Medications for Opioid Use Disorder (MOUD)

Best practices for reducing AMA rates for Medicaid members

Overview: The recommendations embedded within the literature review identifies three key strategies for decreasing the likelihood of relapse and subsequent readmission to withdrawal management for Medicaid members with an Opioid Use Disorder (OUD). Within each of the three areas of focus listed below, key action items are noted for consideration in support of future interventions for this high-risk population.

Three areas of focus:

1) Preventing members from leaving withdrawal management facilities (WMFs) against medical advice (AMA)
2) Supporting adequate connection to care following discharge from WMFs
3) Supporting adherence to MOUD after discharge to avoid repeat admissions

Preventing members from leaving withdrawal management facilities against medical advice (AMA):

- Deliver a comprehensive, person-centered admissions process during nights and weekends, equipped with the knowledge that individuals admitting during these times are often at higher risk for leaving AMA[1]
- Screen individuals upon admission for their relative risk of leaving AMA by assessing their individual circumstances, motivation, and readiness for treatment, using a scale such as (CMR)[2]
- Treat co-occurring psychiatric conditions through evidence-based practices such as, providing behavioral counseling as well as pharmacological support for anxiety and mood disorders during care[3]

Supporting Adequate Connection to Care Post-Discharge:

- Conduct in-person/virtual warm handoffs between two members of the healthcare team, in front of the patient (and family if present) to empower members to begin developing trust with their receiving provider and to ask questions and/or develop a deeper understanding of the next steps in their treatment plan[4]
- *See below for suggested protocols for effective warm-handoffs*

Supporting Adherence to MOUD after Discharge:

- Expand telehealth as an option for members with OUD, to assist with reducing barriers to accessing treatment and supporting long-term adherence[5]
- Provide Mindfulness-Based Relapse Prevention (MBRP), an outpatient aftercare program linking cognitive-behavioral skills with mindfulness-based practices, in supporting long-term recovery from OUD by decreasing the probability of relapse by teaching individuals how to cope with substance use triggers. Literature suggests that providers can offer "ultra brief" (5-19 minute) mindfulness audio exercises to members with OUD that significantly decrease their likelihood of relapse for many months following administration.[6]

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[1] *Patel, Rashmi, et al. "Clinical outcomes and mortality associated with weekend admission to psychiatric hospital." British Journal of Psychiatry, vol. 209, no. 1, 2016, pp. 29-34.*

[2] *Ali, Bina, et al. "Distress tolerance interacts with circumstances, motivation, and readiness to predict substance abuse treatment retention." Addictive Behaviors, vol. 73, 2017, pp. 99-104.*

[3] *Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., Compton, W., ... & Kaplan, K. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the national epidemiologic survey on alcohol and related conditions. Archives of general psychiatry, 61(8), 807-816.*

[4] *Warm handoffs: A guide for clinicians. (n.d.) Agency for Healthcare Research and Quality. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf*

[5] *Clements, K. M., Hydery, T., Tesell, M. A., Greenwood, B. C., & Angelini, M. C. (2018). A systematic review of community-based interventions to improve oral chronic disease medication regimen adherence among individuals with substance use disorder. Drug and alcohol dependence, 188, 141-152.*

[6] *Bloom-Foster, Jessica, and Lewis Mehl-Madrona. "An Ultra-Brief Mindfulness-Based Intervention for Patients in Treatment for Opioid Addiction with Buprenorphine: A Primary Care Feasibility Pilot Study." The Journal of Alternative and Complementary Medicine, vol. 26, no. 1, 2020, pp. 34-43.*

Changing Pathways Pilot Warm Hand off Process

For the Freestanding Withdrawal Management and
Inpatient Psychiatric Levels of Care

Though many individuals with OUD will stay in your organization's continuum after discharging from inpatient care, for those who live too far from your organization's catchment area or who cannot be admitted due to lack of capacity or ability to offer selected types of MOUD, establishing referral pathways with community providers is key to client health and ongoing recovery.

The CTBHP recommends that providers establish relationships with community providers by:

1. Designating single contact-persons at each provider organization who can be alerted when there are issues with or questions about a warm transfer
2. Developing memorandums of understanding (MOUs) to delineate the expectations of each provider organization during a warm transfer

Subsequent to discussing the agreed upon discharge plan with patient/member, the following steps are recommended: