

Initial and Follow up Encounters for SUD- CQI

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Financial Disclosures

The following session leader has no relevant Financial relationships with ineligible companies to disclose:

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Learning Objectives

- Describe the office logistics of the initial encounter for substance use disorder, i.e. check in, rapid UDS, visit with provider, visit with patient navigator and peer coach/counselor.
- Describe and document specific components of the history, physical examination, assessment, and plan that are necessary for an initial encounter for substance use disorder.
- Demonstrate the necessary components and timing of a follow up visit for substance use disorder.

What is Standardization?

Definition

- Consistent organization of tools, materials, information or anything necessary to complete a task
- Consistently performing the same task the same way every time

“Standardization is actually the starting point for continuous improvement....The establishment of standardized processes and procedures is the greatest key to creating consistent performance. It is only when the process is stable that you can begin the creative progression of continuous improvement.”

- Jeffery K Liker & David Meier

Standardization, Teamwork, and Success!

- Our employees are our greatest assets and standardization helps us to harness that creative power and the desire to improve!
- Standardized processes give everyone the same starting point, to start brainstorming on improvement efforts
- Once the group determines the “best practice” or the best way to do a task or process the entire group adopts this new “best practice”
- Best practices are an essential component of team work
- High performing teams share best practices in order to drive the overall team / organization’s success!!

Standard Operating Procedure Minimum Criteria

At a minimum every procedure must define –

Purpose – the objective of this procedure

Who – who is responsible for performing the task or activity

When – at what time or under what conditions will this be performed

What – the task or activity to be performed

With What – the tools, equipment or materials used to perform the task or activity

How – specifically how the task or activity will be performed

Performance – how successful completion of the task or activity is measured and documented

Owner – who is responsible for the procedure

Office Staff

- Providers with DATA 2000 waiver
- Nurse or CMA as Patient Navigator
 - First point of contact for intake
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Ease of contact
 - Facilitate scheduling appointments and reminders in a semi-private setting

Office Logistics

- After registration, patients should provide a urine sample for a Rapid UDS prior to being seen by the provider.
- Results entered into chart by medical assistant.
- More to come on Urine Drug Screen interpretation!

Screening: CAGE

- CAGE
- CAGE questions are as follows:
 - Cut Down: have you ever felt that you ought to Cut down on your drinking or drug use
 - Annoyed: have people Annoyed you by criticizing your drinking/drug use
 - Guilt: have you ever felt bad or Guilty about your drinking or drug use
 - Eye-Opener: Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover

Screening: DAST

- DAST
 - 10 screening questions for at-risk drug use that parallel the MAST for alcohol use, developed by the Center for Addiction and Mental Health
 - Self or provider-administered
 - Establishes a pattern of use behavior over last year
 - Yes/No Questions. "Yes" scores 1
 - Cumulative score rates degree of intensity of the drug
 - Used to direct the recommended type of intervention

Screening: DAST

- DAST Scoring:
 - 0: No problems reported-No intervention needed
 - 1-2: Low risk-Monitor and reassess later for worsening of drug problems
 - 3-5: Moderate risk—Further evaluation
 - 6-8: Substantial risk-Intensive assessment

Screening: DAST

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

ASAM (American Society of Addiction Medicine) Criteria

•In addition to the standard H&P, these should be incorporated:

1. Acute intoxication and withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse or continued use or continued problem potential
6. Recovery environment

ASAM Criteria

- In addition to the standard H&P, these should be incorporated
 - 1. Acute intoxication and withdrawal potential**
 - **Withdrawal management and withdrawal scoring on COWS**
 - **Link to care and support groups**
 2. Biomedical conditions and complications
 3. Emotional, behavioral, or cognitive conditions and complications
 4. Readiness to change
 5. Relapse or continued use or continued problem potential
 6. Recovery environment

COWS Scoring

9/3/10

CLINICAL OPIATE WITHDRAWAL SCALE (COWS)

For Buprenorphine/naloxone induction: Enter scores at time zero, 1-2 h after first dose, and at additional times that buprenorphine/naloxone is given over the induction period.

