

BACHC/MAT(Medication Assisted Treatment Policies And Procedures)

Phase 1: Induction/Stabilization

The Patient Is Seen By The X-Waivered Provider And Has Medication Schedule Adjusted To Add Buprenorphine(Suboxone) Unless Pregnant Woman Or Naltrexone(Vivitrol) For Opioid Use Disorder/Alcohol Use Disorder.

The Patient Then Is Given 7 Day Supply Of Buprenorphine(Suboxone). The Patient Will See The Counselor Or Therapist The First Day The Patient Receives Buprenorphine(Suboxone). The Client Will Come Back Within 7 Days To Get Refill On Medication Or In Vivitrol/Naltrexone Case Get Monthly Injection. The Client Will See The Counselor/Therapist A Second Time.

The Patient Will Be Given A 30 Day Supply Of Buprenorphine(Suboxone) Or Monthly Vivitrol(Naltrexone Injection) If Insurance Is Approved. The Patient Will Return To The Clinic For 2 Additional Counseling Appointments, 4 Individual Counseling Sessions Including SBIRT Screening, Brief Intervention, And Referral To Treatment, Done On The First Session Within 30 Days. Once This Is Done If The Client Has Adjusted Well To The Medication The Patient Will Move To Phase 2 Of The MAT Program.

Phase 2: Maintenance Level 1

The Second Phase Of The MAT Program Is Maintenance Level 1. The Client Will Now Get The Medication Refill On A Monthly Basis And See The Behavioral Health Team 2 Times Per Month. Attending And Participation In Group Would Count As One Of The 2 Sessions. The Client Must See The Counselor For Individual Session At Least 1 Time During The Month. The Patient Must Complete 2 Months At Phase 2 To Be Moved To Phase 3 Of The MAT Program.

Phase 3: Maintenance Level 2/Sustained Recovery

The Third Phase Of The MAT Program Is Phase 3, Maintenance Level 2/Sustained Recovery. In This Phase Of The MAT Program, The Patient Has Shown Compliance And Cooperation At All Levels Of The MAT Program Including Group Participation And Attendance. In This Phase The Client Will Be Required To Refill The Medication Once Per Month And Participate In At Least One Individual Counseling Session To Monitor Progress And Growth In The MAT Program. Group Participation Is Always Recommended And Encouraged But Is Only Required If The Patient Relapses Back To Addiction And Substance Abuse And Then Is Dropped Down To A Lower Phase. If The Patient Is Successful They Will Remain At Phase 3 Until They May Decide To Be Discharged From The MAT Program.

BACHC Integrated Behavioral Health/Brief Intervention Encounter Process And Procedure

- 1. The Client Services And The Medical Team Will Review The Staying Healthy Adult Assessments. (For Youth Under 18 Years Will Need To Be Referred Out, At This Time Youth Behavioral Health Services Are Not Provided At The BACHC Clinic.) If It Is Determined That The Patient Has Possible Behavioral Health Issues Based On The Questions A Brief Intervention Encounter Will Be Set Up With A Member Of The Behavioral Health Team. The Items The Client Services And Medical Team Will Look For Would Be Drugs/Alcohol Use, Domestic Violence, Or Violence, Safety, Weight Loss-Weight Gain, Trouble Sleeping, Smoking And Using Tobacco, Constant Changing Of Moods And Attitudes, Weapons In The House, Criminal Record Or Crime, Major Accidents, Sexual Issues And Or Relationship Problems, Or Any Other Behavioral Health Or Substance Abuse Issues Or Concerns.**
- 2. Once It Has Been Established That The Patient May Have Behavioral Health/Substance Abuse Issues Or Concerns; A Member Of The Behavioral Health Team Will Conduct A Brief Intervention Encounter 15-30 Minutes Depending On The Patient.**
- 3. The Counselor/Therapist Will Consult With The Patient During The Brief Intervention Encounter To Determine What Services May Be Needed. The Counselor Will Continue The Appointment Immediately If The Counselor And Client Schedule Allows, If The Patient Is Compliant And Cooperative. If The Client Agrees To Come Back For A Future Appointment, Then Session Will Be Scheduled.**
- 4. If The Client Is Resistant, Reluctant And Ambivalent And Is Safe, (Without S/I 5150 Or Violent Aggressive Actions Towards Themselves Or Others) ,And Responds That The Patient Does Not Need Behavioral Health Services, The Counselor/Therapist Will Document This Brief Intervention Encounter And Follow Up With The Patient In The Future Within 7 Days To Offer Services Again.**

BARTZ-ALTADONNA COMMUNITY HEALTH CENTER

Title: Procedure for MAT program

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PURPOSE:

This document defines the procedure for evaluating, referring and managing patients under the Medically assisted Treatment (MAT) program.

