Part 1: Monitoring Quality Clinical Documentation in Addiction Treatment

Presented by:

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Training Programs Manager

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Practice Management, Administration, and Operation in the SUD Field, Part 1: Monitoring Quality Clinical Documentation in Addiction Treatment

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Monitoring Quality Clinical Documentation in Addiction Treatment

Webinar Presenter:
Keisha Haynes, MS, LCPC-S
Monitoring Quality Clinical Documentation in Addiction Treatment

Keisha Haynes, MS, LCPC-S
National Clinical Director – Eastern Division
Behavioral Health Group, LLC.

Objectives

1. Participants will be able to describe quality clinical care monitoring in the addiction treatment profession

2. Participants will be able to build a fidelity monitoring tool tailored to their program, and an easy-to-implement fidelity monitoring system for counselors

3. Participants will be able to support clinical documentation improvement with their teams by leveraging Continuous Quality Improvement (CQI) principles
THE EVOLUTION OF THE ADDICTION PROFESSION INTO A MEDICAL MODEL OF CARE

What is a Medical Model of Care?

- Highly trained professionals deliver health care based on symptoms
- It has a biological focus surrounding health and illness
- Identifies diseases or illnesses and provides targeted medical intervention
- Focuses on treating specific diseases or illnesses rather than considering broader contextual factors
- Can be considered reactive, addressing health issues as they arrive

How Does Addiction Treatment Fit In?

- Addiction is viewed as a chronic medical disorder caused by various genetic and environmental factors that contribute to the development and progression of the disorder (otherwise known as The Disease Model of Addiction or Medical Model of Addiction)
- Studies of addiction related behaviors and the brain have led to the development and enhancement of evidence-based treatments
- Medications have been developed to address and treat addiction as a disease such as Methadone, Buprenorphine, and Naltrexone, etc.
- Recognizes relapse potential as a stage of addiction and provides treatment to support and manage symptoms
- Treatment options may include a combination of evidence-based behavioral therapies and medication-assisted treatment
What OIG Recommends and California Comments

We recommend that California refund $23.1 million to the Federal Government and take specific actions to address the deficiencies that we identified. In addition, we recommend that California take actions to ensure that OTPs comply with Federal and State requirements for providing and claiming reimbursement for OTP services. (The full text of our recommendations is shown in the report.)

California agreed with all of our recommendations and provided information on actions that it had taken or planned to take to address our recommendations, including reviewing and monitoring corrective action plans and conducting additional postservice postpayment reviews of OTPs.
Continuous Quality Improvement (CQI) in Addiction Treatment Settings

Method for improving the delivery and quality of SUD services and other evidence-based practices

Focuses on collecting and analyzing data based on identified areas of improvement

Identifies areas of adjustment for treatment protocols based on evidence and evolving best practices in addiction treatment

Enhances treatment outcomes by addressing inefficiencies and refining interventions

Improves overall patient experience and satisfaction through a patient-centered approach

Requires a teamwork approach that improves communication amongst the multidisciplinary teams

What is Quality Clinical Care Monitoring?

The systematic observation, assessment and evaluation of treatment services to ensure they meet established standards and deliver optimal patient outcomes.

Benefits of Implementing Quality Clinical Care Monitoring Initiatives

- Improved Treatment Outcomes
- Enhanced Patient Safety
- Consistent Adherence to Standards
- Continuous Learning and Improvement
- Resource Efficiency
- Compliance With Regulations
- Patient-Centered Care
- Accountability and Professional Development
- Enhanced Reputation
- Informed Decision-Making
- Efficient Use of Data
Practice Management, Administration, and Operation in the SUD Field, Part 1: Monitoring Quality Clinical Documentation in Addiction Treatment

KEY ELEMENTS AND INDICATORS FOR EFFECTIVE MONITORING

- Quality measure benchmarks and/or key performance indicators
- Qualitative or quantitative data collection and tracking
- Leadership accountability and support
- Compatible interventions with existing practices and policies
- Multi-level engagement and staff cohesion
- Availability of Resources

