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Credentialling and Onboarding Checklist

Point of Contact: Gracie Cooper

Office of Contracting and Credentialing
417-322-6622, ext 226
417-350-1935, fax

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3. DEA
4. ADP for payroll and vacation scheduling
5. Suboxone training
6. AthenaOne access and training
7. Email and Outlook Setup
8. ECPS electronic prescribing registration and Athena integration
9. PDMP registration and Athena integration
10. VIP Access app
11. Google Authenticator app
12. Professional photo taken for badge
13. Visit the lab and set up Order Delegations for Labs and Procedures in Athena (see Testing, Procedures, and Laboratory Services)

Personal Credentialling Tracker

Expiration Date	Credential Title	State	License Number	Renewal Cost	Notes
05/01/2026	*Medical License*	*MO*	*SAMPLE*	*$*	

Privileging Checklist

Provider Name : _____

- Level 1 Privileging: Students, not fully credentialled with all insurance companies, must staff 100% of patients
- Level 2 Privileging: Fully credentialled with all insurance companies, may follow usual rules for staffing (Clinical Handbook) subject to the Privileging Checklist (below)
- Level 3 Privileging: Fully credentialled with all insurance companies, fully privileged according to the Privileging Checklist, may follow the usual rules for staffing (Clinical Handbook)

Privilege	Number Needed to Sign Off	MRN / Date
Bipolar disorder type 1	3	
Schizophrenia	3	
Major depressive disorder	3	
ADHD + ODD	3	
Acute manic phase	1	
Hospitalizations	1	
New patients	3	
Letters	3	
Referrals	3	

Date Privileging Complete: _____

Supervisor Signature: _____

Ethics and Professionalism

We are all privileged to participate in patient care and uphold the professional values such as patient autonomy, informed consent, and fiduciary responsibility to everyone that comes into our care. We make hundreds of decisions every day and it is crucial that we have the patient's best interests at the forefront of our mind, though barriers to mental health treatment exist.

It is imperative that that each of us be able to communicate rationally and clearly as we discuss patient care. If you are ill, unrested, affected by countertransference or in any way unable to provide safe patient care, then it is necessary for you to tell your supervisor. This policy includes being under the influence of of alcohol or drugs in the workplace, including over the counter and prescription medication. If you are intoxicated at work, this constitutes cause and you may be asked to submit to drug testing at IPE where they offer chain-of-custody urine drug screens as discussed among executive leadership. The most recent Employee Handbook added new substance abuse policies in November 2023. Since that time, the policy changed because of recent mishandling of urine drug screens by Eustasis staff in January 2024. Please see the Employee Handbook which goes into more detail:

DRUG TESTING

Eustasis is committed to providing a safe, healthy, and productive workplace that is free from unlawful drugs as classified under local, state, or federal laws while employees are working, whether on or off its premises.

In furtherance of this commitment, Eustasis maintains a policy by which it requires applicants and employees to submit to drug testing in certain situations. This policy is intended to comply with all applicable laws regarding drug testing and privacy rights and will be administered accordingly.

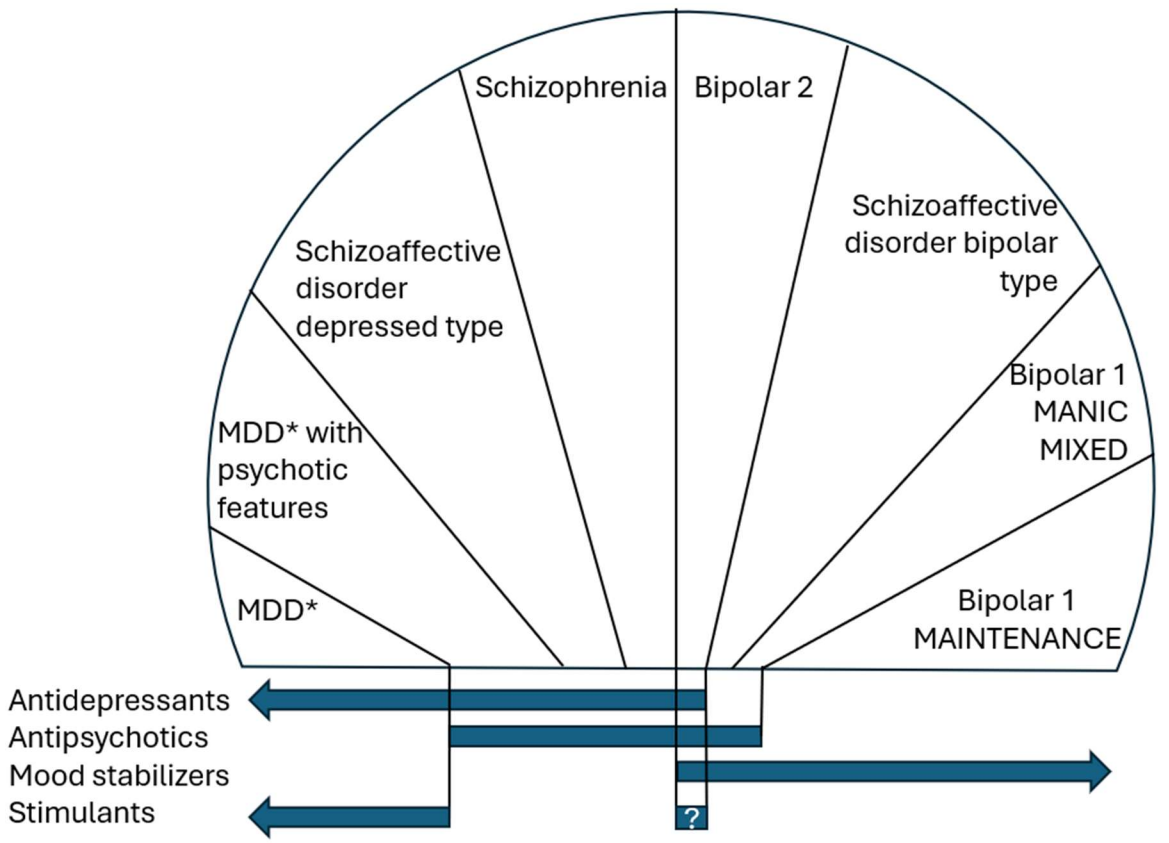
1. Pre-employment Testing and Retesting

All applicants offered employment with Eustasis are subject to drug testing. All offers of employment with Eustasis are conditioned on the applicant submitting to and successfully completing and passing a drug test in accordance with the testing procedures described in this policy.

2. Testing Based on Reasonable Suspicion

In accordance with applicable law, an employee may be asked to submit to a drug test if Eustasis has a reasonable suspicion, based on objective factors such as the employee's appearance, speech, behavior, or other conduct and facts, that the employee possesses or is under the influence of unlawful drugs.

Eustasis has sole discretion to determine whether any situation warrants testing, and this policy does not prevent Eustasis from taking action without testing.


Schizophrenia
Bipolar 2
Schizoaffective disorder bipolar type
Schizoaffective disorder depressed type
Bipolar 1 MANIC MIXED
MDD* with psychotic features
MDD*
Bipolar 1 MAINTENANCE
Antidepressants
Antipsychotics
Mood stabilizers
Stimulants
?

Treatment Guidelines for Anxiety Disorders and Benzodiazepines

The standard of care for anxiety disorders is psychotherapy and an antidepressant. Medications such as benzodiazepine-related (alprazolam, diazepam, lorazepam, clonazepam, zolpidem, etc.), gabapentin, propranolol, hydroxyzine and buspirone are frequently used off-label for breakthrough anxiety or panic episodes. Also, chronic insomnia is best treated with a specific protocol for Cognitive Behavioral Therapy for Insomnia (CBT-I).

