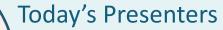


# **OBAT Eligibility, Intake, and Assessment** Module 4



#### Claire Nolan, PharmD

Program Manager for MI-CCSI's involvement in the Michigan Overdose Data to Action (MODA) program, content expert, faculty member, and participant in practice transformation initiatives. Dr. Nolan has experience in community, specialty, and ambulatory pharmacy.



Trainer for MI-CCSI with care management experience in the primary care, behavioral health, and payer settings. She has trained hundreds of clinicians on the care management process and motivational interviewing. Her love of and partnership with patients, families and clinicians is rooted in early work as a psychiatric nurse and the deep conviction that care management is a privilege and calling.



# Disclosure

MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.

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# Patient-Centered Treatment for Substance Use Disorder in Primary Care



	Clinical		Operational
Module	Title	Module	Title
1	Navigating Buprenorphine Prescribing for the Primary Care Physician	2	Substance Use Disorder and Patient Identification
3	Buprenorphine Medical Management: Monitoring the Patient	4	OBAT Eligibility, Intake and Assessment
5	Challenging Clinical Scenarios in MOUD: Early Refills and Lost or Stolen Medication	6	Patient Support for Induction and Maintenance
7	Complex Cases in Buprenorphine Treatment, Part 1	8	Operationalizing Team Meetings, Systematic Case Review, & Documentation
9	Complex Cases in Buprenorphine Treatment, Part 2	10	Team Roles and Responsibilities
11	Pain and Addiction	12	Supporting the Patient Beyond Buprenorphine

### Action Period Assignment From Module 2

• Identify the tool your team will use to identify patients across the continuum of SUD





# **OBJECTIVES**

At the conclusion of this presentation, the participant will be able to:

- Define the process to screen for participation in the office-based addiction treatment (OBAT) program
- Describe the OBAT intake process
- List components of the initial provider assessment



# AGENDA

1	Review
2	Screen for OBAT Participation
3	OBAT Intake
4	Initial Provider Assessment
5	Practice Interviews



# **Review** Previous Modules

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#### **Office-Based Addiction Treatment (OBAT) Overview**

- Patient-focused
- Evidence-based
- Primary care / community model
- Offer of medication and psychosocial therapies as a component of a comprehensive care plan
- Select patients identified via screening may be candidates for OBAT

Reference Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22 2021 Clinical Guidelines 06.22.21.FINAL.pdf

Improve, Enhance, Restore

**Physiologic functions Symptoms Community connection** Hope for recover **Overall quality of life** 

**Risks** Illicit or problematic substance use

Withdrawal symptoms / cravings



Reduce

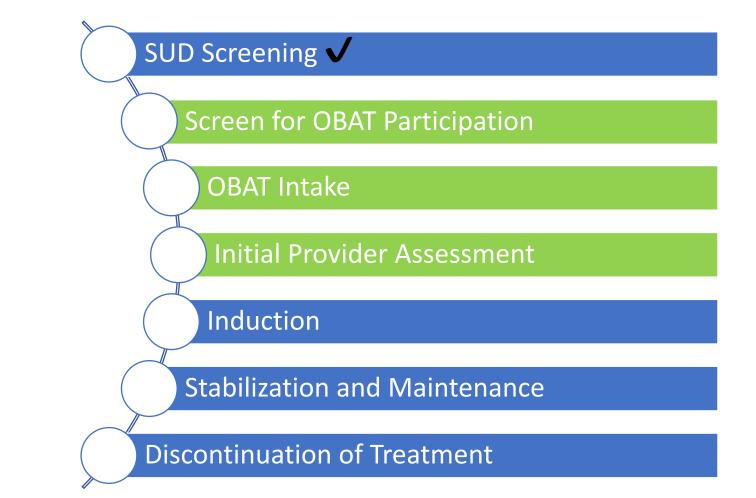




# SUD Screening Screen for OBAT Participation **OBAT Intake (NCM)** Initial Provider Assessment Induction **Stabilization and Maintenance Discontinuation of Treatment**









# **OBAT Eligibility**

#### **Criteria and Initial Screening**

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### **OBAT Eligibility Criteria**

- DSM-V diagnosis of substance use disorder
- Able to attend visits during program hours of operation
- If seeking treatment with buprenorphine, no chronic pain requiring full μ-agonist opioid therapy (e.g., morphine)
- If seeking treatment with naltrexone, not have chronic pain requiring ongoing opioid therapy
- Able to be treated in an office-based setting safely without risk of harm to themselves or others

# **OBAT Eligibility** Initial Screening

- Patient-centered approach
- Enables team-based decision-making regarding eligibility
- Timely review is essential
  - Goal = low-barrier, same day treatment access
- OBAT Training and Technical Assistance Manual
  - Initial Screening Note (pages 96-104)



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#### Topics Covered in Detail

- Demographics
- Social History and Support
- Housing
- Substance use history, including recovery and treatment
- Mental health history
- Health status
- Health care provider information
- Treatment goals

### **OBAT Eligibility** Engaging the Patient

- Express interest
- Open-ended questions
- Empathetic demeanor
- Examples:
  - "How are things going at home?"
  - "Where are you currently staying?"





