

# Operationalizing Team Meetings, Systematic Case Review, and Documentation

## Module 8



### Today's Presenters

#### **Claire Nolan, PharmD**

Program Manager for MI-CCSI's involvement in the Michigan Overdose Data to Action (MODA) program, content expert, faculty member, and participant in practice transformation initiatives. Dr. Nolan has experience in community, specialty, and ambulatory pharmacy.



#### **Robin Schreur, BS, RN, CCM**

Trainer for MI-CCSI with care management experience in the primary care, behavioral health, and payer settings. She has trained hundreds of clinicians on the care management process and motivational interviewing. Her love of and partnership with patients, families and clinicians is rooted in early work as a psychiatric nurse and the deep conviction that care management is a privilege and calling.

# Disclosure

**MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.**

# Patient-Centered Treatment for Substance Use Disorder in Primary Care

## Clinical

Module	Title
1	Navigating Buprenorphine Prescribing for the Primary Care Physician
3	Buprenorphine Medical Management: Monitoring the Patient
5	Challenging Clinical Scenarios in MOUD: Early Refills and Lost or Stolen Medication
7	Complex Cases in Buprenorphine Treatment, Part 1
9	Complex Cases in Buprenorphine Treatment, Part 2
11	Pain and Addiction

## Operational

Module	Title
2	Substance Use Disorder and Patient Identification
4	OBAT Eligibility, Intake and Assessment
6	Patient Support for Induction and Maintenance
8	Operationalizing Team Meetings, Systematic Case Review, & Documentation
10	Team Roles and Responsibilities
12	Supporting the Patient Beyond Buprenorphine

# Action Period Assignment





## From Module 6

- **Identify the tools your team will use to support the buprenorphine induction process.**
- **Define the process your team will follow for relapse prevention planning, in collaboration with the patient.**



# OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

-  **Use SBAR to efficiently and effectively communicate patient-specific information to clinical team members.**
-  **Implement effective team meetings, including case review, designed to assist in the timely resolution of patient-specific issues and concerns (e.g., referral to a higher level of care, treatment intensification).**
-  **Recognize best practices for documentation related to patient care for substance use disorder.**
-  **Access resources to support appropriate billing for patient-care activities associated with substance use disorder treatment.**

