

Supportive Treatment for Addiction and Recovery (STAR)

Policies and Procedures for Medications for Addiction Treatment at Heartland Alliance Health Updated October 2019

Acronyms/Definitions:

AODC: Alcohol and Other Drug Counselors are certified to provide addiction-related counseling services.

BH: Behavioral Health- the Behavioral Health team includes LCSW/LCPCs, AODCs, and Peer Recovery Support Specialists/Recovery Coaches

HAH: Heartland Alliance Health- An FQHC (330H) that services people experiencing homelessness in Chicago, IL

LCSW/LCPC: Licensed Clinical Social Worker/Licensed Clinical Professional Counselors

MA: Medical Assistants room patients, complete vital signs, complete all screening questions in Centricity and schedule follow up visits

Medical Provider: Includes physicians, nurse practitioners, physician assistants

MAT: Medication for Addiction Treatment

STAR: Supportive Treatment for Addiction and Recovery- This HAH team includes all members providing substance use disorder treatment, including counseling, therapy, group sessions, and medication management and monitoring.

HAH Primary Care Peer Review

| Evaluator: |
|--|
| Person being evaluated: |
| Evaluation Months and Year: |
| Did you notice any trends during this chart review (things that were consistently done or not done)? |
| General feedback for provider evaluated: |

| HAH STAR Peer Review | | | | |
|--|-----|----|-----|--|
| Evaluator: | | | | |
| Person being evaluated: | | | | |
| Evaluation Month: | | | | |
| Participant MRN: | | | | |
| Intake Visit Date: | Yes | No | N/A | |
| Basic substance use history and substance use treatment history | | | | |
| documented (or note of review of STAR BH note)? | | | | |
| Problem list updated? | | | | |
| Medication list updated? | | | | |
| Allergies documented? | | | | |
| Diagnosis of Opioid Use Disorder documented? | | | | |
| HIV, HCV, CMP ordered (or if not orderd documentation about why and | | | | |
| when they will be ordered) | | | | |
| Pregnancy test completed (for reproductive age women with a uterus) | | | | |
| Documentation of PMP review (either signed and scanned or | | | | |
| documented in note) | | | | |
| For buprenorphine: was a rapid urine drug sceen done that showed positive opioids? Or, if not positive for opioids is explanation included? | | | | |
| For naltrexone: was a rapid urine drug sceen done that showed | | | | |
| negative opioids? | | | | |
| Naloxone prescribed? | | | | |
| Documentation of dose and follow up plan | | | | |
| Most recent STAR visit date: | | | | |
| HIV, HCV, CMP completed within past 6 months? | | | | |
| Pregnancy test completed (for reproductive age women with a uterus) | | | | |
| Documentation of PMP review (either signed and scanned or | | | | |
| documented in note) | | | | |
| If the rapid urine drug screen is positive for substances other than | | | | |
| expected (ie. buprenrophine), was a discussion with participant | | | | |
| described in note? | | | | |
| For buprenorphine: If participant continues to use opioids other than | | | | |
| buprenorphine, was response documented (dose increase, increased | | | | |
| frequency of visits, increased BH support plan or discussion of higher | | | | |
| level of care)? | | | | |

| If the most recent send out urine drug screen had "unexpected" | | |
|--|--|--|
| findings, is there an "append" with information on response plan? (for | | |
| buprenorphine : Negative for buprenoprhine, Low bup:norbup ratio; | | |
| Positive for other substances; for naltrexone : any co-occuring | | |
| substance use) | | |
| Naloxone prescribed in past year? | | |
| Does the "Plan" section of the note include information on frequency | | |
| of visits and items to be addressed at follow up? | | |
| HEALTH MAINTENANCE | | |
| Cervical cancer screening up to date (Women ages 24-64) | | |
| Colorectal cancer screening up to date (ages 51-74: c-scope last | | |
| 10y/flex sig last 5y/FOBT last 1y) | | |
| Breast cancer screening (mammogram within past 2 years for women | | |
| >50 yo) | | |

Notes

For supervisors only:

Is documentation adequate?

Is level of care on par for a seasoned provider?

Any major deficiencies? If so, document details here.