Click on any of the following:

- Intake
- 1x1
- BUP Refill
- MAT Group
- **Case Management** (Non – MAT patient)
- **CCN** (Case Conference Note)
- **CC** (Care Coordination for all non-face to face encounters)
- Phone
- ER Referral
| Intake Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Check                                                                                                                                                                                                                   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHECK INSURANCE (can check yourself or call registration to check for you), Assist patient if there are issues                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |
| EXPLAIN MAT PROGRAM (TIERS I, II, III, IV, V, X, Y Refills, Relapse, IBH, MAT GROUP, Etc)                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Educate on Dangers of mixing Sub, Benzo, Alcohol, depressants                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
| Review and sign Tx agreement                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  |
| Review and sign MAT consent form. Click on registration/ADT, click on New, click on documents, click on type of document SA11 E-Sig Consent for the Exchange of Medical and Substance Use Disorder - English, click on E-sign, Click on accept, click on Status (signed), Click on location put which clinic it was signed at, , click on finish.                                                                                       |                                                                                                                                                                                                                  |
| Click on Encounter. Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on Encounter or check patient list for right info) Make sure right Date, Office Visit, provider you, make sure right clinic, Emeline= SCZ SC clinic, HPHP=SCZ HPHP clinic, Watsonville= SCZ WATS clinic                                                                                                                                                        |                                                                                                                                                                                                                  |
| Visit opens in Notes, click on don’t share with patient in top right corner of note should be a purple heart                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |
| Click on Rooming and enter Chief Complaint: Medication Assisted Treatment (MAT) 1587, Comment: Intake If this pt is coming from SSP then another Chief Complaint: Syringe Service Program can be added and for comment section put Referral.                                                                                                                               |                                                                                                                                                                                                                  |
| Click on Quick Questions, in visit program area put 371, Click on Plan, Visit Diagnosis Area click on problems & pick appropriate Diagnosis. Click on LOS, click NO Charge, in Auth Provider put MAT prescriber.                                                                                                                                                                                                                      |                                                                                                                                                                                                                  |
| Scroll down to PLAN, Patient goals click on + add Click on Case Manager other, then add goal, click on patient stated box, repeat for multiple goals for treatment. Be specific, use SMART for these Treatment goals                                                                                                                                                                                                                          |                                                                                                                                                                                                                  |
| Click on History tab and complete Once you get to the Social documentation in the history section type .SA11MATSOCDOC fill out smart phrase using F2.                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                  |
| Once you complete History go to your note and click on don’t share with patient in top right corner should be a purple heart and then type in note section .SA11MATSUDCM and click on Intake all info that you have documented from Plan, History, and Social Documentation should pre populate into intake. Finish rest of intake using F2. When you get to bottom of the note for plan click on all the sections that are needed. Pt should have an appt with a therapist (IBH), Next appt to see provider, Next group, Labs requested, and anything else you made referrals for, etc. Once complete Sign Encounter Note |                                                                                                                                                                                                                  |
| Request Labs, UDS, and Pregnancy test if applicable through Nurse/Provider. Send message through Epic .MATLABS or talk to provider/nurse yourself.                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Other Consents if Needed (SLE, Family, Probation, Social Worker, Rehab, family, Etc)                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |
| Add FYI flag, put MAT Tier 1 In the FYI note area type in .SA11MATTier1 fill out *** if you don’t have answer put DUE, you can coordinate with nurse/provider to put in right date for CURES and Tx agreement you would have the right date.                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Next click on CARE TEAMs tab on left side. In the search for team member put the SUDCM that will be assigned to pt (which could be you). in relationship box put Medication Assisted Treatment (MAT) Specialist (aka mat). Then add in the same section Prescriber that will be prescribing and in relationship section Then click accept. Medication Assisted Treatment (MAT) Prescriber. PCP can be different then MAT prescriber. |                                                                                                                                                                                                                  |
Chief Complaint: Medication Assisted Treatment  

**MAT Intake**

Reviewed MAT Program: Yes  
Reviewed MAT consent and signed: Yes  
Reviewed Treatment agreement and signed: Yes  
Reviewed medication buprenorphine/naloxone (Suboxone), potential side effects, potential lethal interaction with benzodiazepines and alcohol, safe administration and storage. Written information also provided to patient.  
Patient verbalizes understanding of information provided: Yes  
Is patient pregnant? N/A  

