OUD MAT BEST PRACTICE

1. SBIRT should be imbedded as a routine process and screening for all adult patients at least annually.

2. All primary care providers (MD/DO’s, Np’s, PA’s) should become DATA 2000 waiver trained.

3. Integrate MATcare into overall primary care in your FQHC sites.

4. Train all FQHC staff about the chronic disease status and nature of OUD (similar to HTN and DM).

5. Offer multiple medication options (Treatment must be individualized for each patient. Vivitrol is not right for all patients. Neither is suboxone).

6. Do not set definite length of treatment. Patients should remain on MAT indefinitely as long as they are doing well.

7. Clinical Counseling must be a component of treatment along with medication.

8. Hepatitis, HIV and STD screening at a minimum annually for all OUD patients, and whenever otherwise indicated.

9. Use of long acting birth control in women of reproductive age not desiring a pregnancy.

10. Combination of Point of Care and Lab Confirmed Urine Drug Screens to monitor treatment, randomly.

11. Have a MAT program coordinator or lead counselor given some administrative time to monitor patient program attendance and work with case manager or patient advocate on social barriers/needs.

12. Incorporate case management functions in the patient’s care, regardless of what team member performs. Focus on connection to peer support, 12 step programming, and needed psychosocial supports.

13. Establish Referral sources for patients needing higher levels of care.

14. Create the ability for your providers to confer with a DATA waived/prescribing psychiatrist or addiction medicine certified physician for difficult cases or patients needing more than 16 mg of suboxone daily.

15. All patients with OUD need Narcan prescription every 6 months.

16. All IVDU’s should be offered Hep B and Hep A vaccination.

References:
- Tip 63: Medications for Opioid Use Disorder, SAMHSA
- The ASAM Principles of Addiction Medicine, Fifth Edition