Transitions of Care

PROVIDER TEMPLATES FOR PATIENTS' TAPS SCREENING
SPRING 2022

Surgeons and Physician Assistants for patients with a positive screen were sent a message with recommendations specific to the area of risk. For patients with positive screens for multiple categories, both categories' resources were cohesively combined and sent in one message. Prescription and non-prescription opioids have the same templates. Prescription and non-prescription stimulants have the same templates.

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OPEN

Evidence. Resources. Engagement.

SCORING CATEGORY CRITERIA

Scoring Category:		Positive Screen Criteria:	Total Possible Score:
SC0	Tobacco	2	3
SC1	Alcohol	2	4
SC2	Cannabis	2	3
SC3	Stimulant	1	3
SC4	Heroin	1	3
SC5	Opioid	1	3
SC6	Sedative	1	3
SC7	Rx Stimulant	1	3
SC8	Other Substance	Self-report any substance	NA

SURGEON MESSAGE TEMPLATES

General Positive Screen

To:	Surgeon
From:	Project Manager
Subject Line:	Please review: Your Surgical Patient

___Surgeon name___,

Your patient (___MRN___; DOS [date of surgery]) is at risk for adverse outcomes related to [substance] and may meet criteria for a ___category___. Hearing from their surgeon can be helpful to manage this risk.

[Insert all screened positive category content]

Your patient completed the Tobacco, Alcohol, Prescription medications and other Substance Tools (TAPS) screener on ***___date___***

Tobacco

[insert Tobacco Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview and review of tobacco use

2. EXPRESS CONCERN using empathy. Discuss any perioperative risks and determine if patient desires tobacco cessation resources

3. CREATE A PERIOPERATIVE PLAN proactively
- **NOTE:** Michigan Medicine's Preoperative Clinic PA will:
  - educate patient on holding tobacco products minimally, 2 weeks prior to surgery
  - offer and provide tobacco cessation resources to patient, if patient agrees
  - refer to MHealthy Tobacco Cessation Services, if patient agrees
- Communicate with Primary Care Physician on clinical confirmation and resources provided

Additional Resources:
- Tobacco Cessation resources
- Nicotine Replacement Therapy

Alcohol

[insert Alcohol Use Disorder into category]

Suggested Action

1. CONFIRM diagnosis through clinical interview, review alcohol use, and assess for other co-occurring problems that may be impacting alcohol use (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend reducing alcohol consumption and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively

- For outpatient, recommend participation in Alcohol Management Program
- If scheduled as inpatient postoperative admission, anticipate additional resources needed for potential alcohol withdrawal. Per UM guidelines, upon transfer to floor, all adult inpatients for risk of alcohol withdrawal will be screened by Nursing using AUDIT-C
- **NOTE:** Michigan Medicine's Preoperative Clinic PA will:
    - Initiate the Michigan Alcohol Withdrawal Severity Protocol for inpatient admissions postoperatively, if warranted
- Communicate plan with the patient, patient's primary care provider, surgical team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:

- Benefits of reduced alcohol consumption
- Risks associated with combining alcohol with other drugs (especially opioids, benzodiazepines)
- Against alcohol use and driving
- Following up with Primary Care Physician for counseling and/or support group to complement FDA medication treatment, when warranted

Additional Resources

- AAFP: Outpatient Management of Alcohol Withdrawal Syndrome
- Michigan Opioid Collaborative consult services

Sedatives

[insert Sedative Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription sedative use, and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend cessation of non-prescribed sedative use and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- If scheduled as an inpatient postoperative admission
    - Consult Addiction Consult Team (ACT) for consideration of a tapering plan and/or withdrawal management
- **NOTE:** Michigan Medicine's Preoperative Clinic PA will:
    - Order a Point of Care Urine Drug Screen during the preoperative clinic visit and on the Day of Surgery, if patient admits to recent illicit sedative use.
    - Discuss with in-house Preoperative Anesthesia as needed
- Communicate plan with the patient, patient's usual prescriber, surgical team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
- Danger of abrupt discontinuation of benzodiazepines
- Increased risk when mixing sedatives with opioids and/or alcohol
- Against sedative use and driving
- Following up with Primary Care Physician to discuss tapering the use of prescribed sedative, possible switching sedative, and referral to counseling or treatment program for substance use disorder and any co-occurring problems, such as depression, that may be driving sedative use.

Additional Resources
SAMHSA: Behavioral Health Treatment Services Locator
SAMHSA: Detoxification and Substance Abuse Treatment
Michigan Opioid Collaborative consult services

Cannabis

[insert Cannabis Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, and assess for other co-occurring problems (e.g. pain, anxiety, depression).

