



## Screening for Opioid Use Disorder in the CHAMP Study: Training Tools for Primary Care Teams Updated 1.14.2021

*This toolkit includes training materials, training ideas, and examples that can be used to help create, test, and train clinic staff to a reliable workflow for screening patients for the risk of opioid use disorder. Some of the materials included here can be used to orient and train front desk and back office staff. These team members play a major role in maintaining an effective workflow.*

*The audience for this toolkit includes clinic managers, QI staff and practice coaches, front desk and rooming staff supervisors, and any others responsible for creating and maintaining a systematic approach to screening and follow up for the indications of opioid use disorder.*



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## NIDA-Modified ASSIST for CHAMP (NMA) Basics

### What is the NIDA-Modified ASSIST for CHAMP (NMA)?

The NIDA-Modified ASSIST for CHAMP (NMA) form is a 12 question form used to screen for signs and symptoms of Opioid Use Disorder in a primary care setting. The original ASSIST tool was designed by the World Health Organization and modified by the National Institute on Drug Abuse NIDA to screen for any drug use in general medical settings. We have further edited the form to make it concise and useful in primary care settings to screen specifically for opioid use disorder.

### Should we administer the NMA or let our patients complete it on their own?

We developed two different versions of the NMA form. The Self Report Format is designed to be self-administered by the patient. The Interview Format version is able to be administered in person or over the telephone by many clinic staff.

The [American Academy of Family Physicians \(AAFP\) white paper on depression screening](#) recommends: **Empower your staff!** Because patients already complete many standardized screening tools independently, office staff can initiate the screening process.

Providing printed copies of the NMA at check-in lets patients complete the screener at their own pace, before entering the exam room. Rooming staff can then enter the information into the EHR so that it is available to the provider for the visit. Care team members can provide patients assistance with completing the NMA, given the care team understands the purpose and importance of the NMA and has been trained in engaging patients to complete the screener accurately.

### Should patients complete the NMA on paper or in the EHR?

Most organizations are unlikely to have templates in the EHR for the NMA. If your organization elects to administer the NMA verbally and enter responses directly into the EHR, it is very important that you provide adequate training, instructions, and practice opportunities for rooming staff. It is probably most effective for team communication to enter the results of the NMA directly into the chart note, with the help of a smart phrase or module, rather than scanning in the paper form. Rooming staff are under pressure to keep their providers on a busy appointment schedule and may not feel that they have enough time or the right skills to administer the NMA without training support. We've seen major "fails" in screening workflows due to lack of training for medical assistants and other front desk or rooming staff.

## How often should we screen patients for Opioid Use Disorder?

We recommend screening the general patient population for opioid use disorder at their annual visit, but a clinic may screen more or less intensively at different times in connection with meeting the study participant target goals. For case finding purposes, clinics may also identify certain vulnerable patient populations for more intensive screening, such as patients with chronic pain. We also recommend that all new patients to the clinic should be screened on their first visit.

## Free NMA Copies, Translations and Scoring Instructions

Included at the end of this document:

### English

- NIDA-Modified ASSIST (NMA) – CHAMP – **Self Report Format**
- NIDA-Modified ASSIST (NMA) – CHAMP – **Interview Format**

### Spanish

- NIDA-MODIFIED ASSIST (NMA) – CHAMP **coming soon**
- NIDA-MODIFIED ASSIST (NMA) – CHAMP **coming soon**

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## Using the NIDA-Modified ASSIST for CHAMP (NMA)

### A Training Guide for Medical Assistants, Front and Back Office Staff

Opioid Use Disorder screening workflows include front desk staff, medical assistants or rooming staff, and other care team members who might not be used to talking with patients about substance use disorder concerns. This guide provides information about your role in screening patients for Opioid Use Disorder.

#### What is the NIDA-Modified ASSIST for CHAMP (NMA)?

The NIDA-Modified ASSIST for CHAMP (NMA) form is a 12 question form used to screen for signs and symptoms of Opioid Use Disorder (OUD) in a primary care setting. The original ASSIST tool was designed by the World Health Organization and modified by the National Institute on Drug Abuse NIDA to screen for any drug use in general medical settings. We have further edited the form to make it concise and useful in primary care settings to screen specifically for opioid use disorder. Many patients will not need to fill out all 12 questions

#### Screening with the NMA

The patient's NMA score should be tallied and recorded at the beginning of a visit, in the same way that the results of other annual screening questions are entered in the medical record, like whether someone has had their flu shot for example. The NMA can be filled out in two ways, and there are two versions of the form to accommodate this:

##### Patient completes NMA Self Report paper form:

- You can directly hand a copy of the NMA to the patient to complete on their own. We developed the NMA to be used in this way. Many studies have shown that patients can successfully fill out these kinds of forms by themselves and do not need your assistance.
- If the patient completes the NMA on paper, immediately enter the score into the EHR.
- You may be asked to be responsible for alerting the provider if follow up is indicated by the patient's score.

