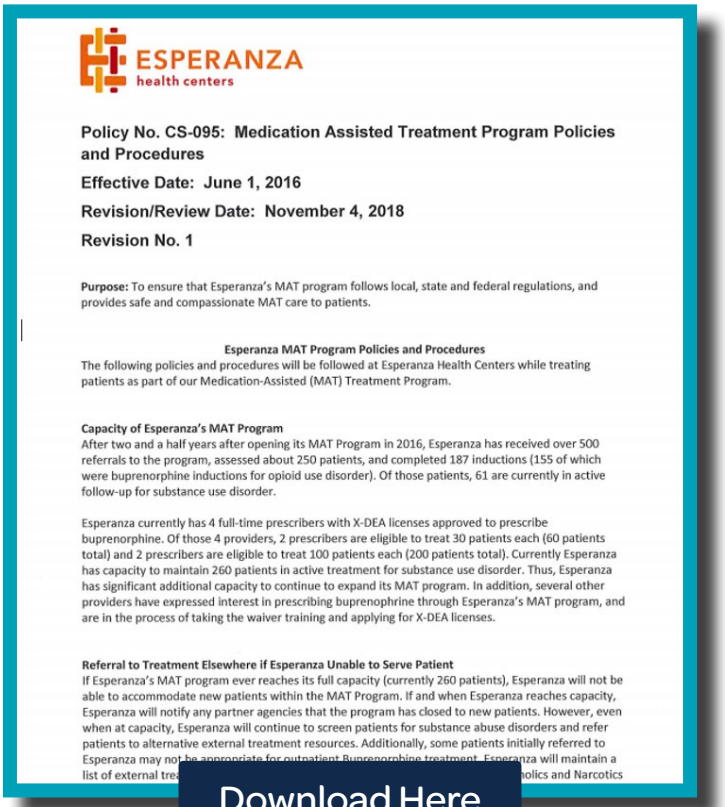
Policies and Procedures



ESPERANZA
health centers

Policy No. CS-095: Medication Assisted Treatment Program Policies and Procedures

Effective Date: June 1, 2016

Revision/Review Date: November 4, 2018

Revision No. 1

Purpose: To ensure that Esperanza's MAT program follows local, state and federal regulations, and provides safe and compassionate MAT care to patients.

Esperanza MAT Program Policies and Procedures

The following policies and procedures will be followed at Esperanza Health Centers while treating patients as part of our Medication-Assisted (MAT) Treatment Program.

Capacity of Esperanza's MAT Program

After two and a half years after opening its MAT Program in 2016, Esperanza has received over 500 referrals to the program, assessed about 250 patients, and completed 187 inductions (155 of which were buprenorphine inductions for opioid use disorder). Of those patients, 61 are currently in active follow-up for substance use disorder.

Esperanza currently has 4 full-time prescribers with X-DEA licenses approved to prescribe buprenorphine. Of those 4 providers, 2 prescribers are eligible to treat 30 patients each (60 patients total) and 2 prescribers are eligible to treat 100 patients each (200 patients total). Currently Esperanza has capacity to maintain 260 patients in active treatment for substance use disorder. Thus, Esperanza has significant additional capacity to continue to expand its MAT program. In addition, several other providers have expressed interest in prescribing buprenophrine through Esperanza's MAT program, and are in the process of taking the waiver training and applying for X-DEA licenses.

Referral to Treatment Elsewhere if Esperanza Unable to Serve Patient

If Esperanza's MAT program ever reaches its full capacity (currently 260 patients), Esperanza will not be able to accommodate new patients within the MAT Program. If and when Esperanza reaches capacity, Esperanza will notify any partner agencies that the program has closed to new patients. However, even when at capacity, Esperanza will continue to screen patients for substance abuse disorders and refer patients to alternative external treatment resources. Additionally, some patients initially referred to Esperanza may not be appropriate for outpatient Buprenorphine treatment. Esperanza will maintain a list of external tre holics and Narcotics

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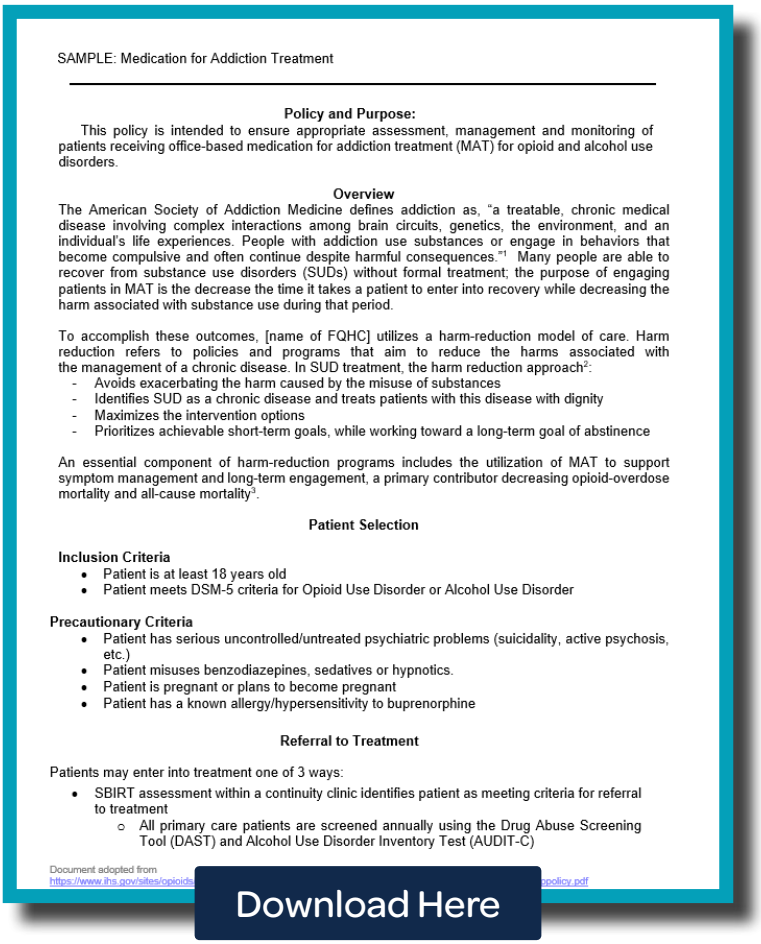
Work Flows, Policies, and Procedures

