VMG Medication Assisted Treatment (MAT) Provider Guidelines

VMG Philosophy: VMG MAT providers believe that MAT can be an important tool for patients to use in their recovery process. We see it as one component of many involved the complex recovery process. We prescribe these medications with the intention of helping patients stabilize their chaotic lives, decrease their risk of unintentional opiate overdoses, reduce potential criminal activity, and decrease the risk of contracting infectious diseases. We understand that addiction is a disease that can involve relapses and high-risk behavior. We are committed to maintaining a safe, non-judgmental environment in which to facilitate healing. We are committed to close monitoring of our patients on MAT in order to mitigate the risks of relapse and high-risk behavior. MAT is prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs. The following guidelines are indicated for patients 13 and above with a history of substance use, who are actively seeking treatment.

Medications used for MAT

- Buprenorphine – a mixed opioid agonist/antagonist; more potent and longer lasting than morphine; when combined with naloxone is marketed under the following brand names: Suboxone, Zubsolv, Buprenex; marketed as Subutex when used without naloxone
- Naltrexone – pure opioid antagonist; used for both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD)
- Vivitrol – a long acting depot injection of naloxone

Initial Assessment or First Visit (ideally a 30 minute visit)

At the initial assessment or first visit with a patient eligible for MAT, a provider will:

- Obtain an addiction history, including:
    - Age of first use
    - Length of use
    - Routes of use
    - Amount used daily
    - Other drugs used, including tobacco and alcohol
    - Ace Score
- Obtain an addiction treatment history, including:
    - Inpatient treatment facilities
    - Hospitalizations
    - Medications used previously
- Assess high risk behaviors, including:
    - Needle sharing
    - High risk sexual behavior
- Obtain detailed social history (meant to assess how socially connected the patient is)
    - Domiciled vs homeless

    - Past history of incarceration
    - Parenting and involvement with DCF
    - Current or outstanding legal charges
    - Availability of transportation to the office
- Obtain detailed past medical and psychiatric history
- Review Suboxone/CSRP contract; explain the expectations of the provider; assess patient's perceived barriers to MAT through VMG
- Determine if patient is eligible for MAT through VMG
- Initiate treatment with desired MAT and arrange follow up
    - Obtain a cheek swab or urine toxicology screen
    - Obtain date of last use of drug
- Order screening labs, including Hepatitis C, HIV, Syphilis, and a CMP
- Arrange follow up within 1 week
- Start PT-1 form if needed for transportation
- Prescribe narcan

MAT Follow-up or Ongoing Visit

At the MAT follow up and subsequent visits, the provider will:

- Assess for relapse or cravings
- Assess efficacy of MAT dosing
- Assess for any side effects of MAT medication
- Assess for other measures of comprehensive treatment, including:
    - Therapist
    - AA/NA Meeting Attendance
    - Recovery Coach
    - Other recovery focused activities
    - Working or attending school
- Continue to assess for concomitant use of alcohol or other substances
- Continue to assess for social supports needed for active recovery
- Counseling on smoking cessation if applicable
- Address patients' perceived barriers to active recovery
- Review labs
- Adjust MAT dosing as needed
- Arrange for follow up as appropriate
- <u>Strip or wrapper counts no longer indicated for routine follow up visits by current national guidelines</u>, but can be included for inconsistencies

Scheduling of Visits for MAT

After the initial visit or initiation of MAT, a patient will be seen weekly until 6 consecutive toxicology screens have been obtained and are appropriate for treatment. At that point, a patient will be seen biweekly until an additional 6 consecutive, appropriate toxicology screens have been obtained. Patients may then be seen monthly as long as they are stable. After 3 monthly visits or at providers'

discretion, patients on MAT are eligible for CSRP auto-refill program, and will then be subject to CSRP guidelines.

If patient has inappropriate toxicology results or they report relapse, they will resume weekly visits and toxicology screens until provider deems, they are stable. Resumption of longer intervals between visits is up to provider discretion.

Charting

- Providers must use MAT/Suboxone templates in Athena
- A clear plan of care must be documented within the A&P tab of Athena under a diagnosis of Opioid Use Disorder
- Other diagnoses related to OUD are to be charted as appropriate

Special Considerations:

- A patient should not be allowed to transfer MAT care to a new provider within the same office unless the providers have discussed prior, or there are extenuating circumstances (i.e. usual provider out of the office)
- The plan of care documented by the usual provider is expected to be reviewed at each visit and updated as indicated
- If the usual provider is unavailable, covering provider will follow the current treatment plan as documented
- All concomitant illnesses will be addressed and treated by all providers as appropriate
- Considerations for discharge from MAT program will be based on behaviors as outlined in the treatment agreement
- If patient has multiple relapses or appears to be struggling in their recovery, VMG MAT providers will refer for a higher level of care, including inpatient acute treatment, methadone therapy, or hospitalization as appropriate
- It is expected that all VMG MAT providers will consult the Controlled Substance Committee regarding patients with ongoing concerning behavior or multiple relapses
- All MAT providers are expected to provide trauma informed care
- Engagement of IBH is encouraged at visits to support the work of behavioral change.
- Patients in early recovery should be required to be seen in order to get their prescriptions.
- Patients should be clearly told that MAT prescriptions will not be filled after hours or on weekends.
- Setting clear expectations early and holding patients accountable to these expectations will go a long way.
- MAT treats opiate use disorders, not cocaine use. If a patient is using cocaine but not opiates, work with IBH to treat the cocaine use but DO NOT stop MAT.
- There is evidence that Topamax can be used to help with relapse of cocaine and may need to be added as an adjunct treatment.