

MAT Implementation Checklist



Use this Checklist to help monitor and describe your practice's MAT for OUD program. Check all that apply to your practice.

Physician, nurse practitioner, or physician assistant prescriber with buprenorphine waiver certification	<input type="checkbox"/> # MAT prescribers: ____
Patient consent form for buprenorphine	<input type="checkbox"/>
Patient treatment agreement and contract	<input type="checkbox"/>
Diversion Control plan developed and in place	<input type="checkbox"/>
Urine drug testing protocol and system	<input type="checkbox"/>
Designated MAT practice team (physician, nurses, etc.)	<input type="checkbox"/>
MAT Team with regular schedule team meetings	<input type="checkbox"/>
Emergency management protocol	<input type="checkbox"/>
Have done MAT inductions for OUD patients	<input type="checkbox"/> # MAT inductions: ____
Enrolled 1 patient in MAT (have prescribed bup. to 1 patient; doing induction NOT required; could be referred patient)	<input type="checkbox"/>
Enrolled 10 or more patients in MAT (have prescribed bup; doing induction NOT required; could be referred patient)	<input type="checkbox"/>
Staff trained in MAT & how many? _____	<input type="checkbox"/>
Referral protocol for behavioral health (list of providers with contact and appointment information)	<input type="checkbox"/>
Behavioral Health – integrated care model, or in house – or signed treatment/management agreements with at least one external behavioral health provider	<input type="checkbox"/>
Psychosocial support/connection identified and referrals available (i.e. 12-step, community organizations, faith community)	<input type="checkbox"/>
Payment schedule with diagnostic and billing codes	<input type="checkbox"/>
Screening process (and screening tool) for patients currently on opioids, new opioid prescriptions, identification of illicit use	<input type="checkbox"/>
Patient assessment checklist	<input type="checkbox"/>
Opioid registry and tracking system (Internal, PDMP, OpiSafe)	<input type="checkbox"/>
MAT resource/protocol book for practice - provided by IT MATTTRs	<input type="checkbox"/>
MAT resource book/handouts for patients	<input type="checkbox"/>
Opioid overdose prevention kit	<input type="checkbox"/>
Side effect management protocol	<input type="checkbox"/>
Referral protocol to practice with buprenorphine prescriber	<input type="checkbox"/>
Signed treatment/management <u>agreement</u> with practice with buprenorphine prescriber	<input type="checkbox"/>
Referred 1 or more patient for MAT at another facility	<input type="checkbox"/>
Notes:	