

**Olympia Bupe Clinic Policy and Procedures
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Appendix A: Intake Paperwork

Appendix B: Stat Safe: Automated Drug Distribution Device
(The Automated Drug Distribution Device is not in use at this time)

Please Refer to Capital Recovery Center for Policy and Procedures for Administrative, Accounting, Employment and Grievance Policy and Procedures.

I. Overview

The Olympia Bupe Clinic (OBC) at Capital Recovery Center (CRC), a 501(c)(3) mental health services organization in Olympia, serves as the Initiation Site for an Opioid Treatment Network located in Thurston, Mason, Lewis, Grays Harbor and Pierce counties. OBC is a specialized clinic that provides short-term, low-barrier, harm reduction-based buprenorphine treatment as a safety net for high-risk individuals with difficulty accessing treatment for opioid use disorder. OBC's priority population are high-risk individuals who have already experienced adverse consequences of their opioid use such as medical complications, homelessness or incarceration. This population faces the greatest barriers in accessing medication assisted treatment through higher-barrier programs. OBC anticipates serving primarily patients already on Medicaid, but will provide free treatment for uninsured patients, and will help them obtain insurance.

OBC provides same-day short-term (up to 14 days) prescriptions of buprenorphine dispensed on site, on a walk-in basis. OBC will not require counseling or commitment to recovery but will have peer recovery coaches on site. Peer coaches are able to assist patients with resource acquisition, case management and emotional support. Patients who use buprenorphine sporadically may return to OBC as their primary treatment site as needed. Patients who stabilize on daily buprenorphine may return to OBC or choose referral for longer-term treatment at one of six Local MAT Treatment Sites (LMTSs) in five counties or another site. Peer recovery coaches will serve as care navigators to arrange referral to treatment and to medical and social services. Diversion control will consist of random urine testing to confirm buprenorphine presence, on-site administration of medication when diversion is suspected, and review of Washington State Prescription Monitoring Program reports.

OBC has a rotating staff of 18 waived buprenorphine prescribers all of whom are underutilizing their waivers. Their goals are to gain experience, provide community service and obtain extra income. Three family medicine residency programs (Olympia, Puyallup and Tacoma) plan to send residents and faculty to the clinic for training. Trainees will be paired with an experienced prescriber on their first shift. Many of OBC's new prescribers attended a local waiver-training co-led by OBC Medical Director, Dr. Grande.

II. Facility Use

A. Closing Procedure

PURPOSE: To provide a safe, secure environment for our patients, staff, providers, assets and data.

POLICY: OBC will observe strict procedures to ensure the protection of our patients, staff, assets and data.

PROCEDURE:

Before closing: Ensure all patients have been seen, all faxes have been sent to pharmacist, and clinic needs are met.

After last pharmacy delivery: Ensure all patients have left the building by walking through-out the entire facility. Pay close attention to all four bathrooms, kitchen and that all office doors are shut and locked. Lock both locks on front door.

Cleaning: Gather all dirty dishes, wash and put away. Put away the clinic materials from front desk, wipe down counters and front desk with Sani-wipes. Empty the trash in the front desk area, lobbies, employee area, restrooms and clinic area. Vacuum guest areas and clinic area if needed. Wipe down clinic rooms including all furniture and equipment. Check restrooms for cleanliness and clean up messes as needed. Return any chairs that were borrowed for patient use.

Protected Health Information: Put away patient paper charts, clinic equipment and materials including cell phones, laptops, tablets, etc. into designated locked file cabinets. Collect and reconcile pharmacy fax confirmation counts to patient daily counts to ensure accuracy and make corrections when needed. When done, lock them in the designated file cabinet.

Closing/Locking up: Complete a final sweep of the facility. Turn off all heaters. Ensure all doors to offices are closed and locked. Double check clinic restrooms for patients/guests, heaters are off or other missed tasks. Turn off lights. Set alarm. Leave building and lock both locks on back door.

V. Patient Care

A. New Patient Registration

PURPOSE: To ensure that all needed patient information is collected; that patients are informed of their medical and privacy rights; what to expect as an OBC patient; and an opportunity for peer rapport to be established.

POLICY: OBC will observe strict procedures to ensure that patient intake information is collected, that all required information is provided to patients and that provision has been documented.

PROCEDURE: All new patients are welcomed to the clinic and are required to provide information in order to make sure that our services are a match for their needs and to be able to provide medication assisted treatment. All patients must provide legal name, birthdate and social security number in order to be provided services.

