A Day in the Life of Addiction Medicine Clinic

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Clinical Components of Addiction Medicine

- Routine primary care for acute and chronic healthcare needs

- Medication management for physical, mental health, and substance misuse

- Individual and group interventions to address behavioral health and substance misuse

- Individual and group support from peers with lived experience

- Linkage to resources to address recovery environment and social determinants of health

- Routine clinical care review (e.g., daily team huddles, team meetings, curb-side consultation)

- Care coordination to leverage outside resources/treatment and seamlessly transitioning back to our services when indicated

- Pharmacy consultation

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Members of the Addiction Medicine Team

- Addiction Medicine

- Behavioral Health

- Primary Care

- Nursing

- Peer Support

- Community Health Coordinator

- Psychiatry/OB-GYN

- Pharmacy

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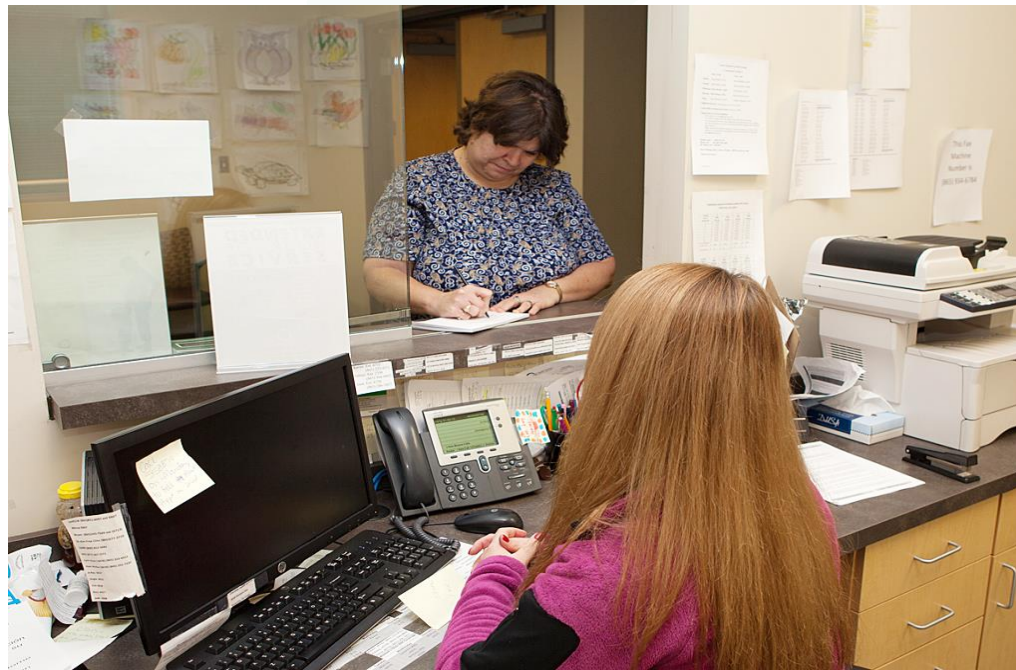# Addiction Medicine Staff Clinical Roles and Responsibilities

- <u>Addiction Specialist</u>: review referrals with complex medical needs, conduct addiction medicine intake evaluations, treatment planning, DEA X-number, prescribing and monitoring, consultation with primary care providers

- <u>Primary Care Provider</u>: routine preventive and chronic health care, care coordination, medication safety

- <u>Behavioral Health Consultant</u>: assess behavioral health needs and coordinate BH care, triage referrals, provides individual and group behavioral intervention to address behavioral health and substance misuse concerns

- <u>Nursing</u>: screen routine preventive and primary care health needs, urine screens and lab test monitoring, care management and coordination, medication counts for diversion control

- <u>Peer Support Specialist</u>: assist with orienting patients to the organization, advocacy, outreach, co-facilitation of group interventions, individual support and goal-setting, assistance navigating between levels of A&D care

- <u>Community Health Coordinator</u>: assess social determinants of health and coordinate linkage to community resources to support recovery and overall wellness recovery, referral assistance including to higher levels of A&D care

- <u>Pharmacist</u>: TN CSMD report, medication safety and review, problem-solving medication issues

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Continuum of Behavioral Health Care

- Individual Behavioral Interventions – *first line during stabilization* and in addition to group interventions in early and later recovery, provided by Behavioral Health Consultant and/or specialty therapist, address comorbid concerns (e.g., depression, anxiety, PTSD) in addition to substance misuse

- Group Therapy – *following stabilization*, length and frequency can vary (EOP 3 hrs 1x/week; IOP 3 hrs 3x/week; Aftercare 90 min 1x/week -1x/month) depending on patient needs for support and structure, utilizing Group Medical Visits for those receiving addiction medicine

- Peer Support – engagement, modeling, coordination of care, self-management skills, emotional support, developing action plans & patient advocacy, group cofacilitation

- Psychiatric Medication Management – consultative or as an adjunct to addiction care, typically provided by PCP or Addiction Specialist unless very psychiatrically complex

- Community Health Coordination – *essential for most during stabilization and in early recovery*, expanded case management role, addressing social determinants of health, care coordination

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Workflow: Identification in Primary Care Settings

Patient Check In...

