

# R<sup>3</sup> Report | Requirement, Rationale, Reference

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Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

## Medications for Opioid Use Disorder

Consequences associated with opioid use, such as overdose, are a serious health care issue in the United States. In 2022, overdose deaths from any opioid occurred at a rate of 28.7 per 100,000 residents across 30 US jurisdictions (Centers for Disease Control and Prevention, 2024). Coupled with the current issues with access to care, the stigma and bias that the general public and some health care professionals have towards individuals with substance use disorder often prevents these individuals from seeking care, even when they recognize that they need it (Abraham, 2020).

Medications for opioid use disorder (MOUD) describes a group of medications with strong scientific evidence that shows the medications improve outcomes in treatment of opioid use disorder. These evidence-based medications include methadone, buprenorphine, and naltrexone. Research has demonstrated that the use of any of these three medications increases the duration of the individual's engagement with treatment and reduces the use of opioids outside of prescribed treatment.

Given the evidence supporting MOUD as the first-line treatment for individuals served diagnosed with opioid use disorder, The Joint Commission is adding four new requirements for behavioral health care and human services organizations that treat individuals with opioid use disorder to promote the safe use of MOUD. These requirements will be effective August 1, 2024.

### Requirement

**Standard CTS.04.02.33:** For organizations providing care, treatment, or services to individuals with addictions: The organization provides evidence-based treatment for opioid use disorder, including medications for opioid use disorder.

**EP 1:** For organizations providing care, treatment, or services to individuals with addictions: As indicated by evidence-based practice, the organization offers individuals served who have an opioid use disorder medication to treat opioid use disorder (MOUD) as part of their mutually agreed upon treatment plan. The MOUD can be provided by the organization, through contractual agreement, or through a referral.

**Note:** The organization documents if the individual served chooses not to receive MOUD.

**EP 2:** For organizations providing care, treatment, or services to individuals with addictions: If the organization provides a referral for medication to treat opioid use disorder, the organization coordinates their care and confirms initiation and continuation of medication.

**EP 3:** For organizations providing care, treatment, or services to individuals with addictions: At the initiation of medication for opioid use disorder, the organization informs the individual served about the dangers of abrupt discontinuation of treatment if they leave the organization for any reason, including but not limited to requiring a different level of care or transferring to a different facility.

**Note:** If the individual served requires a different level of care or transfers, the organization coordinates their care so that there is no interruption in their treatment.

**EP 4:** For organizations providing care, treatment, or services to individuals with addictions: Staff who assess, plan services for, and deliver services to individuals with opioid use disorder demonstrate understanding of evidence-based treatment for opioid use disorder, which includes, at a minimum, the following:

- Medication for opioid use disorder
- Psychosocial therapies
- Harm-reduction

### Rationale

By increasing access to MOUD and eliminating barriers for such treatment, organizations can improve the lives of those with opioid use disorder and reduce the number of opioid-related deaths. MOUD is well established as the standard of care in the management of opioid use disorders. Its use is associated with improved outcomes, such as reduced rates of illicit drug use, overdoses, infectious disease transmissions, and crime (Abraham, 2020). MOUD contributes to sustained recovery (Meyer, 2021) and reduces opioid-related and all-cause mortality. MOUD also contributes to better quality of life by reducing opioid cravings and suppressing distressing symptoms of opioid withdrawal (Bell and Strang, 2019). According to the US Department of Health and Human Services, "The medical evidence is clear: access to medication-assisted treatment, including buprenorphine that can be prescribed in office-based settings, is the gold standard for treating individuals suffering from opioid use disorder" (as cited in Stephenson, 2021).

Coordinating the care of individuals served allows organizations to support individuals in receiving the appropriate level of care while having no interruption in treatment. Abrupt cessation of opioids may lead to strong cravings and/or acute withdrawal syndrome, which can put the individual served at risk for relapse, overdose, and overdose death (ASAM, 2020). Individuals served who experience an interruption in treatment when changing providers or changing to a different level of care are at a high risk for increased cravings, return to illicit drug use, and possible overdose. In addition, individuals who choose to discontinue medications for opioid use disorder should be made aware of the risks associated with opioid overdose, especially the increased risk of overdose death, if they return to opioid use aside MOUD (ASAM, 2020).

Stigma or negative perceptions toward people with opioid use disorder and people seeking MOUD and negative attitudes about the efficacy of using MOUD remain an issue, even among clinicians and staff who regularly treat opioid use disorder (Abraham, 2020). To counteract these negative perceptions, organizations need to provide education to staff on the use of medications to treat opioid use disorder, as well as using a harm-reduction approach to treatment. This leads to a higher initiation of evidence-based treatments for individuals with opioid use disorder (Cantone, 2019).

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\*Not a complete literature review.