##### Rooming staff complete NMA Interview Format form with the patient:

- Some rooming staff administer the NMA verbally as part of the rooming process, entering the score directly in the EHR.
- If you are administering the PHQ 9 in this way, **it is very important that you ask the questions exactly as written on the form, including the suggested names of the relevant substances. We also ask that you read the full introduction.**
- **Be sure that you do not make the patient feel rushed in any way so as to ensure accurate responses.**

##### **Do NOT enter "0" in the EHR if the patient did not complete the NMA**

- Make a note in the chart if the patient was unwilling or unable to complete the NMA.

## Frequent Patient Questions about the NIDA-Modified ASSIST for CHAMP (NMA)

<b>Patient Question:</b>	<b>Why do I need to fill this out?</b>
<b>Answer</b>	This is much like our other annual screening questions, like asking whether you've had your flu shot. It helps your provider understand your overall health and well-being better. We're instituting regular screening for Opioid Use Disorder to everyone in the clinic these days, as part of our response to the severity of the opioid epidemic
<b>Patient Question:</b>	<b>Are you saying you think I have problems with drugs?</b>
<b>Answer</b>	We're instituting annual screening for Opioid Use Disorder to everyone in the clinic these days, as part of our response to the severity of the opioid epidemic. This is much like our other annual screening questions, like asking whether you've had your flu shot. It helps your provider understand your overall health and well-being better.
<b>Patient Question:</b>	<b>If I don't feel like I have these problems, should I still fill this out?</b>
<b>Answer</b>	Yes. This information is just as important as tracking your blood pressure or temperature. It helps your provider assess your overall health and well-being. We're instituting regular screening for Opioid Use Disorder to everyone in the clinic these days, as part of our response to the severity of the opioid epidemic.
<b>Patient Question:</b>	<b>Do I have to fill this out even if I'm not comfortable answering these questions?</b>
<b>Answer</b>	You never have to fill out a form or answer questions that you're not comfortable with. If you have concerns about completing this, I'll tell your provider you would like to talk about it with them.
<b>Patient Question:</b>	<b>I would rather just talk to my provider about these questions instead of filling this out. Is that OK?</b>
<b>Answer</b>	Yes, of course.
<b>Patient Question:</b>	<b>I don't understand some of these questions. Can you help me?</b>
<b>Answer</b>	If you have questions about the specific items on the form and how they apply to you, it would be best to talk about that with your provider. But if you would just like me to read the questions to you out loud, I can do that if you like.

