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CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Operational Workflows: Methods in Prescribing Medication for Addiction Treatment in the Field

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Faculty	Nature of Commercial Interest
Anika Alvanzo, MD, MS, DFASAM, FACP	Dr. Alvanzo discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Corinne T. Feldman, MMS, PA-C	Ms. Feldman discloses that she is an employee of USC Street Medicine and Keck School of Medicine of University of Southern California.
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Presenters

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Agenda

- What is a workflow?
- MAT in Field-Based Care Prescribing Workflow
- Interactive Activity: Ideal Workflow
- Question & Answer

Learning Objectives

At the end of the session, participants will be able to:

- Describe at least two elements of a workflow.
- Identify at least three factors for consideration when integrating MAT into field-based care.
- Translate how to integrate these factors into a workflow structure.
- Identify roles and responsibilities within multidisciplinary teams and how they can contribute to successful integration of MAT into a field-based setting.

What is a workflow?

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Defining Clinical Workflows

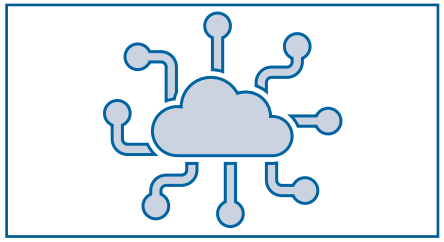
- Workflows define the personnel needed, the tasks to be performed, and the sequence of steps necessary to complete the tasks for clinical care delivery.
- **Ranges from:**
  - Single person tasks
  - Multidisciplinary team tasks
  - Inter-organizational processes
- **Goals of workflows:**
  - Enhance efficiencies
  - Reduce errors
  - Optimize clinical and patient-reported outcomes

SOURCE(S): Davis, et al. 2019., Staras, et al. 2021.

Types of Clinical Workflows

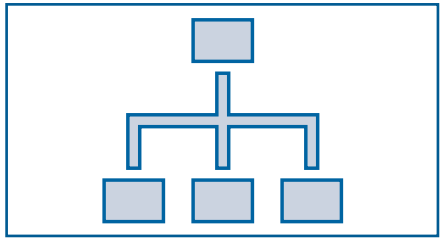
Administrative Tasks:	Intra-Visit Workflow:	After-Visit Workflow:	Clinical-Level Workflow:	Cognitive Workflow:
• Scheduling • Insurance verification • Billing	• Protocols performed during a patient encounter	• Finalization of treatment plan • Documentation • Care coordination • Follow-up	• Information exchange between professionals (nurses, doctors) regarding patient care	• The mental processes used for decision-making by clinicians

Workflow Optimization



Leveraging Technology:

- EHR systems
    - Clinical decision-aids
- Artificial Intelligence (AI) for ambient documentation



Mapping and Analysis:

- Defining roles and responsibilities
- Creating "road map" or flowchart of daily tasks

Process Improvement:

- Regular review and updating

Workflow Example: Screening for Behavioral Health Conditions

» **Who:**
- Which patients are being screened (ideally universal screening)?
- Who on the team is doing the screening?

» **What:**
- What tool(s) are being used?

» **When:**
- When in the clinical visit is the screening being done?
- At which visits (initial, annual, for cause)?

» **How:**
- Self-administered vs. staff-administered?
- Paper vs. electronic?
- How is it scored?
  - Manual vs. Electronic?
- How are results communicated?

» **Where:**
- Where will the results go?

