DISCLAIMER:

Video will be taken at this clinic and potentially used in Project ECHO promotional materials. By attending this clinic, you consent to have your photo taken and allow Project ECHO to use this photo and/or video. If you don’t want your photo taken, please let us know. Thank you!

ECHO Nevada emphasizes patient privacy and asks participants to not share ANY Protected Health Information during ECHO clinics.
Medication-Assisted Treatment

Identifying the MATx-Ready Patient, Informed Consents and Treatment Contracts
What we will cover today:

How do we identify the MATx-ready patient?
- Assessing for readiness for MATx
- Determining level of care
- Voluntary vs. mandated patients

Informed consents
- Remember the basics
- Do we need a separate informed consent specific to MATx?

Treatment contracts
- Why is this important?
- What should be included?
How do we identify the appropriate MATx-ready patient?

- Assessing for readiness for MATx
  - Screening tools
  - ASAM
    - What are you guys using, currently?

- Determining level of care
  - MATx is generally a low intensity
    - What do your operations look like now?

- Voluntary vs. mandated patients
  - Things to consider
Screening Tools

PMQ: Pain Medication Questionnaire

COMM: Current Opioid Misuse Measure

PDUQ: Prescription Drug Use Questionnaire

CAGE-AID: Cut Down, Annoyed, Guilty, Eye-Opener tool, adjusted to include drugs

RAFFT: Relax, Alone, Friends, Family, Trouble

DAST: Drug Abuse Screening Test

SBIRT: Screening, Brief Intervention & Referral to Treatment

ASAM Criteria: American Society of Addiction Medicine

COWS: Clinical Opiate Withdrawal Scale
# COWS (Clinical Opiate Withdrawal Scale)

**Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.**

### Scoring System

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resting Pulse Rate</td>
<td>beats/minute</td>
<td>Measured after patient is sitting or lying for one minute</td>
</tr>
<tr>
<td>0</td>
<td>Pulse rate 80 or below</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Pulse rate 81-100</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pulse rate 101-120</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pulse rate greater than 120</td>
<td></td>
</tr>
<tr>
<td>GI upset over last 1/2 hour</td>
<td>0</td>
<td>No GI symptoms</td>
</tr>
<tr>
<td>1</td>
<td>Stomach cramps</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Nausea or loose stool</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Vomiting or diarrhea</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Multiple episodes of diarrhea or vomiting</td>
<td></td>
</tr>
<tr>
<td>Sweating: 0 past 1/2 hour not accounted for by room temperature or patient activity</td>
<td>0</td>
<td>No sweating</td>
</tr>
<tr>
<td>1</td>
<td>No report of chills or flushing</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Subjective report of chills or flushing</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Flushed or observable moisture on face</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Beads of sweat on brow or face</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sweat streaming off face</td>
<td></td>
</tr>
<tr>
<td>Tremor observation over last 1/2 hour</td>
<td>0</td>
<td>No tremor</td>
</tr>
<tr>
<td>1</td>
<td>Tremor can be felt, but not observed</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Slight tremor observable</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Gross tremor or muscle twitching</td>
<td></td>
</tr>
<tr>
<td>Restlessness/observation during assessment</td>
<td>0</td>
<td>Can sit still</td>
</tr>
<tr>
<td>1</td>
<td>Reports difficulty sitting still, but is able to do so</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Frequent shifting or extraneous movements of legs/arms</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unable to sit still for more than a few seconds</td>
<td></td>
</tr>
<tr>
<td>Yawning observation during assessment</td>
<td>0</td>
<td>No yawning</td>
</tr>
<tr>
<td>1</td>
<td>Yawning once or twice during assessment</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yawning three or more times during assessment</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Yawning several times/minute</td>
<td></td>
</tr>
<tr>
<td>Pupil size</td>
<td>0</td>
<td>Pupils pinhead or normal size for room light</td>
</tr>
<tr>
<td>1</td>
<td>Pupils possibly larger than normal for room light</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pupils moderately dilated</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pupils so dilated that only the rim of the iris is visible</td>
<td></td>
</tr>
<tr>
<td>Anxiety or irritability</td>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Patient reports increasing irritability or anxiety</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Patient obvious irritability anxious</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Patient irritable or anxious that participation in the assessment is difficult</td>
<td></td>
</tr>
<tr>
<td>Eye or joint ache if patient was having pain previously, only the additional component attributed to opiate withdrawal is scored</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td>1</td>
<td>Mild diffuse discomfort</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Patient reports severe diffuse aching of joints/muscles</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Patient is rubbing joints or muscles and unable to sit still because of discomfort</td>
<td></td>
</tr>
<tr>
<td>Goosish skin</td>
<td>0</td>
<td>Skin is smooth</td>
</tr>
<tr>
<td>3</td>
<td>Pilorieation of skin can be felt or hairs standing up on arms</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Prurient pilorieation</td>
<td></td>
</tr>
<tr>
<td>Runny nose or tearing Not accounted for by cold symptoms or allergies</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td>1</td>
<td>Nasal runtrick or unusually moist eyes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>New running or tearing</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Nose constantly running or tears streaming down cheeks</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score:** The total score is the sum of all 11 items.

