



Patient Non-Compliance and Relapse Policy Opioid Use Disorder Program

Policy and Procedure

Subject	Number	Date Issued	Date Revised	Date Effective
Patient Non-Compliance and Relapse Policy	T0016_MAT	4-1-2016	5-20-2017	4-1-2016
Originated By:		Approved By:		
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Purpose: The Patient Non-Compliance and Relapse Policy outlines the guidelines and actions to take when a patient is non-compliant.

Policy: For patients who are non-compliant or relapse, steps should be taken to educate and correct the client regarding the non-compliance or relapse issue. If clients fail repeatedly to be compliant with the program medical and clinical staff should review the issue and determine the best course of action to correct the behavior, such as increased therapy, weekend support groups, reducing length of prescription to 7-days or less, increased drug screening, increased pill counts or wrapper counts, or discharge the client to a higher-level of care. The treatment team will base decisions on clinical judgment.

Procedures:

All procedures are recommendations and alternative actions may be appropriate based on clinical judgment.

Missed Appointments or Therapy Sessions

- Late for Appointments:
 - Patients who are later than 15 minutes for appointments or therapy will be considered a missed appointment.
 - A limit of 2 missed appointments will be tolerated. After 2 missed appointments, patients will have prescriptions dropped to a 3-day to increase visit frequency, and/or will be required to attend more therapy sessions per week, and/or free support group on the weekend. Further non-compliance may indicate a higher-level of care is needed.
- Missed Appointments:
 - 24 hour notice is required for cancellations. Less than 24 hour notice is considered a missed appointment.
 - As noted above, clients more than 15 minutes late are considered as missed appointment.



- Patients will be obligated to pay the associated fees for any missed appointment.
- Strategies for non-compliance
 - Have client attend therapy immediately before seeing physician.
 - Have follow up appointment for medical and/or therapy scheduled before end of appointment.
 - Have Group Therapy session scheduled before finishing individual appointment.
 - Schedule client for 2, 3, 4, or 5 sessions of group or individual per week.

Missing Lab Results

- Strategies for non-compliance
 - Explain to client we cannot continue treating if we cannot get lab work.
 - Have client sign waiver
 - Client will not get a prescription renewal unless lab work is completed.

Payment of Fees

- Payment is accepted in the form of insurance or credit cards only.
- Payment is expected on the day of treatment or before for credit cards.
- Bright Heart Health will bill insurance if we have an agreement with the client's insurance company. Otherwise, Bright Heart Health will provide records of treatment for patients to submit to insurance companies for reimbursement.
- Patients may have two appointments with non-payment and thereafter, treatment will be discontinued with a recommendation for a less expensive treatment, e.g., methadone clinic.
 - Care Coordinators will search for a list of services for issues potentially impacting the client's ability to comply with treatment – employment, financing, treatment sites nearby (suboxone-doctors, methadone clinics), church (charity, support), sliding scale at beginning of treatment.
 - Physicians will taper clients if clients are not continuing with Bright Heart and do not plan to participate in another Buprenorphine or Methadone program.

Prescription Policies

- Prescriptions may be renewed regularly as long as patients attend follow-up appointments and therapy. Physicians may increase prescription quantity based on patient compliance with the program. Physicians will review the Patient Compliance Log for compliance to therapy attendance, prescription drug monitoring programs, random drug screens, absence of behavioral problems, absence of criminal activity, and treatment progress.
- Lost prescriptions or medications will be replaced. However, clients will only receive a 7-day prescription or less. In addition, clients may have increased drug screens, and/or pill counts/wrapper counts. Clients will need to be compliant with the program to have increased prescription quantities.
- It is highly recommended that patients use one pharmacy. Patients who use more than one pharmacy without just cause (e.g. lack of availability of medication, insurance not accepted, convenience) will be warned for first instance. Further use of more than one pharmacy will result reduced prescription quantity (e.g., 3-day), and/or increased drug



screens, and/or pill counts/wrapper counts, and/or increased therapy sessions. Treatment team will also consider if higher-level of care is needed.

- The patient is limited to one prescribing physician for all buprenorphine prescriptions. The patient's state Prescription Drug Monitoring Program (PDMP) (if available in the patient's state) will be checked for each patient at least monthly, before each physician encounter, and more often for patients who have been non-compliant.
- Patients who obtain buprenorphine from another doctor/clinic may have their treatment at Bright Heart Health discontinued.