SAMPLE: Medication for Addiction Treatment



SAMPLE: Medication for Addiction Treatment

Policy and Purpose:

This policy is intended to ensure appropriate assessment, management and monitoring of patients receiving office-based medication for addiction treatment (MAT) for opioid and alcohol use disorders.

Overview

The American Society of Addiction Medicine defines addiction as, "a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences."[1] Many people are able to recover from substance use disorders (SUDs) without formal treatment; the purpose of engaging patients in MAT is the decrease the time it takes a patient to enter into recovery while decreasing the harm associated with substance use during that period.

To accomplish these outcomes, [name of FQHC] utilizes a harm-reduction model of care. Harm reduction refers to policies and programs that aim to reduce the harms associated with the management of a chronic disease. In SUD treatment, the harm reduction approach[2]:

- Avoids exacerbating the harm caused by the misuse of substances
- Identifies SUD as a chronic disease and treats patients with this disease with dignity
- Maximizes the intervention options
- Prioritizes achievable short-term goals, while working toward a long-term goal of abstinence

An essential component of harm-reduction programs includes the utilization of MAT to support symptom management and long-term engagement, a primary contributor decreasing opioid-overdose mortality and all-cause mortality[3].

Patient Selection

Inclusion Criteria

- Patient is at least 18 years old
- Patient meets DSM-5 criteria for Opioid Use Disorder or Alcohol Use Disorder

Precautionary Criteria

- Patient has serious uncontrolled/untreated psychiatric problems (suicidality, active psychosis, etc.)
- Patient misuses benzodiazepines, sedatives or hypnotics.
- Patient is pregnant or plans to become pregnant
- Patient has a known allergy/hypersensitivity to buprenorphine

Referral to Treatment

Patients may enter into treatment one of 3 ways:

- SBIRT assessment within a continuity clinic identifies patient as meeting criteria for referral to treatment
  - All primary care patients are screened annually using the Drug Abuse Screening Tool (DAST) and Alcohol Use Disorder Inventory Test (AUDIT-C)

Document adopted from https://www.ihs.gov/sites/opioids...policy.pdf

Download Here

Additional Resources:

Jefferson Healthcare, Washington: MAT Workflow

It Matters: A Patient's Guide to Starting Buprenorphine at Home

Yale Medicine: A Guide for Patients Beginning Buprenorphine Treatment at Home

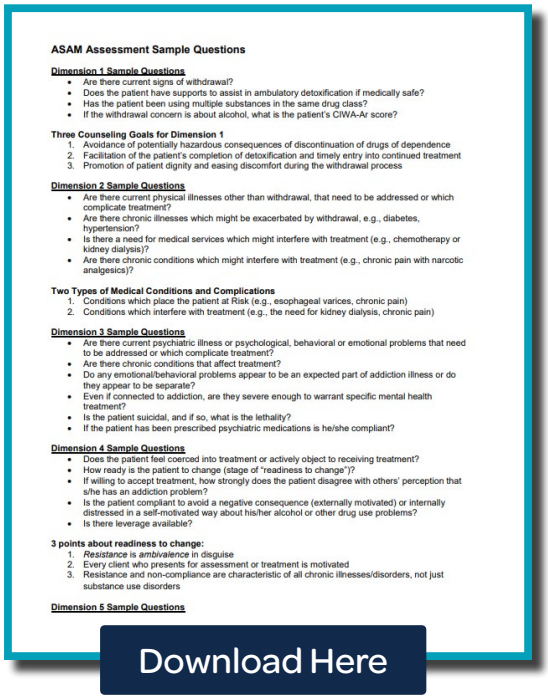
Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office

Sample Prescribing Policy

Clinical Protocol for MAT Workflows

Examples of Assessments for Substance Use Disorder Treatment

ASAM Assessment Sample Questions



ASAM Assessment Sample Questions

Dimension 1 Sample Questions

- Are there current signs of withdrawal?
- Does the patient have supports to assist in ambulatory detoxification if medically safe?
- Has the patient been using multiple substances in the same drug class?
- If the withdrawal concern is about alcohol, what is the patient's CIWA-Ar score?

