

**Description:**

The Medical Director would function within ITS as someone who has researched best practices and who works within ITS to see that the program functions to achieve maximum client success. They would actively create policies consistent with best practices. They would create and advocate for the system components necessary to implement best practices. They would oversee that best practices are being followed and would problem solve areas of program weakness through establishing quality assurance activities.

Overseeing program design would involve every aspect of ITS services – criteria for patient intake, required components of ongoing patient evaluation, dosing practices, benzodiazepine policies, cardiac risk policies, policies on drug screens showing illicit substances, policies on the use of the controlled substance database, treatment interventions, management of high risk patients, management of pregnancy in methadone treatment, and availability of adjunct patient supports. These policies and practices would maximize patient safety, patient confidentiality, and good treatment outcomes.

Ideally the Medical Director would bring experience in treatment of methadone patients and the issues that arise in treatment and have behavioral/mental health experience. In addition, the Medical Director would give oversight to initiate a Suboxone program establishing the program according to best practices. They would also have direct patient care responsibilities of those patients determined to best be treated with Suboxone.

Medical Director Duties to include but are not limited to:

- Assume Responsibility for all medical services performed by the ITS
- Be Responsible for ensuring that the OTP is in compliance with all applicable Federal, State, and local laws and regulations.
- Improving Patient Safety (protocols) including the following: Nursing Assessments protocols; PA/NP -Assessments; Glucose Monitoring – impairment assessment; Medication contraindications – CNS depression, QTc prolongation; Review and Direct ITS Policies/Procedures
- Intake Screening – Admission Criteria, Barriers to Treatment
- Induction
- Dosing Determinations
- Use of Peak and Trough
- Split Dosing
- BZD use in treatment
- Short acting Opiates use in treatment
- Pregnancy intake, monitoring, discharge, and coordination of care requirements, reporting obligations with termination from treatment or treatment failure

- Administrative Discharge Criteria and Processes
- MAT with a medically at risk patient with inconsistent/incomplete medical f/u
- Coordination of care with PCP, OB/Gyn, Pain specialist, Psychiatrist
- Review of CSPMP
- Cardiac Risks
- Reported ETOH use, ETOH detection in clinic
- Impairment
- Hospital Returns
- Missed Dosing Returns to treatment – Jail, AWOL
- Treatment requirements testing negative for opiates, but positive for other illicit substances
- Annual Reviews of Program Policies and Procedures
- Collaborate with staff to streamline paperwork/documentation requirements (for patients and staff) throughout the treatment process so that essential/helpful information is accessible/available without repetition. Review patient intake packet, consents, counselor forms, PE, annual assessment forms.
- Program Alignment/Consistency of Practice between the various ITS sites
- Supervision of Physician Assistant or Nurse Practitioner to include: competencies and clinical decision making; verify PA/NP is operating within their scope of practice and delegated tasks; maintain compliance with all state statutes; assist in Performance Reviews/Advise appropriate disciplinary actions if needed
- Participate in MAT Advocacy within the community including: methadone maintenance in ETOH/BZD detox programs; methadone dose adjustments for pregnant women in inpatient psychiatric treatment; Hep C treatment/transplant while receiving methadone; MAT while incarcerated, right to treatment; AOTC participation
- Review Comprehensiveness of ITS Services for thoroughness of patient screenings prior to Intake; thoroughness of Intake Assessment/Documentation; availability of Appropriate Therapeutic groups; appropriate interventions for ongoing positive drug screens; and Adequate Referral Networks – Inpatient Detox, Residential Tx Programs, Pain Management, Outpatient recovery groups, Intensive Outpatient Programs
- Medication Alert Protocols including: Screening process for identifying patients who are prescribed problematic medications (mu antagonists, CNS depressants, CPY450 inhibitors, CPY450 inducers, QTc prolongers) and protocols for appropriate intervention with varying medications.
- Quality Assurance Monitoring
- Ongoing Assessment of Patient Outcomes

- Data Review of Treatment Outcomes/Trends including; Patients Retained in Treatment/ AWOL/ administratively discharged, Patient “time in treatment” distribution over time; Patients in induction, patients in maintenance, patient detoxing distribution; Patients free of illicit Opiates; Patient free of all screened illicit substances; Privilege Distribution of patients in treatment and average dose trends
- Collaborate on EMR needs/improvements
- Direct the creation of Suboxone and/or Psychiatric Service delivery within ITS to include working with the RHBA and Controller for needed approvals/reimbursement processes and developing policies and procedures for appropriate referrals/scheduling/information flow/documentation.
- Consider policy and developing guidelines for the use of Vivitrol/naltrexone in OTPs as a relapse prevention medication.
- Create policy on frequency of repeat cardiac risks screening including frequency of repeat ECGs. Create, repeat BZD risk screening
- Oversee the Director of Nursing and collaborate with the Director of Nursing to develop and strengthen policies and best practices in regards to the nursing staff.
- Meet monthly or quarterly with the PA/NP staff and the Director of Nursing for a Medical Management meeting to ensure consistent execution of best medical practices across the three facilities.
- Position is listed as Part-Time but may move to Full-Time

Requirements include but are not limited to:

- Must be able to travel to multiple locations
- Must have MD and experience in Opioid Treatment
- Must be individually insured
- Must have or be able to obtain AHCCCS and Medicare ID's
- Must be credentialed or able to obtain credentialing prior to employment through Mercy Maricopa Integrated Care
- Graduation from a school accredited in the health care professional's discipline and completion of residency or other post – graduate training as applicable
- Specialty board eligibility or certification is required in Maricopa County
- Current valid state license to practice which must be in effect at the time of credentialing with Mercy Maricopa Integrated Care
- Valid Drug Enforcement Administration (DEA) certificate with Suboxone license (or ability to obtain prior to employment)
- Registration on the National Practitioner Data Bank

