


6 Tips from the MAT for OUD Playbook



The Academy Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Playbook is full of tips on how to implement MAT in primary care and other ambulatory care settings. It also offers important tips on things to avoid. Awareness of what not to do will help your organization succeed in implementing MAT and ultimately enhance patient care and health outcomes.



1 Don't underestimate the need to address stigma related to addiction.

Stigma about addiction and MAT is the biggest barrier to increased access and engagement in treatment. When implementing MAT, involve stakeholders from all levels of your organization in the planning process. Don't take a top-down approach. Educate staff and patients about the chronic, neurobiological nature of addiction and evidence-based treatment options. Listen to concerns, and brainstorm ways to address them.



2 Don't create unnecessary barriers to treatment.

Treatment needs to be accessible when individuals with OUD are motivated and ready to engage. Streamline intake and assessment workflows to avoid treatment delays, and work toward same-day induction. Don't withhold medication if a patient isn't ready to engage or lacks access to counseling or other psychosocial supports. Barriers to treatment may place patients at risk for accidental overdose and death.



3 Don't take a "one-size-fits-all" approach to patient care.

Patients will have different needs and preferences depending on the complexity and severity of their disease as well as other lifestyle factors. Identify what is important to patients through motivational interviewing and then adapt your strategies accordingly. Providers and patients should work together through a collaborative, shared decision-making process to develop patient-centered care plans.



4 Don't punish patients for poor behavior or continued substance use.

Challenging and difficult behaviors are often a normal part of the illness. Don't discharge a patient from the program for poor behavior, unless it poses a distinct risk to the safety of others. Recurrence of use and polysubstance use are also common and should not be punished. Embrace a harm reduction approach that recognizes that maintaining engagement in treatment is best for the patient.



5 Don't be discouraged by regulations regarding information sharing.

It's essential to take a collaborative and coordinated approach to care. Always ensure you are in compliance with State and Federal privacy and confidentiality regulations, but don't let these regulations stand in the way of sharing critical information across the care team. Use appropriate patient consent forms and processes that authorize such sharing of information as a standard procedure.



6 Don't expect all patients to make progress at the same rate.

Always treat patients with empathy and respect, even if they stumble and return to substance use. Setbacks should be expected, and patients who are struggling need more help, not less. Don't discharge a patient who is not making progress or is continuing to use substances. Instead, consider the appropriateness of more intensive treatment. Encourage patients to set their own goals and to define their own "success." This may give you a different understanding or appreciation of their progress.

Interested in learning more about obstacles to avoid when implementing MAT for OUD services in primary care? Access the full list of [**What Not To Do**](#) and additional guidance in the [**AHRQ Academy's MAT for OUD Playbook**](#).