

This workflow outlines the process for implementing a screening procedure using the TAPS tool (from the National Institute on Drug Abuse at <https://nida.nih.gov/taps2/>) to assess substance and alcohol use prior to surgery. The goal is to support safe anesthesia and pain management while ensuring patient privacy and confidentiality under HIPAA and 42 CFR Part 2. The workflow is divided into three phases: Prior to the Visit, At the Visit, and Post Visit.

Prior to the Visit

- 1. Prepare the iPad:** Ensure the iPad is charged, connected to Wi-Fi, and has the TAPS tool webpage (<https://nida.nih.gov/taps2/>) loaded and ready for the patient to complete the screening.
- 2. Have your script ready/printed:** Prepare and print copies of the provider script (see below for the full script) to read to the patient during the visit.
- 3. Have the consent form ready:** Prepare a consent form that explicitly allows the patient to authorize sharing of the survey results with the surgical team for the purpose of optimizing their care. The form should reiterate privacy protections and be available for signature.
- 4. Set up a secure email address:** Configure a dedicated, HIPAA-compliant secure email address (e.g., surgery.screening@clinicname.com) for patients to send their TAPS survey results. Ensure the email account is accessible to authorized office staff and set up to allow immediate printing of received results.

At the Visit

1. Read the script to the patient and answer questions: Greet the patient and read the prepared script verbatim. Address any questions or concerns they may have about the screening, privacy, or how the information will be used.

"Good [morning/afternoon], [Patient's Name]. My name is [name], and I am a [provider details] here to help gather information before your surgery. As part of preparing you for your upcoming surgery, we want to ensure everything goes as safely and smoothly as possible. Today, I'd like to introduce you to a quick screening tool that helps us understand any substance or alcohol use. This isn't about judgment—it's simply to support your care.

This screening, called the TAPS tool from the National Institute on Drug Abuse, asks a few questions about tobacco, alcohol, prescription medications, and other substances. The information you provide will help our team tailor your anesthesia and pain management plan to reduce any potential risks during and after surgery. For example, heavy alcohol use can interact with medications like propofol, an anesthetic we often use, potentially causing complications like prolonged sedation or breathing issues. Knowing about your substance use upfront allows us to adjust your care plan for your safety, so it's important to be as honest as possible. I want to assure you that your responses are completely confidential and protected under privacy laws like HIPAA and 42 CFR Part 2. This means that we must have your explicit written consent to share this information, this information cannot be used in legal proceedings, and only information necessary for care management will be shared if you consent. This information stays within our surgical team and is only used to optimize your care during this procedure—it won't affect your treatment outside of surgery or be shared without your consent.

You'll complete this on the iPad right here, and it should only take a few minutes. I will be here the entire time if you have any questions or need help completing the screener. Please answer as honestly as you can so we can provide the best possible care. Do you have any questions before we get started?"

2. Provide the consent form: Present the consent form to the patient, explaining that it authorizes sharing the survey results solely with the surgical team for care planning. Have them review and sign it before proceeding.

3. Direct them to the iPad and be available for questions: Hand the iPad to the patient with the TAPS tool ready. Instruct them on how to complete it and remain available in the room or nearby to answer any technical or content-related questions.

4. Handle completion and emailing of results: Once the patient completes the survey, have them email the results directly to the provider's secure office email. Print the results immediately upon receipt for review during the visit.

5. Offer support for substance or alcohol use disorders: If the patient's TAPS results indicate a potential substance use or alcohol use disorder, use motivational interviewing (MI) techniques (e.g., open-ended questions, affirmations, reflective listening, and summarizing) to encourage exploration of treatment options. Say,

"Thank you for being open with your responses. It looks like the screening suggests some patterns of substance or alcohol use that might be worth exploring further. Can you share a bit about what your experience with [substance/alcohol] has been like for you lately?"

(Open-ended question). Affirm their honesty: "It takes a lot of courage to share this information."

Reflect their response, e.g., "It sounds like you've been managing some challenges with [substance/alcohol]. I hear that it's been [patient's description, e.g., stressful/helpful in some ways]."

Then, gently explore readiness: "Have you thought about what support, like treatment programs or peer groups, might look like for you to feel healthier or more in control, especially with your surgery coming up?"