**History**

**Smoking Status**
- Former Smoker  
  - Packs/day: 1.00  
  - Years: 43.00  
  - Types: Cigarettes  
  - Start date: 1/1/1973  
  - Quit date: 1/3/2019  

**Smokeless Tobacco**
- Never Used  

**Alcohol Use**
- No  
  
  *Comment: Sober since 1/1/1989*  

**Drug Use**
- Frequency: 4.0 times per week  
- Types: heroin, methamphetamine, IV  
  
  *Comment: Uses Methamphetamine because he cannot afford Dextroamphetamine prescription*  

**Sexual Activity**
- Sexual activity: Not Currently  
- Partners: Female  
  
  *Comment: last partner 2012*  

**MAT Intake: Social Documentation**

Intake Date: 7/4/19  
Case Manager: Danny Contreras  

What is the longest amount of time you have been sober? 3 years, 2001-2004, Pt reports he has been off Heroin since 9/21/17 with a slip on 4/10/18. Pt says he has been using suboxone from clinic in Alameda county, since back in Santa Cruz buying off the streets till, he could get back into HPHP MAT program.  
How or what did you do to maintain sobriety at that time? 2004-2008, scared that might die soon because of a court hearing that said he could not get clean and would die soon from drug use.  
What three things motivate you to stay sober?  
#1: Stay sober and do good as revenge for x-employer firing him.  
#2: See what happens next.  
#3: Wants to live life not as a junkie.  

**Drug Use History:**
9 years old smoking weed, LSD at 10 years old, snorting cocaine at 18 years old, smoking and snorting meth at 18 years old. Started smoking heroin at 38 and then IVDU at 40.

Have you ever overdosed? No

What are you currently using at this time (Drug - Dose - Frequency - Method)?
Methamphetamines/ Amphetamines Dose: 1/8 of a gram, several times a week, Snort
Other: Marijuana Dose: 5 joints, several times a day, Inhaled,
Do you have a history of any other addictive behaviors? No

MAT History:
*Document source, dosage, effectiveness, timeframe
Methadone - Janus 2008 – 2010 For 2 years 156 mg, pt reports he forced Janus to taper him off, didn’t like it
Suboxone - HPHP 9/21/17 - 7/3/2018 pt reports 24 mg a day

Mental Health History:
Have you ever been diagnosed with any mental health condition? Yes, Depression, Anxiety and Attention Deficit Disorder
Are you currently seeing a psychiatrist, psychologist or counselor? No
Have you ever been hospitalized for mental health issues? No
Have you ever attempted to end your life or hurt yourself? No
Do you currently have thoughts of hurting yourself? No
Living situation: Homeless
Transportation: Car
Employment: Unemployed, has worked as a IHSS worker, Medical Assistant Certification

Criminal History:
Is patient on Parole/ Probation? No
History of Incarceration? Yes, What is longest amount of time incarcerated? 9.5 months

Medical Conditions:
Patient Active Problem List

Diagnosis
- Polysubstance dependence including opioid type drug without complication, episodic abuse (HCC-CMS)
- Severe major depression (HCC-CMS)
- Cannabis use disorder, moderate, dependence (HCC-CMS)
- Amphetamine dependence (HCC) - Client reports self-treated for ADD

Additional Medical Conditions: None reported

Current /Past Medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Sig</th>
<th>Dispense</th>
<th>Refill</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine-naloxone</td>
<td></td>
<td>Place 1 Strip under the tongue 3 (three) times daily</td>
<td>21 Each 0</td>
</tr>
<tr>
<td>(SUBOXONE FILM) 8-2 mg SL film</td>
<td></td>
<td>1 Strip</td>
<td></td>
</tr>
</tbody>
</table>

Additional Medications: None only suboxone off the streets.