# AGENDA

1	Review
2	SBAR
3	Team Meetings
4	Documentation
5	Billing
6	Practice Interviews



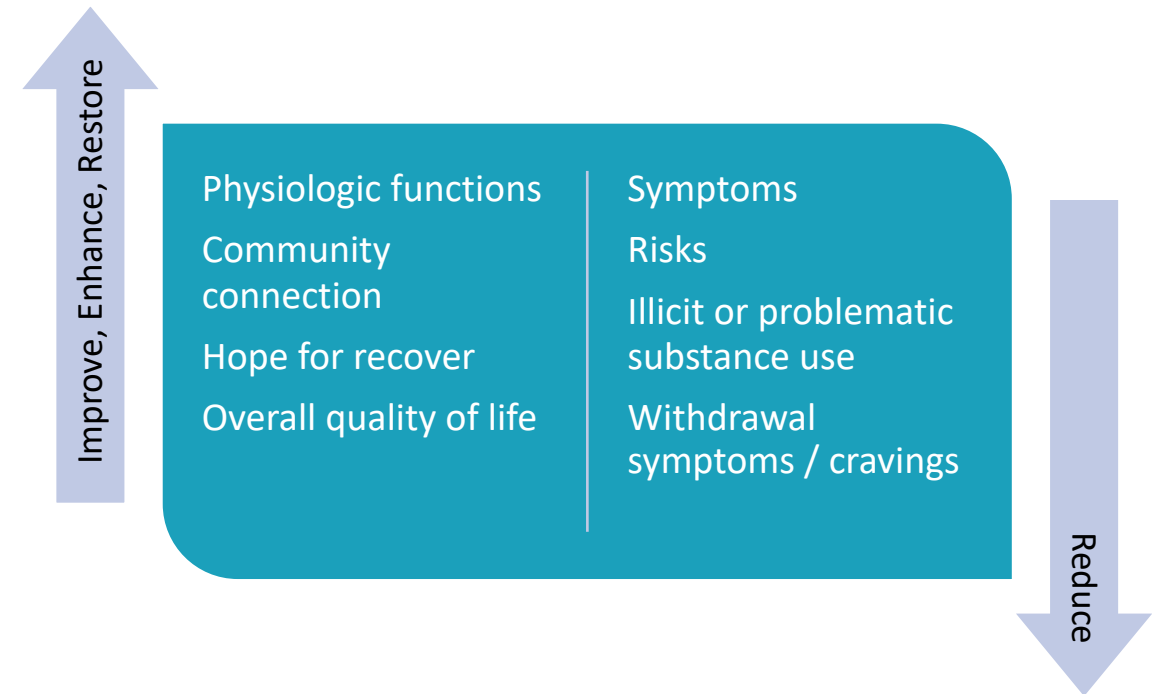
# REVIEW

## Previous Modules

# Office-Based Addiction Treatment (OBAT)

## Overview

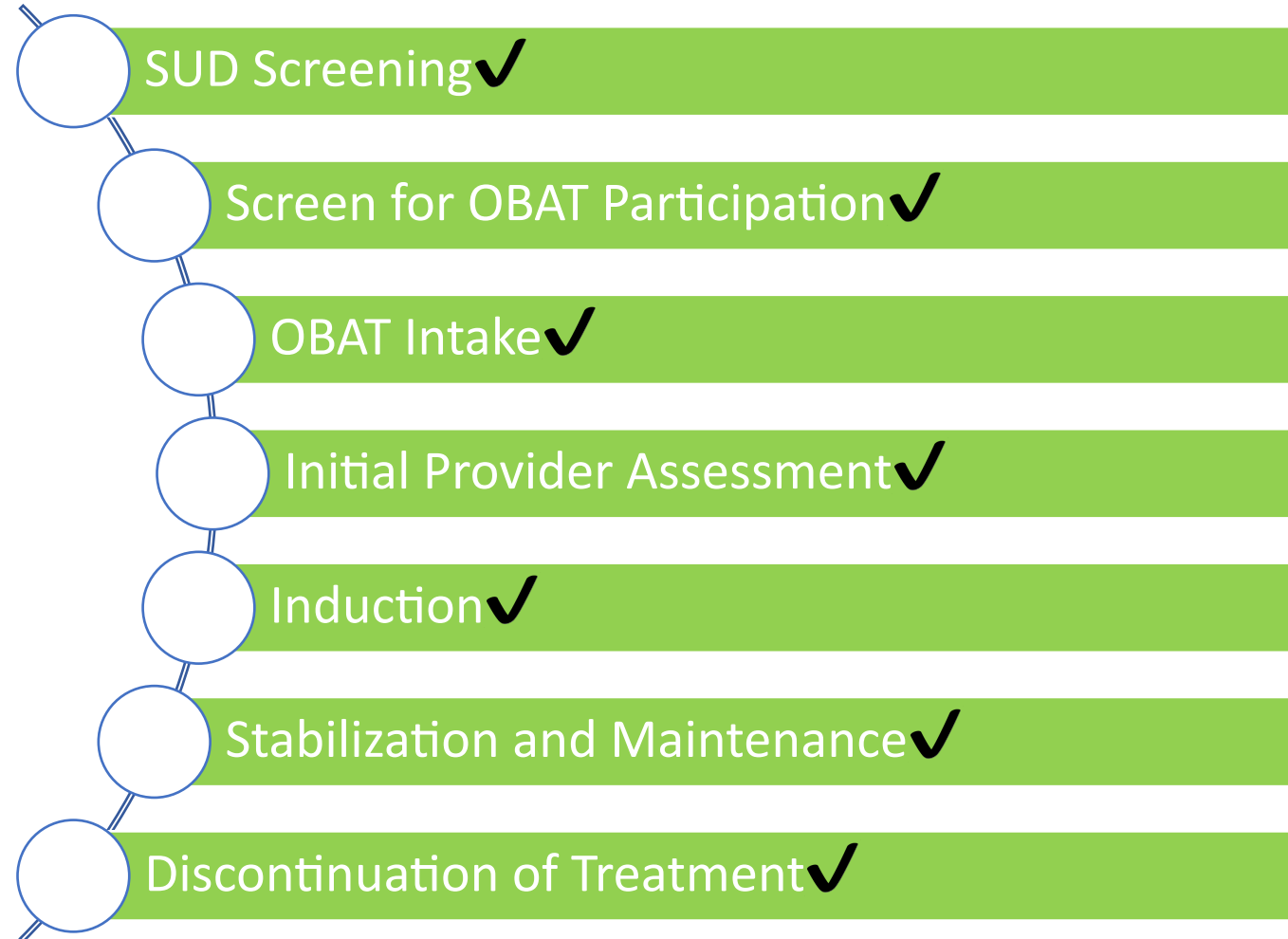
- Patient-focused
- Evidence-based
- Primary care / community model
- Offer of medication and psychosocial therapies as a component of a comprehensive care plan
- Select patients identified via screening may be candidates for OBAT





