

Medication for Opioid Use Disorder: Continuous Quality Improvement

Presenters:

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- Disclosures

No financial disclosures to report

CQI Objectives

- Documentation
- *Access*
- Workflow
- Measuring outcomes

IOM DIMENSIONS	ADDICTION MEDICINE EXAMPLES
Safety: Avoid allowing the system of care to cause injury to the patient	Access to care, delays in appointment scheduling, or medication errors
Effectiveness: Provide evidence-based treatment to all patients and avoid services with limited patient benefits	Use of addiction medications; screening and brief intervention in primary care, case management, and posttreatment aftercare; and offer psychological interventions such as structured family therapy, motivational interviewing, or contingency management
Patient centered: Provide care that is based on and guided by patient needs, preferences, and values	Establish clear two-way expectations; include family and friends in treatment process, or work with clients to create treatment plans
Timely: Reduce waits and delays for both the patients and staff alike	Establish walk-in hours; offer interim services; add additional groups
Efficient: Evaluate the process of care to create an efficient process that reduces waste and conserves resources	Eliminate excessive paperwork, reassign tasks, cross-train staff, or develop a process for a seamless transition across treatment providers
Equitable: Ensure that processes of care are consistently applied across gender and racial/ethnic groups	

- Access
 - Reducing Barriers to Care
 - Provider barriers
 - Institutional barriers
 - Regulatory barriers
 - Patient barriers

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Fax COVER Sheet

To:	From:
Fax:	Pages (including cover):
Phone:	Date:
Re: TRANSFER PAPERWORK REQUIREMENTS	CC:

Urgent
 For Review
 Please Comment
 Please Reply

Upon transfer of a client, please send the following documentation:

- Release of Information
- Photo ID & 1 other form of ID
- Progress Note stating: Reason for Transfer, Admission date, current phase in tx/THB status, Mental Health Status/Treatment, Pregnancy Status and/or DCPD involvement, List of Prescribed Medications (if current Rx for Benzodiazepine or Suboxone/Subutex, MD acknowledgement letter is required)
- 30 day dose history
- 3 months of UDS results OR corresponding UDS for current THB phase
- Physician Order for phase status
- Physical Exam (most recent)
- Bloodwork (most recent)
- Detailed information of health concerns
- PPD/TB testing (chest x-ray if positive)

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute the patient.

If this fax has been delivered to you in error,

- Patient access to MOUD/Provider considerations:
 - Appointments vs. walk-ins
 - Expanded hours
 - Managing phone calls: during and after business hours
 - Medication-first approach

- Considerations

- What staff do you have and what can they handle?
- Where are your referrals coming from?
 - Jail
 - ED
- Prescriber limits
- Using a waitlist/tracking the demand
- No one-size-fits-all approach

1. Managing a waitlist

- a. Tracking names & information
- b. How to prioritize
- c. How to ensure equity

- Stigma
 - ‘I am here for the suboxone program’

Request for next session for Case and/or Questions....

- Questions
- Case Discussion
- Contact Information

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