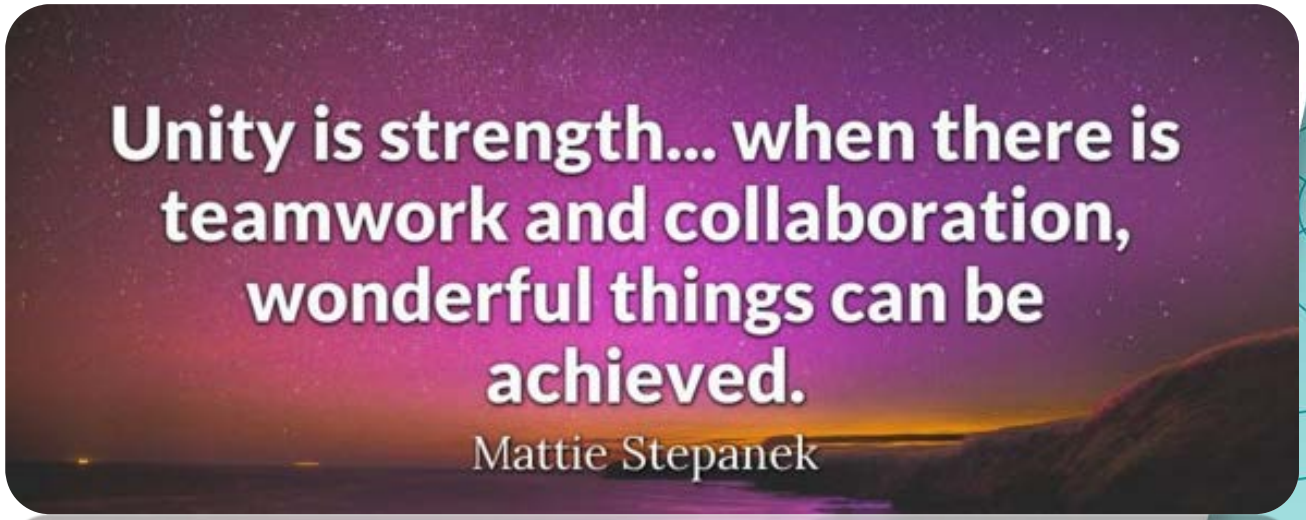
Opioid Review and MAT Clinic Care Team Functions

February 28, 2018

Announcements



Learning Objectives

- Demonstrate the activities of each care team member
- Discuss the cooperative nature and interaction of the different team members

Physicians

- Review charts for appropriate evaluations of chronic pain patients to ensure thorough workup of the diagnosis has been done.
- Review notes from consultations that have been obtained including specialty clinic evaluations.
- Review appropriateness of prescribed medications and identify high-risk combinations and co-morbid conditions that may increase a patient's risk for respiratory depression and death.

Physicians

- Evaluate urine drug screens and confirmatory testing to ensure proper interpretation.
- Make further recommendations in certain circumstances including gaining additional information such as old records, history with the department of corrections and other past workup in outside facilities.
- Recommendations for further workup or referral.
- Serve as liaison to law enforcement, receiving information they want to share.

Physicians

- Educate clinic physicians on the CDC guidelines and importance of adherence.
- 1:1 physician conferences, if necessary, to discuss recommendations.
- Chronic pain medication recommendations including tapering and discontinuation with justification.
- Oversee the activities of the other team members, including daily questions and correspondence concerning new patient care plans and workups.

Physicians

- Review potential Suboxone patients and accept or decline.
- Complete Appropriate Use Checklist for Suboxone patients (Appendix E).
- Fill our DSM 5 Opioid Use Disorder Checklist for complete diagnosis (Appendix F).
- MAT using Buprenorphine/naloxone

RN Care Coordinator

- Complete a personal interview with patients to build a patient history.
- Review care plans (Appendix G), expectations, and goals with patients as well as obtain signatures, ROI (Appendix H, I). Renew care plans yearly or as needs change.
- Develop a personal plan of care with each patient, one that is patient-centered. Assess each patient's strengths and needs, functionality and goals. Identify, plan, arrange, coordinate, implement services in accordance with clinic protocols, and assist with referrals to mental health, Rule 25 and County social worker that are within the Family Medical Center.

RN Care Coordinator

- Maintain contact with patient, meeting face-to-face at minimum of one time per year, and have phone contact quarterly.
- Assist with collection of urine drug screens per UDAS policy.
- Track and provide data and patient informational stories for grant writing.
- Attend training with the team to promote cohesion and continued program development.
- Write and present presentations to public and other interested partners.