Three Counseling Goals for Dimension 1

1. Avoidance of potentially hazardous consequences of discontinuation of drugs of dependence
2. Facilitation of the patient's completion of detoxification and timely entry into continued treatment
3. Promotion of patient dignity and easing discomfort during the withdrawal process

Dimension 2 Sample Questions

- Are there current physical illnesses other than withdrawal, that need to be addressed or which complicate treatment?
- Are there chronic illnesses which might be exacerbated by withdrawal, e.g., diabetes, hypertension?
- Is there a need for medical services which might interfere with treatment (e.g., chemotherapy or kidney dialysis)?
- Are there chronic conditions which might interfere with treatment (e.g., chronic pain with narcotic analgesics)?

Two Types of Medical Conditions and Complications

1. Conditions which place the patient at Risk (e.g., esophageal varices, chronic pain)
2. Conditions which interfere with treatment (e.g., the need for kidney dialysis, chronic pain)

Dimension 3 Sample Questions

- Are there current psychiatric illness or psychological, behavioral or emotional problems that need to be addressed or which complicate treatment?
- Are there chronic conditions that affect treatment?
- Do any emotional/behavioral problems appear to be an expected part of addiction illness or do they appear to be separate?
- Even if connected to addiction, are they severe enough to warrant specific mental health treatment?
- Is the patient suicidal, and if so, what is the lethality?
- If the patient has been prescribed psychiatric medications is he/she compliant?

Dimension 4 Sample Questions

- Does the patient feel coerced into treatment or actively object to receiving treatment?
- How ready is the patient to change (stage of "readiness to change")?
- If willing to accept treatment, how strongly does the patient disagree with others' perception that s/he has an addiction problem?
- Is the patient compliant to avoid a negative consequence (externally motivated) or internally distressed in a self-motivated way about his/her alcohol or other drug use problems?
- Is there leverage available?

3 points about readiness to change:

1. *Resistance* is *ambivalence* in disguise
2. Every client who presents for assessment or treatment is motivated
3. Resistance and non-compliance are characteristic of all chronic illnesses/disorders, not just substance use disorders

Dimension 5 Sample Questions

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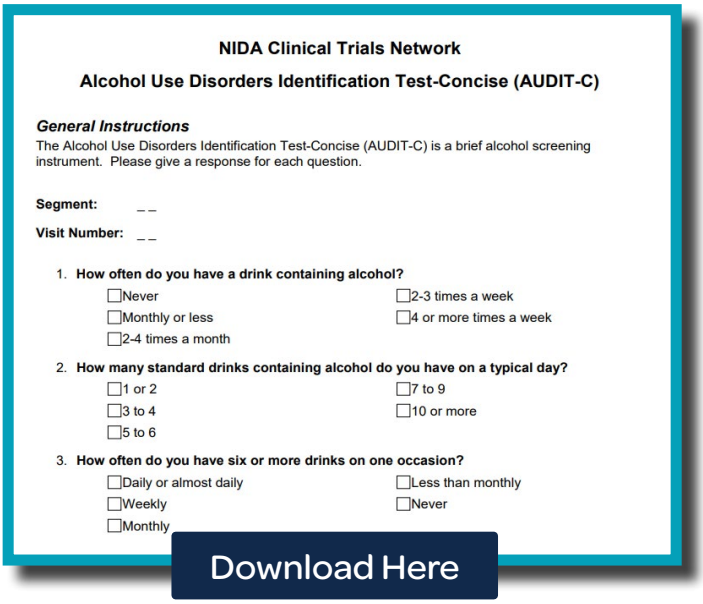
AUDIT-C



NIDA Clinical Trials Network

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

General Instructions

The Alcohol Use Disorders Identification Test-Concise (AUDIT-C) is a brief alcohol screening instrument. Please give a response for each question.

Segment: _ _

Visit Number: _ _

1. **How often do you have a drink containing alcohol?**
   - ☐Never
   - ☐Monthly or less
   - ☐2-4 times a month
   - ☐2-3 times a week
   - ☐4 or more times a week
2. **How many standard drinks containing alcohol do you have on a typical day?**
   - ☐1 or 2
   - ☐3 to 4
   - ☐5 to 6
   - ☐7 to 9
   - ☐10 or more
3. **How often do you have six or more drinks on one occasion?**
   - ☐Daily or almost daily
   - ☐Weekly
   - ☐Monthly
   - ☐Less than monthly
   - ☐Never

