



Caring for Patients with Complex Needs: Resources and Tips

Introduction

This document offers resources and tips for achieving the milestones in the Caring for Patients with Complex Needs Building Block. It also reviews approaches to overcoming common challenges.

Overview

Chronic pain can be complicated by other conditions that require special attention, namely mental/behavioral health conditions, opioid use disorder (OUD), and/or other substance use disorders or polysubstance use. Insufficiently addressed mental/behavioral health conditions can interfere with successful pain management. For patients with opioid use disorder, full agonist opioids are rarely the best choice and often the wrong medication for their pain. Patients with other substance use disorders require assessment and treatment for their disorder in addition to treatment for their chronic pain. Identifying additional and appropriate resources for these patients and creating systems to connect patients to these resources is essential for an effective chronic pain management plan. Some of these resources might be developed or brought “in-house” within the primary care clinic setting, others will need to be identified in the local community and linkages established to them. Through implementing opioid management improvements using the Six Building Blocks, clinics become more aware of the existence of opioid use disorder. Clinics find that offering buprenorphine treatment allows them to provide their patients a full spectrum of care.

Summary of Milestones, Resources, and Common Challenges

Milestones	Relevant resources
Tools selected and consistently in use to identify patients with complex needs (i.e., mental or behavioral health disorders, opioid use disorder, or other substance use disorders)	<u>Assessment tools webpage</u> <u>MATx Mobile App</u> <u>OUD diagnosis form</u> <u>Substance use disorder assessment</u> <u>Substance use screening and assessment instruments database</u>



Milestones	Relevant resources
Educational opportunities are provided to clinicians on how to identify and treat patients with opioid use disorder and other substance use disorders	<i>CDC, Assessing and Addressing Opioid Use Disorder</i> <i>UW TelePain, Assessing Chronic Pain Patients for Opioid Use Disorder</i> <i>UW TelePain, Buprenorphine in Primary Care Practice</i> <i>Harvard Medical School, Identification, Counseling, and Treatment of OUD</i> <i>Harvard Medical School, Collaborative Care Approaches for Management of OUD</i> <i>PCSS Mentoring Program</i> <i>SAMHSA Substance Use Treatment for Persons with Co-Occurring Disorders</i>
There is an approach to connecting patients to mental/behavioral health resources, either integrated in the primary care setting, in the community, or through telehealth	<i>Integrating Behavioral Health and Primary Care Playbook</i> <i>The Behavioral Health Specialist</i>
There is an approach to connecting patients with opioid use disorder or substance use disorders to treatment, either internally through waived providers or externally through an identified treatment facilities	<i>PCSS Online MOUD Waiver Training</i> <i>Developing a Buprenorphine Treatment Program for Opioid Use Disorder in Primary Care</i> <i>SAMHSA Find Medication-Assisted Treatment webpage</i> <i>SAMHSA Guide to Substance Abuse Services for Primary Care Clinicians</i>
Confidentiality regulations and other information sharing hurdles have been addressed so that patient information can be shared between medical, behavioral health, and substance use disorder clinicians	<i>SAMHSA factsheet on 42 CFR Part 2 Revised Rule</i> <i>SAMHSA decision guide on 42 CFR Part 2</i> <i>Release form from PCSS</i>
Training is provided to clinicians and staff on overcoming stigma about patients with mental/behavioral health needs, opioid use disorder, and other substance use disorders	<i>Reducing Stigma from Alberta Health Services</i> <i>Guiding Principles for Addressing Stigma on Opioid Addiction from Johns Hopkins</i> <i>Changing Language to Change Care from PCSS</i>

Common Challenges

Some of our patients cannot access mental/behavioral health resources.
Clinicians are not comfortable asking the question about past sexual abuse included in the Opioid Risk Tool.
We do not have medication for opioid use disorder treatment services available for patients with opioid use disorder.



Tips for Accomplishing Each Milestone

Tools Selected and Consistently in Use to Identify Patients with Complex Needs (i.e., Mental or Behavioral Health Disorders, Opioid Use Disorder, or other Substance Use Disorders)

- During policy and workflow development, select tools and intervals for use that allow your clinic to identify patients with complex needs. Refer to the [*model policy*](#) and [*assessments tools webpage*](#).
- Train clinicians and staff on where to access these tools and how to use them.
- Have a member of your team who offers medication treatment for opioid use disorder review tracking and monitoring data to identify patients who need additional screening.
- Provide additional training for clinicians and staff about recognition and treatment of opioid use disorder, other substance use disorders, and common co-existing mental/behavioral health conditions.