FIDELITY MONITORING SYSTEMS FOR CLINICAL TEAMS

Creating a System of Quality Clinical Care Monitoring
**Essential Components for Fidelity Monitoring Systems**

- **Clear Protocols and Guidelines for CQI Program**
- **User-Friendly Data Collection and Tracking Tools**
- **Training Tools and Resources**
- **Evaluation Criteria (e.g., KPI's)**

- **Evaluation and Feedback Mechanism**
- **Updated Policy and Guidelines**
- **Leadership Oversight**
- **Accountability Measures**

**IMPLEMENTING EASY-TO-USE FIDELITY MONITORING SYSTEMS FOR COUNSELORS**

- **Peer Reviews**
  - Clinical team members assess and provide feedback on fidelity of peer's interventions and skills
- **Productivity Trackers**
  - Monitor and analyzes counselor productivity, often tracking tasks completed, patient engagement and overall workload
- **Checklists and Observations**
  - Designed to assess the adherence of counselors to specific treatment protocols
- **Automated Systems**
  - Integrated systems that capture and store data related to counselor interactions with patients, allowing comprehensive monitoring
- **Patient Satisfaction Surveys**
  - Feedback directly from patients to assess the perceived fidelity of treatment interventions and counselor performance
- **Recorded Sessions**
  - Audio or video recordings of counseling sessions, enabling supervisors to review and evaluate fidelity to established protocols
- **Quality Assurance Audits**
  - Evaluates adherence to treatment standards and guidelines
- **Dashboard Analytics**
  - Provides visual representations of KPI's, allowing for detailed monitoring of counselor performance and fidelity
- **Clinical Supervision**
  - Routine supervision sessions that includes case reviews, EBP intervention review and feedback on individual KPI's
EXAMPLES OF FIDELITY MONITORING TOOLS

Quality Documentation Matrix Tool

<table>
<thead>
<tr>
<th>Scoring Guide:</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Element Not Present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Element Present but Needs Improvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Element Present / In Compliance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Service Note Reviewed:

<table>
<thead>
<tr>
<th>Service Note Elements Assessed</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session demographics documented (date, session start &amp; stop times, diagnosis, etc.)</td>
<td></td>
</tr>
<tr>
<td>2 Evidence based practice (EBP) is documented.</td>
<td></td>
</tr>
<tr>
<td>Session topic is identified and is congruent with the selected EBP.</td>
<td></td>
</tr>
<tr>
<td>6 Reason for visit is documented.</td>
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</tr>
<tr>
<td>Patient’s presentation/appearance/mini-MSE is noted.</td>
<td></td>
</tr>
<tr>
<td>Counselor clearly documented that they reviewed the positive UD5 is documented.</td>
<td></td>
</tr>
<tr>
<td>Additional interventions relevant to the selected EBP and the patient’s treatment plan are documented.</td>
<td></td>
</tr>
<tr>
<td>Interventions are tailored to patient’s stage of change.</td>
<td></td>
</tr>
<tr>
<td>Patient’s response to the intervention is documented.</td>
<td></td>
</tr>
<tr>
<td>When applicable, makes note of new problem areas, important events/changes since last session, and current symptoms.</td>
<td></td>
</tr>
<tr>
<td>Includes an assessment of the patient’s progress towards his/her goals and objectives from the treatment plan.</td>
<td></td>
</tr>
</tbody>
</table>

Productivity Tracker Tool

[Clinic Name] Counseling Services

<table>
<thead>
<tr>
<th>Week 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Census:</td>
</tr>
<tr>
<td>Up-to-date Counseling:</td>
</tr>
<tr>
<td>Number of Patients with past-due counseling:</td>
</tr>
<tr>
<td>Treatment Plans overdue:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daily Counseling</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>TOTAL</th>
<th># Patients Past Due for Ciling</th>
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<tbody>
<tr>
<td></td>
<td>0</td>
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</tbody>
</table>

