

# Medication Assisted Treatment (MAT) Quality Planning Tool



Organization/MAT Program Name:

Date:

Contact name:

Email address:

Phone number:

This MAT Quality Planning Tool is intended to be used by MAT programs to review and assess their progress related to the development and implementation of the recommended best practices. Periodic use of this tool is encouraged to inform continual quality improvement. The tool is organized into two sections; Program Development (staffing, training, policies and procedures, and other infrastructure needs) and Program Implementation (staffing, training, treatment delivery). Suggested measures are provided for each recommendation to help programs assess the extent of their implementation of best practices. The page numbers referenced for each best practice recommendation indicates the section in the NH Guidance Document on MAT Best Practices where more detail is available.

## I. PROGRAM DEVELOPMENT

### STAFFING

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		Not Developed	In Development	Developed	Developed & Regularly Implementing	Not Applicable		
1. Establish a core team to deliver MAT (to include at least one prescriber, behavioral health clinician, care coordinator, administrative support)	# of Prescribers							17 - 21
	# of Non-Prescribing Healthcare Providers							
	# of BH Clinicians							
	# of Care Coordinators							
2. Develop clearly defined, written roles and responsibilities for each member of the MAT team	Written Protocol (e.g. workflow, job descriptions)							17 - 21

# I. PROGRAM DEVELOPMENT

## TRAINING

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		No Staff Trained/ Informed	Some Staff Trained/ Informed	Most Staff Trained/ Informed	All Staff Trained/ Informed	Not Applicable		
3. Ensure prescribers become waived to prescribe buprenorphine	Total # of Waivered Prescribers  # of MDs/Dos  # of NPs  # of PAs							19
4. Provide training to each prescriber on FDA approved opioid and alcohol use disorder medications (e.g. pharmacotherapy, contraindications)	# and Types of Trainings  % of Providers in Attendance by Provider Type							23 - 25
5. Provide initial training and resources related to substance use disorders and MAT to all staff, including administrative staff	# and Types of Trainings  % of Staff in Attendance							23 - 25

# I. PROGRAM DEVELOPMENT

## POLICY AND PROCEDURES

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		Not Developed	In Development	Developed	Developed & Regularly Implementing	Not Applicable		
6. Develop procedures to evaluate patients for eligibility onto MAT (e.g. screening, assessment, physical exam)	Documentation of Procedures Assessment Instrument Identified Screening Tool Identified							30 - 34
7. Establish a process to routinely review and share PDMP data with prescriber (e.g. frequency, person responsible for checking PDMP)	Written Procedure Documentation of Checklist of Items to Review in PDMP Role Identified for Checking and Sharing Data							32 - 33
8. Develop drug testing policies and procedures (e.g. frequency, testing type, responding to expected and unexpected test results, method of collection)	Documentation of Drug Testing Policy							48 & 49
9. Develop written induction procedures	Documentation of Induction Procedures							40 & 41

# I. PROGRAM DEVELOPMENT

## POLICY AND PROCEDURES (CONTINUED)

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		Not Developed	In Development	Developed	Developed & Regularly Implementing	Not Applicable		
10. Establish billing policies and procedures	Documentation of Billing Policy							27 & 28
11. Establish policies and procedures specific to communicating with team, external providers, and patients (e.g. confidentiality, documentation)	Documentation of Communication Policies							55
12. Develop diversion control policies and procedures	Documentation of Diversion Policy							24
13. Create patient consent form that is compliant with 42 C.F.R., part 2 requirements	Consent Form							52 & 53
14. Create patient treatment agreement	Treatment Agreement							37
15. Establish continued patient practice participation guidelines (including for non-adherent patients, voluntary discharge, treatment completion)	Documentation of Continued Patient Practice Participation Guidelines							36 - 38

# I. PROGRAM DEVELOPMENT

## OTHER INFRASTRUCTURE NEEDS

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		Not Developed	In Development	Developed	Developed & Regularly Implementing	Not Applicable		
16. Make modifications to electronic health record to collect, track, and measure patient outcomes	Description of New Fields Added Successful retrieval of data (e.g. data reports)							program specific
17. Establish agreements with external behavioral health providers	Written Agreement(s)							43 - 46
18. Establish agreements with external peer recovery support service providers	Written Agreement(s)							43 - 46
19. Establish collaborative relationships with ancillary service providers (e.g. transportation, childcare)	Written Agreement(s)							43 - 46
20. Identify process for determining treatment and recovery support and social service resources	Resources Identified							43 - 46
21. Determine mechanism for referring patients to higher levels of care and other supports, as needed	Role Identified for Managing Referrals							43 - 46



