

Medication Assisted Treatment (MAT) Community of Practice (CoP)

February 14, 2019

Individualizing Patient Care: Harm Reduction, Diversion, and Policy Considerations

Questions & Answers

Q1. When a patient is expressing continued barriers, should the program continue to seek solutions or wait until the patient expresses more readiness to get well?

A1. Motivational interviewing techniques can be utilized to understand barriers. An office coordinator can try to help connect patients with ancillary supports to assist with some challenges (such as obtaining an ID). Referrals to services like Granite Pathways could assist with transportation and other issues, but there is still limited ability for the practice to assist with follow through.

Q2. Can MAT programs engage Recovery Community Organizations or Recovery Coaches in the office setting for warm hand offs?

A2. Practices should determine what is allowable in their particular setting.

Q3. Can MAT programs provide referrals for local immunization clinics?

A3. Programs in Manchester can refer patients to Healthcare for the Homeless for immunization clinics and other social service supports. Other programs should connect with their Regional Public Health Networks.

Q4. Could access to hospital social workers assist with care coordination?

A4. The feasibility of utilizing hospital social workers is different depending on the practice and setting. Some practices have nurses that help to supplement care coordination work, and some practices have been able to utilize hospital social workers. Lakes Region has been able to hire a care coordinator right in their MAT practice. These roles can help address social determinants of health such as housing.

Q5. If someone is engaging with treatment but not following their treatment plan, should the program continue to work with them?

A5. Some patients will be "doing time, but not doing treatment." This is similar to patients with other chronic diseases that are not ready to get well. If a patient is staying engaged, continue to keep them engaged, even if they are unable to comply fully with their treatment plan.

Q6. What should a practice do when a patient is refusing a particular medication or requesting other medications than what the program wants to prescribe?

A6. Most importantly, practices should listen to the patient; find out what they do not like about a particular medication and work to meet the patient where they are. Sometimes it can be helpful to have a reasonable policy and explain to people why the program encourages the use of one medication over another. Additionally, it is important to make sure that patient's understand that many of these decisions are due to what their insurance will cover.

Q7. What other types of referrals should a program consider for an MAT patient?

A7. It is always important to consider warm handoffs and referrals to behavioral healthcare, including psychiatry and primary care.