

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

ASAM Recommendation

Applying AMNet's PROMS

Comprehensive assessment is critical for treatment planning

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



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

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



AMNet includes opioid withdrawal scales:

SOWS - patient-reported

COWS - clinician-rated

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



PROMs can be completed at home

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

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**



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