

Buprenorphine Enhanced & Supportive Medication-Assisted Recovery & Treatment (BE-SMART) Program: Best Practices

As a participating care provider in our BESMART Program, you've agreed to provide services to patients who present with opioid use disorder. As you care for these patients, please consider the following best practices to help guide your decisions:

- **Education:** HIV, AIDS and viral hepatitis are important public health concerns for those participating in substance use disorder treatment programs.¹ Inform your patients about their increased risk for contracting these infections and offer testing, vaccinations, safe practices and/or referrals.
- **Protection:** Women of child-bearing age in BESMART therapy with buprenorphine- or methadone-only products should be advised of the risk of neonatal abstinence syndrome, if pregnant.² Discuss long-acting reversible contraception options with your female patients who have the potential to become pregnant during therapy.
- **Limitation:** Limit the risk of diversion with a formal diversion policy, including random and scheduled control audits. Some simple measures you can use include documenting pill counts, conducting random urine drug screens, reviewing the diversion policy with the patient and monitoring for the presence or absence of red-flag behaviors.³
- **Prevention:** Discuss the risk of overdose. As the patient's care provider, you should periodically evaluate stressors that could lead to an overdose or relapse. Make sure your patients have access to Narcan® and are trained on how to administer it in the event of an overdose.⁴
- **Preparation:** Perform treatment planning within 30 days of the initial intake. Each patient should be actively involved in developing their treatment plan along with a multidisciplinary team, including their therapist, case manager and primary care physician (PCP). The plan should include measurable goals, the methods used for monitoring progress and the conditions that would lead to discontinuation of treatment. Continuously assess the plan as your patient moves through treatment, removing and/or modifying goals, as needed.
- **Coordination:** Provide your patients with comprehensive care coordination, including referrals to PCPs, community agencies or other services that can support their stability and recovery. Since the needs of your patients may change during their recovery process, it's important to conduct needs assessments and provide monthly care coordination.
- **Recommendation:** Counseling with a licensed behavioral therapist is part of BESMART and may lead to higher rates of recovery success. By recommending cognitive behavioral therapy, you can help patients work through any underlying issues that may be contributing to their substance abuse. Having an additional touchpoint with another member of the care team helps you assess risk and your patient's progress toward their treatment goals.
- **Consultation:** Caring for patients with substance use disorder can be challenging. Reach out to an addictionologist or experienced peers for consultation on difficult cases through [Project ECHO](#) at etsu.edu > Quillen College of Medicine > Education and Programs > Continuing Medical Education Physicians > Project ECHO.

¹ ncbi.nlm.nih.gov/pmc/articles/PMC2851052/

² acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false

³ store.samhsa.gov/system/files/pep15-fedguideotp.pdf

⁴ store.samhsa.gov/system/files/sma18-4742.pdf