Reference - SAMHSA. (2021, June). SAMHSA-HRSA Center for Integrated Health Solutions (CIHS). SAMHSA. https://www.samhsa.gov/integrated-health-solutions



# **OBAT Eligibility**

#### **Practical Considerations for Initial Screening**

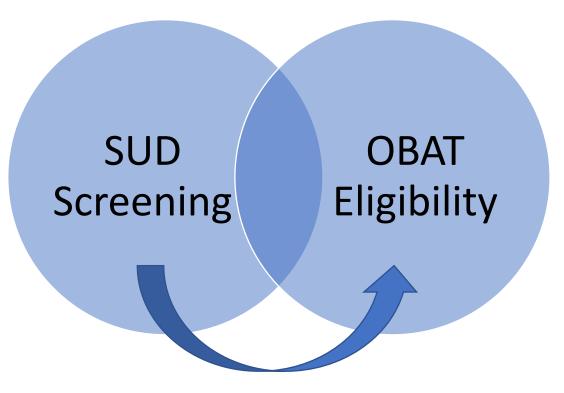
- Who?
- When?
- What information will be collected?
- Telephone or in-person?
- Documentation process?



### **OBAT Eligibility** Putting it all Together

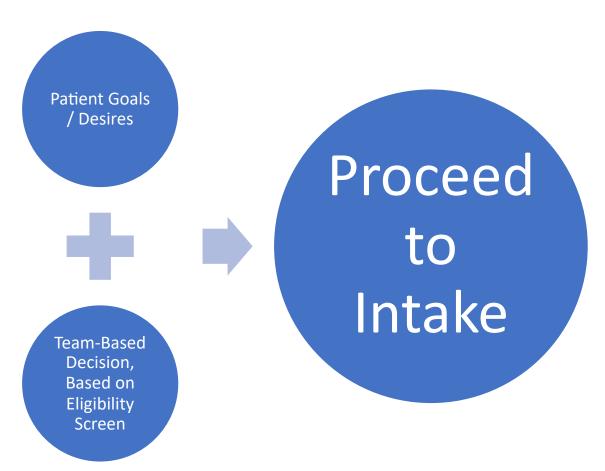
- Separate activities
- Some overlap in the information collected
  - E.g., substance use history
- Patient identification occurs first
  - E.g., SUD screening





### **OBAT Eligibility** Team-Based Decision Making

- Role of the team:
  - Review initial screening information
  - Patient goals / desires
  - Determine program eligibility
- Decisions should be timely
  - Ensure timely access to care maintained
- Future modules:
  - Team roles/responsibilities
  - Team meetings







# **OBAT Intake**

**Setting the Stage** 

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#### **Building the Groundwork for a Therapeutic Relationship**

- Complete intake
  - Confirm info already collected
  - Fill in gaps / augment
- Opportunity to obtain:
  - Signed consent forms
  - Laboratory testing
- Patient education
- OBAT Training and Technical Assistance Manual
  - Nurse Intake (pages 105-111)



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**OBAT Intake** Labs and Consent

- Laboratory testing
- Consent forms for collaboration of care

**Typical Laboratory Testing** 

- Toxicology
- Pregnancy testing
- HIV/HBV/HCV/syphilis
- Tuberculosis (per institutional protocol)

Additional Laboratory Testing (as clinically indicated)

- Complete blood count
- Comprehensive metabolic panel
- Hepatic function
- Hepatitis A serology
- Chlamydia and gonorrhea



# **OBAT Intake**

#### **Treatment Agreement and Clinic Policies**

- Goals of agreement
  - Provide clarity and set expectations
  - Patient engagement
  - Reinforcement, education, and reassurance
  - Connection to resources
- OBAT Training and Technical Assistance Manual
  - OBAT Treatment Agreement and Clinic Policies (pages 143-151)

MI-CCSI Center for Clinical Systems Improvement

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#### Components to Consider

- Clinical appointments
- Random call-backs
- Counseling
- Medication refills
- Toxicology screening
- Behavior agreement



### Treatment Agreement

#### **Example - Clarity and Expectations**

#### The patient can expect:

- Dignity and respect
- Notification if the office is closed + information on how to seek assistance, if needed
- Confidentiality in compliance with CFR 42
- Up to date information on means to contact a member of the OBAT team or a colleague

Reference - Massachusetts Nurse Care Model of OBAT: Clinical Guidelines. (2021). OBAT TTA. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22 2021 Clinical Guidelines 06.22.21.FINAL.pdf

#### The OBAT team can expect

- Dignity and respect
- Notification if the patient is unable to attend an appointment
- Up to date information on means to contact the patient to assist with treatment needs







