

MEDICATION ASSISTED TREATMENT (MAT)

SPECIAL EDITION

INDIAN HEALTH CARE: ENSURING A COORDINATED, HOLISTIC RESPONSE TO
THE OPIOID AND HEROIN EPIDEMIC



Join the Voices for Recovery:
Celebrating Connections

nationalrecoverymonth.org



September is Recovery Month

Let your voice be heard and celebrate
those living in recovery!

Supporting Clinicians to Establish MAT Services:

The [Drug Addiction Treatment Act of 2000 \(DATA 2000\)](#) helps improve access to Opioid Use Disorder (OUD) treatment by allowing clinicians to prescribe and dispense buprenorphine for MAT.

Eligible disciplines include:

- [Physicians](#) (Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO))
- [Nurse Practitioners](#) (NPs)
- [Physician Assistants](#) (PAs)
- [Clinical Nurse Specialists](#) (CNSs)
- [Certified Registered Nurse Anesthetist](#) (CRNAs)
- [Certified Nurse-Midwives](#) (CNMs)

Under the DATA 2000, physicians are required to complete 8-hours of MAT training where NPs, PAs, CNSs, CRNAs, and CNMs must complete 24-hours. After completing the training, a clinician can request the DATA 2000 waiver to treat opioid dependency with approved buprenorphine products.

Several [federal laws and regulations](#) allow physicians and other medical providers to administer buprenorphine to patients with OUD without a buprenorphine waiver in special circumstances including:

- A patient suffering from OUD who is admitted to a hospital for a primary medical problem other than opioid dependency.
- In [medical emergencies](#) to administer (but not prescribe) buprenorphine to a patient for up to a 72-hour period for the purpose of relieving acute withdrawal symptoms while arranging for the patient's referral to treatment.

To further support clinicians, HRSA offers the [National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program](#) and the [Rural Community Loan Repayment Program](#). The SUD Workforce LRP provides up to \$75,000, and the Rural Community LRP provides up to \$100,000 in student loan repayment for eligible clinicians. Clinicians receive priority if they maintain a DATA 2000 waiver to provide MAT.

For more information on becoming a data waiver clinician: HOPE's [Provider Considerations](#) page, the [Providers Clinical Support System](#) or [SAMHSA](#).

Steps to Obtain your MAT DATA Waiver:



Click for more information
about the [new Privacy
Rules and MAT](#).

Or visit: www.ihs.gov/opioids and
www.ihs.gov/painmanagement

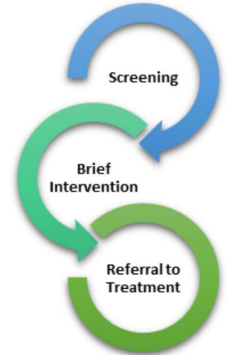
Increase your Impact with SBIRT:

Screening, brief intervention, and referral for treatment (SBIRT) is a comprehensive, integrated, public health approach to identify, reduce, and prevent substance use disorders. It consists of three major components:

Screening: Universal screening of patients with validated screening tools for alcohol and drug use to identify unhealthy use ranging from risky use (which increases the likelihood of health consequences) to substance use disorders.

Brief Intervention: A short conversation (typically about 5-10 minutes) with a patient showing risky substance use behaviors focusing on motivational interviewing principles and skills. Components in a brief intervention include raising the subject, sharing information, enhancing motivation, and negotiating a plan.

Referral to Treatment: Referrals to specialty care for patients with substance use disorders who need a higher level of care.



SBIRT provides opportunities for early intervention with at-risk substance users before more severe consequences occur. Early interventions result in improved community health and cost savings by reducing the prevalence of adverse consequences of substance use.

SBIRT's demonstrated cost savings and health impacts have led to its inclusion as a Government Performance and Results Act (GPRA) measure. The 2020 GPRA goal is to achieve the target rate of 12.2% for the proportion of patients, ages 9 through 75, who screened positive for risky or harmful alcohol use and who received a Brief Negotiated Interview (BNI) or Brief Intervention (BI) within 7 days of screen. In addition to SBIRT as a GPRA measure, the AMA has approved two CPT codes, 99408 and 99409, (based on time devoted to the service) allowing reimbursement for alcohol and drug screening and intervention.

Want to learn more about how you can increase your impact with SBIRT?

Visit the [IHS Tele-education](#) on-demand SBIRT training series. [SBIRT Oregon](#) offers screening forms, clinical tools, and video demonstrations to assist with screening and BNIs. [SAMHSA](#) has additional available resources.

Peer Recovery Support:

Peer recovery support is a way of offering social support to those engaged in recovery. Peer recovery specialists serve as coaches who have experience with SUD and recovery. These paraprofessionals support individuals who are going through similar experiences by inspiring hope that people can and do recover. Peer recovery programs are "person-centered" and support individualized recovery goals and plans.

Peer recovery specialists support:

- Emotional: empathy and concern
- Informational: connect to information and referrals to community resources that support health and wellness
- Instrumental: concrete supports such as housing or employment
- Affiliation: connect to recovery community supports, activities and events

Peer recovery activities:

- Education and skill building: wellness and crisis planning, self-advocacy skills, and goal setting
- Identify and overcome barriers to participation in community resources
- Connect with resources: teaching and modeling the skills needed to successfully utilize community resources
- Building relationships and encouraging community-based activities

SAMSHA has developed [peer support resources](#). These resources offer guidance on training peer recovery specialists and core competencies that reflect five foundational principles: recovery-oriented, person-centered, voluntary, relationship-focused, trauma-informed.

Tele-MAT:

MAT through tele-health models has become a resource and tool to increase access to OUD treatment especially in rural areas & during the COVID-19 pandemic. In 2018, IHS released the [Internet Eligible Controlled Substance Provider Designation](#) policy to provide authorization for MAT prescribing in tele-MAT programs.

Providing MAT through tele-MAT models may require additional coordination, attention and resources to operate successfully. IHS developed a [tele-MAT toolkit](#) designed to offer guidance and resources to office based opioid treatment programs that provide buprenorphine containing products and/or naltrexone for the treatment of OUD.