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### Chart Audit Tool - Counseling

| Examples of Fidelity Monitoring Tools | BHG Behavioral Health Group
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Two forms of ID, including photo ID</td>
<td>Dual Enrollment Verified</td>
</tr>
<tr>
<td>Financial Assessment Form</td>
<td>Financial Assessment Signed?</td>
</tr>
<tr>
<td>Consent for TB Testing</td>
<td>Consent for TB Signed?</td>
</tr>
<tr>
<td>Consent for Central Registry</td>
<td>Consent for Central Registry Signed?</td>
</tr>
<tr>
<td>Consent for Release to Emergency Contact</td>
<td>Consent for Release to Emergency Contact Signed?</td>
</tr>
<tr>
<td>HIPAA Confidentiality</td>
<td>HIPAA Confidentiality Signed?</td>
</tr>
<tr>
<td>Treatment Plan goals in SMART format</td>
<td>Treatment Plan Individualized (no copy &amp; post on goals)</td>
</tr>
<tr>
<td>Current Treatment Plan (SARA) updated with patient input</td>
<td>Individual Counseling completed per model</td>
</tr>
<tr>
<td>Notes reflect patient involvement with patient quotes</td>
<td></td>
</tr>
<tr>
<td>All-service-specific UDS results addressed w patient</td>
<td>Group counseling: Notes Individualized</td>
</tr>
<tr>
<td>Level justification &amp; 30 Day review every 30 days</td>
<td>Level justification w/ code change</td>
</tr>
</tbody>
</table>

### Chart Audit Tool - Nursing

| Examples of Fidelity Monitoring Tools | BHG Behavioral Health Group
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial order for new patients =&lt; 30mg HRT only per state requirement</td>
<td></td>
</tr>
<tr>
<td>Documentation if dosing outside protocol</td>
<td>Medication Documented</td>
</tr>
<tr>
<td>PMP run at the time of admission and per state req</td>
<td>Dose History Match the Medication order</td>
</tr>
<tr>
<td>Appropriate &amp; of Medication Callbacks Completed</td>
<td></td>
</tr>
<tr>
<td>No Unapproved Abbreviations</td>
<td>COMG completed 2xweek for the first 8wks of treatment</td>
</tr>
<tr>
<td>Intake Labs drawn</td>
<td>Any Waivers Needed Signed</td>
</tr>
<tr>
<td>If there is a lab test failure, follow up to obtain labs</td>
<td>Annual Labs drawn</td>
</tr>
<tr>
<td>Positive UDS/Labs reviewed &amp; signed by Provider</td>
<td>Annual Physical completed</td>
</tr>
<tr>
<td>Correct # UDS Completed per state regulations</td>
<td>N/A</td>
</tr>
<tr>
<td>Orders Signed by provider who gave the order</td>
<td>Order current &amp; signed by provider within 72 hrs (if within 48)</td>
</tr>
</tbody>
</table>
EXAMPLES OF FIDELITY MONITORING TOOLS

Peer Review Tool

<table>
<thead>
<tr>
<th>Section</th>
<th>Item</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
<th>EXPLANATION OF DEFICIENCIES, FINDINGS, CORRECTIONS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Patient Identification</td>
<td>✓</td>
<td></td>
<td></td>
<td>Is the Right Patient adequately identified and signed by patient?</td>
</tr>
<tr>
<td>Ex Last 24 Hrs &amp; Orientation</td>
<td>Patient Identification</td>
<td>✓</td>
<td></td>
<td></td>
<td>Is the Right Patient adequately identified and signed by patient?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Is the patient profile complete at discharge?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Is the discharge summary completed? If so, does it contain explicit and appropriate information for treatment and discharge?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Is the Emergency Information and Emergency Contact Information completed, with all contact phone numbers and emergency information?</td>
</tr>
<tr>
<td></td>
<td>Family/Other:</td>
<td></td>
<td></td>
<td></td>
<td>Is the Family/Other (i.e., partners) completed and signed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Is the correct Payment Agreement sent completed, corresponding to the appropriate modality, and if required?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Is the CPT Code G0455 completed, and signed on the day of service?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Is the Multiple Registration Complete signed?</td>
</tr>
</tbody>
</table>

EXAMPLES OF FIDELITY MONITORING TOOLS

Clinical Supervision Tool

CLINICAL ACTION PLAN & UPDATES

Goal: Objectives: Progress: Target goal date:
Click on tap here to enter text. Click on tap here to enter text. Click on tap here to enter text. Click on tap here to enter text.

