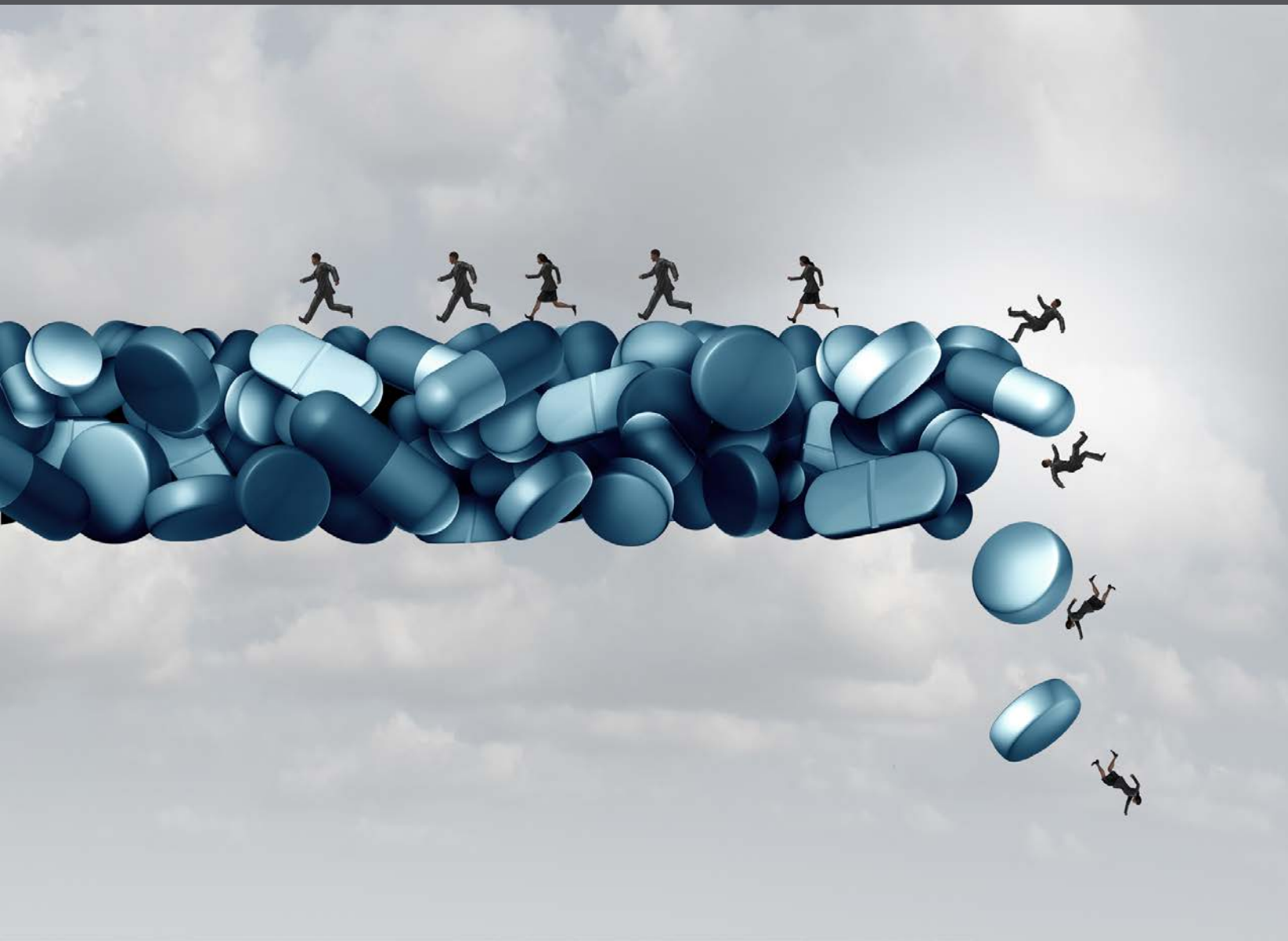


Opioid Use Disorder – Quick Reference Guide



A handy reference guide for clinicians working with patients that are presenting with indications of opioid use disorder.

