Substance use disorder treatment guide

Integrated behavioral health care strategies

The AMA’s “how-to” guide on substance use disorder (SUD) provides physician practices and health systems with practical strategies, actionable steps and evidence-based resources for identifying and addressing unhealthy substance use or misuse in their patients.

This is part of AMA’s broader efforts to empower health care organizations to overcome key obstacles to accessible and equitable treatment for their patients’ behavioral, mental and physical health needs.

Evaluating and screening for patients

Like other chronic diseases, substance use disorder (SUD) disrupts the healthy function of the body and increases an individual’s risk of developing other health conditions. And yet, because of the stigma that is often associated with SUD, individuals may be reluctant to seek care.

Before screening begins, it is important for health care organizations to establish an environment of trust and demonstrate a non-judgmental approach recognizing SUD as a disease.

Screening tools can then be used to help identify at-risk patients and direct them to behavioral health specialists when support is needed.

Featured topics and resources in the guide

Integrating substance use disorder treatment practice

In this guide, primary care physicians and their care teams will learn how to include best practices in their processes and procedures to address patients dealing with SUD.

1. **Align and train teams** to recognize SUD as a disease and treat patients with compassion.


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2. **Evaluate and identify those at-risk of or living with substance use disorder** along with assessing willingness for treatment with a behavioral health specialist. This includes facilitating open conversations about unhealthy substance use/misuse with patients and gauging their readiness to change and receptivity for treatment.

3. **Implement a treatment plan and follow-up.** Recognize that every patient is different, and treatment plans will need to be tailored to their willingness or ability to engage. As individuals stabilize, consistent follow-up allows for ongoing evaluation to ensure that the patient's goals are being met.

4. **Understanding financial considerations** of how to bill for screening, evaluation and treatment of patients experiencing substance use disorder, including awareness of specific CPT (Current Procedural Terminology) codes, will help ensure the sustainability of treatment efforts.

5. **Gain access to resources** such as checklists, training programs and screening tools.

   Download the AMA's "Substance Use Disorder How-To Guide" (PDF) to learn more about how your practice or system can effectively treat and manage substance use disorder in your patients.

   Check out the BHI Collaborative’s Behavioral Health Integration (BHI) Compendium, which serves as a tool to help provide health care organizations with a proven pathway for delivering integrated behavioral care and ensuring they have the most recent, actionable information at their disposal.

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### Additional resources

- AMA’s National Roadmap on State-Level Efforts to End the Nation's Drug Overdose Epidemic
- How to talk about substance use disorders with your patients
- Treating substance use disorder as a family physician
- Behavioral health integration (BHI) Overcoming Obstacles webinar series
- StepsForward BHI Module
- Compendium of BHI resources for physician practices
- BHI in physician practices

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### 988 Suicide & Crisis Lifeline

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide
Prevention Lifeline) telephone program.

People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.