

PRACTICE ALERT!

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Building and Maintaining Substance Use Disorder Capacity

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) [2014 National Survey on Drug Use and Health](#), an estimated 20.2 million adults have a substance use disorder. Common substance use disorders are those related to alcohol, tobacco, cannabis (marijuana), stimulants, hallucinogens, and opioids. The fastest growing substance use problem and primary cause of unintentional drug overdose death comes from opioids. Every day, [44 people die from prescription opioid overdose](#). Nonmedical use of opioid pain relievers has been recognized as the source of the [significant increase in heroin use](#); four of five heroin users started by misusing prescription opioid pain medications.

Millions of people have unmet needs for substance use disorder treatment. Community-based substance use treatment and recovery programs serve to improve access to care and reduce barriers in order to promote effective treatment and recovery. Increased retention in treatment holds the potential to accelerate employment opportunities, reduce illicit use and criminal activity, and lessen HIV and hepatitis C virus infections.

This self-assessment checklist will facilitate the evaluation of processes to identify persons with substance use disorders and provide guidance to increase substance use disorder treatment capacity in the primary care community.

Substance Use Disorder Recognition and Management Capacity Checklist	Yes	No	Notes
<i>Triage of Substance Use Disorder Patients</i>			
Are staff and providers familiar with common signs and symptoms of substance use and the actions to take as a first responder to treat respiratory depression caused by opioid overdose with naloxone?			
Are staff and providers knowledgeable about the steps to take when patients exhibit symptoms related to the use of cocaine, methamphetamines, or alcohol ?			
Is there a substance use triage procedure, periodically updated, that identifies the closest emergency department, detoxification unit, and behavioral health providers to ensure expedited overdose, withdrawal, and continuing substance use disorder treatment ?			

Is there a policy and procedure regarding alternate transportation for patients under the influence of drugs, alcohol, or medication ?			
Does the health center substance use policy detail staff roles and responsibilities as well as procedures to screen and counsel patients and facilitate referrals to specialized behavioral health treatment providers?			
Screening and Assessment			
Are primary care patients periodically screened for substance use using validated screening tools , lab tests , and interviews to identify individuals who have drug or alcohol problems or are at risk for developing problems?			
Do providers communicate results to the patient and use a nonjudgmental manner when presenting positive screen results?			
Do providers follow up on positive substance use screens by performing a complete assessment to define the problem and identify co-occurring mental illnesses and common comorbidities ?			
Programs, Policies, and Procedures			
Is the health center prepared to provide office-based substance use disorder treatment to increase availability of treatment , provide or refer to services specific to patient needs, and minimize stigma associated with treatment?			
Does the health center provide an integrated service that includes screening, brief intervention, and referral to treatment (SBIRT) ? A patient who screens positive for a non-life-threatening alcohol or drug problem will benefit from brief intervention and early intervention.			
After screening and brief intervention, are more severely affected patients who require more intensive treatment referred to specialized treatment in a timely manner?			
Is the health center aware of the Drug Addiction Treatment Act of 2000 (DATA 2000) , which permits qualifying physicians who practice in medical offices , rather than traditional opioid treatment programs (methadone clinics), to prescribe and/or dispense specific narcotic medications approved by the U.S. Food and Drug Administration (FDA)?			
Does the health center have a plan in progress or a plan under consideration to remove barriers to access by establishing medication-assisted treatment (MAT) for opioid addiction that includes medications for opioid detoxification or maintenance treatment and counseling?			

Are providers aware of free telephone consultations from the Clinician Consultation Center Substance Use Warmline ? These consultations offer expert advice focused on the evaluation and management of patients who have difficult addiction, chronic pain, and behavioral health issues.			
Regulatory Requirements			
Are providers familiar with standards of care that apply to any provider assuming the responsibility to manage or oversee patients for addiction and related disorders, even if the provider is not specialty certified in addiction medicine or addiction psychiatry?			
Are providers aware of federal regulations , state regulations , state licensing , and professional standards for patient care, operations, and professional certifications and competencies required to participate in a MAT program?			
Have health center physicians submitted or do they intend to submit the necessary documents for MAT, including the application for a physician DATA waiver as the notification of intent to prescribe and/or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000)?			
Training and Education			
Does the health center provide training on recognizing alcohol use disorder and understanding evidence-based alcohol treatment practices ?			
Have staff and providers received SBIRT training including printed materials , online training , and program development information?			
Does the health center have educational resources for clinical and administrative staff to learn about opioid use disorders , core principles of addiction treatment , co-occurring diagnoses , behavioral health learning communities , and the stigma associated with opioid use disorder ?			
Are providers and staff aware of the Treatment Improvement Protocols (TIPs) quick online references and specific advisories about substance use disorders services for primary care clinicians and MAT ?			
Are providers aware that MAT program physicians are not permitted to delegate the prescribing of buprenorphine to nonphysicians; however, nurses and nonphysicians can play an active role in implementing evidence-based practices to evaluate and monitor patients and provide other elements of care?			

Have physicians taken advantage of the Providers' Clinical Support System's (PCSS) electronic repository of training materials and the American Academy of Addiction Psychiatry's educational resources to support evidence-based treatment of opioid use disorder , the PCSS mentoring program , required in-person waiver or online waiver training for prescribing buprenorphine, guidelines for opioid use treatment and MAT pocket guide ?			
Documentation and Confidentiality			
Are providers and staff aware of the special requirements when charting substance use information and how to structure a substance use progress note to reflect screening, assessment, lab results, referral, and treatment plan ?			
Have the necessary steps been taken to ensure compliance with privacy and with proposed federal regulations that protect confidentiality of records maintained in connection with substance use education, prevention, training, treatment, rehabilitation, or research, published in the February 9, 2016, Federal Register ?			
Patient, Family, and Community Education			
Does the health center display outreach materials in the waiting area and/or patient exam rooms?			
Have patients and families been educated about substance use disorders , which treatments or programs are available at the health center, and specific programs such as MAT ?			
Does the health center provide educational material about treatment to patients and families, including what questions to ask about treatment ?			
Has the health center communicated to local media outlets and educated the community regarding the current state of opioid and substance use?			

Want to learn more? See [Fact sheets: Alcohol and Drug Abuse](#) and [National Drug Control Strategy: Data Supplement 2015](#). In addition, refer to the archived webinar [Risk Management Considerations for Prescribing Opioids](#), [Get Safe! Supporting Substance Use Disorder Capacity](#), and the news item [HHS Proposes Changes to Substance Abuse Disorder Confidentiality Regulations](#) on the Clinical Risk Management Program website. Clinical Risk Management Program resources are provided for FREE by ECRI Institute on behalf of HRSA. Don't have access or want to attend a free, live demonstration of the website? E-mail Clinical_RM_Program@ecri.org or call (610) 825-6000 ext. 5200.

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