Primary care prescribe approximately 90% of all psychiatric medications in the U.S.A., but they take a symptom-based approach to make the anxiety temporarily abate. In psychiatry, the goal is to overcome the emotional dysregulation and improve resiliency for future stressors. Chronic benzodiazepine use no longer has a place in the psychiatric standards of treatment. The risks of dementia, IQ point loss, insomnia, prolonged PTSD, chronic anxiety, dependency, risk of death, and avoidance of psychotherapy outweigh the temporary benefits of this class of nervous system depressants.

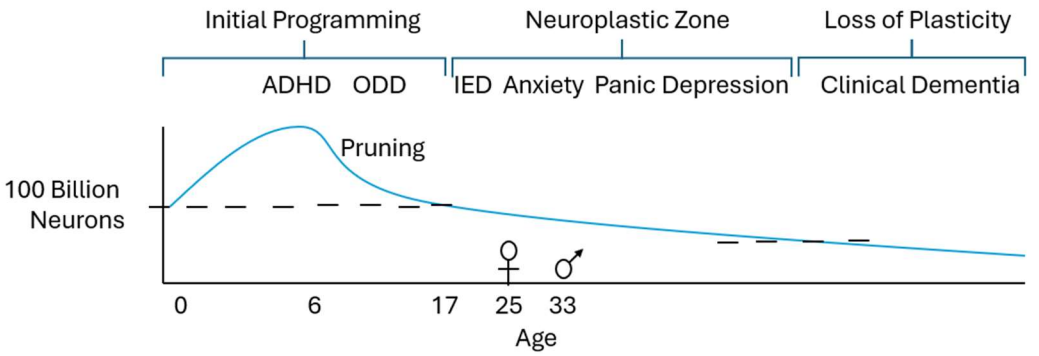
In order to receive a benzodiazepine prescription, the situation must comply with the following:

1. Compliance with the Controlled Substance Agreement at Eustasis, to include no outside mental health medication prescriptions.
2. Active participation in psychotherapy.
3. Temporary, prn use of a benzo with a scheduled antidepressant.
4. If the patient is already physically dependent on benzo's for three months or more, a tapering dose will be provided.
5. Not currently using any of the following: alcohol, methamphetamine, opiates, stimulant or THC.

Types of Psychotherapy

Psychotherapy Mirrors Neurodevelopment Across the Lifespan

- Initial Programming - Behavioral therapy = Parent training, Nutrition, Alpha Stim, Meditation, Meds > age 6
- Neuroplastic Zone - Psychotherapy with behavioral change sufficient to cause rewiring, Meds
- Loss of Plasticity - Behavioral therapy, Meds to slow rate of neuron loss



Types of Therapy

Acceptance and Commitment (ACT)
Adlerian
AEDP
Applied Behavioral Analysis (ABA)
Art Therapy
Attachment-based
Biofeedback
Brainspotting
Christian Counseling
Clinical Supervision and Licensed Supervisors
Coaching
Cognitive Behavioral (CBT)
Cognitive Processing (CPT)
Compassion Focused
Couples Counseling
Culturally Sensitive
Dance Movement Therapy
Dialectical Behavior (DBT)
Eclectic
EMDR
Emotionally Focused
Energy Psychology
Existential
Experiential Therapy
Exposure Response Prevention (ERP)
Expressive Arts
Family Systems
Family Therapy
Feminist
Forensic Psychology
Gestalt
Gottman Method
Humanistic
Hypnotherapy
Imago
Integrative
Internal Family Systems (IFS)
Interpersonal
Intervention
Jungian
Ketamine-Assisted
Mindfulness-Based (MBCT)
Motivational Interviewing
Multicultural
Music Therapy
Narrative
Neuro-Linguistic (NLP)
Neurofeedback
Parent-Child Interaction (PCIT)
Person-Centered
Play Therapy
Positive Psychology
Prolonged Exposure Therapy
Psychoanalytic
Psychobiological Approach Couple Therapy
Psychodynamic
Psychological Testing and Evaluation
Rational Emotive Behavior (REBT)
Reality Therapy
Relational
Sandplay
Schema Therapy
Solution Focused Brief (SFBT)
Somatic
Strength-Based
Structural Family Therapy
Transpersonal
Trauma Focused

Psychiatric Services in Springfield, MO

	Eustasis	**BiBi Health**	**Springfield Psych Center**	**Burrell Behavioral Health**	**Mercy Psych**
	3600 S. National Ave 417-322-6622	2139 E. Primrose, Ste.A 417-414-3050	3646 S. Campbell Ave 417-557-2355	800 South Park Street 800-494-7355	1965 S. Freemont,#330 417-820-8180
Psychotherapy	Yes	Yes	Yes	Yes	Yes
Buprenorphine	Yes	Yes		Yes	Yes
Transcranial Magnetic Stimulation	Yes	Yes		Yes	
Same-Day Medication Appointments	Yes		Yes		
Spravato (Esketamine) nasal spray	Yes		Yes		
Vivitrol	Yes	Yes			
Ketamine IV infusions		Yes	Yes		
NAD+ IV infusions			Yes		
Genetic Testing	Yes	Yes	Yes		
Neuropsych Testing		Yes		Yes	

Autism Screening in Springfield, MO

Dr. Lindsay Vo
Neuropsychologist
info@das-mo.com
417-893-0504
417-216-6731 (fax)

Dr. Allison Wise (cash only)
1200 East Woodhurst Drive
417-766-4400

Dr. Phillip Mothersead (with Mercy)
2115 S. Freemont Ave, Ste 3000
417-820-7708

Burrell Autistm Center
1300 East Bradford Parkway, Blg B
417-761-5000

Cox Health Neuropsychology Services
Dr. Brittany Allen or Dr. Ryan Jones
3801 S. National Ave, Ste 900
417-269-2710

Documenting Patient Encounters

1. Open AthenaOne and view your Inbox in List View.
2. Choose a patient marked as "Ready for Provider" that has insurance that you are enrolled in as a provider.
3. Post a note in the daily provider AthenaText box to indicate to the team that you will be assigning yourself to the patient.
4. Click "Go to Exam."
5. In the upper right, change the patient location to your room and to your name.
6. Review the chart for medications, labs, vitals, previous testing results, PDMP if applicable.
7. Go get the patient from the waiting room.
8. Click "discussed" under the History tab to review all new updates in the intake information, and so that that information is included in the chart for today's visit.
9. Arrange the diagnoses in the order of importance for the appointment today.
10. Conduct your interview the way you normally do. With different prescribers and psychiatrists here, it's important to set up patient expectations about how our team arrives at final medication treatment decisions. We have a unique approach here and patients may not be familiar with our standard operating procedures.
11. HPI, click the "+" to bring in notes from the last visit. Include a quote for the Chief Complaint and put in all of the pertinent history obtained from the interview, to include relevant data related to the past psychiatric, medical, social and family history. Read and edit all past notes to make sure there aren't artifacts that affect the current clinical picture or contain past billing or psychotherapy codes.
12. ROS, click the "+" sign to bring in notes from the last visit. Edit accordingly.
13. A/P, pull up previous "VISITS" from the Left side of the screen. Use the right arrow next to the previous visit to load the past A/P notes. Edit accordingly.
    a. The A/P area contains all diagnoses and related treatment interventions.
    b. Clean up all unused medications from the med list.
14. Care Plan, Click "Care" on the Left-hand menu.
    a. Add or edit a care plan by clicking the ">>" next to the Active Care Plan list.
    b. Update it accordingly, fill in description and save.
    c. Update the progress of goals listed below the title of the Care Plan and save.
15. When forwarding prescriptions to physicians for signature, don't click "Sign Orders". Simply forward the note for review in its entirety.
16. Put in an appointment tickler to include psychotherapy at the Bradford Street clinic, follow up times for medication management appointments at Eustasis Springfield.
17. Send note for Review:
    a. Visits that provider sees without collaborating: sign chart and completion ensuring all elements are present, psychotherapy, care plan, med changes, ticklers etc. If you have a collaborator that you need to do additional chart review with for compliance purposes (Dr's Lambird or Meloy) those can be sent for cosign.

