

Examples of Telehealth-Enabled Team-Based Care Implementation: SUD Care

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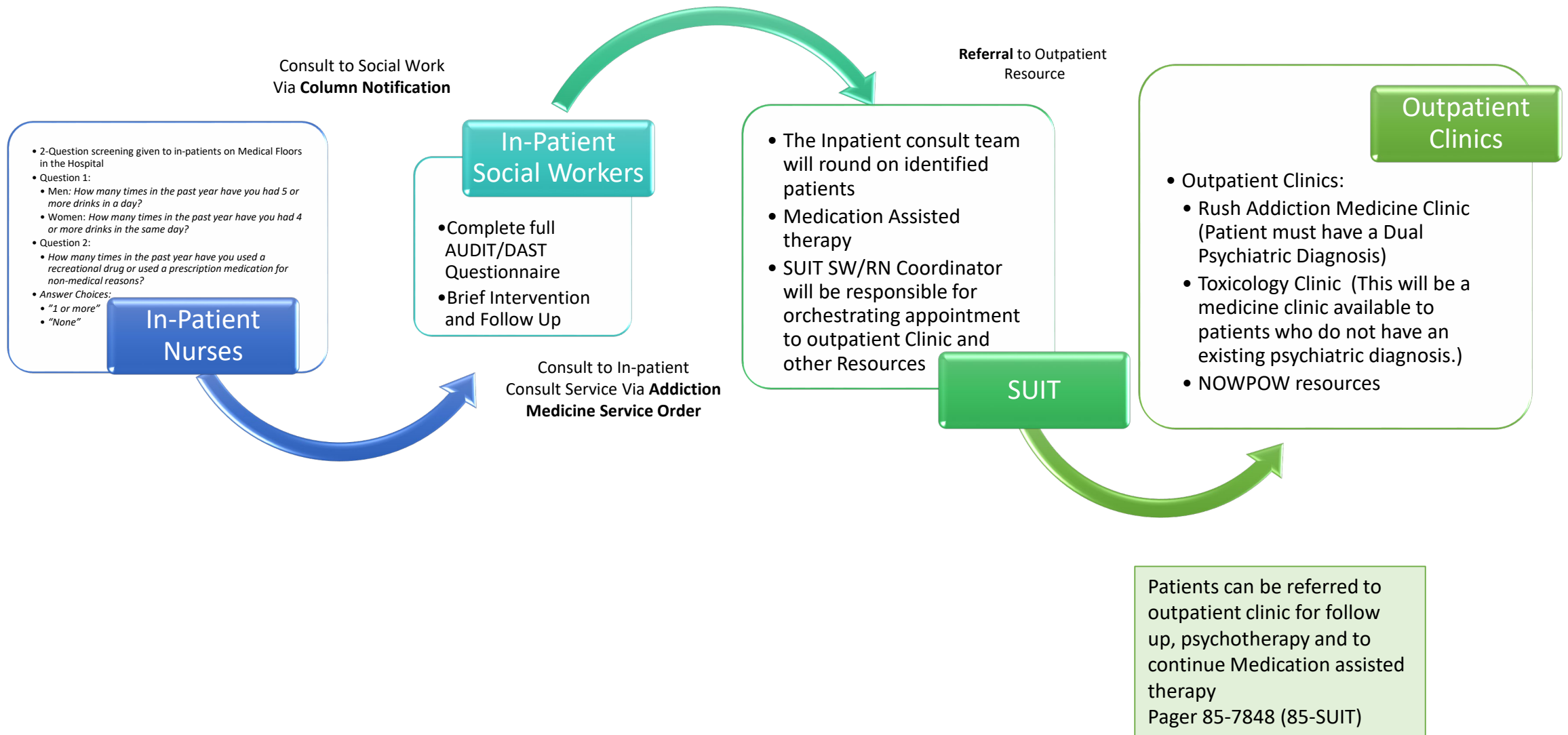
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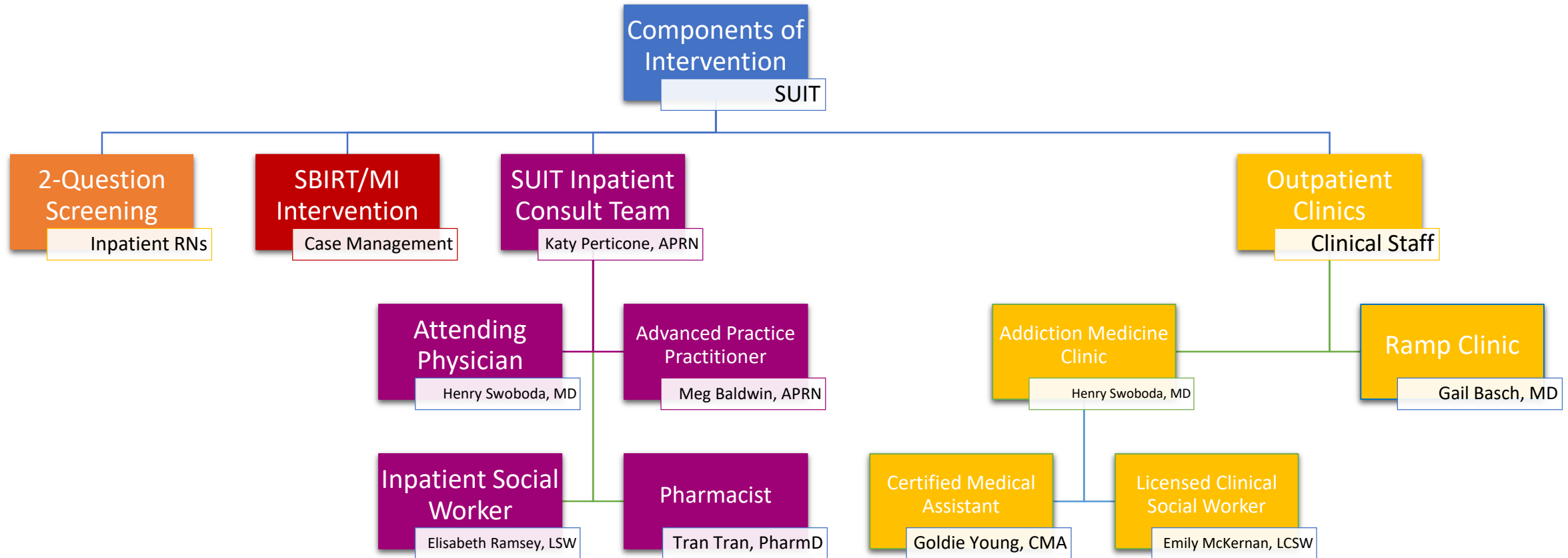
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Substance Use Intervention Team - Workflow