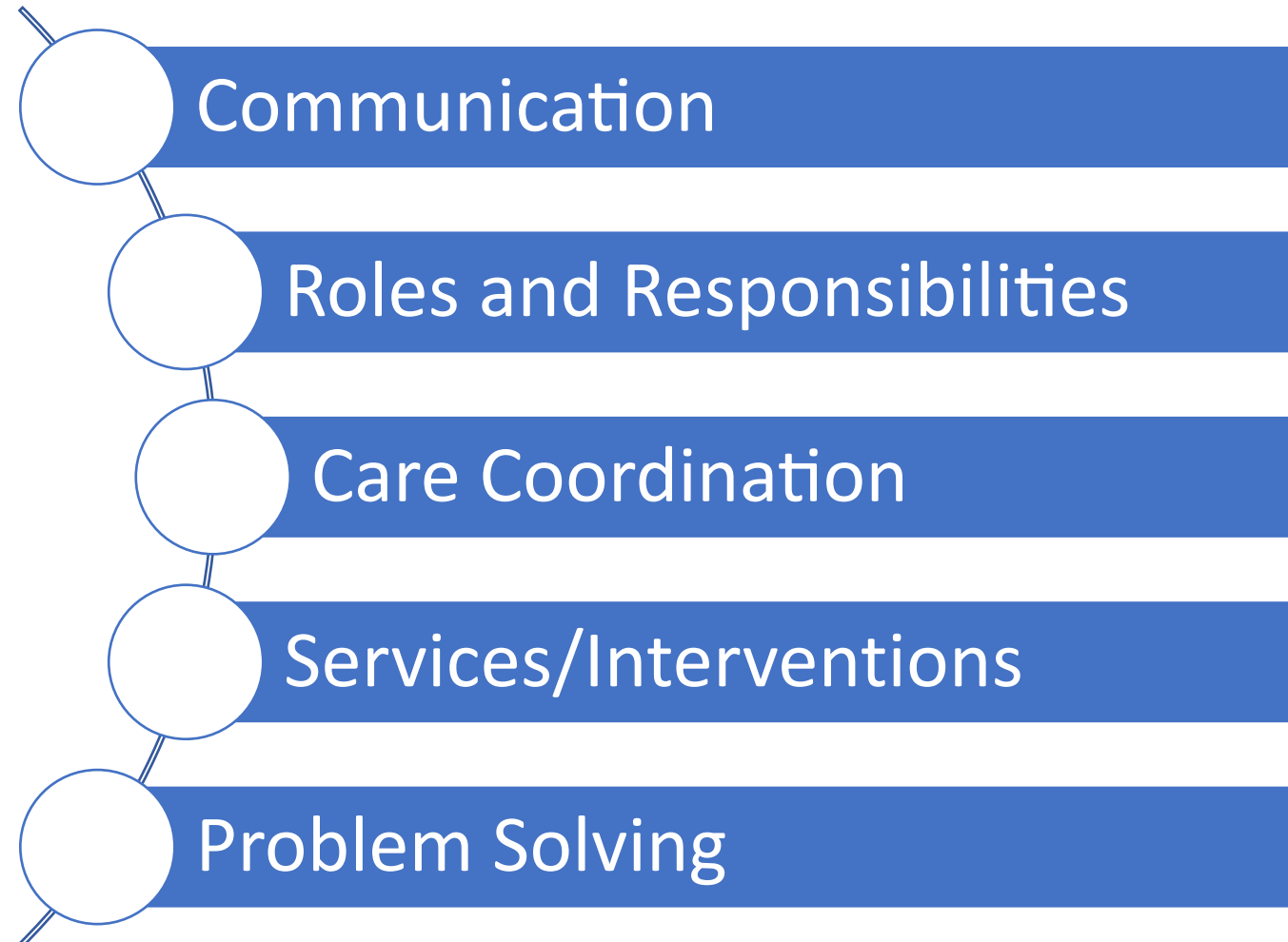
# OBAT

## Program Components



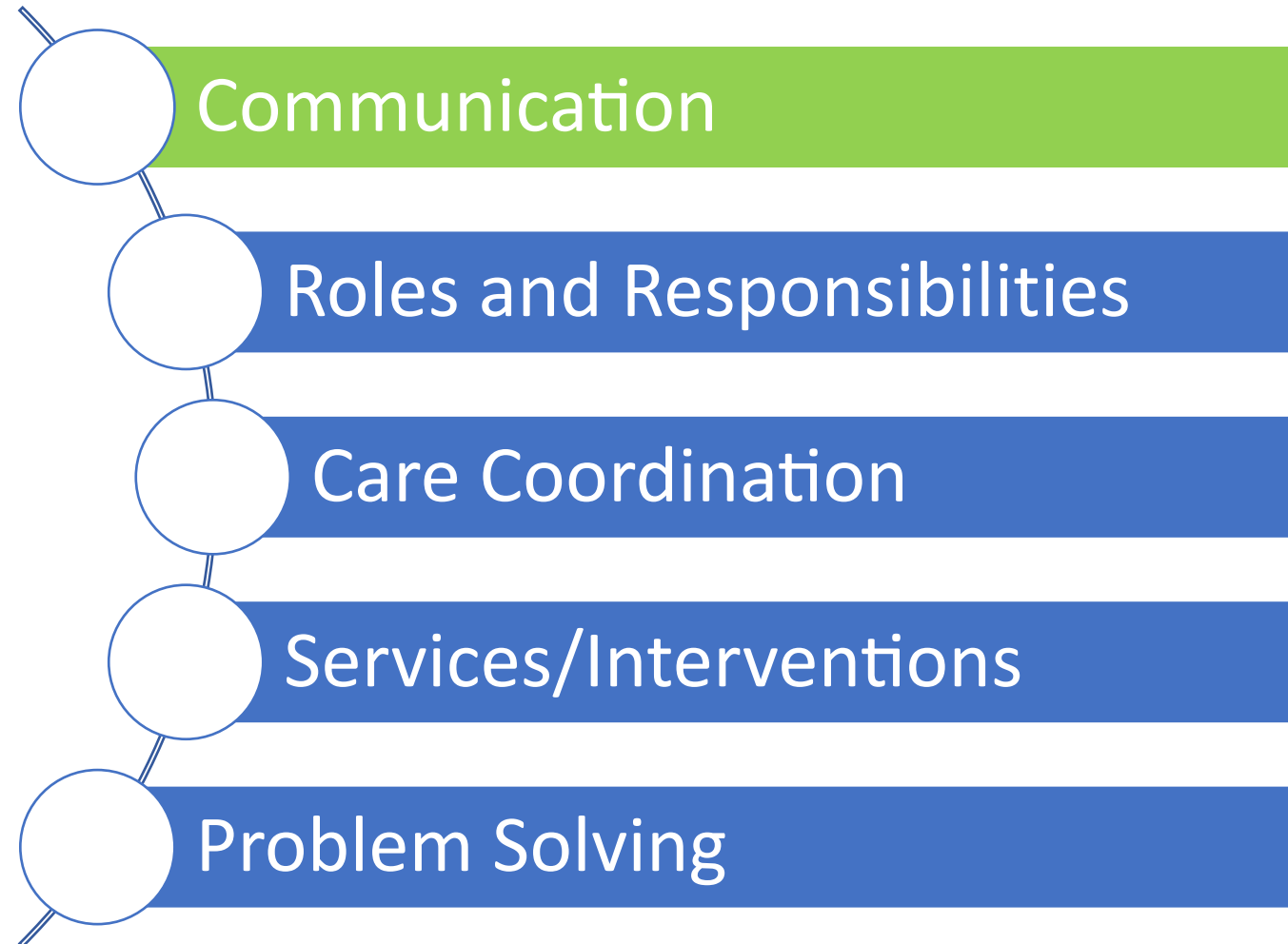
# Team-Based Approaches

## Complementing OBAT



# Team-Based Approaches

## Complementing OBAT





# **SBAR**

**Situation, Background, Assessment, Recommendation**

# SBAR

## Background

- Adapted from a communication method employed in the high-risk aeronautic industry
- Goal is effective communication in complex situations
- Framework for shared communication across disciplines
- Digestible pieces of information to which others can respond

Narayan, M. C. (2013). Using SBAR communications in efforts to prevent patient rehospitalizations. *Home Healthcare Nurse*, 31(9), 504–515. <https://doi.org/10.1097/nhh.0b013e3182a87711>

# SBAR



## **Situation:**

What is the concern?

A very clear, succinct overview of pertinent issue.



## **Background:**

What has occurred?

Important brief information relating to event. What got us to this point?



## **Assessment:**

What do you think is going on?

Summarize the facts and give your best judgement.



## **Recommendation:**

What do you recommend?

What actions do you want?

# Using SBAR:

## An Example

### **Situation: What is the concern?**

- 45-year-old female; called the office today indicating she lost her insurance coverage due to a divorce