3 critical documentation tasks:

1. Read back prescription
2. Read back pharmacy
3. Read back f/u appt tickler

b. JOINT VISITS: where you see a patient WITH A DOCTOR EITHER ON TEAMS OR IN PERSON. those visits should still be sent for review and NOT signed because Athena will not allow a bridge statement once the encounter is closed and the doctor needs to add their own statement to the chart.
c. Please send joint visits to the MD you saw the patient with before signing but be sure to write out the APP info and your credentials.

CPT Coding

New Patient	Follow-Up Appointment
99205 99204 90792 (Medicaid)	99215 99214 99213

Psychotherapy Add-On Codes Use these on practically all patients, except for Medicaid in Missouri.
• 16-37 min: 90833 – 30 minutes • 38-52 min: 90836 – 45 minutes • 53+ min: 90838 – 60 minutes • 60 min Crisis: 90839

Interactive Complexity
90785 – must have parent/participants names mentioned in the following template: "There was interactive complexity with patient's _____ as they had questions and concerns regarding patients care and were actively involved in the visit for a substantial portion of the visit."

QB Test
• 96132 and 96138 – UHC Medical, Optum, UMR, BCBS, Med-Pay, Cigna and all commercial insurance companies • 96112 - Ambetter, UHC Medicaid, UHC Medicare, Medicaid/Medicaid Replacements, Medicare/Medicare Replacements and Tricare • TEST100 - Self-Pay • JLAPADHD - JLAP in Rogers • HG100 - Higher Grounds

Miscellaneous
99051 service on a major holiday

Psychotherapy Add-On Codes

Psychotherapy Add-On Codes Use these on practically all patients, except for Medicaid in Missouri.
• 16-37 min: 90833 – 30 minutes • 38-52 min: 90836 – 45 minutes • 53+ min: 90838 – 60 minutes • 60 min Crisis: 90839

Athena Text Macro Example:

> "___ minutes of psychotherapy above E/M supportive counseling was provided in the context of empathetic validation, positive affirmation-based therapy principles, psychoeducation in the form of TD, anxiety, depression, sleep.
>
> ___ total minutes face-time with the patient."

Place referrals for psychotherapy in tickers and ensure the patient actually gets scheduled. Advise the patient on all of the psychotherapy delivery options available to them (EAP, telemedicine, etc.).

Anxiety

- Boundaries
- Mindful medication
- Yoga-style stretching
- Deep breathing exercises
- Cardiovascular fitness
- CBT

Intermittent Explosive Disorder

- Mood stabilizers
- Anger management training
- Self-calming techniques
- REM sleep
- Healthy grieving
- Psychotherapy

Depression

- Strength training
- REM sleep
- Gut health
- CBT
- Serving others
- Light therapy

Insomnia

- Sleep hygiene
- Limit screen time and caffeine
- Positive activities at night
- Sleep journal
- Blue light glasses in the evening
- Gratitude meditation

Psychotherapy Referrals

Step 1: Patient Goals = _____.

Step 2: Contact Human Resources for Employment Assistance Program.

Step 3: Visit https://www.psychologytoday.com/us/therapists/mo/springfield to Find Therapists and Psychologists in Springfield, MO - Psychology Today that also takes your insurance.

Step 4: Get involved with classes and groups at the National Alliance on Mental Illness Calendar - NAMI Southwest Missouri (namiswmo.org).

- Stress Management
- Creative Expressions
- Recovery Dialogues
- Schizophrenia Support
- Anxiety Support
- Positive Coping Skills
- Music Recovery
- Suicide Survivor's Support Group
- Living with Depression
- Family Support Group
- Family-to-Family

Step 5: Filter the negativity coming into your life. Instead, learn evidence-based lifestyle modifications starting immediately. A great place to start is Unmedicated: The Four Pillars of Natural Wellness, by Madisyn Taylor.

PHYSICAL - Filter your water, eat real food, probiotics and gut cleanse regularly, get fit, sleep deeply.

- The Paleo Diet for Athletes
- Wheat Belly
- Root Cause documentary

MENTAL - Clear your mind, educate yourself on holistic health, improve self-care.

- Getting Things Done, David Allen
- The Body Keeps The Score, Bessel van der Kolk
- The Subtle Body: An Encyclopedia of Your Energetic Anatomy, Cyndi Dale

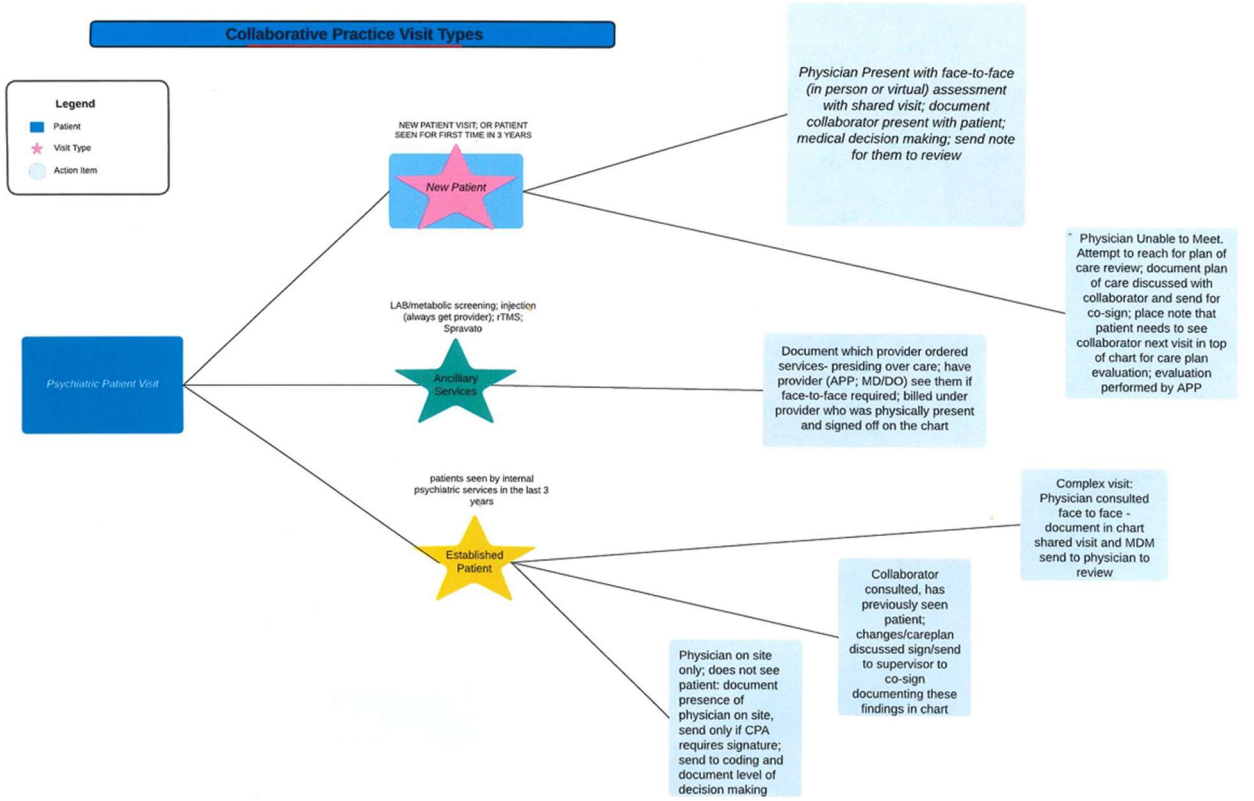
EMOTIONAL - Be authentic, share the truth with love, express yourself through art.

