Welcome!

Mute
Minimize Interruptions
Please make sure to mute yourself when you aren’t speaking.

Chat
Go Ahead, Speak Up!
Use the Zoom chat to ask questions and participate in activities.

Naming
Add Your Organization
Represent your team and add your organization’s name to your name.

Tech Issues
Here to Help
Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.
Addiction Treatment Starts Here
Nurse Forum Session #3

“Screening, Assessment and Intake”

December 1, 2021 | 12-12:45pm (PT)
Nurses Forum 3
Screening, Assessment and Intake for our MOUD/SUD in Primary Care

KATIE BELL MSN RN-BC CARN PHN AND DIANE ROONEY MBA RN
NAOMI MARQUEZ-TOULEMONDE BSN RN-BC CARN PHN
GUEST INTERVIEWER GLENNNA EADY BSN RN
Today’s Forum

Participant Intros – turn on cameras and unmute mics
Discussion of screening and assessment from Nurse perspective
Review of screening and assessment tools
Naomi’s discussion of her SBAR assessment
Case discussion
Glenna interviews Naomi about becoming board certified in addictions nursing.
Purpose of screening and assessment for SUDs

• Screening starts the process of identifying the needs of our patients
  • Level of Care – Tiers or Phases
  • Referrals

• Health Questionnaires and annual screenings give a thumbnail sketch of history and current mental health, physical health

• Can you name some routine screens that all Primary Care patients receive?

• What is a validated tool? - see Joint Commission
Standard and Validated Screening tools for OUD, SUD and BH – a small list

- DAST-10
- AUDIT-C
- TAPS – SAMHSA
- CRAFFT – youth
- The one-question
- CAGE and the CAGE-AID
- https://www.hiv.uw.edu/page/substance-use/audit-c
The MAT Nurse’s Role – Let’s hear from Naomi

- First patient encounter
- A general sense of where they are.
  - Active withdrawal – use COWS and chart
- Establishing a relationship of listening and support
  - Minimal question asking
  - When do we gather the information?
  - What do we need to know and when do we need to know?
Assessments and Establishing Care

• Sees RN prior to provider appointments
• Protecting and managing provider time utilization
  • SBAR – quick screening – providers like
    • Screening, Background, Assessment, Recommendation/request
  • Gather info
  • Charting – essential to the providers
• Signs the MAT Treatment Agreement
  • Education and planning – short-term
Intake and Assessment

- Medication First approach
  - SUN or RN establishes initial needs and plan
  - Phone appointment
  - Send a Medication request
- Provider – within 3 weeks, then Q 3 weeks (Tier 1 at Santa Cruz)
- Behavioral Health needs – assessment and diagnostics are essential for care – *Primary Care MAT Programs handle this in different ways*
Maddie – new patient referral

Maddie comes in for appointment after referral from local Bridge program. The Substance Use Navigator reports patient was started on a 7-day Rx for buprenorphine/naloxone 16/4 mg SL daily 3 days ago. She meets via telephone with the MAT RN for a quick screening, assessment and planning appointment.

• What information will the MAT Nurse want to gather in this visit?
• What information can be gathered at a later session?
• What is the benefit of a Nursing Intake/Assessment in a Primary Care MAT program?
Other screening tools – very helpful

What does the nurse need to know?

ASAM – American Society of Addictions Medicine Dimensions and Criteria for the Whole-Person approach – in the iMAT
TNQ – Treatment Needs Questionnaire – also in the iMAT
ACEs – Adverse Childhood Experiences
Certified Addictions Registered Nurse (CARN)

Glenna interviews Naomi

1. What prompted your decision to get your certification in Addictions Nursing?
2. Describe the process by which you got your certification.
3. How has the certification affected your practice?

