

## PCP scripts for patients with a positive OUD screen

### Approach 1: Severely Truncated Brief intervention (with billing codes)

- **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.”*