- The Gifts of Imperfection: letting go of who you think you're supposed to be and embracing who you actually are, Brene Brown
- The Emotion Code, Bradley Nelson
- The Empath's Survival Guide, Judith Viorst

SPIRITUAL - Find your purpose, harness your energy, help your tribe.

- I AM: The shift is about to hit the fan, Tom Shadyac documentary
- Heal documentary
- The Healing Field, book and documentary
- E-Motion 2.0 documentary
- Messages in Water, Marasu Emoto

Supervision Requirements



Our mission of high quality psychiatric care is embodied in the Eustasis approach to the supervision of Advance Practitioners. The next section on Follow Up Appointments covers the policy in detail, but here are a few highlights.

When to Staff with Psychiatrist:

1. Any time you need clinical support
2. Initial visit
3. Semi-annual visit
4. QB test
5. Stimulant change or increase (not decrease or d/c)
6. Minimum 20% chart review
7. Complex patients with polypharmacy

Follow-Up Appointments

1. In general, patients must see a psychiatrist on all initial appointments. If a psychiatrist cannot see a patient at that visit they must see one within 14 days of being seen.
2. A physician relationship is required for all patients on controlled substances, it is imperative that a collaborative visit be performed on those patients as well as psychiatric patients in general who are being seen for any chronic, exacerbated disorder, multiple diagnoses, or complex medication management must see a psychiatrist every 3 months with the APP (advanced practice provider).
3. Patients appointments must be scheduled in a safe manner and consistent with Eustasis guidelines and not pushed out where safety and care quality is an issue. Many patients are also waiting several months to see a therapist and are relying on psychiatric visits to stabilize them while they are working to have dual treatment.
4. The policy for follow-ups is as follows:
    a. Patients who are new return in 2 weeks to go over medication changes and progress.
    b. If requiring ADHD testing they should return in 3-7 days to complete this testing and have already completed rating scales for their visit.
    c. A patient who is acute, or having severe exacerbation of a chronic state (and does not meet hospitalization criteria) should be seen the same week or within 1 week of treatment for their safety.
    d. Substance abuse patients should initially be seen in 2-3 days of their initial visit if starting BUPG and then weekly until stable and for the first 4-6 weeks, and then moved to every 2 weeks if compliant for 8 weeks, and then with psychiatrist approval may go to monthly pending drug testing and progress with program. This is consistent with all SAMSHA guidelines, helps keep the patient accountable, and sober, and protects from diversion and identifies other areas of concern when a patient is getting sober that may emerge such as rebound depression.
    e. After a patient has been seen 2-3 times as a new patient they may be considered for monthly visits and must be with us for at least six months before they can be considered or approached for any further increase in appointment times. This is to establish therapeutic rapport, ensure safety of the patient, and so that we can attest they are compliant with treatment goals. Pushing patients out past this without a well-established history is against evidenced based guidelines and results in poor outcomes.
    f. Patients must have a psychiatric care quality/lab visit with a BMI & AIMS assessment initially within 2 weeks of starting an antipsychotic or high risk medication such as lithium or Depakote and then every 6 months for most antipsychotics (3 months for children), or more dependent upon medication (i.e. clozapine, lithium etc.).
    g. Patients that meet the following criteria should not be scheduled more than 4 weeks out:
        - 3 or more psychotropics
        - On a stimulant medication that they have not been on for greater than six months, have had issues with a drug test in the past, have not seen a psychiatrist in the last 3 months, and have not had ADHD treatment plan guidelines met. Stimulants have a very high risk of diversion and have drastically increased in street value due to supply chain shortages. Ensuring patients are coming to their appointments, are making progress, having random drug testing to ensure they are taking the

medication, and that blood pressure and heart rate is being monitored protects the patient and your licensure. There are many organizations facing heavy scrutiny due to pharmacy reports that the patient has not been seen within the last few months but is getting stimulants as the supply chain issues have triggered several DEA audits on a national level. An APP CANNOT STAGE OR ENDORSE AS PART OF THEIR CPA MORE THAN A 30 DAY SUPPLY OF A SCHEDULED MEDICATION WITHOUT AN APPOINTMENT WITH A PHYSICIAN. This means any controlled medications issued by an APP either directly or in collaboration with an MD/DO written by an APP can only be issued for 30 days and no more at a time without seeing the patient. This does not mean just consulting the doctor and asking "can the patient get 2 months" the patient actually has to be seen by an MD/DO in that time frame if they are getting more than a 30 day supply of a controlled medication unless in a controlled setting (such as a residential care facility, nursing home, or hospice).

- Regulations have been clarified post pandemic that a patient must have an IN-PERSON appointment at a treatment site at least every 90 days and on ALL first appointments before obtaining a controlled medication. Please make sure patients meet this criteria as well.
- Any patient who has a medication change needs to be seen within 4 weeks to follow up on that medication change and assess progress of that change.
- Patient's who have more than 3 chronic mental health diagnoses with at least 2 exacerbations should stay on monthly visits as evidenced through PHQ-9, GAD-7 scores, or PC-17.
- Any patient who has been suicidal either passively or actively in the last six months or has self-harmed in that time frame needs to continue monthly check ins for medication management and supportive therapy.
- Patients who have had violence, hallucinations, or agitated behavior in the last few months and are voicing concerns which place them at a higher risk due to these symptoms.
- Any patient who has been hospitalized for psychiatric or addiction reasons in the last 12 months needs to be monitored monthly
- Patients who are on lithium, clozapine, valproic acid, clomipramine, or other high risk medications should be followed monthly until their drug levels are stable for at least six months and they are compliant with all recommended follow ups.
- Children on anti-psychotics with high potential for side effects such as Risperdal, Thorazine, Clozapine, Seroquel need to be seen for metabolic screening and AIMS assessments on a routine basis per the Center of Excellence
- Children in DFS care who are on anti-psychotics, more than 2 psychotropic medications, are on any off label medication, or on sedating medications must be seen by a provider monthly for follow up and care plan updated to track progress and continued use of psychotropic medications for their care plan to be approved by the treatment monitoring team.
- Any person who is presenting with new side effects to a medication that require follow-up for safety (even if previously cleared for longer appointments) such as a skin rash with Lamictal, tremors with lithium, any form of EPS, nausea/vomiting,

dystonia, Tics, serotonin syndrome, elevated ammonia or prolactin, increased metabolic scores (elevated thyroid function, increased A1c or fasting glucose, weight gain over 10 pounds in 3 months, elevated fasting lipids)

- A child/adolescent who is experiencing growth suppression, appetite/weight loss/gain due to a medication, or vital signs that are not WNL
- Those who have medical comorbidities that place them at a higher risk of respiratory suppression or falls and are on sedating medications prescribed by Eustasis (including non-controlled) such as COPD, OSA, seizures.
- A patient on a stimulant or psychotropic who has had a recent abnormal EKG
- Patients who have gone through a major life stressor recently and are at a higher risk of relapse of a depressive episode, PTSD exacerbation, etc such as divorce, job loss, death in family, move etc that are classified as a sentinel event.
- Someone who is at a risk of pregnancy and/or is pregnant and breastfeeding.
    i. CONFIRMED PREGNANACY
    ii. Monthly if stable initially, if having exacerbation of symptoms or high risk pregnancy then more often in collaboration with OB
    iii. At 32 weeks be screening for emergence of peripartum depression/psychosis. Move to every 2 weeks.
    iv. At 36 weeks discuss what to watch for in terms of postpartum OCD, depression and psychosis, and move to every week until delivery
    v. Needs to see us within 1-2 weeks of delivering a baby, if peri-partum condition is identified see with baby and discuss care with pediatrician if indicated.
    vi. Do Edinburgh Depression Scale.
    vii. BREASTFEEDING, MONITOR AT LEAST MONTHLY AND ENSURE SAFETY OF AGENTS.

