

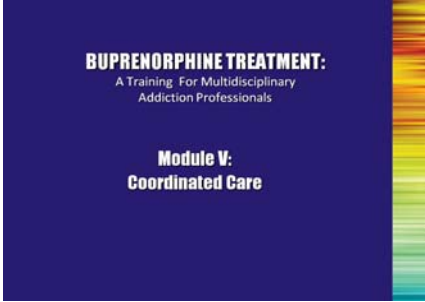
Module V

Coordinated Care



Module V: Coordinated Care

Overall notes: Again, it is important to stress the importance of people remaining within the scope of their practice. This is not just a suggestion – there are ethical parameters to stay within, and certification and credentialing guidelines to follow.

 The graphic for Slide 1 features a dark blue background with a vertical rainbow-colored bar on the right side. The text is centered and reads: "BUPRENORPHINE TREATMENT: A Training For Multidisciplinary Addiction Professionals" followed by "Module V: Coordinated Care" in a larger font.	<p>Slide 1: Title Slide</p> <p>The patient who enrolls in buprenorphine treatment is facing more than a medical issue. The disease of addiction can affect all aspects of a patient’s life and the consequences of addiction must be addressed if substance abuse treatment is to be effective. Since a variety of different professionals from several agencies may participate in some aspect of treatment or patient care, it is important to examine how that care can be delivered in a consistent, coordinated, and patient-friendly manner. This module will explore the issue of effective coordination of care.</p>	<p>Slide 1</p>
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Effective Coordination of Care

Effective coordination combines the strengths of various systems and professions, including: physicians, addiction counselors, 12-step programs, and community support service providers. The roles of certain providers may vary by state, depending upon the identified scope of practice for each profession.



Slide 2: Effective Coordination of Care

Read quote aloud.

While previous opioid treatment occurred only in the context of federally regulated programs, buprenorphine treatment extends the treatment arena to the physician's office. Developing a coordinated system of care is the only means that the physician has of ensuring that his/her patient is benefiting from the drug he/she has prescribed.

Treatment is most successful when there are comprehensive and continuing services. This collaborative approach can best be achieved through care coordination.

Important points to mention:

- Obtaining a signed release of information is highly recommended to prevent any delays in communication between multidisciplinary addiction professionals and the treating physician.
- If you are seeing physical signs of withdrawal and/or use, you should bring a physician into the loop immediately (again, do not go beyond the scope of your practice/experience).

Note to the Trainer(s): Discuss what to do if a patient starts asking the professional about the side effects of buprenorphine – encourage them to discuss any medical matters with their physician.

When in doubt, refer the patient back to his/her treating physician.

Slide 2



Goals for Module V

This module will assist participants to:





- Develop strategies to form links between physicians who are authorized to prescribe buprenorphine and substance abuse treatment providers
- Identify the role of the addiction programs/professionals in providing buprenorphine treatment
- Identify other professionals who have a role in the continuum of care for buprenorphine patients

