



Boston Children's
Primary Care Alliance

Getting Started: Readyng Your Office for MAT

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Faculty Disclosure Information

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I do intend to discuss an unapproved use of a commercial product in my presentation



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Learning Objectives:

At the conclusion of the session, participants should be able to:

- Discuss integrating medication for opioid use disorder care in the practice setting.
- Discuss workflow and confidentiality.
- Review coding and payment considerations.

Advantages of Providing Medications to Treat Opioid Use Disorder in Primary care

- Less stigma for patient
- Increased access with less disruption to daily routines
- Patient can remain close to family and support network
- Primary care is well suited for management
 - Manage chronic disease over continuum
 - Patient-Centered Medical Home (PCMH) model of care

Staff Training

- Neurobiology of substance use disorder
- Benefits of medication to treat opioid use disorder
- Scheduling and flow of patients in the office
- Federal confidentiality laws for substance use treatment

Confidentiality

- Substance use disorder patient records
 - In a general, primary care setting, “HIPAA” rules guide the confidentiality protection of medical records, including information pertaining to substance use.
 - Records for treatment of opioid use disorder should be handled similarly to other confidential information, such as information about substance use in other patients.
 - Federal rules for substance use programs prohibit any disclosure without expressed written consent (see slide describing 42 CFR Part 2).

Agreement for Treatment

- Sets expectations and responsibility:
 - For patient
 - For family
 - For clinicians and staff



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Medication Assisted Treatment Contract



33 Marlow Road
Wareham, MA 02577
Tel: (508) 295-8622 Fax: (508) 295-5386
www.warehampeds.com

Name: _____
D.O.B.: _____

Agreement for Treatment with Suboxone

<input type="checkbox"/>	Yes	1. I agree to stop using all drugs, including opiates, alcohol, marijuana and other street drugs. I will request additional support if I am unable to remain drug free.
<input type="checkbox"/>	Yes	2. I understand that it is dangerous to mix Suboxone with alcohol or other sedatives (such as Valium, Xanax, Xolanzol)—so dangerous that it could result in accidental overdose, over-sedation, coma, or death. I will not use ALCOHOL or SEDATIVES while I am being treated with Suboxone. My WPA doctor will discontinue my Suboxone treatment if I violate this agreement.
<input type="checkbox"/>	Yes	3. I agree to cooperate with weekly urine drug testing whenever requested by WPA staff, to detect whether I have used alcohol, prescription drugs, or street drugs.
<input type="checkbox"/>	Yes	4. If I stop and use opiates, alcohol or an illicit drug, I will discuss this honestly with WPA staff.
<input type="checkbox"/>	Yes	5. I agree that my home supplies of Suboxone will be kept in the care of my parent or guardian. My parents will provide me one dose at a time and observe me take my medication. I will never sell, share or otherwise distribute my medication. If my medication is taken accidentally by a child or a pet I will call 911 or Poison Control at 1-800-222-1222.
<input type="checkbox"/>	Yes	6. I will always take my Suboxone by placing it under my tongue to dissolve and be absorbed. I will never inject Suboxone, because IV use can lead to sudden and severe opiate withdrawal. I will not skip or alter doses without speaking to my WPA doctor. I can reach an WPA staff member during normal business hours by calling the main WPA line (508-295-8622). If I have an emergency during an evening, weekend or holiday I will go to the emergency room. @Wareham will leave a message on the WPA line.
<input type="checkbox"/>	Yes	7. I will schedule and keep all recommended appointments. My parent or guardian will accompany me to all of my appointments until I have been cleared to come by myself. If or my parent must reschedule an appointment because of an emergency I will call the WPA office as soon as I am aware of the need to change.
<input type="checkbox"/>	Yes	8. My parent or guardian will bring my medication bottle to every visit for a medication count. Once I have been cleared to come by myself I will give my refill prescriptions directly to my parent or guardian. My parent/guardian will report a medication count by phone whenever requested by WPA staff.
<input type="checkbox"/>	Yes	9. I will report my history and symptoms, including reports of side effects and cravings, honestly to WPA staff.