The information herein offers informational resources and tools and is intended for educational purposes only. All treatment and level of care decisions are at the discretion of the clinician. Nothing herein is intended as legal advice or opinions. Please consult your legal advisor related to your particular practice.

To download the most up-to-date version of this document, visit: www.providerexpress.com ->
Quick Links: Behavioral Health Toolkit -> Opioid Use Disorder Quick Reference Guide

Tools that can help you make a difference



Substance Use Disorder Helpline 1-855-780-5955

Allow your patients to communicate with a licensed clinician 24/7 to:

- Identify local MAT and behavioral health treatment providers and provide targeted referrals for evidence-based care
- Educate members/families about substance use
- Assist in finding community support services
- Assign a care advocate to provide ongoing support for up to 6 months, when appropriate

This toolkit provides resources to help clinicians **identify**, **diagnose** and **refer** individuals suffering from Opioid Use Disorder to timely mental health resources.

Opioid Use Disorder (OUD)

Facts

- **2.1 million Americans** suffer from an OUD.¹
- In 2017, an estimated **70,000 deaths** were caused by opioid overdose, meaning **every 13 minutes** someone in the U.S. died from an opioid overdose.²

Treatment is Available

- Evidence-based OUD treatment combines both:
 - a) FDA-approved medication-assisted treatments (MAT)*, for example: buprenorphine, naltrexone and methadone
 - b) Evidence-based OUD-focused behavioral therapy.
- Individuals who receive MAT are **50% more likely to remain free of opioid misuse**,³ compared to those who receive detoxification or psychosocial treatment alone.

* **Note: FDA approval does not guarantee coverage by your health plan – please be sure to verify coverage based on your benefits**

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, SAMHSA.
 2. National Drug Overdose Deaths—Number Among All Ages, by Gender, 1999-2017. More than 70,200 Americans died from drug overdoses in 2017, including illicit drugs and prescription opioids (CDC Wonder) revised January 2019.
 3. Calculated by Optum, based on relative risk ratios from the meta-analysis in: Nielsen S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD011117. DOI: 10.1002/14651858.CD011117.pub2, pages 17 and 19.

In This Toolkit

- P.2.....OUD Screening Tool
- P.3.....OUD Treatment and Speaking with Patients
- P.4.....Referring Patients to Treatment
- P.5.....Additional Resources

Screening for OUD

**Substance Use Disorder Helpline
1-855-780-5955**

DSM-5 Opioid Use Disorder Checklist⁴

Instructions
1. Answer "yes" or "no" for the questions below
2. Sum all "yes" symptoms
3. Use the Severity Scale (to the right) to measure OUD severity based on the number of symptoms present

Severity Scale	Corresponding ICD-10 Code*
Mild = 2-3 symptoms.....	305.50 (F11.10)
Moderate = 4-5 symptoms.....	304.00 (F11.20)
Severe = 6+ symptoms.....	304.00 (F11.20)

* Not to be used with intoxication, withdrawal, and/or opioid mental disorders

DIAGNOSTIC CRITERIA (Opioid use disorder requires that at least 2 criteria be met within a 12-month period.)	MEETS CRITERIA? Yes OR No	NOTES/SUPPORTING INFORMATION
1. Opioids are often taken in larger amounts or over a longer period of time than intended.		
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.		
3. A lot of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.		
4. Craving, or a strong desire to use opioids.		
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school, or home.		
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.		
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.		
8. Recurrent opioid use in situations in which it is physically hazardous.		
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.		
10. Tolerance,** as defined by either of the following: a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect b) markedly diminished effect with continued use of the same amount of an opioid		
11. Withdrawal,** as manifested by either of the following: a) the characteristic opioid withdrawal syndrome b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms		

** This criterion is not met for individuals taking opioid solely under appropriate medical supervision
4. Substance Abuse and Mental Health Services Administration (SAMHSA). TIP 63: Medications for Opioid Use Disorder – Full Document. Page 5-21. Retrieved from <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5/SMA18-5063FULLDOC>

