

[Example of Office-Based Opioid Treatment Policies \[1\]](#)

Office-Based Opioid Use Disorder Treatment Policies - Example for One Practice

Practice:

Date:

The following policies will be followed in this practice for opioid treatment. Note that in order to provide sufficient support for patients in this treatment program, some policies differ from our regular policies.

Office Policies

Communicating Our Opioid Treatment Policies to Patients:

- Review the policies in person with each patient, making sure that patients understand them. Offer an opportunity for questions.
- Present a written agreement between provider and patient that explains policies and expectations of the patient.
- The patient and provider must sign the written agreement.
- Review the policies with the patient again at the 2nd appointment.
- Update policies as needed according to patients needs and behavior as outlined below.

Policies for Opioid Treatment Appointments

- Late for Appointments:
 - Patients who are later than 1 hour late for appointments must be rescheduled.
 - A limit of 2 times late will be tolerated. After being late twice, patients will not be rescheduled; they will be seen at the next regularly scheduled time.
 - Review these policies with the patient each time they are late for an appointment.
- Missed Appointments:
 - 24 hour notice is required for cancellations. Later notice is considered a missed appointment.
 - Patients may miss 1 appointment without penalty. Call to check on patient's

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status and reschedule.

- For subsequent missed appointments, the patient will be charged for the missed appointment and seen at the next regularly scheduled appointment time
- Review these policies with patients each time they miss an appointment.

Patient/Provider Contact

To reach your provider or a designated representative, please call phone service at (555) 555-5555 and describe the nature of your problem. For all emergencies call 911.

Payment of Fees

- Payment is accepted in the form of cash only.
- Payment is expected on the day of treatment.
- We will provide records of treatment for patients to submit to insurance companies.
- Patients may have one appointment with non-payment and thereafter, treatment will be discontinued with a recommendation for a less expensive treatment, e.g., methadone clinic.

Prescription Policies

- Office visits are required for renewal of prescriptions for at least the first 3 months of treatment. Thereafter, prescriptions may be renewed regularly as long as patients attend follow-up appointments.
- Early renewal of prescriptions is not permitted.
- Lost prescriptions or medications will not be replaced.
- Requests for extra pills will not be honored.
- Patients are limited to using one pharmacy for their buprenorphine prescriptions.
- Patients who use more than one pharmacy will be warned for first instance. Further use of more than one pharmacy will result in discontinued treatment.
- The patient is limited to one prescribing provider. The Prescription Drug Monitoring program will be checked for each patient at least monthly and more often for patients who have been non-compliant.
- Patients who obtain buprenorphine from another provider/clinic will have their treatment at this clinic discontinued.

Treatment Policies and Expectations of Patients

This section describes policies for office based opioid treatment in this practice. Patients are expected to adhere to the following expectations. Non-compliance will result in the consequences described below:

Treatment Goal: The outcome of treatment for most patients in this practice will be long term maintenance on buprenorphine.

Potential Benefits and Risks of Office-Based Opioid Treatment (OBOT):

The potential benefits and disadvantages and risks that must be discussed with each patient include the following:

Potential Benefits:

1. Control of withdrawal symptoms when quitting opioid use
2. Supports patients with opioid use disorder in quitting other opioid use
3. Treatment can be conducted without regular attendance at a clinic to obtain medication

Potential Disadvantages and Risks:

1. Patients become physically dependent on buprenorphine
2. May experience some opioid-related side effects including constipation and, particularly when increasing dosage, mild sedation
3. Potential drug interactions with other substances, especially sedating drugs and alcohol

Substance Use

- Patients will be instructed to stop taking other opioid medications unless specifically instructed to take it.
- Patients are required to disclose the use of any psychoactive substance(s) to the provider. This means the use of consciousness altering drugs including narcotics, euphorants, hallucinogens, marijuana, designer drugs whether illicit or licit.
 - If patients are discovered to have not disclosed the use of psychoactive substances:
 - Remind patients of the policy for the first instance and increase frequency of UDTs.
 - Discontinue treatment if there is a second instance of non-disclosure of use of psychoactive substance.
- Patients are required to avoid use of substances that may cause an adverse interaction with prescribed medications. This includes psychoactive substances.
 - If patients are discovered to have used substance(s) with adverse interactions:
 - Remind patients of the policy for the first instance and increase frequency of UDTs.
 - Discontinue treatment if there is a second instance with referral to a higher level of care.