A Team-based Approach to SUD Care

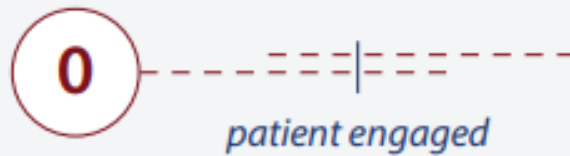


Pharmacist-integrated Team Based Care

- Clinical pharmacists are responsible for comprehensive medication management (CMM) in team-based patient care environments.
- Individuals with complex chronic conditions benefit most from CMM and individuals with substance use disorder (SUD) have a high incidence of complex comorbidities.
- CMM services for SUD have demonstrated a positive impact on access to care, quality of care, patient engagement, patient satisfaction, and treatment retention.
- Medication plans for CMM that are led by a clinical pharmacist, as part of an interdisciplinary team, include clear and measurable goals of therapy with specific follow-up timeframes to ensure optimal medication use and outcomes.
- Delegated authority through collaborative practice agreements or collaborative drug therapy management, together with the applicable state pharmacy practice act, confer specific privileges, responsibilities, and accountabilities to the clinical pharmacist that propel efficient team-based care.

Episodes of SUD care

PRE-RECOVERY AND STABILIZATION



Episode Zero: Pre-Recovery and Stabilization In this episode, the patient is being treated for conditions related to an SUD, such as medical stabilization or primary care chronic disease management.

