MPCA

Operations: Patient Identification for MAT

Key Components of the OBAT Operations

1. Candidates – Defining candidate for MAT treatment

2. Conduct Screening for OBAT model

3. OBAT Intake (CM Assessment)

4. Initial Provider Assessment

5. Enrollment Considerations

6. Follow-up and Monitoring

7. Discontinuation of Treatment

Identifying High Risk Patients for MAT Candidates

- Diagnosis
- Screening (SBIRT) – when and who
- Medication Use History
- Drug screening may be indicative of substance use
- ER visits for Overdose
- Use of Narcan

Status in Your Clinic

Current State

Discuss and share your current state

Are you using AZARA to identify patients who may be at risk?

Other means and tools used to identify candidates for treatment?

AZARA Demonstration

Screening for potential OBAT Candidates

OBAT Candidate Identification for Treatment

- Recommended: Patient has a *DSM-5* diagnosis of Opioid Use Disorder or Alcohol Use Disorder.
    - See Appendix 1- page 81 (DSM-5 Checklist –Opioid Use Disorder) & 2 – page 82 (DSM-5 Alcohol Use Disorder).

- Patient can come to visits during office hours of operation.

- For patients seeking treatment with agonist medications, they must not have chronic pain requiring ongoing opioid management beyond buprenorphine/naloxone.

- For patients seeking treatment with antagonist medications, they must not have acute/chronic pain issues requiring opioid management.

- Patient can be treated in an office-based setting safely without harm to self or others.

- Patient should be willing to address use of other harmful and/or illicit substances.

- Patient has been assessed by the treatment team and deemed appropriate for medication treatment in an office- based setting.

Input on OBAT Candidate Criteria - Poll

- Polling
  - Is there a current definition or list of criteria in place in the clinic?
  - If yes....
    - How does it compare or differ from the OBAT criteria?
  - If no.....
    - Use OBAT Candidate Criteria
    - Modify or develop own

Action Step: Determine Candidate Criteria

Screening

Template Review: Telephonic (or In-person) (page 12 and appendix 3 – page 83-92)

Purpose: Gathers information that is used for the "team" to decide appropriateness for MAT

Screening Poll and Discussion

1. Does the clinic currently have a *Screening Form Template* in place?
2. Is there a process used today to determine enrollment into MAT?
3. Does that process include a team conference to discuss enrollment into MAT?

_____

Creating a Team Conference

Decision points in setting up a team conference to discuss candidates:

- Meeting frequency (how often)
- Team structure (who)

Actions Steps: Preparation to begin a screening process

Care Manager Intake Assessment

Key Components of the Assessment (page 12 & Appendix 4 – page 93-100)

Identify Behavioral – Medical – Social status and barriers	Identify gaps in knowledge and provision of education	Review patient agreement and expectations Decision to participate

Purpose: Laying the groundwork for a therapeutic relationship, assess patient goals for treatment, strengths for obtaining recovery, and risks to treatment success

***If unable to meet the patient's needs and the program requirements, the site will assist in referring the patient to another treatment setting that may be better able to meet the patients' needs.

Intake Assessment Discussion

- Who on the team

- Form as is - or modification(s)

- Patient education materials (Review of what is In-place and needs)

- Initial labs (protocols and knowledge need)

- Patient agreement process (patient-centered discussion)

- Actions for patients if they decide not to participate

Action Step: Preparation to begin an intake assessment

Desired ECQM Measurement Impact

September 2020 ⌄   ⌄   All Rendering Provid... ⌄

▦ **REPORT**

GROUPING   No Grouping ⌄

MEASURE

ⓘ **Buprenorphine Prescription**

ⓘ **Naltrexone-Injectable Prescription**

ⓘ **Opioid Use Disorder Treatment (OUD)**

Monitoring Enrollment

Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (18+ Years)

Endorser: QARR

Steward: QARR

Patients ages 18+ who initiate pharmacotherapy with at least 1 prescription for opioid treatment medication within 30 days following a diagnosis of o

Numerator:

Initiation of pharmacotherapy treatment within 30 days of the OUD diagnosis.

- Buprenorphine or Naltrexone Injectable/Oral with a start date within 30 days of the OUD diagnosis.

Denominator:

Patients ages 18+ with a new diagnosis of opioid abuse or dependence in the measurement period.

