**Department of Public Health, Substance Abuse Prevention and Control Bureau**
**Workforce Development Capacity Building**
**Addiction Medication (MAT) Prescribing Clinician Cost Sharing Start Up Funding**

# Quarterly Progress Report

## DIRECTIONS:

- **Please complete all of the following online**. *A link to the Quarterly Progress Report was emailed to each participating provider by CIBHS.*
- **For any questions regarding how to access this report, please reach out to CIBHS at:**
  - *Roneel Chaudhary at rchaudhary@cibhs.org or*
  - *Amy McIlvaine at amcilvaine@cibhs.org*
- **For any questions regarding the content of this report, please reach out to:**
  - *Christine Cerven at ccerven@ph.lacounty.gov*
- **Example of detailed response:**
  - *We are in the process of recruiting and interviewing 2 new prescribing clinicians at 20 hours each. We used SAMHSA and Indeed platforms for recruiting purposes. We are also in the process of obtaining an IMS license for our residential sites. The application has been submitted and is currently under review at DHCS. **[OR]** We have increased the hours of our one prescribing clinician from 5 to 40 this quarter. Issues that have arisen include learning the new software system, identifying correct billing codes, and to address these issues, we are…*

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## 1. AGENCY INFORMATION

a. Agency Name: Choose an item.
b. Contact Name: Click or tap here to enter text.
c. Contact Email: Click or tap here to enter text.

## 2. CURRENT STATUS OF YOUR MAT IMPLEMENTATION PLAN: Choose an item.

Please provide an overview of your agency's overall progress and key achievements in executing your MAT Prescribing Clinician Cost Sharing Plan Strategies and Goals this quarter:

**Summarize Progress Made This Quarter**: Click or tap here to enter text.
**Key Achievements This Quarter:** Click or tap here to enter text.

If plan is on ***hold*** or ***delayed*** provide a detailed explanation as to why: Click or tap here to enter text.

## 3. DURING THIS QUARTER, DID YOUR AGENCY REVISE ITS MAT POLICIES AND PROCEDURES IN ANY OF THE FOLLOWING AREAS?

**Check All Areas That Apply and Provide an Explanation:**

☐ Procedures on how a client receives information about the benefits and risks of addiction medication (MAT) Click or tap here to enter text.
☐ Procedures regarding the availability of addiction medications (MAT) at our agency Click or tap here to enter text.
☐ The evidence-based assessment the facility uses to determine a patient's addiction medication (MAT) needs Click or tap here to enter text.
☐ Procedures regarding administration, storage, and disposal of addiction medications (MAT), if applicable Click or tap here to enter text.
☐ Training the facility will provide to staff about the benefits and risks of addiction medications (MAT) Click or tap here to enter text.
☐ Plan permitting patients to use their preferred addiction medications (MAT) if the prescribing clinician determines the medication is clinically beneficial Click or tap here to enter text.
☐ Procedures for the patient to access medications for opioid use disorder (MOUD), including methadone Click or tap here to enter text.
☐ Procedures for a client to access buprenorphine for opioid use disorder Click or tap here to enter text.
☐ No Changes This Quarter

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**4. SOME AGENCIES INDICATED IN THEIR INITIAL IMPLEMENTATION PLAN THAT YOUR AGENCY WAS APPLYING FOR AN IMS LICENSE. IF YOUR LICENSE IS STILL PLENDING, PLEASE INDICATE THE CURRENT STATUS. PLEASE SELECT N/A IF YOUR AGENCY IS NOT SEEKING IMS CERTIFICATION.**

Choose one item.