Patients are asked to fill out the OBC registration form, are provided privacy practices and offered a copy, and sign permission so insurance can be billed. They are also asked for identification and an insurance card, and if available, those are copied and placed in their file. Their information is added to Practice Fusion (EHR) and a paper chart is made.

After filling out paperwork patients meet with a Peer Recovery Coach where they review the welcome letter, fill out the intake questionnaire and have any questions answered before meeting with a provider. Patients without insurance are provided with assistance in applying for AppleCare.

The Welcome Letter and Intake Packet are attached in Appendix A.

B. Prescription Monitoring Program Procedure

PURPOSE: To ensure that patients provided buprenorphine are not receiving concurrent prescriptions from multiple providers, and that the Olympia Bupe Clinic is in compliance with all rules and regulations surrounding prescription monitoring.

POLICY: Olympia Bupe Clinic will check the Prescription Monitoring Program on all patients seen at the clinic.

PROCEDURE: The Nurse Care Manager or other qualified staff will check the Washington State Prescription Monitoring Program on all new patients. The PMP report will be reviewed to look for discrepancies between what the report says and what the patient reported during the interview, with particular focus on recent prescriptions for buprenorphine, other opioids or sedative/hypnotics. The report will be printed and stored in the patient's paper chart and significant findings reported to the medical provider responsible for the patient medical visit.

VI. Diagnostic Testing

There are two tests undertaken at the Olympia Bupe Clinic (OBC): CLIA waived urinalysis toxicology screen and urinalysis hCG testing. The OBC has a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver from the WA State Department of Health: OBC's CLIA # 50D2161070; Credential Number is MTSW.FS.60933221, and the Effective date is 01/29/2019 and Expiration Date is 06/30/2019.

A. Patient Drug Testing Procedure

PURPOSE: To ensure that patients prescribed buprenorphine are using their medication and that the OBC is in compliance with all rules and regulations surrounding drug testing.

POLICY: OBC will follow strict procedures to ensure all testing is done correctly; medical personnel and patient are informed of results and results are documented in the patient's medical record.

PROCEDURE: Patients are required to provide a urine sample for testing if requested by OBC provider or staff. All patients will be asked to provide a urine sample at their second visit to ensure that they are using buprenorphine. Patients may be asked to provide a urine sample at any visit, if there are any indications that the patient may be opioid naïve or if there are concerns that the patient may be engaging in diversion of the medication. If the patient is unwilling or unable to provide a urine sample, or reports a significant time gap since the last use of buprenorphine, a conference will be held among clinic staff (the prescriber and either a peer or the nurse care manager, or all three together) to determine the course of action. Some options to be considered are 1) to reduce the dose or dosing interval, 2) to ask the patient to undergo observed dosing, or 3) not to provide a prescription. The conference participants and course of action will be documented in the patient's medical record on a urine toxicology form.

The front desk will provide a cup with the patients' initials on the top of the cup. The front desk will also fill out the urine toxicology form with the patient's name and DOB. Once collected, the patient will provide their urine specimen to the front desk, who will transfer it to the designated urine testing area along with the toxicology form. All personnel will wear gloves when handling any used specimen cup. Clients and staff members who touch the specimen cups will wash their hands thoroughly after touching the specimen cup.

The OBC toxicology point-of-care test indicates presence or absence of buprenorphine and other substances. Licensed medical personnel will determine the test results and document the results on the toxicology form with their signature. The toxicology form will be placed in patient's paper chart. A copy is also filed in a binder that holds confirmation of all test results. The medical provider will review the results and the patient will be informed of the results. If the result does not show the presence of buprenorphine, a conference will be held among clinic staff to determine the course of action, as described above. If determined it would be helpful, the provider may discuss other substance use such as methamphetamine or full opioid

agonists. The provider may ask a peer recovery coach to participate in the discussion or to meet separately with the patient to discuss barriers to recovery and to provide education and motivational interviewing to support the patient's recovery.

B. Pregnancy Testing Procedure

PURPOSE: The purpose of pregnancy testing is twofold: 1) to ensure that all people who are pregnant are provided the safest medication (buprenorphine monoprodut, rather than the buprenorphine-naloxone combined product) and have access to appropriate OBGYN care so as to support maternal and neonatal health outcomes, and 2) to ensure that prescriptions for the buprenorphine monoprodut due to pregnancy are limited to patients with an active pregnancy.

POLICY: OBC will offer a pregnancy test to patients who believe they may be pregnant, and require a pregnancy test of patients who identify as being pregnant before prescribing the buprenorphine monoprodut.