- Age 18 as of the end of the measurement period
- Qualifying encounter (Medical or Behavioral Health) - See technical specifications
- Earliest diagnosis of OUD in the measurement period AND no OUD diagnosis 60 days prior to that diagnosis
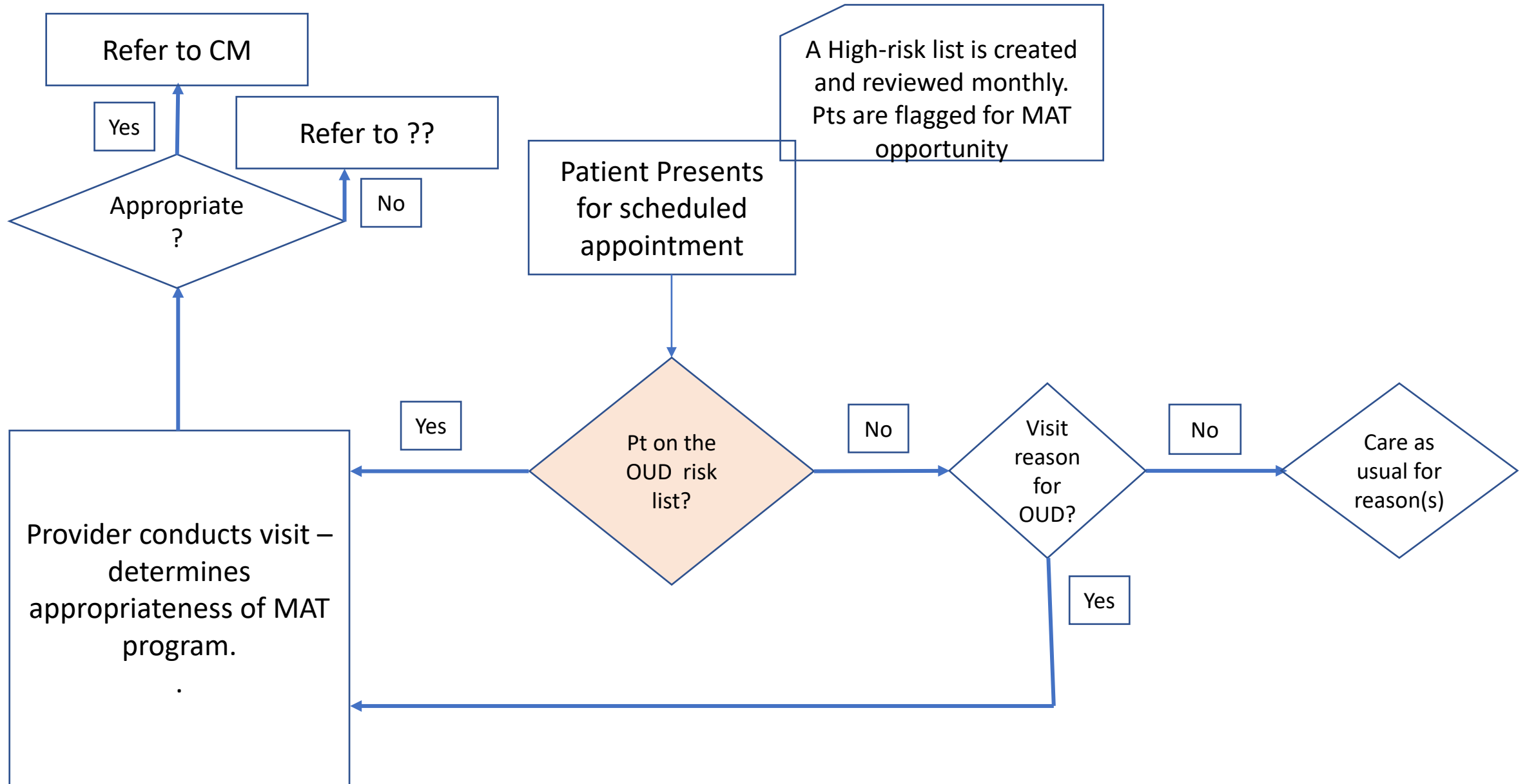
Measurement

- Initiation
  - AZARA Demonstration

Sample In-person Visit Workflow

Action Period: Patient Identification

1. Determine Candidate Criteria
    1. Review OBAT Candidate Criteria – use this - modify - use own
2. Initial Screening
    1. Who on the team
    2. Finalize Screening Form
    3. Team decision to proceed with intake
        1. Case review committee/meeting
        2. Team composition
    4. Create a report algorithm
3. CM Intake
    1. Form agreement
    2. Patient agreement to treatment model or referral elsewhere protocol
    3. Create an enrollment monitoring report and process "Initiation"

Getting Started

✓ Review the action steps

If assistance is needed, contact Janelle Murray — jmurray@mpca.net

Begin your storyboard starting with patient identification

Thank you for your participation!

- Next educational session with Dr. Edward Jouney "Improving Substance Use Disorder Treatment Series"
  - December 18th from 10 – 12

- Next operations session, "Provider Assessment, Enrollment Considerations, Follow Up and Monitor"
  - January 8th from 11-12