PATIENT ENROLLS

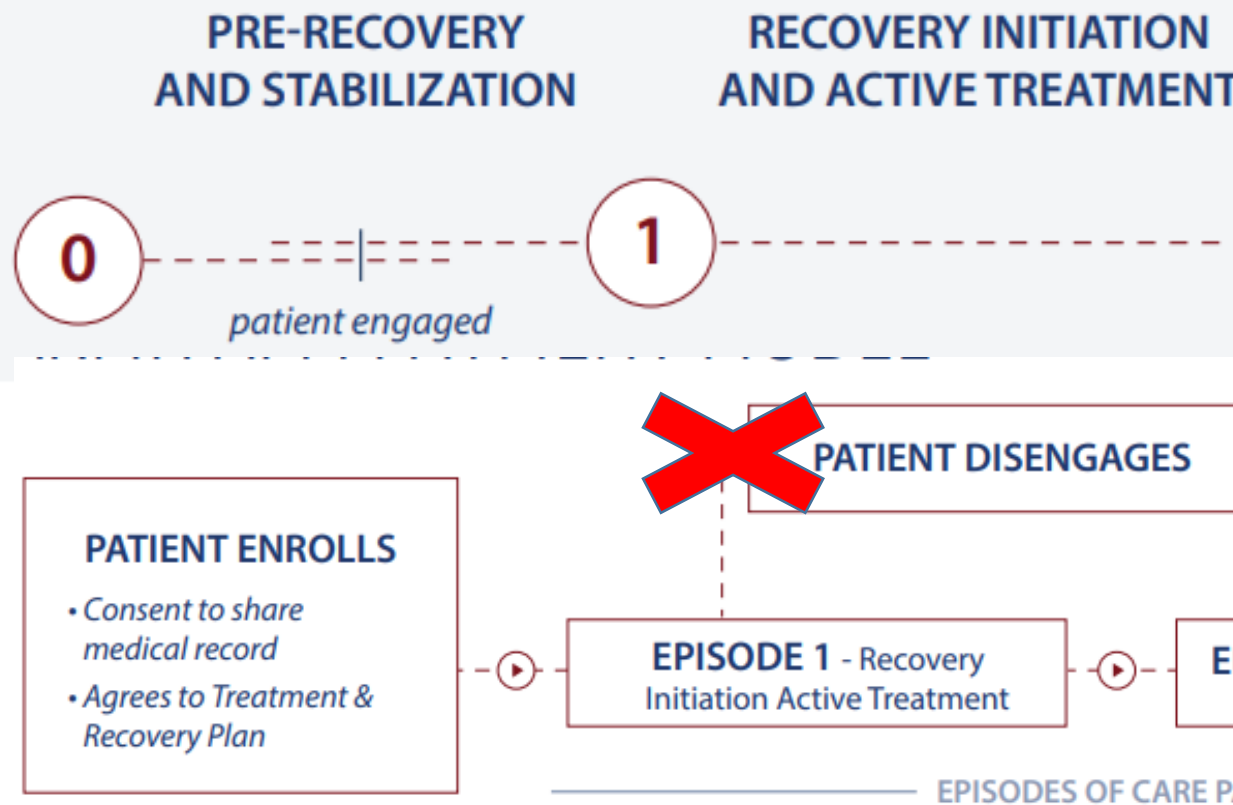
- *Consent to share medical record*
- *Agrees to Treatment & Recovery Plan*



"The patient kept refusing treatment but we had full access to try to engage them multiple times in the hospital and access IV buprenorphine that was added to formulary to allow us the safety of microdosing and **treating breakthrough pain**" said the PharmD.

Telehealth allowed the pharmacist to recommend to the team a buprenorphine dosing schedule to transition the patient with prolonged QTc from methadone and speak directly to the patient to offer extra support despite being at a different location.

Episodes of SUD care



Episode One is focused on initial inclusion of the patient into treatment, following the stabilization. The institutional spectrum ranges from post-ED inpatient care to residential treatment to intensive outpatient care delivery. This first episode promotes strong connectivity between clinically appropriate institutional settings and the underlying care from the team-based model working to promote active recovery.