Depression Screening

- Patients will be asked a 2 question depression screening at each appointment and positive responses will receive further assessment.

Urine Drug Screening Policies

- Baseline urine drug tests (UDTs) are required for all patients in the opioid treatment program.
- Periodic UDTs are required for all patients.
- 1 to 2 UDTs will be performed per year for each patient. Additional UDTs will be

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completed for some patients having higher risk.

- UDTs may be scheduled or unannounced.
- Patients must bear the costs of UDTs. If they have insurance, they may seek reimbursement from insurance companies.
- The consequences of problematic UDT results include:

- Increased frequency of UDT for the first episode.
- Possible dose adjustment for opioid use.
- Counseling referral if they are not already in substance use counseling.
- Discuss the problem with the patient.
- Second instances of problematic UDT results will result in discontinued treatment.

Taking Medication as Instructed

- Patients are required to take medication as instructed by the provider, for example, they may not crush or inject the medication.
 - If patients take medication other than as instructed:
 - Discuss the problem with the patient for the first episode.
 - Discontinue treatment with 2nd episode.
- Patient dose changes are not permitted without consulting the provider.
 - If patients change their dosage on their own:
 - Remind the patient of the policy for the first episode.
 - Discontinue treatment if there is a 2nd episode.

Safe Storage and Non-Sharing of Medications

- Patients must agree to safe storage and non-sharing of medications.
 - Patients who share medications will have treatment discontinued immediately.
 - Patients who lose medication due to unsafe storage will be reminded of the policy for first instance, and have treatment discontinued if there is a second instance.

Mandatory Follow-up Visits

- Patients must return for follow-up visits as scheduled.
 - After the dose is stabilized, follow-up visits will be monthly for three months.
 - After 3 months of compliant, successful treatment, long-term follow-up visits will be biannual.

Criteria for Considering Treatment Successful

1. No intoxication from any substance use
2. Physical, psychosocial, and work-related functioning improved
3. No suffering from withdrawal

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4. No experience of drug cravings
5. Following treatment protocol
6. Adherence to treatment agreement
7. Adherence to the treatment agreement and treatment plan

Relapse Policies

- Relapse to using opioids will not be grounds for stopping treatment the first time, but treatment structure will be increased, including more frequent appointments.
- A second episode of using opioids will result in the addition of further additional treatment structure, such as involving a third, responsible party. A pattern of non-compliance with treatment will plus continued use will result in discontinued treatment.
- If patients stop taking buprenorphine, they can have reinduction after an office visit where a revised treatment agreement is signed.
- Patients who have been dismissed from treatment and return with new motivation can be given one second chance with increased treatment structure.

Pill Counts

- Periodic pill counts are required of patients who are described as high risk at the initial or subsequent appointments.
- Schedule of pill counts: Twice per year, unannounced
- If the results of the pill count are problematic or if the patient fails to comply:
 - Discuss the problem with the patient for the 1st episode.
 - Discontinue treatment if there is a 2nd episode.

Counseling and Other Treatments

- Counseling and other treatment participation is required for patients with psychiatric diagnoses
- Consequences of not participating in recommended counseling or other treatments:
 - Warning 1st three instances
 - Discontinue treatment 4th instance

Patient Conduct

- Behaviors that will result in permanent dismissal from treatment include violence, stealing from the clinic, dealing drugs, or carrying weapons
- Other behavior that will not be tolerated:

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- Arriving intoxicated for appointments
- Disruptive behavior
- Sustained payment problems

- Consequences for these behaviors include the following:
 - The patient will not be seen until the next regularly schedule appointment for the first episode.
 - Discontinue treatment at 2nd instance.

The signatures below indicate that the parties understand and will follow these policies:

Provider Signature:

Patient Signature:

Links:

[1] <http://local.buppractice.com/node/20717>