

Buprenorphine Treatment Workflow

Participant identifies to HAH staff interest in Medication for Opioid Use Disorder (MOUD)

Staff contacts STAR BH point of contact for particular site (ideally through a call but flag in case phone not answered)

STAR BH Pre-Assessment (can be done on phone or in person)

- Vermont TNQ Completed (Centricity)
- Substance use and treatment history documented (Centricity)
- OUD assessment completed (paper- scanned)
- Any concerns or questions addressed

If in-office (or done first time in-office):

- Rapid urine drug test completed & documented
- Complete needed ROI's
- Electronic Communication Agreement
- Participant Buprenorphine Agreement reviewed and signed

Pre-Assessment Form suggests participant is appropriate/interested; Provide naloxone training and give kit and schedule Provider Intake ASAP

Participant is Not Appropriate/interested

Naloxone training and kit given

Assist with outside referral

Provider Assessment (ideally be same day or scheduled for later date if no provider available)

- Review AODC Pre-Assessment & documented treatment history,
- Confirm diagnosis of OUD,
- Confirm current opioid use via utox and AODC notes,
- Review and document review of PMP,
- Complete intake physical (documentation of meds, medical problems, allergies, etc)
- Order labs (HIV, HCV, LFTs, send-out urine toxicology at a minimum; other labs as indicated),
- Urine pregnancy test as applicable,
- Prescribe buprenorphine using home induction protocol (unless methadone or other contraindication),
- Schedule provider follow up visit within one week

STAR team member Follow Up (phone or in-person) within 3 days of first visit

- Check on how first dose went
- Assess issues obtaining medication
- Ensure participant is letting the film melt entirely under tongue
- Assess for side effects: If so- speak with a STAR provider, and remind participant to call/text with any concerns
- Reminder call/text the day before follow up appointment

Participant is Not Interested or appropriate (current/recent opioid use or LFTs >5 times normal range)

Confirm participant has naloxone; if not- training and kit **Assist with outside referral (call to help set up visit and any other assistance needed)

Follow Up Visits

- Participant meets with STAR BH provider for brief check-in
 - STAR team member obtains urine and puts POC urine results into note
- MA checks urine pregnancy test as applicable (monthly for women with a uterus who have not undergone sterilization)
- Provider visit- check PMP, review STAR BH note (see STAR manual for more information and quick texts)
 - Order LFTs, HIV and HCV every 6 months
 - LFTs monitored every 1-2 months for elevation >2 times upper limit of normal

Suggested Follow up Visit Frequency (duration between visits extends as stability increases):

- Visits at least weekly for first month
- If consistently positive for bup, expected bup:norbup ratio, and no other opioid use, can increase visits to every 2 weeks for one month
- If consistently positive for bup, expected bup:norbup ratio, and no other opioid use, extend visits to every 3-4 weeks

Buprenorphine use with no illicit use

- Monthly visits with provider
- Monthly STAR BH visits and more as needed
- Visits may be extended to every 2 months on a case by case basis, taking social circumstances and duration of stability into account

Buprenorphine use with illicit use

- Weekly visits with provider & STAR team member
- Offer higher level of support (i.e. referral to residential, IOP, or OP; increased NA/AA; or increased check-ins with HAH STAR team member)
- Offer harm reduction education and ensure has naloxone

No or Intermittent Buprenorphine use with other opioid use

- Offer higher level of care (i.e. referral to residential, IOP, or OP; increased NA/AA; or increased check-ins with HAH STAR team member)
- Let them know if continually negative for buprenorphine, we can no longer prescribe
- Case discussion with MAT Director and full STAR team
- Offer harm reduction education and ensure has naloxone