Substance Use

- Patients are required to disclose the use of any psychoactive substance(s) to the physician. This means the use of consciousness altering drugs including narcotics, euphorians, hallucinogens, marijuana, designer drugs whether illicit or licit.
 - If patients are discovered to have not disclosed the use of psychoactive substances:
 - First instance patients will be reminded of the policy and increase frequency of drug screens to weekly for 4 weeks.
 - Second instance, patients will be required to attend more therapy sessions and weekend support groups. The treatment team may discharge the client and discontinue treatment for non-disclosure of use of psychoactive substance.
- Patients are required to avoid use of substances that may cause an adverse interaction with prescribed medications. This includes psychoactive substances.
 - If patients are discovered to have used substance(s) with adverse interactions:
 - First instance patients are reminded of the policy and increase frequency of drug screens to twice a week for 4 weeks. In addition, prescription quantities will be reduced to 3-days until a clean drug screen.
 - Second instance, patients will be required to attend more therapy sessions and/or weekend support groups; in addition to twice a week drug screens for 4 weeks and reduced prescription quantities. The treatment team may discharge the client and discontinue treatment for use of psychoactive substance.

Drug Screening Policies

- Drug Screening is required for all patients in the program.
- Drug Screens are performed randomly monthly and before every physician encounter.
- Drug Screens will be completed more frequently for some patients having higher risk.
- If a patient's drug screen indicate use of alcohol or other substances, the following may occur:
 - Increased frequency of drug screens.
 - Possible dose adjustment for opioid use.
 - Increased counseling sessions.
 - Weekend support groups.
 - Discuss the problem with the patient.



- Discontinue treatment and recommend higher-level of care.

Weekly Survey

- Clients will be asked to complete a weekly survey to assist in treatment planning, symptomatology tracking and care management. Clients must complete the survey or services will be withheld until completion. Failure to complete the survey may indicate the need for a higher-level of care. Repeated issues will require patients to attend more therapy sessions and weekend support groups. The treatment team may discharge the client and discontinue treatment for non-compliance.

Taking Medication as Instructed

- Patients are required to take medication as instructed by the physician; for example, they may not crush or inject the medication.
 - If patients take medication other than as instructed:
 - Discuss the problem with the patient for the first episode.
 - If a patient's drug screen indicate use of alcohol or other substances, the following may occur:
 - Increased frequency of drug screens.
 - Possible dose adjustment for opioid use.
 - Increased counseling sessions.
 - Weekend support groups.
 - Discuss the problem with the patient.
 - Discontinue treatment and recommend higher-level of care.
- Patient dose changes are not permitted without consulting the physician.
 - If patients change their dosage on their own:
 - Remind the patient of the policy for the first episode.
 - If a patient's drug screen indicate use of alcohol or other substances, the following may occur:
 - Increased frequency of drug screens.
 - Possible dose adjustment for opioid use.
 - Increased counseling sessions.
 - Weekend support groups.
 - Discuss the problem with the patient.
 - Discontinue treatment and recommend higher-level of care.

Safe Storage and Non-Sharing of Medications

- Patients must agree to safe storage and non-sharing of medications.
 - Patients who share medications will have treatment discontinued immediately.
 - Patients who lose medication due to unsafe storage will be reminded of the policy for first instance
 - If a patient's drug screen indicate use of alcohol or other substances, the following may occur:
 - Increased frequency of drug screens.
 - Increased frequency of pill counts/wrapper counts.
 - Increased counseling sessions.



- Weekend support groups.
- Discuss the problem with the patient.
- Discontinue treatment and recommend higher-level of care.

Relapse Policies

- Relapse to using opioids will not be grounds for stopping treatment the first time, but treatment structure will be increased, including more frequent appointments.
- A second episode of using opioids will result in the addition of further additional treatment structure, such as involving a third, responsible party. A pattern of non-compliance with treatment will plus continued use may result in discontinued treatment.
- If patients stop taking buprenorphine, they can have re-induction after a physician visit where a revised treatment agreement is signed.
- Patients who have been dismissed from treatment and wish to return may return to treatment based upon clinical judgment and increased treatment structure.

Pill Counts (for film, use wrapper counts) or Observed Dosing

- Periodic pill counts or observed dosing are required of patients who are described as high risk at the initial or subsequent appointments; or for non-compliance with the program.
- Schedule of pill counts: randomly unannounced, or scheduled for period of time on weekly basis.
- Schedule of observed dosing: scheduled for period of time over sequential days.
- If the results of the pill count or observed dosing are problematic or if the patient fails to comply:
 - Discuss the problem with the patient for the 1st episode.
 - Increased frequency of drug screens.
 - Increased frequency of pill counts or observed dosing.
 - Increased counseling sessions.
 - Weekend support groups.
 - Discontinue treatment and recommend higher-level of care.

Counseling and Other Treatments

- Individual counseling and group therapy participation is required for Clients.
- Consequences of not participating in recommended counseling or other treatments:
 - Warning 1st two instances;
 - Repeated instances, the following may occur:
 - Increased frequency of drug screens.
 - Increased frequency of pill counts.
 - Increased counseling sessions.
 - Weekend support groups.
 - Discuss the problem with the patient.
 - Discontinue treatment and recommend higher-level of care.

Patient Conduct

- Behaviors that will result in permanent dismissal from treatment include abuse or threatening staff or other clients, arriving intoxicated for appointments or therapy,



disruptive behavior, unexcused absences or missing appointments, sustained payment problems. Consequences for these behaviors will result in discontinued treatment.