PROCEDURE: During the intake process, a peer will ask all patients if they are or may be pregnant. If the patient indicates that they are or could be pregnant, the patient will be asked to perform a urinalysis hCG test.

The front desk will provide a cup with the patients' initials on the top of the cup to the patient. The front desk will also fill out the urinalysis hCG test result form with the patient's name and DOB. Once collected, the patient will provide their urine specimen to the front desk staff, who will transfer it to the designated urine testing area along with the test result form. All personnel will wear gloves when handling any used specimen cup. Clients and staff members who touch the specimen cups will wash their hands thoroughly after touching the specimen cup.

Licensed medical personnel will perform the test and determine the test result. The test result indicates presence or absence of pregnancy. The result will be recorded and placed in patient's paper chart. A copy is also filed in a binder that holds confirmation of all test results. The medical provider will review the results and the patient will be informed of the result.

In the case of a positive result, the medical provider will prescribe the buprenorphine monoprodut instead of the buprenorphine-naloxone combined product. The test result will inform peer counselors on what resources to offer for the patient. The Nurse Care Manager will work with patients who are pregnant to ensure that they have access to OB care and have education about the safety and risks of using buprenorphine during pregnancy and breastfeeding.

V. Prescription Procedures

A. Prescription Ordering and Delivery

PURPOSE: To define OBC procedures for prescribing and dispensing medication.

POLICY: OBC providers prescribe medications (buprenorphine-naloxone or buprenorphine) which are dispensed on-site by the contracted pharmacy Sound Specialty Pharmacy, except as below under Use of Alternative Pharmacies.

PROCEDURE:

OBC providers will write prescriptions for a short-term (up to 14 days) supply of buprenorphine-naloxone in most cases, but for buprenorphine monoproduct for patients who are pregnant or intolerant of buprenorphine-naloxone. The prescriber will choose a dose and number of days of supply based on a variety of factors including the patient's medical and substance use history and current psychosocial circumstances, to achieve a balance among the following goals: 1) to control withdrawal symptoms and opioid cravings, 2) to maximize the probability that the patient will return for continued treatment, and 3) to minimize the risk of medication being lost, stolen or intentionally diverted. The maximum buprenorphine daily dose prescribed is 32 mg.

A prescriber signs and faxes the prescription to the contracted pharmacy. The address used for the patient is the most recent address on their identification. If the patient does not have identification, a description of their usual place of shelter is provided as the address, and as a last resort, the CRC address is used.

After faxing, the written prescription is placed in the patient's paper chart. The time faxed is written on the prescription immediately after faxing to document that the fax was sent. All fax confirmations are stored in the locked filing cabinet.

The clinic coordinator will call the pharmacy to confirm receipt of faxed prescriptions after each of three faxing deadlines each evening. The pharmacy will deliver to the clinic the recently faxed prescriptions in a batch three times each evening. The patients will form a line in the waiting room, and meet individually with the pharmacist or pharmacy technician. The patient will provide identification or Social Security number, will sign their name, and will be dispensed their medication. OBC staff will make note of how many days of medication the patient received, will remind the patient of their expected return date, and will add the patient to the schedule. The patient will then leave the clinic with their medication.

B. Observed Dosing

PURPOSE: To define OBC procedures for when and how observed dosing is done.

POLICY: OBC will perform observed dosing when there is reasonable concern for diversion.

PROCEDURE: At OBC, medication is generally dispensed to patients for self-administration outside the clinic, including on the introductory visit. However, when there is concern of possible diversion, the team may ask a patient to undergo observed dosing before leaving the clinic.

Observed dosing can identify a patient who has been using a full agonist opioid such as heroin but not buprenorphine, in one of two ways: 1) after buprenorphine administration, the patient would quickly experience precipitated withdrawal, which is easily observed and very uncomfortable for the patient, or 2) the patient would decline to undergo the observed dosing, in order to avoid the discomfort of precipitated withdrawal.

The concern of diversion may come into consideration when the patient's urine test is unexpectedly negative for buprenorphine, or due to patient behavior or inconsistent patient narrative. If any staff member has concern, a conference will be held among clinic staff as described above (under Patient Drug Testing Procedure) to determine the course of action.

If the clinic team decides that an observed dose should be conducted, the patient will be informed by a peer. If the patient declines to undergo the requested observed dosing, no prescription will be provided that evening. The patient will be invited to return a different night when able to undergo observed dosing.

