

IT MATTTRs™ MAT Implementation Checklist



This checklist will show how many of the MAT components your practices has adopted so far. Find the column that fits your clinic (with or without a MAT buprenorphine prescriber), and check the boxes for all items in that column that apply to your practice at this time.

		<i>For practices with a MAT buprenorphine prescriber</i>	<i>For practices without a MAT buprenorphine prescriber</i>
1	Physician, nurse practitioner, or physician assistant prescriber with buprenorphine waiver certification	<input type="checkbox"/>	-
2	Patient consent form for buprenorphine	<input type="checkbox"/>	-
3	Patient treatment agreement and contract	<input type="checkbox"/>	-
4	Diversion Control plan developed and in place	<input type="checkbox"/>	-
5	Urine drug testing protocol and system	<input type="checkbox"/>	-
6	Designated MAT practice team (physician, nurses, etc.)	<input type="checkbox"/>	-
7	MAT Team with regular schedule team meetings	<input type="checkbox"/>	-
8	Emergency management protocol	<input type="checkbox"/>	-
9	Enrolled 1 patient in MAT	<input type="checkbox"/>	-
10	Enrolled 10 or more patients in MAT	<input type="checkbox"/>	-
11	Staff trained in MAT (IT MATTTRs SOuND Team Training) or other & how many? _____	<input type="checkbox"/>	<input type="checkbox"/>
12	Referral protocol for behavioral health (list of providers with contact and appointment information)	<input type="checkbox"/>	<input type="checkbox"/>
13	Behavioral Health – integrated care model, or in house – or signed treatment/management agreements with at least one external behavioral health provider	<input type="checkbox"/>	<input type="checkbox"/>
14	Psychosocial support/connection identified and referrals available (i.e. 12-step, community organizations, faith community)	<input type="checkbox"/>	<input type="checkbox"/>
15	Payment schedule with diagnostic and billing codes	<input type="checkbox"/>	<input type="checkbox"/>
16	Screening process (and screening tool) for patients currently on opioids, new opioid prescriptions, identification of illicit use	<input type="checkbox"/>	<input type="checkbox"/>
17	Patient assessment checklist	<input type="checkbox"/>	<input type="checkbox"/>
18	Registry and tracking system (Internal, PDMP, OpiSafe)	<input type="checkbox"/>	<input type="checkbox"/>
19	MAT Resource Toolkit for practice - provided by IT MATTTRs	<input type="checkbox"/>	<input type="checkbox"/>
20	MAT resource book/handouts for patients	<input type="checkbox"/>	<input type="checkbox"/>
21	Opioid overdose prevention kit	<input type="checkbox"/>	<input type="checkbox"/>
22	Side effect management protocol	<input type="checkbox"/>	<input type="checkbox"/>
23	Referral protocol to practice with buprenorphine prescriber	-	<input type="checkbox"/>
24	Signed treatment/management <u>agreement</u> with practice with buprenorphine prescriber	-	<input type="checkbox"/>
25	Referred 1 or more patient for MAT at another facility	-	<input type="checkbox"/>
	Notes:		

CLINIC NAME: _____ DATE COMPLETE: _____