



MATTERS

Medication Assisted Treatment & Emergency Referrals

JOSHUA J. LYNCH, DO, EMT-P, FACEP

TECHNICAL ADVISOR | NEW YORK STATE DEPARTMENT OF HEALTH

MEDICAL DIRECTOR | BUFFALO MATTERS



WHY BUFFALO?

Local News

Clarence doctor pleads guilty to illegally prescribing painkillers

By: Al Vaughters 

Posted: Apr 20, 2015 08:08 PM EDT

Updated: Apr 20, 2015 08:08 PM EDT



WHY BUFFALO?

THE BUFFALO NEWS



Pravin Mehta, 'Dr. Feel Good,' gets prison for dealing opiate pills

WHY BUFFALO?

Dr. Eugene Gosy Faces 166-Count Indictment

Includes conspiring to distribute opioids resulting in death of six patients



MIKE BAGGERMAN

NOVEMBER 08, 2017 - 5:37 AM



IMPENDING RUSH TO THE ED OF CHRONIC PAIN PATIENTS

Prescribing

- Reduce irresponsible prescribing

WE DIDN'T KNOW IT AT THE TIME

UNPRECEDENTED COLLABORATION



Prescribing



Opioid and Sedative Prescribing Guidelines for Providers

1. A dedicated primary care provider (outside of the emergency department or urgent care) who can follow a patient's treatment and response should provide all opioids and sedatives to treat any patient's chronic pain.
2. Administering intravenous or intramuscular opioids or sedatives in the emergency department or urgent care for the relief of acute exacerbation of chronic pain is generally discouraged*.
3. Prescriptions for opioids for acute pain from the emergency department or urgent care should be written for the shortest duration appropriate. In cases of diagnostic uncertainty, this generally should be for no more than 3 days, as is consistent with national guidelines.
4. Patients may be screened for substance use disorder. Those protocols may include services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or actively have, substance use disorders.
5. When patients present with acute exacerbations of chronic pain, a summary of the care, including any medications prescribed, should be communicated to the primary opioid prescriber or primary care provider.
6. Emergency department and urgent care providers will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely.

* This document was designed to aid the qualified health care team in making clinical decisions about patient care and is not to be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on individual patient characteristics and unique clinical circumstances.



Opioid and Sedative Medication Notice to Patients

Our Emergency Department/Urgent Care providers understand that pain relief is important when you are hurt or need emergency care for pain. Our main goal is to look for and treat your emergency medical condition. Our emergency department tries to ensure kind treatment of patients without contributing to opiate or sedative dependence or addiction.

For your safety, we follow these guidelines when treating your pain.

1. To assure your safety, we recommend that a dedicated primary care provider outside of the emergency department or urgent care provide all opiates and sedatives to treat your chronic ongoing condition.
2. We prescribe opiates for acute, short term pain for the shortest duration appropriate. This generally will be for no more than 3 days, consistent with national guidelines.
3. We may screen patients for substance misuse before prescribing or providing any opiates.
4. We will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely. You should contact your primary care provider or pain specialist for a refill.
5. We may also check the New York State prescription monitoring program called I STOP before prescribing or providing opiates for new painful conditions.
6. Generally, we will not prescribe or provide doses of long acting opioid pain medications.

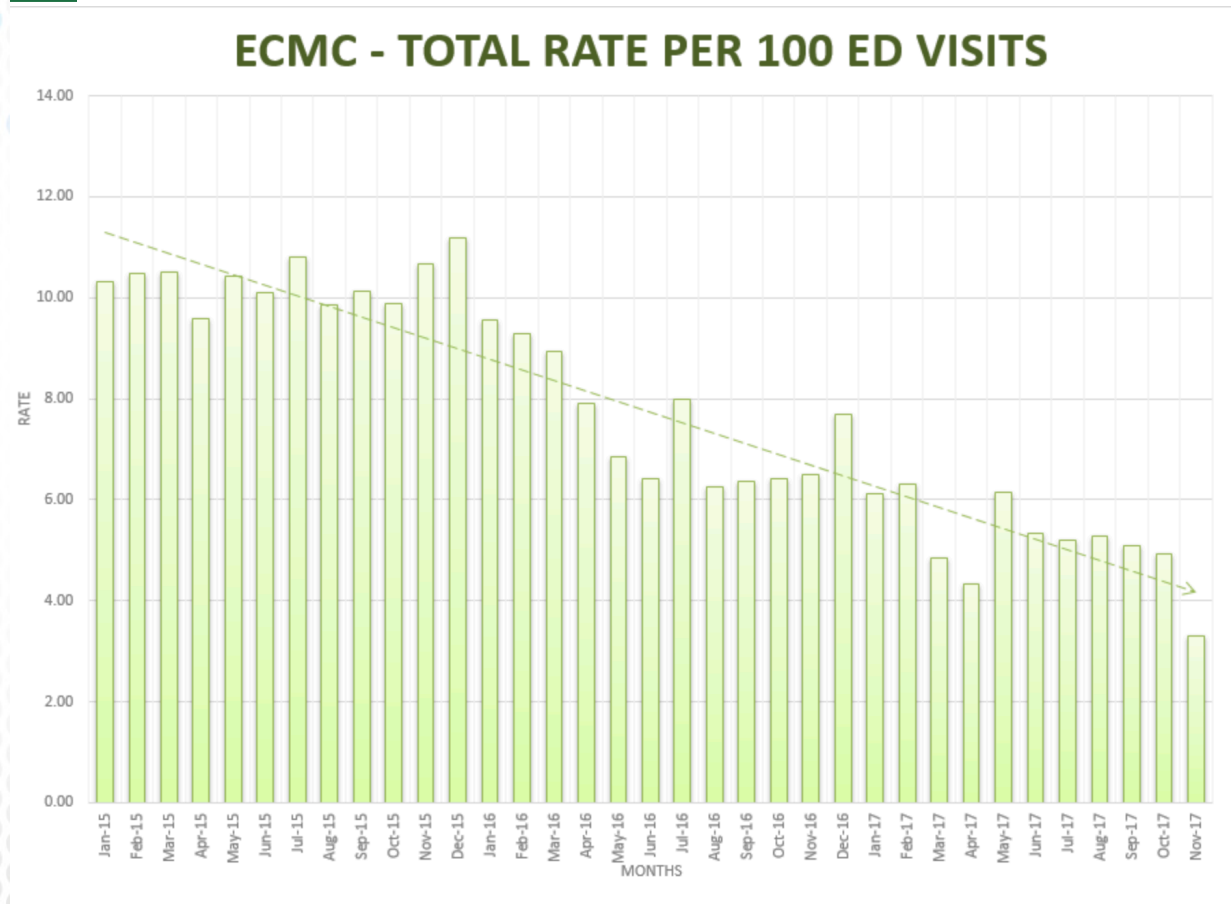
Opiate medications include: codeine; hydrocodone (Norco, Vicodin, Lortab); oxycodone IR (Percocet) and SR (OxyContin); morphine IR and SR (MS Contin); hydromorphone IR (Dilaudid) and ER (Exalgo ER); methadone; fentanyl; oxymorphone ER (Opana ER).

Sedative medications include: alprazolam (Xanax); clonazepam (Klonopin); diazepam (Valium); lorazepam (Ativan). (This is not a comprehensive list of all available products.)

This information is provided for educational purposes only. It is not intended to deter you from seeking treatment or take the place of the clinical judgement of your treating provider. It is also not intended to establish a legal or medical standard of care.