Top 5 Reasons Why Notes Get Returned

1. Diagnoses list not in order of priority. Please put serious mental illnesses first that we're monitoring, such as MDD, schizophrenia or bipolar
2. The "sign orders" button is not green
3. Prescriptions missing diagnoses or quantities
4. Inappropriate "notes to pharmacy"
5. No care plan

Athena will often carry over information from past encounters into the current encounter. This can include incorrect pharmacies, quantities, notes to pharmacies, and old fill dates.

Testing, Procedures, and Laboratory Services

Eustasis is more thorough than a lot of clinics with respect to health surveillance with EKG's, labs, ADHD testing, AIMS testing, and vital signs. Our philosophy is that if a medication is known to cause a side effect we can measure, we'd prefer to run that test and assure our patients that the medications they are taking are not having a deleterious effect wherever possible.

Check your inbox for labs daily. Call the patient if there are critical labs. Email the patient and annotate in the sticky note for non-critical but abnormal labs. **Review labs with every patient at every visit.**

- Performing labs and procedures requires an on-site provider with active order delegations in Athena. **If not, we can't do any labs which shuts down our intake operation.**
- All providers need to keep these delegations active for LAB and PROCEDURES for the following staff:

3600 S. National

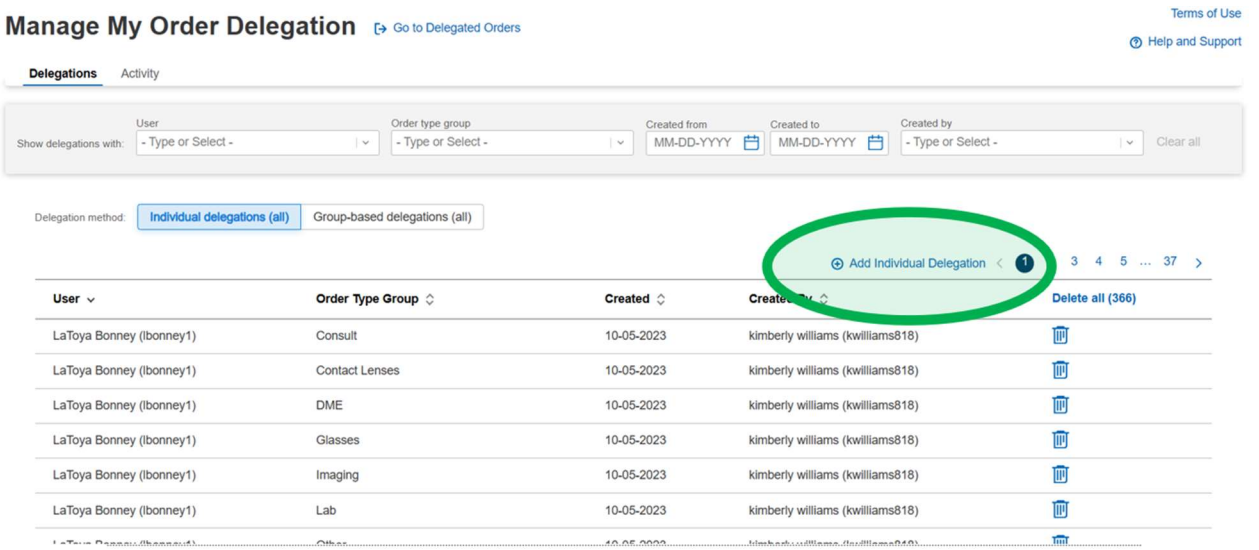
- Latisha Dey
- Amber Spencer
- Christina Miksell
- Nathaniel Garnica

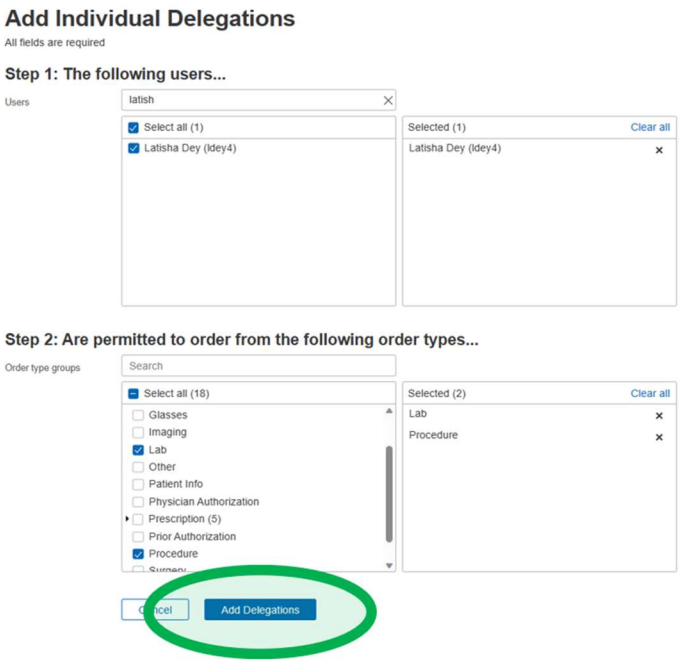
Parkway

- Sierra Pickett
- Courtney Humbard

Ozark

- Hannah Kennon
- Terry Beard
- Jessica Eakin


Manage My Order Delegation
Go to Delegated Orders
Terms of Use
Help and Support
Delegations
Activity
Show delegations with:
User
- Type or Select -
Order type group
- Type or Select -
Created from
MM-DD-YYYY
Created to
MM-DD-YYYY
Created by
- Type or Select -
Clear all
Delegation method:
Individual delegations (all)
Group-based delegations (all)
Add Individual Delegation
1
3 4 5 ... 37
User
Order Type Group
Created
Delete all (366)
LaToya Bonney (lbonney1) Consult 10-05-2023 kimberly williams (kwilliams818)
LaToya Bonney (lbonney1) Contact Lenses 10-05-2023 kimberly williams (kwilliams818)
LaToya Bonney (lbonney1) DME 10-05-2023 kimberly williams (kwilliams818)
LaToya Bonney (lbonney1) Glasses 10-05-2023 kimberly williams (kwilliams818)
LaToya Bonney (lbonney1) Imaging 10-05-2023 kimberly williams (kwilliams818)
LaToya Bonney (lbonney1) Lab 10-05-2023 kimberly williams (kwilliams818)


Add Individual Delegations
All fields are required
Step 1: The following users...
Users
latish
Select all (1)
Latisha Dey (ldey4)
Selected (1)
Clear all
Latisha Dey (ldey4)
Step 2: Are permitted to order from the following order types...
Order type groups
Search
Select all (18)
Glasses
Imaging
Lab
Other
Patient Info
Physician Authorization
Prescription (5)
Prior Authorization
Procedure
Selected (2)
Clear all
Lab
Procedure
Add Delegations

Polypharmacy

Polypharmacy is a term used to describe the interaction of multiple medications with increased risk of adverse outcomes including disability and death. The most commonly reported definition of polypharmacy was the numerical definition of five or more medications daily (n = 51, 46.4% of articles), with definitions ranging from two or more to 11 or more medicines (*Masnoon et. al*., 2017). Each class of medication carries different risks that can be additive and potentiate adverse events. Below is a list of contraindications (Do Not Mix) and summary of class-specific side effects used at Eustasis in attempt to prevent harm.

If these substances already being used…

Can I prescribe this?	Alcohol	Benzo's	Buprenorphine	Meth	Opiates	Stimulants	THC
Benzo's	X	X	X	X	X	X	X
Buprenorphine	X	X	X		X		
Spravato	X	X	X	X		X	X
Stimulants	X	X		X			X
Vivitrol		X	X	X	X		

Table 3: Contraindications Among Controlled Substances: Do Not Mix

Alcohol: Active alcohol use is a risk factor for medication adverse events. Combining medications with alcohol can result in respiratory depression, failure to maintain a secure airway, aspiration pneumonia, respiratory failure, coma and death.