Addictions Nursing Certification Board (ANCB)

www.ancbonline.org
### ASAM Criteria for Level of Care

<table>
<thead>
<tr>
<th>ASAM CRITERIA DIMENSIONS</th>
<th>0 Minimal/None</th>
<th>1 Mild</th>
<th>2 Moderate</th>
<th>3 Significant</th>
<th>4 Severe</th>
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</thead>
<tbody>
<tr>
<td>1 Acute intoxication...</td>
<td>No use of opioids, alcohol or sedative-hypnotics</td>
<td>Sporadic use of alcohol or sedative-hypnotics (i.e. less than 4 times a week); No use of opioids</td>
<td>Regular use of alcohol or sedative-hypnotics drugs-no history of symptomatic withdrawal; Episodic use of opioids</td>
<td>In active withdrawal from opioids, alcohol or sedative-hypnotic drugs or with a history of complicated withdrawal</td>
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<tr>
<td>2 Biomedical conditions...</td>
<td>No significant history of medical problems</td>
<td>Some chronic medical problems—but well controlled/on stable medication regimen</td>
<td>Chronic medical conditions that are stabilizing or responding to adjustments in treatment</td>
<td>Active medical problems, requiring close monitoring and follow-up</td>
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<tr>
<td>3 Emotional, behavioral, or cognitive conditions and complications</td>
<td>No psychiatric history</td>
<td>On stable, well controlled regimen for any psychiatric condition and/or integrated in care with a therapist</td>
<td>History of psychiatric hospitalization, suicide attempts or parasuicidal behaviors and/or no mental health care established, but there is an identified need</td>
<td>Active psychiatric problems requiring close mental health care and follow-up</td>
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<td>4 Readiness to change</td>
<td>Maintenance phase—already on stable medication regimen from previous provider</td>
<td>Action phase—engaging in treatment, taking steps to enact change</td>
<td>Preparation phase—compiling information and considering options</td>
<td>Contemplation phase (willing to think/talk about the need for a change)</td>
<td>Pre-contemplation phase (unwilling to think/talk about the need for change)</td>
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<tr>
<td>5 Relapse, continued use, or continued problem potential</td>
<td>In stable recovery—integrated in recovery community</td>
<td>Engaged in treatment and/or peer support—lives close to clinic</td>
<td>Engaged in treatment and peer support—lives far from clinic</td>
<td>Sporadically attending treatment and/or peer support</td>
<td>Not attending treatment or peer recovery support</td>
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<td>6 Recovery/Living Environment</td>
<td>Lives with sober, supportive, and concerned family/friends; Is working and employer is supportive; Has no legal issues</td>
<td>Lives alone but is not isolated from social supports; Is working but not supportive of recovery; Has legal issues but is fully compliant</td>
<td>Lives with people who use substances recreationally; Lives alone and isolated; Is working but job is in jeopardy; Has legal issues and is engaged in risky or marginal activities</td>
<td>Unstable or tenuous housing situation; Is unemployed and interested but unable to work; Has legal issues but is not compliant and may be engaged in illegal activities</td>
<td>Homeless or living with active opioid users or dealers; Is unemployed and not interested in work; Has legal issues and is currently engaged in illegal activities</td>
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### Poll

1. On a scale of 1-5, please select the number that best represents your experience with today’s session.
   - 5 – Excellent
   - 4 – Very Good
   - 3 – Good
   - 2 – Fair
   - 1 – Poor

2. Please select the number that best represents your response to the statement: Today’s session was a valuable use of my time.
   - 5 – Strongly Agree
   - 4 – Agree
   - 3 – Neutral
   - 2 – Disagree
   - 1 – Strongly Disagree

3. I can apply learnings from today’s webinar to my MAT work.
   - 5 – Strongly Agree
   - 4 – Agree
   - 3 – Neutral
   - 2 – Disagree
   - 1 – Strongly Disagree
Coming Up – Session #4 (final)

Wednesday, January 5, 12-12:45pm PT

**Topic:** Initiating Buprenorphine, the Importance of Follow-Ups, and Urine Tox Screens

For registration information, slides, and recordings, go here: [https://www.careinnovations.org/events/atsh-peer-forums-registration/#nurse-medicalassistants](https://www.careinnovations.org/events/atsh-peer-forums-registration/#nurse-medicalassistants)