

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

Date of Issue: 4/19/17

Section Number 604

Date Revised:

Policy 604 – OBMAT Quality Improvement and Diversion Control Plan

The SHCMHC OBMAT program will maintain current quality assurance and quality control plans that include provisions for:

- Regular and continuous staff education
- A service delivery assessment which, at a minimum, will evaluate appropriateness of the individualized treatment strategies and services delivered
- Completeness of documentation in patients records and quality of and participation in staff training programs
- Linkage to a utilization of primary care and other out-of-program services
- Availability of services and medications for other conditions
- An ongoing assessment, measurement and monitoring of patient outcomes, treatment outcomes and the various processes including, but not limited to:
 - Reduction or elimination of the patient's use of illicit opioids, illicit drugs and the problematic use of licit drugs.
 - Reduction or elimination of associated criminal activities
 - Reduction of the patient's behaviors contributing to the spread of infectious diseases
 - Improvement of quality of life through the restoration of physical and behavioral health and functional status, including employment or volunteerism, as may be appropriate; and
 - Assessment of medication-related issues, including, but not limited to, security, inventory and prescription dosage issues.

The SHCMHC OBMAT shall have a plan to manage medication diversion as a result of its policy and procedures.

The Diversion Control Plan shall be reviewed and approved by the medical director and any other program physicians at a minimum of every two (2) years.

The Diversion Control Plan shall minimize the diversion of medication-assisted treatment medications to illicit use. The plan shall include:

- Continuous clinical and administrative monitoring of the potential for and actual diversion including an investigation, tracking and monitoring system of incidents of diversion; and
- Proactive planning and procedures for problem identification, correction and prevention.

The Diversion Control Plan shall contain, at a minimum, a random call-back program with mandatory compliance, which shall be in addition to the regular schedule of program visits.

DIVISION CONTROL PLAN

1. Patients admitted in SHCMHC OBMAT program for buprenorphine treatment need to meet criteria for Opioid Use Disorder as indicated by:
 - Meeting the DSM V Criteria.
 - Objective evidence, such as a positive drug test, of current physical dependence or tolerance to opioids.
 - Objective symptoms of withdrawal, with documentation of the signs and symptoms of withdrawal.

The program physician or physician extender shall review the accumulated data directly with the patient and confirm a diagnosis of substance use disorder of sufficient severity to warrant admission to the OBMAT program. The program practitioner shall document that treatment is medically necessary.

2. Patients will be educated about the personal risks of diverting medication (risk of overdose, arrest/incarceration, discharge from SHCMHC OBMAT Buprenorphine program, referral for detoxification or treatment in a more structured environment (such as an OTP).
3. Prescriptions will be written for periods of time and follow-up visits will be scheduled commensurate with the patient's demonstrated stability and reliability.
4. Patients in the SHCMHC OBMAT program shall undergo monthly or more frequent random drug testing. Testing shall include the metabolite norbuprenorphine to ensure compliance with medication. Testing may be observed.
5. Patients may be subject to medication counts at scheduled visits or in between visits.
6. The combination buprenorphine/naloxone product and the film strip formulation will be used preferentially, unless clinically contraindicated.
7. The SHCMHC OBMAT practitioner or designee will access the Controlled Substances Monitoring Program databases in order to ensure that the patient is not seeking prescription medication from multiple sources. The results obtained from the database will be maintained with the patient records.
8. The practitioners or designee at SHCMHC OBMAT will routinely access the Controlled Substance Monitoring Programs maintained by West Virginia and Virginia Boards of Pharmacies.

When deemed necessary, the SHCMHC OBMAT program will obtain a written consent for release of information from the patient in order to check the records of every opioid treatment program within 100 miles of the program site so as to ensure that the patient is not currently enrolled in other programs as well.

9. In order to prevent medications interactions, patients will choose one pharmacy to use for Buprenorphine, and preferably for all medications. The pharmacy address and telephone number will be included in patients' record.