Benzodiazepines: Work on the GABA receptors just like alcohol. As such, they kill brain cells and are associated with insomnia, doubling the risk of dementia at any age, cognitive loss, persistent anxiety, physical and psychological dependence, and addiction. Examples: Ativan (lorazepam), Klonopin (clonazepam), Valium (diazepam), Xanax (alprazolam), Ambien (zolpidem), Temazepam, Oxazepam, Zaleplon.

Stimulants: Stimulants can include prescription and nonprescription. By definition, they increase adrenaline and dopamine in the frontal cortex in the brain. Therefore, combining stimulants with some other medications can exacerbate the background risk of hypertension, palpitations, arrhythmia, even leading to stroke and death. Examples: Methylphenidate, Adderall, methamphetamine, cocaine. A good example of this is the recently outlawed Dos Locos beer that added a stimulant to an alcoholic beverage that resulted in deaths.

Masnoon N, Shakib S, Kalisch-Ellett L, Caughey GE. *What is polypharmacy? A systematic review of definitions.* BMC Geriatr. 2017 Oct 10;17(1):230. doi: 10.1186/s12877-017-0621-2. PMID: 29017448; PMCID: PMC5635569.

Addiction Recovery Resources

Meeting Options

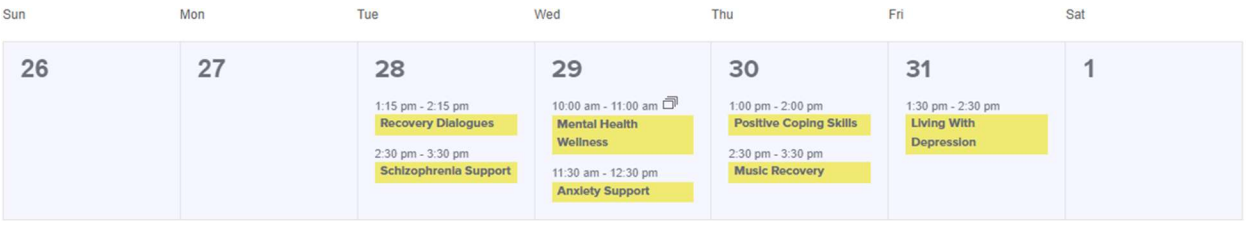
- 12 Step Program, such as Alcoholics Anonymous. There's a 12 Step group for everything! https://www.aa.org/
- Celebrate Recovery. A church-based program from any hang up or sin. https://www.celebraterecovery.com/
- Smart Recovery. A psychology-based program for addiction. https://smartrecovery.org/

Zoom Meetings

Meeting Guide App in your smartphone or online. https://www.aa.org/meeting-guide-app

Classes

National Alliance for Mental Illness (NAMI) Calendar - NAMI Southwest Missouri (namiswmo.org)



Books

- Alcoholics Anonymous
- 12 Steps and 12 Traditions
- Al-Anon
- Narcotics Anonymous
- Adult Children of Alcoholics
- Don't Call it Love
- Sex Addicts Anonymous
- Sex and Love Addicts Anonymous
- Dialectical Behavior Therapy Workbook

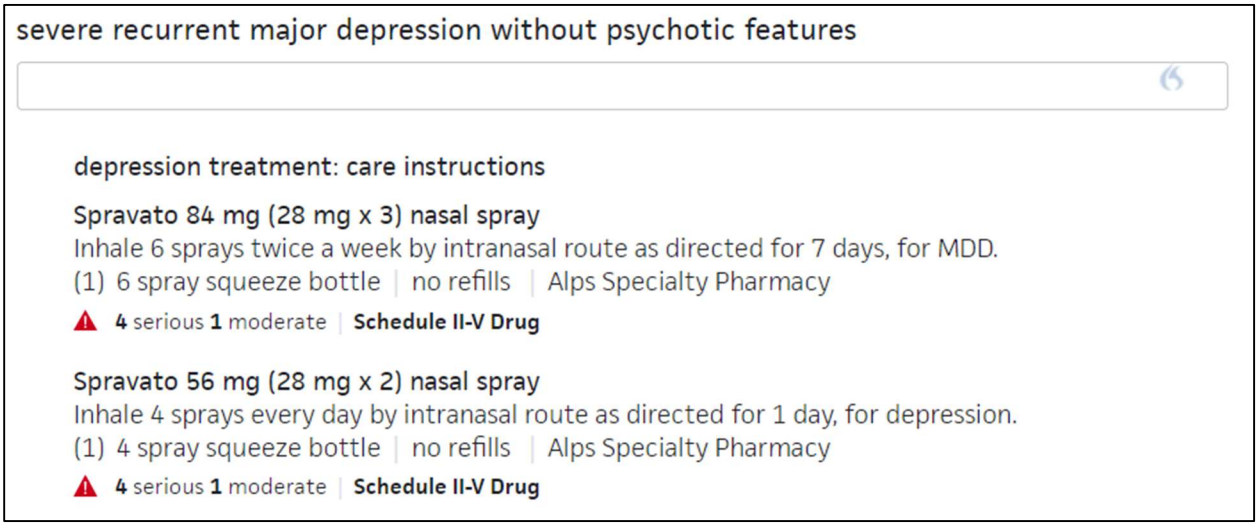
Spravato

Spravato is indicated for patients with treatment-resistant depression and currently taking an antidepressant. We are trying to see how much glutamate the brain needs to have an emotional breakthrough. Esketamine affects the deeper limbic structures of the amygdala involved in unconscious body memories of trauma and the way emotions are held in the body. An emotional breakthrough is an opportunity to "rewire" the body memory, and therefore let go of the quantum energetic past to experience the present.

The recommended treatment course is 4-6 weeks of twice weekly, then step down to weekly. The initial dose on day 1 is 4 sprays (14mg each) for a total of 56 mg. After that initial dose, all subsequent doses are 6 sprays totaling 84 mg.

- Alps Specialty Pharmacy in Nixa must receive specific instructions in the notes to **"please deliver to 3600 S. National Ave."**
- When the patient uses their last dose, the next weeks' worth of scripts are ordered.