MAT in Field-Based Care Prescribing Workflow

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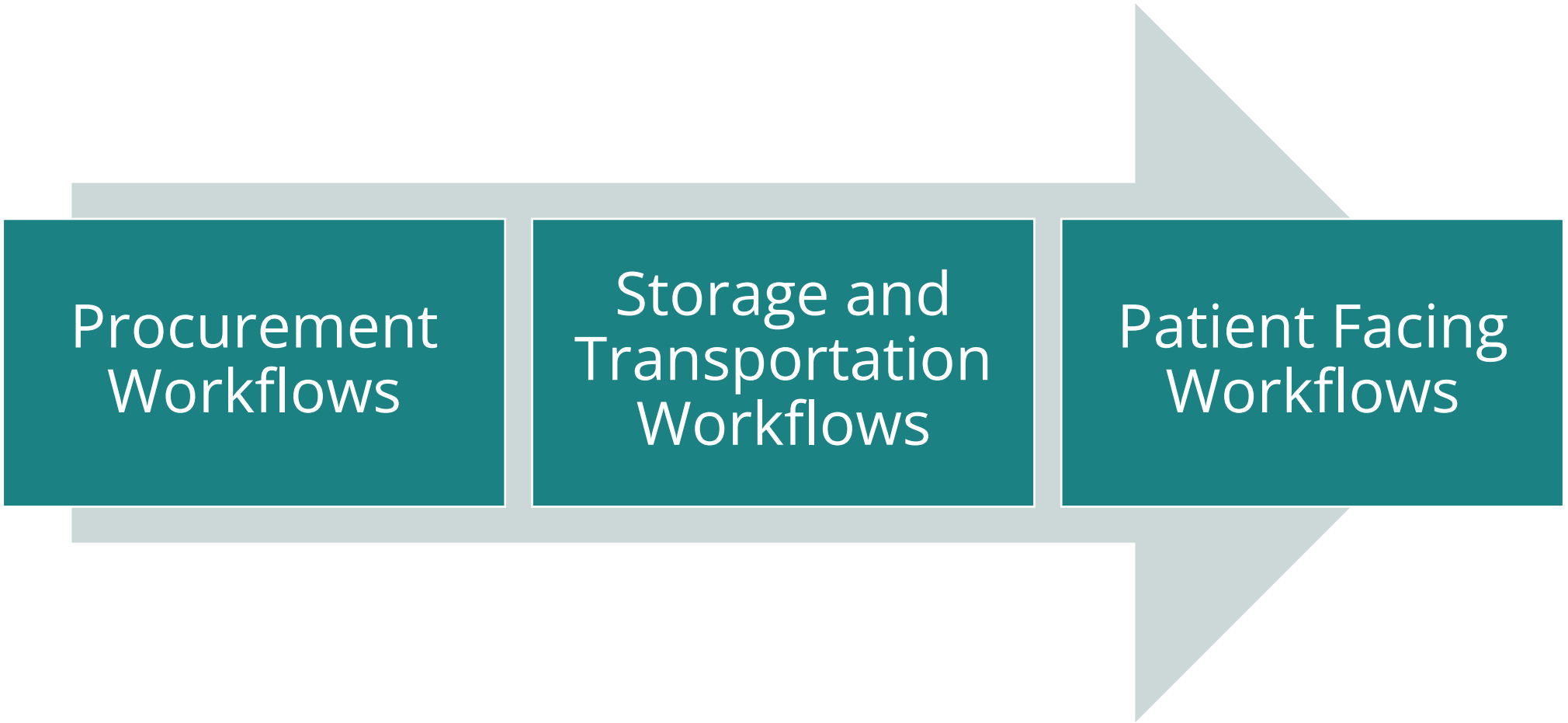
The Nitty Gritty vs. the Big Picture

- Focusing on the big picture through core element considerations vs. hyper specific protocols and algorithms to follow.
- Acknowledgment of:
  - Specific team personnel structure, resources, and relationships.
  - Local and regional characteristics (let the streets build the program).
  - Team strengths.
  - Swim lanes within workflows are important but also challenging to predict and almost impossible to prescribe for an individual team.

Key Principles

Domains to Consider



Procurement of Medication Workflow Considerations

Identification of a Pharmacy

- Do **not** skip this step.
- Why it matters:
  - Stigma around treatment support using medications can influence procurement and speed of procurement of medication.
  - Do not want to have gaps in ability to get medication; the patient suffers, rapport is trampled.
- Mom and Pop vs. Big Box Pharmacy vs. 340B considerations:
  - Likely need more than one depending on geography of encampment locations.

Identification of a Pharmacy (Continued)

- In-reach is almost always needed.
  - Relationships are worth your time investment.
  - Example: Direct to Inject Protocols with Brixadi:
    - Day 1: Give an injection meant to last 1 week.
    - Day 2 (the next day): Give an injection meant to last 1 week.
    - Day 3: Give an injection meant to last 1 month.
    - Plus, sublingual buprenorphine.

Note: There is a lot of potential for denials of early refills; often need pharmacy and insurance education.