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Nurse Calls Patient Back...

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Vitals – BP

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Vitals – BH

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Shared Space

PCP Consults BH Clinician on Team

BH Clinician Conducts Brief Chart Review

BH Clinician Checks in with Nurse

BH Assessment, Treatment Planning and Intervention

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BH Clinician Feedback to PCP

PCP with Patient

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Patient and BHC Coordinate Follow-Up Plan

Workflow: Open Access Clinic

Patient Checks In for Walk-In Visit

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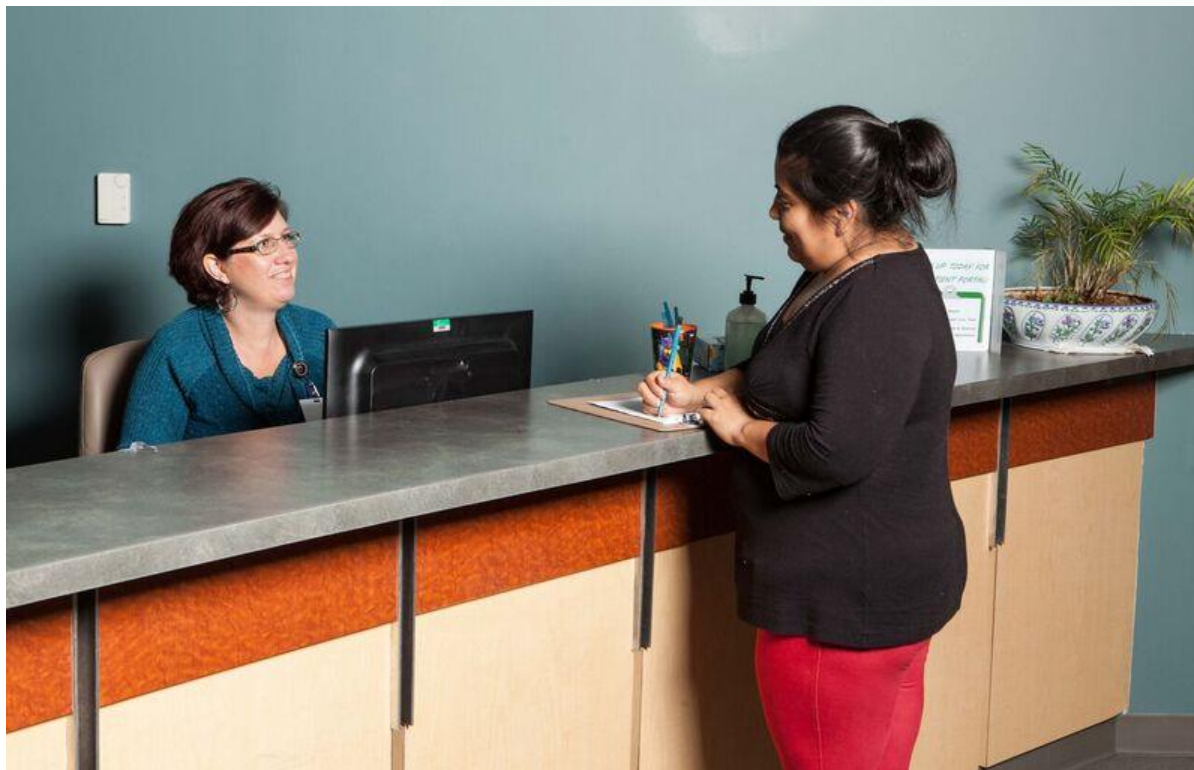
Greeted by Open Access Staff

BH Clinician Visit for Assessment and Treatment Planning

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Workflow: Patients Triaged to Addiction Medicine Services

