

Patient-Centered Treatment for Opioid Use Disorder

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Patient-centered care has emerged as a fundamental pillar in medicine, emphasizing the importance of involving patients in decision-making and tailoring treatment to meet their individual needs. This approach is particularly crucial when treating opioid use disorder (OUD), a complex condition that requires comprehensive and personalized care. By prioritizing the preferences, values, and experiences of patients, and involving them in their treatment program, healthcare providers can foster a therapeutic connection, promote treatment engagement, and improve outcomes for individuals affected by OUD. Central to patient-centered care for OUD is recognizing the diverse experiences and challenges faced by individuals affected by this condition. Providers must demonstrate compassion and avoid judgment while acknowledging the stigma and barriers to care that patients may encounter. Listening actively to patients' stories can provide valuable insights into their unique circumstances, including social determinants of health, co-occurring mental health conditions, and past trauma. By taking a holistic approach to assessment, providers can gain a deeper understanding of the factors influencing patients' substance use and tailor interventions accordingly.

Incorporating patients as active partners in their treatment is essential for fostering autonomy, empowerment, and self-efficacy. Shared decision-making involves engaging patients in discussions about their treatment goals, preferences, and concerns, then collaboratively developing care plans that align with their values and priorities. This may involve exploring a range of evidence-based treatment options for OUD, including Medications for Opioid Use Disorder (MOUD) treatment, behavioral therapies, psychosocial supports, and recovery services. By offering patients information, support, and encouragement, providers can empower them to make informed decisions about their care and take ownership of their recovery journey.

Pillars of a patient-centered approach to opioid use disorder include:

- 1. Screening:** Is substance use disorder (SUD) screening a standard component of the annual exam for at-risk patients? And is a validated screening tool being used? While many clinicians routinely get a family history that includes asking about SUD, or a personal history of substance use, incorporating a validated screening tool is ideal. There are many options to choose from, one of which may already be integrated into a clinician's electronic medical record. There are screening tools specific to certain populations, such as in pregnancy (the Integrated 5 Ps) or in adolescents (the CRAFFT), while options for other patients include the NIDA Quick Screen, AUDIT-C plus 2, ASSIST, DAST-10, and TAPS. As clinicians begin to appropriately screen for and identify substance use disorders, they should be aware of the trauma and social determinants that can affect multiple generations and then be vigilant when it comes to conversations with subsequent family members. Starting education early and having open conversations with parents about substance use can reduce the risk of harms. If providing care for teens and young adults, screen annually and with purpose, as it is known this is a high-risk age group for starting substance use that could then lead to a disorder. If providing obstetrical care, make sure to screen for SUD at every encounter, including postpartum, as accidental overdose and SUD now primary drivers of maternal mortality in the United States. For more information on screening and diagnosis of OUD, please see the Compass Opioid Use Disorder: Diagnosis & Treatment Guide.

- 2. Naloxone:** All harm reduction methods should be employed for patients at risk of overdose, but the strongest and most tangible intervention is handing an at-risk patient and their family naloxone. Naloxone saves lives and has been recommended for wide distribution by the Centers for Disease Control and Prevention (CDC), Surgeon General, U.S. Department of Health and Human Services (HHS), and every leading medical organization (see [summary here](#)). Many offices and clinics now qualify for free naloxone through state or grant-funded programs, which can then be provided to at-risk patients before they leave their visit. The Compass program provides a patient-facing educational [handout](#), along with videos in [English](#) and [Spanish](#), for patients receiving naloxone. The provision of naloxone can help facilitate a discussion between clinicians and patients about the risk of overdose, the importance of compliance with medical regimens, and counseling on behaviors that may increase the risk of an overdose. The [Compass Naloxone & Overdose Prevention Toolkit](#) is a great place to find all of the provider and patient facing tools needed to get started with providing naloxone to patients.
- 3. MOUD:** Addiction medicine vs family medicine vs all specialties - whose responsibility is it to treat opioid use disorder? Through the [Compass OUD resources and training](#) included with the program, providers have access to training in the basics of addiction medicine. The medical profession now recognizes that OUD is a chronic, relapsing medical illness that needs evidence-based, ongoing care. Treatment with medication for opioid use disorder (MOUD) is recommended as best practice for patients with OUD, and is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Society of Addiction Medicine (ASAM). Family medicine, internists and primary care providers can be an essential piece of the puzzle in increasing access to medication treatment. Of the three FDA approved medications for OUD (Methadone, Buprenorphine and Naltrexone), buprenorphine can be prescribed with nearly all clinicians able to prescribe controlled substances. Here is a [Compass Buprenorphine Quick Start Induction Guide](#) for clinicians looking to start providing this life-saving care.
- 4. Communication and Collaboration:** Effective communication between clinicians and patients regarding opioid use disorder (OUD) is critical in ensuring successful treatment outcomes, fostering trust and establishing a therapeutic relationship (concrete examples of these skills can be found in Compass' clinical case series [podcast episode: Talking with patients about OUD](#)). Open and empathetic conversation enables patients to feel understood, valued, and supported in their journey towards recovery. Providers often benefit from incorporating motivational interviewing techniques in these conversations, which emphasize collaboration and empowerment to elicit intrinsic motivation for change within patients struggling with substance use disorders. By actively listening, expressing empathy, and facilitating self-reflection, providers can help patients recognize the impact of OUD on their lives and explore their readiness for change. This patient-centered approach not only enhances treatment engagement but also promotes adherence to evidence-based interventions, ultimately leading to improved health outcomes and long-term recovery. Effective communication and motivational interviewing are indispensable tools in the comprehensive care of individuals struggling with OUD. To learn more about Motivational Interviewing, listen to the [Compass Motivational Interviewing Podcast Series](#) or review the [Compass Patient Communication Skills Toolkit](#).
- 5. Counseling/Recovery Services:** Offering patients recovery and counseling services for opioid use disorder (OUD) prioritizes holistic care and long-term well-being. These services provide essential support tailored to the unique needs of individuals navigating the complexities of addiction. Recovery programs offer a structured environment where patients can receive comprehensive treatment, including medication therapy, counseling, peer support and behavioral interventions, all aimed at addressing the underlying causes of OUD and promoting sustainable recovery.

Counseling services equip patients with coping skills, emotional regulation techniques, and relapse prevention strategies crucial for navigating life without opioids. These services provide a safe space for patients to explore underlying traumas, mental health concerns, and interpersonal challenges contributing to their substance use, fostering healing and personal growth. To learn more about offering recovery services to patients, listen to the [Compass OPSS Clinical Cases Podcast Series: OUD Treatment, Recovery Communities and Social Adjuncts](#).

In conclusion, a patient-centered approach to treating opioid use disorder (OUD) represents a shift towards comprehensive, compassionate, and effective care. By integrating screening protocols, naloxone distribution, medication for opioid use disorder (MOUD), empathetic communication, and collaborative decision-making, healthcare providers can address the multifaceted needs of individuals with OUD. This approach not only identifies and addresses substance use early but also ensures access to life-saving interventions such as naloxone and evidence-based medications like buprenorphine and methadone. Open communication and collaboration between patients and healthcare providers cultivates trust, empowerment, and mutual respect within the therapeutic relationship. By incorporating referrals to recovery and counseling services, patients receive the necessary support and resources to navigate the complexities of addiction, heal underlying traumas, and develop the skills needed for sustainable recovery. Embracing patient-centered treatment for OUD not only enhances individual well-being but also promotes community resilience and public health, ultimately paving the way towards a future where individuals affected by OUD can thrive.

References:

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This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.