

MULTIDISCIPLINARY MEDICATION ASSISTED TREATMENT

101



What is Opioid Use Disorder (OUD)?

WHAT IS OPIOID USE DISORDER (OUD)?

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



This include 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



**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, a behavioral health therapist to provide counseling- ideally at the same site, and a care or case manager.



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



**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 can we do
outreach to
patients who
could benefit from
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 hide their use from health care professionals.

Stigmatizing



Copyright © 2006 ZanySigns




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



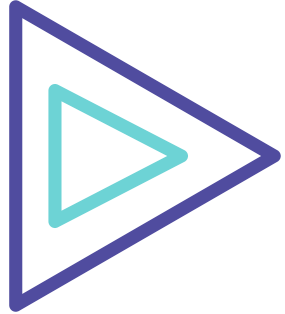
Providers and staff may have **negative biases** toward those with opioid addictions. This may be due to negative experiences in the past, how we were raised or societal judgements about people with addictions. Negative biases cause worse health outcomes, so they are important to talk openly about and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

Consider **training** to help your organization increase empathic practices and decrease stigmatizing practices

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

- 
- 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 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.

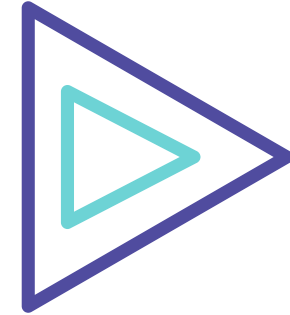
2.

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.

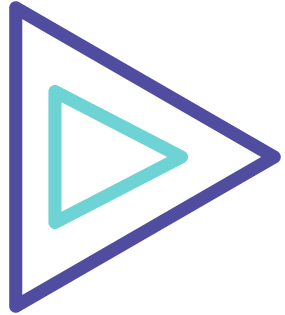
2.

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.

3.

Protect time for the MMAT team to meet regularly & obtain continued training. Both of these things can protect against burnout, and facilitate high functioning team care.

**For more useful resources
please visit:**

www.emorrisonconsulting.com