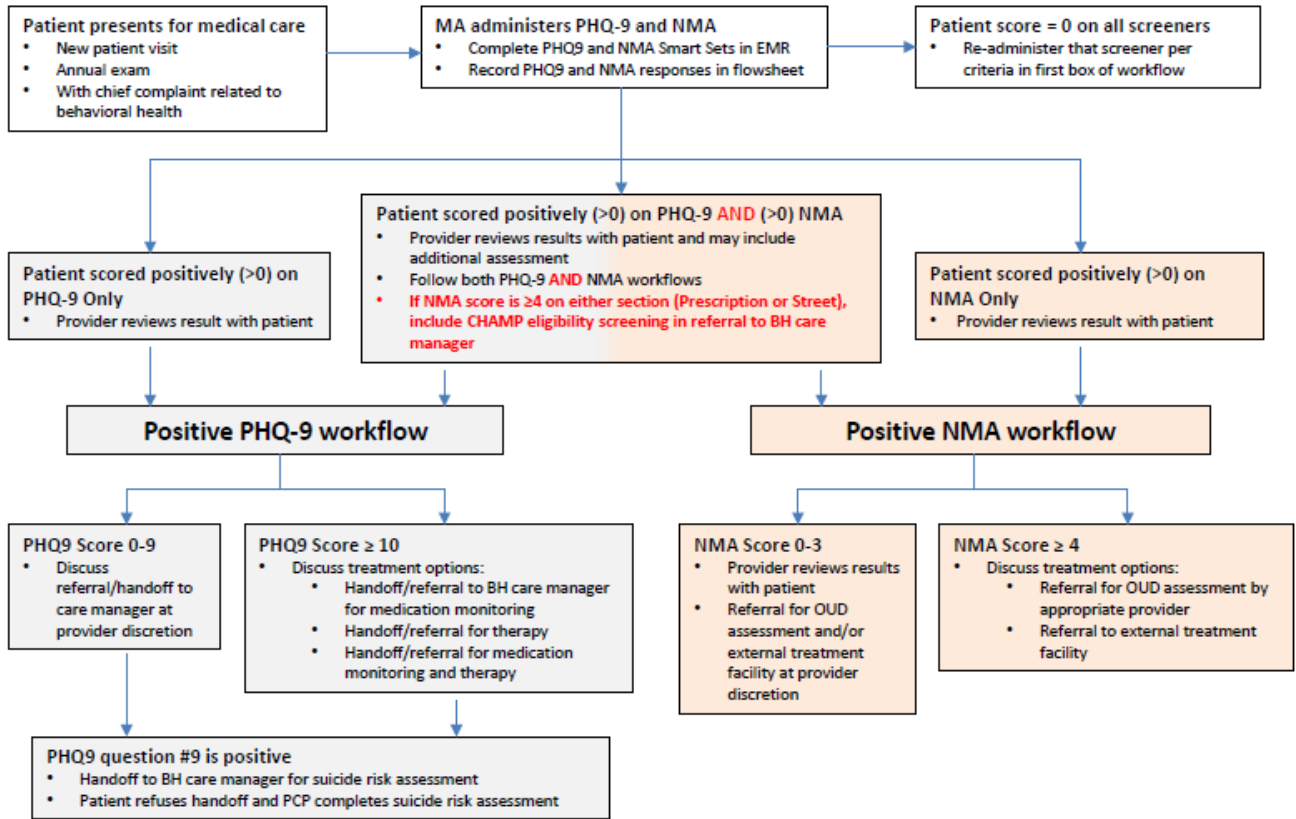
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## Strategies for Training, Testing, and Making Improvements in OUD Screening Workflows

- **Use materials from this toolkit as well as your own resources to create a custom guide** for front desk and rooming staff. Use your custom guide as part of new staff orientations.
- **Create an easy-to-follow screening workflow graphic in PowerPoint or Visio for your care team.**  
Make sure that your graphic clearly designates WHO is responsible for each step and describes WHAT each action step is required at that point in the process.
- **If rooming staff are administering the NMA, create opportunities for periodic training that includes role play and practice with the NMA.** Make it fun! Ask other staffers to be practice patients, responding in role play with various levels of Opioid Use Disorder symptoms.
- **Engage your QI staff or another practice coach to help with PDSA cycles** if the workflow is not being used consistently and may need a tune-up.
- **Send a “fake patient” through the screening process, starting at the front desk. Debrief the patient’s experience with the team.** Enlist one of your staff to volunteer to simulate a patient visit and go through your current screening process. Coach your volunteer to have a high NMA score. Debrief what went right and what went wrong, and what made people feel uncomfortable. You might also try this out with patients calling in for a first OUD treatment appointment, to ensure the switchboard routes these inquiries appropriately. What better way to evaluate your clinic’s screening work flow than to experience it from a patient’s perspective!

### Example Depression and OUD Screening Workflow using the PHQ-9 and NIDA-Modified ASSIST for CHAMP (NMA)

Note: There are variety of ways to screen for mental health disorders and OUD, and this is one example. What is most important is to document your clinic's workflow.



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: ( ) F ( ) M Age: \_\_\_\_\_

**NIDA-Modified ASSIST (NMA) – CHAMP – Self Report Format**

Thank you for taking this brief screen about opioid use. The following questions ask you about your experience using these substances. Some of these substances may be prescribed by a doctor; however, if you have taken such medications for reasons other than as prescribed or taken them more frequently or at higher doses than prescribed, please answer the questions accordingly. Use a (✓) to indicate your answer.