- ☐ Submitted the application
- ☐ Resubmitted with corrections to DHCS
- ☐ Other _____
- ☐ N/A

**5. HAVE YOU MADE ANY UPDATES OR CHANGES TO YOUR INCIDENTAL MEDICAL SERVICES (IMS) LICENSING AS PART OF YOUR PLAN TO BUILD MAT PRESCRIBING CAPACITY?**

**EXAMPLE: Applying for additional sites, made improvements or relocated to another location/space in the facility, etc.**

- ☐ Yes, Please explain:_____
- ☐ No

**6. PLEASE SELECT THE RESPONSE THAT BEST REFLECTS YOUR AGENCY'S SAGE-PCNX USER STATUS:**

- ☐ Primary User
- ☐ Secondary User

**7. DOES YOUR AGENCY's SOFTWARE DO ANY OF THE FOLLOWING? CHECK ALL AREAS THAT APPLY & PROVIDE NAME OF SOFTWARE.**

- ☐ Patient feedback application _____
- ☐ Telehealth and virtual care platforms _____
- ☐ Electronic health records (EHR) and practice management systems _____
- ☐ E-prescribing, allergy checking, and medication reconciliation_____
- ☐ Patient portal with secure messaging, patient requests, and/or scheduling _____
- ☐ Online scheduling and patient outreach _____

☐ Data analytics and quality improvement tools _____
☐ Secure texting, video chat, and patient reminders _____
☐ Billing and revenue cycle management_____
☐ Monitoring patient's pharmacy dispensing record to assess medication adherence _____
☐ Other - Write In _____
☐ None Of The Above

## 8. WE ARE IN THE PROCESS OF PURCHASING ADDITIONAL SOFTWARE TO ADVANCE OUR CLINICAL DOCUMENTATION AND MAT PRESCRIBING CAPABILITY.

☐ Yes [GO TO Q9]
☐ No [SKIP TO Q10]

## 9. IF YOU ARE IN THE PROCESS OF SECURING ADDITIONAL SOFTWARE, PLEASE CHECK ALL THAT APPLY TO DESCRIBE THE CURRENT STATE OF READINESS AND BRIEFLY EXPLAIN.

☐ Defined the scope: Determined the software's objectives and agency needs.

☐ Created a detailed project plan with a timeline that minimizes disruption to business operations. Considered potential roadblocks and identified the resources needed, such as IT support.

☐ Selected the software **(Type in the name of the software)**: Click or tap here to enter text.

☐ Decided who will test (power users) and implement the software and assign roles and responsibilities.

☐Prepared in-house training sessions and used feedback from power users' testing to shape the training.

☐ Configured and integrated the software.

☐ Go live: Executed the project plan and are up and running.

☐ Support, maintain, and evaluate: Continue to track and measure the implementation's success throughout the year.

☐ Other - Write In _____

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## 10. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT)

a. During this quarter, which of the following best describes your agency's progress for increasing hours of prescribing clinician(s) services? Select all the apply.
   - ☐ Hire Additional Prescribing Clinicians [GO TO Q11 and COMPLETE TABLE]
   - ☐ Expanded Hours of Existing Prescribing Clinicians [GO TO Q11 and COMPLETE TABLE]
   - ☐ Did Not Increase Hours [GO TO Q11 and COMPLETE TABLE]
   - ☐ Currently Our Agency Does Not Have a Prescriber [SKIP TO Q12]

b. Has your agency encountered any issues hiring and/or onboarding additional prescribing clinicians?
   - ☐ Yes, Please explain: _____
   - ☐ No

## 11. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT) (Continued)

List clinicians currently involved with addiction medication service expansion under this opportunity: ***(For each month: first enter the average total hours per week, next enter the in-person/on-site hours per week.)***

| Practitioner Name | Was this practitioner recruited for this initiative? | License type | **Jan** (Avg Total Hours **Per Week**) | **Jan** (In-person/On-site Hours **Per Week**) | **Feb** (Avg Total Hours **Per Week**) | **Feb** (In-person/On-site Hours **Per Week**) | **March** (Avg Total Hours **Per Week**) | **March** (In-person/On-site Hours **Per Week**) |
|---|---|---|---|---|---|---|---|---|
| | ☐ | Choose an item. | | | | | | |
| | ☐ | Choose an item. | | | | | | |
| | ☐ | Choose an item. | | | | | | |
| | ☐ | Choose an item. | | | | | | |

