



Medication-Assisted Treatment for Opioid Use Disorder Self-Assessment Checklist

The Self-Assessment Checklist for implementing medication-assisted treatment (MAT) for opioid use disorder (OUD) in primary care and ambulatory care settings is based on the MAT for OUD Playbook so practices can track progress and customize their implementation approach for their program or practice. The self-assessment checklist can be used before, during, or after implementation. The checklist includes 58 questions.

How to Use the Checklist

Use the MAT for OUD Self-Assessment Checklist to understand and monitor where your organization stands with respect to all aspects of implementation.

- Consider having all members of your Planning and Implementation Team complete the checklist and discuss the responses.
- As you plan to implement MAT in your setting, use the checklist and discussion with the Planning and Implementation Team to identify areas of focus and priority.
- As you continue implementing MAT into your setting, use the MAT for OUD Self-Assessment Checklist to assess your progress and identify areas for improvement.

Plan to Integrate Medication-Assisted Treatment for Opioid Use Disorder in Your Ambulatory Care Setting

GETTING STARTED

1. We have decided which components of MAT will be provided internally and which patients will be referred to external providers.



2. We have engaged clinicians and staff to help understand the benefits and importance of offering MAT services in our practice.



3. We have identified clinical champions and other staff who will serve on the implementation planning team.



4. We understand the basic elements of implementation and have an implementation plan to integrate MAT services into our practice/organization.



Obtain Training and Support for Providers and Staff

INITIAL TRAINING

5. All staff understand that addiction is a chronic disease with biological, psychological, and social dimensions.



6. All staff understand the basics of MAT as an approach to the treatment of opioid use disorder.



7. Some providers have obtained their DATA 2000 waiver to prescribe buprenorphine.



8. Providers have received training or education in basic behavioral change or behavioral health approaches that support MAT.



ONGOING TRAINING AND SUPPORT

9. We have developed a plan to support staff through continuing education, clinical supervision, and consulting resources.



Implement Medication-Assisted Treatment for Opioid Use Disorder

OPERATIONAL SYSTEMS AND WORKFLOWS

10. We have developed methods to identify opioid use disorder, including a protocol to incorporate standardized screening tools into the patient workflow.



11. We administer a more comprehensive assessment for opioid use disorder when patients screen positive, disclose opioid misuse, or show other signs or symptoms of opioid misuse.



12. We have reviewed intake and assessment workflows and removed any nonessential steps that might delay starting patients on medication.



13. Patients have access to multiple medications to treat opioid use disorder.



14. We use a shared decision-making process that accounts for patient needs and preferences in selecting treatment medications.



15. We have established policies and protocols related to toxicology screens that specify the frequency of tests and methods to be used.



16. Providers offer brief supportive counseling during medication management visits.



17. We connect patients who are willing to engage in some form of behavioral health services with internal or external providers to address their current issues or needs.



18. Medical and behavioral health providers work to coordinate care for their patients by supporting ongoing communication and information sharing.



19. We have established working relationships and communication protocols with external behavioral health services and community supports.



20. We have established program rules or policies to inform patient expectations and guide staff responses to challenging behaviors.



21. Providers and other staff have been trained on the program's policies regarding challenging patient behaviors and how to respond.



22. We have created a diversion control plan that describes the policies and protocols in place to reduce diversion.



23. We have processes or protocols to ensure that essential patient information is shared across the care team as appropriate.



24. We have processes or protocols to coordinate referrals and information sharing with other providers and systems.



25. We emphasize continuity of care during any transition in setting or level of care to minimize the risk of patient dropout or return to substance use.



26. We have developed or adapted policies, processes, and procedures to ensure compliance with all relevant State and Federal rules and regulations.



FINANCIAL SUSTAINABILITY

27. We have developed a financial sustainability plan that identifies practice models or other strategies to help recover costs.



28. We have learned about relevant policies, processes, and requirements related to the delivery and reimbursement of MAT services across public and private payers in our State.



29. We have identified all diagnostic and treatment codes relevant to MAT across payers.



30. We have developed processes or protocols to check prior authorization requirements before providing services or sending prescriptions to the pharmacy.



PATIENT-CENTERED CARE

31. We have developed an assessment process to identify the patient's unique needs, preferences, and barriers to treatment.



32. We systematically assess the patient's social determinants of health and plan accordingly.



33. We use the results of these assessments to inform and tailor the treatment plan.



34. Providers and patients work together to create a treatment plan all parties agree on.



35. To the extent possible, we structure the treatment team to meet the patient's unique needs and preferences.



36. Care plans are tailored to the unique needs and preferences of each patient.



37. We have integrated trauma-informed approaches into the care of MAT patients.



38. We have specialized treatment tracks or approaches tailored to the needs of sizable groups of MAT patients, such as pregnant or postpartum women or patients with chronic pain.



39. We have developed and maintain an up-to-date list of all potentially helpful community-based recovery support services and organizations.



40. We connect patients with community-based recovery support based on patient needs and preferences.



49. For patients with chronic pain, providers conduct a comprehensive assessment of the patient's pain and functioning.



50. For patients with chronic pain, the treatment plan specifies strategies for pain management and enhancement of functioning.



Monitor Patient and Program Progress

PATIENT PROGRESS ASSESSMENT

51. We use standardized measures to regularly assess patient progress.



52. We use care registries to track patient progress over time and prompt changes to the treatment plan if needed.



53. We use patient progress data to inform and adapt individual treatment plans and interventions.



RECOVERY PLANS FOR RECURRENCE OF USE

54. We work collaboratively with patients early in the treatment planning process to develop plans to prevent and respond to recurrence of use.



55. We have trained all staff on how to identify signs of an overdose and respond accordingly.



56. We educate patients and families on how to identify signs of an overdose and respond accordingly.



57. We provide naloxone to patients at risk and train patients and families in its use.



COLLECTING AND USING DATA FOR QUALITY IMPROVEMENT

58. We have integrated quality improvement activities into the practice's standard processes and procedures.

