

*This document provides extra guidance around Measure 3.C under the Patient-Centered Primary Care Home Program’s 2020 Recognition Criteria. The full technical specifications for this measure are available in the PCPCH Recognition Criteria Technical Specifications and Reporting Guide ([2020 PCPCH TA Guide](#)).*

<b>3.C.0</b>	PCPCH has a screening strategy for mental health, substance use, and developmental conditions, and documents on-site and local referral resources and processes.	<b>Must Pass</b>
<b>3.C.1</b>	PCPCH collaborates and coordinates care or is co-located with specialty mental health, substance use disorders, and developmental providers. PCPCH also provides co-management based on its patient population needs.	<b>5 points</b>
<b>3.C.2</b>	PCPCH provides onsite pharmacotherapy to patients with substance use disorders and routinely offers recovery support in the form of behavioral counseling or referrals.	<b>10 points</b>
<b>3.C.3</b>	PCPCH provides integrated behavioral health services including population-based, same-day consultations by behavioral health providers.	<b>15 points</b>

### Intent

PCPCHs that coordinate external services and integrate care for individuals experiencing mental health service needs – including substance use disorder, developmental, behavioral, or social delays – help improve overall health outcomes for their patient population.

### Medication Assisted Treatment for Substance Use Disorders

Some primary care practices co-manage patients with external mental health services to provide Medication-Assisted Treatment (MAT). MAT for substance use disorder, also referred to as “pharmacotherapy,” decreases illicit substance use, prevents relapse, improves health, and reduces the risk for death<sup>1</sup>. MAT involves using both medications and behavioral support to empower people to manage their addiction. Co-management allows exchange of clinical information and services to facilitate prompt delivery of healthcare. Close relationships with mental health providers promote integration and continuity of care.

### Onsite Medication Assisted Treatment (3.C.2)

If a provider in the primary care practice is prescribing Buprenorphine, they must be X-waivered. However, prescribing this type of medication is not required for this measure. Providers can provide pharmacotherapy in different ways. For example, a practice can work with patients to manage their alcohol use disorder by providing acamprosate or extended-release injectable naltrexone in addition to referring patients that receive pharmacotherapy to recovery supports such as community support groups, peer recovery support services, behavioral health, counseling, or twelve-step groups.

### **Building integrated substance use disorder care teams (3.C.3) <sup>2,3</sup>**

Providing integrated substance use disorder care requires the development and ongoing support of a well-coordinated care team. Integrating substance use disorder services within your primary care practice can reduce levels of substance use, lead to improved mental and physical health, and increase overall health care cost savings. An integrated care team typically consists of:

- An actively engaged patient
- An engaged primary care provider
- A behavioral health provider who functions as a care manager and delivers evidence-based behavioral interventions when needed
- Psychiatric expertise through a consultant or other provider who also possesses prescribing expertise
- Supporting care team members including front desk staff, MAs, and peer support specialists

### **Community resources <sup>4,5</sup>**

- Recovery Café - provides support, resources and a community of care along the entire continuum of a person's need for recovery support.
- Rural Communities Opioid Response Program - a multi-year initiative that addresses barriers to treatment for substance use disorder, including opioid use disorder.

1 <https://www.careinnovations.org/wp-content/uploads/Primary-Care%E2%80%93Based-Models-for-the-Treatment-of-Opioid-Use-Disorder.pdf>

2 <http://www.safetynetmedicalhome.org/sites/default/files/Executive-Summary-Behavioral-Health-Integration.pdf>

3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3664544/>

4 [https://recoverycafenetwork.org/our-model/?gclid=CjwKCAiA-f78BRBbEiwATKRRBBqP4LWtkHqmEL-BphPN8FT-9McKkMj9ganNJpY6qMFR6SWDxldtwBoC-o8QAvD\\_BwE](https://recoverycafenetwork.org/our-model/?gclid=CjwKCAiA-f78BRBbEiwATKRRBBqP4LWtkHqmEL-BphPN8FT-9McKkMj9ganNJpY6qMFR6SWDxldtwBoC-o8QAvD_BwE)

5 <https://www.hrsa.gov/rural-health/rcorp>