PROCEDURE:

PRIMARY CARE VISIT:

1. When the patient arrives in the clinic and is new to Bartz-Altadonna, the front-desk will perform the following:
 - a. Eligibility
 - b. Registration
 - c. Program screening and Enrollment
 - d. PCP change if necessary
2. The front-desk staff will initiate checking in by asking the following information:
 - a. Name
 - b. Address
 - c. Date of birth
 - d. Insurance
3. Front-desk staff will flag the patient as checked-in in Epic.
4. Front-desk staff will advise the patient where to wait in the lobby.
5. Clinical support staff will call in patient and will bring in the patient to the intake area.
6. Clinical support staff will check patient vitals which includes:
 - a. Weight
 - b. Height (if adolescent)
 - c. Temperature
 - d. Blood pressure
7. Clinical support staff to room patient
8. Clinical support staff to perform screening/questionnaire like the following:
 - a. PHQ9 (for new patient, 1x a year or as needed)
 - b. Health care maintenance screening
 - c. Social History update
9. Clinical support staff will do referral to behavioral health if PHQ9 result is > 5.
10. Clinical support staff to discuss with patient standing orders that needs to be performed.
11. Provider to come inside the exam room.

12. Provider to conduct physician-patient encounter.
13. If the provider determines that the patient has substance use disorder and will need to be referred, the provider will make a referral to the BH team.
14. Provider to inform patient when the next follow up will be.
15. Clinical support staff to advise patient of any additional tests ordered by the provider.
16. Clinical support staff to print out AVS and handover to patient.
17. Clinical support staff to schedule patients next appointment.

MAT SCHEDULING:

1. Panel Manager to check MAT referral.
2. Panel Manager to call patient and schedule appointment for MAT.

MAT VISIT PHASE 1 - INDUCTION/STABILIZATION:

1. Follow Primary care visit steps 1 to 7.
2. Provider will do initial screening.
3. Provider will determine if the patient qualifies for the MAT program.
4. If the patient qualifies for the program, the provider will prescribe 7-day supply of Buprenorphine (Suboxone) or Vivitrol for opioid/alcohol use disorder.
5. The provider will request for an appointment with a counsellor/therapist on the first day of treatment administration.
6. Appointment with counsellor/ therapist
 - a. Counsellor or therapist will conduct session with patient.
 - b. Counsellor/therapist will advise X-waivered provider if the patient is receptive to continue with the program.
 - c. If the patient is receptive,
 - i. X-waivered provider will prescribe 30-day supply of Suboxone or a month's supply of Vivitrol
 - ii. The patient is scheduled for another appointment with the counsellor/therapist
 - d. If the patient is not receptive, the patient is kept on a short 7-day prescription cycle.
7. If the patient continues to stay within the program for the next 3 session or if the counsellor/therapist recommends, the patient is moved to phase 2. If the patient is not adhering to the program, the patient is kept on phase 1.

MAT PHASE 2 – MAINTENANCE LEVEL 1

The patient is kept on 30-day supply of Suboxone or Vivitrol and is required to see a BH counsellor ones a month and twice a month for group session. If the patient completes this for 2 months, then the patient is moved to phase 3. If the patient fails to complete the requirement for this phase of the program, the counsellor will recommend that the patient be kept at phase 2 or moved to phase 1 depending on the patient's adherence to the program.

MAT PHASE 3 – MAINTENANCE LEVEL 2/SUSTAINED RECOVERY

The patient is required to refill their prescription every month and to participate in at least 1 individual counselling session to monitor progress and growth of the patient within the program. If the patient is on track with the expectations of the program, the counsellor will recommend that the patient be discharge for completing the program.

If the patient is not consistently keeping up with the program but has not relapsed to addition, the counsellor can keep the patient at this phase. But if the patient relapses to addiction then the patient will be dropped to a lower phase.

QUALITY CHECK POINT AUDIT:

FLOWCHART:

Front Desk	Clinic Support	Case Manager	Provider	Nutritionist	Lab Tech
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