Prescribing

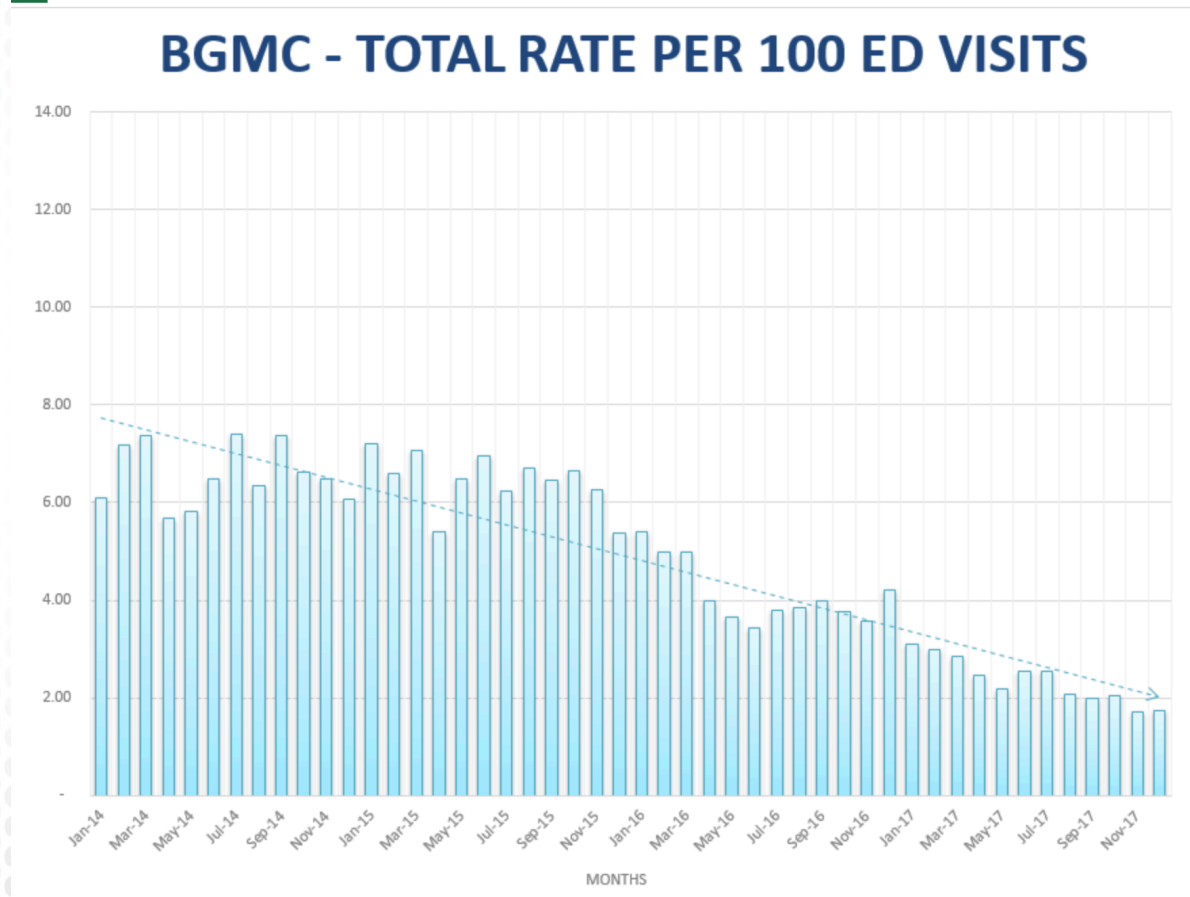
UB | MD EMERGENCY MEDICINE RX TRENDS



Source: Erie County Medical Center

Prescribing

UB | MD EMERGENCY MEDICINE RX TRENDS



Source: Kaleida Health


```
graph TD; A[Prescribing] --> B[MAT]; B --> C[Referrals];
```

Prescribing

- Reduce irresponsible prescribing

MAT

- Provide access to MAT in the ED

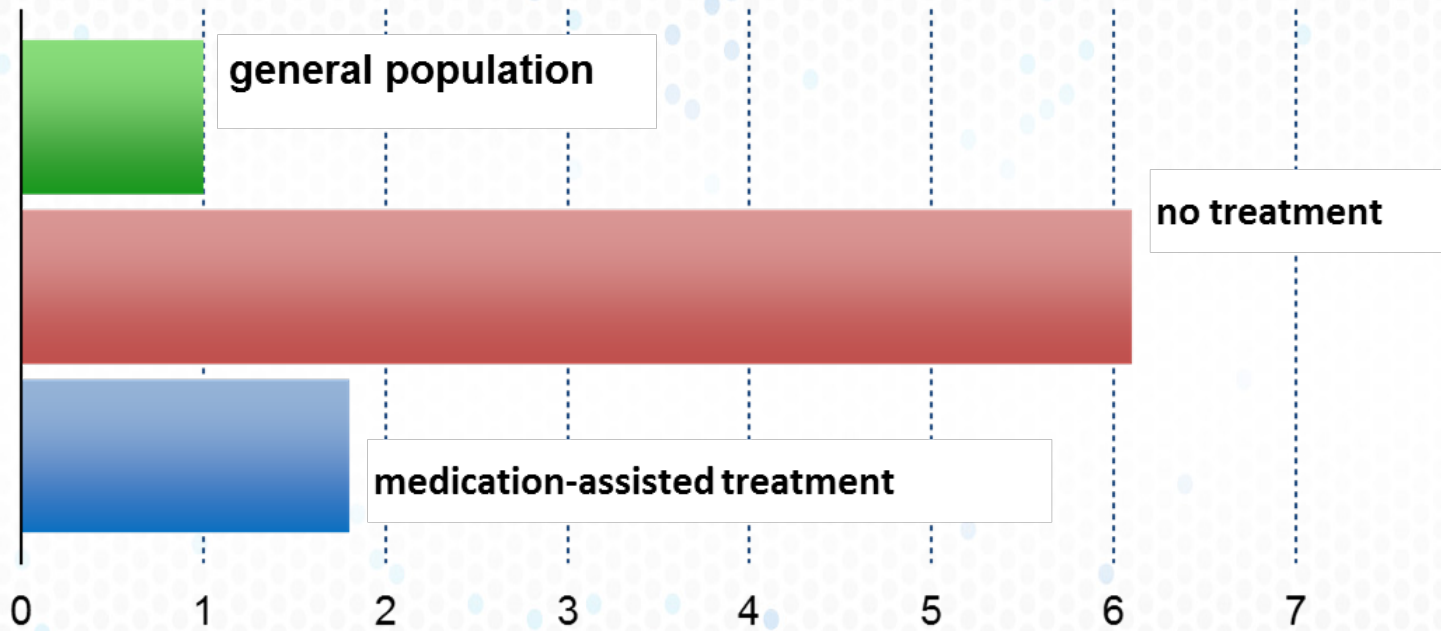
Referrals

- Provide rapid referral



BUPRENORPHINE: MECHANISM

Death rates:



MAJOR FEATURES OF METHADONE

Full Agonist at mu receptor

Long acting

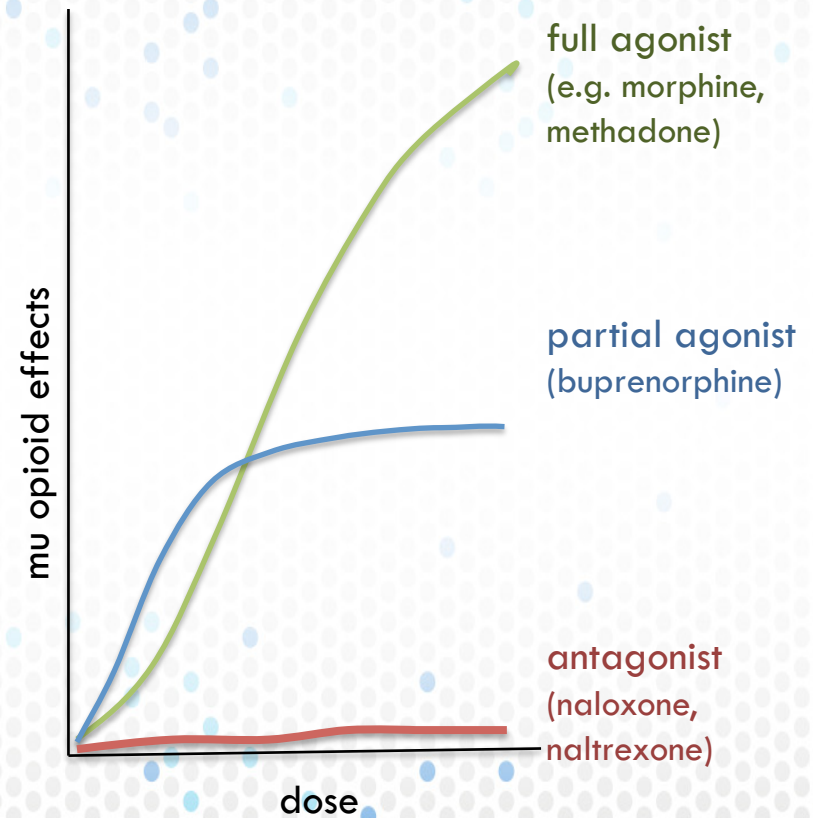
- Half-life ~ 15-60 Hours

Weak affinity for mu receptor

- Can be displaced by partial agonists (e.g. buprenorphine) and antagonists (e.g. naloxone, naltrexone), which can both precipitate withdrawal

Monitoring

- Significant respiratory suppression and potential respiratory arrest in overdose
- QT prolongation



MAJOR FEATURES OF BUPRENORPHINE

Partial agonist at mu receptor

- Comparatively minimal respiratory suppression and no respiratory arrest when used as prescribed