	DATE/TIME:	DATE/TIME:	DATE/TIME:
<p>Resting Pulse Rate: (record beats per minute) <i>Measured after patient is sitting/lying for one minute.</i></p> <p>0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120</p>			
<p>Sweating: <i>Over past ½ hour not accounted for by room temperature or patient activity.</i></p> <p>0 no report of chills or flushing 1 one subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face</p>			
<p>Restlessness: <i>Observation during assessment.</i></p> <p>0 able to sit still 1 report difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds</p>			
<p>Pupil Size:</p> <p>0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only rim of the iris is visible</p>			
<p>Bone or Joint aches: <i>If patient was having pains previously, only the additional component attributed to opiate withdrawal is scored.</i></p> <p>0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort</p>			
<p>Runny nose or tearing: <i>Not accounted for by cold symptoms or allergies.</i></p> <p>0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks</p>			

COWS Scoring

GI Upset: <i>Over last ½ hour</i> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stools 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting			
Tremor: <i>Observation of outstretched hands</i> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching			
Yawning: <i>Observation during assessment</i> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute			
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable, anxious 4 patient so irritable or anxious that participation in the assessment is difficult			
Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection			
Total Score			
Observers Initials			
Blood Pressure/Pulse			
Dose of Buprenorphine/naloxone Given			

Note: Give first dose when COWS score ≥ 7

SCORE: **5-12 = Mild**
 13-24 = Moderate
 25-36 = moderately severe
More than 36 = severe withdrawal

ASAM Criteria

- In addition to the standard H&P, these should be incorporated
 1. Acute intoxication and withdrawal potential
 2. **Biomedical conditions and complications**
 - **Current medical conditions in need of stabilization, workup, and treatment? Pregnancy?**
 3. Emotional, behavioral, or cognitive conditions and complications
 4. Readiness to change
 5. Relapse or continued use or continued problem potential
 6. Recovery environment

ASAM Criteria

- In addition to the standard H&P, these should be incorporated
 1. Acute intoxication and withdrawal potential
 2. Biomedical conditions and complications
 - 3. Emotional, behavioral, or cognitive conditions and complications**
 - **Assessing the need for mental health services aside from addiction services**
 4. Readiness to change
 5. Relapse or continued use or continued problem potential
 6. Recovery environment

ASAM Criteria

- In addition to the standard H&P, these should be incorporated
 1. Acute intoxication and withdrawal potential
 2. Biomedical conditions and complications
 3. Emotional, behavioral, or cognitive conditions and complications
 4. **Readiness to change**
 - **Awareness and motivation for recovery (Family, job, recovery itself?)**
 - **Self-control to change?**
 5. Relapse or continued use or continued problem potential
 6. Recovery environment

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ASAM Criteria

- In addition to the standard H&P, these should be incorporated
 1. Acute intoxication and withdrawal potential
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 3. Emotional, behavioral, or cognitive conditions and complications
 4. Readiness to change
 5. **Relapse or continued use or continued problem potential**
 - **In immediate danger to relapse?**
 - **Coping skills?**
 - **Triggers?**
 - **Previous recovery and length of time?**
 6. Recovery environment

ASAM Criteria

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 1. Acute intoxication and withdrawal potential
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 3. Emotional, behavioral, or cognitive conditions and complications
 4. Readiness to change
 5. Relapse or continued use or continued problem potential
 6. **Recovery environment**
 - **Housing, financial assistance, family support, transportation, childcare, etc.**

Physical Examination

- Comprehensive as this may be the first physical examination in years
- Skin inspection
- Neurologic assessment for deficits (cervical myelopathy example)
- Signs of communicable diseases or active infections
- COWS scoring assists with some components

Assessment and Plan

- Plan depends on multiple factors
 - Patient's familiarity with buprenorphine products
 - Office induction if in active withdrawal
 - Home induction if patient/provider are comfortable
 - 1 week follow up or sooner if needed
 - Patient meets with patient navigator for scheduling and with social worker/peer coach prior to leaving office.
 - Referrals as needed to primary care, ID, Psych, NA/AA, or elevated level of care

Follow up Visit

- Assessing effects of current medications
- Ease of obtaining medication
- Continued signs of withdrawal or potential for relapse?
- Side effects?
- Repeat rapid UDS to assess compliance
- Maintain weekly follow ups for 1 month
 - Then every 2 weeks
 - Then monthly
 - If relapse, weekly follow up with increased intensity/frequency of mental health visits.

References

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Thank you!
Questions &
Discussion