CPCI Tools to Manage Substance Use: A Training Guide

The Controlled Substance module in CPCI is designed to assist you with managing populations with or at risk for Substance Use Disorder. This guide will outline the tools available in CPCI and some of the core steps you can take to better understand and manage the populations at your center. Defining and or understanding the workflow associated with identifying, enrolling and treating your patients with Substance Use Disorder is important for program management. Sample workflows can be found at the end of this document.

The following provides a summary of tools in CPCI that you can use.

Reports and Scorecards

• Controlled Substance Report

Registries

- Office Based Opioid Treatment
- Opioid Medication Potential Misuse
- Methadone Medication
- Pain Management
- Custom Registries as designed by center
- Custom cohorts can be created and applied across all tools

Measures

- Drug Use Screen
- Unhealthy Alcohol Use
- Unhealthy Alcohol Use & Counseling
- AOD Initiation of Treatment 13+
- AOD Engagement 13+
- Initiation of Pharmacotherapy OUD (13-17)
- Initiation of Pharmacotherapy OUD (18+)
- OUD Treatment
- AUD Treatment

Glossary

- SUD-Substance Use Disorder
- MAT-Medication Assisted Treatment
- COW-Clinical Opiate Withdrawal Scale
- AOD -Alcohol and Other Drug Disorder
- OBOT-Office Based Opioid Treatment

Custom Dashboards

- CHCANYS Substance Use Screening
- CHCANYS MAT Program [Template]
- CHCANYS Opioid & Benzodiazepine
- CHCANYS High Risk Meds

Measures

- Buprenorphine Prescription
- Naltrexone-Injectable Prescription
- Opioid and Benzo
- Opioid on Med List
- CTRL Substance Agreement (CNMP)
- CTRL Substance Agreement (COT)
- Benzodiazepine Usage
- Benzodiazepine Dose > 3mg
- Hepatitis C Lifetime Screen
- Hepatitis C Screen OUD





Considerations for Getting Started

As you begin to use the tools in CPCI to manage your Substance Use program, it is important to understand the work and needs of the teams that do this work. Below are a few recommendations of things you should consider as you start to use the tools in CPCI. As a part of your discussion identify what your key goals are and choose the appropriate activities to accomplish those goals.

Use Cases

Identify the Patients in Medication Assisted Therapy (MAT)

- Document the basic workflow for entry into the MAT/OBOT program. See sample workflows.
- Determine how you classify the patient as 'in the program' and their specific status e.g., graduated, lost to follow up, discharged, attempted treatment starts.

Manage Your MAT Program

- Define the key clinical information the care team needs to see to do case reviews and or to care for the patient at time of visit, create one or more registries with key information.
- Use the CHCANYS MAT Program Dashboard Template to create a dashboard specific to your center.

Screen for Tobacco, Alcohol, Drug Use and High-Risk Behavior

- Evaluate screening and usage rates for alcohol, tobacco and opioids/drug use.
- Evaluate screening for HIV and Hepatitis C on patients with a Substance Use Disorder.

Monitor Patients at Risk

- Review patients who currently have an opioid on their medication, review and update medication list, identify practice patterns and patients with potential chronic opioid use.
- Assess prescribing patterns of opioids and benzodiazepines.

Tools for Point of Care

- Using the PVP and alerts.
- Identify patients in MAT with open/closed referrals.

CPCI Tools

Registries Scorecards Dashboards Cohorts

User Guide References

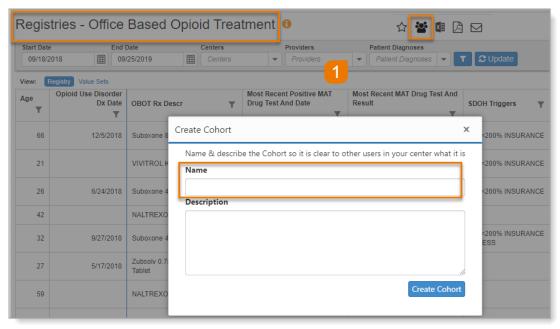
Registries Scorecards Dashboards Cohorts

Go to Help > Learn How to Use DRVS for links to webinars, videos, and the User Guide.





Identify patients in Medication Assisted Therapy (MAT)



- 1. Create a Cohort to track patients receiving MAT services at your Center.
 - Determine the status of patients that you want to track, e.g., current patients, lost to follow up, discharged or graduated.
 - Run the Office Based Opioid Treatment (OBOT) registry for TY period, filtering to patients with OBOT
 prescriptions within the period. Continue to filter the registry to the identified desired statuses. Create the
 Cohort and name with appropriate status and date.
 - Alternatively, upload a list of MRNs manually (or CSV file) to DRVS through the Cohort Administration to create a cohort.
- 2. Update the cohort with new patients or when status changes. Assign someone to regularly review and manage patients in the cohort. Determine most effective way to identify new patients or patients with a change in status, e.g., Patients on Buprenorphine measure or registry filters. This can be multiple people or a coordinator (cohortadmin permission required).
- 3. Apply the Cohort to registries, measures and dashboards to see quality indicators on just those patients.

