MEDICATIONS FOR OPIOID USE DISORDER

Medical Assistant & Office Staff Frequently Asked Questions (FAQ)

mosaic GROUP

We recognize that treating patients with opioid use disorder might be new for your practice and staff. Our aim is to support you through this transition. We hope that this guide, along with the training provided, will deepen your understanding of the disease and equip you with the tools and confidence needed to deliver effective care. Your commitment to expanding your knowledge is crucial in making a positive impact on your patients' lives.

Opioid Use Disorder (OUD)

Q. What are opioids?

A. Opioids are a type of drug that affects the brain, often providing pain relief. Some opioids, like Fentanyl, Percocet, Oxycontin, and Vicodin, are legal when used as prescribed by a healthcare provider. When they're misused or bought illegally, they can be dangerous. On the other hand, drugs like heroin are always illegal. While opioids can ease pain, they can also cause a euphoric 'high,' especially in larger doses. Even a small amount can lead to an overdose, and opioids are involved in over 80% of fatal overdoses.

Q. What is opioid use disorder?

A. Opioid use disorder is a chronic and often deadly disease that millions of Americans experience. OUD is typically diagnosed when a person is physically dependent on opioids and experiences loss of control of their use, negative consequences from their use and/or increased time spent using or inability to cut down their use. The course of the disease is different for everyone; however, it is chronic, progressive, and if left untreated, may be fatal.

Q. What are the common symptoms of opioid withdrawal?

A. Agitation, muscle aches, restlessness, anxiety, increased tearing, runny nose, excessive sweating, inability to sleep, yawning often, diarrhea, abdominal cramping, nausea and vomiting, skin goose bumps, dilated pupils, rapid heartbeat and high blood pressure.

Q. What does it feel like to be in opioid withdrawal?

A. Withdrawal symptoms may vary widely from person to person, as may the intensity and timeline for these symptoms. Opioid withdrawal typically starts with anxiety and a sick feeling in the pit of the stomach. Stomach problems and muscle cramping soon follow. Patients experiencing muscle cramping report extreme tensing of muscles and feeling locked up and unable to move. Nausea, vomiting and diarrhea and the feeling of "bones wanting to rip out of the body" may be experienced next. Patients have reported that they feel like they have been run over by a truck and their mind is racing, only able to focus on making it stop. Patients may not be able to get comfortable, making sleep almost impossible. Patients report self-loathing and extreme body pain and because of this, the brain knows obtaining or resuming use will immediately end this feeling. While opioid withdrawal is most often not fatal, a person experiencing it will report they are in agony.

Q. Can't people just stop using opioids? Why do they need medication?

A. OUD has both psychological and physical components resulting from changes in the brain chemistry. It should be thought of like any other chronic illness—like high blood pressure or diabetes. Treatment recommendations for all chronic illnesses often involve lifestyle changes AND medication to reduce or eliminate symptoms. Medication significantly increases the chances that a patient will maintain sobriety and makes the recovery process safer. Contrary to myth, MOUD is not 'replacing one addiction with another'. Patients are replacing the illicit use of a harmful substance with a prescribed and monitored medication.

Scheduling

Q. When the provider determines that they are going to initiate MOUD treatment with a patient, how frequently should I schedule follow-ups?

A. This will depend on the length of time the patient has been on MOUD and the provider's preference. Typically, in the induction stage, and until the patient is on a stable (within the first 5-7 days), they may be seen weekly. Once the patient is in the maintenance stage, visits are spaced out to biweekly and then they would typically be seen monthly for a follow-up. The visit frequency and duration may vary based on your specific practice's provider preference and workflow, however, if a patient is taking their medication as prescribed and abstaining from illicit substances, they often are seen less frequently. If a provider believes they may not be taking their medication as prescribed or is continuing to struggle with illicit substance use, the provider may request they be seen more frequently.

Q. How long are the appointments?

A. This may vary by practice so please clarify with your provider. In general, initial assessments may require 45–60-minute appointments. Follow-up appointments are often 15 minutes but may vary.

Q. What should we do if a patient misses an appointment?

A. Administrative staff should call the patient to make sure they're ok and assess for barriers to maintaining scheduled appointments. If patient answers and engages, you should schedule follow-up appointment as soon as possible—ideally that same day or the following morning (you may use Sick Visit time slots for this, consider telehealth visit as an option if practice is equipped to do so). Patients will more than likely be out of medication at this time, so the provider may consider a bridge prescription for 1-3 days to get them through to their next appointment. It will be important to find out if they are out of medication (or how much they have left) and confirm their pharmacy. Alternatively, the call can be transferred to a MA/RN to obtain these details.

Q. What should I do if a patient calls and reports that they lost their medication or it was stolen?

A. Immediately notify the provider. Confirm date/time last dose taken and pharmacy. Anticipate scheduling the patient for same/next day follow up.

Labs and Specimen Samples

Q. How often does a patient need to complete a urine drug screen and/or labs?

A. Urine drug screens are often taken at each visit at the beginning of MOUD treatment, and then may continue to be scheduled or at random. Labs may be taken on initial visits and then monthly or less frequently. They should be anticipated as part of the care, generally. Front office staff may want to clarify with a provider ahead of the patient's visit, if they should notify the patient that they need a urine sample or lab upon arrival. Office staff may anticipate collecting urine at initial visits. If the provider deems a urine sample may be necessary, it's helpful to notify the patient so that they may let you know if they need to use the restroom.

Q. Do I need to observe a urine sample?

A. Observed urine samples are not often recommended for a variety of reasons. If there are concerns about the validity of the sample provider, let your provider know. There are alternative testing options (saliva) and there are ways to assess a urine for validity (temperature, color) and if you have any discrepancies.

Q. What other testing may be needed?

A. At the initial appointment, the provider may want to collect urine samples for pregnancy (if female) and a drug panel. Initial labs may include screening for HIV and Hepatitis, a CBC and CMP, Hepatic panel, and others as the provider deems appropriate. A hepatic panel (LFTs) is recommended approximately every 6 months or at intervals decided by the provider.

Medication Refills

Q. What should I do if a patient misses an appointment and calls for medication refill?

A. Confirm date/time last dose taken, how much they have left and pharmacy. A message must be sent to provider urgently as it will likely need same day review. If the provider is out of the office, this will need to be escalated to the covering provider.

Conduct

Q. How do we proceed with patients who appear to be under the influence or become disruptive in the practice?

A. It's rare that this will happen.. If a patient appears to be under the influence, first assess the situation to determine if there is an immediate safety risk to the patient, staff, or others in the office. In a healthcare office, it's important to have a clear and consistent protocol for handling situations where a patient appears to be under the influence or becomes disruptive in general, not strictly for patients being treated for MOUD.

Q. How should we respond if a patient requests early refills?

A. Please notify the provider immediately and request that they review this request the same day. While this is concerning behavior, the provider may consider a short prescription (3-5 days) and request that the patient be scheduled for an appointment as soon as possible.

Q. What should we tell other patients or staff members who might have concerns about patients on MOUD?

A. Educating and promoting a whole-health approach often fosters understanding. MOUD is a proven and effective treatment for people who are managing their recovery. You may let them know that you believe in providing a supportive environment for all our patients as they work towards better health. Your practice's priority is to ensure that every patient receives the care they need to live a healthy life. This includes treating various health conditions, such as opioid use disorder, which, like many other conditions, requires medical management. However, it's important to be mindful of confidentiality and state that every patient's medical treatment is private and confidential. Your practice should ask that everyone respects the privacy and dignity of others