If the patient agrees to undergo the observed dosing, a single day's prescription will be faxed to the pharmacy. When the prescription is delivered by the pharmacy, a peer will bring the patient to a private room and will supervise the dosing. The patient will be asked to drink some water, then to place the full day's dosage under the tongue. The patient will be asked to take a seat and wait 30 minutes. After 30 minutes, the peer will make note of whether precipitated withdrawal has occurred, and inform the provider, who will document the result in the patient chart.

C. Use of Alternative Pharmacies

PURPOSE: To define OBC procedures for when a prescription is to be dispensed by a pharmacy other than Sound Specialty Pharmacy.

POLICY: OBC prescribes medication that is delivered and dispensed to patients in three batches during evening clinic by Sound Special Pharmacy. In exceptional circumstances, a prescription may be sent to a different pharmacy.

PROCEDURE: At the beginning of clinic every day an inventory of available medication is faxed to the clinic from Sound Special Pharmacy. If the supply is low, as determined by current patient volume, some prescriptions will be sent to other pharmacies in the area. Patients without insurance will be prioritized to receive medication from the limited supply of the contracted pharmacy, so clinic funds can be used to pay for their medication.

Staff will ask the patient for the pharmacy of their choice. The prescription will be written and signed by the provider, and then called into the chosen pharmacy by a licensed medical professional. The pharmacy name and location will be written on the prescription. The prescription is filed in the paper chart and details documented in the clinic visit note.

A non-contracted pharmacy may also be used, though rarely, in other exceptional circumstances.

D.Harm Reduction Supplies

PURPOSE: To ensure availability of harm reduction supplies to those most at risk of adverse effects of illicit drug use, to provide education about the risks associated with substance use and how to reduce those risks, and to develop engagement with and among those who use substances.

POLICY: Capital Recovery Center, through the OBC and the PATH/STR Program, acquires harm reduction supplies including naloxone kits and fentanyl test kits. These supplies are made available to clinic patients, outreach contacts, and others, with an emphasis on distributing to those who are most at risk and who will benefit most from access to these supplies. We strive to maintain a consistent supply via grants, donations, and direct purchases, and to distribute supplies in a timely manner to avoid expiration and waste.

PROCEDURE:

Naloxone kits are requested by OBC staff from WA Department of Health (DOH) or other sources. The kits are stored in the clinic area which is kept locked during non-clinic hours. Kits are distributed to patients who request a kit or are deemed by the staff to be likely to benefit from having one. Staff members and providers are issued kit(s) upon request.

Naloxone Distribution Procedure:

1. The Olympia Bupe Clinic and the PATH/STR Outreach teams provide naloxone in either nasal or intramuscular form as available.
2. Kits provided by DOH will be prioritized for distribution to clinic patients. Kits acquired through other means will be prioritized to outreach distribution.
3. For each naloxone kit provided, staff will ask whether the recipient has been trained to identify an overdose and to administer naloxone in the form it is being provided. If the recipient has not been trained or requests additional information, staff will deliver training or answer questions, to ensure that the recipient is confident identifying and responding to an overdose and administering naloxone.
4. For each DOH naloxone kit provided, staff will collect information according to the WADOH Naloxone Distribution Program Survey, and will enter the responses at <https://www.surveymonkey.com/r/WADOHNLXSurvey>. If the data is collected on a paper template, responses must be entered before the end of the month.

Fentanyl Test Kit Distribution Procedure:

1. The OBC and the PATH/STR Outreach teams provide fentanyl test kits as available.
2. Kits are distributed to clinic patients, outreach contacts, Thurston County Syringe Service Program participants, and other organizations for distribution to their clients.
3. For each fentanyl test kit distributed, staff will ensure that the recipient understands how to use the test kit for both methamphetamine and heroin. Staff will also encourage the recipient to return the enclosed survey.

Any returned surveys are collected by the PATH/STR Program Manager and are entered into the online survey form maintained by DOH.

E. Subutex prescribing for non-pregnant patients

PURPOSE: To provide a procedure for patients who are requesting Subutex in place of Suboxone.

POLICY: At the OBC, Suboxone is normally the prescribed MAT for all non- pregnant patients unless the patient has a known adverse reaction to Suboxone and then Subutex will be prescribed.

PROCEDURE: If a patient says that they are allergic to Suboxone, they will be asked to provide a history of their reaction to the medication along with associated symptoms. They will be asked to provide any corroborating evidence such as the name of a treatment facility or other health care setting where the reaction was observed, and to sign a release of information so records can be obtained. If the patient reports a life-threatening reaction, they will not be provided medication and will instead be referred to a clinic that is more appropriate for the patient's needs, such as a methadone clinic.