PC and BH Vitals

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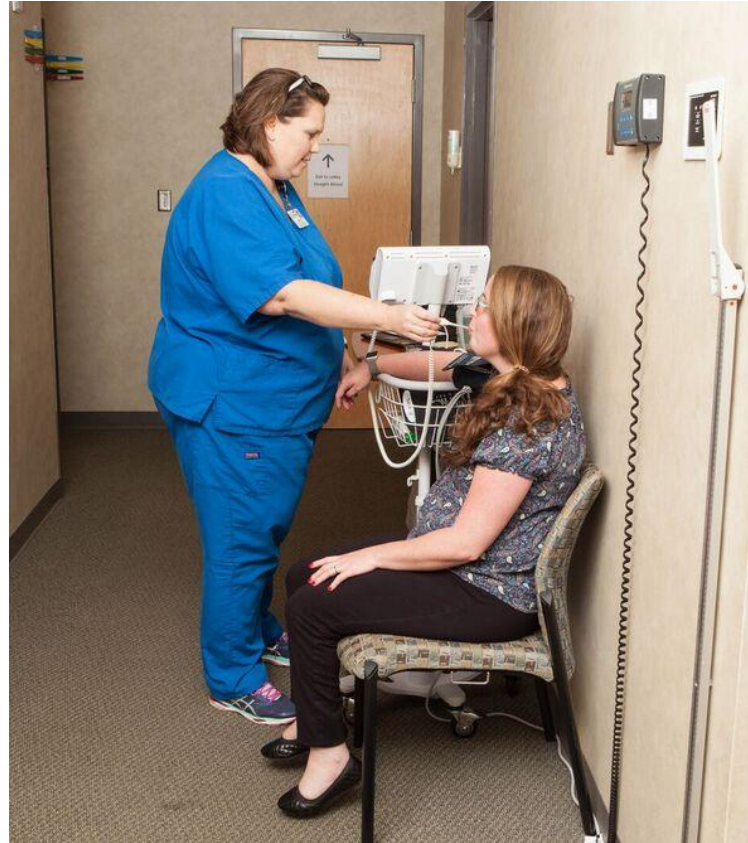
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Addiction Specialist Assesses and Intervenes with Patient

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Addiction Specialist and BH Clinician Consult

BH Clinician Meets with Patient for Ongoing Assessment, Treatment Planning, and Intervention

Peer Support Consultation with Patient

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Group Medical Visit After Stabilization

- Phase 1 Group (Early Recovery)

- Phase 2 Group (Aftercare)

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Pharmacy Consultation with Patient

Things to Consider When Designing Clinical Workflow

Flexibility Helps Improve Flow

Consultation

Assessment

Brief Targeted Interventions

Co-Management Primary Care

Linkage and Collaboration with Specialty Health

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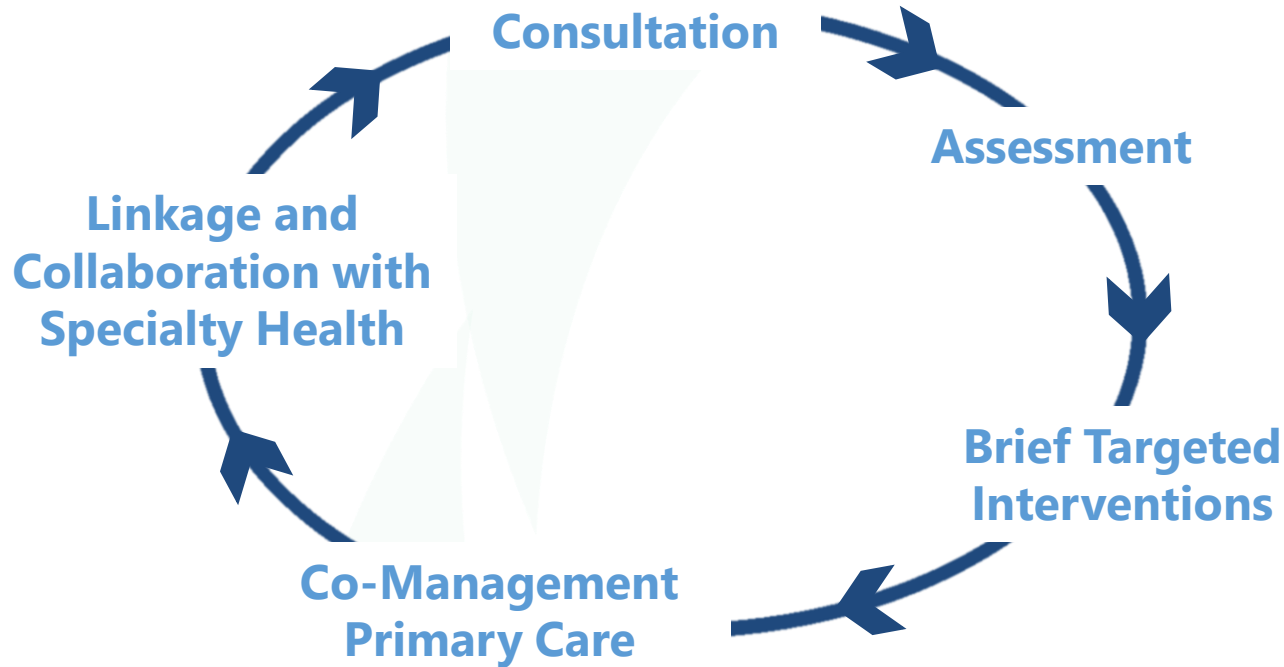
Mobility Matters

Mobile Devices

- **Laptops/Tablets**
    - *Provides EHR Access*
    - *Improves timeliness of documentation*
    - *Provides Telemedicine capabilities for high-risk patients*
    - *Increases patient access to services and care team*
- **Wireless Phones**

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Communication is Key

Coordination Counts

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