 <p style="text-align: center;"><b>CLINICAL PROTOCOL</b></p>	<b>Page 1 of 20</b>
	<b>Date Approved: January 2, 2019</b>
	<b>Protocol Owner: Medical Director/ Behavioral Health Director</b>
	<b>Revised/Reviewed: Date</b> <b>Date:                      Date:                      Date:</b>
<b>DEPARTMENT: CLINICAL</b>	
<b>SUBJECT: Medication Assisted Treatment Workflows</b>	

**DESCRIPTION OF PROGRAM:** Outpatient comprehensive treatment program for patients who require support for addiction or dependence on full agonist opiates. The MAT program requires ongoing participation in relevant activities including:

- Medical Provider clinical office visits either as a one-on-one visit or in MAT group visits,
- Behavioral health support: initial intake and risk assessment, ongoing participation in one-on-one BH support on a weekly, monthly or quarterly basis based on program Phase described below
- Provide urine or serum toxicology screen on a weekly, monthly or quarterly bases based on program Phase and randomly as requested by the Medical Provider,
- Participate in film or pill counts as requested by the Medical Provider
- Complete needed paperwork of questionnaires as requested

**PURPOSE:** This protocol establishes an integrated and consistent set of guidelines in treating opiate use disorders with MAT.

**SCOPE:** Medical and Behavioral Health providers, the Behavioral Health Counselor, MA's, nurses or staff referring a patient to the MAT program.

**DEFINITIONS:** MAT = Medication Assisted Treatment

## **PROTOCOL:**

### **Patient Identification**

Patients are referred through their Primary Care Physician for consideration of Suboxone MAT in the following circumstances:

- Through recommendation of the Controlled Substances Committee upon review of the medical chart;
- As referred from a PCP to a prescribing doctor for assessment of suitability for MAT. Criteria for referral would include:
  - A current diagnosis of Opiate Dependence or Abuse;
  - A past Opiate Abuse Disorder/ Dependency and the current need for opiates for pain management; and/or

- A history of misuse of prescribed opiates, including lost prescriptions, or increased.
  - Consultation for alternative opiate analgesic for patients with chronic non-malignant pain for which a full opiate agonist may be unsuitable.
- Participation in the AMC outpatient MAT program is reserved for patients who are able to manage care in an outpatient setting and complete program requirements.

**Referral Process**

- Patients referred for MAT treatment are referred through the EPIC EMR to both a waived PCP and the Behavioral Health Counselor for coordination with Behavioral Health.

**Induction:** (*see MAT Induction Protocol*)**Treatment:**

- Upon medical assessment, the patient will be diagnosed with an Opiate Use Disorder, if applicable. See criteria in attachments.
- Once a patient has been inducted onto Suboxone and is ready to attend the Suboxone group, MAT BH referrals are sent through EPIC via the “Referral” tab to the Behavioral Health Counselor.
  - Under “REF TO” please note that the Specialty is “Substance Abuse Treatment” for better tracking of these referrals.
- The Behavioral Health Counselor will then schedule a behavioral health assessment with the patient. This assessment will include a review of the MAT Orientation packet, Information on Naloxone, and administering the Behavioral Health Intake Form, Consent for Treatment, and Brief Addiction Monitor. The Behavioral Health Counselor will also refer to a Behavioral Health provider for a psychodiagnostic assessment for Opiate Use Disorder.
- The Behavioral Health Counselor will describe the program structure:
  - Induction and Assessment Phase
    - Successful induction onto an appropriate dose of the medication with a reduction in cravings and withdrawal symptoms.
    - Finding medical and behavioral health support through this transition.
  - Stabilization and Maintenance Phase
    - Continued monitoring of the MAT dose and adjustment as necessary, with control of cravings and withdrawal symptoms.
    - Behavioral health support in the use of recovery tools, support for healthy behaviors, relapse prevention, harm reduction and skills development.
- MAT Suboxone Refill Drop-In Group co-facilitated by a waiver PCP and the Behavioral Health Counselor. The group will be scheduled for 1.5 hours.
  - Patients will sign a Confidentiality Form for that group meeting.

- Naloxone Overdose Prevention Flyers and other relevant materials will be available for patients.
- Patients will be asked for the vitals, urine and blood for toxicology labs to assess adherence to the medication protocol.
- The meeting will be co-facilitated and be a general discussion group as to how the participants are coping, triggers, side-effects and “how they are doing”. Part way through the meeting the PCP will begin pulling individual patients out to refill prescriptions.
- The PCP will bill for each patient in the group.