RN Care Coordinator

- Provide support to clinic providers and patients on as needed basis.
- Request random pill counts and urine drug screens. If needed, administer the urine drug screen. Arrange as needed. (Appendix J)
- Address behavior and expectations with patient per results of team consultation.
- Attend weekly team consultation meeting and monthly drug task force meetings.
- Complete case reviews (similar to mapping) utilizing CSCT review consultation process (Appendix B): Review patients that are in need of taper plans, concerns for diversion, failed UDAS, early refills, MME in excess of 90 or provider concerns for patient's wellbeing. Bring this information to our weekly care team meetings.

RN Care Coordinator

- Provide staff training regarding UDAS, care plan completion, CSCT protocols.
- Support providers and nurses with patient concerns regarding their individual care plan or taper plan.
- Suboxone patients (Appendix K for flow sheet): Complete initial phone assessment interview (Appendix L), Substance Use Assessment (Appendix M). Discuss patient case with Suboxone providers who either accept or decline patient.

RN Care Coordinator

- Coordinate Suboxone patient's initial visit.
- Case manage Suboxone patients and develop treatment plan. Support patient through the Rule 25 process and throughout their treatment. Advocate for patients. Implement and monitor services.
- Obtain releases for all providers to coordinate care forSuboxone patients throughout their treatment process.
- Explain to each patient in a way they can understand the following forms: Suboxone Medication agreement (Appendix N), Consent for Treatment with Buprenorhine (Appendix O), and Family Medical Center Substance Program Care Plan (Appendix G). Assure that patients have a clear understanding of the Suboxone program at our facility. Sign above forms with patient, witnessing as needed.

RN Care Coordinator

- Meet with patients during their scheduled appointments for initial face-to- face screening, complete all forms related to their Suboxone medication-assisted- treatment (MAT).
- Be present at patients' induction appointment, perform COWS (Appendix P).
- Be a point of contact for patients, direct line provided to patients.

Social Worker

- Build a patient history along with a genogram or eco map.
- Review care plan expectations with patients, obtain signatures, and update yearly or as plans change (Appendix G).
- Coordinate and arrange for diagnostic assessments or neuropsychological assessments.
- Refer for MnChoices assessments and Rule 25 assessments.
- Arrange referrals to WIC, County public assistance programs, MnSure, housing, food programs, in-home services, support groups, Faith in Action, transportation resources, utility programs, renter's assistance and refunds.

Social Worker

- Provide and coordinate referrals to mental health supports (ARMHS, MHBA, CBT, DBT, EDMR, CMH, DD/Rule 185, and AMH), Crisis Team, Vocational Rehab, SCHA benefits, Yellow Ribbon program, health clubs, free cell phone, Headstart, and DHS.
- Maintain contact with patient, meeting face-to-face at minimum to one time per year, and have phone contact quarterly.
- Assist with collection of urine drug screens per UDAS policy (Appendix J).

Social Worker

- Track and provide data and patient informational stories for grant writing.
- Attend trainings with the team to promote cohesion and continued program development.
- Write and present presentations to public and other interested partners.
- Provide social worker interventions and support to other clinic providers and patients on as-needed basis.
- Obtain releases for MCSS and any other providers working with patient on goals to coordinate their care (Appendix H, I, Q).

Social Worker

- Attend weekly team consultation meeting and monthly drug task force meetings.
- Complete case reviews (similar to mapping) utilizing CSCT review consultation process (Appendix B).
- Support Suboxone patients through the Rule 25 process and throughout their treatment.
- Obtain releases for all providers to coordinate care for Suboxone patients throughout their treatment process.

Pharmacist

- Provides a direct link between a community pharmacy and the Controlled Substance Care Team (CSCT).
- Design opioid taper plans for providers to review with patients.
  - Taper no faster than 25% every three days to avoid withdrawal symptoms
  - Normal taper goal is a decrease of 10-20% every two weeks
  - Tapers can be as slow as 5% every month
  - If on high opioid doses, the first half may go faster than the second half

Pharmacist

- Meet with patients if needed to educate on the risk of opioid dosing.
- Suggest adjuvant medications to treat potential withdrawal symptoms such as clonidine (usually not needed for gradual tapers), NSAIDs, acetaminophen, trazodone for insomnia, hydroxyzine for anxiety.
- Helps verify that the results from confirmatory testing are consistent with medications prescribed.