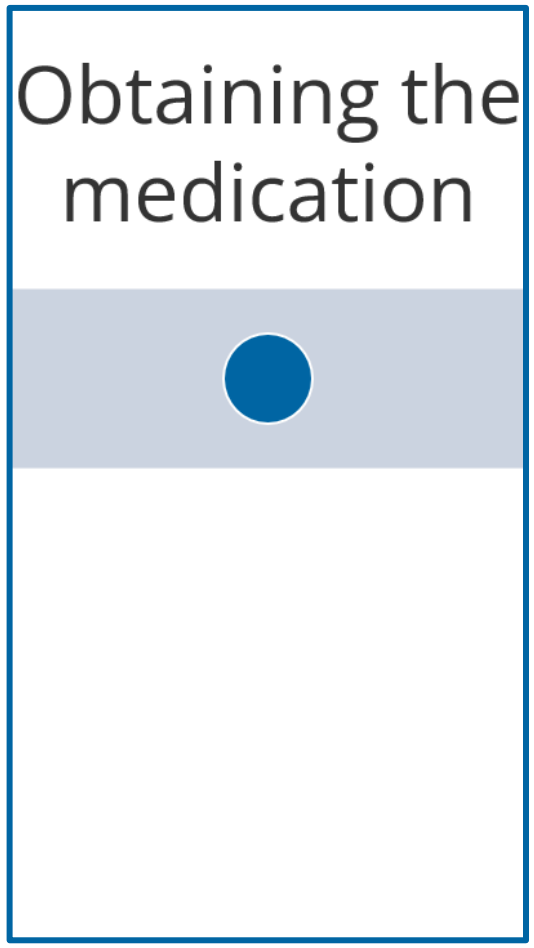
Prescribing

- Who on the team is legally permitted to prescribe:
  - Active DEA Number required for any controlled substances.
  - Cover costs of DEA Licensing ($800+).
- E-scribing (electronic prescribing) and call-in considerations.

Common Medications	Drug Class Schedule	Prescribing Options
Buprenorphine (Subutex)	III	Call, e-scribe, fax
Naltrexone	Not a controlled substance	Call, e-scribe, fax
Naloxone (Narcan)	Not a controlled substance	Call, e-scribe, fax
Bupropion (Wellbutrin)	Not a controlled substance	Call, e-scribe, fax
Mirtazapine (Remeron)	Not a controlled substance	Call, e-scribe, fax

SOURCE(S): Drug Enforcement Administration, 2023.

Obtaining the Medication



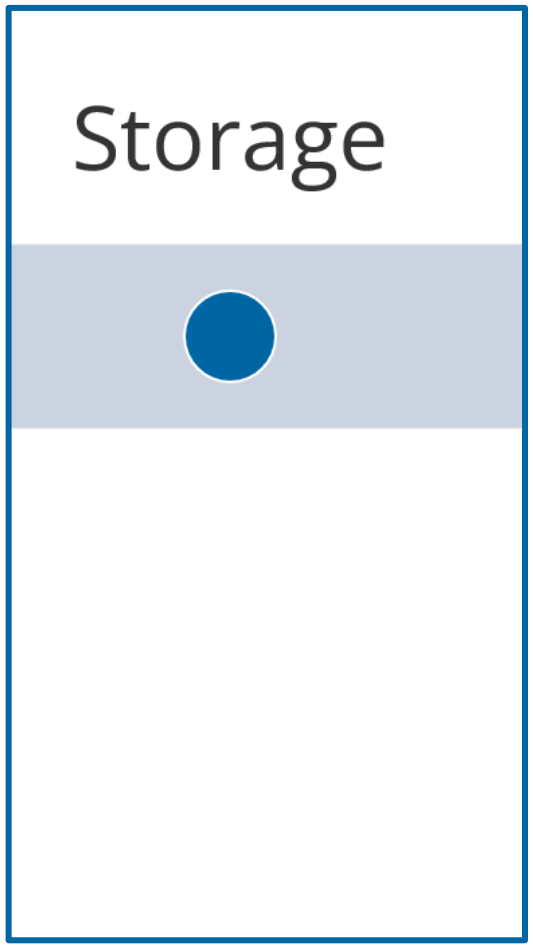
- Goal: Minimize the time between patient wants to start treatment and initiation of treatment.
  - Narrow “window of tolerance” means the treatment team needs to be READY!
- Options:

Least efficient → **Most efficient**

Send Rx to pharmacy, patient picks up.	Send Rx to pharmacy, team picks up, stores, brings to patient.	Send Rx to pharmacy, who delivers to office, brings to patient.