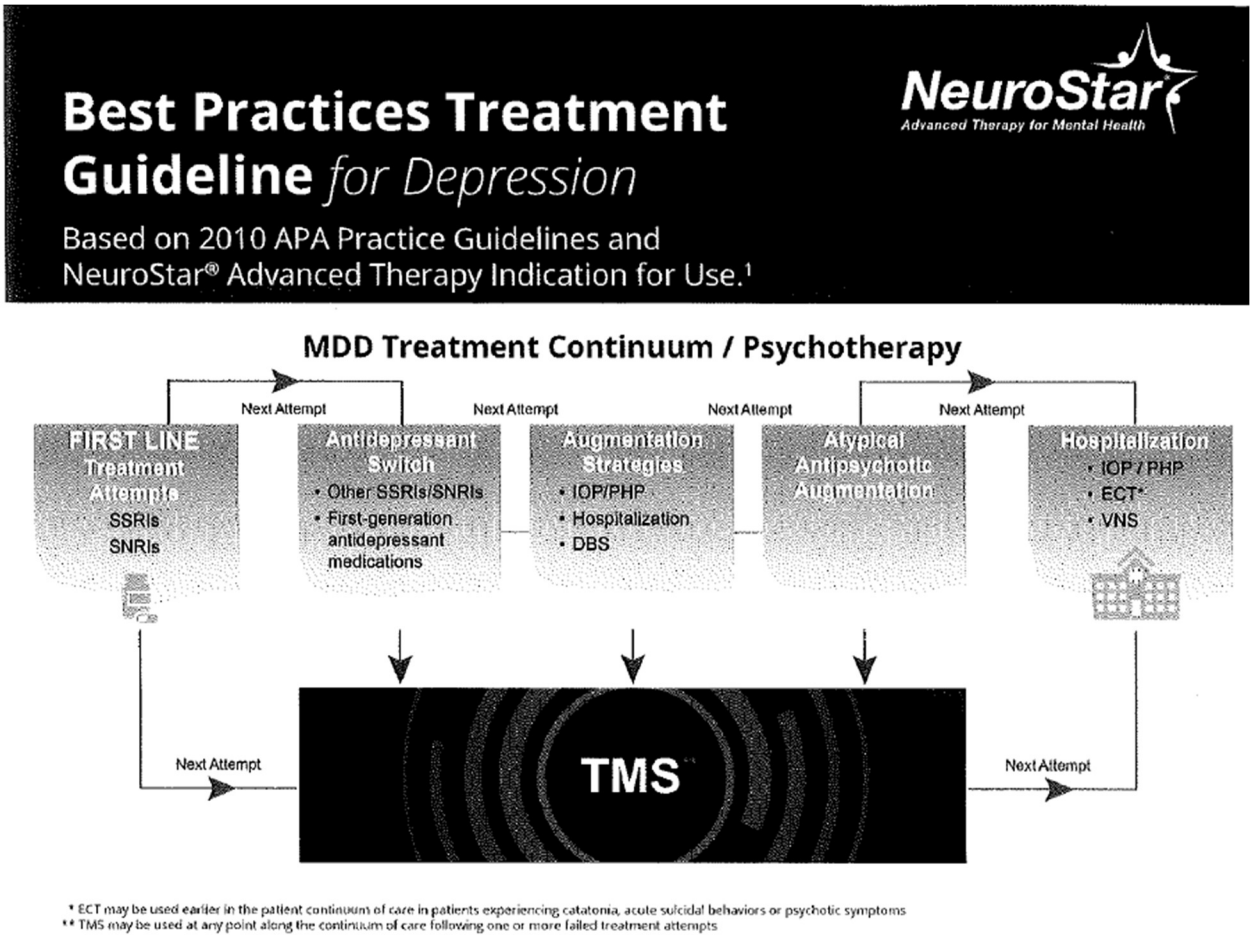
Example of Week 1 Script:



Transcranial Magnetic Stimulation

TMS is indicated for treatment-resistant Major Depressive Disorder currently on a stimulant (same as Spravato). Electromagnetic waves are pulsed by magnets over the left motor strip. The patient must come in 5 days per week for 1-2 months. They may drive themselves home.

Currently, we are not seeing patients for TMS but we are accepting referrals to begin again. Please contact the Director of Nursing for further status updates.



NeuroStar
Advanced Therapy for Mental Health

What to Expect on Day 1

Congratulations on pursuing NeuroStar TMS. Your NeuroStar provider and support staff will be with you each step of your journey.

You may have questions. And we have answers that will enhance your treatment experience and provide the greatest chance of reaching remission from your depression.

On your first day with NeuroStar, you will receive your "mapping" and your first treatment. The first day of your treatment is the longest; expect 40-60 minutes. Each subsequent session will be about 20 minutes.

What Happens During the Mapping?

Motor Threshold (MT) determination, or mapping, is how your provider determines your prescribed dose and treatment location for NeuroStar to deliver the best clinical outcomes for you.

- The provider delivers single magnetic pulses to look for a twitch in your thumb
- The device makes a "clicking" noise when it's delivering magnetic pulses
- You may feel a light tapping sensation when this occurs
- You may need to hold your arm in a certain position for 20 minutes so your provider can assess finger twitches

What Happens During the First Treatment?

Your full treatment session will last 19 minutes. The tapping will continue throughout that time. You'll be fully awake and alert during the treatment.

- If at any point in your treatment you are uncomfortable, let your treater know and they can adjust the treatment accordingly
- You may feel a light tapping sensation on your scalp or a tingling sensation in your facial muscles

What Will Happen After My First Treatment?

You'll be able to resume normal activities immediately after your treatment. NeuroStar does not have the same systemic side effects as medications.

- The most common side effect is a slight headache or scalp irritation at or near the treatment site during the treatment
- Minor discomfort usually subsides after the first week of treatment
- It is important to let your doctor know if you experience any discomfort
- Ask your treater if over-the-counter pain medication might be right for you

How Can I Prepare?

What Should I Wear?

- Wear comfortable clothing
- Wear your hair down
- Remove all jewelry above the shoulders

Can I Bring Someone With Me?

Yes: ☑ No: ☐

- A loved one by your side through treatment can be comforting
- Friends and family can be your cheerleader and ask questions on your behalf

Do I Need to Change Any of My Habits?

Yes: ☐ No: ☑

- Do your normal routine
- Take medications as prescribed
- Eat your usual diet
- Try to get a good night's sleep
- Consume your typical amount of caffeine

Paperwork and Medical Records Requests

FMLA, Leave of Absence, Lawyer forms, Disability, Return to work and letter requests, Surgery clearance, Medication letters, ETC). Listed below are the requirements for every patient. Exceptions to policy must be cleared by Medical Records and Executive Leadership (Dr. Bre).

Point of contact for Medical Records:

DANIELA GONZALEZ
Medical Records Coordinator
Phone 417-322-6622 ext. 355 | Fax 417-350-1935
Web www.eustasis.com
Email records@eustasis.com
3600 S. National Ave, Springfield, MO 65807

Requirements:

- Must be an established patient for at least 60 days with at least three recent visits (with 2 weeks minimum between visits, max 30 days between visits)
- Complete/sign Legal Forms Policy form (Paper and fillable electronic forms available)-Only given by Medical Records
- Complete/sign Release of Information form (Paper and fillable electronic forms available)- Only given by Medical Records
- Pay fee * The paperwork required to be filled out by providers is fairly intensive and time consuming, for this reason, our providers charge a flat fee of $25 per page that needs completed. *

Payments can be made in person at our Main Office at 3600 S. National Ave, Springfield, MO with Medical Records ONLY or over the phone with the Medical Records Department at ext. 355 ONLY)

If the patient is needing Medical Clearance for a surgery, Clearance to return to work, or Clearance letter regarding patient stability, the patient MUST have a Consult with the Medical Director first.

All paperwork requests are to be forwarded to the Medical Records Department. We will contact the patient and go over the requirements with them to reduce incorrect information being given to the patient. If the patient has just established, you can let them know they have to be established for 60 days before any paperwork can be completed, but you will forward the request to Medical Records, and we will follow up with the Patient.

Opioid Agonist Induction Protocol

PROTOCOL FOR OPIOID INDUCTIONS AT EUSTASIS PSYCHIATRIC HEALTH & ADDICTION

Director of Nursing will perform all Inductions if she is in the clinic. Her times are from 8:00am until 4:00pm that she is available to do Inductions. If she is unable to do the Induction, then the provider must do the induction as there are no other licensed personnel in the clinic that are able to perform this task.

