

Sample Buprenorphine Program Workflow Sample #1 – MOUD provision by jail contracted medical provider [KY HCS]

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Proposed Workflow for Buprenorphine MOUD Program

Eligibility

- People who have non-violent charges/convictions (those indicted on violent, sexual, or trafficking charges are not eligible)
- People who are county inmates (not state inmates), prioritized by:
 1. People who are already sentenced
 2. People remaining in jail after Administrative Release process (awaiting trial)
 3. People released after Administrative Release process
- Not awaiting transfer to another correctional facility
- New admissions are the priority (those with multiple cases in multiple counties or states are not eligible)
- Limit enrollment to 1-2 patients per week during pilot period

Workflow

1. Screening for opioid use and documentation of consent
 - a. Screening for opioid use – 3 items total: 2 self-report questions AND urine drug screening. If any one of these are positive, then it is considered a positive screen.
 - i. Self-report items: Medical staff to ask within 24 hours of booking:
 1. “Do you use opioids, such as heroin, pain pills, or fentanyl?” and “Do you think you will be withdrawing from opioids while in jail?”
 2. If yes to either of these questions, patient is referred to Buprenorphine Program coordinator.
 - ii. Using urine drug screens and pregnancy test (pregnancy test only when applicable)
 1. Intake nursing staff to perform urine drug screen collection & testing on all intakes that agree to provide urine sample.
 2. Urine drug screen to include, but not limited to, buprenorphine, methadone, opiates, oxycodone, benzodiazepines, and stimulants.
 - a. If patient self-reports opioid use and initial screen is negative, proceed with further fentanyl screen testing.
 - b. If a patient is pregnant, proceed with jail medical protocol to confirm/assist with prenatal care. Pregnant individuals with OUD are eligible for medication treatment with buprenorphine through HEAL.
 3. Documentation of screening results onto screening form along with the answers to the two self-report questions.
 - iii. Referral process

1. For those screening positive on any of the 3 items above, they are referred to [appropriate staff] to discuss possible treatment of OUD and option of jail buprenorphine program.
 2. During referral, patient can be given MOUD flyer and educated about medication treatment options by staff. If patient is interested in Buprenorphine treatment program, proceed with conducting the DSM5 OUD checklist.
 3. Administer DSM-5 OUD checklist - if positive for at least 2 criteria, then proceed. If not positive for at least 2 criteria, this suggests that an OUD diagnosis may not be present, and buprenorphine would not be indicated. If the diagnosis is still unclear, staff can refer to [provider]. If no diagnosis – patient is not eligible.
- iv. Consent & Documentation (for those screening positive, with at least 2 criteria on OUD DSM5 checklist, and wanting to receive buprenorphine treatment)
1. Nursing staff to complete the following with the patient to sign:
 - a. Consent to treatment via telehealth
 - b. Consent to treatment/signed treatment agreement with buprenorphine
 - c. Consent to referral to outside OUD treatment/healthcare provider at release
 - d. Consent to obtain records from previous substance use disorder treatment venues (KBML requirement)
 - e. Release of Information (ROI) between healthcare provider, jail, and community provider at release
 - f. As part of informed consent, patients must agree to be transitioned to Sublocade® prior to release.
 2. [Appropriate staff] or designee to generate KASPER report (KBML requirement)
 3. [Appropriate staff] or designee to compile all consent forms, DSM5 OUD checklist form, KASPER report, urine drug screen results and ensure completion of all prior to provider appointment
- v. Secure sharing of information between parties
1. Documentation stored securely and shared with provider(s) in patient medical record, including screening results form, consent forms, DSM5 OUD checklist form, KASPER report, urine drug screen results and pregnancy test results (if applicable)

Treatment

- a. Prior to initial encounter, if individual meets eligibility for HEAL program and is experiencing withdrawal from opioids, contact [provider] to request evaluation for verbal order for buprenorphine/naloxone to be initiated as soon as possible.
- b. Initial encounter procedures

