NQF Standards of Care

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National Standards for the Treatment of Substance Use Conditions: Evidence-Based Practices

Identification of Substance Use Conditions

Screening and Case Finding

1. During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use.
2. Healthcare providers should employ a systematic method to identify patients who use drugs that considers epidemiologic and community factors and the potential health consequences of drug use for their specific population.

Diagnosis and Assessment

3. Patients who have a positive screen for - or an indication of - a substance use problem or illness should receive further assessment to confirm that a problem exists and determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.

Initiation and Engagement in Treatment

Brief Intervention

4. All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a healthcare worker trained in this technique.

Promoting Engagement in Treatment for Substance Use Illness

5. Healthcare providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.

Withdrawal Management

6. Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF); the dissemination project is being administered by the Open Society Institute (OSI).

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Therapeutic Interventions to Treat Substance Use Illness

Psychological Interventions

7. Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses.

Pharmacotherapy

8. Pharmacotherapy should be recommended and available to all adult patients diagnosed with opiod dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
9. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
10. Pharmacotherapy should be recommended and available to all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counseling.

Continuing Care Management of Substance Use Illness

11. Patients with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.

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