ACADEMY OF CONSULTATION-LIAISON PSYCHIATRY

Clinical module activity to satisfy the **Improvement in Medical Practice** requirement (PIP)
Part IV of the Continuing Certification/ MOC Program

Academy of Consultation-Liaison Psychiatry
Education Committee
Maintenance of Certification Subcommittee
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I. MOC information from the ABPN

Continuing Certification/ MOC Program

As mandated by the American Board of Medical Specialties (ABMS), the Board has developed a CC/MOC program that includes four components:

1. Professionalism and Professional Standing (Part I)
2. Lifelong Learning (CME), Self-Assessment (SA) and Patient Safety (Part II)
3. Assessment of Knowledge, Judgment, and Skills (Part III)
4. **Improvement in Medical Practice (PIP) (Part IV)**

Continuing Certification/MOC program participation includes meeting all four components of the CC/MOC Program. Diplomates are only required to complete one set of CC/MOC activity requirements (CME, SA-CME, and PIP activities) for all specialties/subspecialties in which a physician is certified.

Improvement in Medical Practice (PIP), Part IV

Diplomates choose ONE ***Clinical Module*** OR Feedback Module to complete the PIP activity.

This quality improvement exercise is designed for clinically active physicians to identify and implement plans for improvement based on the review of one's own patient charts (Clinical Module) OR feedback from peers or patients via a questionnaire/survey (Feedback Module).

Diplomates on a C–MOC Program (those with certificate is issued 2012 or later) must complete one module within each 3-year CC/MOC block. Each Module consists of three steps - Step A: Initial Assessment, Step B: Identify and Implement Improvement, Step C: Reassessment. Diplomates on a 10-year program (those with certificate is issued before 2012) must complete one module.

Upon completing part IV:

- Update folios in the ABPN website to reflect completion of this activity and stay up to date with MOC.
- Keep materials for future reference and to document completion of the activity.

II. Clinical Module Development: Chart Review

1. **Background**: The consultation-liaison psychiatrist is frequently called upon to assess patients with a substance use disorder, sometimes as a primary problem but more often comorbid with a general medical problem and/or psychiatric disorder. In practice the focus is often on managing acute problems, and as a result the SUD may not be integrated into a more comprehensive treatment plan which can result in significant gaps in care, and lead to missed opportunities for intervention.

2. **Aim**: This activity has been written with the goal of providing the consultation-liaison psychiatrist a tool for systematically identifying the presence of problematic substance use and providing appropriate management, treatment, and referral. This has been developed based on published best practice guidelines, and within the parameters prescribed by the ABPN for successful completion of Part IV of the continuing certification/ MOC program.

3. **Published best practice**: Practice Guideline for the Treatment of Patients with Substance Use Disorders, HD Kleber et al, Second Edition, American Psychiatric Association, 2006. Module developed with particular focus on Part A, Section II, pages 15-70.

4. **Quality measures to review**: These have been selected from the guidelines as being more pertinent to the practice of the consultation-liaison psychiatrist in the inpatient setting.
   - **Screening:** Identifying presence of maladaptive use, types of substances used, and establishing a diagnosis with severity using DSM-5 criteria.
   - **Assessment:** Establishing first, past, present and last use of the substance, frequency and amount used, history of withdrawal, effect on cognitive, psychological, behavioral, and physiological function, past treatment history, and patient goals.
   - **Treatment:** Appropriateness of pharmacotherapy for the substance use disorder and whether it is offered to the patient, identifying factors that might influence treatment, consideration of psychosocial treatments such as cognitive, behavioral and contingency management, motivational enhancement, 12-step programs, IPT, and various group approaches.
   - **Referral:** Offering treatment after discharge, ensuring appropriate referral is made, and accounting for patient preferences with regard to approach and setting. Emphasis is placed on exploring the different treatment settings available in the spirit of developing a collaborative plan, empowering the patient, promoting autonomy, and facilitating access to improve the likelihood for success.

5. **Procedure:** The module is made up of 3 steps which are delineated below. Step A is the initial assessment where at least 5 charts are reviewed to determine if the above noted measures are being assessed. Step B is for improvement implementation. Step C is for reassessment, where at least 5 more patient charts (may be the same patients or new ones) are reviewed in order to determine if the measures are being consistently assessed after improvement implementation. Worksheets have been included to be used in each step, as well as for tracking and comparison.

III. Improvement in Medical Practice (PIP) Unit

The **Clinical Module** consists of 3 steps, to be completed within a 24-month period**:**

Step A. **Initial assessment** of five patient charts:

- Collect data from at least five of your own patient charts in a specific category (diagnosis, type of treatment, or treatment setting) obtained from your practice over the previous three-year period.
- Compare the data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), using a minimum of four quality measures.

    - *For completion of this step use the worksheet on page 4 (Worksheet for step A).*

Step B. Identify and **implement improvement**:

- Based on results from chart reviews, develop and carry out a plan to improve effectiveness and/or efficiency of your medical practice.
- If no areas for improvement are determined based on initial assessment, then maintenance of performance in medical practice should be reassessed in Step C.