- i. Intake nursing staff to ensure Hcg urine performed on women of childbearing age
 - ii. [Appropriate staff] or designee to escort patient to private area for telemedicine or in-person appointment with a provider. [Appropriate staff] to bring patient to medical area.
 - iii. [Appropriate staff] or designee with patient during appointment
 - iv. Nursing staff to perform Clinical Opiate Withdrawal Scale (COWS)
 - v. Nursing staff to do a set of vitals (BP, HR, temp, RR) prior to appointment
 - vi. Nursing staff to help connect patient to appointment for initial evaluation
 - vii. [Provider] to evaluate the following in initial eval note (per KAR 9:270) by notation or reference to existing documentation: Fam Hx/Social-Personal-Legal Hx/Detailed SUD and Psych History/Med-Surg Hx/Meds/Allergies/ROS. Ensure OUD diagnosis with DSM-5 criteria documented
 - viii. Nursing staff to assess and document COWS score prior to appointment for verification during telemedicine appointment. [cows or similar withdrawal assessment required by KMBL]
 - ix. Physician orders for labs [Complete metabolic panel, CBC with diff, PT/INR, Lipid profile, HIV screen, Hep B/C screen, plasma Hcg if female, urine drug test
 - x. Nursing staff to obtain blood draw as soon as practical Monday through Thursday but not more than five business days after initial evaluation. Results are not needed prior to treatment initiation.
 - xi. Please note that HIV/AIDS and epilepsy/seizure disorder do not exclude from buprenorphine treatment. Very few medication interactions between HIV medications and buprenorphine. If HIV/AIDS patient is followed by community clinic, care coordination should be emphasized.
 - xii. Provider to enter medication order for buprenorphine into medical record and send to pharmacy per healthcare provider workflow.
- c. Buprenorphine dosing and diversion mitigation
- i. Patient specific Buprenorphine/naloxone or buprenorphine sublingual tablets are ordered, stocked, and inventoried according to DEA regulations and KY requirements.
 - ii. Buprenorphine administered to patient under direct supervision of nursing and custody staff. (If used: Tablets are administered under patient's tongue). Patient is observed for 5-10 minutes until medication is dissolved. Patient is to drink water following dose with mouth check performed. Hands to be behind back and no dose is to be in hands of patient. Nursing staff to document dosing in medication administration record (MAR). This procedure is for diversion mitigation purposes.
 - iii. Sublingual buprenorphine/naloxone or buprenorphine dosing expected to be once daily or twice daily if clinically indicated.
- d. Follow-up visits
- i. Appointment frequency: KBML 9.270 and 201 KAR 20:065 outlines appointment frequency. The Kentucky Board of Medical Licensure issued an

Opinion in June 2023 regarding exemption from frequency of visit requirements in 201 KAR 9:270 (2)(4)(e)(3) for incarcerated persons that states “it is acceptable and prevailing practice to exclude patients from the frequency of visit requirements set forth in 201 KAR 9:270 (2)(4)(e)(3) while they are incarcerated.” Relevant regulations from the Board of Nursing are currently available for public comment and it is advised to follow announcements from the board accordingly.

- ii. Custody staff to escort patient to and from medical for appointments
- iii. Nursing staff to perform vitals and COWS prior to appointments until providers deem it is no longer necessary
- iv. [Appropriate staff] or designee to run KASPER at least once every 3 months and waived provider to document their review in chart with any worrisome findings noted
- v. [Buprenorphine provider] to document in their note that the current dose and the need for ongoing medication treatment are appropriate as outlined by 201 KAR 9.270 and 201 KAR 20:065.
- vi. Dose changes, new orders, and documentation from provider communicated to medical staff via medical record or appropriate means.
- vii. In the event the provider identifies a concern with the patient, the provider will communicate with [provider] who will determine if a telehealth visit is indicated.
- viii. Once the site has appropriate telehealth equipment, independent of the above scheduling [provider] will conduct a telehealth clinic approximately once per month with patients scheduled at the discretion of the site staff (jail staff and/or medical).

Release & Re-Entry Care

- a. Link to ongoing care and ensuring medication upon release
 - i. Patients will be transitioned to Sublocade® prior to release. In the event the release occurs abruptly without sufficient notice to transition to Sublocade®, [provider] will be notified by nursing staff to send a prescription for a seven-day supply of medication to the local contract pharmacy to be filled by the patient after release OR order enough medication to be dispensed by medical staff upon inmate release to last until follow-up appointment after release (e.g., 7-day supply)
 - 1. Make every effort to ensure insurance/Medicaid coverage is re-instated and active prior to patient release.
 - 2. Consider utilizing Sublocade® prior to release (if using Sublocade®, no need for sublingual prescription dispensing or issuing prescription to a pharmacy on release)

Jail and/or nursing staff to perform linkage and warm hand-off to community buprenorphine provider [please see Community Resource Guides for all Wave 2 Counties for assistance in locating buprenorphine providers].