If no corroborating evidence is available and the patient's reported adverse reaction is not life threatening, a team consisting of the medical provider and a nurse and/or peer will make a determination whether to provide Subutex or to offer an observed dosing of Suboxone.

If the patient agrees to an observed dosing, then a single dose of Suboxone will be prescribed along with anti-nausea medication if appropriate. The observed dosing will include a 30-minute observation period. If an adverse reaction is observed, the patient will be prescribed Subutex. If no adverse reaction is observed, the patient will be offered a longer trial period of Suboxone.

In some cases, a patient may report an adverse reaction to Suboxone such as nausea that is not life threatening but is so severe that their recovery is threatened. They may demonstrate commitment to recovery in other ways but be unable to tolerate Suboxone. If that occurs, a team consisting of a medical provider, nurse and peer will consult to decide whether to offer a trial of Subutex to the patient.

F. Working with Peers

What is a Certified Peer Counselor (CPC)?

A person is qualified for CPC if they have been in the past a behavioral health consumer. By "behavioral health" we mean both mental health and substance use disorder consumers. A "consumer" is someone who has applied for, is eligible for, or who has received mental health or substance use disorder services. This also includes parents and legal guardians when they have a child under the age of 13 and they are involved in their treatment plan (WAC 388-865-0150).

Certified peer counselors (CPCs) work with their peers (adults and youth) and the parents of children receiving mental health or substance use disorder services. They draw upon their experiences to help peers find hope and make progress toward recovery. Because of their own life experience, they are uniquely equipped to provide support, encouragement and resources to those with mental health challenges.

Peer counselors work in various settings, such as community clinics, hospitals, and crisis teams. Peer counselors, under the supervision of a mental health or substance use disorder professional and as part of a health care team, may:

- Assist an individual or family in identifying services and activities that promote recovery and lead to increased meaning and purpose.
- Assist individuals and families in developing their own goals.
- Share their own recovery stories that are relevant and helpful in overcoming the obstacles faced by individuals and families.
- Promote personal responsibility for recovery.
- Assist in a wide range of services to regain control and success in their own lives, such as developing supportive relationships, self-advocacy, stable housing, education, and employment.
- Serve as an advocate.
- Model skills in recovery and self-management.
- Complete documentation about their services for Medicaid and employer requirements.

- HCA

In the OBC model, we work under an innovative peer model, where the use of peer recovery coaches as care coordinators is fundamental. OBC's peers serve as clinic anchors, and become familiar with all patients. Peers serve as leaders within the organization, proving to present as a model for recovery for both our patients and clients, and the organization as a whole.

Peers work closely with the NCM to provide case management and support for patients. They allow patients to develop their own recovery goals and help them overcome whichever challenges they are willing and desiring to work on in their lives.

Care coordination meetings are held several times weekly to review the needs of individual patients with the entire care team, which includes the peers, the NCM, other full time nurses and the clinic manager. This allows the entire team to understand what needs should be met for the evening and what each individual can do to support the patients.

What services can our peers provide?

- Getting patients into treatment

- Getting patients on health insurance
- Helping patients get an ID/other government documents
- Accessing resources in the community
- Providing support through a CPS case
- Providing support with justice involvement
- Provide some materials/equipment
- Ensuring patients' health/safety

Quotes from Peers

“Being a peer to me saves my life every day. I love being one of the first people our clients see. I don't have much family so I choose to make my job my family. Being a peer is important because of my lived experience and being able to share my own story and be someone clients can talk to.

Peers in this setting [MAT Clinic] is important because when you know that the person sitting next to you has been through the same things as you, it's a little easier to open up. I love being that person to advocate on their behalf.”

- Tamara Heinz, CPC

“Being a Peer at OBC is so near to my heart because my lived experience happened right here in Olympia. Our participants are so important to me because they are truly my peers. I wake up grateful every single day to be part of the help the Bupe Clinic is bringing to our community members. Going to work each day really helps in my own recovery from opioid use disorder. Having peers in our clinic's setting is vital to keep the OBC progressing successfully. As peers we are the point between our participants checking in, telling their stories and history to someone who has been in their shoes. My favorite part of starting an intake is seeing a new participant come in with their guard up because typically walking into a clinic setting is intimidating (in my experience) and once I start talking about my history with OUD, I can literally see their shoulders drop because they are now more at ease.”

- Garrett Leonard, CPC