Union of American Physicians and Dentists (UAPD) - BU16

Physician & Surgeon, Correctional Facility (CF); Physician & Surgeon, Correctional Facility (Internal Medicine/Family Practice)

ISUDT/MAT Proposal

A. BU16 P&S will not be required to practice in a manner that violates their professional judgment. BU16 P&S cannot be compelled to prescribe or not prescribe against their professional judgment. Physicians are allowed to discontinue medications and/or refer patients based on their professional judgment as clinically appropriate.

B. Management agrees to apply in a uniform manner the "CCHCS care guide: Substance Use Disorder" to assess and enhance ISUDT infrastructure, which includes Cognitive Behavior Intervention, Supportive Housing, and adherence to the Informed Consent for Medication Assisted Treatment for Substance Use Disorder (CDCR Form 7240).

- 1. Adequate training to prepare providers for practicing addiction medicine
- 2. Clear guidance on Utox interpretation.
- 3. Clear guidance on on-going illicit suboxone misuse and abuse.
- 4. Clear guidance on polysubstances and illegal use of illicit substances.
- 5. Clear guidance on Misuse, abuse and diversion.
- 6. Uphold MAT agreement (CDCR Form 7240).
- 7. Ready access to alternative medication to include Vivitrol and Sublocade at point of care as appropriate. Utilize a criteria based approach versus approval based approach to alternative medications.
- 8. Providers have a clear pathway to move patients out of a housing assignment that places the patient at high risk.

C. TRAINING/Orientation: CDCR shall provide a minimum of 8 hours of ISUDT didactic training and a minimum of three (3) workdays of shadowing an ISUDT practice. It is agreed that the training shall be during regular work hours with time specifically dedicated to these trainings. Additional 8 hours/full day of yearly ISUDT training shall be made available (e.g. Brief Cognitive Behavioral Intervention (CBI); Motivational Interviewing (MI); Rapid Induction; Induction; Difficult Case Management; Higher Risk; etc.)

- 1. No reverse shadowing without providers' consent.
- 2. The credentialing process should list the practice of addiction medicine as an additional qualification.

D. BU16 P&S who initiate treatment and/or manage MAT patients shall be compensated at a rate of 10% above the Physician/Surgeon pay range and, in addition, shall receive a 15% Recruitment and Retention incentive.

E. BU16 P&S will have real time access to ISUDT co-consult and/or support to manage patients at point of care. This includes in-house consultation, central team consultation, and On-Call consultation.

F. The State and the UAPD shall establish a work group to improve the Integrated Substance Use Disorder Treatment Program. The workgroup shall consist of 6 union members and ISUDT departmental representation with decision making authority. The workgroup may meet as needed but at least quarterly. The focus of the work group is to identify program areas for improvement and/or additional training that could be offered to BU 16 employees. This is to enhance program success.

G. ISUDT/MAT Institutional local "Champions"

1. BU16 ISUDT/MAT local Champions will not be assigned regular patient line responsibilities in addition to a full schedule of MAT patients. Local champions are those assigned full-time to an institution.

2. BU16 ISUDT/MAT local Champions will be continued such that each prison will make every effort to have at least one full-time addiction medicine champion, who will handle MAT patients only. First right of refusal shall be reserved for current or former "champions" at each institution.

H. Management agrees to continue to monitor the Primary Care Provider workload and ensure there is adequate time to properly treat ISUDT patients within the 40-hour workweek.

1. Providers shall make the decisions of whether or not to combine chronic care visits with MAT or keep them separate.

I. Changes to Duty Statement will trigger a meet and confer.

UAPD PROPOSED DUTY STATEMENT

STATE OF CALIFORNIA

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

SHADED AREA TO REFLECT RECLASS POSITION NUMBER ONLY

DUTY STATEMENT		RPA	EFFECTIVE DATE:
CDCR INSTITUTION OR DEPARTMENT California Correctional Health Care Services		POSITION NUMBER (Agency – Unit – Class – Serial)	
UNIT NAME AND CITY LOCATED Medical Services		CLASS TITLE Physician & Surgeon, Correctional Facility (CF); Physician & Surgeon, Correctional Facility (Internal Medicine/Family Practice)	
WORKING DAYS AND WORKING HOURS a.m. to p.m. (Approximate only for FLSA exempt classifications)		SPECIFIC LOCATION ASSIGNED TO	
PROPOSED INCUMBENT (If known)		CURRENT POSITION NUMBER (Agency – Unit – Class – Serial)	
YOU ARE A VALUED MEMBER OF THE DEPARTMENT'S TEAM. YOU ARE EXPECTED TO WORK COOPERATIVELY WIT TEAM MEMBERS AND OTHERS TO ENABLE THE DEPARTMENT TO PROVIDE THE HIGHEST LEVEL OF SERVIC POSSIBLE. YOUR CREATIVITY AND INGENUITY ARE ENCOURAGED. YOUR EFFORTS TO TREAT OTHERS FAIRL HONESTLY, AND WITH RESPECT ARE CRITICAL TO THE SUCCESS OF THE DEPARTMENT'S MISSION.			
(CF), the I experience Surgeon, appropriat guidelines leadership protocols	general direction of the Chief Physician & S Physician & Surgeon, CF (Internal Medicine/F e, training, and ethical standards of their lice CF (IM/FP), performs medical assessments a e and authorized by the medical license and , and a physician's professional judgment. and support to Advanced Practice Providers and adheres to professional medical standa on call duties.	Family Practice [IM/FP]) nse to patients in a corr and provides medical tr consistent with Departr The Physician & Surge s and instructs nursing	, CF provides medical care within rectional facility. The Physician & eatment for assigned patients as ment policies, procedures, clinical eon, CF (IM/FP) provides clinical and other clinical staff on medical
% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first. (Use addition sheet if necessary)		
	ESSENTIAL FUNCTIONS		
30%	Direct Patient Care: Provides primary care and other medical services to scheduled patients as appropriate. Examines patients, diagnoses illness or injury, prescribes and administers medical treatments; utilizes health records, admits patients to an in-patient clinic, completes admission history and physical examinations, performs daily rounds, utilizes laboratory and imaging studies; writes prescriptions; and counsels patients related to medical condition. Performs disability evaluations and determines suitability for duty assignments. Co-consultations with nursing/ urgent care add ons. Effectively uses the Electronic Health Record System and other care tools. Performs minor procedures, delivers urgent and emergency care, and performs specialty examinations or consults as assigned including patients referred to higher levels of care for medical and mental health reasons. Responds to medical emergencies within the prison.		
20%	Practice addiction medicine. Provide c interviewing. Interpret labs. Adjust medical Prescribe and renew medications. Utilize RULE, ACE, SEA, RAIN, DARN-CAT. Ident primary responsibility of induction, mainter and manage polysubstance and illegal subs	tion as needed based additional skills to ind ify and address stages nance, managing overd	on the patient's medical needs. clude, but not limited to, OARS, of change. Physicians may have