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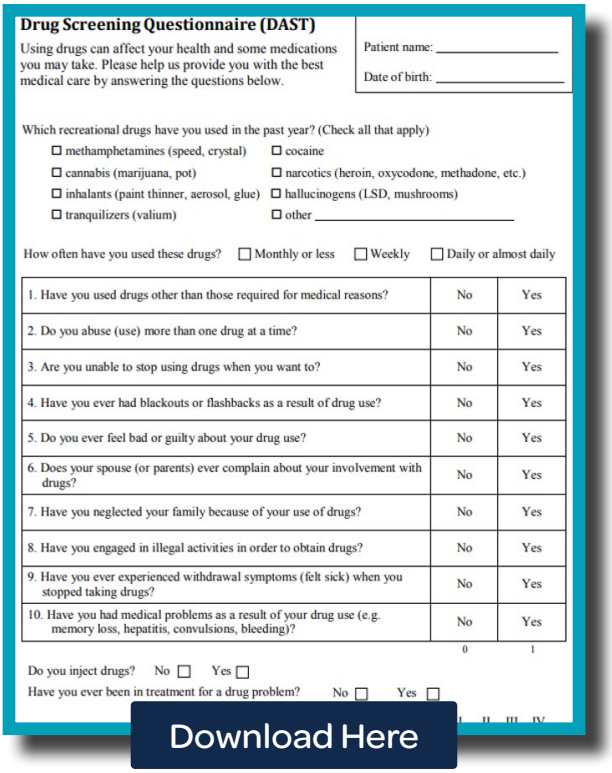
Drug Screening Questionnaire (DAST)



Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which recreational drugs have you used in the past year? (Check all that apply)

- ☐ methamphetamines (speed, crystal)
- ☐ cocaine
- ☐ cannabis (marijuana, pot)
- ☐ narcotics (heroin, oxycodone, methadone, etc.)
- ☐ inhalants (paint thinner, aerosol, glue)
- ☐ hallucinogens (LSD, mushrooms)
- ☐ tranquilizers (valium)
- ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Do you inject drugs? No ☐ Yes ☐

Have you ever been in treatment for a drug problem? No ☐ Yes ☐

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Examples of Assessments for Substance Use Disorder Treatment

Questions for Identification of Opioid Use Disorder based on DSM-5

I'd like to ask you more questions about your use of [name of opioid(s)] in the past 12 months:	
1. Have you often found that when you started using (name opioid(s), you ended up taking more than you intended to?	☐ 0…No ☐ 1…Yes
2. Have you wanted to stop or cut down using or control your use of XX?	☐ 0…No ☐ 1…Yes
3. Have you spent a lot of time getting XX or using XX?	☐ 0…No ☐ 1…Yes
4. Have you had a strong desire or urge to use XX?	☐ 0…No ☐ 1…Yes
5. Have you missed work or school or often arrived late because you were intoxicated, high or recovering from the night before?	☐ 0…No ☐ 1…Yes
6. Has your use of XX caused problems with other people such as with family members, friends or people at work?	☐ 0…No ☐ 1…Yes
7. Have you had to give up or spend less time working, enjoying hobbies, or being with others because of your drug use?	☐ 0…No ☐ 1…Yes
8. Have you ever gotten high before doing something that requires coordination or concentration like driving, boating, climbing a ladder, or operating heavy machinery?	☐ 0…No ☐ 1…Yes
9. Have you continued to use even though you knew that the drug caused you problems like making you depressed, anxious, agitated or irritable?	☐ 0…No ☐ 1…Yes
10. Have you found you needed to use much more drug to get the same effect that you did when you first started taking it?	☐ 0…No ☐ 1…Yes
11. When you reduced or stopped using, did you have withdrawal symptoms or felt sick when you cut down or stopped using? (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feel agitated, anxious, irritable, or depressed)?	☐ 0…No ☐ 1…Yes
Moderate Opioid Use Disorder: 4-5 symptoms	☐ 0…No ☐ 1…Yes
Severe Opioid Use Disorder: 6 or more symptoms	☐ 0…No ☐ 1…Yes

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Additional Resources:

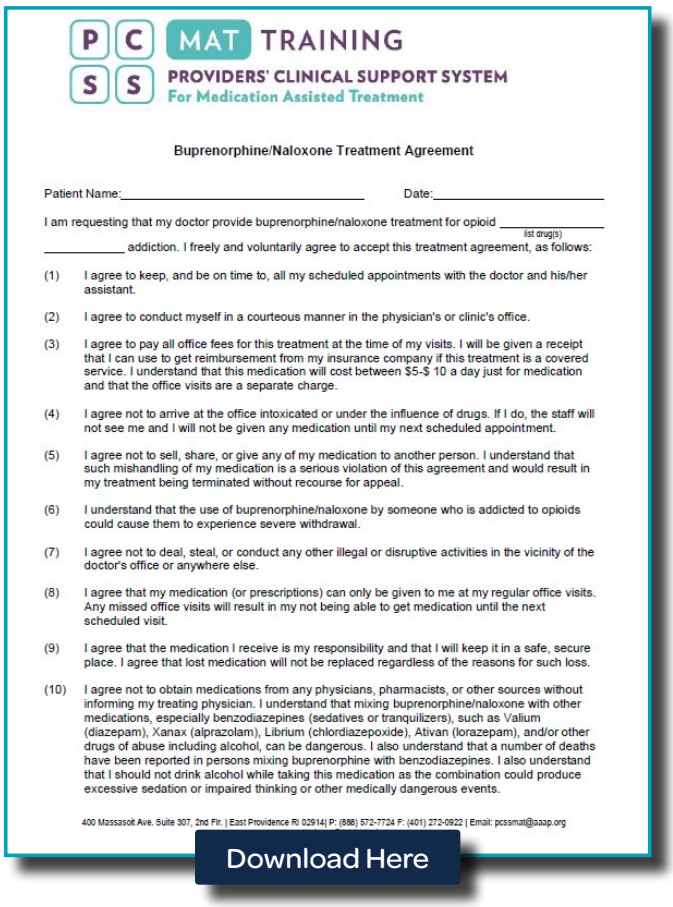
The CRAFFT+ N Questionnaire

Clinical Opioid Withdrawal Scale (COWS)

Understanding and Using Current ASAM Criteria

Consent for Treatment Examples

Buprenorphine/Naloxone Treatment Agreement



PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Buprenorphine/Naloxone Treatment Agreement

Patient Name:_____ Date:_____

I am requesting that my doctor provide buprenorphine/naloxone treatment for opioid _____ (list drug(s)) _____ addiction. I freely and voluntarily agree to accept this treatment agreement, as follows:

(1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.