Preparation

1. **Accessing the Opioid Withdrawal Scale (COWS):**
    - Open the patient's profile in Athena
    - Click on the purple file cabinet to the right side of the screen
    - Select Print Forms
    - Type "Opioid" and locate the Opioid Withdrawal Scale
    - Click on the form and print 4 copies
    - Write the patient's vitals (T,P,O2,BP) at the top of each copy
2. **Preparing the Medication:**
    - Go into the Director of Nursing office and get the key out of the top left drawer of the desk.
    - Go into the med room and retrieve the narcotic box from the cabinet
    - Unlock the box with key 076
    - In the red binder on the counter find the MAR for the Suboxone (should be the 1st page)
    - Verify the amount of Suboxone in the bottle with 2 staff members and reconcile after taking one tablet
    - Write patient information including address on the MAR sheet in the red binder
    - Go to the other cabinet in the med room and get a Narcan sample out
    - Document on the Sample sheet that a Narcan was taken

Induction Process

1. **Administering Suboxone:**
    - Invite the patient into your room.
    - Take and record the first set of vitals on the 1st paper
    - Complete the COWS assessment #1
    - Give the patient the Suboxone tablet, instructing them to break it into four pieces
    - Have the patient place 0.25 of the tablet under their tongue

- Document the time of the first dose on the top of the 1st paper then write on the other three papers 15 minute increments.
- Every 15 minutes assess the patient to verify they are not having any adverse reactions, complete the additional COW and repeat this process until all four pieces of the tablet have been given
- Patient must stay inside the building for the entire process. They can use the restroom as long as their pockets are empty.

2. **Post-Induction**
    - Verify that the patient is doing well and is having no adverse reactions to the medication. If they are fine they can leave after the last SL tablet has dissolved.
    - Provide the patient with a Narcan sample before they leave

Charting (can be done after the patient leaves)

1. **Completing the Documentation:**
    - Ensure that all COWS forms are filled out with vitals and times on the top of the page and the assessment has been numbered and signed at the bottom.
    - In the patient chart, click on Intake then click on Vitals and enter the Temp, Pulse, O2 and BP. There is a + sign beside each of these. Click this 3 times so that you can enter all 4 of the vitals that you took.
    - Go into the Exam part of the chart
    - Under the Physical Exam (P/E) section add the following documentation:

      Opioid withdrawal:

      OPIOID INDUCTION DONE IN OFFICE WITH DIRECT OBSERVATION BY LICENSED PROVIDERS AFTER EVALUATION A 1 HOUR INDUCTION TOOK PLACE, THEN NARCAN EDUCATION AFTER APT. NARCAN SENT HOME WITH PATIENT.

      FIRST DOSE GIVEN BY PATIENT DIRECTLY PO/SL BY (PUT YOUR NAME HERE) after initial cows

      Dose 1: (PUT TIME HERE) 0.25 TAB= 2 MG; TOLERATED WELL COWS (#)

      Dose 2: (PUT TIME HERE) 0.25 TAB= 2 MG; TOLERATED WELL COWS (#)

      Dose 3: (PUT TIME HERE) 0.25 TAB= 2 MG; TOLERATED WELL COWS (#)

      Dose 4: (PUT TIME HERE) 0.25 TAB= 2 MG; TOLERATED WELL COWS (#)

2. **Uploading COWS Form:**

- Click on the purple button and select ADD DOCUMENT
- Click on Upload photo from smartphone
- Open Athena Capture on your phone and click Start
- Scan the QR code on your computer screen
- Click Capture
- Take a picture of your first COWS form
- Select Use Photo
- Select Add Image on the bottom left
- Take pictures of the second through fourth COWS form by selecting Add image each time
- Select Upload
- Click Reclassify Document and select Encounter Document Procedure Documentation
- Click Save
- Click on Tie to Patient Encounter and select today's visit.
- Scroll down and select Data Entry Completed
- Click Save
- In the Internal Note section type Suboxone Induction COWS
- Click Save
- Click the X to leave the screen
- Shred all of the COWS

Clinical Opiate Withdrawal Scale

BP 116/80

APPENDIX 1
Clinical Opiate Withdrawal Scale

For each item , circle the number that best describes the patient's signs or symptom . Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: [redacted] Date&Time: 02/28/2024 09:09 AM

Reason for this assessment: Induction

Resting Pulse Rate: 72 beats /minute
Measured after patient is sitting or lying for one minute
(0) pulse rate 80 or below
1 pulse rate 81-100
2 pulse rate 101-120
4 pulse rate greater than 120

Sweating *over past 1/2 hour not accounted for by room temperature or patient activity.*
0 no report of chills or flushing
(1) subjective report of chills or flushing
2 flushed or observable moistness on face
3 beads of sweat on brow or face
4 sweat streaming off face

Restlessness *Observation during assessment*
0 able to sit still
1 reports difficulty sitting still, but is able to do so
(3) frequent shifting or extraneous movements of legs/arms
5 unable to sit still for more than a few seconds

Pupil size
0 pupils pinned or normal size fa room light
(1) pupils possibly larger than normal for room light
2 pupils moderately dilated
5 pupils so dilated that only the rim of the iris is visible

Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored*
0 not present
(1) mild diffuse discomfort
2 patient reports severe diffuse aching of joints /muscles
4 patient is rubbing joints or muscles and is unable to sit still because of discomfort

Runny nose or tearing *Not accounted for by cold symptoms or allergies*
(0) not present
1 nasal stuffiness or unusually moist eyes
2 nose running or tearing
4 nose constantly running or tears streaming down cheeks

GI Upset *over last 1/2 hour*
(0) no GI symptoms
1 stomach cramps
2 nausea or loose stool
4 vomiting or diarrhea
5 ml ple episodes of diarrhea or vomiting

Tremor *observation of outstretched hands*
0 no tremor
(1) tremor can be felt, but not observed
2 slight tremor observable
4 gross tremor or muscle twitching

Yawning *Observation during assessment*
(0) no yawning
1 yawning once or twice during assessment
2 yawning three or more times during assessment
4 yawning several times /minute

Anxiety or Irritability
0 none
1 patient reports increasing irritability or anxiousness
(2) patient obviously irritable or anxious
4 patient so irritable or anxious that participation in the assessment is difficult

Gooseflesh skin
(0) skin is smooth
1 stomach cramps
3 piloerrection of skin can be felt or hairs standing up on arms
5 prominent piloerrection

Total Score 10
The total score is the sum of all 11 items

Initials of person completing assessment: [redacted]

Score: 5-12 = mild; 13-24 = moderate ; 25-36 = moderately severe;more than 36 = severe withdrawal This version may be copied and used clinically

Journal of Psychoactive Drugs

Volume 35 (2). April- June 2003

Source: Wesson, D. R.,& Ling,W.(2003). The Clinical Opiate Withdrawal Scale (COWS).J Psychoactive Drugs, 35 (2), 253-9.

Process Improvement Committee

Executive leadership approved the formation of a process improvement committee for the clinicians at Eustasis in January 2024. **Clinical providers are invited to volunteer if interested.** We may have to volunteer for meetings outside of work hours. Updates and voting could be accomplished during Tuesday morning meetings when Dr. Williams is leading the Teams call.

The goals of the Process Improvement Committee are to:

1. Improve patient safety
2. Reduce provider burnout
3. Create written standard operating procedures
4. Provide clinical staff an outlet to create positive change
5. Create FAQ's for back office staff to share with patients

The Committee will follow the steps to create positive change:

1. Establish priorities (security, prescriptions, documentation, scheduling, etc.).
2. Develop courses of action.
3. Identify metrics to assess positive change.
4. Get input from all relevant departments:
    a. Call Center
    b. Daytime phone team/ back-office staff – Rogers, AR
        i. Tiffany Hart – MO prior authorizations
        ii. Kim Williams – AR prior authorizations
        iii. Jasmin Hernandez – referrals
        iv. David Smith – MO
    c. Front desk
    d. Labs
    e. Procedures team: EKG, injections, QB test
    f. Intake – Director of Nursing
    g. Psychotherapy
    h. Consider Ozark, Parkway, Rogers and main campus
    i. Check-out
    j. Billing/Coding
    k. Credentialing
5. Write a recommendation for a Standard Operating Procedure for the new process change.
6. Submit the SOP to the Compliance Committee for final adoption.

Welcome to the Team!

Daniel Williams, MD

P.S. For revisions, requests or additions, please contact daniel.williams@eustasis.com.