

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

December 14, 2017

Drug Testing

Questions & Answers

Q1. For Point of Care (POC) testing, what is the immunoassay for buprenorphine?

A1. *The immunoassay is buprenorphine; there is no immunoassay for nor-buprenorphine. There is a new CLIA approved immunoassay for fentanyl now as well.*

Q2. Can attendees share which POC tests they are using? We are seeing significant false positives in ours and are thinking about switching.

A2. *False positives for methamphetamines should not be surprising; consider what the false positive is specifically and consider always sending away for further testing. Ultimately it depends on cost, what you want, and what the false positives are. Some participants shared that they haven't had many false positives using ARUP drug screen cups, and others have had a lot of false positives for benzodiazepine 10-panel dip test.*

Q3. How are the 3-4 recovery activities documented in all phases of care at Manchester Community Health Center (MCHC)? Are participants dismissed from the program if they are unable to meet the requirements of activities?

A3. *It varies; people can write about things that are happening in the groups, get a sign off from a counselor, etc. If activity requirements are not met, a conversation is had with the patient to reinforce importance and provide encouragement.*

Q4. What are the MCHC staffing ratios?

A4. *There are two DOs, two family practice doctors with OBs, one nurse, and one behavioral health clinician (BHC). The nurse and BHC are dedicated during their clinic times, but other staff may be pulled in. The CMO is a backup prescriber and they have just hired a psychiatric nurse practitioner, allowing them to have the capacity to meet the demand.*

Q5. Are there specific hours for these services at MCHC?

A5. *Yes, but this changes every week. The clinic is looking to have more stability and expand from 10 hr/wk.*

Q6. If someone comes to MCHC for MAT needing primary care are those services linked?

A6. *Yes, patients have to be a patient of the health center and receiving medical care to enroll in MAT. The clinic is working on getting a primary authorization to bill both medical and MAT visits on the same day.*

Q7. How many people are in phase 2 and 3 at MCHC? What is the retention rate of phase 3?

A7. *An estimated 5 or 6 patients have made it into phase 3 – unsure about phase 2. Additional work is required to capture retention rates and track outcomes.*

Q8. Do practitioners ever say – “if these things keep coming up in your urine, we’ll have to cut your dose back”?

A8. *Yes, this is a common approach.*