

Medication for Opioid Use Disorder: Continuous Quality Improvement

Presenters:

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- Disclosures

No financial disclosures to report

CQI Objectives

- Documentation
- Access
- *Workflow: Urine drug screening*
- 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	

- Workflow: UDS
 - Ensuring patient-centered care
 - Provider barriers
 - Institutional barriers
 - Regulatory barriers
 - Patient barriers

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- When we talk about patient-centered workflow:
 - How prescribing MOUD fits into a primary care practice
 - Block scheduling? Integrated scheduling?
 - Group visits?
 - Checking patients in and scheduling follow-up
 - *Collecting urine drug screens*
 - Maintaining patient privacy and confidentiality
 - ‘This is how we’ve always done it’

Why test for substances?

What are all the reasons/purposes/settings that drug testing is used?

- Why do we collect UDS?
 - Patient perspective
 - Provider perspective
 - Regulatory perspective

- Specimen Collection Workflow
- Staff Training
 - The steps necessary to perform a direct observed collection correctly
 - Maintaining the integrity and security of the specimen throughout the collection process by maintaining visual contact with the collection container
 - Ensuring the privacy of the donor
 - Ensuring that the observation is done in a professional manner, to minimize discomfort of the donor
 - Avoiding conduct that can be interpreted as offensive or inappropriate
 - Be the same gender as the donor
 - Chain of Command

- Considerations: UDS
 - Observed or not?
 - POCT or send-out?
 - Random or scheduled?
 - Before, during, or after visit?
 - Handing collection cups to patients at the front desk
 - Punitive or supportive attitude
 - Therapeutic relationship
 - Perpetuation of stigma

- Provider considerations
 - How do we use the results?
 - Can differ based on POCT vs send-out sample
 - What is included in the panel?
 - Discontinue treatment for other substance use?
 - Identify needs beyond MOUD?

- Patient considerations
 - Accountability
 - Important part of treatment plan
 - Routine – just something that we do

- When patients lie
 - Part of the disease process
 - Does it actually affect the treatment plan?
 - Makes my job harder?
 - Puts my license at risk?
 - Hard to separate my feeling about these things from the actual associated risks

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



Happy
Birthday
Lynda!!!!

- Questions
- Case Discussion
- Contact Information

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