30% Administrative, Documentation (Non-direct patient care activities) Providers review health records and document medical care provided including detailed assessments and treatments provided and reassesses and modifies the clinical management plans as appropriate. Places orders for scheduling chronic care and episodic visits and follow up as appropriate. Orders and interprets laboratory and imaging studies as clinically indicated. Creates result letters (labs/imaging/EKGs) to be sent to patients. Review co-signed or telephone readback orders and confirm/sign as appropriate. Completion of provider hub medication refill orders and medication reconciliation. Submits request for services for specialist consultation as clinically indicated. Reviews of patient refusal of care and determines if further follow up warranted. Updates patient medical classification chronos as appropriate based on medical needs, need for transfer to HLOC, disability, need for medical hold, or need for disease specific isolation/guarantine. Review and respond to institutional messages from nursing, pill line, administrators and other providers via Microsoft Teams, Phone, Outlook, and CERNER. Review schedule and determine appropriateness of visits and triage Line effectively. Uses the Electronic Health Record System, patient registries, and other care tools to perform population health for assigned patients. Review patient returns from HLOC documentation and place orders based on recommendations as appropriate. Review patient transfers (OHU/CTC/MHCB/Institutional Transfer) and reconcile medications and orders as appropriate. Review and order DME/supplies as appropriate and review and complete reconciliation of RAP requests and other review processes. Reviews denied RFS and reassess plan of care with consideration for submission of eConsult as appropriate. Reviews Specialist documentation for out to medical (OTM) specialist consultation and placing appropriate orders based on specialist recommendations. Completes post Physician On call (POC) logs and documentation. 15% Meetings/Collaboration Participates in daily huddles. Completes discharge summaries, coordinates follow-up care with other

Participates in daily huddles. Completes discharge summaries, coordinates follow-up care with other health care staff. Provides medical care to assigned panel of patients with a spectrum of clinical risk, complexity and clinically supervises medical care provided to the higher risk and more complex patients by other care team members. Provides professional and collegial clinical support of Advanced Practice Providers, Medical Assistants, nursing staff, and other health care staff, and instructs in the principles and practices of general medicine and surgery. Co-consults with the nursing team as appropriate including but not limited to providing verbal recommendations, providing education to nursing, providing care and placing orders when no direct face to face patient care is warranted. Participates in multidisciplinary care conferences and professional practice and process improvement meetings including but not limited to the provider meetings, Population Management Working Sessions, Quality Management Subcommittees, and Peer Review forums. Attends training and continuing education sessions as directed by management. Attend conferences, local/facility meetings, and statewide meetings. Various other meetings.

5% Other

Performs other duties as required. Including LMS training, CME, location specific medical drills, contact specialists, submit for travel reimbursements, prepare and submit timesheets and other required miscellaneous activities.

KNOWLEDGE AND ABILITIES

Knowledge of: Methods and principles of addiction medicine, internal medicine or family medicine and skill in their application; methods and principles of surgery and skill in their application; recent developments in internal or family medicine and surgery; hospital organization and procedure; psychiatric social work, physical therapy, and the various rehabilitation therapies; and methods of diagnosing and treating mental disorders.

and x-rays; dire general medicin	nine, diagnose, and treat physical and mental disorders; ct the work of ancillary medical personnel; instruct in the e and surgery; prepare and supervise the preparation of ately and adopt an effective course of action.	ne principles and practices of			
Possession of the	LICENSE REQUIREMENT Possession of the legal requirements for the practice of medicine in California as determin Medical Board of California or the California Board of Osteopathic Examiners.				
Persons appoin strength, agility situations encou fellow employee SPECIAL PERS Empathetic und	 SPECIAL PHYSICAL CHARACTERISTICS Persons appointed to this position must be reasonably expected to have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental, and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employees or that of inmates. SPECIAL PERSONAL CHARACTERISTICS Empathetic understanding of patients in a State correctional facility; willingness to work in a State correctional facility; alertness; keenness of observation; tact; patience; and emotional stability. 				
SUPERVISOR'S NAME (Print)	/E DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE SUPERVISOR'S SIGNATURE	DATE			
EMPLOYEE'S STATEMENT: I HAVE DUTY STATEMENT	DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION A	ND HAVE RECEIVED A COPY OF THE			
The statements contained in this d not be considered an all-inclusive	uty statement reflect general details as necessary to describe the prin listing of work requirements. Individuals may perform other duties f relief, to equalize peak work periods or otherwise balance the workloa	as assigned, including work in other			
EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE	DATE			
	1				