

CLINICAL PATHWAYS FOR PATIENTS IN SUBSTANCE USE DISORDER TREATMENT INCLUDING THE USE OF BUPRENORPHINE

Model #2: Massachusetts Primary Care Practices/Clinics

The model reflects an adaptation of the Massachusetts Collaborative Care model. Rates are designed to include both episodic and monthly components, based on where a client is in the clinical pathway. An “episode” payment includes a range of activities at the initiation of treatment that spans several weeks. Monthly rates are used for on-going services, such as maintenance and discontinuation (if selected), where average clinical activities can be best defined on a monthly basis.

The model below includes four different levels of bundled payments as a client moves through a course of treatment at a Primary Care Practice or Clinic.

- Clinical Assessment and Induction (one-week episode including Steps #1 – 3)
- Stabilization (eight- week episode Step #4)
- Maintenance (monthly Step #5)
- Discontinuation and Medical Withdrawal (monthly Step #6)

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS
1. CLINICAL ASSESSMENT AND INDUCTION		
1.A. SCREENING—phone screening by paraprofessional (unless drop in)	Primary Care Practice or Clinic; CAC	<ul style="list-style-type: none"> • 1 hr with 100% CAC

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS
1.B. CLINICAL INTAKE ASSESSMENT, LABS and DEVELOPMENT OF INITIAL TREATMENT PLAN—nurse builds on screening to complete assessment, provide education about treatment and develop treatment plan	Primary Care Practice or Clinic; RN	<ul style="list-style-type: none"> • Intake assessment 30 min 100% RN • Urinalysis x1
1.C. PHYSICAL EXAM to assess appropriateness for office based treatment, write prescription with is submitted for pick up immediately prior to induction appointment	Primary Care Practice or Clinic; MD/DO	<ul style="list-style-type: none"> • Physical exam 30 min 100% MD/DO
2. OFFER OF MEDICATION to any patient who is not able to go through spontaneous remission and has a diagnosis of opioid and/or alcohol dependence	Primary Care Practice or Clinic; prescriber, LCSW, RN <i>Note: Prescriber is defined as MD/DO, nurse practitioner, or physician assistant; certain activities may be performed by any of the credentials of a prescriber and others may only be performed by the MD/DO as indicated.</i>	<ul style="list-style-type: none"> • Typically provided as a part of other services and allocated 30 minutes for client engagement. • Time required—30 min • Types of professionals—prescriber 75%, LCSW 15%, RN 10%
3. INDUCTION AND WITHDRAWAL MANAGEMENT (7 days) includes phone review of history of use and plan for withdrawal; client arrives with medication (pick up from pharmacy), administer COW scale, self-administer first dose at appointment, reassess after 1 hr, self-administer second dose; Days 2 - 7 follow-up in person or by phone to assess withdrawal symptoms, dose adjustment as needed; support and on-going education;	Primary Care Practice or Clinic; prescriber, RN	<ul style="list-style-type: none"> • RN 100% total of 2.5 hrs from: <ul style="list-style-type: none"> ○ Day 1 - one hr ○ Days 2 - 7 average of 3 X 30 min visits = 1.5 hrs • 15% of clients visit with prescriber at Day 7 for one X 15 min visit

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS
4. STABILIZATION, including continued monitoring, treatment services, medication management and adjustment of buprenorphine dosages as appropriate (8 week episode)	Primary Care Practice or Clinic; prescriber, RN, LCSW, CAC	<ul style="list-style-type: none"> • Weekly visit with RN to assess needs - 20 min/.33 hrs per week or 2.64 hrs in two months (8 X.33)--100% RN • Counseling 1 hr weekly—Averages 50% group and 50% individual based on client need; 50% LCSW, 50% CAC per eight week period equals <ul style="list-style-type: none"> ○ 4 hrs individual ○ 4 hrs group • Average once 15 min prescriber visit every two months • Urinalysis at each weekly visit = 8
5. MAINTENANCE with assessment counseling, and urinalysis (monthly)	Primary Care Practice or Clinic; MD/DO, RN, LCSW, CAC	<ul style="list-style-type: none"> • Every other week visits to monitor progress—RN 100% 15 min/visit or 30 min per month • Counseling averaging 1 individual and 1 group per month • One MD/DO visit every other month for 15 minutes or 7.5 minutes per month = 0.125 hrs/mon • Urinalysis monthly
6. DISCONTINUATION AND MEDICAL WITHDRAWAL, including re-assessment and tapering schedule for buprenorphine with close monitoring and frequent re-assessment (monthly)	Primary Care Practice or Clinic; MD/DO, RN, LCSW, CAC	<ul style="list-style-type: none"> • Weekly RN visit 4 X 15 min = 1 hr per month • Weekly counseling split between individual and group on average = 2 hrs individual + 2 hrs group each month; LCSW 50% and CAC 50% • MD/DO visit 15 min per month • Urinalysis 1X month