<input type="checkbox"/>	Yes	10. I will not drive a car or use dangerous machinery while taking Suboxone until I have been cleared to do so. I will request medical clearance prior to resuming any dangerous activities.
<input type="checkbox"/>	Yes	11. I will give consent for WPA staff to communicate with physicians, therapists, probation officers, and parents to discuss my treatment and progress, including drug test results.
<input type="checkbox"/>	Yes	12. I will report changes in my medical condition to WPA staff so that all of my treatment can be coordinated. I will discuss pain management prior to any elective procedure and as soon as possible following any emergency.
<input type="checkbox"/>	Yes	13. I will not try to become pregnant while I am taking Suboxone because the safety of this medication during pregnancy has not been determined. If I believe that I have become pregnant I will notify WPA staff immediately for appropriate treatment recommendations.
<input type="checkbox"/>	Yes	14. I will schedule counseling visits at WPA and continue in counseling for as long as recommended by WPA clinician.
<input type="checkbox"/>	Yes	15. If my clinician/doctor determines that I need additional support, I will engage in professional counseling as recommended by WPA staff.
<input type="checkbox"/>	Yes	16. I will request Suboxone refills at my appointment. If I must reschedule an appointment and will run out of Suboxone prior to the rescheduled date I will request a refill at that time. Because there is inadequate time to review the chart, the WPA doctors can only give a 3-day refill for prescriptions requested on Fridays.

Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____

I agree with all of the statements on this page. By my signature above, I further agree that I will closely monitor my child for 24 hours before the first scheduled dose of Suboxone. If my child does not cooperate with monitoring I will inform ASAP staff prior to administering the first dose of medication.

ASAP Staff Signature/Tel: _____ Date: _____



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Urine Drug Testing

- Purpose
 - Monitor for opioid or poly substance use
 - Monitor medication adherence
 - Need to request buprenorphine
- Frequency
 - Initial weekly tests
 - Once patient is stable consider periodic random testing



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COWS

Clinical Opiate Withdrawal Scale (COWS)	
For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.	
Patient's Name: _____ Date and Time ____/____/____ :____:____	
Reason for this assessment: _____	
Resting Pulse Rate _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> <ul style="list-style-type: none"> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120 	GI Upset: over last 1/2 hour <ul style="list-style-type: none"> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity <ul style="list-style-type: none"> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face 	Tremor observation of outstretched hands: <ul style="list-style-type: none"> 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness <i>Observation during assessment</i> <ul style="list-style-type: none"> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds 	Yawning <i>Observation during assessment</i> <ul style="list-style-type: none"> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size <ul style="list-style-type: none"> 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible 	Anxiety or Irritability <ul style="list-style-type: none"> 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>if patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> <ul style="list-style-type: none"> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort 	Gooseflesh skin <ul style="list-style-type: none"> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> <ul style="list-style-type: none"> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks 	
Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment: _____	
Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal Source: Weisson and Ling 2003 ¹⁰⁸	



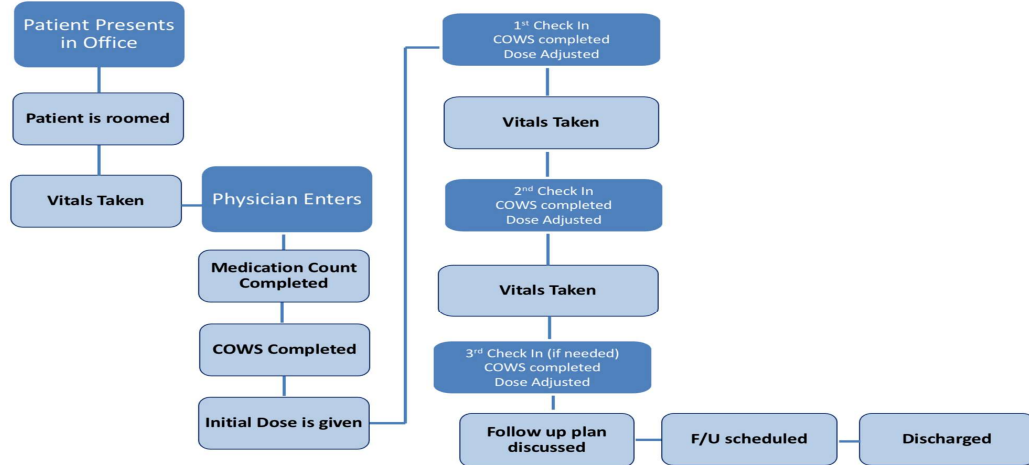
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Clinical Opioid Withdrawal Score (COWS)

Used to Guide Treatment

- 5-12: Mild Withdrawal
- 13-24: Moderate Withdrawal
- 25-35: Moderately Severe Withdrawal
- 36 or more: Severe Withdrawal

Office Workflow



Home Induction

- Can be initiated by emergency department with instructions to follow up with primary care provider
- Can be discussed with patient in the office at the time of disclosure of Opioid Use Disorder (OUD)
 - Include instructions to administer at home
 - Schedule



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Home Induction

A Guide for Patients Beginning Buprenorphine Treatment at Home

Before you begin you want to feel very sick from your withdrawal symptoms

It should be at least . . .