What Readiness to Change Stage is patient in: Preparation

What are patient’s goals for Treatment?
- Connect with CFET (pt-stated)
- Find housing (pt-stated)
- Get a job (pt-stated)
- Get off meth (pt-stated)

Plan:
- Scheduled MAT group – 7/4/19 at HPHP at 1:30 pm for SMA group.
- Pt to provide POC UDS today and complete LABS
- Provider to prescribe to bridge him to SMA on Tuesday at HPHP
Chief Complaint: Medication Assisted Treatment  Comment: 1x1

Subjective/ Objective: Met with pt {SA11 POS:23075} for a 1x1 session. ***

Assessment: Tier {SA11 MAT Tiers:22582}.
.SA11MATCheckin or .SA11MATSMACHECKIN (only if applicable)
MAT Medication:
{SA11 MAT Tx Meds:22585}
{SA11MATSYMPTOMSOPTIONS:24444}
Have you been drinking any alcohol? {Yes Comment/No Default:21071::"No"}
Do you have Narcan? {YES NO:18689}

Plan:
Patient’s progress in Treatment goals:
Goals Addressed
  • Follow agreed upon PCP/MAT/IBH provider recommendations.
  • Pt to return for next scheduled group/ 1x1 session determined by MAT tier.
  • {SA11 MAT Plan:17817}

Duration of encounter: ***
Chief Complaint: Medication Assisted Treatment (MAT) 1587 Comment section: Bup refill

BUP Refill Visit (10-20 Min including documentation)  
Check

Click on **Encounter**. Can be interim note, telephone call, or office visit. (depending on situation)

**Make sure right Patient** - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)

**Chief complaint:** Medication Assisted Treatment (MAT) 1587 **Comment section:** Bup refill

If office visit and patient present, then **order UDS** and collect from patient. Order breathalyzer if Prescriber wants it. Click **order entry** and type in drug screen, select appropriate test, then click **accept**. Enter results in **enter/edit results**.

Click on **Notes**, Click on **NEW NOTE** click on **don’t share with patient** in top right corner should be a purple heart. Type in **.SA11MATSUDCM** and select **BUP Refill Visit**. Complete note using F2 to scroll through and answer all questions

Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.

Click on Take Action tab, Click on Reorder (circle)

Go to More tab and click, send message to staff, send to Prescriber, in note section put I did a refill request please approve.

Notify provider if UDS positive for any substances other than BUP and THC

Give patient next appointment to see provider/nurse.

Click on **Sign Encounter** once everything is completed to close office visit or telephone call.

---

**Chief Complaint:** Medication Assisted Treatment  **Comment:** Bup Refill

**BUP Refill**

@NAME@ is a @AGE@ @SEX@ who presents for ***

@CHIEFCOMPLAINTN@, @PATFYIFLAGS@, @PATIENTCARETEAM@

{SA11 MAT Tx Meds:22585}

**Is patient attending group/one-on-one?** {YES NO:18689}

**Date of last group attended:** ***

**Comments:** {N/A:24265}

**Side Effects:** {SIDE EFFECTS_OPIATE RELATED:10523}

**How are side effects being addressed?** ****

**Urine Drug Screen (POCT-LV5598):**

**Sent out for confirmation:** {YES NO:18689}

**Last Breathalyzer (LV5772):**

**Plan:**

{SA11 MAT NEXT VISITS:24457}

**Duration of encounter:** ***
**Chief Complaint:** Medication Assisted Treatment  
**Comment:** Group

If it is for a Non-MAT patient put this

**Chief Complaint:** Case Management  
**Comment:** Group

**Group Name:** MAT Group  
**Primary Facilitator:** @ME@  
**Secondary Facilitator(s):** ***  
**Duration of Group:** 60 minutes  
**Group Topic:** ***

**Individual's Participation and Progress:**  
(NPH GROUP PARTICIPATION/PATIENT RESPONSE:17393).

**What Readiness to Change Stage is patient in?**  
(SA11 MAT Readiness to Change:17816)

**Patient’s progress in Treatment goals?**  
@GOALSADDRESSEDR@  

**Plan:**
- Follow agreed upon PCP/MAT/IBH provider recommendations.
- Pt committed to return for next scheduled group session determined by MAT tier.
- Continue to support patient commitment and provide other supportive resources.

---

**Case Management (non-MAT patient):** (1x1’s, SUD services not MAT, etc)  
**Comment:** Group

<table>
<thead>
<tr>
<th>Action</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click Encounter, Make sure right Patient - Check DOB, Name, Address, PCP (if need to check CHART before clicking on Encounter, or check patient list for right info)</td>
<td></td>
</tr>
<tr>
<td>Make sure right Date, Interim or Office visit, provider you, and make sure right clinic</td>
<td></td>
</tr>
<tr>
<td>Visit opens in Notes, click on don’t share with patient in top right corner of note should be a purple heart</td>
<td></td>
</tr>
<tr>
<td>Click on Rooming enter <strong>Chief Complaint:</strong> Case Management (MAT) 158, <strong>Comment:</strong> 1x1, Brief ASAM</td>
<td></td>
</tr>
<tr>
<td>Click on Quick Questions, in visit program area put 371. Click on Plan, Visit Diagnosis Area click on problems &amp; pick appropriate Diagnosis. Click on LOS, click NO Charge, in Auth Provider put MAT prescriber.</td>
<td></td>
</tr>
<tr>
<td>Scroll down to PLAN, update goals and current status. Click on Sign Visit to close note.</td>
<td></td>
</tr>
</tbody>
</table>
Chief Complaint: Case Management Comment: 1x1, Brief ASAM

