

Case Study Discussion: OBOT MAT Team-Based Care

Case Study 1: Intake phase. Transfer from an MAT provider without access to team support.

Jake is a 28 year old uninsured construction worker who is applying to your clinic for assessment for partial agonist MAT. Jake has 2 daughters, ages 7 and 2, living with their respective mothers. Jake sees his younger daughter, but the mother of his elder daughter has a restraining order against Jake, who wants contact with the daughter. Jake reports drinking liquor until blackout on most weekend nights in his mid-teens, then in his late teens reducing his alcohol consumption due to focus on maintaining a daily habit of 3 x Percocet 30mg intranasally daily. He started using heroin by age 19 due to the expense of Percocet. By age 21, Jake was smoking 2 grams of crack cocaine daily for energy and using heroin IV to come down, up to 2 bundles daily. Jake drank to get drunk once a month during this time. Jake was arrested for cocaine and heroin sales at age 23 and was incarcerated for 2 years. Jake reports severe withdrawal when first incarcerated then buying tiny pieces of Suboxone film which he would dissolve in water and inhale when he could afford it throughout his incarceration. Within a month after release from incarceration. Jake started buying generic buprenorphine on the street which he states he used sublingually. He would use heroin when he could not find buprenorphine. After testing positive for opiates at probation, Jake found a solo private practice provider who started prescribing generic buprenorphine due to the cost of other forms of buprenorphine. Jake has been going there monthly since his first two months of weekly visits. Medical records confirm non-observed instant urine results positive for THC & buprenorphine and negative for the rest of the panel for the past year. Jake has contacted your clinic requesting transfer due to the expense of \$150 per monthly visit. Jake's criminal sentence "maxes out" in 3 years. He has a car but not a valid driver's license. He chews a tin of tobacco daily and states that he goes to 12-Step weekly but does not have an active sponsor.

- How might assessment and treatment recommendations proceed at your clinic? Which team members would be involved?
- If Jake were admitted to care at your clinic, with which agencies/providers might your team/colleagues coordinate? Who of your team/colleagues might do the coordinating?
- If Jake were admitted to care at your clinic, how and for what reasons might you coordinate with team members/colleagues?
- What improvements would you advocate regarding your clinic's collaboration strategies?

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Case Study 2: Early Treatment. Homeless, unemployed, in pain and newly pregnant.

Candice is a homeless, unemployed 19 year old woman on NH Medicaid with no children or legal history. She is in her first episode of substance use disorder treatment at your clinic. She was in a car accident at age 15 and suffered multiple spinal fractures and has had a spinal fusion surgery. Candice was prescribed oxycodone for a total of 2 years. Her elder brother showed her how to use her prescriptions intranasally which Candice did starting at age 16. She would run out of her prescriptions early citing tolerance to analgesia and her care providers increased her dose several times until 9 months after surgery at which point they tapered her off. Candice immediately started buying heroin from her brother's suppliers. Candice's parents found out about her heroin use and blamed her brother who fought physically with their father. Candice moved into her brother's apartment until they were evicted and then she started couch surfing. Candice was admitted to your clinic five weeks ago and her urine drug tests at your clinic have been negative for all non-prescribed substances since induction on Suboxone film. Her current dose is 12/3mg daily. Candice also smokes 1.5 packs of cigarettes daily. However, she continues to complain of back pain and dental pain from an infected tooth as well as multiple panic attacks weekly accompanied by intrusive thoughts of the car accident in which her sister died. She has rescheduled two visits to your clinic due to transportation issues and has missed one visit for the same reason. Candice's initial urine pregnancy test was negative but Candice said she thinks she might be pregnant. On re-test today, her instant urine pregnancy test is positive.

- List interventions you think would be important to take to assist Candice.
- With which agencies/providers might your team/colleagues coordinate? Who of your team/colleagues might do the coordinating?
- How and for what reasons might you coordinate with team members/colleagues?
- What improvements would you advocate regarding your clinic's collaboration strategies?