2. EXPRESS CONCERN using empathy. Recommend reduction and/or cessation of cannabis and discuss associated increased risk of perioperative complications.

3. CREATE A PERIOPERATIVE PLAN proactively:
- Review any prescribed medications to identify those that may increase the risk of sedation and impairment (opioids, benzodiazepines).
- **NOTE:** Preoperative PA will educate patient on holding cannabis minimally 1 week prior to surgery
- Communicate with the patient, patient's outpatient prescriber, surgical team, and other disciplines (e.g. pain service, addiction service, psych consult team).

4. EDUCATE/ADVISE patient on:
- Risks associated with combining cannabis with alcohol or other drugs.
- Against cannabis use and driving.
- Following up with a Primary Care Physician for a referral to counseling or a treatment program for SUD and any co-occurring problems, such as depression, that may be impacting cannabis use.

Stimulants

[insert Stimulant Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription stimulant use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- If planning an inpatient postoperative admission, consult Addiction Consult Team (ACT)
- **NOTE:** Michigan Medicine's Preoperative Clinic PA will:
    - Educate patient on holding stimulants the day of surgery or 1 week prior to surgery given the stimulant
    - Order a Point of Care Urine Drug Screen during the patient's preoperative clinic visit and on the Day of Surgery, if patient admits to recent illicit stimulant use
- Communicate plan with the patient, patient's outpatient prescriber, surgical team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
- On risks associated with injecting stimulants with heroin or otherwise combining stimulants with alcohol or other drugs.
- Against stimulant use and driving
- Following up with a Primary Care Physician for behavioral health counseling referral coupled with pharmacotherapy for most effective treatment.
- Harm Reduction

Additional Resources
- SAMHSA: Behavioral Health Treatment Services Locator
- NIDA: Principles of Drug Addiction Treatment: A Research-Based Guide (3rd ed.) - Behavioral Therapies
- Michigan Opioid Collaborative consult services

Opioids

[insert Opioid Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription opioid use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss the perioperative period risks

3. CREATE A PERIOPERATIVE PLAN proactively
- Preoperatively
    - Consider prescribing naloxone
    - **NOTE:** Michigan Medicine Preoperative Clinic PA will:
        - Consult with in-house preoperative anesthesia to determine if an Acute Pain Service referral is warranted if patient takes >100mme/day
        - Refer to Michigan Medicine's MOUD protocol and policies if the patient is currently taking any Medications for Opioid Use Disorder (buprenorphine, suboxone, methadone, naltrexone)
- Consider inpatient postoperative admission for pain management which is challenging in this population. Consult:
    - Addiction Consult Team (ACT) to address addiction
    - Addiction Pain Services (APS) to address complex pain management concerns
- Use evidence-based postoperative opioid prescribing recommendations and non-opioid recommendations
- Communicate plan with the patient, patient's outpatient prescriber, surgical team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
- Postoperative over the counter pain management
- Legislatively mandated opioid pain management education
- Overdose prevention
- Harm Reduction
- Following up with Primary Care Physician for Medications for Opioid Use Disorder (MOUD) and behavioral health counseling referral

Additional Resources
- SAMHSA Behavioral Health Treatment Services Locator
- Michigan Opioid Collaborative consult services

Other Substances

[insert Problem Substance Use into category]

Suggested Action
1. CONFIRM use of illicit/recreational drugs through clinical interview. Review illicit drug use, prescribed medications, and assess for other co-occurring problems (e.g. pain, anxiety, and depression)

2. EXPRESS CONCERN using empathy. Recommend cessation, and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- **NOTE:** Michigan Medicine's Preoperative Clinic PA will:
  - Order a Point Of Care Urine Drug Screen during the preoperative clinic visit and on the Date Of Surgery, if patient admits to recent use of Molly or LSD
  - Discuss with in-house Preoperative Anesthesia as needed
- Communicate with the patient, patient's outpatient prescriber, surgical team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
- Against illicit/recreational drug use and driving
- Mixing illicit/recreational drugs with their postoperative opioid prescription (if applicable)
- Following up with Primary Care Physician for behavioral health/counseling referral

PHYSICIAN ASSISTANT MESSAGE TEMPLATES

General Positive Screen

To:	Physician Assistant
From:	Project Manager
Subject Line:	PA Visit Date

This patient (___MRN___; DOS [date of surgery]) is at risk for adverse outcomes related to [substance] and may meet criteria for a ___category___. The patient's surgeon was also notified of this risk.