**Score:**
- 5-12 = mild
- 13-24 = moderate
- 25-36 = moderately severe
- More than 36 = severe withdrawal
AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM’s criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1. **DIMENSION 1**
   - Acute Intoxication and/or Withdrawal Potential
     - Exploring an individual’s past and current experiences of substance use and withdrawal

2. **DIMENSION 2**
   - Biomedical Conditions and Complications
     - Exploring an individual’s health history and current physical condition

3. **DIMENSION 3**
   - Emotional, Behavioral, or Cognitive Conditions and Complications
     - Exploring an individual’s thoughts, emotions, and mental health issues

4. **DIMENSION 4**
   - Readiness to Change
     - Exploring an individual’s readiness and interest in changing

5. **DIMENSION 5**
   - Relapse, Continued Use, or Continued Problem Potential
     - Exploring an individual’s unique relationship with relapse or continued use or problems

6. **DIMENSION 6**
   - Recovery/Living Environment
     - Exploring an individual’s recovery or living situation, and the surrounding people, places, and things
Dimension 1: Acute Intoxication & Withdrawal

• Are there current signs of intoxication or withdrawal?

• Does the patient have supports to assist in ambulatory detoxification if medically safe?

• Has the patient been using multiple substances in the same drug class?
Dimension 2: Bio-Medical Conditions & Complications

- Are there current physical illnesses other than withdrawal, that need to be addressed or which complicate treatment?

- Are there chronic illnesses which might be exacerbated by withdrawal, e.g., diabetes, hypertension?

- Is there a need for medical services which might interfere with treatment (e.g., chemotherapy or kidney dialysis)?

- Are there chronic conditions which might interfere with treatment (e.g., chronic pain, HCV, HIV)?
Dimension 3: Cognitive, Behavioral & Emotional Conditions

- Are there current psychiatric illness or psychological, behavioral or emotional problems that need to be addressed or which complicate treatment?
  - Such as…?

- Do any emotional/behavioral problems appear to be an expected part of addiction illness or do they appear to be separate?
  - Even if connected to addiction, are they severe enough to warrant specific mental health treatment?

- Is the patient suicidal, and if so, what is the lethality?

- If the patient has been prescribed psychiatric medications is he/she compliant?
Dimension 4: Readiness & Motivation

• Does the patient feel coerced into treatment or actively object to receiving treatment?

• How ready is the patient to change (stage of “readiness to change”)?

• If willing to accept treatment, how strongly does the patient disagree with others’ perception that s/he has an addiction problem?

• Is the patient compliant to avoid a negative consequence (externally motivated) or internally distressed in a self-motivated way about his/her alcohol or other drug use problems?
Dimension 5: Relapse, Continued Use, Continued Problem

• How aware is the patient of relapse triggers, ways to cope with cravings and skills to control impulses to use?

• What is the patient’s ability to remain abstinent or psychiatrically stable based on history?

• What is the patient’s level of current craving and how successfully can they resist using?