**Use of Prescription Opioids Other Than as Prescribed, Q1-6**

*Prescription opioids include fentanyl, oxycodone [Oxycontin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, tramadol etc.*

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. How often have you used prescription opioids? <b>IF ANSWER IS 'NEVER' USED PRESCRIPTION OPIOIDS OTHER THAN AS PRESCRIBED, SKIP TO QUESTION 7.</b>	0	2	3	4	6
2. How often have you had a strong desire or urge to use prescription opioids?	0	3	4	5	6
3. How often has your use of prescription opioids led to health, social, legal or financial problems?	0	4	5	6	7
4. How often have you failed to do what was normally expected of you because of your use of prescription opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
5. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of prescription opioids?	0	3		6	
6. Have you <u>ever</u> tried and failed to control, cut down or stop using prescription opioids?	0	3		6	

**Street Opioid Use, Q7-12**

*Street opioids include fentanyl, heroin, opium, kratom etc.*

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
7. How often have you used street opioids? <b>IF ANSWER IS 'NEVER', END OF SCREEN.</b>	0	2	3	4	6
8. How often have you had a strong desire or urge to use street opioids?	0	3	4	5	6
9. How often has your use of street opioids led to health, social, legal or financial problems?	0	4	5	6	7
10. How often have you failed to do what was normally expected of you because of your use of street opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
11. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of street opioids?	0	3		6	
12. Have you <u>ever</u> tried and failed to control, cut down or stop using street opioids?	0	3		6	



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: ( ) F ( ) M Age: \_\_\_\_\_

**NIDA-Modified ASSIST (NMA) – CHAMP – Interview Format**

**Introduction (Please read to patient)**

Hi, I'm \_\_\_\_\_, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with opioid use. Some of the substances we'll talk about are prescribed by a doctor, but I will only record use of those substances if you have taken them for reasons or in doses other than as prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

**Instructions:** For each question, mark the patient's response in the appropriate column using a (✓). For example, in Question 1, if the patient reports that they have used prescription opioids weekly in the past 3 months, put a (✓) in the 'Weekly' column.

**Use of Prescription Opioids Other Than as Prescribed, Q1-6**

*Prescription opioids include fentanyl, oxycodone [Oxycontin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, tramadol etc.*

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. How often have you used prescription opioids? <b>IF ANSWER IS 'NEVER' USED PRESCRIPTION OPIOIDS OTHER THAN AS PRESCRIBED, SKIP TO QUESTION 7.</b>	0	2	3	4	6
2. How often have you had a strong desire or urge to use prescription opioids?	0	3	4	5	6
3. How often has your use of prescription opioids led to health, social, legal or financial problems?	0	4	5	6	7
4. How often have you failed to do what was normally expected of you because of your use of prescription opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
5. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of prescription opioids?	0	3		6	
6. Have you <u>ever</u> tried and failed to control, cut down or stop using prescription opioids?	0	3		6	

**Street Opioid Use, Q7-12**

*Street opioids include fentanyl, heroin, opium, kratom etc.*

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
7. How often have you used street opioids? <b>IF ANSWER IS 'NEVER', END OF SCREEN.</b>	0	2	3	4	6
8. How often have you had a strong desire or urge to use street opioids?	0	3	4	5	6
9. How often has your use of street opioids led to health, social, legal or financial problems?	0	4	5	6	7
10. How often have you failed to do what was normally expected of you because of your use of street opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
11. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of street opioids?	0	3		6	
12. Have you <u>ever</u> tried and failed to control, cut down or stop using street opioids?	0	3		6	

**\*FINISH\***

### NIDA-Modified ASSIST (NMA) – Scoring

**Instructions:** For each substance – prescription and street opioids – add up the scores received for the appropriate 6 questions. This is the Substance Involvement Score.

Prescription Opioids		Street Opioids	
Question #	Score	Question #	Score
Q1		Q7	
Q2		Q8	
Q3		Q9	
Q4		Q10	
Q5		Q11	
Q6		Q12	
<b>Total</b>		<b>Total</b>	

**Instructions:** Use the resultant Substance Involvement Score to identify patient’s risk level. To determine patient’s risk level based on their Substance Involvement score, see the table below:

Level of risk associated with different Substance Involvement Score ranges for illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_ Género: ( ) F ( ) M Edad: \_\_\_\_\_