Long acting

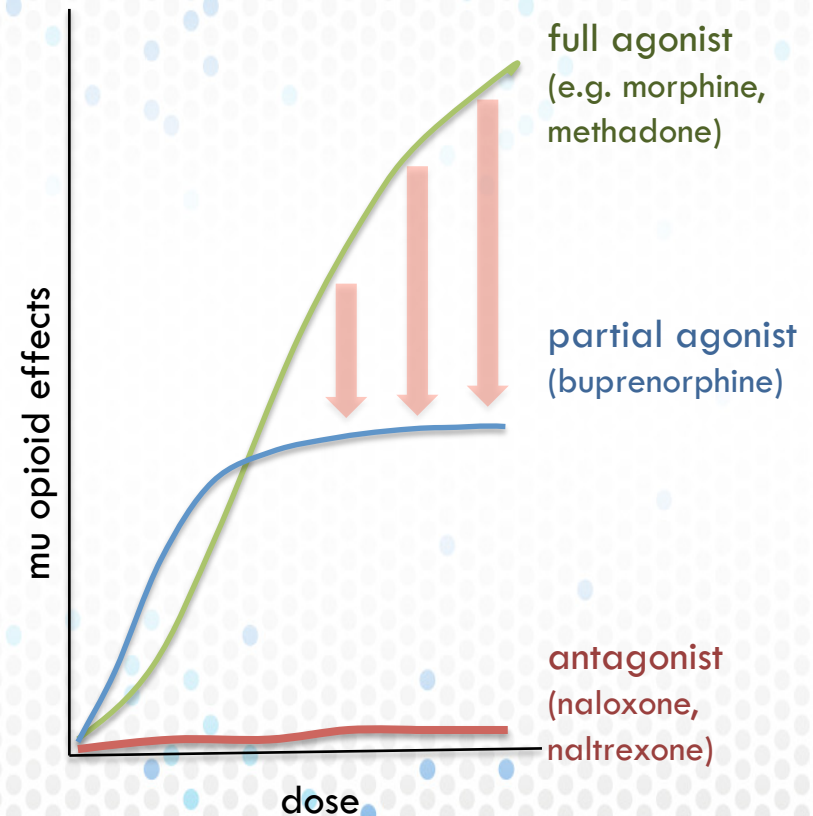
- Half-life ~ 24-36 Hours

High affinity for mu receptor

- Blocks other opioids
- Displaces other opioids
 - Can precipitate withdrawal

Slow dissociation from mu receptor

- Stays on receptor for a long time



MAJOR FEATURES OF NALTREXONE

Full Antagonist at mu receptor

- Competitive binding at mu receptor

Long acting

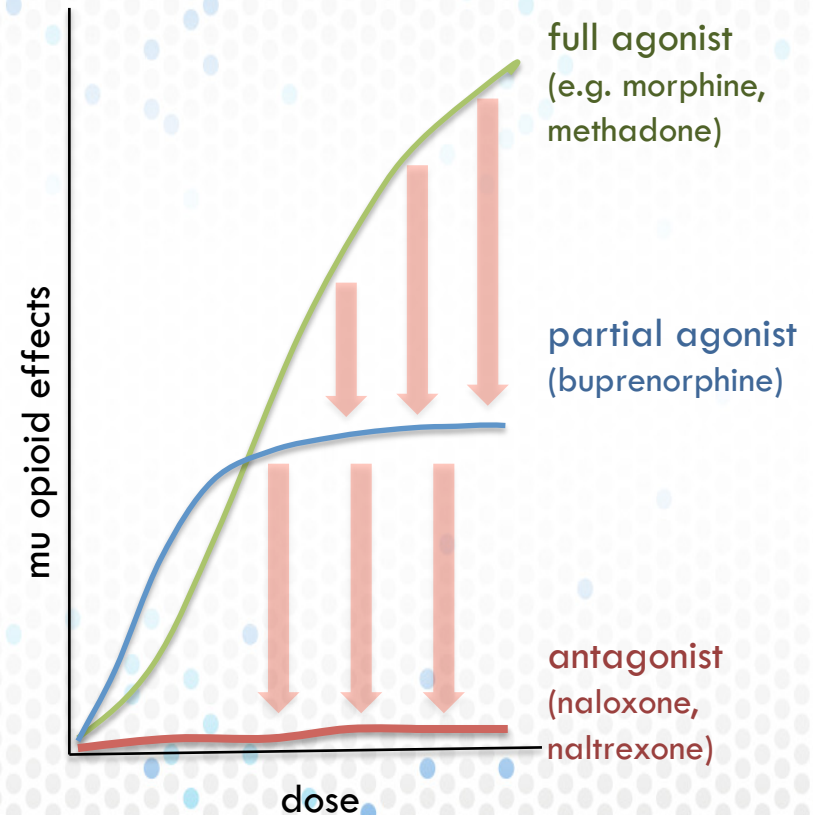
- Half-life:
 - Oral ~ 4 Hours
 - IM ~ 5-10 days

High affinity for mu receptor

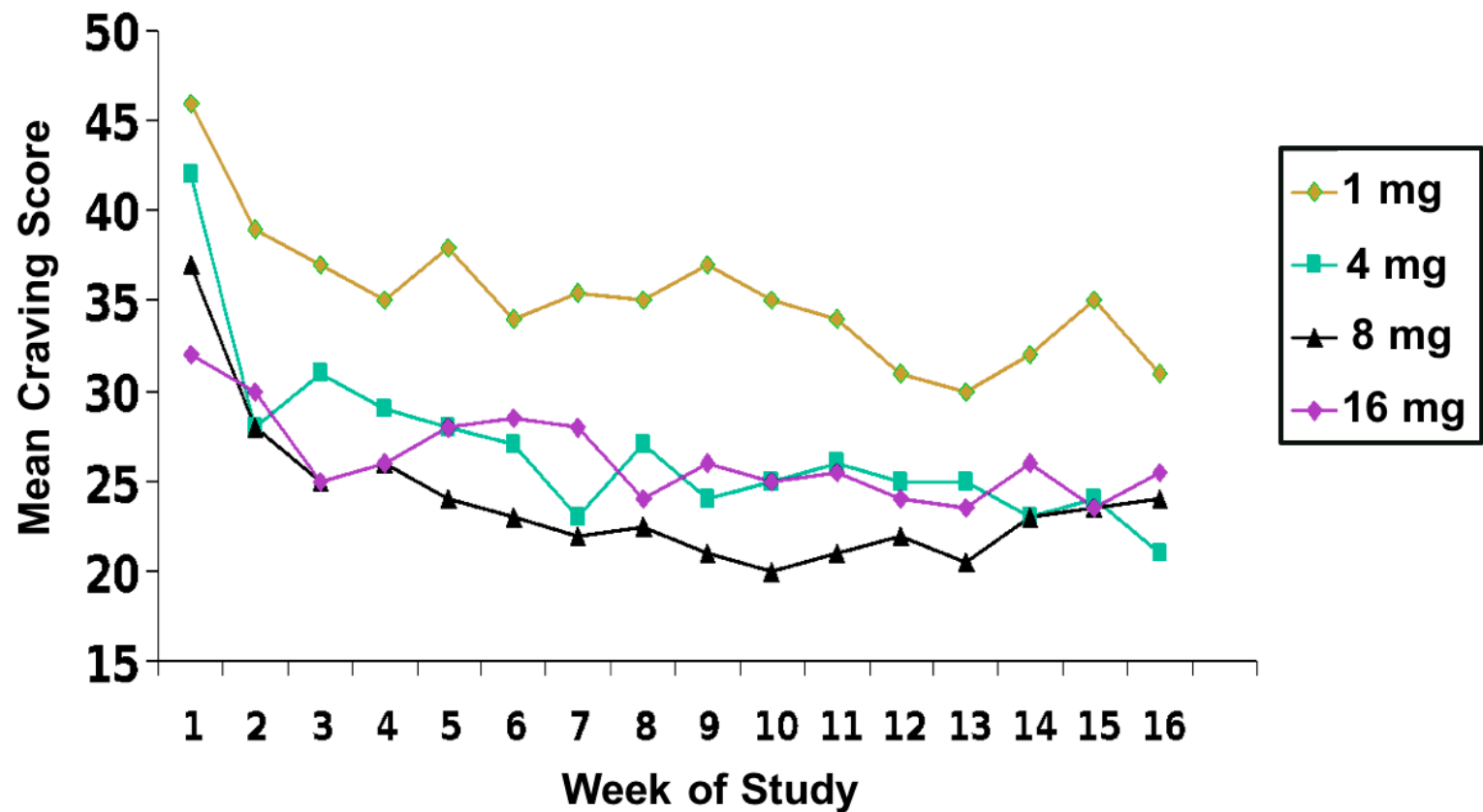
- Blocks other opioids
- Displaces other opioids
 - Can precipitate withdrawal

Formulations

- Tablets: Revia®: FDA approved in 1984
- Extended-Release intramuscular injection: Vivitrol®: FDA approved in 2010



BUPRENORPHINE IN THE ED



BUPRENORPHINE IN THE ED – CAN IT BE DONE?

- LIMITED EVIDENCE BASED CLINICAL TRIALS
- GROWING BODY OF EXPERIENCE FROM PROGRAMS ACROSS THE COUNTRY

Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD



Summary - D'Onofrio et al. screened all adult patients presenting to their ED for opioid dependence and randomized them to either buprenorphine treatment, brief intervention and referral, or referral only. **The rate of engagement in addiction treatment was 78%, 45%, and 37% at 30 days for each group respectively.**

- 1) ***** They had staff available to complete an approximate 15 minute screen to identify patients with opioid dependence and then complete a brief intervention that lasted an average of 10.6 minutes.
- 2) ***** All of their ED providers have completed training for and are licensed to provide buprenorphine.
- 3) ***** In addition, they have a hospital based primary care center with physicians who are also all licensed to prescribe buprenorphine to whom they could refer patients for immediate follow up from the ED **within 72 hours**



MAT

DEFINED SYSTEMS AT IVORY TOWER INSTITUTIONS

- NOT PRACTICAL FOR MOST PARTS OF THE COUNTRY
- NEED FOR COMMUNITY/REGIONAL PROGRAM
 - VARIABILITY ACROSS ED PROVIDERS
 - VARYING CLINIC PHILOSOPHIES
 - GEOGRAPHIC CHALLENGES

MAT

STANDARDIZED HOSPITAL PROTOCOL

- PROCESS/PROTOCOL - SCREENING:
 - NO ABSOLUTE CONTRAINDICATIONS
 - PATIENT AGREES
 - ISTOP QUERY
 - OPIOID WITHDRAWAL → BUPE IN ED – RX
 - NOT IN OPIOID WITHDRAWAL → NO BUPE IN THE ED RX
 - POST OVERDOSE/OTHER MEDICAL ISSUES



MAT

STANDARDIZED HOSPITAL PROTOCOL

- REFERRAL PROCESS

- PROVIDE PATIENT WITH THE OPIATE DEPENDENCE SCREENING FORM (WITH CLINIC LOCATIONS)
- INSTRUCT THE PATIENT TO COMPLETE THE FORM
- HAVE PATIENT CHOOSE THEIR TOP TWO CLINIC CHOICES
- APPOINTMENT MADE PRIOR TO LEAVING THROUGH CENTRALIZED SCHEDULER
- PATIENTS DO NOT HAVE TO RECEIVE A RX TO BE REFERRED

Referral

Hospital Initiated Buprenorphine Discharge Instructions

About Buprenorphine

You have been prescribed Buprenorphine while in the hospital/emergency department. Buprenorphine is used to treat the symptoms of opiate withdrawal in order to facilitate treatment of opiate use disorder. This medication acts on opiate receptors. The medication should be placed under your tongue where it will dissolve and be absorbed directly into your blood stream. If you swallow the medication it will not work as well.

