Addiction Medicine Privileges Request Form

Intended Use

This document is provided as a template for hospitals and health systems to adapt when developing addiction medicine privileging forms. It is intended to provide a model framework for granting privileges to qualified physicians to admit, identify, assess, diagnose, consult on, and treat patients of all ages with substance use disorders, with substance-related health conditions, or who show unhealthy use of substances, in the hospital, emergency department, and affiliated settings, subject to applicable departmental rules, hospital policies, and federal and state law.

Nothing in this template is intended to define, expand, restrict, or otherwise alter the scope of practice of other appropriately trained and privileged practitioners, who may diagnose and treat substance use disorders within their existing scope of practice. The granting of addiction medicine privileges is not mutually exclusive with other clinical privileges. Practitioners may hold addiction medicine privileges in addition to privileges in their primary or other specialties, consistent with their qualifications, Medical Staff policy, and applicable law.

1. Minimum Qualifications (Required)

- M.D. or D.O. degree
- Successful completion of an ACGME- or AOA-accredited residency in any specialty
- Current unrestricted medical license to practice medicine in the applicable jurisdiction, and, when required for the requested privileges, current unrestricted DEA registration

2. Training Requirements (Must Meet One)

The applicant must demonstrate current competence in addiction medicine through one or more of the following:

☐ Completion of an ACGME or AOA-accredited fellowship in Addiction Medicine/Addiction Psychiatry within the last _____ years

☐ Current board certification in Addiction Medicine or Addiction Psychiatry (ABPM, ABPN, AOA, or ABAM)

☐ Documented clinical experience demonstrating current competence, such as:

- ≥ _____ addiction-related diagnostic or therapeutic encounters within the past _____ months; OR
- Equivalent evidence of clinical practice with attestation or case logs

3. Addiction Medicine Privileges

Core privileges in the practice of addiction medicine include the ability to admit, identify, assess, diagnose, consult on, and treat patients of all ages with substance use disorders, with substance-related health conditions, or who show unhealthy use of substances, including:

- Identification and engagement of said patients, including screening, clinical recognition, biopsychosocial assessment, and patient-centered, non-stigmatizing care;
- Assessment and management of intoxication and withdrawal, including severe or complex presentations;
- Assessment and management of overdose and provision of post-overdose care, including naloxone prescribing and/or distribution, overdose-prevention counseling, and linkage to ongoing care;
- Initiation, titration, continuation, and management of FDA-approved medications for substance use disorders, including medications for opioid use disorder (including methadone as permitted), alcohol use disorder, and nicotine/tobacco use disorder;
- Assessment and management of co-occurring medical and psychiatric conditions, including medical, social, and psychological complications of the disease of addiction and other substance-related disorders, pain, and suicide-risk/trauma-related needs, within the practitioner's competence and in collaboration with other services as needed;
- Determination of appropriate level of care, direct linkage to ongoing substance use disorder care, and coordination of transitions of care, including referral to bridge clinics, opioid treatment programs, outpatient addiction treatment, mental health care, recovery support, and other community services as appropriate;
- Consultation for complex or high-risk cases (e.g., pregnancy, perioperative care, severe medical comorbidity);
- Provision of patient education regarding diagnosis, overdose-prevention strategies, addiction medications, and risk-reduction strategies;
- Integration of addiction medicine care with other treating clinicians and services; and
- Documentation of assessment, treatment plans, and transitions of care, including follow-up recommendations.

This includes performing histories and physical examinations; ordering and interpreting diagnostic tests; documenting assessment, treatment, and transition plans; and entering medication and care-transition orders consistent with hospital policy. Practitioners may provide consultative or attending services, including in the intensive care setting, consistent with Medical Staff policy and any separately granted privileges, including admitting, intensive care, emergency department, or procedural privileges.

4. Focused Professional Practice Evaluation

Newly granted addiction medicine privileges may be subject to Focused Professional Practice Evaluation (FPPE) to confirm initial competence.

FPPE may include one or more of the following, as determined by Medical Staff policy:

1. Direct observation or concurrent review
2. Retrospective chart review
3. Case-based discussion with a qualified peer
4. Proctoring or other methods deemed appropriate

The specific FPPE process, duration, and evaluation criteria will be defined by the institution.

5. Ongoing Professional Practice Evaluation (OPPE)

All practitioners with addiction medicine privileges are subject to Ongoing Professional Practice Evaluation (OPPE) in accordance with applicable Medical Staff policy.

OPPE may include:

- Clinical activity and case volume
- Quality and outcome measures
- Peer review findings
- Adherence to documentation and clinical standards

For practitioners with lower case volume, competence may be demonstrated through:

- Case logs
- Peer attestation
- Continuing education or targeted review

6. Proctoring (If Applicable)

Proctoring may be required at initial appointment or when concerns regarding competence are identified.

Where used, proctoring should be:

- Appropriate to the scope of privileges requested;
- Conducted by a qualified practitioner with relevant addiction-medicine competence and privileges; and
- Structured to support fair and timely evaluation

Acknowledgment

I request only those privileges for which I am qualified by education, training, experience, and current competence.

Signature: _____ Date: _____

Departmental Review and Approval

☐ Recommend ☐ Recommend with Conditions ☐ Do Not Recommend

Comments / Conditions: _____

Signature: _____ Date: _____