Subjective/ Objective: Met with pt {SA11 POS:23075} for a 1x1 session. ***
Assessment: Case Management Services
Plan:
  • ***

<table>
<thead>
<tr>
<th>Case Conference Note</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click on Encounter. Type Interim note and click on it.</td>
<td></td>
</tr>
<tr>
<td>Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)</td>
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</tr>
<tr>
<td>Chief complaint: Medication Assisted Treatment (MAT) 1587 Comment section: CCN</td>
<td></td>
</tr>
<tr>
<td>Click on Notes, then click New note. Click on don’t share with patient in top right corner should be a purple heart, type in .SA11MATSUDCM select Case Conference Note. Complete note using F2 answer all questions. Click on Sign Encounter once everything is completed, to close Encounter note.</td>
<td></td>
</tr>
</tbody>
</table>

Chief Complaint: Medication Assisted Treatment  Comment: CCN

Case Conference Note
Attendance: Click on all in attendance, ***
Issue: ***
Plan:
  • ***

<table>
<thead>
<tr>
<th>Care Coordination: (for all non-face to face encounters, MAT or non-MAT)</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click on Encounter</td>
<td></td>
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<td>Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on Encounter or check patient list for right info)</td>
<td></td>
</tr>
<tr>
<td>Make sure right Date, Interim notes, provider you, and make sure right clinic. Emeline= SCZ SC clinic, HPHP=SCZ HPHP clinic, Watsonville= SCZ WATS clinic</td>
<td></td>
</tr>
<tr>
<td>Chief Complaint: Medication Assisted Treatment (MAT) 1587 or Case Management (MAT) 158, Comment section: CC</td>
<td></td>
</tr>
<tr>
<td>Note: Click on don't share with patient in top right corner should be a purple heart. Then type .SA11MATSUDCM select CC F2 through note, make sure to document anything that is needed after Individual's Participation and Progress: *** then click on Accept when finished with note</td>
<td></td>
</tr>
<tr>
<td>Click on Sign Visit to close note</td>
<td></td>
</tr>
</tbody>
</table>

Chief Complaint: Medication Assisted Treatment  Comment: CC
If it is for a Non-MAT patient put this
Chief Complaint: Case Management Comment: CC
CC (Care Coordination)
Care Coordination: ***
Plan:
  • ***
**Chief Complaint:** Medication Assisted Treatment  **Comment:** Phone?
If it is for a Non-MAT patient phone call put this

**Chief Complaint:** Case Management  **Comment:** Phone?

Phone Call/VM/Text

**Summary of the Communication:**
***

**Plan:**
- ***

---

**ER Referral for MAT** 5-10 min visit depending on situation  **Check**

Click on **Encounter**. Click on **office** note.

**Make sure right Patient** - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)

**Chief complaint:** Medication Assisted Treatment  **Comment section:** ER Referral
This can turn into an intake so you can put two chief complaints & comments Ex CC: MAT Comment: Intake

Click on Notes, then click New note, click on **don’t share with patient** in top right corner should be a **purple heart** then type in .SA11MATSUDCM select **ER Referral**. Complete note using F2 and answer all questions.

Click on **Sign Encounter** once everything is completed to close office note.