You should not take any opiates or sedatives (including those prescribed by a doctor) while taking Buprenorphine. If you drink alcohol or use benzodiazepines, talk to your provider. Taking buprenorphine with alcohol or benzodiazepines may put you at an increased risk for overdose.

You are being prescribed a 4mg dose of Buprenorphine for a few days until you can be seen at the clinic. If deemed appropriate, the clinic will refill your Buprenorphine prescribe at the same, a higher or a lower dose.

First Dose in the Hospital

If you received a first dose of Buprenorphine in the hospital/emergency department, you should take you next dose 12 hour later, and then continue to take one dose every 12 hours.

First Dose at Home:

If you were not given a dose in the hospital/emergency department, it probably means you were not yet having enough withdrawal symptoms. If you take Buprenorphine before you are in moderate withdrawal, the medication can cause withdrawal symptoms, and make you feel really bad. You should wait until you have at least 3 of the following symptoms before taking your first dose:

- Feeling Sick
- Stomach Cramps
- Spontaneous Twitching
- Feelings of Coldness
- Heart Pounding
- Muscular Tension
- Aches and pains
- Yawning
- Runny Eyes
- Insomnia

Once you have taken your first dose at home, you should take you next dose 12 hours later, and then continue to take one dose every 12 hours.

Your Appointment will be at _____ on _____

Your Clinic Appointment

You have either been given an appointment slot at a particular clinic, or information on how to obtain one. The clinic will call you in the next 1-2 days to arrange your specific appointment time. Once you are given an appointment, a time slot will be held specially for you. If for any reason you cannot make that appointment, please call the clinic as soon as possible. Some clinics have a 2-step prescribing process, so you may not necessarily be given a new script for buprenorphine at your first appointment. Buprenorphine is one component of substance abuse disorder treatment. You may be expected to attend frequent counseling sessions based on the policies of the clinic.

Home induction instructions



21
NETWORK
PHARMACIES



42
CLINICS



13
HOSPITALS



ACROSS
5
COUNTIES



OVER
170
PROVIDERS
WAIVER
TRAINED



GREATER THAN
100
WEEKLY
APPOINTMENTS

APPROXIMATELY
400,000
EMERGENCY PATIENTS
SCREENED ANNUALLY





FAQ

- **Q:** WHERE DO I START ?
- **A:**
 1. MAKE BUPRENORPHINE AVAILABLE IN THE ED
 2. DETERMINE IF WAIVER FOR ED PROVIDERS IS NECESSARY
 3. ESTABLISH RELATIONSHIP WITH CLINICS FOR FOLLOW UP
 - A. INTERNAL VS EXTERNAL
 4. ANTICIPATE PUSH BACK, PROBLEMS, ETC
 5. NALOXONE KITS SHOULD BE OFFERED IN THE ED

FAQ

- **Q:** HOW TO BRING CLINICS TOGETHER?

- **A:**

- LEVEL THE PLAYING FIELD
- COMMON SET OF “VALUES”
- ADDRESS CHALLENGES UP FRONT
 - UNINSURED
 - FIRED PATIENTS
 - POLYSUBSTANCE ABUSERS

HOW IT STARTED

Buprenorphine/Suboxone Referral Worksheet

ECMC - MFSH - BGMC only - Please keep at secretary's desk

| | CHS/Updike | | Evergreen | | Horizons |
|-----------------------------|------------------------------------|--|-------------------------------|--|-----------------|
| Which days to ER | Monday/Tuesday | | Wednesday/Thursday | | Friday/Sat/Sun |
| Which days to see at clinic | Wednesday | | Thursday/Friday | | Monday/Tuesday |
| Who to call | Nurse at CHS clinic (usually Judy) | | Courtney Anderson - referrals | | Admissions Line |
| Number To call | ██████████ | | ██████████ | | ██████████ |

What information to give admissions/referrals line

Patient Name

Phone Number (2 numbers is preferable)

Any significant co-morbidities

Any other drug use reported (benzo, alcohol, etc)

Clinics may ask for more info than you have available (this is OK)

Call/Text Josh Lynch with any problems

██████████



Referral

REGIONAL TREATMENT NETWORK

Hospital Initiated Buprenorphine Program

Mission

Regional hospital systems, through the Buffalo Matters network are partnering with community-based substance abuse treatment programs as well as the John R. Oishei Foundation, the Erie County and New York State Departments of Health and local hospitals to increase access to Buprenorphine based opiate use disorder treatment for the citizens of Western New York.

Vision

- To aid our shared patients in initiating and continuing successful opiate use disorder treatment.
- To reduce morbidity and mortality associated with opiate use disorder in Western New York.
- To provide a best practice model for Emergency Department Initiated Buprenorphine Programs that others can emulate. To provide the same high level of care to patients suffering from opiate use disorder that we would for any other emergency medical condition

REGIONAL TREATMENT NETWORK

Values

Hospital partners will follow these values:

- We will prescribe buprenorphine for patients when appropriate based on our guidelines.
- We will not automatically disqualify patients from receiving buprenorphine if they engage in polysubstance abuse (especially benzodiazepines and/or alcohol).
- We will refer patients to the most appropriate follow up possible based on their unique needs.
- We will inform patients of the referral program's expectations.
- We will continuously evaluate our program and share our lessons learned with others.

Buffalo Matters will partner with community-based substance abuse treatment programs that embody these values:

- They will accept and work with patients regardless of insurance status.
- They will accept ED patients who have not been prescribed buprenorphine in the past.
- They will offer timely appointments to patients referred from the emergency department.
- They will accept referred patients even if previously discharged from a treatment program.
- They will not automatically disqualify patients from receiving medication assisted treatment if they engage in polysubstance abuse (especially benzodiazepines and/or alcohol).
- They will not place undue financial burden on the patient.
- They will provide care that is culturally appropriate for the target population of patients with substance use disorder.
- They will provide feedback to UBMD regarding the disposition of referred patients to improve our processes.

**PARTICIPATING CLINICS (Select your TOP TWO choices)
THE CLINIC WILL CONTACT YOU SHORTLY AFTER DISCHARGE**

| | | | |
|---|---|--|--|
| Beacon Center | 3354 Sheridan Drive Amherst | 295 Main Street, Suite 105 Buffalo | 36 East Ave Lockport |
| Beacon Center | 417 Third Street Niagara Falls | | |
| Best Self | 951 Niagara Street Buffalo | **3176 Abbott Road Orchard Park | 2107 Spruce Street N Collins |
| Brooks-TLC | 33 N Main St. Cassadaga, NY | 7020 Main Rd. Derby, NY | |
| ECMC | 5087 Broadway Depew | 1285 Main Street Buffalo | 2282 Elmwood Ave Kenmore |
| Endeavor Health *Adolescents <25 years old* | 1526 Walden Ave Cheektowaga | 463 William Street Buffalo | |
| Endeavor Health Adult Appointments | 1131 Broadway Buffalo | 3671 Southwestern Blvd Orchard Park | |
| Evergreen Health | 206 South Elmwood Buffalo | | |
| GCASA | 430 East Main Street Batavia | 249 East Ave Albion | |
| Horizon Health | 77 Broadway Ave Buffalo | 1370 Niagara Falls Blvd Tonawanda | 6520 Niagara Falls Blvd Niagara Falls |
| Horizon Health | 314 Ellicott Street Batavia | 637 Davidson Road Lockport | 2563 Union Road Cheektowaga |
| Mercy Comp Care Center | 397 Louisiana Street Buffalo | | |
| Northpointe Council | 41 Main Street, 2 nd Floor Lockport, NY 14094 | **1001 11th Street Niagara Falls, NY 14301 | |
| Our Lady of Victory (OLV) | 227 Ridge Road Lackawanna | | |
| Spectrum Health | 326 Orchard Park Road West Seneca | 1280 Main Street Buffalo | 34 N Main Street Warsaw |
| Sisters Health Campus Amherst | **210 John Glenn Amherst | | |
| St. Vincent's | **1500 Broadway Ave Buffalo | | |
| The Chautauqua Center | 319 Central Ave, Suite B Dunkirk, NY | 110 East 4 th Street Jamestown, NY | |

****Site offers methadone (this does not guarantee you will be started on methadone or accepted into the program)**

[illegible]

[illegible]

The background features a white grid with blue dots of varying sizes scattered across it, creating a halftone or dot-matrix effect. The dots are more densely packed in some areas, particularly towards the top and bottom edges, and more sparse in the center.