### **Background: What has occurred?**

- Medication induction (buprenorphine/naloxone) took place on June 1, 2021; current dose = 16 mg/day; due for a refill in 2 weeks

### **Assessment/Analysis: What do you think is going on?**

- Patient is feeling panicky and afraid that she will not be able to afford the medication and continue in the program

### **Recommendation: What do you recommend?**

- Referral to community health worker in the practice to enroll in Medicaid
- Referral to pharmacist to discuss medication coverage during uninsured period

# Alternatives to SBAR

## STICC and SOAP

### STICC

#### Situation

- Here's what we face.

#### Task

- Here's what I think we should do.

#### Intent

- Here's why

#### Concern

- Here's what we should keep our eye on.

#### Calibrate

- Talk to me. Tell me if you don't understand, can't do it, or see something I do not.

### SOAP

Subjective

Objective

Assessment

Plan

O'Daniel, Michelle, et al. "Chapter 33 Professional Communication and Team Collaboration." *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*, AHRQ, 2008, pp. 271-284.  
<https://www.ncbi.nlm.nih.gov/books/NBK2637/>





# Team Meetings

# Organizing Team Meetings

## Defining Logistics

### Purpose?

- Program eligibility assessment, review of schedule, periodic case review

### Who?

- All team members, select team members

### Frequency?

- Daily, weekly, every other week
- May be influenced by payment / billing mechanism

