



MCCMH Best Prescribing Practices Peer Review Group Guidelines

Last Updated: 01/27/2023	Owner: MCCMH Chief Medical Officer	Pages: 3
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I. PURPOSE:

The Chief Medical Office (CMO) has developed a Best Prescribing Practices Peer Review Group. This Group has been tasked with conducting random case reviews of licensed prescribers utilizing FOCUS and providing recommendations to network providers and their physicians around safe prescribing practices. Such practices help licensed prescribers and their agencies mitigate risks derived from not adhering to appropriate standards of care.

II. DEFINITIONS:

None.

III. RECOMMENDED BEST PRACTICES:

- A. The CMO is instructing that all MCCMH directly operated service programs' licensed prescribers document in the treatment plan section of their Psychiatric Outpatient Office Visit (POOV) the reason or symptoms a prescribed medication (controlled or non-controlled) will address, for all cases without exemptions.
- B. In the case of controlled substances, it is also asked that all prescribers document the clinical rationale for the continued use, or strategies used to decrease or limit use. Do not use vague statements such, "is clinically indicated" or "is needed."
- C. Moving forward, the CMO will be randomly selecting cases and contacting those licensed prescribers. If an identified prescriber is lacking in appropriate documentation, the prescriber will be notified and shall be expected to go into the record and correct any errors within 72 hours or by their next working day (for part-time prescribers).
 - 1. Any failure to complete the appropriate corrections may result in a written warning. If the issue persists, additional ramification shall be left to the discretion of MCCMH's Chief Medical Officer, Office of Behavioral and Community Services, and Human Resource Department.
 - 2. To support prescribers implementation of this directive, the CMO will offer, as requested, the support of a prescribing peer to assist in implementing changes for a case identified as needing corrections. When such an issue is

brought to our prescribers' attention and the requested corrections are not clear, we encourage prescribers to contact the CMO to be linked with a peer.

3. It is the CMO's goal to achieve 100 % compliance in this area within the next calendar year and ensure prescribers have the necessary supports to do so.

D. The CMO will work with MCCMH's IT Department to develop a way for FOCUS to assist prescribers in making documentation more efficient. In the meantime, your time and adherence to what is requested is highly appreciated it.

E. As you see new cases, start correcting your treatment plans. You may also choose to do some of these updates in previous notes during your documentation blocked times. Our office understands this will be time-consuming but trusts you will help us to slowly work towards our goal of 100% compliance.

F. Effective immediately, all adult persons served with controlled substances should be seen via at least video (no phone only) once per month.

1. In the event the person served has no video access or falls within high-risk population for COVID, our office has shared with physicians and clinic teams various strategies that can be used, with the help of your teams, to either deploy a team member to provide the technical equipment to facilitate the encounter with the physician or assist bringing the person into the office.

2. All adult persons served with controlled substances must be asked to come to the clinic a minimum of once every 3 months, so that the doctors, if on-site, the registered nurses and/or other treatment team members (if the doctor only works tele) can lay eyes on them. Registered nurses shall complete all vitals on such cases at the on-site visit.

G. Effective immediately, all adult persons served and adolescent patients in which suspicion for use of any substance is suspected must have a Urine Drug Screen (UDS) completed at initiation of any controlled substance and repeated at least every other month or more often, if clinically needed.

1. A full drug screen on these persons served must be completed at least every 3 months or more often if considered appropriate per risk, MAPS findings, current medication list, any reports of ongoing substance history or if surrounded by circumstances that increase their risk to relapse.

2. Other laboratory testing, as considered appropriate, may be required.

H. Effective immediately, doctors prescribing any controlled substance to any adult shall always document in the POOVS's Active Problems section an ongoing update of substance history. Please be mindful that checking the "denies" box is not necessarily sufficient and the physician must strive for providing a thorough update of the historical understanding of how factors of risk (medical, social, and psychiatric) interrelate to increased risk.

IV. TRAINING:

V. MONITORING:

VI. REFERENCES:

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	01/27/2022	Development of Guidelines	