**WE ARE LEARNING FROM
PATIENT FOLLOW UPS!**

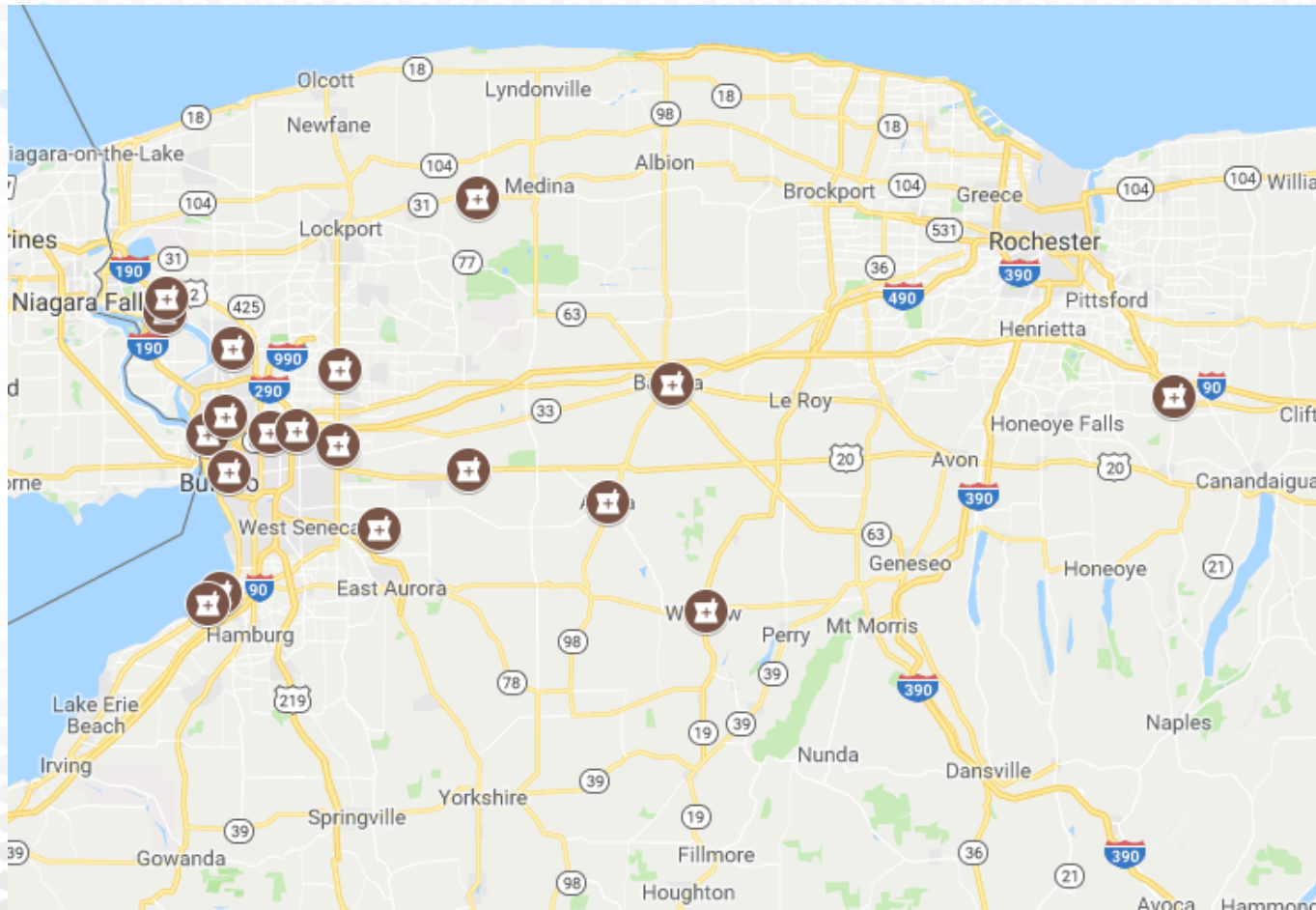
MEDICATION VOUCHERS

- PAWNY MANAGING FUNDS & REIMBURSES PHARMACIES
- >30 PARTICIPATING PHARMACIES IN NETWORK
- ELECTRONIC SERIAL NUMBERS AND TRACKING THROUGH REFERRAL LINE

PARTICIPATING PHARMACIES

| Pharmacy Name | Location Address 1 | City | Zip Code | County | Pharmacy Phone |
|---------------------------------|-------------------------|-----------------|----------|------------|----------------|
| Buffalo Pharmacies | 1479 Kensington Ave. | Buffalo | 14215 | Erie | 716-832-7742 |
| Buffalo Pharmacies | 6035 Transit Road | East Amherst | 14051 | Erie | 716-568-1370 |
| Black Rock Pharmacy | 431 Tonawanda St. | Buffalo | 14207 | Erie | 716-876-3070 |
| Community Medical Pharmacy | 918 Michigan Ave | Niagara Falls | 14305 | Niagara | 716-282-1292 |
| Wellness Park Pharmacy | 8672 Buffalo Ave. | Niagara Falls | 14304 | Niagara | 716-283-8704 |
| Attica Pharmacy | 2 Market Street | Attica | 14011 | Wyoming | 585-591-1111 |
| Brooks Pharmacy | 4481 Lakeshore Road | Hamburg | 14075 | Erie | 716-627-3060 |
| Niagara Apothecary | 8745 Niagara Falls Blvd | Niagara Falls | 14304 | Niagara | 716-297-3530 |
| Alden Pharmacy | 13203 Broadway St | Alden | 14004 | Erie | 716-937-9818 |
| Southside Pharmacy | 766 Foote Ave | Jamestown | 14701 | Chautauqua | 716-487-0133 |
| Falconer Pharmacy | 202 West Main St | Falconer | 14733 | Chautauqua | 716-665-1188 |
| Transit Hill Pharmacy | 6344 Transit Road | Depew | 14043 | Erie | 716-683-9444 |
| Wurlitzer Family Pharmacy | 521 Division St | North Tonawanda | 14120 | Niagara | 716-260-1311 |
| Middleport Family Health Center | 81 Rochester Road | Middleport | 14105 | Niagara | 716-735-3261 |
| Albert's Drugs | 81 Main St | Batavia | 14020 | Genesee | 585-344-1570 |
| Mead Square Pharmacy | 53 W. Main St | Victor | 14564 | Ontario | 585-924-7970 |
| Tile Pharmacy | 1031 Cleveland Dr | Cheektowaga | 14225 | Erie | 716-632-4888 |
| Sinclair Pharmacy | 75 N. Main St | Warsaw | 14569 | Wyoming | 585-786-2330 |
| Wanakah Pharmacy | 4923 Lakeshore Rd | Hamburg | 14075 | Erie | 716-627-3232 |
| Cy's Elma Pharmacy | 2317 Bowen Rd | Elma | 14059 | Erie | 716-652-3920 |
| Kenmore RX Center | 2818 Delaware Ave | Kenmore | 14217 | Erie | 716-874-6360 |

PARTICIPATING PHARMACIES





Add Event

Clinic Dashboard



Welcome to the New York State Medication Assisted Treatment and Emergency Referrals (MATTERS) system. You will be asked to provide some basic information about yourself along with your medical and substance use history. You will then be able to select which clinic location you desire to be seen at after discharge. Once you select the clinic location, you will receive a confirmation of your selection via email (if you provide an email address). In the next day or two, you will receive a call from the clinic to solidify a time for your appointment. It is very important that you provide accurate phone contact information.

Opioid Dependence Screening Form

Patient Information*

First Name*

Last Name*

E-mail*

Date of Birth*

Month Day Year

Phone #1*

Alt Phone #2

Street Address*

City/Town*

Zip*

Insurance*

☐ Independent Health ☐ Univera ☐ Blue Cross ☐ Medicare ☐ Medicaid ☐ United ☐ Tricare ☐ None ☐ Other...