- 12 hours since you used heroin or short acting pain pills (oxycodone/percocet)
- 24 hours since you swallowed or snorted pain pills (Oxycontin)
- 36 hours since you used fentanyl
- 72 + hours since you used methadone

You should feel at least three of these symptoms . . .

- Restlessness
- Heavy yawning
- Enlarged pupils
- Runny nose
- Body aches
- Tremors/twitching
- Chills or sweating
- Anxious or irritable
- Goose pimples
- Stomach cramps, nausea, vomiting or diarrhea

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

DAY 1: typically 4-8mg of buprenorphine			DAY 2: typically 8-16mg of buprenorphine
Most people feel better the first day after 8-mg. (Dosing depends on how early on the first day you started)			
Step 1.	Step 2.	Step 3.	Take ___ dose
Take the first dose	Still feel sick? Take next dose	Stop	Most people feel better with a 16 mg dose
Wait 60 minutes	Wait 6 hours	Stop	Repeat this dose until your next follow-up appointment
60 minutes	6 hours	Stop	
<ul style="list-style-type: none"> • Put the tablet or strip under your tongue • Keep it there until fully dissolved (about 15 min.) • Do NOT eat or drink while it dissolves and 15 minutes after • Do NOT swallow the medicine 	Most people feel better after two doses = 8mg	<ul style="list-style-type: none"> • Stop after this dose • Do not exceed 8-12 mg on Day 1 	
If you develop worsening symptoms while starting buprenorphine before your scheduled outpatient appointment call APT at 203-781-4600			

Source: [NIDA Clinical Trials Network](#), adapted by and used with permission from D Camenga



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Billing Considerations

- Reimbursement and payment concerns often cited as barriers to offering Medication to Treat Opioid Use Disorder (MOUD)
- Services are covered by insurance
- New Evaluation and Management (E/M) Guidelines improve payment
 - Time-based coding for induction increases reimbursement
 - Medical Decision Making (MDM) for follow-up visits increases reimbursement

Billing Considerations

- Time-based billing
 - Face-to-face and non-face-to face work can be counted
 - Count time spent assessing and managing the patient on the date of the visit
- MDM
 - OUD is a chronic illness
 - Complexity of data may include labs, discussion with parent
 - Risk of complication prescription drug management

Summary

- Preparing your office for MOUD includes:
 - Staff education
 - Development of protocols and documentation to facilitate care and coordination of care
- MOUD does fit into a private practice workflow
- Reimbursement **does not** need to be a barrier

References:

- AAP Committee on Substance Use and Prevention. [Medication-assisted treatment of adolescents with opioid use disorders](#). *Pediatrics*. 2016;138(3):e20161893
- Wakeman S, Barnett, M. [Primary care and the opioid-overdose crisis – buprenorphine myths and realities](#). *N Engl J Med*. 2018;379:1-4.
- Carney BL, Hadland SE, Bagley SM. [Medication treatment of adolescent opioid use disorder in primary care](#). *Pediatr Rev*. 2018;39(1):43-45.
- American Society of Addiction Medicine: asam.org
 - Clinical practice guidelines
 - Sample Agreement to Treatment
 - COWS
- Opioid Response Network: opioidresponsenetwork.org
- Providers Clinical Support System: pcssnow.org

Code of Federal Regulations (CFR) 42 C.F.R. Part 2

- Depending on practice type and other considerations, certain health care providers are required to comply with additional patient confidentiality protections outlined in 42 CFR Part 2. Practices subject to these requirements are referred to hereafter as part 2 programs.
- Requires that providers in part 2 programs obtain signed patient consent before disclosing individually identifiable addiction treatment information to any third party.
- In general, primary care practices are not considered part 2 programs and holding a waiver to prescribe buprenorphine does not necessarily subject you to part 2 requirements.
- However, if you are unsure if you will be considered a part 2 program (eg, your primary function will be the provision of SUD diagnosis, treatment, or referral for treatment and identified as such provider), please seek legal guidance or visit the SAMHSA website: www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs



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