Storage and Transporting Medications to Treat SUD in a Field Setting Workflow Considerations

Medication Storage



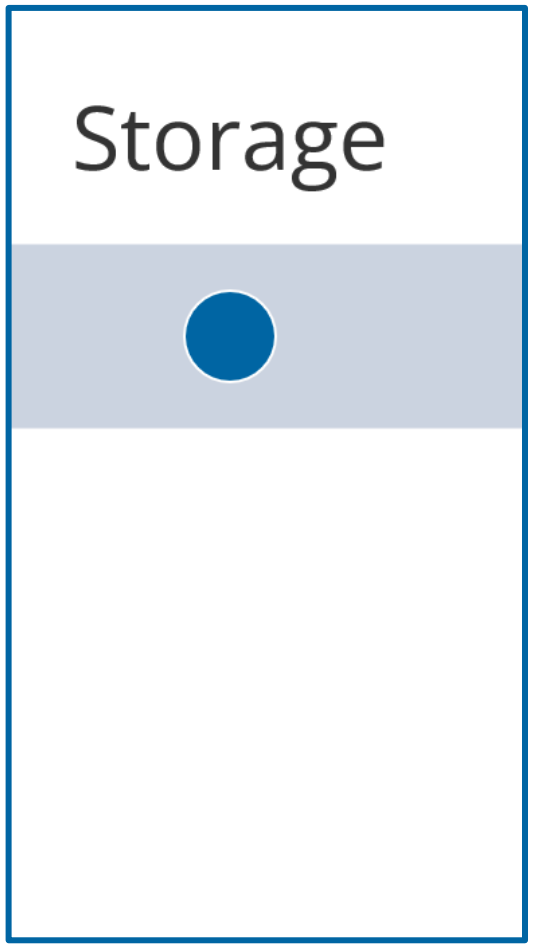
» Controlled Substances Considerations:

- Secure location behind two locked doors (cabinet, safe, locked room).
- Access restricted to authorized licensed personnel ONLY.
- If refrigeration needed for medication, it must also lock.

» General Medications Considerations:

- Secure location behind two locked doors.
- Accessible only to designated personnel.
  - Many practices have same restricted list regardless of controlled substances.
- Many practices require non-licensed people to be with a licensed person in the medication room or area.

Medication Storage (Continued)



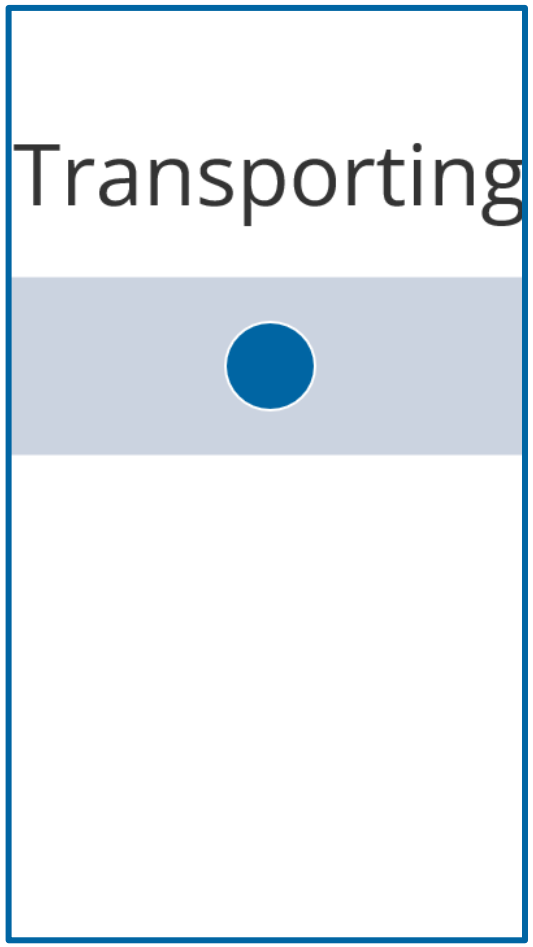
- Buprenorphine (Sublocade) and naltrexone (Vivitrol) long-acting injectable must be refrigerated unless administered within 7 days. Stable at room temperature (59° - 86° F) for up to 7 days.
  - Refrigerator at 35.6° - 46.4°:
    - No food or other items can be stored in same fridge as patient medications.
    - Fridge must lock.
    - Temperature log policy must be developed.
  - Once removed from the refrigerator, Sublocade can remain at room temperature for up to 12 weeks.