(2) I agree to conduct myself in a courteous manner in the physician's or clinic's office.

(3) I agree to pay all office fees for this treatment at the time of my visits. I will be given a receipt that I can use to get reimbursement from my insurance company if this treatment is a covered service. I understand that this medication will cost between $5-$ 10 a day just for medication and that the office visits are a separate charge.

(4) I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment.

(5) I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.

(6) I understand that the use of buprenorphine/naloxone by someone who is addicted to opioids could cause them to experience severe withdrawal.

(7) I agree not to deal, steal, or conduct any other illegal or disruptive activities in the vicinity of the doctor's office or anywhere else.

(8) I agree that my medication (or prescriptions) can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

(9) I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.

(10) I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine/naloxone with other medications, especially benzodiazepines (sedatives or tranquilizers), such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines. I also understand that I should not drink alcohol while taking this medication as the combination could produce excessive sedation or impaired thinking or other medically dangerous events.

400 Massasoit Ave. Suite 307, 2nd Flr. | East Providence RI 02914| P: (888) 572-7724 F: (401) 272-0922 | Email: pcssmat@aaap.org

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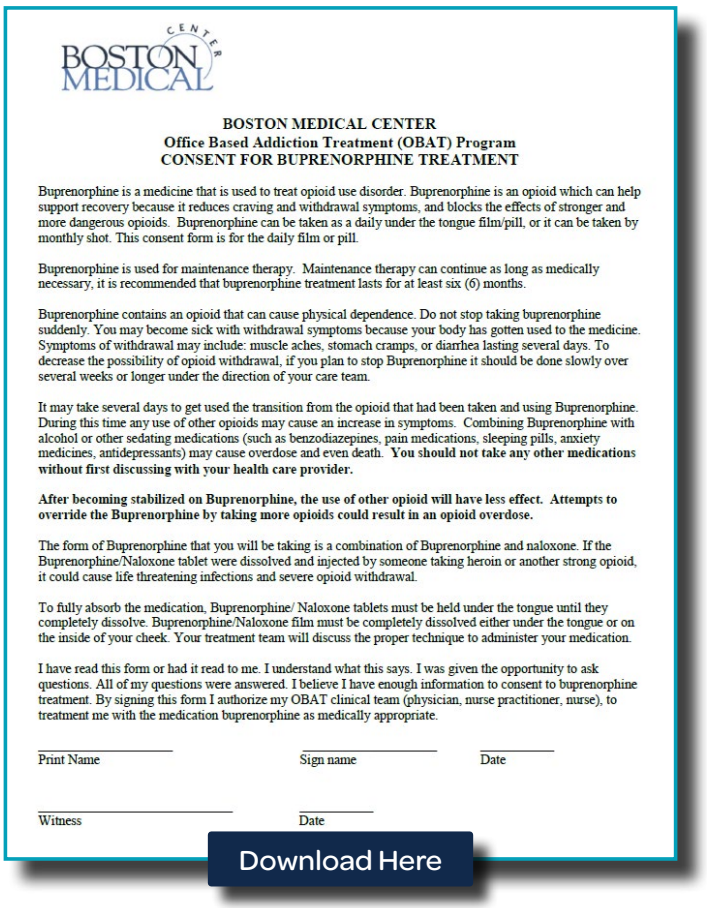
Consent for Buprenorphine Treatment



BOSTON MEDICAL CENTER

BOSTON MEDICAL CENTER
Office Based Addiction Treatment (OBAT) Program
CONSENT FOR BUPRENORPHINE TREATMENT

Buprenorphine is a medicine that is used to treat opioid use disorder. Buprenorphine is an opioid which can help support recovery because it reduces craving and withdrawal symptoms, and blocks the effects of stronger and more dangerous opioids. Buprenorphine can be taken as a daily under the tongue film/pill, or it can be taken by monthly shot. This consent form is for the daily film or pill.

Buprenorphine is used for maintenance therapy. Maintenance therapy can continue as long as medically necessary, it is recommended that buprenorphine treatment lasts for at least six (6) months.

Buprenorphine contains an opioid that can cause physical dependence. Do not stop taking buprenorphine suddenly. You may become sick with withdrawal symptoms because your body has gotten used to the medicine. Symptoms of withdrawal may include: muscle aches, stomach cramps, or diarrhea lasting several days. To decrease the possibility of opioid withdrawal, if you plan to stop Buprenorphine it should be done slowly over several weeks or longer under the direction of your care team.

