

CLINICAL PATHWAYS FOR PATIENTS IN SUBSTANCE USE DISORDER TREATMENT INCLUDING THE USE OF BUPRENORPHINE AND EXTENDED RELEASE NALTREXONE

Model #1 Baltimore Buprenorphine Initiative (adapted)

The model reflects an adaptation of the Baltimore Buprenorphine Initiative and includes a pathway for both Buprenorphine and Extended Release Naltrexone. Assessment, Induction, and Stabilization occur at a specialty substance use disorder treatment organization, with transfer to primary care for the maintenance phase of treatment. 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 five different levels of bundled payments as a client moves through a course of treatment.

- Clinical Assessment and Induction Steps #1 –3 (Buprenorphine 3 week episode; Extended Release Naltrexone 1 week episode)
- Stabilization Step #4 (Buprenorphine 12 week episode; Extended Release Naltrexone 4 weeks)
- Transition to Primary Care Step #5 (8 week episode Buprenorphine; monthly for Extended Release Naltrexone)
- Maintenance Step #6 (monthly for both Buprenorphine and Extended Release Naltrexone)
- Discontinuation and Medical Withdrawal Step #7 (monthly for both Buprenorphine and Extended Release Naltrexone)

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS <i>(Amounts apply to both Buprenorphine and Extended Release Naltrexone unless otherwise indicated)</i>
1. ASSESSMENT, REFERRAL AND TREATMENT PLAN		
1. A. MULTI-DIMENSIONAL CLINICAL ASSESSMENT using ASAM Criteria Medical Evaluation including indicated medication options, and if clear, optimal recommendation	Clinician in specialty setting, psychiatrist or specialty addiction physician under contract to specialty treatment program (one-two sessions); RN, LCSW, CAC	<ul style="list-style-type: none"> • Time required—1 hr and 45 min = 105 min • Types of professionals—RN (5%), LCSW (45) %, CAC (45%) (MD/DO) (5%)
1.B. IDENTIFICATION AND REFERRAL to appropriate level of care	Clinician in specialty program	<ul style="list-style-type: none"> • Time included in #1A

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1.C DEVELOPMENT OF INITIAL TREATMENT PLAN, using assessment and ASAM Criteria	Clinician in specialty program with option of physician time for a small number of clients; MD/DO, RN, LCSW	<ul style="list-style-type: none"> • Time required—30 min • Types of professionals—MD/DO (5%) LCSW (50%, CAC (45%))
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	MD/DO, RN, LCSW	<ul style="list-style-type: none"> • Time required—30 min (typically part of other services with additional time allocated for client engagement) • Types of professionals— MD/DO (10%). NP, RN, LCSW, CAC (90% shared equally at 22.5% each),
3. INDUCTION WITH WITHDRAWAL MANAGEMENT, including monitoring, prescribing, administration (Buprenorphine—3 weeks; Extended Release Naltrexone—1 week, including steps 1 and 2)	Physician and RN in specialty setting	<ul style="list-style-type: none"> • Buprenorphine <ul style="list-style-type: none"> ○ Prescribing MD/DO 15 min X 1 =.25 ○ Monitored administration by RN 7 days week 1; every other day week 2 – 3; total of 14 visits = 3.5 hrs • Extended Release Naltrexone <ul style="list-style-type: none"> ○ MD/DO 15 min X1 = .25 ○ RN monitoring 6 days x .25 = 1.5 hrs. MD/DO)

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4. STABILIZATION, including continued monitoring and treatment services (individual, group and medication management and adjustment of medication dosages as appropriate (Buprenorphine—12 weeks; Extended Release Naltrexone—4 weeks)	Physician, RN and clinicians in specialty setting; MD/DO, RN, LCSW	<ul style="list-style-type: none"> • Buprenorphine 12 weeks <ul style="list-style-type: none"> ○ 1 medical visit per week (95% RN/5% MD/DO); 12 visits total or 3 hrs ○ Treatment services 50% each CAC/LCSW ○ Weeks 1 – 4 total of 16 hrs: 2 hrs individual, .5 hr tx plan update, 13.5 hrs group ○ Weeks 5 -8 total of 8 hrs: 1 hr individual, .5 hr tx plan update, 6.5 hrs group ○ Weeks 9 – 12 total of 4 hrs: .5 hrs tx plan update, 3.5 hrs group ○ Urinalysis X 3 • Extended Release Naltrexone 4 weeks <ul style="list-style-type: none"> ○ 1 injection plus 1 medical visit per week for 4 weeks (95% RN/5% MD/DO) 8 visits at 15 min or 2.0 hrs ○ 50% each LCSW and CAC for all indiv, tx plng and group services ○ Week 1 total of 4 hrs: 1 hr individual, 3 hrs group ○ Week 2-3 total of 4 hrs; .5 hr tx plan update, .5 hr individual, 3 hrs group ○ Week 4 total of 1 hr: all group ○ Totals for weeks 1 – 4 = 1.5 hr indiv + .5 hr tx plng + 10 hrs of group ○ 1 Urinalysis

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<p>5. TRANSITION TO PRIMARY CARE with medication management and continuing treatment in specialty program, including care management for assistance with appointments, claims, transportation, referral and use of recovery services and coaching; may be daily appointment initially then shifting to weekly</p>	<p>MD/DO, RN, Care manager, LCSW</p>	<ul style="list-style-type: none"> • Buprenorphine 8 weeks <ul style="list-style-type: none"> ○ Physician visits avg 3 visits over 8 weeks or .75 hrs ○ Care mgr—1 hr/wk for first month, 2 hr x/month for second month, or total of 6 hrs 50% LCSW/50%CAC ○ SUD group counseling 1 hr x /wk first month group, 2 hr x/month for second month, or total of 6 hrs of group time ○ Recovery support—as needed, not reimbursable ○ Urinalysis X 2 • Extended Release Naltrexone 4 weeks <ul style="list-style-type: none"> ○ Physician visit 1 visit or .25 hrs ○ Care mgr—2 hr x/month 50% LCSW/50%CAC ○ SUD group counseling 2 hr x/month ○ Recovery support—as needed, not reimbursable ○ Urinalysis X 1
<p>6. MAINTENANCE with PCP and monthly group or individual counseling (monthly)</p>	<p>MD/DO; LCSW, CAC</p>	<ul style="list-style-type: none"> • Monthly rate • One MD/DO visit X 15 minutes • One hour of therapy—either group OR individual; assume averages 50% individual and 50% group

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7. DISCONTINUATION AND MEDICAL WITHDRAWAL including re-assessment in specialty program: maintenance or tapering schedule for buprenorphine; option to transfer onto Injectable naltrexone for post-buprenorphine stabilization (monthly)	MD/DO; LCSW, CAC	<ul style="list-style-type: none"> • Monthly • Medical 1/wk or 4/month or 1 hr (50% MD/DO, 50% RN) • Care mgt 1 hr/month (50% LCSW, 50% CAC) • SUD group 1 hr/month (50% LCSW 50% CAC) • Urinalysis per month