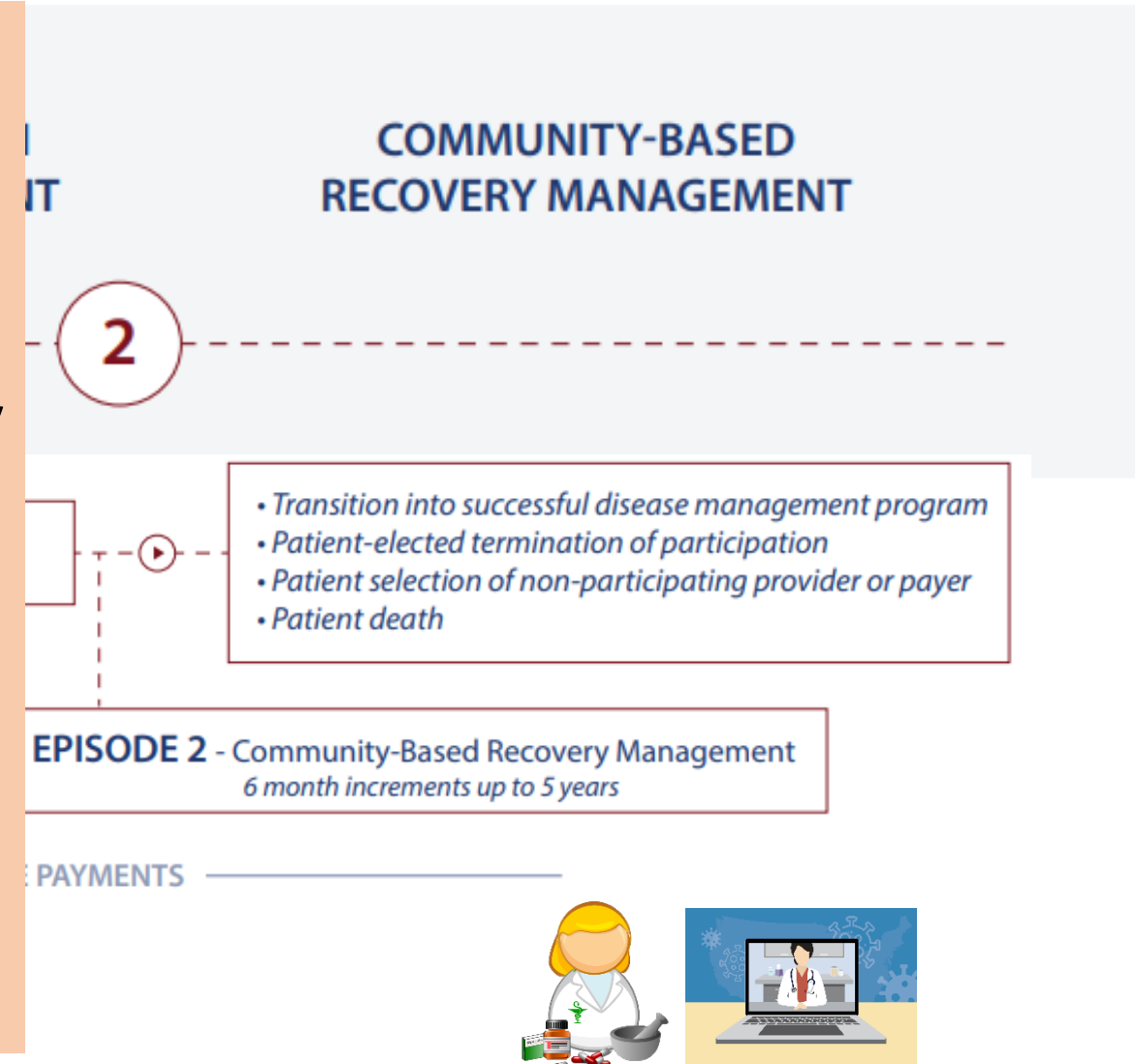
"I had three visits last week," the PharmD said in late June. The clinic's telehealth services is helpful for "patients who just need extra touches and extra support" but can't be seen in person.

One patient wasn't taking her medications and needed emergency care several times during when COVID-19 cases were increasing, I described to her how to administer the medication sublingually for the full effect and how to time her medication with her meals to help her remember and to optimize her pain control.

Episodes of SUD care

Episode Two focuses on the patient's integration into community and the continuation of a treatment and recovery plan that sustains the patient in their living, vocational, spiritual, and recreational environments. This episode represents the highest risk to the provider, as a failure to adequately engage and support the patient could lead to a high-cost, avoidable recovery disruption.

"I've been checking in [remotely] with this patient pretty much every week," she said. "Most of our encounters are just kind of chatting about how she feels and reinforcing why she needs to be taking these medicines, and how much better she feels when she does take them. And she's **been able to stay out of the emergency room** the last couple of months now."



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