Welcome

Addiction Treatment Starts Here: Primary Care Learning Collaborative
Kick-Off Webinar
March 17, 2021

While we’re waiting, please:

* Rename yourself

1. Click the Participants icon
2. Hover over your name & click Rename
3. Add your name, pronouns and organization’s name
4. Click OK

If you connected to the audio using your phone

• Find your participant ID; it should be at the top of your Zoom window
• Once you find your participant ID, press: #number# (e.g., #24321#)
• The following message should briefly pop-up: “You are now using your audio for your meeting”
Addiction Treatment Starts Here

Kick-Off Webinar
March 17, 2021
Agenda

- Housekeeping + Introduction to CCI/ATSH
- Getting to Know One Another
- About Addiction Treatment Starts Here
- Breakouts
- Next Steps
Housekeeping Reminders

Mute
Please mute when not speaking. Please don’t put your call on hold!

Chat Box
Use the chat box to introduce yourself and questions

Slides + Recording
Slides and recording will be posted to the ATSH Online Home

Tech Issues
Private chat Briana or Meaghan for assistance
Introductions to CCI and ATSH Teams
Center for Care Innovations
Strengthening the Health and Well-Being of Underserved Communities

Spark
New ways of working & creative problem solving

Seed
The research, testing & implementation of fresh approaches

Spread
Successful innovations, so our network rapidly adopts best practices
Addiction Treatment Starts Here

CCI Team

Meaghan Copeland
Senior Program Coordinator
meaghan@careinnovations.org

Tammy Fisher
Vice President
tammy@careinnovations.org

Briana Harris-Mills
Senior Program Coordinator
brianna@careinnovations.org

Sandy Newman
Program Consultant
sandy@lsnhealthstrategy.com

Extended Team

Brian Hurley, MD
Addiction Physician and
General Psychiatrist, L.A.
County Dept. of Mental Health

Mark McGovern, PhD
Medical Director, Integrated
Behavioral Health, Stanford
University School of Medicine
Addiction Treatment Starts Here: Meet the Coaches!

Brian Hurley, MD
Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health

Dominique McDowell, BA RLPS SUDCII
Director of Addiction & Homeless Services
Marin City Health and Wellness

Katie Bell, MSN, RN-BC, CARN, PHN

Joe Sepulveda, MD
Assistant Medical Director
Family Health Centers of San Diego

Ginny Eck
Program Manager
JWCH Institute
• Program Cohort includes 18 teams, representing a total of 11 organizations
• Organization Characteristics:
  - Teams are located across 9 different counties and include urban, suburban and rural sites
  - Organizations vary in size, ranging from small to very large:
    o 2 serve <10,000 patients
    o 2 serve 10,000 – 15,000 patients
    o 9 serve 20,000 – 100,000 patients
    o 5 serve >100,000 patients
ATSH:PC Cohort At a Glance

- Adventist Health
- Bartz Altadonna Community Health Center
- Comprehensive Community Health Centers, Inc.
- County of Santa Cruz Health Services Agency
- Family Health Centers of San Diego
- Glendale Community Health Center
- Los Angeles Department of Health Services
- Moreno Valley Community Health Center
- San Francisco Health Network
- Santa Barbara Neighborhood Clinics
- Southland Health Center
- Via Care Community Health Center

- Feather River
- Lemoore

- City Heights Family Health Center
- Grossmont Spring Valley Health Center

- Edward R. Roybal Comprehensive Health Center
- H. Claude Hudson Comprehensive Health Center
- High Desert Regional Health Center
- Rancho Los Amigos National Rehabilitation Center

- Castro Mission Health Center
- Family Health Center
- Richard Fine Peoples Clinic
Getting to Know One Another
Breakouts

• We will have 5 breakout sessions, each led by an ATSH coach
• Each team has been pre-assigned to the breakout led by their coach
• Each team will take a turn introducing themselves, using the slide you developed
# Breakout Groups