If they express interest, say, "We'd be happy to connect you with resources, like local treatment programs, smoking cessation support, or peer groups, to help you prepare for surgery and support your recovery. Would you like me to share some options with you today?"

If they do not express interest, say, "I understand you might not feel ready to explore those options now, and that's okay. If you change your mind, we're here to connect you with support whenever you're ready. For now let's focus on ensuring your safety with our surgery plan and your current [substance/alcohol] use"

6. Review results with the patient: Discuss the results with the patient, asking clarifying questions as needed to inform surgical planning and care. Collaborate with the patient on treatment planning and involve the surgical team if available during the visit. If consultation with other providers is required and cannot occur during the visit, inform the patient that you will review the results with the team, develop a plan, and follow up via phone to discuss the plan to review any pre- or post-operative considerations or additional steps they need to take for safety

Refer to Best Practices Guides for Interpreting TAPS Results for more detailed support with treatment planning.

- **Negative Results:** Confirm alignment with patient history; no immediate adjustments needed.
- **Low Risk:** Address minimal risks (e.g., cannabis and sedation needs). For tobacco, encourage cessation or reduction with resources. For alcohol, recommend cutting back.
- **Moderate Risk:** Adjust anesthesia/pain plans (e.g., avoid benzodiazepines for alcohol users). Recommend alcohol reduction or cessation and smoking cessation support.
- **High Risk:** For opioids or methamphetamine, prioritize stabilization in treatment (e.g., buprenorphine/methadone) before elective surgery, potentially delaying the procedure. For alcohol, strongly recommend cessation and offer treatment. For tobacco, emphasize cessation for better outcomes. Consult specialists (e.g., anesthesiologist, addiction specialist) and plan for withdrawal management.

- Ask clarifying questions (e.g., “When was the last time you used [substance], and how much?”) to refine risk assessment. Collaborate with the patient, explaining how results impact their care (e.g., “Your opioid use means we may need to stabilize you on a medication like buprenorphine before surgery”). For elective surgeries, discuss potential delays if stabilization is needed. If consultation with other providers (e.g., anesthesiologist, addiction specialist) is required and cannot occur immediately, inform the patient: “We’ll review these results with our team to create a safe plan for your surgery. I’ll call you within 48 hours to discuss the plan and any extra steps, like reducing [substance] use or starting treatment, to ensure your safety.”

Post Visit

- 1. Scan and secure results in EMR:** Have the office administrator or provider scan the printed survey results into the patient's Electronic Medical Record (EMR). Place the record "behind the glass" (i.e., in a secure, restricted-access section of the EMR) to ensure data protection and compliance with privacy regulations of HIPAA and 42 CFR Part 2.
- 2. Align the surgical team and inform the patient:** Confirm that the entire surgical team, including the anesthesiologist, is aligned on the care plan based on the screening results. For high-risk results (e.g., opioid or methamphetamine use), ensure coordination with addiction specialists to stabilize the patient before elective surgery. If the results impact the plan (e.g., anesthesia adjustments, surgical delay for stabilization), ensure the patient has been informed via follow-up (e.g., phone call within 48 hours) of any adjustments, risks, or additional preparations needed, such as reducing alcohol or tobacco use or starting treatment.
- 3. Send agreed-upon resources:** If the patient expressed interest in receiving resources for substance or alcohol use treatment or peer support during the visit, ensure the provider or admin sends the agreed-upon referrals or contact information (e.g., ROOTS, local buprenorphine/methadone clinics, alcohol treatment programs, smoking cessation programs like Quitline, or peer support groups like Alcoholics Anonymous or SMART Recovery) to the patient via secure email or mail, as per their preference, within 48 hours of the visit.
- 4. Reset and log out the iPad:** Ensure the iPad used for the TAPS tool is reset by clearing the browser cache, closing the TAPS webpage, and logging out of any related accounts to protect patient data and prepare the device for the next patient.
- 5. Shred the paper copy:** After scanning the survey results into the EMR, securely shred the printed copy of the results using a cross-cut shredder to ensure no physical copies remain, maintaining compliance with HIPAA and 42 CFR Part 2 privacy standards.