Slide 3: Goals for Module V

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Slide 3

<p>Goals for Module V</p> <p>This module will help participants to:</p> <ul style="list-style-type: none"> • Identify key issues in coordinating care • Name key issues in managing care for buprenorphine patients 	<p>Slide 4: Goals for Module V</p> <ul style="list-style-type: none"> • Identify key issues in coordinating care. • Name key issues in managing care for buprenorphine patients. 	<p>Slide 4</p>
<p>The Benefits of Coordinated Care</p> <ul style="list-style-type: none"> • Capacity for physician to refer to treatment is required under the law (DATA 2000) • Substance abuse treatment providers have expertise in managing and coordinating care for substance using clients • Combines goals of the medical and behavioral health systems—holistic care rather than compartmentalized care • Treatment modality (e.g., inpatient vs. outpatient), type (e.g., methadone vs. buprenorphine), and setting (office based vs. OTP) can be made to maximize fit with patient needs 	<p>Slide 5: The Benefits of Coordinated Care</p> <p><i>Review the benefits of coordinated care, as stated on the slide.</i></p> <p>Coordinated care is critical for effective learning. However, it is critical that service providers adhere to local and federal laws pertaining to confidentiality and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This includes, but is not limited to, ensuring that the patient wants the collaboration to occur and provides signed releases of information to allow for communication between the various professionals who are helping them.</p>	<p>Slide 5</p> 
<p>Roles of the Physician</p> <ul style="list-style-type: none"> • Screening • Assessment • Diagnosing Opioid Addiction • Patient Education • Prescribing Buprenorphine • Urinalysis Testing • Recovery Support 	<p>Slide 6: Roles of the Physician</p> <p><i>Read the roles aloud.</i></p> <p>The medical system has physical health as its primary goal. In this system, the physician may focus on alleviating the discomforts of withdrawal by helping the person to taper off of opioids or providing medication on an ongoing basis to help stabilize the patient. Additionally, the physician may focus on a longer term goal of helping the person to maintain abstinence from illicit opioids.</p> <p>The physician's choice of treatment should be determined by the intensity of intervention necessary to support the recovery of an individual patient. The continuum of treatment intensities range from episodic office-based therapy to intensive inpatient therapy.</p>	<p>Slide 6</p> 

Roles of the Multidisciplinary Team

- Screening
- Assessing and Diagnosing of Opioid Addiction
- Psychosocial Treatment
- Patient Education
- Referral for Treatment
- Urinalysis Testing
- Recovery Support
- Case Management and Coordination

Slide 7: Roles of the Multidisciplinary Team

Slide 7

Read the roles aloud.

The treatment process is complex. The missions of substance abuse treatment and recovery agencies generally focus on helping individuals make positive changes in their lives. Various treatment services may come under the auspices of the health care system; others are affiliated with mental health systems; still others function as independent, separate agencies. Funding sources, client referrals, staffing, facilities, and many other aspects of treatment programs often vary markedly from agency to agency.

The Center for Substance Abuse Treatment’s (CSAT) vision for publicly funded addiction treatment and recovery services requires that the treatment and recovery infrastructure and individual community-based programs be empowered to:

- Comprehensively assess the needs of individuals who request assistance;
- Match individual needs with the interventions and recovery services that best suit their requirements, as well as the needs of their families and significant others;
- Provide an appropriate array of specific treatment and recovery services along a sustained continuum of care for both the individual and his/her collaterals; and
- Determine the outcome of specific treatment and recovery services.

Note to the Trainer(s): Two additional points to reiterate:

- *Encourage practitioners to stay within their scope of practice. One of the benefits of coordinated care is the linkage to other individuals/agencies who have the necessary expertise to treat various aspects of the patient’s condition.*
- *There is NO wrong door for treatment.*



Roles of the Community Support Provider

- Screening
- Assessment
- Referral for Treatment
- Recovery Support
- Meeting Ancillary Needs of the Patient

Slide 8: Roles of the Community Support Provider

Slide 8

Read the roles aloud. Ask the audience to provide examples of community support providers that are available in their area.



Roles of the 12-Step Program

- Recovery Support
 - Being on an opioid treatment medication may be an issue in some 12-step meetings.
 - Program staff should be prepared to coach patients on how to handle this issue.

Slide 9: Roles of the 12-Step Program

The stigma associated with opioid maintenance therapy may be an issue in 12-Step meetings. Patients are very likely to require coaching in this area.

Some patients may have had negative experiences in the past at 12-Step meetings because they were taking medication for their drug addiction or for psychiatric disorders.

Although 12-Step programs accept people who are taking medications, some 12-Step participants do not discriminate between drugs of abuse and appropriately used medications, and are therefore intolerant of medication-taking individuals.

AA has developed an AA-approved publication called "*The AA Member – Medications and Other Drugs*." Addiction professionals should become familiar with this publication. Additional information addressing 12-Step meetings will be covered in Module VI.