Inventory Tracking

- Recommend for Controlled Substances:
  - Sign in: date, time, medication (and for who), personnel name, signature.
  - Sign out: same information.
  - Determine a process owner that does inventory and log review at planned intervals.

SOURCE(S): National Archives and Records Administration, 2026.

Transporting



- No restrictions on who can transport medicine (even controlled substance).
- Recommend freezer bag with ice packs if transporting Sublocade, Brixadi, and/or Vivitrol due to potential extended temperature increases in a vehicle beyond 86° F.

SOURCE(S): Braeburn Inc., 2025; U.S. Food and Drug Administration., 2023; U.S. Food and Drug Administration., 2026.

Patient Facing Workflows

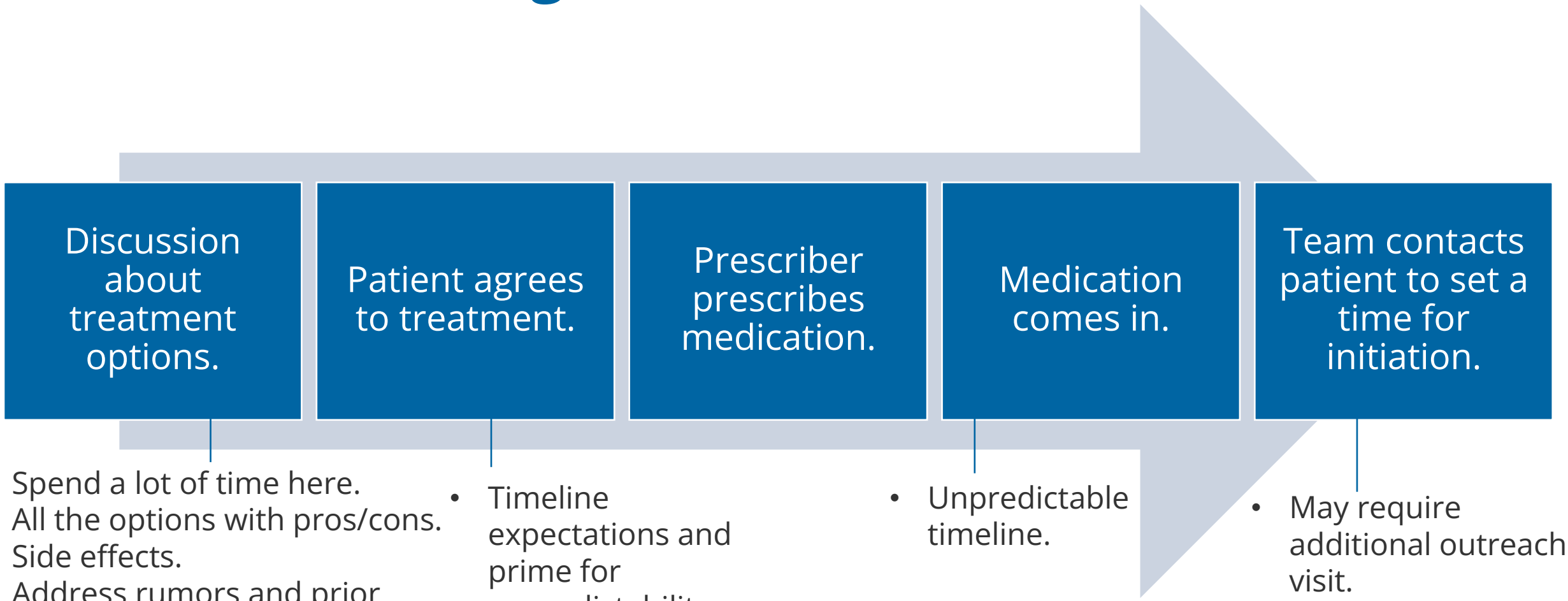
» **Variables:**

- Medication(s) are being used.
- Does the team dispense medicine vs. deliver medicine?
- Role representation on team.

» **Consideration for:**

- Patient may have just used drug.
- Patient may be in withdrawal.
- Take home message: be as ready for all scenarios as possible.

Patient Facing Workflows: Before Initiation



- Spend a lot of time here.
- All the options with pros/cons.
- Side effects.
- Address rumors and prior experiences.
- Avoid paternalistic distortions of options.

