



Medication Assisted Treatment Community of Practice

Medication Assisted Treatment (MAT) Community of Practice (CoP)
April 11, 2019

MAT in Primary Care: Expanding Access

Questions & Answers

Q1. Are supports available for the 24-hour MAT waiver required of PAs and NPs?

A1. The NH Medical Society is having ongoing conversations with leadership about this. Currently, the NH Medical Society refers to programs sponsored by Providers Clinical Support System (PCSS) MAT for both [Nurse Practitioners](#), and [Physician Assistants](#). Providers can do coursework and build on the 16 hours simultaneously.

Q2. What resource was shared during Alice Peck Day's (APD) presentation on stigma?

A2. ["Social Stigma is One Reason the Opioid Crisis is Hard to Confront"](#)

Q3. Headrest seems important to the success of the MAT program at APD. For those of us in communities where nothing like that exists, what are suggestions for how to handle the "24 hour" needs that MAT in primary care faces?

A3. There is a need for incorporating novel approaches to address behavioral health concerns, such as incorporation of technology like video conferencing. Connecting to the Integrated Delivery Network has also been helpful in identifying resources related to behavioral health. Communities are encouraged to think creatively about engaging behavioral health resources in their area, however that may work best for their location.

Q4. How many providers are in the APD practice? How many patients are they seeing?

A4. APD has 11 providers, treating 28 patients.

Q5. Is there observation after inductions in the office?

A5. Inductions are currently being done at home.

Q6. How are you addressing the social determinants of health (SDOH)?

A6. The practice has hired a social worker to address SDOH. This position takes the burden away from the PCP in addressing SDOH by connecting patients to resources in the community. The practice is also looking to hire a LICSW so that they can bill for the services.

Q7. Who does billing in the primary care MAT practice?

A7. Billing for MAT services is included in the overall primary care billing. The practice is working to integrate their EMR with DHMC, once implemented patients will know the copay for their prescription and coverage before leaving the office and picking up at pharmacy.

Q8. How long are MAT appointments at APD?

A8. The initial visit is scheduled for 1-hour with the practice nurse and then scheduled for 30 minutes with the PCP. Follow up appointments are scheduled for 30 minutes. If the PCP does not take the full 30 minutes it is encouraged that that time be used to improve the patient relationship, and improve overall care. Many patients are being seen on a weekly basis.

Q9. What does APD do about patients that are having multiple positive drug screens?

A9. The practice will urge them to keep coming back and seek out opportunities for further treatment.

Q10. What is the Treatment Needs Questionnaire (TNQ) and how is APD using this tool?

A10. Alice Peck Day is currently using the TNQ and assessing how it works through a Plan-Do-Study-Act cycle. It is performed as needed, and not at every visit and the practice is still learning from this process. The tool was shared in [the presentation slides](#) from Alice Peck Day and is available on the Center for Excellence website.

[Additional information on the Treatment Needs Questionnaire was also shared through the Google Group](#)

Q11. When is the OBOT (office based opioid treatment) Stability Index performed?

A11. This screening tool is performed at each visit. The screening tool is shared in [the presentation slides](#) from Alice Peck Day posted on the Center for Excellence website.

Q12. How much time is scheduled for the patient visit with a Licensed Alcohol and Drug Counselor (LADC) from Headrest?

A12. An appointment is scheduled for one-hour with a LADC in the PCP office. Headrest bills for this time through an MOU with APD; however the EMRs are not fully integrated.