



**Office of Addiction
Services and Supports**

OASAS. Every Step of the Way.

KATHY HOCHUL
Governor

CHINAZO CUNNINGHAM, MD
Commissioner

Clinics Optimizing Methadone Take-Homes (COMET) Introductory Meeting

May 23, 2024



Today's Presenters

Presentation:

Patricia Lincourt, Associate Commissioner for Addiction Treatment & Recovery Services, OASAS

Pamela Mund, MD, Associate Chief of Addiction Medicine, OASAS

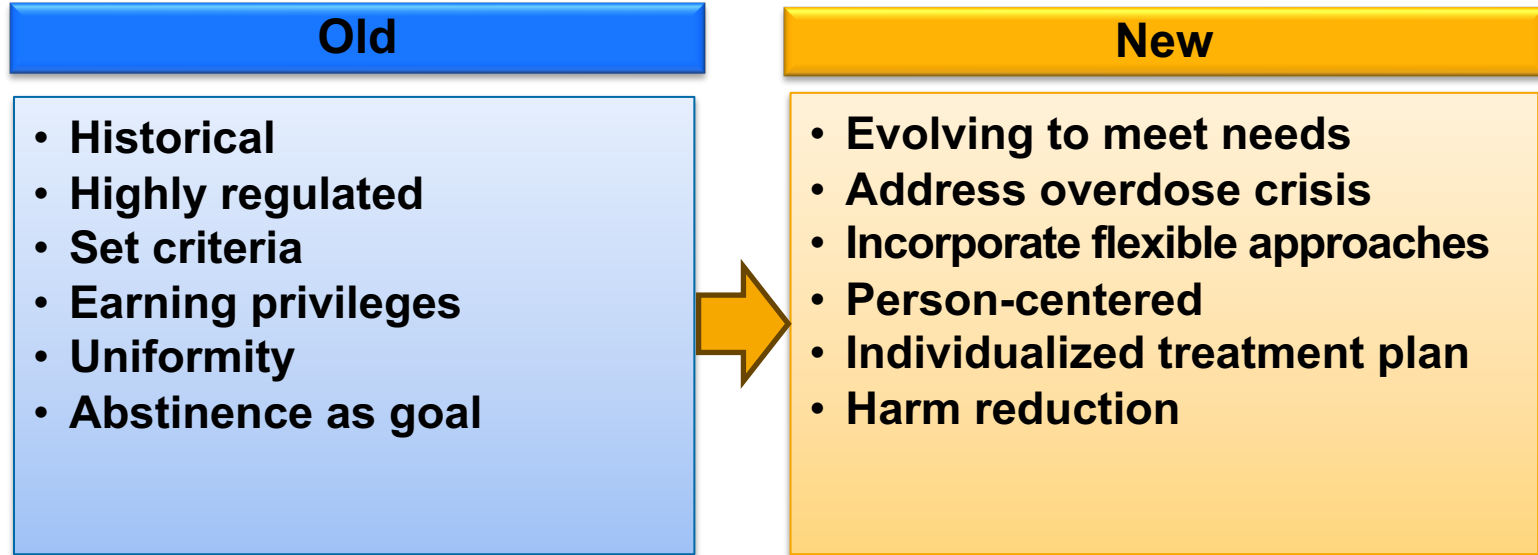
Lesley Puryear, LMSW, NY State Opioid Treatment Authority (SOTA) and Director, Bureau of Opioid Treatment, OASAS

Implementing the New Flexibilities

SAMHSA's New Set of Priorities

- Addressing current opioid overdose crisis in the USA
- Increasing access to life-saving treatment
- Reducing barriers to medications for opioid use disorder

Evolving Approaches to OTP Care Delivery



Core Principles

- Person- or patient-centered care
- Shared patient-provider decision-making
- Practitioner autonomy to utilize clinical judgement
- Flexible approaches to treatment planning
- Incorporate non-stigmatizing language

Applying the Principles

- Take-home medication flexibilities
- Removal of 8-point criteria
- Person-centered collaborative decision-making

Take-Home Medication Flexibilities

- Day 1 - Day 14: up to 7 days take-home medication
- Day 15 - Day 30: up to 14 days take-home medication
- After Day 30: up to 28 days of take-home medication

Key Changes to Criteria for Take-Home Medication

- **Abstinence** is *not required* for take-home medication (assessment of risk from substance use)
- **Counseling** is *not required* (still recommended) for take-home medication

Real World Person-Centered Care

- **Establishing goals of the person (patient)**
- Understanding the patient's short-term objectives
- Hearing what the patient needs to accomplish objectives
- Recognizing discrepancies in provider's goals vs. the patient
- Expanding definitions of therapeutic support

Incorporating Harm Reduction Principles

SAMHSA's Harm Reduction Toolkit, Pillars of Harm Reduction:

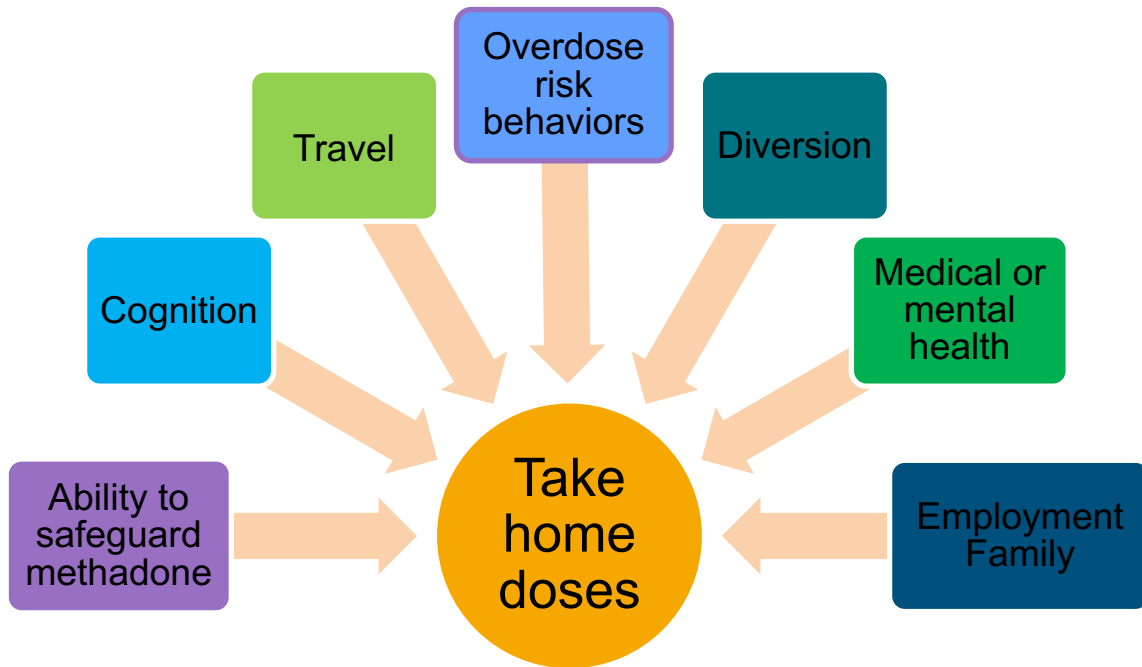
- Harm Reduction: “***Any positive change, as defined by the patient***”
- “*There are many pathways to wellness; substance use recovery is only one of them. Abstinence is neither required nor discouraged.*”

Paradigm Shift

From	To
All risk should be eliminated	Risks can be mitigated
No acceptable amount of risk	There is always some risk and benefits can be weighed against risk
Provider & clinical staff determine risk and mitigation strategy	Risk weighed with patient and mitigation is shared responsibility



Risk Assessment and Take-Home Doses



Clinical Decision-Making Examined

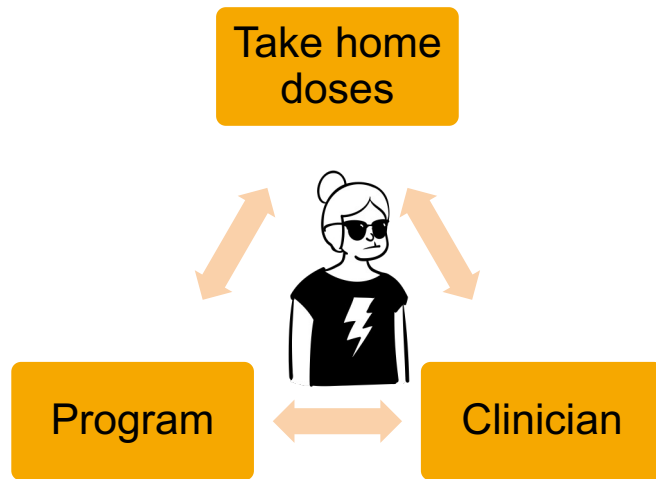
In your OTP...

How are decisions made at the program level?

At the clinician level?

Where is the patient?

Are decisions equitable?



Addressing Patient Complexity

- Individualized approaches benefit the patient
- Questions:
 - ✓ Will increased frequency of visits to the clinic improve this individual's behavior? How?
 - ✓ What other interventions have been introduced?
 - ✓ What is the patient's perspective?

Breaking Down Decision Steps



- Start with allowable THD**
- Consider benefits – document**
- Consider risks – document**
- Make collaborative decisions with patient and team**
- Decide if THD schedule is helpful to patient**
- Document clinical response to this decision**

Mitigating Risk

Risk Mitigation Strategies

- Identifying behaviors: unsafe vs. modifiable
- Using alternative medication strategies
- Toolkit for assessing risk
- Approaches to diversion
- Safe transport and storage of medication education
- Harm reduction

Approaches to Methadone Diversion

- Understand the individual's circumstances
- Identify and address bullying
- Re-orient patient to their treatment goals
- Address therapeutically where possible
- Administrative discharge or transfer as a last resort
- Maintain clear documentation in the patient record

Medication Transportation or Storage Security

- Programs must provide education to each patient
 - Safe transportation of medication from the OTP
 - Safe storage of take-home doses at the place of residence
- Education must be documented in the clinical record
 - Anticipate higher risk situations – patient vs environment
 - Involve other responsible parties

Harm Reduction Tools

- **Not all patients are ready for abstinence!!**
- Use harm reduction tools to help patients develop their own plans for reducing (*not eliminating*) risk while working toward their treatment goals

Summary of Points

- The OTP system is evolving to meet the needs of more individuals
- Person-centered care and collaborative approach as core principles
- Re-thinking clinical decision-making protocols and approaches to risk assessment are important elements of this newer model

THANK YOU !!!

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