**NIDA-MODIFIED ASSIST (NMA)– CHAMP Modificado Formato de informe propio**

Gracias por completar este cuestionario sobre el uso de opioides. Las siguientes preguntas son sobre su experiencia usando estas sustancias. Algunas de estas sustancias pueden ser recetadas por un médico; sin embargo, si ha consumido estos medicamentos por otros motivos que no sean los recetados o los ha consumido con una frecuencia mayor o en dosis mayores a las recetadas, por favor responda estas preguntas según corresponda. Marque con un (✓) para indicar su respuesta

**Consumo de opioides recetados distinto al indicado, P1-6**

*Los opioides recetados incluyen el fentanilo, la oxycodona [OxyContin, Percocet], la hidrocodona [Vicodin], la metadona, la buprenorfina, etc.*

En los últimos 3 meses...	Nunca	Una o dos veces	Mensual mente	Semanal mente	Diariamente o casi todos los días
1. ¿Con qué frecuencia ha usado opioides recetados? <b>SI LA RESPUESTA ES "NUNCA", CONTINUAR DESDE LA PREGUNTA 7</b>	0	2	3	4	6
2. ¿Con qué frecuencia ha tenido un fuerte deseo o ganas de consumir opioides recetados?	0	3	4	5	6
3. ¿Con qué frecuencia el consumo de opioides recetados le generaron problemas de salud, sociales, legales o financieros?	0	4	5	6	7
4. ¿Con qué frecuencia no ha logrado hacer lo que normalmente se esperaba de usted debido al consumo de opioides recetados?	0	5	6	7	8
En su vida...	No, nunca	Sí, pero no durante los últimos 3 meses		Sí, en los últimos 3 meses	
5. ¿Alguna vez un amigo, familiar o conocido <u>se</u> ha preocupado por su consumo de opioides recetados?	0	3		6	
6. ¿Alguna vez <u>ha</u> fallado en intentar controlar, reducir o abandonar el consumo de opioides recetados?	0	3		6	

**Consumo de opioides que se venden en su comunidad,, P7-12**

*Los opioides que se venden en su comunidad pueden ser fentanilo, heroína, opio, kratom, etc..*

En los últimos 3 meses...	Nunca	Una o dos veces	Mensual mente	Semanal mente	Diariamente o casi todos los días
7. ¿Con qué frecuencia ha consumido opioides que se vendan en su comunidad? <b>SI LA RESPUESTA ES "NUNCA", SE TERMINA EL CUESTIONARIO</b>	0	2	3	4	6
8. ¿Con qué frecuencia ha tenido un fuerte deseo o ganas de consumir opioides que se venden en su comunidad?	0	3	4	5	6
9. ¿Con qué frecuencia el consumo de opioides que se venden en su comunidad le generaron problemas de salud, sociales, legales o financieros?	0	4	5	6	7
10. ¿Con qué frecuencia no ha logrado hacer lo que normalmente se esperaba de usted debido al consumo de opioides que se venden en su comunidad?	0	5	6	7	8
En su vida...	No, nunca	Sí, pero no durante los últimos 3 meses		Sí, en los últimos 3 meses	
11. ¿Alguna vez un amigo, familiar o conocido <u>se ha</u> preocupado por su consumo de opioides que se venden en su comunidad?	0	3		6	
12. ¿Alguna vez <u>ha</u> fallado en intentar controlar, reducir o abandonar el consumo de opioides que se venden en su comunidad?	0	3		6	

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_ Género: ( ) F ( ) M Edad: \_\_\_\_\_

**NIDA-MODIFIED ASSIST (NMA)– CHAMP Modificado Formato de entrevista**

**Introducción (Léasela al paciente)**

Hola, soy \_\_\_\_\_, es un gusto conocerlo. Si le parece bien, me gustaría hacerle unas preguntas que me ayudarán a brindarle una mejor atención médica. Las preguntas están relacionadas a su experiencia con el uso de opioides. Algunas de estas sustancias que mencionaremos son recetadas por un médico; pero solo registraré el uso de dichas sustancias si las ha tomado por razones o en dosis diferentes a las indicadas. También le preguntaré sobre el uso ilícito o ilegal de drogas, pero solo para un mejor diagnóstico y tratamiento.

**Instrucciones:** En cada pregunta, indique la respuesta del paciente en la columna apropiada con un (✓). Por ejemplo, en la pregunta 1, si el paciente indica que ha consumido opioides recetados semanalmente en los últimos 3 meses, marque con un (✓) la columna "Semanalmente".