Manage the Clinical and Behavioral Health Care for Patients in Your MAT Program

1. Manage your Office Based Opioid Treatment program with the MAT Program Dashboard and the OBOT Registry.

A Dashboard will give you a quick overview of key performance measures for your MAT patients, while a registry will allow you to see criteria as they relate to each patient. Since the OBOT registry is very large and contains many data points, it may be helpful to identify what type of data is important to your program and create a custom registry. Decide if you want one large registry or smaller registries grouped by key criteria, e.g., follow up - next appt, behavioral health appts, medications, urine screen, infectious disease screening, and immunizations.

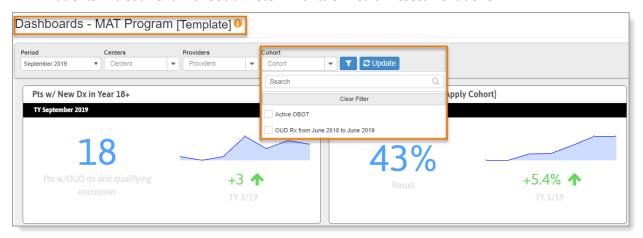
Dashboard

- Use the CHCANYS MAT Program dashboard template to get an overview of the program.
- Make a copy of the Dashboard, rename, apply your MAT program filters and save.
 - Active patients in MAT
 - Patients with a new diagnosis of OUD
 - Trending of patients Initiating treatment for new OUD diagnosis



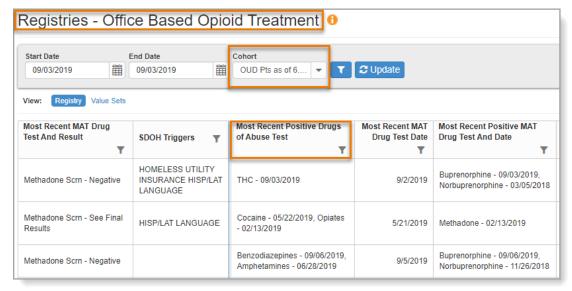


- Hep C and HIV screening for pts in treatment
- Primary and Behavioral Health visits for patients in treatment
- Patients in treatment with a Narcan prescription
- Patients in treatment with Social Determinants of Health Assessment done



Registry

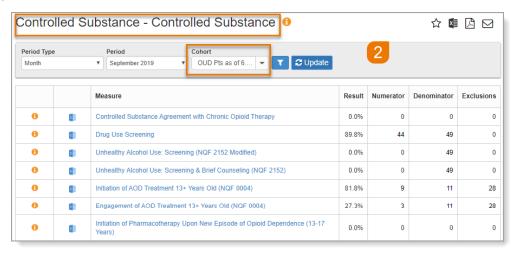
- Use the Office Based Opioid Treatment registry to track patients treated through your center's MAT program.
 - Set the reporting period for 6-12 months to include any patients with a visit in that time period.
 - Filter by your MAT patient cohort, which identifies patients currently in MAT program.
- Use the registry column header filter icons (**T**) to sort and filter on different recommended clinical assessments, labs, and controlled substance agreement fields to understand gaps in patient care.
- Apply SDOH filters to identify patients with barriers for additional services needed, and coordinate with community resources.
- Assign a team member to run the registry regularly with filters applied as a favorite to actively manage and track patients participating in MAT programs.







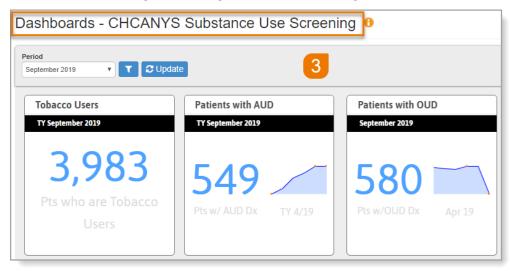
2. The Controlled Substance scorecard lists all the measures in the controlled substance module. Use this to evaluate overall performance or pick a set of measures your center wants to monitor and create a custom scorecard.



- Use the Controlled Substance scorecard to track performance on all related measures.
- Apply the MAT cohort filter to the scorecard to evaluate results for that population.
- Distribute during team meetings to discuss and identify gaps in care.

