

MMMAT 101

(with live resource links)



What is Opioid Use Disorder (OUD)?

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OUD is defined as when specific DSM-V criteria for addiction has been met for opioid use (either heroin, or prescribed opioids or both)



This includes symptoms like increase in tolerance, craving, inability to quick or cut down, impairment in work, school or family life, use in spite of consequences, and an inability to control how much or how often it is used

A close-up photograph of several hands of different skin tones stacked on top of each other, resting on a textured surface. The hands are positioned in a way that suggests support, teamwork, and collective effort. The background is a soft-focus green, likely foliage. The text is overlaid in white, with the words 'Multidisciplinary' and 'Medication Assisted Treatment' underlined.


What is Multidisciplinary
Medication Assisted Treatment ?



MMAT means having a licensed medical provider that prescribes medications to lessen cravings for opioids and to decrease withdrawal symptoms, and also having a behavioral health therapist to provide counseling- ideally at the same site.



The **medications** in MMAT are: opioid agonists (methadone), partial agonists (buprenorphine), or antagonists (naltrexone).

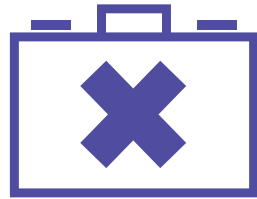
A close-up photograph of two hands clasped together in a supportive grip. The hand on the left is wearing a silver ring on the ring finger and has a tattoo on the back of the hand. The hand on the right has a tattoo on the back of the hand that reads "ALSO". The background is a blurred, light-colored surface.

**How do I do this in
primary care?**

MMAT is ideally a team sport.



**Dedicated care
coordinator**



**X waivered
medical
provider**



**Licensed
behavioral
health therapist**



**Nurse care
manager**

However...

A team can be your best
and most interpersonally
skilled

Receptionist & MA

and...



While **BH clinicians** provide important support for both patients & the team...

Research demonstrates it isn't mandatory to have BH services for MMAT to be helpful

Where do I find
patients who need
MMAT?

At least 1% of current patients have OUD. At least 9% have an alcohol addiction.

Universal screening for all SUD or EHR searches can be useful.

**IN THE MEDICAL
PRACTICE**

Advertising MMAT services

In the surrounding community will draw those in need.

IN THE
COMMUNITY

Emergency Departments, social service and judicial organizations often refer when they know MMAT is available.

**COMMUNITY
REFERRALS**

**What else do I need
to know?**



People with addictive disorders have a long history of being stigmatized (judged) in healthcare environments. This in turn has caused many to lie overtly, or by omission, about drug use.

Stigmatizing



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Signs like these make it clear it is **not** a welcoming environment & likely **not** a safe place to disclose a drug problem.



Providers and other office staff may have **negative biases** toward those with opioid addictions. This may be due to negative experiences in the past, how we were raised or societal judgements about people with addictions. Negative biases cause worse health outcomes, so they are important to talk openly about and address.

Consider **training** to help your organization increase empathic practices and decreasing practices that may inadvertently be stigmatizing.

**How do I engage patients in
MMAT?**

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1. Develop a welcoming reception area
 2. Clearly display de-stigmatizing messages about addiction, as just another health condition
 3. Engage patients in thoughtful, warm, **supportive inquiry** about substance use

HOW DO I SUSTAIN THE MMAT PROGRAM GOING FORWARD?

**You can start and sustain
MMAT in primary care practices
by:**

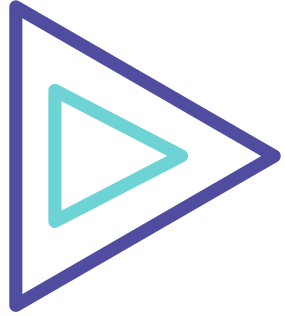


Paying fee for service
claims for MMAT
services



Allowing private offices to
bill for MMAT visits, on top
of capitation rates.

How do I start?



Medical Providers

1.

Under the Drug Addiction Treatment Act of 2000 , medical providers can obtain a waiver to prescribe medication for the treatment of OUD.

2.

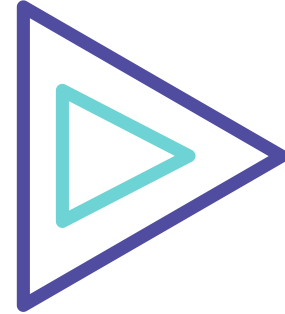
With this waiver, medical providers can provide medication treatment for up to 30 individuals for the first year, and up to 275 patients after.

3.

To obtain a waiver, physicians complete an 8-hour training. PAs and NPs must complete 24 hours of training. The training course is offered by the Providers' Clinical Support System for Medication-Assisted Treatment.

How do I start?

BH Providers:



1.

Hire licensed BH providers, like LCSWs, LMFTs or licensed psychologists, who have an interest in helping those with addictive disorders.

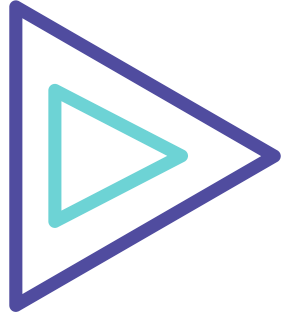
2.

Many BH providers do not have SUD certifications, degrees, experience or expertise. As long as they have an interest and want to learn more, that is good enough!.

3.

BH Providers likely already have experience with Motivational Interviewing, and other empathy based techniques, which is super important with those who have addictive disorders. They can learn more by reading, taking classes and practicing.

— What Else?



1.

Train your office staff, receptionists, call center and others who are the front lines, about addiction, OUD, and MMAT services at your organization. They will be instrumental in engaging patients if they understand more about it.

2.

Find an MA, receptionist, LVN or RN within your organization who is interested in this work. Dedicate a portion of their time to care coordination activities for MMAT patient. Attend trainings as a team when possible.

3.

Join your regional or County Opioid Safety task force, to connect with other organizations engaging in MMAT in your region, stay up to date with policy and your local health plans and share learnings and successes with fellow providers.



**For more useful
resources please visit:**

www.rourced.com

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