Using AMNet’s Patient Reported Outcome Measures (PROMs) to Implement ASAM’s National Practice Guideline for Opioid Use Disorder (OUD) Treatment

**ASAM Recommendation**

**Comprehensive assessment** is critical for treatment planning

Completion of all assessments **should not delay or preclude** initiating medication for OUD

Buprenorphine **should not be initiated until there are objective signs of opioid withdrawal**

Titrate buprenorphine to alleviate withdrawal symptoms

Evidence suggests that **≥ 16 mg per day may be more effective** than lower doses

**Home-based initiation** is safe and effective

**Extended-release naltrexone** is recommended for preventing relapse in patients who are no longer physically dependent on opioids

It should be administered **every 4 weeks**

**Applying AMNet’s PROMS**

Screen with **TAPS Tool** followed by a diagnostic assessment

Use an opioid withdrawal scale and other select assessments (e.g., PHQ-2+1)

Complete remaining assessments once withdrawal has stabilized

AMNet includes opioid withdrawal scales:

- **SOWS** - patient-reported
- **COWS** - clinician-rated

PROMs can be completed at home

The **SOWS** can be used to guide dose adjustments during home initiation

Before initiating naltrexone, the **BAM** can be used to assess opioid use over the past 30 days. Then, opioid abstinence over the past 7-10 days can be assessed.

The **SOWS or COWS** can be used to assess the absence of opioid withdrawal

The **BAM** and opioid craving **Visual Analog Scale** can be used during follow-up visits