---

**Chief Complaint:** Medication Assisted Treatment  **Comment:** ER Referral
Pt referred by {SA11 LOCAL ER:29983} ER. ***

**Plan:**
{SA11 MAT LOCAL ER PLAN:29984}
**MAT Smart Phrases and Codes**

*Shared Drive: \scznas06\hsa\Clinics\MAT*

### Labs & UDS Codes orders:

<table>
<thead>
<tr>
<th></th>
<th>Watsonville</th>
<th>Emeline</th>
<th>HPHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDS point of care</td>
<td></td>
<td></td>
<td>LV5598</td>
</tr>
<tr>
<td>SWAB point of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCG</td>
<td></td>
<td>LV4971</td>
<td>LT683 in house / LV5997 POCT back office</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LV5987</td>
</tr>
<tr>
<td>Send out for UDS for Confirmation if patient contest or clinical reason</td>
<td></td>
<td></td>
<td>LV4969 (pain 8)</td>
</tr>
<tr>
<td>Breathalyzer</td>
<td></td>
<td>LV5772</td>
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</tbody>
</table>

**.SA11 BUPRENORPHINE INITIAL** (in Epic code 042403)

Search SA11
After visit Medications
HEROIN/OPIATE WITHDRAWAL PROTOCOL ORDER PANEL
.VASCULARLABORDER

### This is not sharing note with pt:

This is *sharing the note* with pt:

**Initial Provider Visit:**

.SA11MATINITIALPROVIDERVISIT

**Letters:** .scconsentandagreementfortreatmentwithbuprenorphineandnalaxone or .SCBUPRENORPHIONETREATMENTAGREEMENT

Withdrawal Medications:

**AVS:** .SUBOXONEINDUCTION or SUBOXONEINDUCTIONSPANISH (F2 through to adjust dose on instructions)

.SOWSSUBJECTIVEOPIATEWITHDRAWALSCALE = SOWS for home induction for patient

.ESCOWS = Clinical Opiate Withdrawal Scale (COWS)

**Nurse Visit:** .SA11MATNURSEVISIT

**Vivtrol:**

.VIVITROLPATIENTAGREEMENTCOUNSELING

.VIVITOLTREATMENTAGREEMENT

**SA11MATSMACHECKIN=** is the MAT check in sheet

.SA11MATRECOVERYLOG = Paper for patient to show attendance of outside support groups

.MATLABS- initial labs for SUD CM

.SA11UDSPOCTLV5598= Last uds for POCT LV5598

.LASTUDSMAT= Last POCT UDS LV5598
### FYI’s:

<table>
<thead>
<tr>
<th>Medication Assisted Treatment</th>
<th>.SA11MATTierInactive</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>.SA11MATTier1</td>
<td>Induction - 2 weeks</td>
</tr>
<tr>
<td>Tier 2</td>
<td>.SA11MATTier2</td>
<td>Early Treatment - 12 weeks (3 months)</td>
</tr>
<tr>
<td>Tier 3</td>
<td>.SA11MATTier3</td>
<td>Stabilization - 12 weeks (3 months)</td>
</tr>
<tr>
<td>Tier 4</td>
<td>.SA11MATTier4</td>
<td>Maintenance - 6 months – 1 year</td>
</tr>
<tr>
<td>Tier 5</td>
<td>.SA11MATTier5</td>
<td>Continual Maintenance -1 year or more</td>
</tr>
<tr>
<td>Tier X</td>
<td>.SA11MATTierX</td>
<td>Referred to Janus HUB or at Janus</td>
</tr>
<tr>
<td>Tier Y</td>
<td>.SA11MATTierY</td>
<td>Receiving MAT services at another place</td>
</tr>
</tbody>
</table>

### Clinic

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Office</th>
<th>MAT Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Person Health Project (HPHP)</td>
<td>831-454-2080</td>
<td>Nurse Jasmine Angelica Torres 831-201-2485 831-566-9347</td>
</tr>
<tr>
<td>Watsonville Health Center (WHC)</td>
<td>831-763-8400</td>
<td>Alejandro Monroy Andres Galvan 831-247-4193 831-227-9967</td>
</tr>
<tr>
<td>Santa Cruz Health Center (Emeline)</td>
<td>831-454-4100</td>
<td>Greg Goldfield Marissa Torres Adam Echols 831-331-6048 831-421-1033 831-400-6669</td>
</tr>
<tr>
<td>Health Services Manager for MAT program</td>
<td>831-454-4460</td>
<td>Danny Contreras 831-212-3498</td>
</tr>
</tbody>
</table>

**Support for MAT Prescribers**

Vanessa DeLaCruz: 831-454-4885/ 831-247-6057  
Dimitri Bacos: 831-454-5017 / 323-474-4725  
Sharon Gehringer: 831-235-3310  
UCSF warm line- Ron Goldsmith: 1-855-300-3595  
https://pcssnow.org/medication-assisted-treatment/