- Timeline expectations and prime for unpredictability.

- Unpredictable timeline.

- May require additional outreach visit.
- Need three consecutive days where provider can see patient.

Drug Toxicology: Pearls and Pitfalls

- Considered point of care testing → **Clinical Laboratory Improvement Amendments (CLIA) Waiver required, test must be added.**
- **Which test:**
  - Each urine drug screen has its own procedure.
  - Prioritize short reading times (e.g., McKesson UDS- 2 minutes).
  - Prioritize simplicity of reading (e.g., McKesson peel back labels on UDS to read result).
  - Beware of variation of accuracy.
- **Who or When to Test:**
  - Many street medicine teams do not require UDS every time compared to many clinics often test routinely for a range of reasons.

Drug Toxicology: Pearls and Pitfalls (Continued)

» Who or When to Test (Continued):

- **Prior experiences** are often negative events, stigmatizing, or punitive.
  - E.g., law enforcement or parole officer interaction, getting "fired" from Advanced Medical Health Center (ADM) clinic.
- In street setting, patients are often very open about use (and we believe them).
  - Many prescribers don't feel the information gained from urine drug screening (UDS) leads to an adjustment to assessment and plan (and may harm the relationship).
    - ***Important exceptions:***
      - » **Contingency management-** especially with pregnant people who may need to prove they have been off a particular substance.
      - » When patients want to **assess what drug contaminants** are in their drugs.
      - » **Starting naltrexone for a person** who was previously using illicit fentanyl or methadone and/or their timeline is not reliable.

Patient Facing Workflows: Initiation

- Recommend prescriber is there for every initiation.
  - Review all the treatment options, including the one they chose.
  - Review the plans for after Day 1 initiation.
- If injection, follow regulations on who can give specific types of injections by regulatory bodies and internal policies.
- Always in pairs (at minimum).
  - Person administering the medication.
  - Person performing situational awareness and supporting partner.

Patient Facing Workflows: Initiation (Continued)

- Recommend prescriber (in person or via telemedicine) is there for every initiation.
- Review all the treatment options, including the one they chose.
  - Confirm their choice and obtain verbal consent to proceed (document).
- Perform vitals.
- Perform COWS assessment.
- Assess last use.
- If using injection, prepare medication and be sure to have a sharps container.

COWS Clinical Opiate Withdrawal Scale

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	GI Upset: *over last 1/2 hour* 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat *on* brow or face 4 Sweat streaming off face	Tremor *observation of outstretched hands* 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 Able to sit still 1 Reports difficulty sifting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning *Observation during assessment* 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 Skin is smooth 3 Piloerrection of skin can be felt or hairs standing up on arms 5 Prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment:_____
Score:	5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

SOURCE(S): Wesson, et al., 2003.; Medication Use Improvement Committee, 2025.

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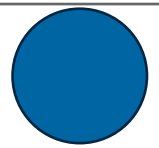
Patient Facing Workflows: Initiation (Continued)

- Review the plans for after Day 1 initiation.
- Go over all the adjunctive medications.

Pro tip:
Either apply matching stickers to bottle or draw shape with sharpie.

Symbol	Symptom (medication)	Instructions (take only if needed)
	Insomnia/Can't sleep (Trazodone 50mg)	1-2 tabs at night as needed for sleep (do not take if sleepy)
	Diarrhea (Loperamide 2mg)	2 tabs after 1st loose stool, then 1 tab every 4 hours thereafter as needed
	Agitated/Restless/Irritable (Clonidine 0.1mg)	1 tab every 12 hours (do not take if dizzy or sleepy)
	Nausea/Vomiting (Zofran 4mg)	1 tab under the tongue every 6 hours as needed
	Anxiety Hydroxyzine 25mg)	1-2 tabs every 6 hours as needed (do not take if sleepy)
	Muscle Spasm (Baclofen 5mg OR Methocarbamol 750mg)	1 tab every 8 hours as needed (do not take if sleepy)

Patient Facing Workflows: After Initiation

- Team support is CRITICAL.
- Recognition that what the patient is doing is brave and extremely difficult.
- Anticipate frequent phone calls (if they have a phone).
- Plan for frequent visits:
  - At least 3 consecutive days with a prescriber: dose titration, supportive medicine dosing changes, patient education.
  - After 3 days, patient dependent.