**Consumo de opioides recetados distinto al indicado, P1-6**

Los opioides recetados incluyen el fentanilo, la oxycodona [OxyContin, Percocet], la hidrocodona [Vicodin], la metadona, la buprenorfina, etc.

En los últimos 3 meses...	Nunca	Una o dos veces	Mensualmente	Semanalmente	Diariamente o casi todos los días
1. ¿Con qué frecuencia ha usado opioides recetados? SI LA RESPUESTA ES "NUNCA", CONTINUAR DESDE LA PREGUNTA 7	0	2	3	4	6
2. ¿Con qué frecuencia ha tenido un fuerte deseo o ganas de consumir opioides recetados?	0	3	4	5	6
3. ¿Con qué frecuencia el consumo de opioides recetados le generaron problemas de salud, sociales, legales o financieros?	0	4	5	6	7
4. ¿Con qué frecuencia no ha logrado hacer lo que normalmente se esperaba de usted debido al consumo de opioides recetados?	0	5	6	7	8
En su vida...	No, nunca	Sí, pero no durante los últimos 3 meses		Sí, en los últimos 3 meses	
5. ¿Alguna vez un amigo, familiar o conocido <u>se</u> ha preocupado por su consumo de opioides recetados?	0	3		6	
6. ¿Alguna vez <u>ha</u> fallado en intentar controlar, reducir o abandonar el consumo de opioides recetados?	0	3		6	

**Consumo de opioides que se venden en su comunidad, P7-12**

Los opioides que se venden en su comunidad pueden ser fentanilo, heroína, opio, kratom, etc..

En los últimos 3 meses...	Nunca	Una o dos veces	Mensualmente	Semanalmente	Diariamente o casi todos los días
7. ¿Con qué frecuencia ha consumido opioides que se vendan en su comunidad? SI LA RESPUESTA ES "NUNCA", SE TERMINA EL CUESTIONARIO	0	2	3	4	6
8. ¿Con qué frecuencia ha tenido un fuerte deseo o ganas de consumir opioides que se venden en su comunidad?	0	3	4	5	6
9. ¿Con qué frecuencia el consumo de opioides que se venden en su comunidad le generaron problemas de salud, sociales, legales o financieros?	0	4	5	6	7
10. ¿Con qué frecuencia no ha logrado hacer lo que normalmente se esperaba de usted debido al consumo de opioides que se venden en su comunidad?	0	5	6	7	8
En su vida...	No, nunca	Sí, pero no durante los últimos 3 meses		Sí, en los últimos 3 meses	
11. ¿Alguna vez un amigo, familiar o conocido <u>se ha</u> preocupado por su consumo de opioides que se venden en su comunidad?	0	3		6	
12. ¿Alguna vez <u>ha</u> fallado en intentar controlar, reducir o abandonar el consumo de opioides que se venden en su comunidad?	0	3		6	

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_ Género: ( ) F ( ) M Edad: \_\_\_\_\_

**NIDA-MODIFIED ASSIST (NMA)– Modificado Puntaje**

**Instrucciones:** Para cada sustancia – opioides recetados o que se venden en su comunidad – sume los puntajes obtenidos en las 6 preguntas. Este es el puntaje de Consumo de Sustancias.

Opioides recetados		Opioides que se venden en su comunidad	
Pregunta número	Puntaje	Pregunta número	Puntaje
P1		P7	
P2		P8	
P3		P9	
P4		P10	
P5		P11	
P6		P12	
<b>Total</b>		<b>Total</b>	

**Instrucciones:** Utilice el Puntaje de Consumo de Sustancias para identificar el nivel de riesgo del paciente. Para determinar el nivel de riesgo del paciente basado en su Puntaje de Consumo de Sustancias, consulte la siguiente tabla:

Nivel de riesgo asociado a los distintos rangos de Puntaje de Consumo de Sustancias por el consumo de drogas ilícitas o que no han sido recetadas por un médico.	
0-3	Riesgo bajo
4-26	Riesgo moderado
+27	Riesgo alto

## PCP scripts and codes for patients with a positive OUD screen

### Approach 1: Severely Truncated Brief intervention

#### **Low risk score 0-3**

"I would like to review the answers to the questions we asked about opioids with you. Is that ok?"

"Based on the answers you gave us, your opioid use may not be causing too many problems right now. However, it would be worthwhile to look at this a little closer and see if there are any ways we could help keep you from having problems related to your opioid use, including accidental overdose? Would you be interested in that?"