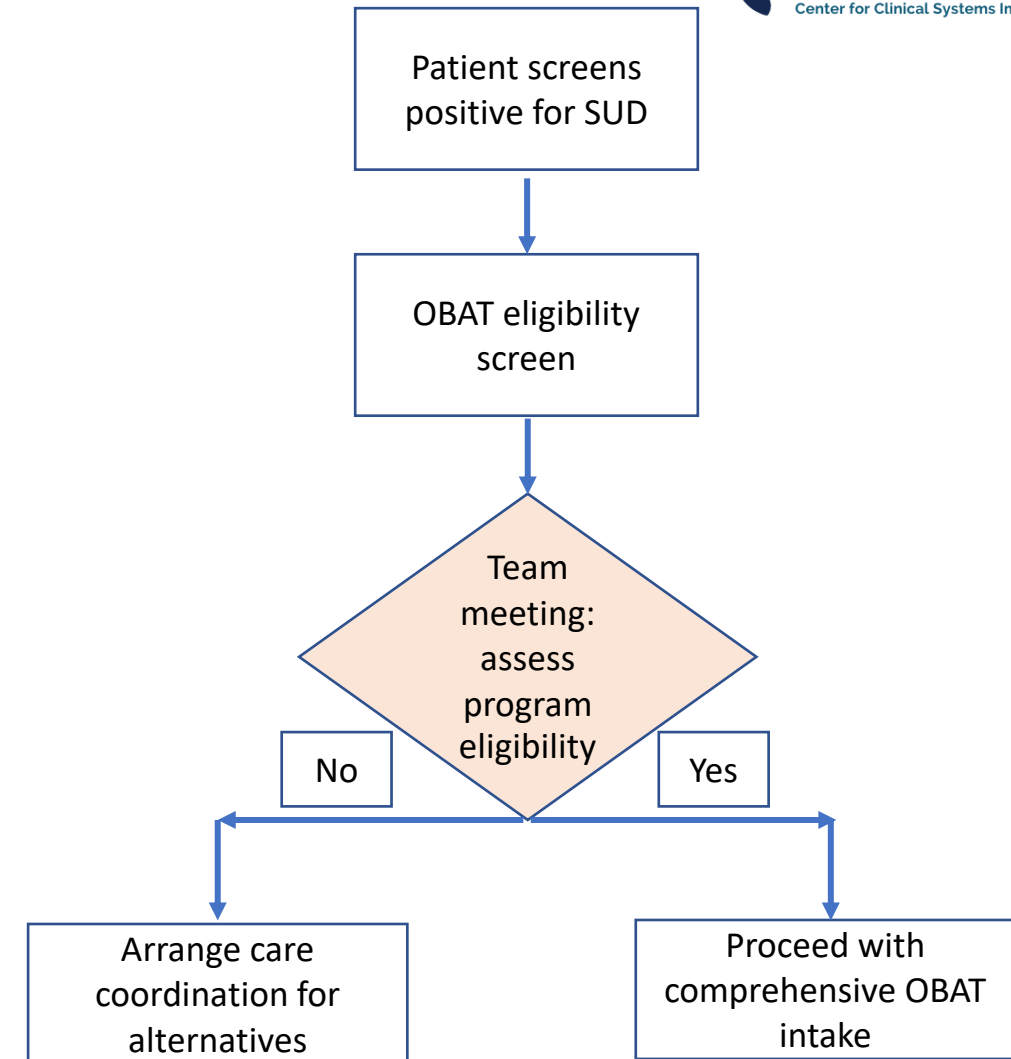
### Where?

- In-person, virtual

# Organizing Team Meetings

## Defining Logistics

- Create a regular schedule and refrain from rescheduling
- Timely decision making
  - Program eligibility
  - Treatment intensification
- Consider where team meetings fit into workflow



# Case Review

## A Patient-Centered Team-Based Approach

- Preparation for case presentations
  - Pertinent labs
  - Medications
  - Relevant updates to social and/or use history
  - Draft SBAR

Patients with  
urgent needs

New patients

Periodic review  
of patient panel

# Case Review

## The Process

### Before

- Confirm recent contact with all patient's up for review
- Review relevant notes and documents (as defined by the team)
- Prepare the SBAR

### During

- Announce the number of cases for review (initial, follow-up, other)
- Review each patient using SBAR

### After

- Follow-up on any decisions made
- Engage the patient in decision making related to what was discussed and update the care team as needed

# Using SBAR: An Example

## Situation: What is the concern?

- Bobby Johnson is a 38-year-old male.
- Patient Identification:
  - New patient requesting opioids.
  - Screened using the NIDA-Modified ASSIST.
  - Diagnosed with severe substance use disorder by Dr. Jones on 8/3/21.
- Team review and enrollment: 8/4/21
- Office Induction (buprenorphine): 8/6/21; day one dose = 20 mg.
- Today: Day 7 (8/12/21) dose = 16 mg
- He is “doing ok” but is experiencing nausea with several incidents of vomiting and tiredness.
- He tried using cannabis last night to help - it did not have much effect beyond helping him sleep.

