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
Members of the Addiction Medicine Team

- Addiction Medicine
- Behavioral Health
- Primary Care
- Nursing
- Peer Support
- Community Health Coordinator
- Psychiatry/OB-GYN
- Pharmacy
Addiction Medicine Staff Clinical Roles and Responsibilities

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

- **Primary Care Provider**: routine preventive and chronic health care, care coordination, medication safety

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

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

- ** Peer Support Specialist**: 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

- **Community Health Coordinator**: 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

- **Pharmacist**: TN CSMD report, medication safety and review, problem-solving medication issues
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.
Workflow: Identification in Primary Care Settings

Patient Check In...
Nurse Calls Patient Back...
Vitals – BP
Vitals – BH
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
BH Clinician Feedback to PCP
PCP with Patient
Patient and BHC Coordinate Follow-Up Plan
Workflow: Open Access Clinic

Patient Checks In for Walk-In Visit
Greeted by Open Access Staff
BH Clinician Visit for Assessment and Treatment Planning
Workflow: Patients Triaged to Addiction Medicine Services

PC and BH Vitals
Addiction Specialist Assesses and Intervenes with Patient
Addiction Specialist and BH Clinician Consult
BH Clinician Meets with Patient for Ongoing Assessment, Treatment Planning, and Intervention
Peer Support Consultation with Patient
Group Medical Visit After Stabilization

- Phase 1 Group (Early Recovery)
- Phase 2 Group (Aftercare)
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
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**
Communication is Key
Coordination Counts

Dr. Smith, I saw this pt today who reported improved mood and functioning. I see that you have a file with him in four weeks and I will see him concurrent with that visit.