

Medication Assisted Treatment Rules (MAT) Frequently Asked Questions for Providers

I am a physician prescribing Buprenorphine in my office; does this rule apply to me?

Any physician with 30 or more MAT patients is responsible for complying with the MAT rules. The rule in its entirety is on the Vermont Department of Health website at:

http://healthvermont.gov/regs/documents/opioid_dependence_rule.pdf.

The 2010 Vermont Buprenorphine Practice Guidelines are available at:

http://healthvermont.gov/adap/treatment/documents/BuprenorphinePracticeGuidelinesFINAL_01-15-2010.pdf.

I have heard that everyone will need counseling, is this true?

All patients must meet with a licensed behavioral health professional for an initial assessment and on-going treatment, as clinically indicated. For further guidance on the role of assessment and counseling in the comprehensive treatment of opioid dependence, please refer to SAMHSA Tip 40 at

http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf

What if my patient has more medical needs than I am able to effectively treat, beyond their opioid dependence?

Providers should develop a mechanism for referral and consultation with addiction/obstetrical/ medical/ psychiatric/ and other providers for subspecialty care as needed.

When should I address my expectations with my patient and are there steps I should take before discharging my patient for not meeting expectations?

Provider responses to non-compliance with treatment, on-going illicit substance use, medication diversion and/or other criminal behavior should be addressed, similar to other treatment concerns. This is why all clients are required to sign the treatment consent forms, upon initiation of treatment. Before discharging patients, attempts to consult with an addiction specialist and/or referral to another treatment provider is preferred. When there will be a break in treatment, if clinically indicated and feasible, patients being discharged should be titrated off from their medications.

What are my responsibilities for managing emergencies with my patients?

Physicians must identify a mechanism for dealing with emergencies after business hours, consistent with their practice with other medical conditions. Examples of this might include: cooperative agreements with local mental health emergency service programs, after hour phone messages directing individuals to call 911, to utilize the local emergency room, or directing patients to an on-call or coverage service.

Can a non-physician provider prescribe from my office?

Consistent with federal statutes, only **physicians** may legally prescribe Buprenorphine within the context of Office Based Opioid Treatment (OBOT). Physicians must obtain informed consent for each new patient.

I have mid-level providers in my office can they have any role in the care of these patients?

Each patient is provided with informed consent for treatment by the physician with appropriate contracts and releases of information signed for each patient and maintained in the patient record. Mid-level providers may intervene with the patient, obtain releases and finalize required treatment contracts however only the waived physician can prescribe Buprenorphine for the treatment of addiction.

I am aware that medication diversion is a concern, is there anything I need to do?

Diversion control strategies should be employed and participation in Vermont Prescription Monitoring System (VPMS) is made mandatory by these rules to help reduce incidence of poly-pharmacy use and/or reduce the potential for medication diversion. Examples of diversion control strategies include: random pill/medication “strip” counts and random urine toxicology screenings. For information and assistance registering with the VPMS, please contact ADAP at 802-651-1550.

Before starting a patient on MAT, what kind of exam should I conduct?

Physical exam reviewing: health history, identification of other chronic or acute health conditions, current objective measures of health, pregnancy status of female patients, and selected lab work as deemed medically appropriate by the physician and as available given the existing community resources.

Do I need to be concerned with urine drug testing and, if so, what do I do with the results?

Drug testing is required and results reviewed by the physician. Responses should be based upon the principles of addiction medicine.

Further information on the principles of addiction medicine may be located through the American Society of Addiction Medicine at <http://www.asam.org/>.

For further information on urine toxicology testing laboratories, a list is available at: http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Laboratory_Registry.html.

A list of Clinical Laboratory Improvement Amendments (CLIA) waived office testing products is at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2321CP.pdf>.

If you have questions please call (802) 651-1550 and ask to speak to Tony Folland, State Opioid Treatment Authority.