Buprenorphine Home Initiation vs Office Initiation Considerations

The goals of buprenorphine initiation should be patient safety, comfort, and engagement. A patient's experience with buprenorphine initiation affects treatment success and also the likelihood that the person returns for the second visit. If the process around initiating mediation becomes too lengthy and onerous, patients may become frustrated and/or uncomfortable and may be lost to care as a result. Some clinics offer only home initiation (often due to staff and space constraints), some offer only office initiation, and some offer both delivery models based on patient preference.

Home initiation is safe and effective and is increasingly utilized in primary care settings as an alternative to office initiation. Retention rates are similar to office initiation;[1] however, randomized controlled trials do not exist. The U.S. Department of Health and Human Services and its Substance Abuse and Mental Health Services Administration (SAMHSA) offers additional information in *SAMHSA Tip 63*,[2] part 3, pages 3–60. Although the term "home" initiation is referenced repeatedly in this document, clinical experiences of health care for the homeless providers have found that patients who are experiencing homelessness and/or housing instability also can successfully manage "home" initiation.

The following table outlines considerations that can help practices choose whether to offer buprenorphine office initiation, home initiation, or both.

[1] Lee, J. D., Grossman, E., DiRocco, D., & Gourevitch, M. N. (2008, December 17). Home buprenorphine/naloxone induction in primary care. *Journal of General Internal Medicine, 24*(2), 226–232. doi:10.1007/s11606-008-0866-8

[2] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder for healthcare and addiction professionals, policymakers, patients, and families: Treatment Improvement Protocol (TIP) 63* [HHS Publication No. PEP20-02-01-006]. Rockville, MD: Author. Retrieved from

Consideration	Questions	Notes
Physical Space in Office	Office initiation can take several hours from the point of first contact until the time the patient leaves. Do you have a space where the patient can wait comfortably during this time?	If you do not have physical space in the office, home initiation can be a safe, effective alternative.
	For office initiation, is there convenient office bathroom access in case the patient has nausea, emesis, or diarrhea?	If you are offering office initiation, ensure adequate bathroom access and try to utilize patient rooms near the bathroom.
Staffing	For office initiation, a Clinical Opiate Withdrawal Scale (COWS) score is typically assessed when the patient arrives, then again 30 minutes after medication administration. Does your office have staffing for these frequent assessments?	Workflows should clearly document who is responsible for assessing COWS scores, documenting them, and documenting medication administration and dosage. Scheduling of patients should take into consideration the staffing needs for in-person initiation.
	For home initiation, patients are typically given instructions to follow and advised to contact staff by phone if needed. Do you have staff who can answer telephone calls in real time and document phone contact?	Consider having a direct line to a Medication-Assisted Treatment (MAT) staff member who is able to answer calls and check voicemail regularly to answer any questions or concerns that come up during medication initiation. This individual does not have to have clinical training but does need to be able to contact a clinician easily in case medical questions arise.

Consideration	Questions	Notes
Medication Access/Storage	For office initiation, will you keep buprenorphine on-site?	If keeping buprenorphine/naloxone on-site, note that there are Drug Enforcement Administration (DEA) requirements[3] for keeping controlled substances on-site, and you must be registered with the DEA in order to stock controlled medications.
	For office initiation and utilizing a pharmacy for medication access, how long will it take for the prescription to be filled and for the patient to pick up medication and come back?	If the process takes too long, patients and staff can become frustrated. Patients coming in for office initiation are already experiencing withdrawal symptoms, so they will be uncomfortable when they come in. Consider establishing relationships with specific pharmacies if choosing to do in-person initiation, and ensure that the medication filling and retrieval process is as efficient as possible.
	If you are offering office initiation and utilizing a pharmacy, are pharmacy hours the same as your clinic hours?	Ensure that the pharmacy is accessible at the time of the appointment for medication initiation and that the pharmacy stocks the formulations you are prescribing.
	If you are offering office initiation and utilizing a pharmacy, how will uninsured patients access medication?	Pharmacies typically charge a filling fee for every prescription picked up. This practice could have financial implications.
	Are there any insurance-imposed limits on the number of fills a patient can get in a day/week/month that might limit the patient's ability to get multiple prescriptions in one week?	If the insurer has limitations on the number of fills per day or week, home initiation may be an appropriate consideration. Voucher systems also can be created (in which a patient picks up partial fills based on provider-pharmacist communication); however, this can take more staff time and may require a very engaged pharmacy partner to be successful.
Timing	If offering office initiation, what time of day will appointments be scheduled?	The patient should come earlier in the day to ensure that initiation can be completed during normal office hours, or alternative plans should be available to transition to home initiation if there is not enough time to complete office initiation that day.

[3] Providers Clinical Support System. (2014). *PCSS MAT Training: How to prepare for a visit from the Drug Enforcement Agency (DEA) regarding buprenorphine prescribing.* Retrieved from https://pcssnow.org/wp-content/uploads/2014/02/FINAL-How-to-Prepare-for-a-DEA-Inspection.pdf

Consideration	Questions	Notes
Patient Experience and Preference	Does your office have the capability to offer in-office initiation?	Patients have a variety of reasons they may prefer office or home initiation. If you can accommodate either, offering the option of home or office initiation to patients can be a helpful patient engagement tool.
	Has the patient taken buprenorphine previously?	Patients who have taken buprenorphine previously may have an increased level of comfort in knowing how the mediation works and when to take it. If a patient prefers home initiation and has never taken buprenorphine, it will be important to explain that the medication must be melted under the tongue and cannot be swallowed.
	Can the patient describe their own withdrawal symptoms and explain when they will take their first dose of medication?	Patients who have difficulty describing their own withdrawal symptoms or who have not experienced precipitated withdrawal may feel more comfortable with office initiation.
	Does the patient have a safe place to take the first dose of medication?	Patients experiencing housing instability may prefer office initiation because of increased access to a bathroom in the case of precipitated withdrawal. However, housing instability alone should not be a reason to require office initiation.