In the past month have you used any of the following? (check all that apply)*

☐ Prescription Opiates that were prescribed to you ☐ Prescription Opiates that were NOT prescribed to you ☐ Illegal Opiates (such as heroin) ☐ Alcohol
☐ Benzodiazepines that were prescribed to you ☐ Benzodiazepines that were NOT prescribed to you ☐ Crack or Cocaine ☐ Other drugs (specify)

Do you have any history of mental health issues? (check all that apply)*

☐ Anxiety ☐ Depression ☐ Bipolar ☐ Schizophrenia ☐ Prior Suicide Attempts ☐ Other (specify)

Do you have any of the following medical problems? (check all that apply)*

☐ Coronary Artery Disease ☐ Asthma/COPD ☐ Currently Pregnant ☐ Hepatitis ☐ Hypertension ☐ Diabetes ☐ Other (specify)

<https://uatcommerce.health.state.ny.us/auth-matters/>

Do you have any history of mental health issues? (check all that apply)*

☐ Anxiety ☐ Depression ☐ Bipolar ☐ Schizophrenia ☐ Prior Suicide Attempts ☐ Other (specify)

Do you have any of the following medical problems? (check all that apply)*

☐ Coronary Artery Disease ☐ Asthma/COPD ☐ Currently Pregnant ☐ Hepatitis ☐ Hypertension ☐ Diabetes ☐ Other (specify)

Have you ever undergone any of the following treatments for opiate dependence in the past? (check all that apply)*

☐ Outpatient Treatment ☐ Inpatient Treatment ☐ Buprenorphine (Suboxone) ☐ Methadone ☐ Vivitrol

Would you like to be contacted by the peer support hub*

☐ Yes
☐ No

Select the Hospital ED you are being discharged from*

Select Hospital*

- ✓ - Select -
- Bertrand Chaffee Hospital
- Bradford Regional Medical Center
- Brooks Memorial Hospital
- Brooks-TLC Health Systems
- Buffalo General Hospital. MRI
- Cuba Memorial Hospital Inc
- DeGraff Memorial Hospital
- Eastern Niagara Hospital
- Erie County Medical Center Emergency Room
- Kenmore Mercy Hospital
- Medina Memorial Hospital
- Mercy Ambulatory Care Center
- Mercy Hospital of Buffalo
- Millard Fillmore Suburban Hospital
- Mount St. Marv's Hospital

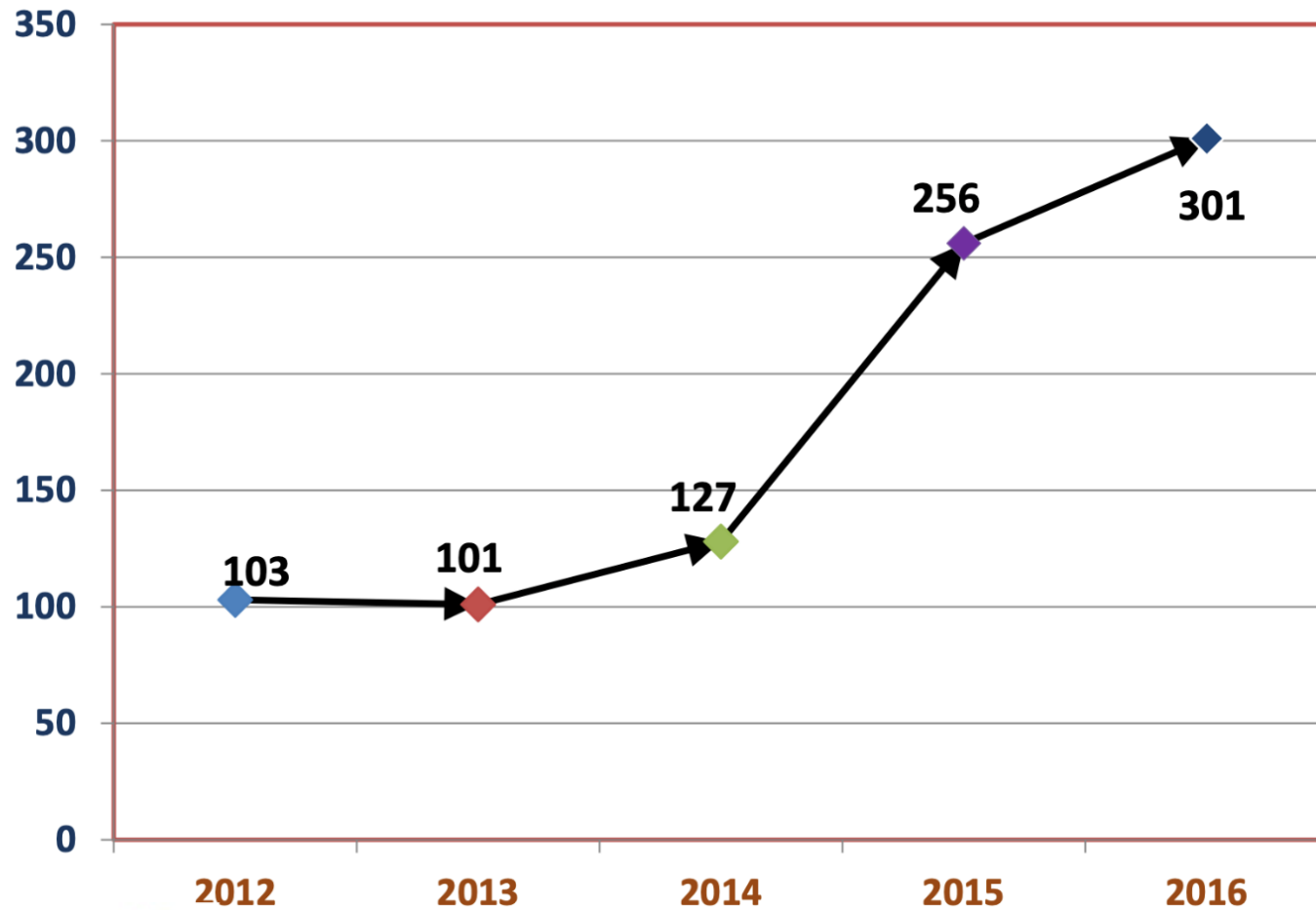


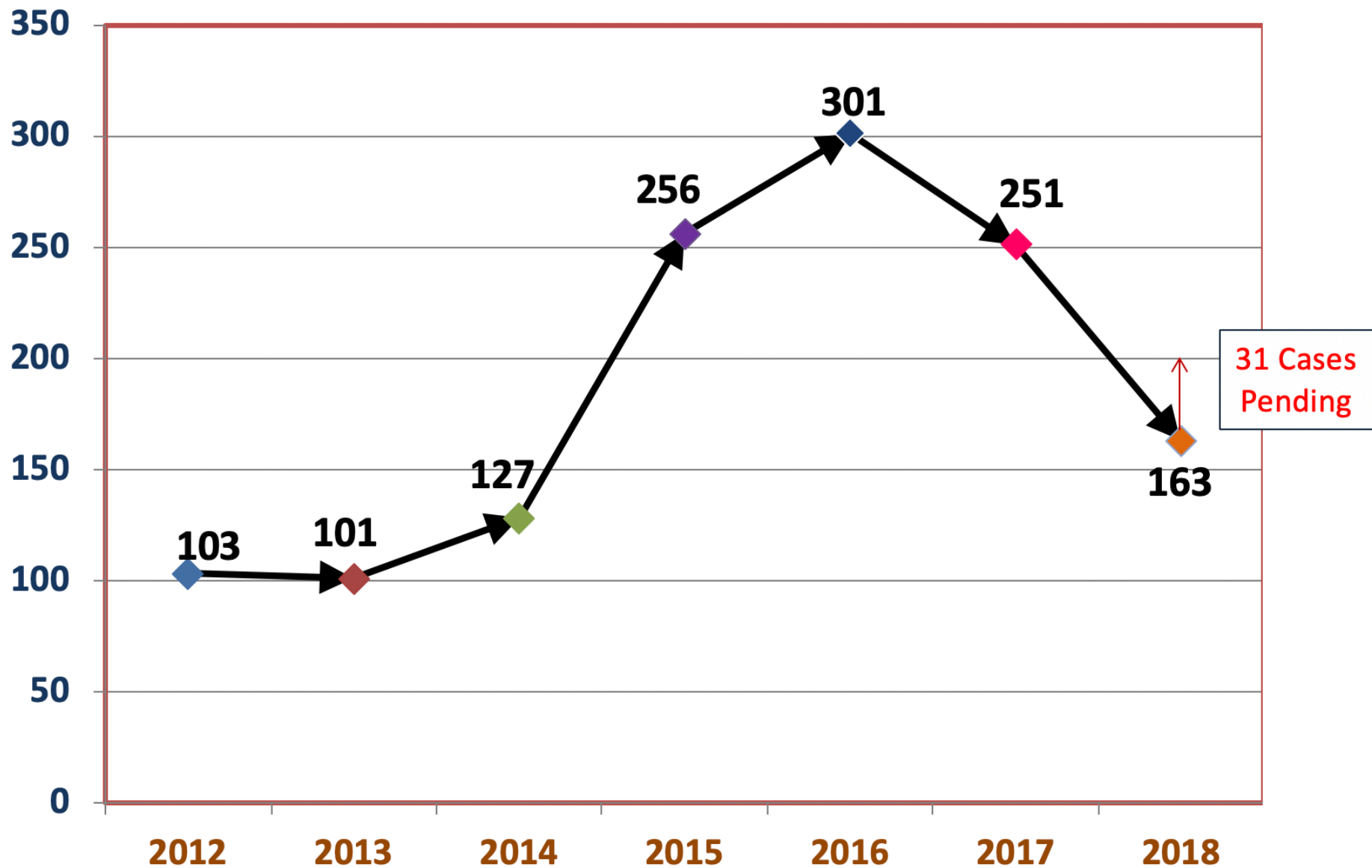
Welcome to the New York State Medication Assisted Treatment and Emergency Referrals (MATTERS) system. You will be asked to provide some basic information about yourself along with your medical and substance use history. You will then be able to select which clinic location you desire to be seen at after discharge. Once you select the clinic location, you will receive a confirmation of your selection via email (if you provide an email address). In the next day or two, you you will receive a call from the clinic to solidify a time for your appointment. It is very important that you provide accurate phone contact information.