OUD treatment and speaking with patients

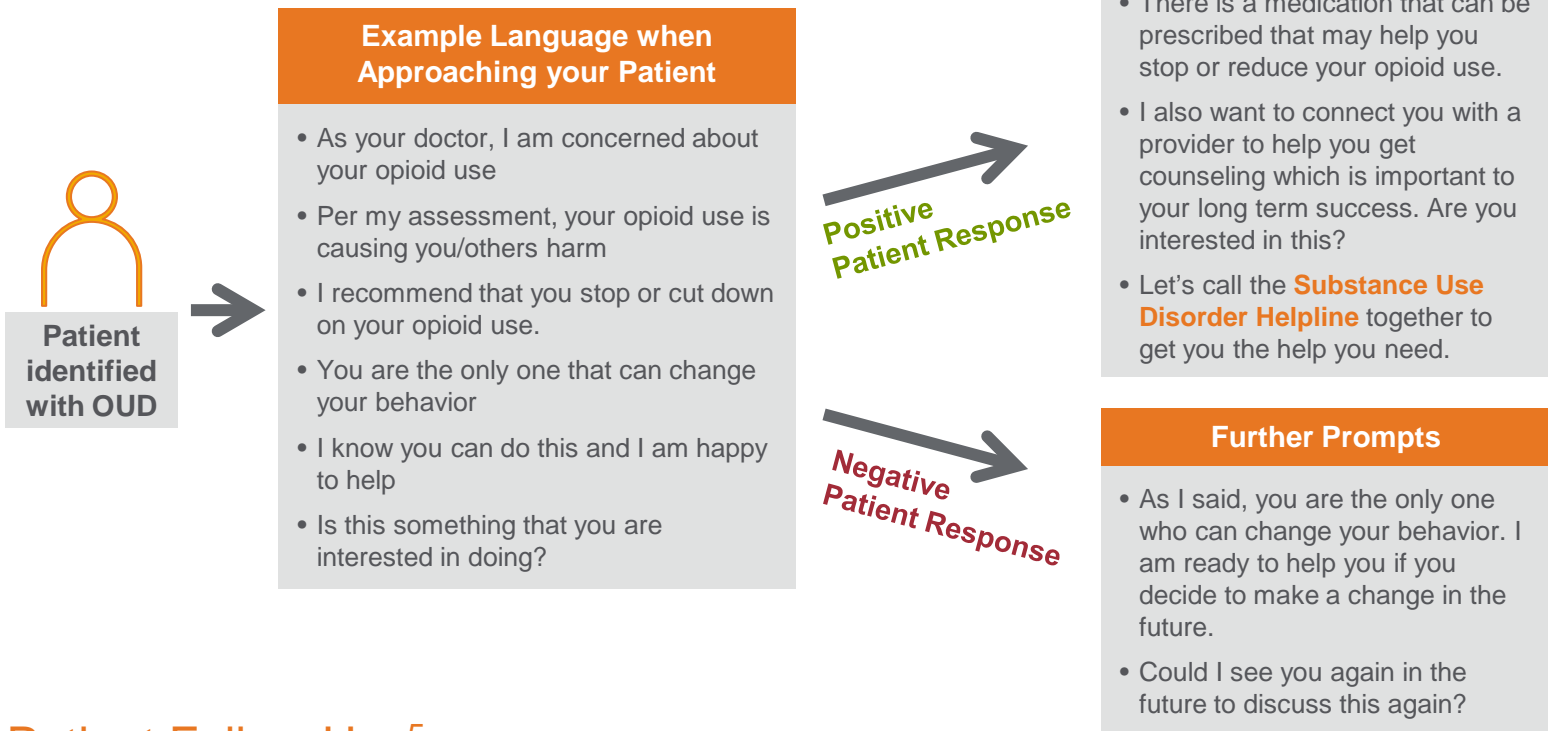
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1-855-780-5955

Evidence Based Treatment of OUD

It is important that patients receive **BOTH** MAT and evidence-based OUD-focused behavioral therapy. When combined there is improved adherence and engagement in patients with OUD treatment compared to patients receiving pharmacological therapy alone.