<table>
<thead>
<tr>
<th>Group A: Brian</th>
</tr>
</thead>
<tbody>
<tr>
<td>- LA DHS - Rancho Los Amigos</td>
</tr>
<tr>
<td>- LA DHS - High Desert</td>
</tr>
<tr>
<td>- LA DHS - H. Claude Hudson</td>
</tr>
<tr>
<td>- LA DHS - Edward R. Roybal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group B: Dominique</th>
</tr>
</thead>
<tbody>
<tr>
<td>- SFHN - Family Health Center</td>
</tr>
<tr>
<td>- SFHN - Richard Fine Peoples Clinic</td>
</tr>
<tr>
<td>- SFHN - Castro Mission Health Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group C: Ginny</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Comprehensive Community Health Centers</td>
</tr>
<tr>
<td>- Southland Integrated Services</td>
</tr>
<tr>
<td>- Via Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group D: Joe</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Bartz Altadonna</td>
</tr>
<tr>
<td>- Santa Cruz</td>
</tr>
<tr>
<td>- RUHS - Moreno Valley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group E: Katie</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Adventist Health - Feather River</td>
</tr>
<tr>
<td>- Adventist Health - Lemoore</td>
</tr>
<tr>
<td>- FHCSD - City Heights</td>
</tr>
<tr>
<td>- FHCSD - Grossmont</td>
</tr>
<tr>
<td>- Santa Barbara Neighborhood Clinics</td>
</tr>
</tbody>
</table>
About Addiction Treatment Starts Here – Program Overview
ATSH: PC Goal

Increase access to addiction treatment for opioid use disorder and stimulant use disorder by working with 17 community health center sites to establish MAT programs in primary care.
### ATSH: PC Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn from Peers</td>
<td>Create a peer group for learning, innovation and to enhance resilience</td>
</tr>
<tr>
<td>Design a Program</td>
<td>Support health center teams in designing and implementing MAT programs for OUD and stimulant use disorder in primary care</td>
</tr>
<tr>
<td>Facilitate Adoption</td>
<td>Enable participants to adopt, implement, and standardize changes critical to high quality addiction treatment, with a focus on OUD and stimulant use</td>
</tr>
<tr>
<td>Create Access</td>
<td>Spread access to MAT to more patients in primary care</td>
</tr>
<tr>
<td>Support Scope and Scale</td>
<td>Support organizations in the scale and financial sustainability of MAT programs</td>
</tr>
</tbody>
</table>
ATSH In a Nutshell

• Addiction Treatment Starts Here (ATSH) is an 18-month learning collaborative designed to support primary care clinics in designing new programs that provide medications for addiction treatment (MAT).

• The collaborative is governed by an all-teach, all-learn philosophy. We leverage expertise from experts in the field and create space for teams to learn from one another.

• During all events, we encourage participants to share their challenges and their progress. And because MAT is a team sport, we strongly encourage all members of the care team to join in the conversation!

• Progress is tracked through a measure set, a capability assessment, and periodic reports to CCI.
Internal alignment: Where does population health management fit into your larger organizational goals/strategic plan?

Measures: How will you know you got there?

Foundation To Develop and Sustain Strong MAT Programs

- Existing infrastructure and workflows
- Target populations
- Learning what works and what could work better

Current State

Aim Statement, Workplan
- Defining SMART aims
- Establishing roles, responsibilities, and implementation steps

Clinic Changes
- What changes will advance your aims
- Designing, testing PDSAs
- Adopt, adapt, abandon

Measures
- How do we know when we get there
- Specificity and relevancy

Aim Statement, Workplan

Clinic Changes

Measures
Approach to Clinic-Level Changes

**Will**
- Leadership support
- Team commitment
- Passion & compassion
- Desire to make things better

**Ideas**
- Webinars
- Coaching
- Peer connections
- Learning sessions
- Site visits

**Execution**
- Aim statement, drivers
- Data driven decision making
- Engaged team
- PDSAs

**Sustain**
- Routine workflows
- Ongoing data collection & analysis
- Ongoing training
- Neuroscience of addiction
- Understanding MAT medications
- Models for design and implementation
- Screening protocols
- Patient retention
- Trauma-informed care

- Getting buy-in
- Understanding bias and stigma
- Organization-wide training
- Engaging clinicians/staff
- Redefining roles
- Health equity and disparities reduction

- Matching patients to needed care
- Care coordination
- Referral relationships
- Partnerships with community providers
- Connecting patients with resources

- Treatment readiness
- Strong behavioral support
- Managing co-occurring disorders, including stimulants
- Addressing psychosocial stability
- Managing pain and pain behaviors
## ATSH Components

