



## **3 FOCUS AREAS**

#### **Access to Evidence-Based Treatment**

- "No wrong door" approach for patients to identify the evidence-based medication assisted treatment right for them (buprenorphine, methadone, naltrexone), possibly with help of patient decision aid
- □ Staff training on sensitivity, empathy and non-stigmatizing language toward opioid use disorder
- ☐ Provide patient education materials on opioid use disorder treatment options
- ☐ Increase number of primary care providers, including ARNP and PA, that are waivered to prescribe buprenorphine
- ☐ Increase percentage of patients with an opioid use disorder diagnoses that have a Naloxone prescription
- ☐ Follow opioid prescribing guidelines (e.g. Agency Medical Directors Group, CDC)
- ☐ Utilize the Washington State Prescription Monitoring Program (PMP) before writing any prescription

### **Referral Information**

- □ Easily accessible inventory of regional medication treatment prescribers, behavioral health organizations and opioid treatment programs (e.g. asset map)
- □ Strong relationships with regional providers and opioid treatment programs
- Clear supported referral process to treatment facilities in place for patients who do not stabilize in an office setting

### **Integrated Behavioral & Physical Health to Support Whole-Person Care**

- □ Staff training on prevalence, current trends and impact of opioid use disorder on overall health
- □ Staff training on behavioral health integration framework (e.g. Bree Collaborative Behavioral Health Integration Recommendations, AIMS Center Collaborative Care Model)
- Address patient comorbidities including poly-substance use and untreated mental or physical health diagnoses
- □ Provider access to behavioral health specialty consultation services (on-site or virtual)

# **Opioid Prescribing Guidelines**

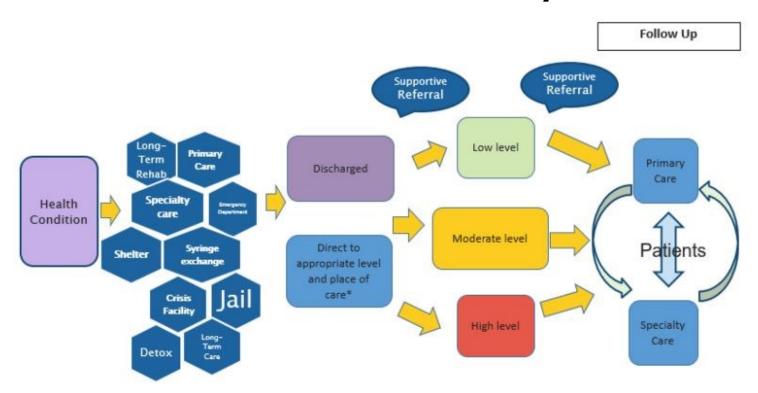
Agency Medical Directors Group

http://www.breecollaborative.org/wp-content/uploads/2015AMDGOpioidGuideline.pdf

Centers for Disease Control

https://www.cdc.gov/drugoverdose/prescribing/guideline.html

## **A Coordinated Care Health Care System**



# **Additional Opioid Use Disorder Treatment Resources**

Read the Bree Collaborative Opioid Use Disorder Treatment Report and Recommendations http://www.breecollaborative.org/wp-content/uploads/OUD-Treatment-Final-2017.pdf

Read the Bree Collaborative Behavioral Health Integration Report and Recommendations <a href="http://www.breecollaborative.org/wp-content/uploads/Behavioral-Health-Integration-Final-Recommendations-2017-03.pdf">http://www.breecollaborative.org/wp-content/uploads/Behavioral-Health-Integration-Final-Recommendations-2017-03.pdf</a>

View the Bree Collaborative Behavioral Health Integration Recommendations Checklist <a href="http://www.breecollaborative.org/wp-content/uploads/BHI-Guideline-Checklist-.pdf">http://www.breecollaborative.org/wp-content/uploads/BHI-Guideline-Checklist-.pdf</a>

Primary Care Based Models for the Treatment of Opioid Use Disorder: A Scoping Review <a href="https://pubmed.ncbi.nlm.nih.gov/27919103/">https://pubmed.ncbi.nlm.nih.gov/27919103/</a>

Recovery Research Institute Addictionary  ${\mathbin{\hbox{\it ll}}}$  (non-stigmatizing language)

<u> https://www.recoveryanswers.org/addiction-ary/</u>