

# CAROLINA FAMILY HEALTH CENTERS, INC.

## PROCEDURE

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**TITLE:** IBH-400.01 Medication Assisted Treatment Program

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**EFFECTIVE DATE:** May 6, 2025

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**SECTION:** Medical

**REFERENCE POLICY:** IBH-400 Medication Assisted Treatment Program

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**RESPONSIBLE CHIEF OF STAFF:** Chief Medical Officer

**RESPONSIBLE COMMITTEE:** Medical CIT

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**REVIEWED:**

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### **I. PURPOSE**

The purpose of this procedure is to outline the workflows and program-specific requirements for the Medication Assisted Treatment (MAT) Program at Carolina Family Health Centers, Inc. (CFHC, Inc.)

### **II. PROCEDURE**

CFHC, Inc. offers MAT program services at all clinical locations on designated days of the week for each location.

#### **Intake process**

Patients who are scheduled for MAT intakes may be self-referred, referred by a community provider, or referred internally by a CFHC, Inc. provider. Treatment with medication is available for opioid use disorder (OUD) and alcohol use disorder (AUD). Other substance use disorders may be considered for medical and/or psychotherapeutic treatment on an individual basis. Patients are scheduled with an IBH clinician for a MAT intake in a designated appointment slot. If there are any questions regarding whether the patient is appropriate for a MAT intake from the scheduling perspective, the IBH clinician or MAT program manager is consulted for clarification.

During the intake, the IBH clinician assesses the patient and makes recommendations for the appropriate level of care and location of treatment, which may be CFHC, Inc.'s MAT program, or an outside provider. The appropriate referral is made for any patient determined to need treatment with an outside provider, such as an Opioid Treatment Program (OTP) or inpatient facility. If the patient is appropriate for treatment with CFHC, Inc.'s program, the IBH clinician explains the rules and expectations of the program, which include becoming a primary care patient at CFHC, Inc. The IBH clinician then instructs the front office to schedule the patient with a medical provider and the IBH clinician for new patient MAT appointments.

#### **MAT program visit structure**

Each patient visit consists of a brief therapy session with an IBH clinician, followed by a visit with a medical provider. These visits are scheduled together so that the patient has one arrival time.

New patients are given the appropriate treatment agreement form to complete at their first visit (see attachments), which is based on which medication the patient is expected to be prescribed. These forms include a comprehensive explanation of all program rules and expectations.

For patients with opioid use disorder (OUD), a *Clinical Opiate Withdrawal Scale* (COWS), and the *Subjective Opiate Withdrawal Scale* (SOWS) (see attachments) may be requested by the medical provider to determine the patient's current level of withdrawal symptoms.

The primary care provider (PCP) field is changed to reflect the patient's MAT provider, unless the patient has a specific request to keep their internal CFHC, Inc. provider as their PCP instead. Most patients, except for certain patients receiving care through the Ryan White program, receive primary care in conjunction with substance use care from one provider to improve efficiency and maintain continuity of care.

In addition to a copy of the signed treatment agreement form, patients are provided with written instructions for contacting a MAT provider after hours if needed, and contact information for rescheduling a missed MAT appointment. Patients on oral medications are provided with a medication lock box, and any drug-specific items needed, such as identification bracelets for injectable naltrexone. The availability of the syringe services program (SSP) is also explained to all applicable patients.

A urine drug screen (UDS) is performed at every visit, in addition to the normal rooming process workflows. Refer to *CLN-500P Preparing a Patient for Examination*. A fentanyl point of care test (POCT) may be ordered by the medical or IBH provider on a case-by-case basis, in addition to the standard UDS. Urine pregnancy tests for patients of childbearing age with no contraceptive method and who are not currently pregnant are performed at each visit. If a test is found to be positive, the workflow for prenatal testing, education, and tracking is implemented. Refer to *CLN-506.01 Prenatal Testing, Education, and Tracking*.

The time interval for follow-up visits is determined jointly by the IBH clinician and treating medical provider, and depends on the patient's primary method of treatment as follows:

- Oral buprenorphine/naloxone: visits once weekly for four weeks, progressing to two, three, and four-week intervals. Patients deemed to be stable enough for less frequent visits can be seen at a maximum interval of every eight weeks.
- Injectable buprenorphine and injectable naltrexone: every four weeks.
- Oral naltrexone or other oral medications not listed above: every four to twelve weeks.

The IBH clinician may see a patient at more frequent intervals without a medical visit, which is determined by the IBH clinician and the patient.

Follow-up appointments are only scheduled at the specific direction of the IBH or MAT medical providers. Patients are informed that if they miss an appointment, they must call the IBH clinician at their location at the provided extension in order to reschedule. IBH clinicians discuss the reasons for the missed appointment and instruct the front office to reschedule the missed appointment based on individual patient factors and schedule availability.

### **Pharmacy guidelines**

- All patients are required to use a CFHC, Inc. pharmacy to fill controlled medications, and encouraged to use the internal pharmacy for other medications prescribed in the MAT program.
- CFHC, Inc. staff facilitate the ordering and shipment processes for injectable medications that are required to be dispensed by specialty pharmacies.
- All patients with OUD receive a naloxone kit at their first medical visit.
- Patients are informed that they must personally pick up buprenorphine/naloxone from the pharmacy, unless an IBH clinician or MAT provider gives permission for someone else to do so for them, which is a rare occurrence.
- The pharmacy returns buprenorphine/naloxone to stock if the patient has not picked up the medication within three business days of receiving the prescription. If the patient presents to the pharmacy to pick up buprenorphine/naloxone after three business days have passed, the pharmacy contacts an IBH clinician or MAT medical provider to approve dispensing the medication to the patient.
- Patients are informed that the MAT program does not routinely use maintenance doses greater than 24/6 mg of buprenorphine/naloxone per day.
- IBH clinicians are responsible for ensuring that communication with the CFHC, Inc. pharmacy has occurred in order to prepare and fill injectable medications needed for an appointment occurring that day.

### **III. ATTACHMENTS**

- *Clinical Opiate Withdrawal Scale (COWS)*
- *Subjective Opiate Withdrawal Scale (SOWS)*
- *Medication Assisted Treatment (MAT) Patient Treatment Agreement for Buprenorphine/Naloxone (Suboxone®)*
- *Medication Assisted Treatment (MAT) Patient Treatment Agreement for Extended-Release Injectable Buprenorphine (Sublocade®/ Brixadi®)*
- *Medication Assisted Treatment (MAT) Patient Treatment Agreement for Extended-Release Injectable Naltrexone (Vivitrol®)*