It may take several days to get used the transition from the opioid that had been taken and using Buprenorphine. During this time any use of other opioids may cause an increase in symptoms. Combining Buprenorphine with alcohol or other sedating medications (such as benzodiazepines, pain medications, sleeping pills, anxiety medicines, antidepressants) may cause overdose and even death. **You should not take any other medications without first discussing with your health care provider.**

After becoming stabilized on Buprenorphine, the use of other opioid will have less effect. Attempts to override the Buprenorphine by taking more opioids could result in an opioid overdose.

The form of Buprenorphine that you will be taking is a combination of Buprenorphine and naloxone. If the Buprenorphine/Naloxone tablet were dissolved and injected by someone taking heroin or another strong opioid, it could cause life threatening infections and severe opioid withdrawal.

To fully absorb the medication, Buprenorphine/ Naloxone tablets must be held under the tongue until they completely dissolve. Buprenorphine/Naloxone film must be completely dissolved either under the tongue or on the inside of your cheek. Your treatment team will discuss the proper technique to administer your medication.

I have read this form or had it read to me. I understand what this says. I was given the opportunity to ask questions. All of my questions were answered. I believe I have enough information to consent to buprenorphine treatment. By signing this form I authorize my OBAT clinical team (physician, nurse practitioner, nurse), to treatment me with the medication buprenorphine as medically appropriate.

_____ _____ _____
Print Name Sign name Date

_____ _____
Witness Date

Download Here

Additional Resources:

Elica Health Centers Patient Intake Form

SAMHSA Tip63 Buprenorphine Treatment Agreement

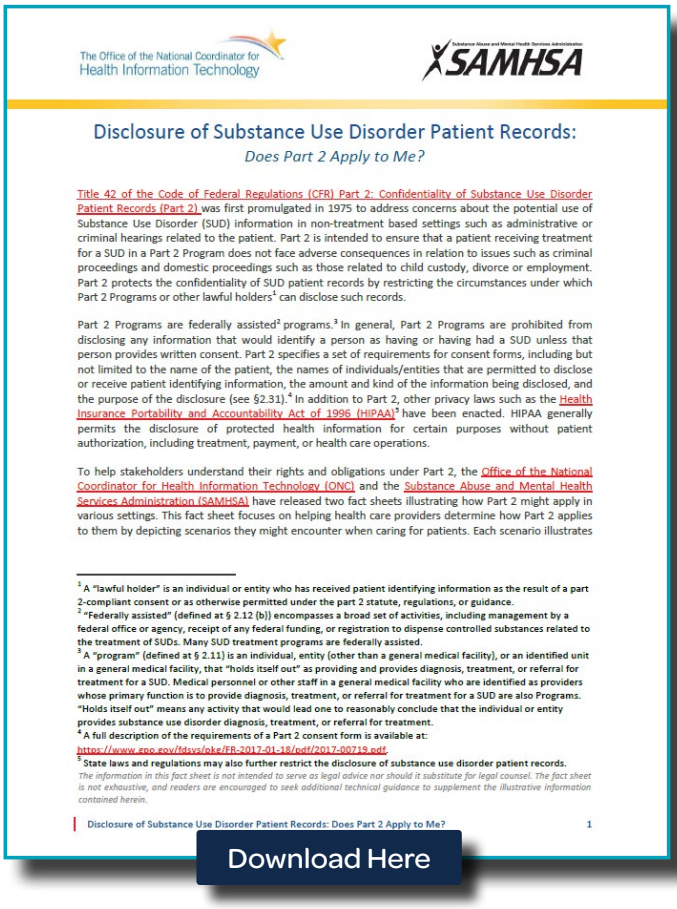
SAMHSA Tip63 Sample XR-NTX Treatment Agreement

SAMHSA Tip63 Standard Consent to Opioid Maintenance Treatment Form for OTPs

Office Based Addiction Treatment Training and Technical Assistance

Confidentiality and Release of Information (Including 42CFR part 2)

Confidentiality and 42 CFR part 2: How Does it Apply to my Health Center?



The Office of the National Coordinator for Health Information Technology

SAMHSA

Disclosure of Substance Use Disorder Patient Records:
Does Part 2 Apply to Me?

Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2) was first promulgated in 1975 to address concerns about the potential use of Substance Use Disorder (SUD) information in non-treatment based settings such as administrative or criminal hearings related to the patient. Part 2 is intended to ensure that a patient receiving treatment for a SUD in a Part 2 Program does not face adverse consequences in relation to issues such as criminal proceedings and domestic proceedings such as those related to child custody, divorce or employment. Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders[1] can disclose such records.

Part 2 Programs are federally assisted[2] programs.[3] In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent. Part 2 specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure (see §2.31).[4] In addition to Part 2, other privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA)[5] have been enacted. HIPAA generally permits the disclosure of protected health information for certain purposes without patient authorization, including treatment, payment, or health care operations.