# Using SBAR: An Example

## Background: What has occurred?

- Substance use History:
  - Dirt bike accident (2011) - prescribed opioids; continued use after healing.
  - Continued to request opioids from family physician who eventually discharged patient from the practice-indicating patient was abusing the medication, no longer suffered from pain, and was “harassing” the office staff for refills.
  - Patient indicates he has been using oxycodone since the accident as well as heroin when he is unable to obtain oxycodone.
  - At enrollment using oxycodone daily, heroin weekly, and cannabis weekly.
  - Denies additional addictive behaviors
- Prior SUD Treatment History: none
- PMH: Bike accident (2011) – fractured right femur, pelvis and 5 ribs.
- Mental Health History: Depression (diagnosed 2019); most recent PHQ = 12 (8/4/21)
- Health status: Asthma (diagnosed 2000)
- Current medications:
  - Citalopram 20 mg once daily
  - Albuterol MDI 2 puffs every 4-6 hours as needed
  - Fluticasone 88 mcg inhale twice daily
- Allergies: NKA
- HIV: neg; Hep C: neg
- Pending surgeries: neg
- Pain: none

# Using SBAR

## Assessment/Analysis: What do you think is going on?

- Patient is motivated - “not feeling great but wants this to work”.
- Using cannabis to self-treat.



# Using SBAR

## Recommendation: What do you recommend?

- Review buprenorphine dosage and consider supportive strategies related to nausea.
- Continue to encourage importance of hydration with Bobby.
- Will contact him after meeting RE: any changes.
- Discuss again next week.

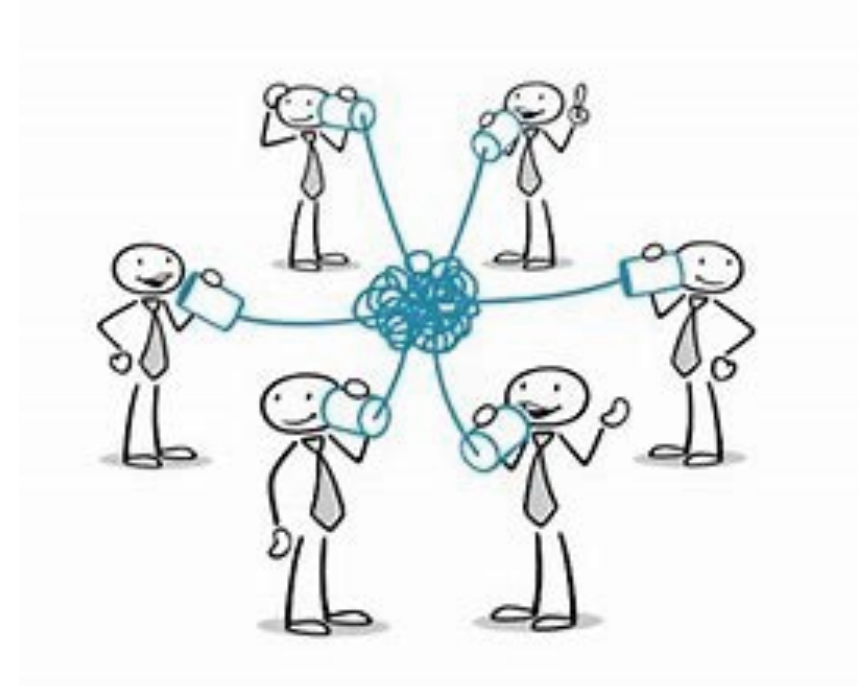


# Documentation

# Documentation

## A Team Communication Tool

- Team to decide what information will be documented and how
- Documentation templates available via OBAT Training and Technical Assistance Manual
  - Initial Screening Note (pages 96-104)
  - Nurse Intake (pages 105-111)
  - Buprenorphine Initiation Note (112-114)
  - Nurse Follow-Up (115-119)





# Billing

# Billing

## Best Practices

- Necessary for program viability
- Financial sustainability can become a barrier
- Consult your payers



# HOMework

## Action Period

- Identify the communication strategy, documentation tools, and billing strategies your team will utilize.
- Define how team meetings will be conducted within your practice and schedule them on the calendar.
  - What is the purpose?
  - Who will be involved?
  - How often will meetings occur?
  - Where will meetings occur?





# Thank You

Please email [Claire.Nolan@miccsi.org](mailto:Claire.Nolan@miccsi.org) with any questions.

# Examples From Practice

## Operationalizing Team Meetings, SCR, and Documentation

**How does your team conduct team meetings to review patients with substance use disorder?**