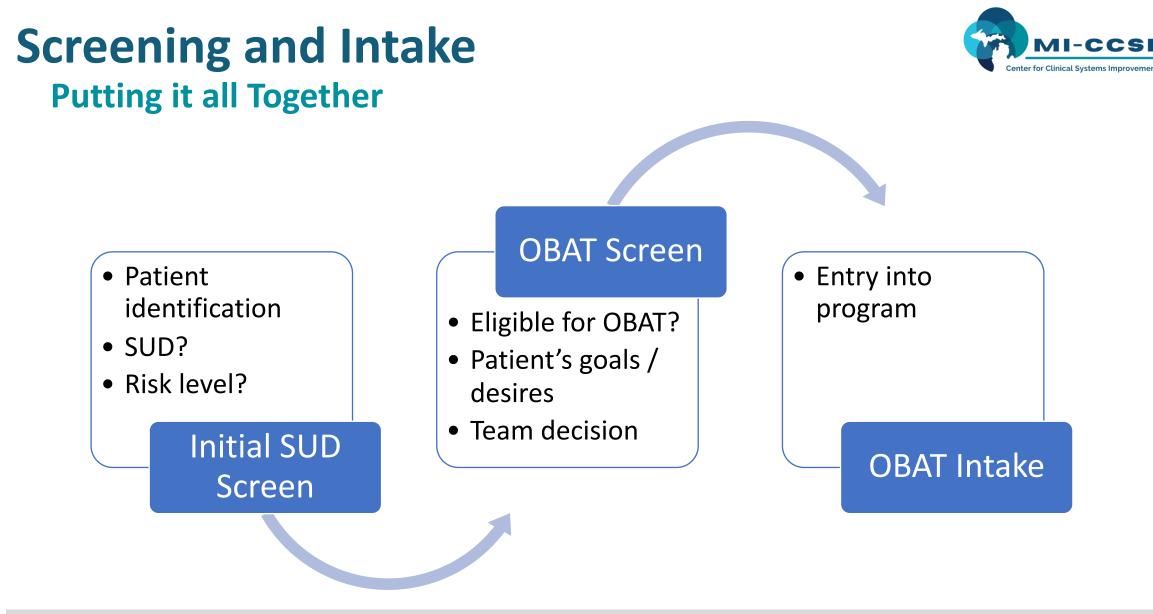
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- Clinic information
  - Hours
  - Emergency contact information and on-call coverage process
  - Warm hand-off process to another treatment setting, when necessary/appropriate
- Medication for addiction treatment
  - What it is, how it works, administration, interactions, side-effects, potential adverse reactions, and initiation and maintenance processes
  - Responsibilities for safe storage
- Harm reduction
  - Overdose prevention, identification, and reversal
  - Safer injection techniques, when appropriate
  - Safer consumption techniques as appropriate
  - Access to safer consumption supplies

### **OBAT Intake** Practical Considerations

- Who?
- Treatment agreement specifics?
- Patient education materials?
- Initial labs?
- Next steps for patients who decide not to participate?
- Documentation process?







# **Initial Provider Assessment**

#### **Assessing for Appropriate Medication Treatment**

# **Initial Provider Assessment**

#### MI-CCS Center for Clinical Systems Improvement

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#### Components

Collection and/or review of previously completed substance use history

Assessment of comorbid conditions

Physical exam, as needed

Collection and/or review of lab results

Confirmation of diagnosis and assessment of appropriateness for medication treatment

#### **Patient education**

Counseling about harm reduction and overdose prevention/response



A Guide for Patients Beginning Buprenorphine Treatment

Provide patient education:

- Timing of administration
- Withdrawal symptoms and assessment



- 12 hours since you used heroin/or pain pills
  16 hours since you last used fentanyl
  48-72 hours since you used methadone
  Enlarged pupil
  - Frequent yawning
    Enlarged pupils
    Runny nose/eyes
- Body aches
  Tremors/twitching
  Chills or sweating
  Anxious or irritable
- Goose bumps
  Stomach cramps, nausea, vomiting or diarrhea

#### Once you are ready, follow these instructions to start the medication



Boston Medical Center Office Based Addiction Treatment Training and Technical Assistance + 12/2020-

Reference - Massachusetts Nurse Care Model of OBAT: Clinical Guidelines. (2021). OBAT TTA. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22 2021 Clinical Guidelines 06.22.21.FINAL.pdf

If you used more than one drug, use the longest

wait time before starting buprenorphine.

# **Intake and Assessment**



#### The Team Sets the Tone for the Therapeutic Relationship

- Acknowledge the uniqueness of each individual patient
- Establish patient-driven goals for treatment
- Build rapport
- Reinforce the view of SUD as a chronic medical condition
- Emphasize:
  - View of SUD as a chronic medical condition
  - Support will be continuous and that the patient will not be abandoned
  - Treatment plan and medication therapy may change over time



#### HOMEWORK Action Period

- Identify the tool your team will use to determine patient eligibility for officebased treatment of addiction.
- Define the process your team will follow for intake into the program.





# Thank You

Please email <u>Claire.Nolan@miccsi.org</u> with any questions.



#### **Examples From Practice** Eligibility, Intake, and Assessment

Once a patient has screened positive for substance use disorder, what is the process your team takes for identifying them as appropriate for and engaging them in office-based addiction treatment?

