Virtual GBOT workflow

REFERRAL to GBOT
(we have a EHR "pool" that goes to our OBOT nurses):

Patient **referred** from:
-walk-in/self referred
-internal PCP
-higher level of care: detox, Inpatient, IOP, methadone clinic

Screening:
OBOT nurse calls patient:
-assesses appropriateness for GBOT *(see triage script in GBOT manual)*

OBOT nurse INTAKE appt:

1) takes full addiction hx
2) consents patient for treatment:
   a)B/N consent
   b) Group visit consent
(→ *see GBOT manual for sample forms*)
3) Reviews expectations/ policies for group: honesty, attendance, UDS, relapse
4) Obtains UDS and orders future UDS
5) Sets up f/u appt with MD/PA
6) Gets MD/PA to write B/N bridge script to first appt
7) Identifies group patient will attend and sends message to MA to set patient up for virtual visit

Individual visit with MD
-takes history (focus on addiction and psychosocial hx) → *see GBOT manual for template*
-reviews policies/expectations of group
-writes bridge B/N rx to last patient until first group

MA connects patient to virtual format:
-MA calls patient
-patient must have e-mail address; helps them set up
-sends e-mail link to virtual format (Google Meet, Zoom)
-ensures patient can access virtual format (trial run)

Group:

-Welcome!
-Invite new people to introduce themselves (new patients, observers)
-Read group ground rules → *see GBOT manual sample ground rules*
-Activity (usually 5-10 min) → *see GBOT manual for sample activities*
-Individual check-ins (majority of time)
-Wrap up/patients encouraged to stick around after if they have a ? for providers

Providers in attendance & their roles:
- MD/PA/resident (facilitates, time keeps, writes note, bills-most 99213, prescribes B/N)
- OBOT nurse (helps facilitate, reads ground rules, sometimes leads activity)
- MA (helps patients when they are having hard time logging in, mutes patients, sometimes leads activity)

Hot tips for efficiency:
→ Create templated note: provider only has to enter patient's "check in" into HPI; *see GBOT manual for note template*
→ patients can complete form *before* group (sent by MA) and MA enters answers into clinic note; *see GBOT manual for pre-visit questionnaire*

Team meeting after group
1) recap how group went: activity, patient participation, facilitation, virtual format; consider changes for future sessions
2) identify concerning patients and those who missed group, discuss their needs/management plan, and divvy up responsibilities among providers:
   a) OBOT nurse f/u phone calls for addiction & MH support, higher level of care if needed
   b) MA f/u call to help with virtual format
   c) Asked to submit random urine w/in 48 hours
   d) Schedule appt with individual provider (if not able to attend group regularly, need enhanced support, have primary care needs)
   e) other: connect to MH provider, help with transportation, etc.
4) Review any logistical issues: workflow, provider attendance

Between groups

-team members f/u on "to do's"
-urines collected for concerning patients
-MA sends reminder e-mails about upcoming group
-providers plan next group activity