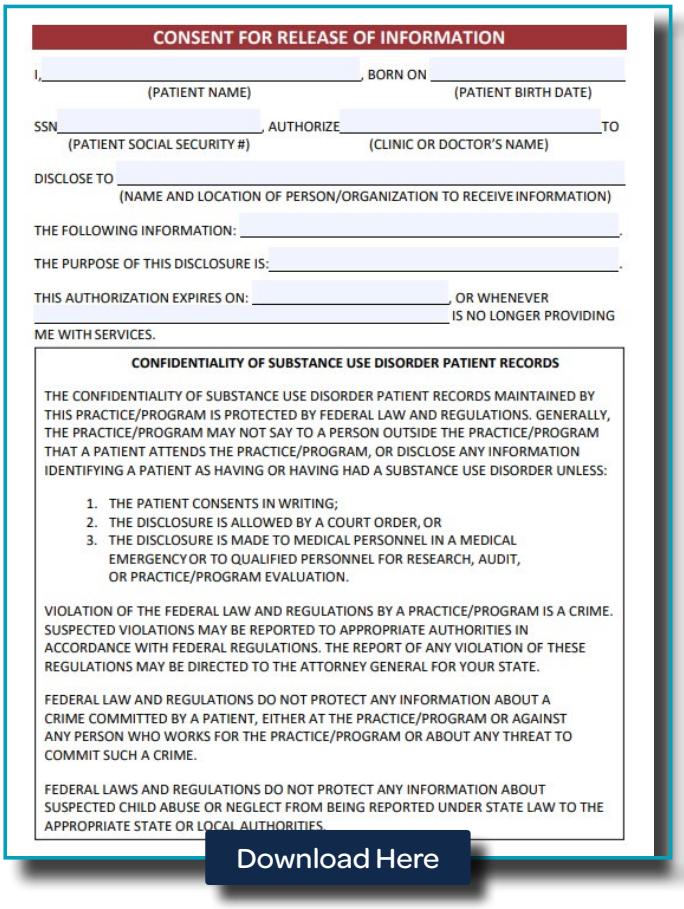
To help stakeholders understand their rights and obligations under Part 2, the Office of the National Coordinator for Health Information Technology (ONC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have released two fact sheets illustrating how Part 2 might apply in various settings. This fact sheet focuses on helping health care providers determine how Part 2 applies to them by depicting scenarios they might encounter when caring for patients. Each scenario illustrates

[1] A "lawful holder" is an individual or entity who has received patient identifying information as the result of a part 2-compliant consent or as otherwise permitted under the part 2 statute, regulations, or guidance.
[2] "Federally assisted" (defined at § 2.12 (b)) encompasses a broad set of activities, including management by a federal office or agency, receipt of any federal funding, or registration to dispense controlled substances related to the treatment of SUDs. Many SUD treatment programs are federally assisted.
[3] A "program" (defined at § 2.11) is an individual, entity (other than a general medical facility), or an identified unit in a general medical facility, that "holds itself out" as providing and provides diagnosis, treatment, or referral for treatment for a SUD. Medical personnel or other staff in a general medical facility who are identified as providers whose primary function is to provide diagnosis, treatment, or referral for treatment for a SUD are also Programs. "Holds itself out" means any activity that would lead one to reasonably conclude that the individual or entity provides substance use disorder diagnosis, treatment, or referral for treatment.
[4] A full description of the requirements of a Part 2 consent form is available at: https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-00719.pdf.
[5] State laws and regulations may also further restrict the disclosure of substance use disorder patient records.
The information in this fact sheet is not intended to serve as legal advice nor should it substitute for legal counsel. The fact sheet is not exhaustive, and readers are encouraged to seek additional technical guidance to supplement the illustrative information contained herein.

Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me? 1

Download Here

Release of Information Document Example



CONSENT FOR RELEASE OF INFORMATION

I,_____, BORN ON _____
(PATIENT NAME) (PATIENT BIRTH DATE)

SSN_____, AUTHORIZE_____TO
(PATIENT SOCIAL SECURITY #) (CLINIC OR DOCTOR'S NAME)

DISCLOSE TO _____
(NAME AND LOCATION OF PERSON/ORGANIZATION TO RECEIVE INFORMATION)

THE FOLLOWING INFORMATION: _____.

THE PURPOSE OF THIS DISCLOSURE IS:_____.

THIS AUTHORIZATION EXPIRES ON: _____, OR WHENEVER _____ IS NO LONGER PROVIDING ME WITH SERVICES.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS MAINTAINED BY THIS PRACTICE/PROGRAM IS PROTECTED BY FEDERAL LAW AND REGULATIONS. GENERALLY, THE PRACTICE/PROGRAM MAY NOT SAY TO A PERSON OUTSIDE THE PRACTICE/PROGRAM THAT A PATIENT ATTENDS THE PRACTICE/PROGRAM, OR DISCLOSE ANY INFORMATION IDENTIFYING A PATIENT AS HAVING OR HAVING HAD A SUBSTANCE USE DISORDER UNLESS:

1. THE PATIENT CONSENTS IN WRITING;
2. THE DISCLOSURE IS ALLOWED BY A COURT ORDER, OR
3. THE DISCLOSURE IS MADE TO MEDICAL PERSONNEL IN A MEDICAL EMERGENCY OR TO QUALIFIED PERSONNEL FOR RESEARCH, AUDIT, OR PRACTICE/PROGRAM EVALUATION.