Screen for Tobacco, Alcohol, Drug Use and High-Risk Behavior

3. Screen for Tobacco, Alcohol, Drug Use and High-Risk Behavior through the Substance Use Screening dashboard.



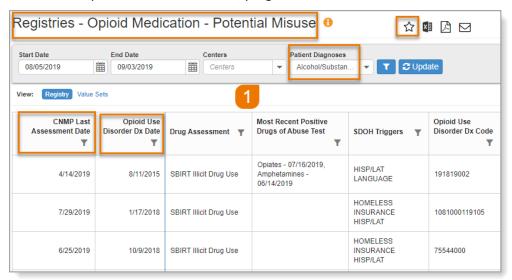
- Run the CHCANYS Substance Use Screening dashboard to see an overview of tobacco, alcohol, and opioid screening, users and treatment within your population.
- Drill into each measure to see patient level detail and trends over time.
- Filter by locations to see prevalence of diagnoses and understand where to focus efforts.
- Copy the dashboard to create a custom dashboard to further break down the populations by age, race, ethnicity.





Monitor Patients at Risk

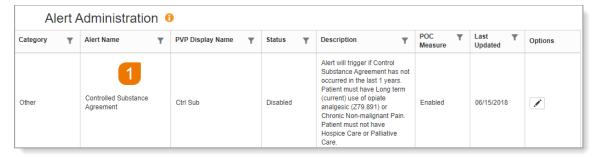
1. Use Registries to create patient lists for outreach, program enrollment, and intervention.



- Run the Opioid Medication Potential Misuse registry to identify patients early for potential drug misuse and monitor concurrent conditions.
 - See diagnoses of chronic non-malignant pain and drug use disorders.
 - Identify patients on an opioid that is no longer active, or with an opioid use disorder.
 - Evaluate if they have Narcan or an active controlled substance contract
- Define a patient group requiring further evaluation.
 - Apply registry-level filters for provider, locations, etc.
 - Filter registry using column headers to focus in on specific patient groups.
- Assign a team member to run the registry regularly with filters applied to evaluate the patient group.

Tools at Point of Care

1. Enable the alerts related to screening of patients at risk and treatment of patients with substance use disorders.



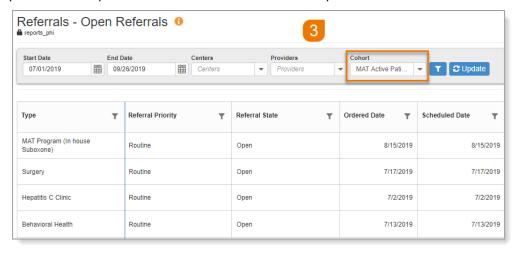




2. Address population needs at the point of care with the Patient Visit Planning report.



- Enable desired alerts for controlled substance agreement and relevant screenings.
- Use the Diagnoses and Risk Factors section of the PVP to identify patients for enrollment or intervention at the visit.
- Apply cohort filters/use the cohort flag on the PVP to identify patients engaged in a center program and intervene at the visit.
- 3. Use the Open Referral report to track referrals associated with patients in MAT.



- Open the report.
- Apply the MAT filter.
- Apply additional filters, e.g., referral type or priority to evaluate referral completion of MAT programs.

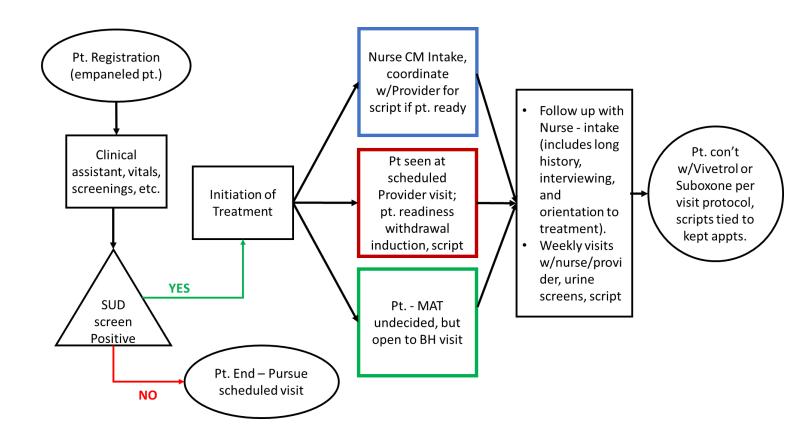




Sample Substance Use Program Workflows

The examples below are from two community health centers (CHC) and can be used as a guide to help you define your CHCs workflow.

Sample Workflow A: Credit Massachusetts League of Community Health Centers







Sample Workflow B: Credit Massachusetts League of Community Health Centers

