

# **Building Provider Confidence in Modern Methadone Treatment**

**May 13, 2025  
2-3pm**



# Presenters



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# ***Session Objectives***

- 1** List the number of take-home methadone doses a person-served can receive based on time in treatment.
  - 2** Describe 3 strategies for safely achieving a daily methadone dose of 100mg within the first week of treatment.
  - 3** Explain ways that the perception of risk in methadone treatment can differ between persons-served and providers.
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# ***Changes to 42 CFR, Part 8 aka The Final Rule***

- **Reduced stigma**
- **Removed barriers**
- **Increased flexibility**

- **Patient-centered approach**
- **Shared decision making**
- **Modernized methadone treatment**

# Take Homes



# ***COVID-19 Take Home Flexibilities***

- **Flexibilities are permanent**
    - Data showed improved outcomes
    - Diversion risk was unchanged
  - **Considerations for implementation:**
    - Individualized care approach
    - Sound clinical judgment
    - Education for persons served
    - Safeguards in place
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# ***Unobserved Dosing Eligibility***

<b>Outdated Way of Thinking</b>	<b>Modern Way of Thinking</b>
<ul style="list-style-type: none"><li>● Privileges are earned</li></ul>	<ul style="list-style-type: none"><li>● Fundamental right</li></ul>
<ul style="list-style-type: none"><li>● Difficult, limited, suspicion, punitive</li></ul>	<ul style="list-style-type: none"><li>● Easy, expansive, trusting, engaging</li></ul>
<ul style="list-style-type: none"><li>● Adversaries</li></ul>	<ul style="list-style-type: none"><li>● Partners</li></ul>



# ***Take Homes by Time in Treatment***

<b>Time in Treatment</b>	<b>Take Home Dose Eligibility</b>
<b>0 - 14 Days</b>	<b>Up to 7 Days</b>
<b>15 - 30 Days</b>	<b>Up to 14 Days</b>
<b>31+ Days</b>	<b>Up to 28 Days</b>

# Take Homes by Time in Treatment

Time in Tx

MTD Take Home Eligibility

0-14 days ->

up to 7 days of doses

15-30 days ->

up to 14 days of doses

31+ days ->

up to 28 days of doses



# Induction & Titration



# Starting Dose & Induction Titration

Dosing Practices	Outdated	Modern
Day 1 Dose	30mg dose (40mg max)	50mg dose (more if explained)
Dose Increases	Every 3 days increase by 5 mg	Everyday increase by 5-20 mg
Therapeutic Dose Achieved	In 1-2 months	In 1-2 weeks

## Case

- 36-year-old cis gender man for same day admission
- Reports using 3 g IV fentanyl daily for the past 5 months
- Reports 5 incidences of overdose, including one last week
- Treated with methadone 3 years ago and achieved 2 years of remission
- Denies other drug or alcohol use. No medications listed on the Prescription Monitoring Program.
- Urinalysis results positive for cocaine, fentanyl, and THC.
- He has a good full-time job and does not want to miss work or have anyone find out he uses drugs or is on “the clinic.”

# Approach

## Questions

- Starting dose?
- Titration plan?
- Take homes?



**Risk**



# ***What Risks Do Providers Consider?***

## **Categories of Risk**

Person served

Community

Treatment Program

Self

## **Top 4 Risks**

1. Patient death
2. Serious patient morbidity
3. Diversion of methadone
4. Loss of medical or DEA licensure



# ***Patients Consider the Risks of...***

- Overdose
- Side effects
- Missing doses
- Losing job
- Prolonged withdrawal symptoms from inadequate methadone dose leading to ongoing opioid use
- Not being able to parent
- Transportation failure
- Financial stress
- Worsened mental health
- Not fulfilling legal obligations
- Stigma



# ***What is the Right Number of Take Homes?***

1. Patient is on 160mg of methadone and is prescribed clonazepam 1mg TID for anxiety.
  2. Patient has OUD and chronic pain. Current methadone dose is 400mg in a split of 250mg in AM and 150mg in PM.
  3. Patient has been abstinent from opioids on a methadone dose of 135 mg daily and continues to use cocaine on weekends.
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# ***6-point Criteria for Take Homes***

1. Absence of active SUDs, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely;
2. Regularity of attendance for supervised medication administration;
3. Absence of serious behavioral problems that endanger the patient, the public or others;
4. Absence of known recent diversion activity;
5. Whether take-home medication can be safely transported and stored; and
6. Any other criteria that the medical director or medical practitioner considers relevant to the patient's safety and the public's health.

# ***Your Take Homes***

1. Take home doses are a right, not a privilege
  1. Rapid titration to therapeutic dose is safe
  1. Risk should be part of shared decision making
  1. Individualized care is the only right answer
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# Resources

1. <https://library.samhsa.gov/product/federal-guidelines-opioid-treatment-programs-2024/pep24-02-011>
2. <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8>
3. <https://www.mass.gov/doc/final-rule-bsas-otp-provider-letter-pdf/download>
4. <https://www.mcstap.com/>
5. <https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program/methadone-guidance>
6. Martin M, Baisey T, Skinner S, Ly L, Slown K, Harter K, Nguyen OK, Steiger S, Suen LW. Early Results of Implementing Rapid Methadone Titration for Hospitalized Patients: A Case Series. J Gen Intern Med. 2025 Jan 13. doi: 10.1007/s11606-024-09341-1. Epub ahead of print. PMID: 39804553.

# Thank you!

Questions?



## ***Upcoming Session: 3-4PM***

Please make your way back to the main Zoom room for:

**Expanding Access: Telehealth and Innovative Strategies for Patient Centered Care**

**[Zoom link](#)**

