

# INTEGRATED MAT PERSPECTIVES

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Table 1: What People Should Look for in a Treatment Program

COMPONENTS OF CARE
Personalized diagnosis, assessment, and treatment planning—one size does not fit all, and treatments should be tailored to you and your family.
Long-term disease management—addiction is a chronic disease of the brain with the potential for both recovery and recurrence. Long-term outpatient care is the key to recovery.
Access to FDA-approved medications.
Effective behavioral interventions delivered by trained professionals.
Coordinated care for other/co-occurring diseases and disorders.
Recovery support services—such as mutual aid groups, peer support specialists, and community services that can provide continuing emotional and practical support for recovery.

# TREATING SUBSTANCE USE DISORDER IN PRIMARY CARE

# MAT PROGRAMS

- Not a “perfect” program, but work toward a “perfect” fit
  - Your providers – remember to listen
  - Your patients – remember to listen
  - Your community – remember to listen
- Many program models for Opioid Use Disorder in Primary Care Settings
  - Hub and Spoke Model
  - Office-Based Opioid Treatment (OBOT)
  - Project Extension for Community Healthcare Outcomes (ECHO)
  - Emergency Department Initiation of OBOT
- Resource: [https://www.ncbi.nlm.nih.gov/books/NBK402352/pdf/Bookshelf\\_NBK402352.pdf](https://www.ncbi.nlm.nih.gov/books/NBK402352/pdf/Bookshelf_NBK402352.pdf)

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# WHAT CAN I DO AS A PHARMACIST?

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- Medication Recommendations for MAT
    - Buprenorphine-containing products: Suboxone, Subutex, Sublocade
    - Vivitrol
    - Methadone

# WHAT CAN I DO AS A PHARMACIST?

- Supporting / Leading Medication Assisted Treatment (MAT) in Primary Care
  - Establish CPAs to prescribe buprenorphine-containing products
  - Suboxone Induction Support
    - Laboratory Recommendations
    - Vaccine Screen
    - Administer COWS (Clinical Opiate Withdrawal Scale) - consistency
    - Urine Drug Screen Interpretation
    - Follow-up - strip counts, side effects, cravings
  - Assist with treating other co-occurring diseases
  - Care Coordination
    - Upcoming surgery
    - Referral to addiction specialist, inpatient treatment program, peer recovery specialists, support groups, housing assistance programs

# WHAT CAN I DO AS A PHARMACIST?

- Opiate Withdrawal Support
  - Pharmacological support
  - Non-pharmacological support



# WHAT CAN I DO AS A PHARMACIST?

- Education
  - Provider – safe opioid prescribing practices, non-opioid pain treatment options (pharmacological and non-pharmacological), MAT → goal of reducing stigma and increasing comfort level with treating patients
  - Patient
    - General counseling: medication name & purpose, dose & method of administration, storage, side effects & precautions, importance of adherence, refills, drug/food/medication interactions, importance of follow-up
    - Medication options
    - Non-pharmacological options
    - Connection to other healthcare professionals: behavioral health consultants, peer recovery specialists, community resource specialists
  - Pharmacy – medication disposal considerations, naloxone co-prescribing initiatives
  - Community Outreach – naloxone education, awareness regarding opioid overdose, opioid dependence and polysubstance abuse

# WHAT CAN I DO AS A PHARMACIST?

- Limited resources at your facility or just starting out?
- Prevention = good pain management
- Harm Reduction strategies
  - Naloxone initiatives – ensuring those at high risk of opioid overdose have access to naloxone, the opioid overdose reversal agent
  - Medication disposal projects – do people in your community have a safe way to dispose of unwanted and unused medications?
  - Community outreach possibilities
- Population Health Approaches
  - Review patient charts with MME > 50



## PRIVACY – 42 CFR PART 2

- Majority of IHS programs are “integrated” and are not considered a Part 2 program
- A provider offering SUD treatment under the primary care umbrella is not a Part 2 program
  - Do not function primarily as an SUD provider or addiction specialist
  - Do not hold oneself out as an SUD provider or addiction / SUD specialist
- A provider’s primary function is for the provision of diagnosis, treatment, or referral for treatment of patients with SUD is a part 2 program

## PART 2 - EXAMPLES

### Yes

- Youth Regional Treatment Center, Detox Centers, Medicated Assisted Treatment (MAT) Centers, Opioid Treatment Programs
- Medicated Assisted Treatment Clinic, Certified Opioid Treatment Program by SAMHSA

### No

- Pain Management Clinic, opioid prescribed after surgery, opioid prescribed for other mental health/medical conditions, a provider that provides MAT on occasion as part of a primary care clinic
- ED provider who refers person to ICU following an overdose, an ED provider who initiates buprenorphine and refers a patient to treatment, or a provider at an integrated health facility that occasionally encounters patients with an opioid dependency and provides medically assisted treatment with buprenorphine

## BREAKING THE STIGMA - LANGUAGE

Instead of... → Use...

Addict, user, junkie → person with substance use disorder, patient

Former addict → person in recovery

Dirty urine → testing positive

[www.ihs.gov/opioids](http://www.ihs.gov/opioids)

- Recovery
- Maternal Child Health
- Training Opportunities
- IHS Opioid Response

Clinical Support

- UCSF Warmline

RESOURCES

## QUESTIONS?

- *Every person has a unique story about their path to recovery. Recovery is highly individualized building on the strengths, talents, coping abilities, and resources of each person*
- *Recovery is more than stopping drug use. Recovery is a journey that begins with treating the whole person -- physically, mentally, emotionally, and spiritually*