Each professional will need to develop an effective approach with which they feel comfortable. For example, professionals might coach their patients that there is no need to disclose their medical history or medications they are taking in public settings such as 12-Step meetings. Addiction professionals may also link patients up with 12-Step support people who are understanding and supportive of their buprenorphine treatment.

Addiction professionals may also want to develop special support groups for patients who are participating in buprenorphine treatment and attending 12-Step meetings.

Slide 9

A Model of Coordinated Care

Role	Physician	Nurse	Pharmacist	Addiction Counselor	Other Program	Community Support Services
Assessing and Monitoring	X	X		X		X
Diagnosing Opioid Addiction	X	X		X		
Patient Education	X	X	X	X	X	
Behavioral Treatment	X	X		X		X
Prescribing or Dispensing Buprenorphine	X		X			
Injection Testing	X					
Psychosocial Treatment				X		
Medication Support	X	X	X	X	X	X
Care Management & Coordination	X	X		X		X
Family Involvement & Education				X		
Research/Quality Review/Policy Update						X

Slide 10: A Model of Coordinated Care

This slide represents the “complexity of care.” All involved systems and their key players have a role in care coordination. Often, agency personnel develop informal means of collaboration, as one staff member becomes familiar with the programs and service providers in another agency. These staff members, and sometimes their agencies, may work very closely to meet the needs of mutual patients because of such voluntary efforts.

Reiterate that effective coordination combines the strengths of various systems and professions.

The roles of addiction counselors and community support providers may vary by state, depending upon the identified scope of practice for each profession.

Slide 10



THE ADDICTION COUNSELOR DOES NOT DIAGNOSE OPIOID ADDICTION OR PRESCRIBE BUPRENORPHINE

Other addiction professionals may make the diagnosis, but the physician would confirm the diagnosis prior to prescribing buprenorphine

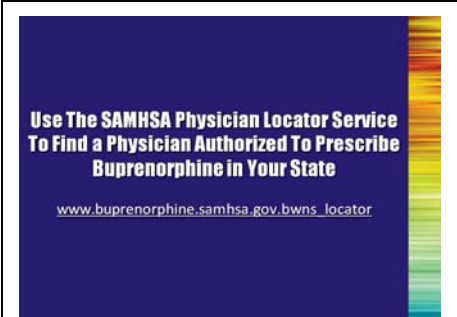
Slide 11: THE ADDICTION COUNSELOR DOES NOT DIAGNOSE OPIOID ADDICTION OR PRESCRIBE BUPRENORPHINE (OPTIONAL SLIDE)

Read slide aloud.

Note to the Trainer(s): It is important to review licensing and/or certification criteria to determine if an addiction counselor is allowed to diagnose opioid addiction prior to the training. The scope of work of licensed and/or certified addiction counselors varies in accordance to the state in which they practice.

Slide 11





Slide 12: Use the SAMHSA Physician Locator Service to Find a Physician Authorized to Prescribe Buprenorphine in Your State

Slide 12

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a registry of physicians who have received a waiver that authorizes them to prescribe buprenorphine. Community treatment providers can locate physicians in their local area by checking out this web site.

If there are no physicians within a local community, the community treatment provider may attempt to recruit a physician who is willing to pursue the waiver process if there will be a sufficient number of patients to warrant the effort. Also note that some physicians who are authorized to prescribe buprenorphine may choose not to be listed in the SAMHSA directory. So the number of physicians included in the directory may be an underestimate of the actual number authorized to prescribe buprenorphine.



Slide 13: SAMHSA’s Buprenorphine Physician Locator

Slide 13

Review each feature of the Physician Locator website.

Note to the Trainer(s): It is recommended that an additional slide be created that lists the names and locations of prescribing physicians for the local area identified from the Physician Locator prior to the training.