Interactive Activity: Ideal Workflow

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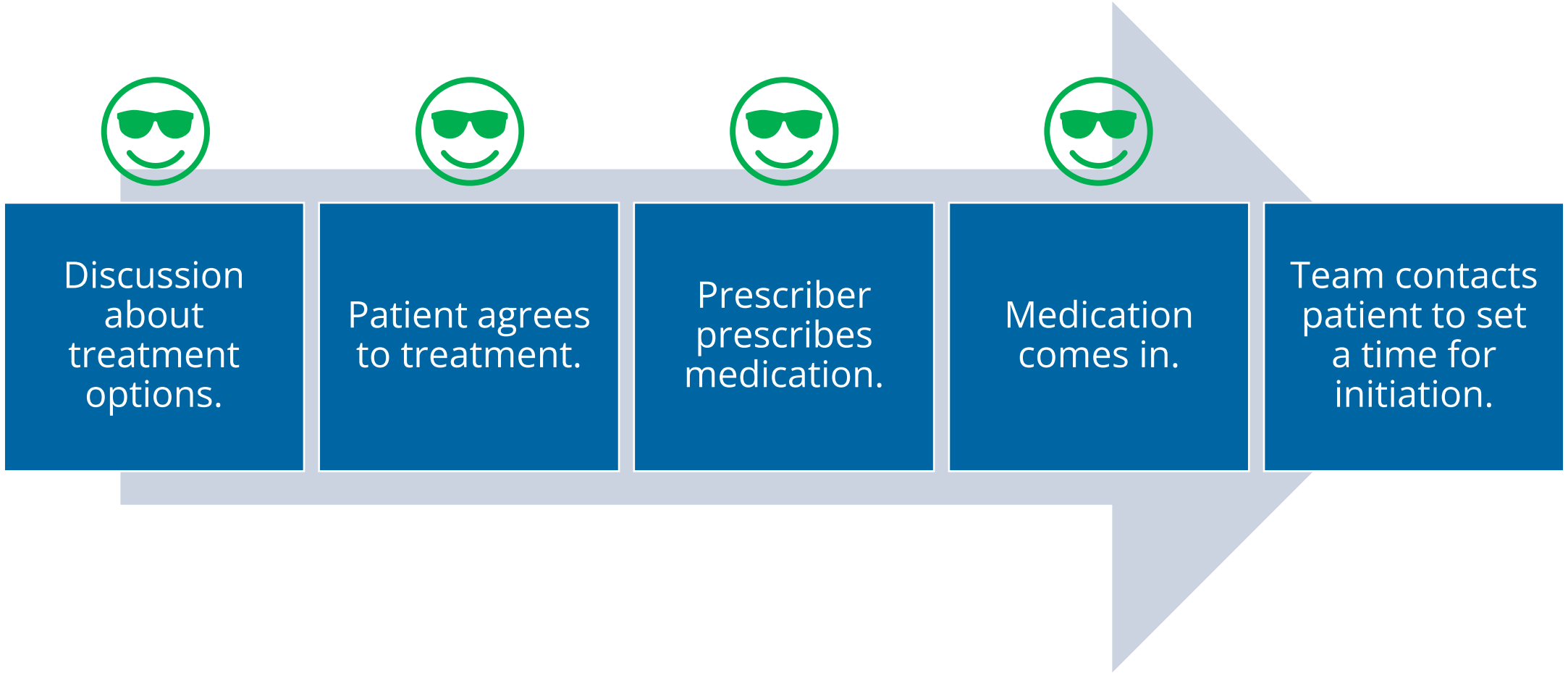
Case Example: Meet Tony

- Tony is a 36-year-old cisgender male who smokes fentanyl and methamphetamines. He lives in an encampment with two friends. He is interested in trying to stop using fentanyl after recently overdosing. He is very worried about precipitated withdrawal, which he experienced after using buprenorphine sublingual strips a few years ago.
- Tony is open to trying the direct to inject method of starting buprenorphine.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Set it Up



Tony

	What	Who
1	Team contacts patient to set a time for initiation.	
2	Patient education (again!) on options, side effects, expectations, and adjunctive medications.	
concurrent	Situational awareness.	

Tony

3	Administer medication.	Support for patient during administration.	Situational awareness.
4	Plan for in-person follow up.		
5	Plan for other types of support e.g. text messages, non-prescriber follow up.		

Questions?

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