



The START Responses to Common Provider Questions

- 1. What is expected when seeing a patient who is requesting an Assisted Ambulatory Alcohol Detox? Note: A START RN will accompany the patient to the appointment to assist with background information, paperwork and payment.**

Patients will usually be paying by cash or a credit card for the Comprehensive Evaluation for a new patient. If the patient wants to use their insurance, then the co-pay would be paid at that time.

Providers would rule out the exclusionary criteria and based on their evaluation would determine:

- What labs are needed
- Which benzodiazepine protocol to use (Librium, Ativan, or Serax)
- Approve the PRN medication protocol for that patient
- Approve the IM thiamin order (to be administered either by the Provider or the START RN)
- Approve the PRN IM Phenergan order (to be administered by the START RN if needed)
- Provide a current list of routine medications (START RN will fill a mediset for the Caregivers to use)

- 2. What is expected when being on-call for an Assisted Ambulatory Alcohol Detox?**

Occasionally, there are questions that come up and a START RN will call the on-call Provider. If verbal orders are given to the START RN, the START RN will call the pharmacy with those orders and fax the order to the Provider on the following business day for signature. Here is a list of the questions we have called Providers for during recent detoxes:

Problem: The Provider forgot a routine blood pressure medication on the list of medications so the START RN called for a verbal order.

Problem: The patient was experiencing anxiety that was not related to the detox but to a court proceeding. The Provider was called and approved a small dose of on-going Ativan until the patient could come in for an office visit.

Problem: The PRN Trazodone was not effective for insomnia. The Provider was called by the START RN for a verbal order for another PRN sleep medication.

Problem: The START RN called the Provider to report a patient had an allergic reaction to Phenergan. The patient was transported via 911 when the START RN determined the patient's hallucinations indicated the need for an ED evaluation. The ED determined the hallucinations were from the Phenergan and the patient returned home to complete the detox with Zofran.

- 3. Why is there Provider compensation for being on-call?**

An Assisted Ambulatory Alcohol Detox is a premium service and the cost for the \$100/day on-call compensation is included in the START@home Service Package. Historically, Providers have received 2-4 calls from the START RN during the 5-day detox period. If a Provider is on-call for 5 different Assisted Ambulatory Alcohol Detox patients, then that Provider would receive \$500 a day for being on-call. A check is sent to the Provider within 10 business days of the completion of the detox.



4. Why are primary care physicians being asked to supervise ambulatory alcohol detoxes?

“Whether family physicians know it or not, they already have many addicted patients. **As many as 12 percent of patients seen by primary care physicians are alcoholics**, yet fewer than one half of these patients are identified.”

“Given the current shift to outpatient treatment of alcohol and other drug addiction, **family physicians are increasingly being called on to address issues related to substance abuse**. Except for situations involving severe or complicated withdrawal, alcohol and drug rehabilitation is now almost exclusively an outpatient process.”

Christopher D. Prater, M.D., Karl E. Miller, M.D., and Robert G. Zylstra, ED.D., LCSW, University of Tennessee College of Medicine, Chattanooga, Tennessee. Outpatient Detoxification of the Addicted or Alcoholic Patient. *Am Fam Physician*. 1999 Sep 15;60(4):1175-1182.

Because ambulatory alcohol detox is safe and effective for 90% of patients...

“With careful screening, most alcohol treatment programs find that less than 10% of patients with alcohol withdrawal symptoms will need admission to an inpatient unit. It has been adequately demonstrated that ambulatory alcohol detoxification is safe and effective for mild to moderate detoxification.”

Abbott, P., Knos, L., & Quinn, D. (1995). Ambulatory medical detoxification for alcohol. *American Journal of Drug and Alcohol Abuse*, 21(4), 549-63.

5. Why START@home?

- Decreased Liability for the Provider
- Increased Safety for the Patients
- Convenient, Evidence-based Template Protocols
- Success Plan and Optimum Recommendations from a CADC II Counselor for the follow-up Provider visit
- Experienced START Administrative and Caregiving Team



Meet our Administrative Staff:

Melinda Reed, Founder; Teresa Taylor, RN, Program Manager; Lisa Lyche, Program Coordinator; Jason Sanders, RN, Care Supervisor; Tammy Whiting, Scheduling Manager; Jeanne Taylor, RN, Care Supervisor