VIOLATION OF THE FEDERAL LAW AND REGULATIONS BY A PRACTICE/PROGRAM IS A CRIME. SUSPECTED VIOLATIONS MAY BE REPORTED TO APPROPRIATE AUTHORITIES IN ACCORDANCE WITH FEDERAL REGULATIONS. THE REPORT OF ANY VIOLATION OF THESE REGULATIONS MAY BE DIRECTED TO THE ATTORNEY GENERAL FOR YOUR STATE.

FEDERAL LAW AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT A CRIME COMMITTED BY A PATIENT, EITHER AT THE PRACTICE/PROGRAM OR AGAINST ANY PERSON WHO WORKS FOR THE PRACTICE/PROGRAM OR ABOUT ANY THREAT TO COMMIT SUCH A CRIME.

FEDERAL LAWS AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT SUSPECTED CHILD ABUSE OR NEGLECT FROM BEING REPORTED UNDER STATE LAW TO THE APPROPRIATE STATE OR LOCAL AUTHORITIES.

Download Here

Additional Resources:

State of Connecticut Authorization for Ongoing Verbal Communication

Patient Authorization: BH, MH, SUD- Release of Information

SAMHSA: Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me?

SAMHSA: Disclosure of Substance Use Disorder Patient Records: How Do I Exchange Part 2 Data?

Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule

Intake Documentation Guidance Example

.MATintake

Current use:
Description of cravings:
Overdoses in last 6mo:
Hx of overdose greater than 6mo:
Mental Health Dx:
Tx Hx and dates:
Date of last HCV and result:

STG:
LTG:

BHIntake:

Pt seen for initial BH intake for consideration of MAT program. PHQ today ____. Pt reports _____ yr Hx of use, {confirms|denies} history of overdose in the last 6mo. {Confirms|Denies} hospitalization in the last 6 months related to substance use. {Confirms|Denies} incarceration in the last 6 months related to substance use.

Pt {reports|denies} hx of mental illness, {reports|denies} hx of hospitalization for mental illness. (If reports mental illness) Diagnoses as assessed historically by: _____. Pt reports hx of treatment for mental illness including {medication|counseling|medication and counseling}. Medication Hx: ____. Counseling Hx _____.

Based on today's assessment, discussed diagnoses of _____.

Pt {reports|denies} Hx of buprenorphine use, either illicit or prescribed. (If reports prior use) Pt reports Sx alleviation on _____mg buprenorphine, prescribed by _____.

Based on today's assessment, Pt appears appropriate for Chemical Dependency Program at ASAM Level 1 Outpatient Care.

Download Here

Additional Resources:

PCSS and NACHC: Documentation and Charge Capture Process

Buprenorphine/Naloxone Maintenance Treatment Progress Note

Buprenorphine Maintenance Treatment Protocol for Follow-up Appointment

Clinical Opiate Withdrawal Scale (COWS)

Modified Objective Opiate Withdrawal Scale

SAMHSA Sample Patient Goal Setting Form

TIP 63 Medical Management Visit Form

Resources

National and State Approaches to Addressing the Opioid Crisis

The following documents provide context to support the federal and state level initiatives to address the opioid epidemic. These documents can be utilized for educational purposes as well as for support in grant writing opportunities to expand OUD programs.

National Roadmap on State-Level Efforts to End the Opioid Epidemic

AMA Opioid Task Force 2020 Progress Report

State of Illinois Opioid Action Plan

IDHS/SUPR Initiatives in Response to the Opioid Crisis

SUPR Smart Alert-Medication Assisted Recovery

National Council for Behavioral Health: MAT Resources

ATTC: Making the Case for Medication

SAMHSA Medication Assisted Treatment

IDHS SUPR Guideline: Medication Assisted Recovery

IDHS/SUPR Access to Medication Assisted Recovery (AMAR) Project

FDA: Information about Medication-Assisted Treatment (MAT)

Quality Assurance Resources

MAT Quality Planning Tool

IMAT-PC-OUD

Primary Care: Dates, Measures and Definitions

Center for Care Innovations: Data and Reporting

Primary Care Buprenorphine Programs: Ten Elements of Success

Overview of MAT Medications

Methadone Fact Sheet

Naloxone Fact Sheet

Opioid Conversion Table

UMass Buprenorphine Fact Sheet

UMass Understanding How Treatment Medications Work

Fact Sheet Naltrexone

OUD Medication Comparison

SAMHSA TIP 63: Medications for OUD

MAT and Special Populations

Criminal Justice Settings

White Paper Opioid Use, Misuse, and Overdose in Women

Pregnant Women with OUD

SAMHSA Tip 53: Addressing Viral Hepatitis in Patients with SUD

Integrating Hepatitis C Care into your MAT Clinic Webinar Recording

ASAM Paper: Hepatitis C Infection

References

Center for Behavioral Health Statistics and Quality & Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54)). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

Centers for Disease Control and Prevention. (2020, April 19). *Understanding the Epidemic*. https://www.cdc.gov/drugoverdose/epidemic/index.html

Illinois Department of Public Health. (n.d.). *Opioid Data Dashboard*. Retrieved September 11, 2020, from https://idph.illinois.gov/OpioidDataDashboard/

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Substance Abuse and Mental Health Services Administration. (2020, May). TIP 63: Medications for Opioid Use Disorder. SAMHSA: Publications and Digital Products. https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006