Mi-CCSI
Center for Clinical Systems Improvement

"Boston Medical Nurse Care Manager Model of Office Based Addiction Treatment: Clinical Guidelines"
Guideline summary broken down into PCMH and CM language:

- Pages 6-8 overview of CM role in addiction management
- Page 8 – PCP role
- Page 10 – job requirements and description
- Page 12 – patient identification requirements
    - Run report to ID DSM-5 diagnosis (not sure if docs use these codes)
    - Follow by data collection in the pre-screening CM process (potentially SBIRT)
- Page 12 - 23
    - Pre-screening – is the reason the patient was identified still in place?
    - Patient engagement skills – critical first step
    - Assessing behavioral – medical – social needs and barriers – what is the primary issues? Are there immediate risk and safety issues needing addressed?
    - ID knowledge gaps – where is there opportunity to provide (wanted) information?
    - ID risk and safety issues to include in the treatment plan – filters to the top
    - Page 15 describes the components of systematic case review with the substance use disorder and PCP (inter-disciplinary vs multi-disciplinary)
    - Page 16 is the PCMH "Patient Provider Agreement" specific to substance use disorder
    - Pages 17-20 are operations guidelines/protocols for the operations team
    - Page 22 – guidelines for input from legal team
- Page 24 – 29
    - Implementation plan for follow-up and monitoring
- The remaining guideline are for unique/special circumstances captured in the initial assessment

The interpretation is based on my own personal experience. It based on my understanding and involvement of implementation of the PCMH BCBSM guideline, NCQA PCMH Achievement requirements, CCM and CMSA standards and philosophy.

Please use this information with this understanding.

Respectfully,

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Mi-CCSI