

Family Medicine

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Appendix A: MOUD Capacity Baseline Self-Assessment

MOUD in Primary Care Baseline Self-Assessment

The purpose of this tool is for organizations to assess their current or planned MOUD program and identify an improvement project for the learning collaborative. Please review each question and circle the answer that best reflects your organization's current status. *Note: If your clinic/organization does not have a MOUD program, please complete the self-assessment from the perspective of a clinic starting a MOUD program.*

Staffing

1. The responsibility for implementing the MOUD program
 - a. is not assigned to any specific clinical or administrative champions.
 - b. is assigned to champions but without committed resources.
 - c. is assigned to champions who receive dedicated resources.
 - d. has clear champion/s who have protected time to meet and specific resources to support MOUD program implementation and maintenance.
2. Nonclinician team members
 - a. play a limited role in supporting the MOUD program.
 - b. have defined roles but lack the support and training to implement them.
 - c. have defined roles and the support and training to support the MOUD program but have not been able to support the program consistently.
 - d. have clearly defined responsibilities with adequate training and resources and consistently support the management and care of patients in the MOUD program.
3. X-waiver training for buprenorphine
 - a. has not been obtained by any of our clinicians.
 - b. has been obtained by only one of our clinicians with no system for cross-covering that clinician when that person is not available.
 - c. has been obtained by more than one physician but with no formal system for cross-coverage and support.
 - d. has been obtained by two or more of our physicians with a system in place to provide cross-coverage and support.

Training

4. Nonprescribing staff (care coordinators, nurses, medical assistants, administrators)
 - a. have not attended any training about MOUD treatment (eg, X-waiver training, motivational interviewing, trauma-informed care), and there are no plans to give them the protected time and financial support to do so.
 - b. have not attended training about MOUD treatment but will be given protected time and financial support to do so.

- c. have attended training about MOUD treatment, but there is no plan for how to use their training in care management.
 - d. have attended training about MOUD treatment, and there is a plan for how they will use their training to support patients and prescribing clinicians.
5. Training on addressing stigma surrounding opioid use disorder
- a. has not been offered to clinicians and staff.
 - b. has been offered to clinicians and staff, but there was limited participation.
 - c. has been offered, and the majority of clinicians and staff participated.
 - d. is consistently offered with widespread, regular participation.

Billing

6. Health plans' eligibility requirements and coverage policies for OUD treatments
- a. have not been investigated.
 - b. have been investigated but not comprehensively.
 - c. have been comprehensively investigated but are not well-documented and have not been communicated to clinicians, staff, and patients.
 - d. have been comprehensively investigated, documented, and communicated to clinicians, staff, and patients.

Supporting Clinicians in Providing Consistent Care for Patients With OUD

7. Clinic policies regarding the MOUD program
- a. have not been developed.
 - b. have been developed, distributed to clinicians and staff, but have not been discussed.
 - c. have been distributed, have been discussed with all clinic staff and clinicians, but are not consistently followed.
 - d. have been distributed, have been discussed with all clinic staff and clinicians, and are consistently followed.
8. Formal signed patient treatment agreements regarding OUD treatment
- a. do not exist.
 - b. exist, but do not align with clinic policies and are not consistently used.
 - c. exist, align with clinic policies, but are not consistently used.
 - d. exist, align with policies, and are consistently used with all MOUD patients.
9. Clinic workflows for managing patients in the MOUD program
- a. do not exist.
 - b. exist, but do not match clinic policies.
 - c. exist, match clinic policies, but are not fully implemented.
 - d. exist, match clinic policies, and are fully implemented.

Psychosocial Treatment and Recovery Support Services

10. Mental/behavioral health services for patients with OUD
- a. are not available or reasonably accessible.
 - b. are available from behavioral health specialists but are not timely or convenient.
 - c. are available from behavioral health specialists and are usually timely and convenient.
 - d. are readily available from behavioral health specialists who are onsite or who work in an organization that has a reliable referral protocol or agreement with our practice setting.

Urine Drug Testing

11. Policies and workflows regarding urine drug testing specific to patients in the MOUD program
 - a. have not been distributed to clinicians and staff.
 - b. have been distributed to clinicians and staff but have not been discussed.
 - c. have been distributed and discussed with all clinic staff and clinicians but are not consistently followed.
 - d. have been distributed and discussed with all clinic staff and clinicians and are consistently followed.
12. Training on collection and interpretation of urine drug tests and how to effectively use them as a tool for discussing a patient's progress around their personal recovery goals
 - a. has not been offered to clinicians and staff.
 - b. has been offered to clinicians and staff, but there was limited participation.
 - c. has been offered, and the majority of clinicians and staff participated.
 - d. is updated and consistently offered to appropriate clinicians and staff with widespread, regular participation.

Mitigating Diversion

13. Clinic policies and workflows about strategies to mitigate diversion, such as urine drug testing, medication counts, and/or providing a limited medication supply,
 - a. have been discussed but do not exist.
 - b. have been distributed to clinicians and staff but have not been discussed.
 - c. have been distributed and discussed with all clinic staff and clinicians but are not consistently followed.
 - d. have been distributed and discussed with all clinic staff and clinicians and are consistently followed.

Administration

14. A determination of whether your practice is a 42 CFR Part 2 covered organization
 - a. has not been made.
 - b. has been explored but not completed.
 - c. has been completed but no actions taken to ensure compliance.
 - d. has been completed, and all actions necessary to ensure compliance have been taken.
15. Training on adherence with confidentiality requirements stipulated in 42 CFR Part 2 for patients in the MOUD program
 - a. has not been offered to clinicians and staff.
 - b. has been offered to clinicians and staff, but there was limited participation.
 - c. has been offered, and the majority of clinicians and staff participated.
 - d. is consistently offered with widespread, regular participation in the training, and the requirements are consistently followed.