[Insert all screened positive category content]

Your patient completed the Tobacco, Alcohol, Prescription medications and other Substance Tools (TAPS) screener on ***___date___*** *with a score of [X]*

Tobacco

[insert Tobacco Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview and review of tobacco use

2. EXPRESS CONCERN using empathy. Discuss any perioperative risks and determine if patient desires tobacco cessation resources

3. CREATE A PERIOPERATIVE PLAN proactively
- Educate on holding tobacco products minimally, 2 weeks prior to surgery.
- Offer and provide tobacco cessation resources to patient, if patient agrees
- Refer to MHealthy Tobacco Cessation Services, if patient agrees

Additional Resources:
- Nicotine Replacement Therapy

Alcohol

[insert Alcohol Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review alcohol use, and assess for other co-occurring problems that may be impacting alcohol use (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend reducing alcohol consumption and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- Initiate the Michigan Alcohol Withdrawal Severity Protocol for inpatient admissions postoperatively, if warranted
- For outpatient, recommend participation in Alcohol Management Program

4. EDUCATE/ADVISE patient on:
- Benefits of reduced alcohol consumption
- Risks associated with combining alcohol with other drugs (especially opioids, benzodiazepines)
- Against alcohol use and driving
- Following up with Primary Care Physician for counseling and/or support group to complement FDA medication treatment, when warranted

Additional Resources
- AAFP: Outpatient Management of Alcohol Withdrawal Syndrome:
- Michigan Opioid Collaborative consult services

Sedatives

[insert Sedative Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription sedative use, and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend cessation of non-prescribed sedative use and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- If patient admits to recent illicit sedative use, order a Point of Care Urine Drug Screen during the preoperative clinic visit and on the Day of Surgery
- Discuss with in-house Preoperative Anesthesia as needed

4. EDUCATE/ADVISE patient on:
- Danger of abrupt discontinuation of benzodiazepines
- Increased risk when mixing sedatives with opioids and/or alcohol
- Against sedative use and driving
- Following up with Primary Care Physician to discuss tapering the use of prescribed sedative, possible switching sedative, and referral to counseling or treatment program for substance use disorder and any co-occurring problems, such as depression, that may be driving sedative use.

Additional Resources
- SAMHSA: Behavioral Health Treatment Services Locator
- SAMHSA: Detoxification and Substance Abuse Treatment
- Michigan Opioid Collaborative consult services

Cannabis

[insert Cannabis Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend reduction and/or cessation of cannabis and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- Educate patient on holding cannabis minimally 1 week prior to surgery
- Review and address any prescribed medications to identify those that may increase the risk of sedation and impairment (opioids, benzodiazepines),

4. EDUCATE/ADVISE patient on:
- Risks associated with combining cannabis with alcohol or other drugs
- Against cannabis use and driving
- Following up with a Primary Care Physician for a referral to counseling or a treatment program for SUD and any co-occurring problems, such as depression, that may be impacting cannabis use.

Stimulants

[insert Stimulant Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription stimulant use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- Educate patient on holding stimulants the day of surgery or 1 week prior to surgery given the stimulant
- If patient admits to recent illicit stimulant use, order a Point of Care Urine Drug Screen during the patient's preoperative clinic visit and on the Day of Surgery

4. EDUCATE/ADVISE patient on:
- On risks associated with injecting stimulants with heroin or otherwise combining stimulants with alcohol or other drugs.
- Against stimulant use and driving
- Following up with a Primary Care Physician for behavioral health counseling referral coupled with pharmacotherapy for most effective treatment.
- Harm Reduction

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Opioids

[insert Opioid Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription opioid use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss the perioperative period risks

3. CREATE A PERIOPERATIVE PLAN proactively
- Preoperatively:
  - For >100 MMEs, consult with in-house Preoperative Anesthesia if an Acute Pain Service referral is needed
  - If the patient is currently taking Medications for Opioid Use Disorder (MOUD) (buprenorphine, suboxone, methadone, naltrexone), please reference Michigan Medicine's MOUD protocol and policies

4. EDUCATE/ADVISE patient on:
- Postoperative over the counter pain management
- Legislatively mandated opioid pain management education
- Overdose prevention
- Harm Reduction
- Following up with Primary Care Physician for Medications for Opioid Use Disorder (MOUD) and behavioral health counseling referral

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Other Substances

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2. EXPRESS CONCERN using empathy. Recommend cessation, and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- If patient admits to recent use of Molly or LSD, order a Point of Care Urine Drug Screen during the patient's preoperative clinic visit and on the Day of Surgery
- Discuss with in-house Preoperative Anesthesia, as needed

4. EDUCATE/ADVISE patient on:
- Against illicit/recreational drug use and driving
- Mixing illicit/recreational drugs with their postoperative opioid prescription (if applicable)
- Following up with Primary Care Physician for behavioral health/counseling referral