

## CLINICAL PATHWAYS FOR PATIENTS IN TREATMENT INCLUDING USE OF MEDICATIONS

### Model #3: Vermont Spoke

The model reflects an adaptation of the Vermont Hub and Spoke model for buprenorphine only. The VT model includes Hubs that are Narcotic Treatment Programs (NTPs) functioning as Section 2703 Health Homes, that serve the most complex clients based on the clinical assessment. This adapted model is for the remaining clients served in “Spokes”, which are primary care settings with waived physicians, plus supports from RNs and licensed clinicians. An “episode” payment includes a range of activities at the initiation of treatment that spans several weeks. Monthly rates are used for on-going services, such as maintenance and discontinuation (if selected), where average clinical activities can be best-defined on a monthly basis.

The model below includes four different levels of bundled payments as a client moves through a course of treatment.

- Clinical Assessment and Induction (eight-week episode for Steps #1 – 3)
- Stabilization (8 week episode—Step #4)
- Maintenance (monthly—Step #5)
- Discontinuation and Medical Withdrawal (monthly—Step #6)

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS
1. CLINICAL ASSESSMENT, REFERRAL AND TREATMENT PLAN		
1.A. MULTI-DIMENSIONAL CLINICAL ASSESSMENT using an evidence-based assessment tool, needed services are identified; includes screening by physician if new patient, and VT Treatment Needs Questionnaire	Primary care settings with waived physicians with support from RNs and care managers, who are licensed clinicians, and CACs	<ul style="list-style-type: none"> <li>• MD/DO 30 min</li> <li>• Licensed BH professional 60 min; 50% CAC and 50% LCSW/other licensed</li> </ul>

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS
<p>1B. IDENTIFICATION AND REFERRAL BASED ON COMPLEXITY using OBOT Severity Index Tool, determine if refer to Hub or continue in Spoke; develop psychosocial treatment plan; includes contracts, consents, etc. <i>Note: if complex client refer to Hub, outside of bundle</i></p>	<p>RN or care manager</p>	<ul style="list-style-type: none"> <li>• 50% RN; 50% care manager (25% LCSW/25% CAC)</li> <li>• 30 minutes</li> </ul>
<p>2. OFFER OF MEDICATION to any patient who is not able to go through spontaneous remission and has a diagnosis of opioid dependence</p>	<p>Done by physician</p>	<ul style="list-style-type: none"> <li>• Time included in #1A or #1B</li> </ul>
<p>3. INDUCTION ONTO APPROPRIATE MEDICATION, includes initial prescription, monitoring on day one, intensive withdrawal management and monitoring during week one with decreasing frequency across weeks 2 - 8; (8 weeks)</p>	<p>MD/DO, RN, LCSW/Other licensed professional, CAC</p>	<ul style="list-style-type: none"> <li>• Prescribing MD/DO 15 min X 3 times for week one; weekly for weeks 2 – 8; Totals 10 visits or 2.5 hrs</li> <li>• RN averages 15 min per week for 8 weeks or 2 hrs (may be used in larger blocks and/or for phone checks)</li> <li>• Counseling and care management 1 hour per week               <ul style="list-style-type: none"> <li>○ 50% individual using LCSW or CAC (equal split) or 4 hrs</li> <li>○ 50% group with equal split LCSW and CAC or 4 hrs</li> </ul> </li> <li>• Urinalysis weekly for weeks 1 – 8</li> </ul>

CLINICAL PATHWAY	SITES AND STAFFING	FINANCIAL MODEL ASSUMPTIONS
4. STABILIZATION, including continued monitoring and treatment services (individual or group), care management and medication management with adjustment of medication dosages as appropriate	MD/DO, RN, LCSW/Other licensed professional, CAC	<ul style="list-style-type: none"> <li>• MD/DO every other week visits or 15 min X 4 visits = 1 hr</li> <li>• RN every other week or 15 min X 4 visits = 1hr</li> <li>• Counseling and care management 1 hr per week               <ul style="list-style-type: none"> <li>○ 50% individual using LCSW or CAC (equal split) or 4 hrs</li> <li>○ 50% group with equal split LCSW and CAC or 4 hrs</li> </ul> </li> <li>• Urinalysis monthly, may be random</li> </ul>
5. MAINTENANCE, including medication management and continuing care, not time limited, based on client need. (monthly)	MD/DO, RN, LCSW/Other licensed professional, CAC	<ul style="list-style-type: none"> <li>• MD/DO monthly at 15 min</li> <li>• RN 15 min every other week or 30 min/month</li> <li>• Counseling and care management 2 hr per month               <ul style="list-style-type: none"> <li>○ 50% individual using LCSW or CAC (equal split) or 1 hr</li> <li>○ 50% group with equal split LCSW and CAC or 1 hr</li> </ul> </li> <li>• Urinalysis monthly, may be random</li> </ul>
6. DISCONTINUATION AND MEDICAL WITHDRAWAL, including re-assessment: maintenance or tapering; frequency/monitoring increases as dosages reach lower levels to assist with symptom management; (monthly)	MD/DO, RN, LCSW/Other licensed professional, CAC	<ul style="list-style-type: none"> <li>• Physician 15 min every other week or 2/month or 30min per month</li> <li>• RN 15 min every week or 2/month or 30 min per month</li> <li>• Counseling and care mgt 1 hr/week               <ul style="list-style-type: none"> <li>○ 1 hr individual using LCSW or CAC (equal split)</li> <li>○ 3 hrs group with equal split LCSW and CAC</li> </ul> </li> <li>• Urinalysis 2/month</li> </ul>