<table>
<thead>
<tr>
<th>Learning Sessions</th>
<th>Primary goal is to enable peer sharing and best practice exchange from national and peer experts. We expect the first two convenings to be virtual and the third convening to be in-person.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Visits</td>
<td>Visit a clinic with an exemplar MAT program to see the care team and program components in action. Both virtual and in-person options will be offered.</td>
</tr>
<tr>
<td>Webinars</td>
<td>Foster networking and deeper knowledge on specific topics that emerge as challenges and priorities.</td>
</tr>
<tr>
<td>Coaching</td>
<td>Identify needs, trouble-shoot/overcome challenges, map and test workflows, support clinical and operational changes, and develop actionable plans for design and implementation.</td>
</tr>
<tr>
<td>Peer Group Forums</td>
<td>Virtual forum for peer groups to learn from one another. Three forums will be offered: nurses (e.g., medical assistants, LVNs, RNs), prescribers, and substance use disorder counselors.</td>
</tr>
<tr>
<td>Virtual Home</td>
<td>Webpage, online event registration, list serv, and repository of tools and resources to access</td>
</tr>
</tbody>
</table>
ATSH Activities

• In addition to the events on slide 22, you will be able to leverage:
  • A listserv to ask questions of your fellow teams or share resources
  • An Online Home where we share tools, templates, and relevant materials and policy guidance
  • Support for data-driven decision-making:
    • Onboarding support for our data portal (hosted by NICHQ)
    • Download run charts and benchmark your team’s performance
Contribute

▪ Commitment from clinic leadership to start MAT, including senior leader participation
▪ Establish a core team that meets regularly and joins ATSH events
▪ Share your experiences and tools with others
▪ Complete IMAT and submit data on measure set

Receive

▪ TA and coaching to help design and implement MAT
▪ Webinars, learning sessions, forums and site visits to learn from experts and one another
▪ Learning community that optimizes peer sharing
▪ Online home
▪ $65,000 per site to offset costs
ATSH Events: Registration + Materials

• The ATSH program offers lots of different activities and events: webinars, learning sessions, site visits, etc.

• For all webinars and learning sessions, we will ask you each person on your MAT core team to register.

• We post all materials from learning sessions and webinars to the website after the event. For virtual events, we will also post recordings to the website.

• NOTE: We do not send calendar invites for ATSH events. For registrations that use Zoom or FormAssembly, you will download a calendar invite from the registration confirmation that you receive.
## ATSH Events

<table>
<thead>
<tr>
<th>Activity &amp; Short Description</th>
<th>Required</th>
<th>When</th>
<th>RSVP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Sessions</strong></td>
<td>Yes</td>
<td>See calendar</td>
<td>Zoom (virtual) EventBrite (in-person)</td>
</tr>
<tr>
<td>There will be three learning sessions. LS 1 and LS 2 will each include two 2-hour sessions, scheduled a week apart. LS 3 will be a 1.5 day in-person session (location is tbd).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Webinars</strong></td>
<td>Yes</td>
<td>See calendar</td>
<td>Zoom</td>
</tr>
<tr>
<td>Throughout the 18-month program, we will host at least six 1-hour webinars, addressing MAT-related topics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coaching</strong></td>
<td>Yes</td>
<td>Team/coach sets schedule</td>
<td>Warm hand-off from CCI</td>
</tr>
<tr>
<td>Each team should schedule a standing meeting with their coach, ideally once per month.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peer Forums</strong></td>
<td>No</td>
<td>Rx: July SUD &amp; RN: Sept</td>
<td>tbd</td>
</tr>
<tr>
<td>Three forums will be offered: nurses (e.g., medical assistants, LVNs, RNs), prescribers, and SUD counselors. Each of the three forums will consist of a 6-session series, with the option to continue the series.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Site Visits</strong></td>
<td>No</td>
<td>July – Sept 2021</td>
<td>Site visit request form</td>
</tr>
<tr>
<td>You will have the option to attend both virtual and in-person site visits. Virtual site visits will be approximately 2 hours in duration and in-person site visits are a ½ day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MI Training</strong></td>
<td>No</td>
<td>Jan – Apr 2022</td>
<td>Zoom</td>
</tr>
<tr>
<td>Virtual series to provide support to teams around motivational interviewing (MI)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
About Addiction Treatment Starts Here – Measurement Strategy
Measurement Strategy: How Data are Used