    - *For completion of this step use the worksheet on page 5 (Worksheet for step B).*

Step C. **Reassessment** of five new patient charts:

- Within 24 months of initial assessment, collect data from another five of your own patient charts (may use same or different patients).
- Use the same category and practice guidelines for the initial assessment and reassessment steps.

    - *For completion of this step use the worksheet on page 6 (Worksheet for step C).*

Tracking. Compare results:

- Document results of initial assessment.
- After implementing proposed improvement, document reassessment results and compare.

    - *For completion of this step use the worksheet on page 7 (Worksheet for tracking).*

IV. Worksheets

Worksheet for Step A: Assessment of five patient charts

- *Initial assessment.*

Patient *Date*: *MRN*:	**1**	**2**	**3**	**4**	**5**	***Avg.***
Example	*x*		*x*	*x*		*3/5*
Screening						
Maladaptive use present?						
Types of substances						
DSM-5 Dx, severity						
Assessment						
1st, past, present, last use						
Frequency, amount used						
Withdrawal history						
Effect on function						
Past treatments						
Patient goals						
Treatment						
Pharmacotherapy						
Factors influence treatment						
Psychosocial treatment						
Referral						
Offered?						
Referral made?						
Patient preferences						

Worksheet for Step B: Implementing improvement. Use this as a guide during consultation with patients.

<table>
<tr><td>Screening</td><td colspan="2">Is there maladaptive substance use?</td><td colspan="2">Types?</td><td colspan="3">DSM-5 diagnosis, severity</td></tr>
<tr><td rowspan="5">Assessment</td><td>First, past/ present, last use:</td><td>Frequency/ amount:</td><td>History of withdrawal:
Seizure?
DTs?</td><td>Effect on function</td><td>Past treatment:</td><td>Patient goals:</td></tr>
<tr><td colspan="2" rowspan="4"></td><td rowspan="4"></td><td>Cognitive</td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td>Psychological</td></tr>
<tr><td>Behavioral</td></tr>
<tr><td>Physiological</td></tr>
<tr><td rowspan="4">Treatment</td><td colspan="3">Pharmacotherapy:
Indicated?
Offered?</td><td colspan="2">Factors influencing treatment:</td><td rowspan="4">Psychosocial treatments:
Discussed
Options</td></tr>
<tr><td colspan="3">Alcohol:
Naltrexone (PO, IM), disulfiram, acamprosate</td><td colspan="2">Psychiatric comorbidities:
GMC, pregnancy, ability care for self:</td></tr>
<tr><td colspan="3">Opioids:
Buprenorphine, methadone, naltrexone</td><td colspan="2">Age, Gender, LGBTQ</td></tr>
<tr><td colspan="3">Nicotine:
Replacement, bupropion, varenicline</td><td colspan="2">Cultural factors</td></tr>
<tr><td>Referral</td><td colspan="2">Offered?</td><td colspan="2">Referral made?</td><td colspan="3">Patient preferences:
Approach
Setting</td></tr>
</table>

Worksheet for Step C: Reassessment of five patient charts (may be same or different patients), after implementing improvement.

- *Reassessment.*

Patient *Date*: *MRN*:	**1**	**2**	**3**	**4**	**5**	***Avg.***
Example	*x*		*x*	*x*		*3/5*
Screening						
Maladaptive use present?						
Types of substances						
DSM-5 Dx, severity						
Assessment						
1st, past, present, last use						
Frequency, amount used						
Withdrawal history						
Effect on function						
Past treatments						
Patient goals						
Treatment						
Pharmacotherapy						
Factors influence treatment						
Psychosocial treatment						
Referral						
Offered?						
Referral made?						
Patient preferences						

Worksheet for Tracking: Compare initial assessment with reassessment

- *Compare: Has improvement been made?*

Quality measure	Step A. *Initial assessment*	%	Step C. *Reassessment*	%	% Change (+/-)
Example	*3/5*	*60*	*4/5*	*80*	*20*
Screening					
Maladaptive use present?					
Types of substances					
DSM-5 Dx, severity					
Avg.					
Assessment					
1st, past, present, last use					
Frequency, amount used					
Withdrawal history					
Effect on function					
Past treatment					
Patient goals					
Avg.					
Treatment					
Pharmacotherapy					
Factors influence treatment					
Psychosocial treatment					
Avg.					
Referral					
Offered?					
Referral made?					
Patient preferences					
Avg.					

V. References

1. Kleber HD, et al: *Practice Guideline for the Treatment of Patients with Substance Use Disorders*, Second Edition. American Psychiatric Association, 2006.
2. Miller SC, et al: *The ASAM Principles of Addiction Medicine*, Sixth Edition. Wolters Kluwer, 2019.
3. Rollnick S, et al: *Motivational Interviewing in Healthcare*. The Guilford Press, 2008.
4. Reus VI, et al: *Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder*. American Psychiatric Association, 2018.
5. VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders (2021). Accessed December 3, 2024. https://www.healthquality.va.gov/guidelines/MH/sud/VADODSUDCPG.pdf.