F11.90 is for opioid use, unspecified, uncomplicated.

#### **Moderate risk score 4-26**

"I would like to review the answers to the questions we asked about opioids with you. Is that ok?"

"Based on the answers you gave us, your opioid use is causing some problems for you, and is putting you at the risk for an accidental overdose. We have a number of options that we can offer you to help address these issues related to your opioid use. Would you be interested in that?"

Code: F11.99 is for unspecified opioid-related disorder: "symptoms characteristic of an opioid-related disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria"

#### **High risk score 27+**

"I would like to review the answers to the questions we asked about opioids with you. Is that ok?"

"Based on the answers you gave us, your opioid use is causing significant problems in your life and is putting you at high risk for an accidental overdose. We have a number of options that we can offer you to help address these issues related to your opioid use including reducing the risk for overdose. Would you be interested in that?"

Code: F11.99 is for unspecified opioid-related disorder: "symptoms characteristic of an opioid-related disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria"

### Approach 2: SBIRT approach

SBIRT (Screening Brief Intervention and Referral to Treatment). [Link to SBIRT Oregon](#)

#### **Raise the Subject**

Ask permission to discuss patient's substance use.

“Thanks for filling out this screener. Is it ok for me to review the results with you? I will not ask or advise you to stop or change your use in any way you do not want to. Instead, my focus is to understand what your goals or visions for your future are. I can share information with you so you can improve your quality of life on your own terms and on your own timeline. How does that sound to you?”

### **Share information**

Ask what the patient knows about risks of opioid use. Share any additional risks if needed.

“Tell me what you know about the risks of your opioid use? Thanks for sharing that. In addition, here are some additional risks we are seeing people experience in the community...”

### **Enhance motivation**

Ask what they like about their use and what they don't like. Ask what change they would like to see around their use.

“What are some things you like or don't like about your use? Is there anything you would like to do differently about your opioid use?”

Summarize goals

- “I hear that you are not interested in stopping any of your opioid use at this time. Would you be interested in learning about ways to make your use safer?”
- Or, “I hear that you are interested in stopping your opioid use at this time? What does that look like for you? Would you like to learn more about some ways we can help you with that?”
- Or, in the case of someone on chronic opioids for pain. “I hear that you do not feel like your pain is adequately controlled, but you don't like running out of opioids before you are due for the next prescription. Would you be interested in learning about longer lasting and safer opioids that we could use instead of what you are on, which could help reduce some of the urges to take more than prescribed.”

### **Identify plan**

Talk about the next steps. Refer for MOUD provider for f/u if interested in potentially receiving treatment. Discuss Narcan as back-up safety option for anyone using illicit opioids at any level, or for people on chronic opioid therapy.

Code: State or commercial insurance SBIRT codes depending on how much time is spent talking about the screener. This would potentially get reimbursed at a higher level than F11.90 and F11.99.

## **PCP scripts for presenting Narcan to patients**

“Both prescription opioids and opioids off the street place people at higher risk for an accidental overdose. And while I know everyone tries to be as careful as possible about their opioid use, sometimes people can accidentally take more than their body can handle because you can never be 100% certain what may be mixed into opioids you get from someone else. This can lead to an overdose and death. Narcan is a medication that can help treat those accidental overdoses and save your or a

friend's life. It is a medication that friends and family need to know you have, in case they find you unconscious, so that they can use it. In addition, people that use opioids have found it useful in cases where their friends are using opioids and take too much and become unconscious. Can I show you this brochure to tell you more about it?"

Additional scripting from <https://stopoverdose.org/section/treatment-providers/>

- **Make it a standard practice to discuss overdose with all clients**, so no one feels singled out for being more “at-risk” than others. Start conversations with:
  - *I talk with all of my clients about overdose because the topic is so important right now. And because I want everyone to have the best information.*
  - *Even if you never used opioids or you think you'll never use opioids again, you probably know someone who still does. You might need to help someone else someday.*
  - *We can feel confident that we'll stay abstinent, but we've all seen relapse happen. And with opioids, the risk of overdose is real. So we want everyone to have this information – to help yourself or maybe someone you care about.*
- **Emphasize concern** for the client's safety and survival.
  - *No slip up or relapse should be fatal.*
- **Reinforce the client's ability to help others** and the community.
  - *You can help spread this information to others or you might even be in a position to save a life.*