IS THIS WORKING?



2012 – 2016 OPIOID DEATHS ERIE COUNTY

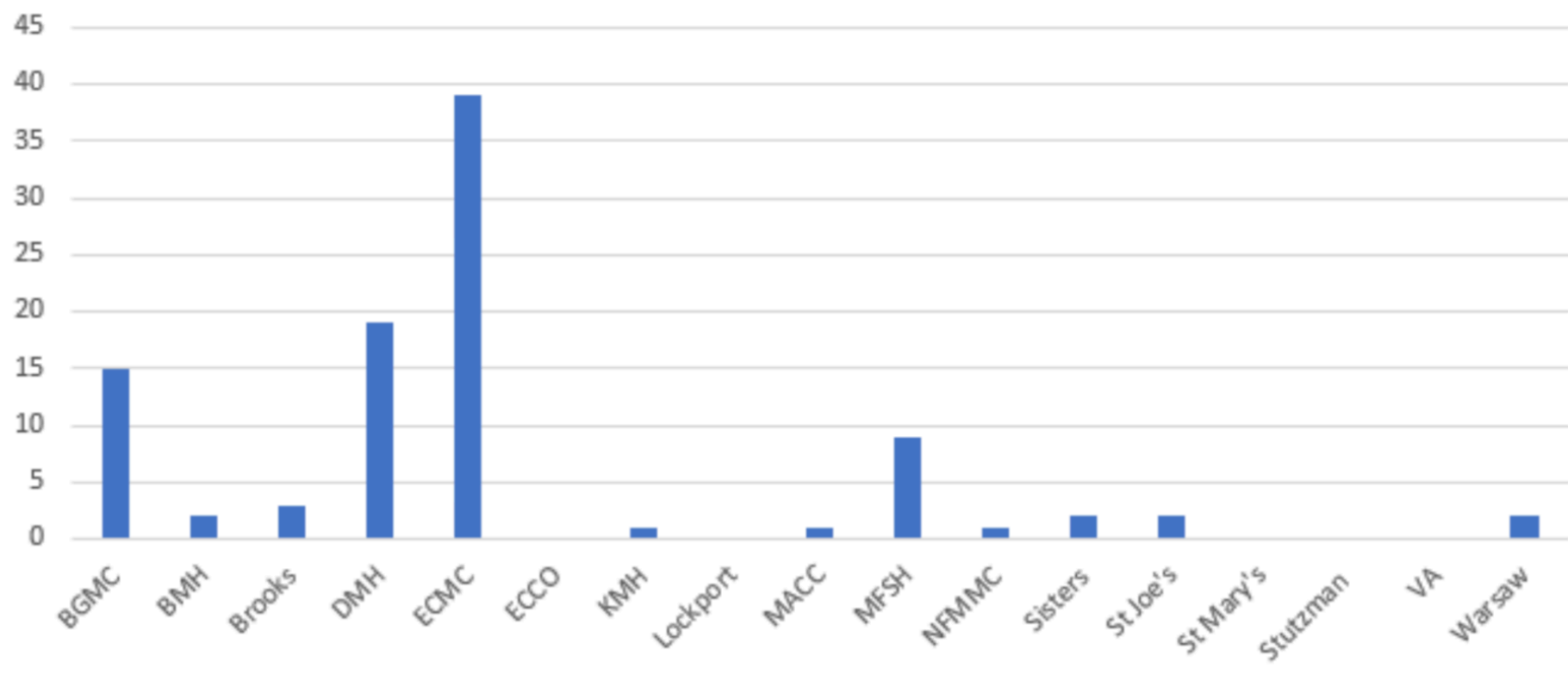




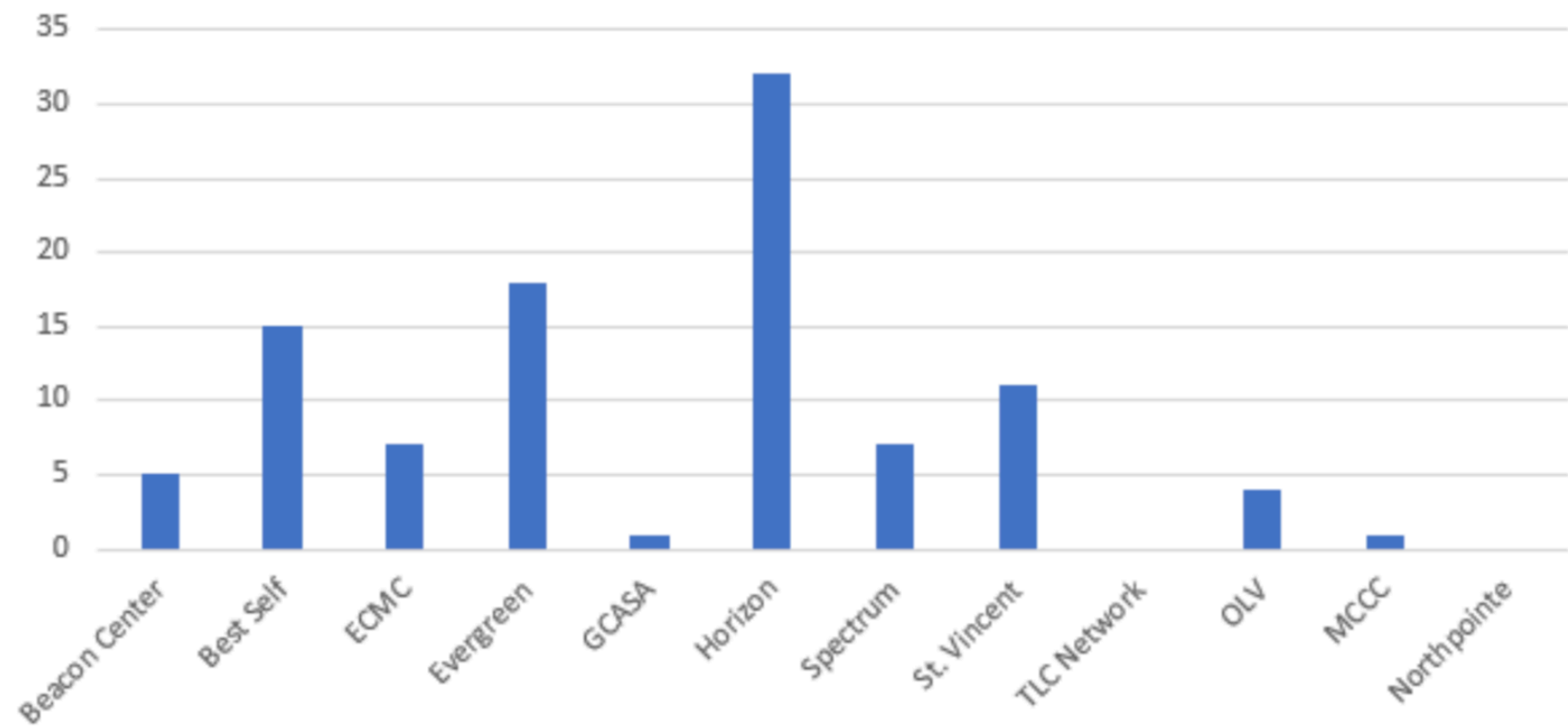
PRELIMINARY DATA

- TRACKING REFERRALS SINCE LATE SPRING, 2018
 - ~100 PATIENTS WERE MADE APPOINTMENTS
- TRACKING AT INITIAL, 30, 60, 90, AND 180 DAYS
 - SEVERAL STILL ENGAGED AND STILL IN TREATMENT AT 90 AND 190 DAYS