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## 12. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT) (Continued)

Complete the chart below using agency-wide patient data from this quarter. ***Please only count treatment with an addiction medication if your agency's clinician's time providing the medication service was or will be billed through your county's Drug Medi-Cal program.***

| | Jan # | Feb # | March # |
|---|---|---|---|
| Number of total patients provided services that month | | | |
| # of patients above with opioid use disorder that month | | | |
| # of patients above with alcohol use disorder that month | | | |
| # of patients above with tobacco use disorder that month | | | |
| # of patients above with marijuana use disorder that month | | | |
| Number of patients who received education on MAT that month | | | |
| Number of patients your agency's prescribing clinician(s) treated with medication for opioid use disorder that month | | | |
| Number of patients your agency's prescribing clinician(s) treated with medication for alcohol use disorder that month | | | |
| Number of patients your agency's prescribing clinician(s) treated with medication for tobacco use disorder that month | | | |
| Number of patients your agency's prescribing clinician(s) treated with medication for marijuana use disorder that month | | | |
| Number of patients your agency's prescribing clinician(s) treated with off label-MAT for stimulant use disorder or cannabis use disorder that month | | | |

## 13. HAVE THERE BEEN ANY CHANGES TO HOW YOUR AGENCY TRACKS THE ABOVE PATIENT INFORMATION SINCE LAST QUARTER (OCT-DEC)?

☐ Yes, Please explain: _____

☐ No

## 14. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT) (Continued)

Of the patients who received addiction medication services (MAT) prescribed by your agency's prescribing clinician(s) and billed to your county Drug Medi-Cal payer, please estimate the number of patients treated this quarter with the following medications. If no patients in your care received addiction medication services (MAT) during this period, please select "NA" for that specific medication.

| Medication | Approximate # | | |
|---|---|---|---|
| | Jan | Feb | March |
| Sublingual buprenorphine | | | |
| Injectable extended-release buprenorphine | | | |
| Oral naltrexone | | | |
| Injectable naltrexone | | | |
| Methadone | | | |
| Naloxone (via prescription) | | | |

| Medication | Approximate # | | |
|---|---|---|---|
| | Jan | Feb | March |
| Nicotine Patches | | | |
| Non-patch nicotine medications (gums/lozenges, etc.) | | | |
| Varenicline | | | |
| Bupropion | | | |
| Acamprosate | | | |
| Disulfiram | | | |

## 15. HAVE THERE BEEN ANY CHANGES TO HOW YOUR AGENCY TRACKS THE ABOVE MEDICATION INFORMATION SINCE LAST QUARTER (OCT-DEC)?

☐ Yes, Please explain: _____
☐ No

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## 16. PROGRESS, ACTIONS, SUPPORT

What progress have you made in implementing the following items in your action plan? If no additional support is needed, type in N/A.

| | PROGRESS | ACTIONS | ADDITIONAL SUPPORT NEEDED |
|---|---|---|---|
| How have you updated your workflow to improve support to patients receiving medication services? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| How have you improved medical evaluation timeliness for new patients? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## 17. PROGRESS, ACTIONS, SUPPORT (Continued)

Have you implemented any new staff training activities?

☐ Yes [GO TO Q18 AND COMPLETE TABLE]
☐ No [SKIP TO Q19]

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## 18. PROGRESS, ACTIONS, SUPPORT (Continued)

If yes, provide details in the table below:

| | Training Topic | Intended Staff Audience | Training Dates |
|---|---|---|---|
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## 19. ASSESSING FEEDBACK

Describe how you are collecting and assessing patient feedback and engagement as you implement the changes: Choose an item.

If you selected other, please explain: Click or tap here to enter text.
What actions are you taking to address feedback? Click or tap here to enter text.

## 20. WHAT DID YOU LEARN? UNEXPECTED OUTCOMES OR LESSONS LEARNED

Explain any observations or lessons learned in implementing activities: Click or tap here to enter text.