DOCUMENTATION COMPLIANCE OVERVIEW

- # of Treatment Plans Completed: Click on tap here to enter text.
- # of Discharge Summaries: Click on tap here to enter text.
- # of Corrected Discharge Summaries: Click on tap here to enter text.
- # of Corrected Admission Summaries: Click on tap here to enter text.
- # of Corrected Discharge Summaries: Click on tap here to enter text.

CASELOAD MANAGEMENT

- # of Corrected Admission Summaries: Click on tap here to enter text.
- # of Corrected Discharge Summaries: Click on tap here to enter text.
- # of Corrected Admission Summaries: Click on tap here to enter text.
BUILDING A SUPPORT FOR CLINICAL DOCUMENTATION IMPROVEMENT

The Role of Continuous Quality Improvement (CQI) in Clinical Documentation

Incorporating CQI Principles In Improving Clinical Documentation Practices

- Maintain A Patient Focus
- Gain Leadership Engagement
- Ensure Strategic Alignment
- Encourage Employee Collaboration
- Consistent Clinical Documentation and Process Analysis
- Implement Data-Driven Decision Making
- Continuous Monitoring
- Proactive Risk Management Interventions
- Incorporate Routine Feedback Loops
- Invest in Further Education and Training Resources
- Implement a Flexible and Adaptable Process Improvement Plan
Collaborative Approaches to Support Teams

- OPEN COMMUNICATION CHANNELS
- REGULAR TEAM MEETINGS
- CONSISTENT CLINICAL SUPERVISION
- PEER REVIEWS
- REGULAR TRAINING SESSIONS
- TEAMWORK CULTURE
- QUALITY ASSURANCE TEAM ASSIGNMENTS

Common Practical Steps to Establish A System of Quality Clinical Care Monitoring

1. Define Clear Objectives and Goals
2. Secure Support and Commitment at All Levels
3. Identify Key Performance Indicators (KPI's)
4. Design User-Friendly Monitoring Tools
5. Conduct Training Sessions on Utilizing Monitoring Tools
6. Implement a Systematic Data Collection Process
7. Establish a Process for Feedback and Improvement Suggestions
8. Review and Refine Monitoring System
9. Celebrate Success
In Conclusion...

- The Medical Model of Care in addiction treatment views substance use disorders (SUD) as medical conditions that require comprehensive assessment, diagnosis and evidence-based treatment approaches.
- The modernization of Clinical Supervision incorporates documentation monitoring, feedback and improvement protocols to enhance the overall quality of care
- Fidelity monitoring ensures the delivery of high quality, evidence-based care
- There are diverse types of monitoring tools that can be utilized to inform data-driven decisions for effective treatment integrity and outcomes
- CQI principles refine clinical documentation practices contributing to increased precision, transparency and overall treatment intervention effectiveness
- Collaborative approaches are needed to support team members to ensure that insights from diverse perspectives contribute to the continual enhancement of monitoring practices
- Identify your change leaders!
THANK YOU FOR JOINING!

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CONTRIBUTORS

November 28, 2022
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February 28th, 2024
The Power of The Brain-First Approach in Recovery Coaching
By: Dave Kenney, PhD (cand.) and Susan Kenney, CHWC

March 6th, 2024
Polysubstance Use During the Opioid Crisis
By: Debbie Gray, LICSW, LADC, LSCSW, LCAC

March 8th, 2024
Practice Management, Administration, and Operation in the SUD Field, Part 2: Twelve-Step Integration — A Clinical, Administrative, and Team Approach to Addiction Counseling
By: Melissa A. Milliken, EdD, LPC and Justina Or, PhD, MS, MSA

March 13th, 2024
Emotional Attachment Behavioral Therapy: An Innovative Approach to Behavioral Health Treatment
By: Doug Smith, BS, CADC II

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Thank You

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