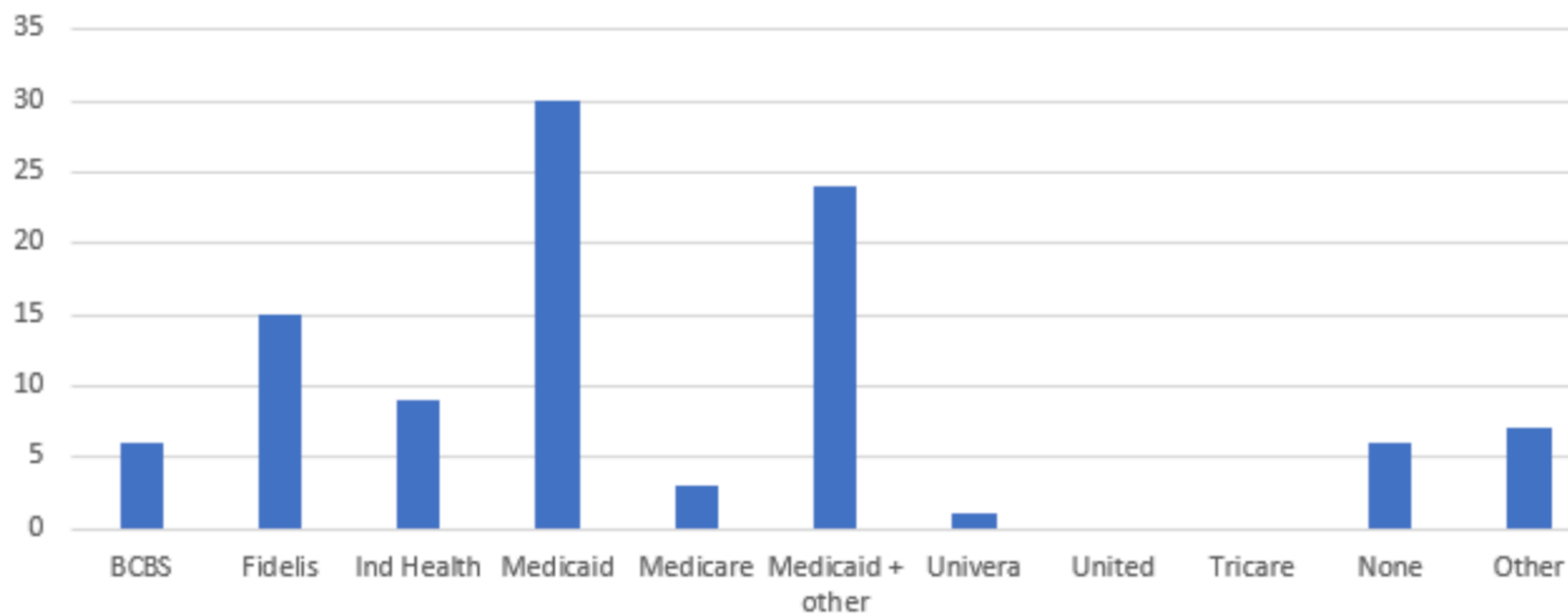
Referring Hospitals



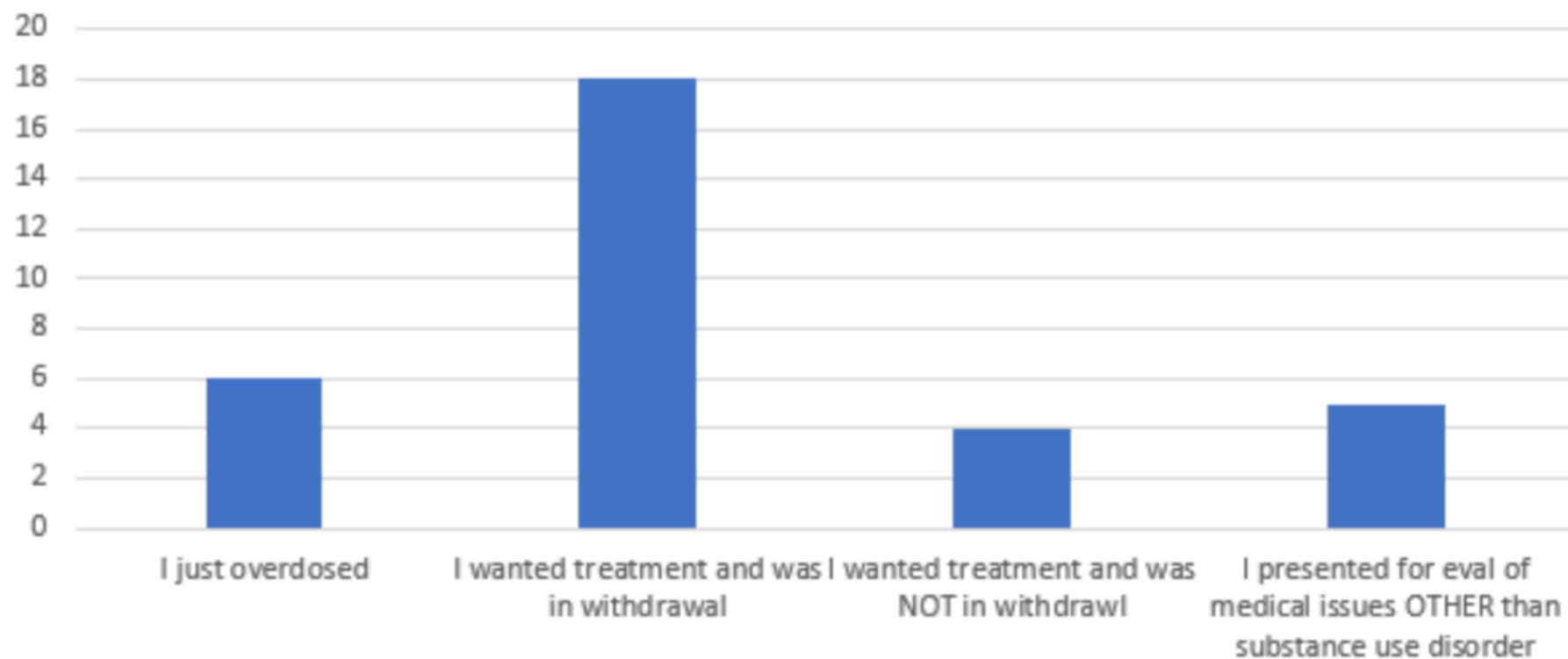
Receiving Clinics



Patient Insurance



Reason for Hospital Visit





GET WAIVED NOW!

CLICK HERE

FACTS & FIGURES

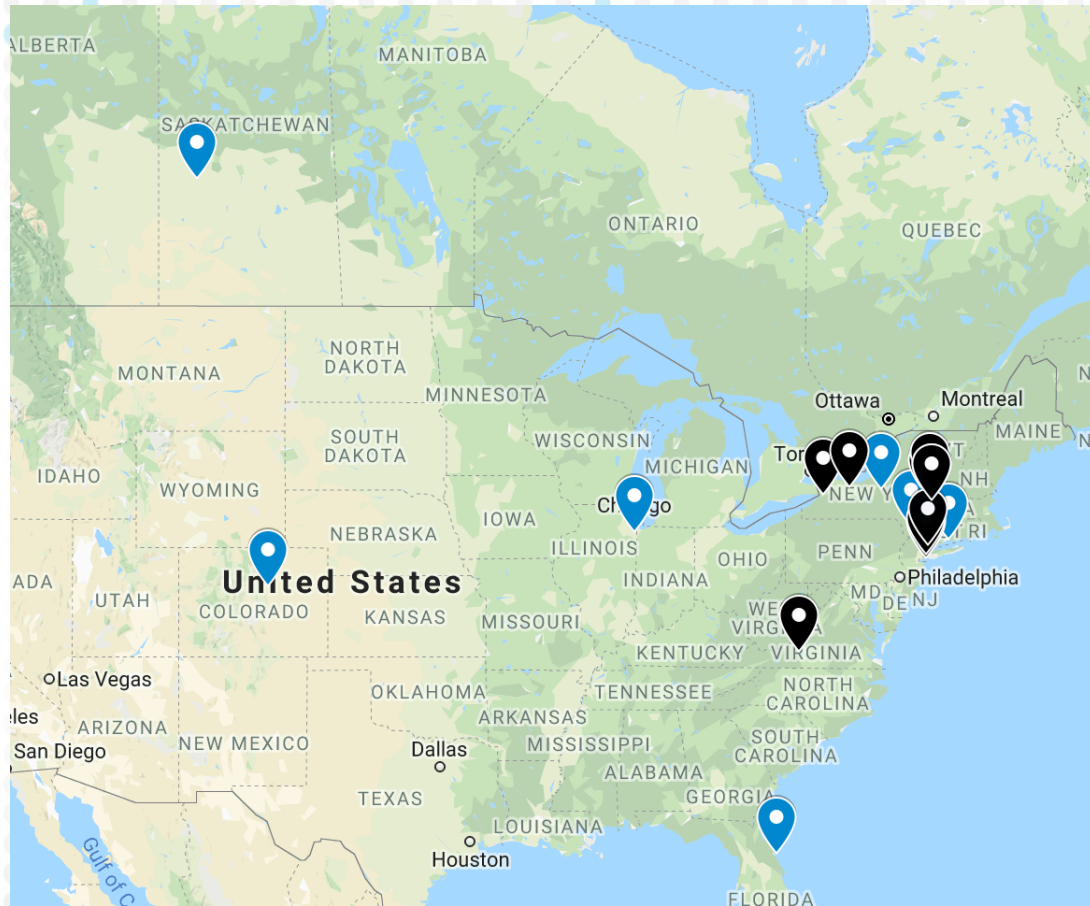
Fighting the battle on opioid use disorder nationwide

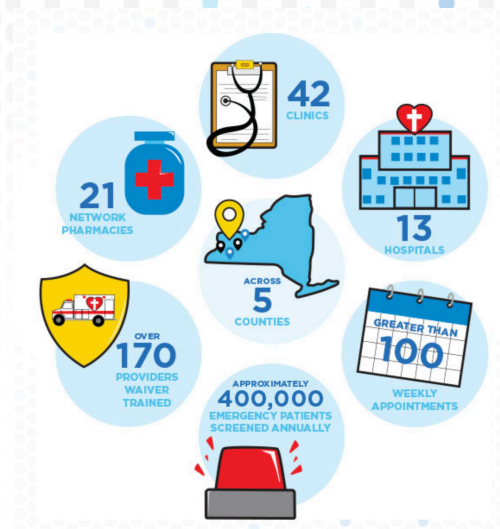
[SAMPLE PROCESS](#)

[OVERVIEW DOCUMENT](#)



WIDESPREAD INFLUENCE





WWW.MATTERSNETWORK.ORG
[@MATTERS_NETWORK](https://twitter.com/MATTERS_NETWORK)

[@JLYNCHDO](https://twitter.com/JLYNCHDO) [@DOCCLEMENCY](https://twitter.com/DOCCLEMENCY)