Educational Opportunities Are Provided to Clinicians on How to Identify and Treat Patients with Opioid Use Disorder and Other Substance Use Disorders

- Make trainings on diagnosing and treating OUD and other substance use disorders, such as the CDC webinar [*Assessing and Addressing Opioid Use Disorder*](#), available to clinicians and staff.

There Is an Approach to Connecting Patients to Mental/Behavioral Health Resources, Either Integrated in the Primary Care Setting, in the Community, or through Telehealth

- Identify resources in your clinic and in your community for addressing mental/behavioral health needs
- Consider insurance coverage and travel distance limitations when identifying resources
- Consider developing telemedicine resources for patients with mental/behavioral health needs if they are not available on site or in the community
- Build relationships with external organizations that offer mental/behavioral health services
- Train clinicians and staff on processes to connect patients to these resources

There Is an Approach to Connecting Patients with Opioid Use Disorder or Other Substance Use Disorders to Treatment, Either Internally Through Waivered Providers or Externally Through an Identified Medication for Opioid Use Disorder Treatment Facility

- Identify resources in your clinic and in your community for addressing complex issues (e.g., outpatient substance use treatment programs, methadone clinics, addiction specialists, pain management)
- Encourage clinicians to get waivered to prescribe buprenorphine
- Use the [*Developing a Buprenorphine Treatment Program for Opioid Use Disorder in Primary Care*](#) **guide to support your clinic's waivered clinicians in prescribing buprenorphine**
- Consider insurance coverage and travel distance limitations when identifying resources



- Consider developing telemedicine resources for patients with opioid use disorder if they are not available on site or in the community
- Build relationships with external organizations that offer medication treatment for opioid use disorder
- Train clinicians and staff on processes to connect patients to these resources

Confidentiality Regulations and Other Information Sharing Hurdles Have Been Addressed So That Patient Information Can Be Shared Between Medical, Behavioral Health, and Substance Use Disorder Clinicians

- Determine whether your practice or department is covered under [42 CFR Part 2](#). SAMHSA provides a [decision guide](#) to identify if your organization or practice needs to be compliant. Federal 42 Code of Federal Regulations (CFR) Part 2 regulations have been put in place to protect patient confidentiality related to treatment for substance use disorders (SUD). If applicable to your organization, it is critical that clinic administration puts systems in place to ensure that these regulations are followed.
- If applicable, ensure all clinic staff and clinicians understand the confidentiality policies that are adherent to 42 CFR Part 2.
- If applicable, ensure that your clinic’s permission for record disclosure form is compliant with 42 CFR Part 2.
- Ensure your clinic has a standardized process to have patients sign an ROI with primary care, behavioral health, and substance use disorder departments or agencies so they can communicate about their treatment plan(s).
- Ensure a way for behavioral health and substance use disorder clinicians to have a direct way to contact primary care providers about urgent concerns and vice versa.

Training Is Provided to Clinicians and Staff on Overcoming Stigma about Patients with Mental/Behavioral Health Needs, Opioid Use Disorder, and other Substance Use Disorders

- Connect clinicians and staff to training on overcoming stigma, such as [Changing Language to Change Care: A PCSS Learning Module on Substance Use Disorder](#).

Overcoming Common Challenges

What follows are approaches we have seen clinics use to overcome common challenges.

Some of Our Patients Cannot Access Behavioral Health Resources

- Look into options outside your community, such as telemedicine opportunities.
- Contact your state health department or [SAMHSA](#) for a list of resources.

Clinicians Are Not Comfortable Asking the Question about Past Sexual Abuse in the Opioid Risk Tool

- Encourage the provider to seek further training on asking potentially sensitive questions and addressing difficult issues.



- Have the patient fill out the Opioid Risk Tool on paper. The provider can then review the recorded results with the patient.
- Give clinicians scripts with language to use and have them practice using these scripts with each other.
- Encourage participation in clinical education programs that discuss the strong evidence base for asking this question. A history of sexual abuse is a risk factor for opioid use disorder. Asking about a history of sexual abuse can also help identify individuals with post-traumatic stress disorder (PTSD).
- Make sure that clinicians know that asking about past sexual abuse can provide an opportunity to get patients the help they have been afraid to ask for but want.
- Consider using the ORT-OUD assessment instead, which is validated for assessing the risk of developing opioid use disorder but does not ask the sexual abuse question.

We Do Not Have Medication for Opioid Use Disorder Treatment Services Available

- Consider starting medication for opioid use disorder treatment services in your clinic.
- Identify the nearest medication for opioid use disorder treatment program and develop a relationship with that program.
- Identify and connect with local, state, and national resources that support clinicians in offering medication for opioid use disorder treatment. Provide the support needed for your clinicians willing to begin prescribing medication-assisted treatment.