• If on psychiatric medications, is the patient compliant?

• If the patient had another chronic disorder (e.g., diabetes), what is the history of compliance with treatment for that disorder?

• Is the patient in immediate danger of continued severe distress and drinking/drugging or other high risk behavior due to co-occurring mental health problems?
Dimension 6: Recovery Environment

- Are there any dangerous family, significant others, living or school working situations threatening treatment engagement and success?

- Does the patient have supportive friendship, financial or educational/vocational resources to improve the likelihood of successful treatment?

- Are there barriers to access to treatment such as transportation or child care responsibilities?

- Are there legal, vocational, social service agency or criminal justice mandates that may enhance motivation for engagement into treatment?

- Is the patient able to see value in recovery?
Through this strength-based multidimensional assessment, the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure.


https://www.asam.org/resources/guidelines-and-consensus-documents/npg

ASAM developed the National Practice Guideline to provide information on evidence-based treatment of opioid use disorder, and is the first to address all of the FDA-approved medications available to treat addiction involving opioid use and opioid overdose in a single document.
Working with Mandated patients:
Things to consider

• Working with mandated patients often comes with a payer source.

• There is most certainly a need in all communities for providers who are willing to take these patients.

• Mandated patients can be difficult to engage and can have more challenging behaviors.
  • However, this is not always the case and mandated patients can, and do, recover.

• It is important to be mindful/reflective of why you are doing MATx in order to make decisions about whether or not to accept mandated patients.
Informed consent, a reminder:

- Nature of treatment
- Risks
- Benefits
- Alternatives
- Opportunity for questions
Treatment Contracts - What’s important?

• The importance of honesty in treatment & recovery

• The role of the provider(s)

• The role of the clinic (if applicable) and what patients can expect.

• Expectations regarding patient behavior

• Medication safety concerns

• What happens if the contract is violated
HOPES MATx Treatment Contract

___ I will report my use history and symptoms honestly to my all my providers. Honesty is critical to recovery.
___ I will take my medications ONLY as directed.
___ I will provide observed urine samples and have my blood alcohol level checked, when requested by MATx staff.
___ I will not use alcohol, opioids, marijuana, cocaine, or other illegal substances while I am in the MATx program; and, for my safety, I will immediately report relapses on any substances to MATx staff.
___ I understand that I will only receive my medications during regularly scheduled office visits. If I miss my visit, I will not get my medications.
___ I will not obtain medications from any other prescribers, pharmacies, or other sources without reporting it. I understand that my prescriptions are monitored and checked through reporting programs at each visit.
___ I will be careful with my take-home medications; I will store them safely in a lock box so that others cannot access them.
___ I understand that my medications are my responsibility and that lost medication will not be replaced, regardless of why it was lost.
___ I agree to report to the clinic when called (within 24 hours) at any time during my treatment course for random medication counts and observed urine drug screening.
___ I will keep, and be on time, to all my scheduled MATx clinic and behavioral health (therapy, groups, etc.) appointments. If I consistently miss or am late to appointments, I am aware this will jeopardize my eligibility to remain in this program.
___ If I am seeing an outside provider for behavioral health, I will sign a release of information so that my treatment can be verified on a regular basis.
___ I will adhere to the payment policy outlined by HOPES pharmacy.
___ I will be respectful with my words and actions when working with HOPES staff and when on HOPES property.
___ I will not engage in illegal activities on HOPES property.
___ I will not sell, share, or give any of my medications to another person. If I do, I will be put on a monitored taper and be discharged from the program, immediately.
___ If there is a friend, family member, or other support person whom I would like to be a part of my MATx clinic appointments, they will only be allowed to attend the last few minutes of the appointment and I will sign a written release of information prior to them being allowed into the treatment room.
___ It is strongly recommended that I have Naloxone (Narcan) at home for safety. I understand I have access to this life-saving medication through the HOPES pharmacy.
___ (For Vivitrol patients only). I have read and understand the important safety information related to the risk of overdose if I use other opiates while on Vivitrol.
Questions, Comments, Concerns, Complaints?