Potential MAT Providers	Potential Licensed Behavioral Therapy Clinicians
<ul style="list-style-type: none">PhysiciansPhysician AssistantsNurse Practitioners	<ul style="list-style-type: none">PsychologistsPsychiatristsNurse PractitionersTherapists/Social Workers

Approaching a Patient with an Initial Diagnosis⁵



Patient Follow-Ups⁵

Assess

- Opioid use since last visit
- Participation in counseling and/or self-help programs
- General medication adherence and side effects

If Patient Used Opioids

- "Were you able to cut down on the amount used?"
- "What circumstances led you to use opioids?"

5. Heinzerling, Keith, Allison Ober, Karen Lamp, David De Vries, Katherine Watkins. SUMMIT: Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care. 2016. Retrieved from https://www.integration.samhsa.gov/clinical-practice/mat/RAND_MAT_guidebook_for_health_centers.pdf

Referring patients to treatment

Substance Use Disorder Helpline
1-855-780-5955

Finding a Local Behavioral Health Provider

Optum can help arrange MAT and psychosocial treatment for its members through the steps below. Non-Optum members can contact the behavioral health phone number on the back of their insurance card.

Option 1

Substance Use Helpline

Telephone: 1-855-780-5955

Online Chat: <https://www.liveandworkwell.com/en/public/topics/suds.html>

Option 2

Online Provider Search

1. Go to Optum's online portal: www.liveandworkwell.com
2. Enter access code "Clinician"*
3. Select the "Get Started" link under Mental Health Care Search
4. Input your address and enter your desired search term:
 - A. For **MAT Providers** search – "Medication Assisted Treatment"
 - B. For **Substance Use Behavioral Therapy** search – "Substance Use"
5. When appropriate, select "Add Filters" and the dropdown for "Coverage/Plan Type" to filter for the member's category of insurance (Medicare, Medicaid, or Commercial)

* Because "Clinician" is a general access code, a given member's provider network can differ; therefore, please encourage members to verify any providers' in-network status by calling the number on the back of their behavioral health insurance card

2

3

4

5

Additional Resources

Substance Use Disorder Helpline
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Provider Resources

ASAM Fundamentals of Addiction Medicine	A 40-hour CME online educational program empowering primary care and other providers to diagnose and treat patients with or at risk for addiction.	asam.org > education > Live & Online CME > The ASAM Fundamentals of Addiction Medicine 40-Hour CME Program
CDC Guidelines for Prescribing Opioids	Help determine: (1) when/how to initiate opioids for chronic pain, (2) what opioids to initiate, at what dose, and for what duration, and (3) how to assess risks and address harms of opioid use.	cdc.gov/drugoverdose > Info for Providers > Guideline Overview > Guideline for Prescribing Opioids for Chronic Pain
RAND - SUMMIT: Procedures for MAT of Alcohol or Opioid Dependence in Primary Care	Extensive provider resources for medication-assisted treatment including: dosing guidance, OUD assessments, and communication guides.	rand.org/pubs > All Series = Tools > Topic = Substance Abuse Treatment > Time = All Time > SUMMIT: Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care
SAMHSA Opioid Overdose Toolkit	Comprehensive toolkit on opioid overdose for providers, patients, families, and friends.	store.samhsa.gov > Opioid-Overdose Prevention Toolkit
SAMHSA Pocket Guide: Medication-Assisted Treatment of Opioid Use Disorder	A guide for providers on medication-assisted treatment.	store.samhsa.gov > Medication-Assisted Treatment of Opioid Use Disorder Pocket Guide

Member/Family Resources

ASAM Opioid Addiction Treatment –Guide for Patients, Families, and Friends	Information on assessing and treating opioid addiction, focused on patients, families, and friends.	asam.org > resources > patient resources > Opioid Addiction Treatment: A Guide for Patients, Families and Friends
Shatterproof: Stronger than Addiction	Extensive content regarding addiction for patients, families, and friends.	Shatterproof.org