

Clinical Pathway for Opioid Use Disorder (OUD)

Patient presents with signs & symptoms consistent with OUD. Perform validated screen tool for OUD and other substances. The first clinical priority should be given to identifying and making appropriate referral for any urgent or emergent medical or psychiatric problem(s), including drug related impairment or overdose. Refer to Part 1 (assessment and diagnosis) pg 10 at

https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2

Continue Comprehensive Evaluation. If prescribing Rx ensure physical exam is conducted or reviewed. Ascertain if pt is appropriate for MAT. Conduct COWS to gauge withdrawals. Determine LOC using ASAM criteria. If a newly diagnosed OUD (SUD) is initiation of therapy within 14 days (HEDIS). Also, after initiation F/U, is patient seen within 34 days of visit (HEDIS).

If urgency or emergency is present, refer member to appropriate setting. Ensure warm handoff. If patient is D/C from inpt, ED, or residential tx, ensure pt is seen within 7 days. (HEDIS)

LOC determined by ASAM Criteria. For the applicable service refer to the CCP.