## II. PROGRAM IMPLEMENTATION

### STAFFING

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		Not Developed	In Development	Developed	Developed & Regularly Implementing	Not Applicable		
22. Establish team meetings at least once a week	Regular Meeting Time # of Meetings Held							55

## II. PROGRAM IMPLEMENTATION

### TRAINING

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		No Staff Trained/ Informed	Some Staff Trained/ Informed	Most Staff Trained/ Informed	All Staff Trained/ Informed	Not Applicable		
23. Provide ongoing training and resources related to substance use disorders and MAT to all staff, including administrative staff	# and Types of Trainings % of Staff in Attendance							23 - 25

## II. PROGRAM IMPLEMENTATION

### PATIENT EVALUATION

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		None of the Time	Some of the Time	Most of the Time	All of the Time	Not Applicable		
24. Assess patients using ASAM dimensions	Assessment Instruments Used							30 & 31
25. Screen patients routinely for co-occurring disorders	Screening Tool(s) Used							36 - 38
	Documentation of Screening Results							
26. Conduct physical exam, at a minimum identifying for Intoxication, impairment or withdrawal	Documentation of Physical Exam							31
	Documentation of Withdrawal Risk Assessment(s)							
27. Draw labs to include testing for infectious disease, pregnancy, liver function and blood counts	Documentation of Lab Results							32
28. Conduct drug tests	Documentation of Test Results							48 & 49
29. Determine diagnosis of opioid use disorder	Documentation of Diagnosis							30 - 34
30. Query PDMP	Documentation of PDMP Review (e.g. field in EHR, administrative note)							32 & 33
31. Inform patients about MAT medications available and recommended as most appropriate	Documentation of Discussion							36

## II. PROGRAM IMPLEMENTATION

### TREATMENT DELIVERY

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		None of the Time	Some of the Time	Most of the Time	All of the Time	Not Applicable		
32. Develop written individualized treatment plan with each patient	Documentation of Treatment Plan							36 - 38
33. Obtain signed treatment agreement from all patients	Signed Agreement							37
34. Obtain signed 42 CFR Part 2 compliant consent forms from all patients to allow for communication with external providers	Signed Consent Forms							52 & 53
35. Start patient on medication assisted treatment (induct as needed)	Documentation of Induction							40 & 41
36. Schedule patients with routine prescriber visits based on treatment progress/recovery status and other factors	Progress Notes							36 - 38
37. Query the PDMP each time a prescription is written	Documentation of PDMP Check							32 & 33
38. Conduct drug tests	Documentation of Test Results							48 & 49
39. Conduct random drug tests	Documentation of Test Results							48 & 49



## II. PROGRAM IMPLEMENTATION

### TREATMENT DELIVERY (CONTINUED)

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		None of the Time	Some of the Time	Most of the Time	All of the Time	Not Applicable		
40. Conduct random pill/film counts	Documentation of Random Check							36 - 38
41. Review treatment plan at every visit for each patient	Documentation of Review							36 - 38
42. Update treatment plan as needed for each patient	Documentation of Updated Treatment Plan							36 - 38
43. Actively refer patients to SUD treatment services as needed	Documentation of Treatment Services  #/% of Patients Referred to Treatment Services #/% of Referrals By Level of Care							43 - 46
44. Actively refer patient to peer recovery support services as needed	Documentation of Recovery Support Services  #/% of Patients Referred to Recovery Support Services							43 - 46

## II. PROGRAM IMPLEMENTATION

### TREATMENT DELIVERY (CONTINUED)

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		None of the Time	Some of the Time	Most of the Time	All of the Time	Not Applicable		
45. Provide care coordination to patients for other needs (e.g. mental health provider, primary care services)	Documentation of Care Coordination  #/% of Patients Referred to Other Services  #/% of Referrals By Service Type							20 & 21
46. Communicate regularly with external provider(s)	Documentation of Communication with External Provider(s)							55
47. Provide routine support to patients outside of office visits (e.g. phone check-ins)	Documentation of Communication							36 - 38