LEARNING OBJECTIVES

• Know who to put on agonist (buprenorphine) therapy?
• Client contracts
• Benefits of a patient-centered approach
• How to address co-occurring disorders
• How to collaborate with prescribers
Who Are You?
What are your thoughts about medication assisted opiate treatment?

methadone vs buprenorphine?
HIGH RISK PATIENTS

- People with chronic pain with poor prognoses for resolving pain = resistance to taper

- People with multiple active SA diagnoses = diversion risk
APPROPRIATE CANDIDATES

Have no or treatable chronic pain issues

Have history of overcoming other addictions or have no other active addictions

Have social supports

Have current employment or good potential for employment (diversion risk)

Failed attempts with previous agonist medications
GROUP PROJECTS
(Poor Candidate)
(Good Candidate)
PATIENT CENTERED APPROACH

Personal Goals/progress 😊
Personal Interventions 😊
Appointment scheduling 😊
Tapering differences 😊
Program guidelines 😞
PROGRAM GUIDELINES

Consequences for missed app
Discharge criteria
Medication counts
Office behavior
UDS results
Diversion

handout
THERAPY APPROACHES

• Motivational Interviewing
  • Roll with resistance!

• Cognitive Behavioral
  • Identify non supportive cognitive patterns.

• Existential
  • What is your purpose in life?

• Medication assisted treatment only? Thoughts on this.
• Group therapy
OUTPATIENT OFFICE BASED CONSIDERATIONS

Sign a contract or treatment agreement? violations
Drug testing frequency/lab requirements violations
Payment for services
Co-occurring dx and other controlled substances
Medication accountability
Medical Emergencies/surgeries
Transportation barriers
CO-OCCURING DISORDERS

Considerations
SERIOUS MENTAL ILLNESS + SA = 23.2% vs 8.2%

NO SMI = 8.2% SA
NO SA = 7% SMI
1. Previous diagnoses – are they sound?

2. ADHD/PTSD/other anxiety/bi-polar

3. Consider drug induced psychoses (bath salts/meth)

4. Alternatives to controlled substances

5. Stimulants and/or benzodiazepines (compounding effect of bup and bzo)

6. Beware of triangulation with therapist and Dr.
COLLABORATION WITH PRESCRIBERS
COLLABORATION THOUGHTS

• Respect each other’s skills
• Notes to chart, e mails, stickies
• Clt thoughts, clinical thoughts
• “Big picture” as therapist
• “Focus” as doctor
• Team meals, presentations etc.
PATIENT COUNTS

PA’s, NP’s and new MD prescribers = 30 patients for one year.

- move up to 100 patients after one year
- waivers up to 275

*SA continuing education required.
Therapy and Dr’s notes are required by both Medicaid and 3rd party insurers to get prior authorizations for agonist medications.

Lab results are also requested. (in house or refer out?)
- Patient Selection
- Accountability of patients
- Address all dx including physical ailments
- Utilize patient centered treatment plans
- Collaborate with other professionals
- Self care
ANY NEW THOUGHTS OR INSIGHTS OR CONTRIBUTIONS?


Your treatment with suboxone film [Pamphlet]. (n.d.).