

PCSS Exchange

 pcssnow.org/education-training/pcss-exchange/

PCSS is excited to launch the pilot of a new initiative – the *PCSS Exchange* (PCSS-X). PCSS-X will be a six-session course, live via Zoom webinar, focused on implementing prescribing medications for treating opioid use disorder in a variety of healthcare settings. The course content will be built around the EPIS (Explore, Prepare, Implement, Sustain) Framework of implementation.

PCSS-X is intended for an interprofessional audience, and participants are welcome to attend whichever sessions are most relevant to their current situation. Please see below for a summary of each session. Prescribers with frontline experience prescribing medications for opioid use disorder and developing clinic workflows will be available during each session to answer participants' questions and discuss real-world cases.

[View Infographic](#)

PCSS-X Session Descriptions

[Register Here](#)

Session 1 – Explore, Part 1 – November 19, 2020 at 3:00 pm ET

Have you considered prescribing Medications for Addiction Treatment (MAT) to treat your patients with opioid use disorder (OUD)? Have you wondered what is required to prescribe buprenorphine or other pharmacotherapies? If you answered yes to either or both of these questions, this PCSS Exchange session could provide you with the critical information and steps in determining the readiness of your site and clinical leadership. Initiating Medications for Opioid Use Disorder (MOUD) into your setting requires that you understand how pharmacotherapies work, including buprenorphine and its various formulations. Programs must think through the business case for service expansion and strategize how to best engage key staff.

[Find out more >](#)

Session 2 – Explore, Part 2 – December 3, 2020 at 3:00 pm ET

Once your clinical site leadership has demonstrated an interest in exploring buprenorphine or other pharmacotherapies as a treatment option for opioid use disorder (OUD) patients, you must determine how to best assess organizational needs in a number of key areas including screening and identification, clinical capacity, monitoring, referral, community engagement, and more. How do you ensure the broader clinical workforce is properly trained and confident in their ability to treat patients using pharmacotherapies, and ensure OUD patients have access to a continuum of treatment and care services? This session will

review clinic-wide implementation of new medications, and address ways to engage, identify and motivate site champions to work toward the implementation and integration of this clinical service.

Find out more >

Session 3 – Prepare, Part 1 – December 17, 2020 at 3:00 pm ET

The strengths and barriers for each community and clinic vary, and there is no one-size-fits-all model for implementing Medications for Opioid Use Disorder (MOUD). Questions you have might include: What models have been used to successfully scale up medications for OUD patients? What models have specifically been used to scale up buprenorphine treatment? How do we know which model might work best in a particular setting? This session will review these questions and highlight concrete organizational and administrative steps and processes to consider when defining your own clinic's needs in treatment delivery. We will discuss the value of screening and how it fits into current patient flow. We will discuss the importance of developing a MOUD implementation plan that includes clinical considerations, process improvement considerations, staffing, and financial considerations.

Find out more >

Session 4 – Prepare, Part 2 – January 7, 2021 at 3:00 pm ET

After the organizational and clinical components of initiating OUD treatment have been mapped out, how do we begin effective implementation? This session will map out concrete clinical and patient flow activities and consider issues of documentation, charting, and recommended metrics. We will review steps for conducting a small pilot/demonstration buprenorphine project, with regular outcomes-monitoring to ensure a smooth scale up of treatment and care for patients with OUD. This includes doing a walk-through to ensure behavioral health and prescriber staff have the certifications, knowledge and skills to deliver buprenorphine, or other pharmacotherapies, in integrated settings. We will discuss approaches for utilizing leadership and staff check-ins to get a pulse on practices, scale up, and changes needed to ensure successful expansion across all administrative and clinical staff. Finally, we will consider which metrics –immediate and long-term– are meaningful to your site, and how to gather relevant data to support federal/state reporting requirements, process improvement goals, and clinical decision-making in MOUD delivery.

Find out more >

Session 5 – Implement and Sustain, Part 1– January 21, 2021 at 3:00 pm ET

Once we've successfully managed the organizational and clinical steps to implement treatment for patients with OUD, we need to consider how to best sustain this new service. How do we ensure continued access to high-quality care for our patients, including those with on-going challenges? What does treatment look like for patients on their first visit and follow-up visits? This session will discuss key considerations for patient initiation

(induction) and on-going visits, including lab guidelines. We will additionally address the clinical management of patients with continued opioid use, poly-substance use, and comorbid mental health conditions.

[Find out more >](#)

Session 6 – Implement and Sustain, Part 2 – February 4, 2021 at 3:00 pm ET

Following clinical management of new and continuing patients, we need to consider how to ensure continued access to buprenorphine treatment for medically challenging patients. How do we ensure quality MOUD care for those with medical issues that may affect induction, dosing, medication choice or formulation? The session will review best practices for delivering buprenorphine to a range of patient populations, including those who are pregnant, those with acute pain and chronic pain, and those electing to taper their dose.

[Find out more >](#)