**Program Discharge:**

Discharge from the MAT program will occur in one of three circumstances:

- **Titration**
  - Planned medical titration with close behavioral health support in managing cravings and withdrawal and to prevent relapse.
  - The patient will be asked to attend one last meeting with the Behavioral Health Counselor in which the BAM will be re-administered.
- **Withdrawal from MAT protocol**
  - After two weeks of the end of a patient’s prescription, if not renewed, the Behavioral Health Counselor will attempt to reach the patient to check in and determine their continued treatment interests.
  - After two unsuccessful attempts at contact a letter will be sent to the patient letting them know that they will be discharged from the program, but are welcome to begin again when they are ready.
- **Patients may need a higher level of care,**
  - Referrals may be made for inpatient substance abuse treatment or other behavioral health treatments as determined by the treatment team.

**Outcome Measures:**

- Patients who are diagnosed with Opiate Use Disorder will be case managed by the Behavioral Health Counselor.
- Each patient will be given a Brief Addiction Monitor at the beginning of treatment and every month they are in the program. The results will be tracked across time and include measures of Use, Risk and Protective Factors.

**LAST MODIFIED: Date: (month, date & year. Should be same as *review date* on policy)**

**Modified by: (name & title) \_\_\_\_\_**

# ATTACHMENTS

# OPIOID USE DISORDER

**Patient's Name:**

**Date of Birth:**

## Worksheet for DSM-5 criteria for diagnosis of Opioid Use Disorder

<b>Diagnostic Criteria</b>  (Opioid Use Disorder requires at least 2 criteria be met within a 12 month period)	<b>Meets criteria?</b>  Yes OR No	<b>Notes/Supporting information</b>
1. Opioids are often taken in larger amounts or over a longer period of time than intended.		
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.		
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.		
4. Craving, or a strong desire to use opioids.		
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.		
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.		
7. Important social, occupational or recreational activities are given up or reduced because of opioid use.		
8. Recurrent opioid use in situations in which it is physically hazardous		

9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.		
10. *Tolerance, as defined by either of the following:  (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect  (b) markedly diminished effect with continued use of the same amount of an opioid		
11. *Withdrawal, as manifested by either of the following:  (a) the characteristic opioid withdrawal syndrome  (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms		

\*This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

**Severity:** Mild: 2-3 symptoms, Moderate: 4-5 symptoms. Severe: 6 or more symptoms.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Criteria from American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, DC, American Psychiatric Association page 541.

### Clinical Opiate Withdrawal Scale (COWS)

#### Flow-sheet for measuring symptoms over a period of time during buprenorphine induction.

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date: _____ Buprenorphine induction: Enter scores at time zero, 30min after first dose, 2 h after first dose, etc. Times: _____				
<b>Resting Pulse Rate:</b> (record beats per minute) <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
<b>Sweating:</b> <i>over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 1 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				
<b>Restlessness</b> <i>Observation during assessment</i> 0 able to sit still 1 reports 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				
<b>Pupil size</b> 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 the rim of the iris is visible				
<b>Bone or Joint aches</b> <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 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				
<b>Runny nose or tearing</b> <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				

<b>GI Upset:</b> <i>over last ½ hour</i> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting				
<b>Tremor</b> <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				
<b>Yawning</b> <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				
<b>Anxiety or Irritability</b> 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				
<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection				
<p style="text-align: right;"><b>Total scores</b></p> <p style="text-align: right;"><b>with observer's initials</b></p>				

**Score:****5-12 = mild;****13-24 = moderate;****25-36 = moderately severe;****more than 36 = severe withdrawal**



**BRIEF ADDICTION MONITOR (BAM)**

1. In the past 30 days, how would you say your physical health has been?
  - ☐ Excellent
  - ☐ Very Good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep? \_\_\_\_
3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day? \_\_\_\_
4. In the past 30 days, how many days did you drink ANY alcohol? \_\_\_\_
5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? One drink = 1 shot of hard liquor or 12 oz. of beer or 5 oz. of wine. \_\_\_\_
6. In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications? \_\_\_\_
7. In the past 30 days, how many days did you use any of the following drugs?