Challenges for Addiction Treatment Professionals

- Not all physicians who are trained have consented to be listed on Physician locator. Community outreach is still critical.
- Linking patients to primary care who have not been within the medical mainstream
- Coordination with other professionals not accustomed to working with non-medical partners
- Covering the cost of medication

Slide 14: Challenges for Addiction Treatment Professionals

Accumulated research on the effectiveness of treatment for alcohol and other drug abuse documents the efficacy of treatment strategies in alleviating substance abuse disorders and their related consequences. Successful treatment will have economic, health, and human benefits for individuals and society. Effective drug abuse treatment positively impacts the economic and health care burden of this major public health crisis (Primm, 1992).

Drug abuse treatment is not yet mainstreamed into the public health care delivery system and is often not part of routine primary care. Drug users are often not engaged in coordinated primary care within the mainstream medical care system and often rely instead on episodic care or acute/emergency room settings. In this environment, treatment providers are charged with the responsibility of coordinating comprehensive, community-based service delivery systems where clients receive a full range of medical, social, and psychological services.

The advent of buprenorphine treatment mandates a level of collaboration between physicians and community treatment programs that is more extensive than that required for more traditional opioid treatment programs, where the patient receives his or her medication in the treatment setting.


Many insurance programs will not provide reimbursement for buprenorphine. Physicians and community treatment providers must work in partnership to find creative ways to support buprenorphine treatment so that this effective medication is available to those patients that may benefit from its use.

Reference:

Primm, B.J. (1992). Future outlook: Treatment improvement. In J.H. Lowinson, P. Ruiz, R.B. Millman & J.G. Langrod (Eds.), *Substance abuse: A comprehensive textbook*. Baltimore: Williams & Wilkins.

Slide 14



<p>Barriers to Effective Care Coordination</p> <ul style="list-style-type: none"> • Misunderstanding respective roles • Conflicting goals for treatment • Confidentiality restrictions • Control issues • Misconception of other professional perspectives 	<p>Slide 15: Barriers to Effective Care Coordination</p> <p>There are several barriers to effective communication within the substance abuse treatment system.</p> <p><i>Read the barriers aloud.</i></p>	<p>Slide 15</p> 
<p>Attributes of Successful Care Coordination</p> <ul style="list-style-type: none"> • Understanding roles for each participant in the treatment team • Ongoing communication across professions • Personal contact between partners in the system 	<p>Slide 16: Attributes of Successful Care Coordination</p> <p><u>Familiarization</u> with the roles, procedures, and organization of the other participants' agencies/offices allows participants to anticipate the effect of their actions on the other team members.</p> <p><u>Maintain ongoing communication:</u> Groups involved in collaborative efforts need to plan for effective communication. This may involve specifying mechanisms for communication, such as periodic meetings, reports, memoranda, and both formal and informal communication channels. Feedback is vital in communication loops.</p> <p><u>Personal contact</u> is important; people are more likely to talk and listen to people they know.</p> <p><u>Permanence</u> must be ensured by vesting responsibility for ongoing communication in an office or institution. Intermediaries can help foster communication when certain individuals feel they lack authority to communicate.</p> <p>Furthermore, it is important to work within the scope of current practices and have linkages to other professionals. There is <u>no wrong door for treatment</u>.</p>	<p>Slide 16</p>
<p>Module V – Summary</p> <ul style="list-style-type: none"> • Not all opioid-addicted patients are good candidates for office-based buprenorphine. • Selection of treatment type and setting should be done to maximize fit with patient needs • Treatment success is enhanced by good patient assessment and selection. • Open communication amongst the various care providers helps to ensure successful coordination of care. 	<p>Slide 17: Module V – Summary</p> <p>Counselors who develop experience working with buprenorphine patients provide a valuable service to patients, the medical community, and the opioid treatment field. However, many members of the medical community are not aware of the support that addiction professionals can provide physicians who want to provide buprenorphine treatment for opioid addiction.</p>	<p>Slide 17</p>