CLINICAL DECISION-SUPPORT TOOLS FOR ADDICTION MEDICATION TREATMENT
CALIFORNIA HUB AND SPOKE SYSTEM

This is a brief explanation of the purpose, intention and clinical use of the Office-Based Opioid Treatment (OBOT) Stability Index and the Treatment Needs Questionnaire [TNQ].

Both were developed by practicing addiction treatment clinicians and experienced addiction services researchers [OSI @ Dartmouth School of Medicine and the Dartmouth-Hitchcock Medical Center Addiction Treatment Program; TNQ @ University of Vermont Medical School and University of Vermont Medical Center Chittenden Clinic Opioid Treatment Program). These tools have been used within the Vermont hub and spoke model over the past five years and have been adapted for the California hub and spoke system. Addiction medicine and addiction treatment lacks simple standardized measures that enable consistent practice within and across agencies. Common "yardsticks" with which to communicate about patient functioning are needed. The OBOT Stability Index and TNQ are completed by clinicians and provide simple common metrics and language.

The OBOT Stability Index and TNQ are instruments to guide patient placement together with clinical judgement and common sense. They are not intended to be used as rigid algorithms to dictate treatment placement. Patient preference, travel distances, prescriber experience and other clinical/logistical issues are also factors that impact placement decision-making.

OBOT Stability Index

The *purpose* of the OBOT Stability Index is to assist OBOT treatment providers in determining patient severity and treatment response within an OBOT setting (e.g. primary care practice). Rather than the status quo of prescribing a one-month supply of medication such as buprenorphine and having the patient receive counseling on a monthly basis, the *intent* of the OBOT Stability Index is to provide a **checklist** to guide prescribing and visit frequency. The OBOT Stability Index reinforces guideline adherence and higher quality addiction medicine practice by including the use of urine drug screen and prescription drug monitoring system (CURES) checks. Integrated with urine drug screen results, visit attendance, and compliance with medication, the OBOT Stability Index is *clinically useful* in adjusting visit frequency within an OBOT practice (scores of 0-5), and, if there are consistently high scores (6+), using good clinical judgment in considering patient benefit in a higher level of care: specialty addiction intensive outpatient, residential or hub [NTP-OTP] setting.

The OBOT Stability Index can be completed by a clinician at initial visit, monthly, and at potential transition points.

Treatment Needs Questionnaire

The *purpose* of the TNQ is to assist OBOT (spoke) and OTP (hub) providers in determining patient severity, complexity and treatment response within either setting type. Rather than communicating clinical material in a highly variable way, the TNQ enables consistency and standardization in assessment information. The *intent* of TNQ standardized information is for clarity and consistency of communicating patient needs across OBOT and OTP settings. This information is particularly useful when transferring patients from OTP to OBOT, OBOT to OTP, or between OTPs with varying levels of program structure and expertise. The TNQ is a **patient stratification** algorithm that provides guidance and common language for providers AND patients at initial evaluation and transition points. It should augment existing diagnostic assessment, treatment monitoring and care transition practices. The TNQ should not be used in an orthodox way, and is not intended for use to determine medication type (e.g. methadone versus buprenorphine). The TNQ cutoff scores (0-5; 6-10; 11-15; 16+) are *clinically useful* as guides to determine patient benefit for a therapeutic structure of greater--daily observed dosing and/or toxicology monitoring--or lesser--weekly or monthly dosing, random toxicology monitoring—intensity.

The TNQ can be completed by a clinician at the initial visit, routine treatment planning, and at potential transition points.