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Opiates
<input type="checkbox"/> Sedatives and/or tranquilizers	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Cocaine or crack	<input type="checkbox"/> Other drugs (Which ones?)
<input type="checkbox"/> Other stimulants	<input type="checkbox"/>
8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
  - ☐ Not at all
  - ☐ A little
  - ☐ Somewhat
  - ☐ A lot
  - ☐ A great deal
9. How confident are you that you will NOT use alcohol and drugs in the next 30 days?
  - ☐ Not at all
  - ☐ Slightly
  - ☐ Moderately
  - ☐ Considerably
  - ☐ Extremely
10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?  
\_\_\_\_

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky “people, places or things”)?

\_\_\_

12. Does your religion or spirituality help support your recovery?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

\_\_\_

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- ☐ No
- ☐ Yes

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

16. In the past 30 days, how many days did you contact or spend time with any family members or friends who are supportive of your recovery?

\_\_\_

17. How satisfied are you with your progress toward achieving your recovery goals?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

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Office Use Only:

\_\_\_\_\_ Use; \_\_\_\_\_ Risk, \_\_\_\_\_ Protective

### The MAT Program Orientation Material

**Psychosocial Assessment:** Every MAT patient will be scheduled with for a Behavioral Health assessment as part of our support system. This is required. The assessment can be 1-2 sessions.

**Required MAT groups:** Every new patient starts with short prescriptions of Buprenorphine, for example, you may be prescribed medication 7 days at a time. This gives your MAT team the chance to see you regularly in the early weeks of taking the medication so that we can give you plenty of support, help you with side effects and get the right dose for you. Groups will meet \_\_\_\_\_ times a month until your dose has been stabilized, which can take 6-8 weeks.

The group will include counseling and peer support; medication refills by the doctor; and checking in about side effects and solutions. The group will also cover many topics about living without opiates and the medication you are taking. The MAT Group will also give your provider team an opportunity to make sure that you are on the right dose and have the support you need to be successful.

The MAT group meets \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**Individual Appointments:** Additional sessions with prescribing provider or behavioral health therapist can be scheduled as needed.

**Relapse:** We understand that relapse can occur. If this does happen we will work with you to provide more support until you are stable. Relapse includes starting to use alcohol, benzos, meth, as well as opiates.

**Your Plan for Success:** Here are some things to consider when making your plan for success:

- What do you want to be different in your life?
- What is your vision of success?
- What are the barriers that stand in your way?
- What resources and supports do you have?
- What else might you need?
- What you have tried in the past that has worked?
- What has been helpful—even a little bit?
- What has not been helpful?
- What are your strengths and weaknesses?
- What caused you to relapse in the past?
- What pitfalls are the riskiest for you?
- What do you need the most help with now?
- Who can help you with that?

## WHAT ARE OPIOIDS?

Opioids is a term used for the entire family of opiate drugs, including natural, synthetic and semi-synthetic.

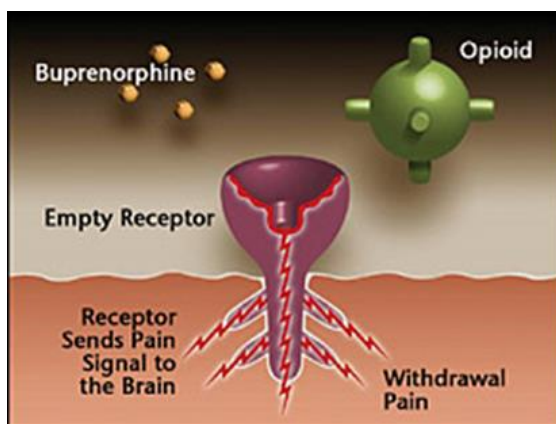
These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain.

### OPIOID DRUGS INCLUDE:

- Heroin
- Buprenorphine
- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Meperidine
- Methadone
- Morphine
- Oxycodone



## How Buprenorphine/ Buprenorphine Works:



**Buprenorphine** attaches to the opioid receptors and partially binds to them, suppressing withdrawal and cravings, but not enough to cause a “high”. It also stops other opioids from hooking up with the receptor. If you are not in withdrawal from other opiates, and take Buprenorphine, it can make you sick.

**MEDICATION ASSISTED TREATMENT AGREEMENT****Patient Name:****MR#:**

As part of my participation in the Medication Assisted Treatment program at Alliance Medical Center, I am requesting that my Provider prescribe Buprenorphine for my opioid use disorder and/or pain management. I freely and voluntarily agree to accept this treatment as described below.

