Optum | United Healthcare Community Plan

Clinician Quick Reference Guide

Opioid Use Disorder

Opioid Use Disorder (OUD) is defined as the chronic use of opioids that causes clinically significant distress or impairment. This resource provides information to help clinicians who identify, diagnose and refer individuals diagnosed with OUD.

Evidence-based treatment for Opioid Use Disorder is available. It typically includes FDA-approved Medication for Opioid Use Disorder (MOUD), commonly called Medication-Assisted Treatment (MAT), such as buprenorphine, naltrexone and methadone combined with behavioral health therapy.

Substance Use Disorder 24/7 Helpline: 1-855-780-5955

Licensed clinicians are available 24/7 for:

- Local OUD and behavioral health evidence-based treatment identification (option 2)
- Education resources
- Community support services
- Care Advocate referrals for ongoing support (up to 6 months, when appropriate)

Need Help Now?

Call or text **988** for the Suicide and Crisis Lifeline for urgent mental health or substance use crises.

Call **911** for immediate life-threatening emergencies.

Opioid Use Disorder Statistics

- In 2022, among the 4% (approximately 9 million people) of the adults in the United States who needed OUD treatment, only 25% (approximately 2 million people) received recommended medications. [1]
- Nearly 108,000 people died from drug overdose in 2022 and approximately 82,000 of those deaths involved opioids (76%). [2]
- The rate of overdose deaths involving synthetic opioids (primarily illegally made fentanyl and fentanyl analogs) increased approximately 4%. [2]

What's Inside

- Opioid Use Disorder diagnosis and treatment – engaging with patients
- Provider and family resources
- Opioid Use Disorder screening assessment

Note: FDA approval does not guarantee coverage by your health plan – please be sure to verify coverage based on your benefits.

Sources: Dowell D, Brown S, Gyawali S, et al. Treatment for Opioid Use Disorder: Population Estimates — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:567–574. DOI: http://dx.doi.org/10.15585/mmwr.mm7325a1 Spencer MR, Garnett MF, Miniño AM. Drug Overdose Deaths in the United Sates, 2002-2022. NCHS Data Brief, no 491. Hyattsville, MD: National Center for Health Statistics.

Opioid Use Disorder Diagnosis and Treatment Resources

There is improved adherence and patient engagement with both MOUD and behavioral therapy compared to patients receiving medicinal treatment alone. Available resources for both include:

MOUD Specialists

- Physicians/Psychiatrists
- Physician Assistants
- Nurse Practitioners

Behavioral Therapy Specialists

- Psychologists
- Psychiatrists
- Nurse Practitioners
- Licensed Clinical Social Worker

Speaking with Patients

The initial conversation can set the tone for a patient's willingness to consider recovery resources. Phrases can be effective or detrimental to patient engagement:

Positive language to begin the Opioid Use Disorder conversation:

- As your doctor, I am concerned by your opioid use
- According to the assessment, this level of opioid use is likely causing harm to you and/or others
- Opioid Use Disorder is a medical condition and help is available
- I'd like to discuss available recovery resources, if you're willing

Positive language if patient is unwilling to engage with recovery options:

- I hope you'll consider taking steps to better manage or stop using opiates
- I'd like to schedule a follow-up after you've had time to consider your options, how does that sound?
- If you decide at any time to engage with available help, you can call my office or the Substance Use Disorder 24/7 Helpline which is **1-855-780-5955**.

Referring Patients for Treatment

There are several ways to refer Optum members for treatment, as outlined below. Before sharing options with a member, please verify the provider's network status by calling the number on the back of the member's ID card.

- **Provider Express secure portal:** You can refer Optum members for treatment by using the Referral tool in the Provider Express secure portal
- **The Optum Live and Work Well website**:
  - Go to liveandworkwell.com
  - Select Browse with an access code and enter "clinician" as the code.
    - Then click Find Care. You can search for substance use support resources or find care by zip code
- **State-specific mobile crisis support:** Simply select your state from the list. Providers on the lists are vetted twice a year to ensure information is accurate.
- **Member Services:** Call the number on the back of the member's ID card for assistance.

Provider Resources

To access any of these options, simply click the title.

Resource	Description
Treatment of Opioid Use Disorder Course ASAM e-Learning	This 8-hour online course covers treating opioid use disorder using interactive, case-based learning to teach evidence-based practices. It also provides the required education needed to prescribe buprenorphine.
Treatment of Opioid Use Disorder for Pregnant Patients ASAM e-Learning	This 8-hour online course provides the education that is essential for providers to identify, assess, diagnose and manage pregnant and postpartum patients with opioid use disorder (OUD).
CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022 Clinical Practice Guidelines) Centers for Disease Control & Prevention	The 12 recommendations are grouped into four areas of consideration: 1. Determining whether or not to initiate opioids for pain 2. Selecting opioids and determining opioid dosages 3. Deciding duration of initial opioid prescription and conducting follow-up 4. Assessing risk and addressing potential
SAMHSA Overdose Prevention and Response Toolkit Substance Abuse and Mental Health Services Administration	Comprehensive toolkit and resources on opioid overdose for providers, patients, families and friends.

Member/Family Resources

Resource	Description
Opioid Addiction Treatment –Guide for Patients, Families and Friends ASAM	Information on assessing and treating opioid addiction, focused on patients, families and friends.
Shatterproof: Stronger than Addiction Shatterproof	Extensive content regarding addiction for patients, families and friends.

Opioid Use Disorder Screening: DSM-5 Opioid Use Disorder Checklist

Instructions for use: Patient to indicate "yes" or "no" to each question. Tally results in each category and match results to screening severity scale.

Diagnostic Criteria Questions*	Yes or No	Notes
1. Opioids are often taken in larger amounts or over a longer period of time than intended.		
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.		
3. A lot of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.		
4. Craving, or a strong desire to use opioids.		
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.		
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.		
7. Important social, occupational or recreational activities are given up or reduced because of opioid use.		
8. Recurrent opioid use in situations in which it is physically hazardous.		
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.		
10. Tolerance** as defined by either of the following: a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect; b. Markedly diminished effect with continued use of the same amount of an opioid.		
11. Withdrawal** as manifested by either of the following: a. The characteristic opioid withdrawal syndrome; b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.		

An Opioid Use Disorder diagnosis requires at least 2 criteria be met within a 12-month period.

Severity Scale	Corresponding ICD-10 Code*
Mild = 2-3 symptoms	305.50 (F11.10)
Moderate = 4-5 symptoms	304.00 (F11.20)
Severe = 6+ symptoms	304.00 (F11.20)
*Not to be used with intoxication, withdrawal and/or opioid mental disorders.	

** This criterion is not met for individuals taking opioids solely under appropriate medical supervision. Substance Abuse and Mental Health Services Administration (SAMHSA). TIP 63: Medications for Opioid Use Disorder – Full Document. Page 5-20.