1. \_\_\_\_\_ I agree to keep, and be on time for, all of my scheduled appointments with the doctor and the care team, including support groups. I agree to conduct myself in a courteous and respectful manner in the clinic.
2. \_\_\_\_\_ I agree to provide urine samples for Drug Screens whenever required. This includes random and scheduled drug screens. I agree to have a negative drug screen. (A negative drug screen shows ONLY medications prescribed by my Provider.) I understand that if I have more than one positive drug screen, I will be required to meet with the care team to update my treatment plan and evaluate the level of care I need to be successful.
3. \_\_\_\_\_ I agree to bring in my container of Buprenorphine for random pill/ film counts within 24 hours that this request is made by my Provider. I understand that this medication (and all prescribed controlled medications) must be kept in the containers in which they came from the pharmacy. (This is required by law.)
4. \_\_\_\_\_ I agree to not be intoxicated or under the influence of drugs when I come to the clinic. If I am, the care team will not see me, I will need to arrange a sober drive home, and I will not be given any medication or refills until my next scheduled appointment.
5. \_\_\_\_\_ I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and will result in my treatment being terminated without appeal.
6. \_\_\_\_\_ I understand that the unplanned use of Buprenorphine by someone who is addicted to opioids will cause severe withdrawal symptoms.
7. \_\_\_\_\_ I agree not to deal, steal, or conduct any other illegal or disruptive activities in the vicinity of the clinic.
8. \_\_\_\_\_ I agree that my medication (or refill prescriptions) can only be given to me at my regular office visits. Missed office visits, including behavioral health visits, can result in my not being able to get medication until the next scheduled visit.
9. \_\_\_\_\_ I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.
10. \_\_\_\_\_ I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating Provider. I understand that mixing Buprenorphine with other medications, especially benzodiazepines (sedatives or tranquilizers), such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing Buprenorphine with benzodiazepines. I also understand that I should not drink alcohol while taking this medication as the combination could produce excessive sedation or impaired thinking or other medically dangerous events.
12. \_\_\_\_\_ I agree to take my medication as my Provider has instructed, and not to alter the way I take my medication without first consulting my Provider.
13. \_\_\_\_\_ I understand that medication alone is not sufficient treatment for a substance use disorder and, if applicable, I agree to participate in the recommended Behavioral Health therapy, patient education and relapse prevention programs to assist me in my recovery.

## MAT Pre-Induction Instructions and Program Information

### Buprenorphine Pre-Induction Instructions and Medication Assisted Treatment Program Information

You provider has referred you to Alliance Medical Center's Medication Assisted Treatment with Buprenorphine (Suboxone) Program. The pre-induction process is important for a safe and comfortable start of the medication.

Your induction date/time/ location \_\_\_\_\_.

You are coming off of (opioid) \_\_\_\_\_.

You will need to **STOP TAKING or USING all opioids** after \_\_\_\_\_(day) \_\_\_\_\_(time).

You are also required to abstain from all alcohol, benzodiazepines and illicit drugs. This is really important because combining benzos (Xanax, Atavan, Librium, Valium, etc), sedatives like Ambien or alcohol can cause respiratory depression and death. Consult with your PCP if you are prescribed these medications.

The reason you need to be in withdrawal from all opioids is that the opioid receptors in your brain and body will soon be occupied with the Buprenorphine. If there are still opioids in your system, there is a risk for an intense withdrawal, which can last for many hours and even days. *Getting all opioids out of your system is a way to prevent this.*

### On the day of your in-clinic induction

Please plan to be here for up to three hours.

We will require a Urine Drug Screen and will measure your opioid withdrawal symptoms.

For your comfort during your opioid withdrawal, your MD has prescribed:

- \_\_\_\_\_ Imodium for diarrhea
- \_\_\_\_\_ Clonidine for withdrawal symptoms
- \_\_\_\_\_ Hydroxyzine for nausea, anxiety and sleep
- \_\_\_\_\_ Gabapentin for withdrawal symptoms, anxiety and sleep
- \_\_\_\_\_ Ibuprofen for aches and pain
- \_\_\_\_\_ other

Please read the instructions for the proper doses on the bottles of these medications, as they will be ordered specific to your expected withdrawal.

### WHEN YOU ARE READY TO START BUPRENORPHINE

- You will pick up your prescribed first dose of Buprenorphine from the pharmacy.
- You will then return to waiting room where your medical provider will expect to find you to start the medication phase of the induction process.
- Please do not open the bottle and do not take the medication. You will be taking the first two doses in the clinic once your Provider has determined that it is safe to start the Buprenorphine.

**SOME INITIAL COMMON SIDE EFFECTS**

Drowsiness, light-headedness, nausea, mild headache, urinary retention, constipation.

These are usually mild side effects and some people do not experience any at all.

Side effects such as sweating, constipation and muscle twitching might persist.

Let us know of any side effects that you are experiencing.

Please drink extra fluids, take ibuprofen or Tylenol for headache, stay in touch with your MAT team, keep your appointments and take care of yourself.

It is important that your provider knows about any side effects that you might be having.

## **Group Visit Confidentiality Agreement**

### **Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191) [HIPAA] Disclosures, Waiver and Confidentiality for Group Visits.**

The Health Insurance Portability and Accountability Act, regulates the sharing of private patient information. During the process of any group visit, it may be necessary to share information which would otherwise be considered private and confidential. By signing below, you consent and acknowledge:

1. That you may be asked to share information about your medical condition in the group setting, much as you would share with your medical provider in a one-to-one office visit.
2. That if you do share information about your medical condition, it may be included in the medical record (as normally occurs in any office visit)
3. That any information which is disclosed during the group visit remains confidential and subject to protection by the HIPAA regulations, when *outside* of the group. This means that any information that is shared with the group may not be discussed outside of the group, at any time.

I \_\_\_\_\_ have read and understand the above disclosure and waiver.

My signature below indicates my consent to participate in this group medical visit. I understand that information that I choose to share may be part of my medical record, which remains confidential. I understand that any medical or personal information shared by others should be considered confidential and is not to be discussed outside if the group setting.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_



**Suboxone Group  
Medical Provider Workflow**

- 1 Log In
  - A. Review current CM information in **Summary** panel **Problems List**
- 2 Access **Psychopharm F/U** tab
  - A. Open **Prescriber's Evaluation** panel
    - a) Chart appropriate information including F/U appointment date.
  - B. Open **Medical Information** panel
    - a) Click **Add/Update** button below the active medication grid
    - b) Prescribe appropriate medication per Medication Universal Workflow
    - c) Close **Medication Module**
- 3 Code the visit
  - A. Access **Finalize** tab
    - a) Open **Evaluation and Management Coding** panel
      1. Select **Calculate Code**
        - i 90211 should be calculated
      2. Click the **Submit Code** button
    - b) Accept bh-master document
      1. Click the check mark to accept the document
- 4 Close patient's chart

**Suboxone Group  
BHC Workflow**

## 1 Chart CM information

A. Access **Problems** module

## a) Add note to problem

## 1. Highlight problem

i Click **View/Add** noteii Click **Edit**

iii Add new comments

iv Click **OK**

v Click close

B. Access **Home Page-Behavioral Health**a) Chart UTOX test results from last visit on the **Home Page**1. Open **Orders** panel2. Click on **Orders Management**3. Double click the appropriate UTOX order in the **Today's Orders**  
gridi Click **Completed**ii Enter only the inappropriate test results in the **Report**  
**details** field

iii Click Save

iv Close **Orders Management** template with "X"b) Open **Summary** panelc) Highlight **"Problem List"**

## d) Perform soft log out.

**Suboxone Group  
MA Workflow**

- 1 Initiate Visit
  - A. Perform 4 point check
  - B. Access **Home page – Behavioral health** template from Tic Tac Toe
    - a) Select **visit type**
      1. **Medical management without psychotherapy**
      2. Start patient tracking
        - i Click patient tracking icon
        - ii Click appropriate tracking
    - b) Chart vital signs
      1. Open **Vitals** panel
        - i Click **Add**
        - ii Chart vitals
        - iii Click **Save and Close**
    - c) Process urine specimen for UTOX
      1. Receive urine specimen from patient
      2. Order UTOX
        - i Open **Orders** panel
        - ii Click **Standing Orders** hyperlink
          - (a) Open **Office Services** panel
          - (b) Select appropriate UTOX from the grid
          - (c) Click **Place Order**
          - (d) Double click the appropriate order in the grid

(e) Click performed box under

**Obtained/performed/placed** on the **All Orders**

**Management** template

(f) Click **Submit to Superbill**

(g) Click Save

(h) Click Close

(i) Click Save & Close