Data-driven decision making (teams)

Track progress over time (teams)

Program evaluation, coaching & TA design (CCI)
Measurement Strategy: How and When

Opioid Use Disorder Measures
Quarterly

Stimulant Use Disorder Measures
Quarterly

Internal Measures
Site determines time frame

Capability Assessment (IMAT)
Baseline, midpoint, conclusion

~Every 6 months (3 total)

Progress Reports

NICHQ Data Portal
Clinic Maintains
Excel
Online Form

Program Measure Set
Measure Set: Summary
(see appendix for measure set & definitions)

**OUD Measures**
- **Adoption**: Two sub measures, tracking prescribers (total and active)
- **Reach**: Four sub measures, tracking new and established patients receiving medications for OUD treatment
- **Retention**: Two sub measures, addressing continuation in care of new and established patients

**StUD Measures**
- **Identification**: Two sub measures, tracking patients identified with stimulant use disorder (StUD) and co-occurrence with OUD
- **Treatment**: Four sub measures, tracking patients receiving treatment for StUD, including medications, contingency management, and behavioral health interventions

**Internal Measures**
- **Process and Outcome Measures**: Measures could address training and education, patient outreach and identification, patient experience, or other data that will inform improvement activities.
Measure Set: Collecting & Submitting OUD + StUD Data

**Who is responsible?** Determine who will be responsible for pulling and submitting data and submitting using the NICHQ data portal. This may be a combination of your data analysts and team lead, or other team members. Ideally the people you choose stay consistent throughout the program.

**Data Periods.** Data should be rolled up on a quarterly basis (starting with reporting period: January 1, 2021 – March 31, 2021, which is **DUE April 30**).

**How to submit.** Data is usually due 15 days after each quarter ends, except for your first reporting period where we’ve extended it by 15 days. Log into the NICHQ data portal and enter data for each measure set for that quarter.
Coming Up! Measurement Onboarding

Attend 1 onboarding webinar. Select one of these dates to attend:

- March 31, 12-1pm – register here
- April 14, 12-1pm – register here

Who should attend? The person(s) responsible for collecting and entering data on a quarterly basis. We recommend that the team lead join in addition to any other data team member.

What will be covered? We will review the OUD and StUD measure set in detail and answer questions (e.g., how to pull accurate data). We will demonstrate how to log into the data portal and submit data. Additionally, we will answer questions about the IMAT capability assessment.
IMAT Capability Assessment: Your MAT Infrastructure

- Integrating Medications for Addiction Treatment in Primary Care (IMAT-PC) will support teams to better understand the current state, identify areas to make better, and evaluate change over time

  - The goal is to better understand MAT processes, approaches and environment – evaluating from multiple perspectives across multiple dimensions

- Development led by Mark McGovern, leveraging evidence-based processes, with support from Brian Hurley and the CCI team.

- Teams will complete the capability assessment three times:
  - Baseline, midpoint, endpoint
Completing the IMAT

Schedule time! We suggest that you set aside 90 minutes to complete it. One completed assessment is due April 30.

Work with your team! This is an opportunity for you to learn more about your colleague’s perspectives.

Rate conservatively! Select the lower of the two ratings when you’re in between.

This isn’t a test! Be candid and use the tool to support transformation.
“The capability measure was like a yardstick for us. Maybe more of a map of where we want to go. We plan to keep using it every 6 months from now on.”
- ATSH participant

“Completing the IMAT has been useful in creating points for reflection. For instance, should observed urine toxicology tests be the norm? What additional trainings could we do? Some prompts caused us to think more broadly than we otherwise would have done.”
- ATSH participant

“Completing the IMAT was great because we were able to identify our weaknesses. For example, the realization that not all frontline staff members received training in stigma and how this may impact vulnerable patients. We took an honest look at our capabilities and where we are lacking. The program measures were also helpful because it gave us a concrete number to strive for as far as patient MAT access and retention. It was eye-opening to see other team's data and how it compares to ours.”
- ATSH participant
Measurement Strategy: CCI Support

- CCI point of contact – Meaghan Copeland, Meaghan@careinnovations.org
- 1-hour onboarding webinar at beginning of program
- Technical support with data portal
- Validation of submitted data and notifications to improve data accuracy
- Run charts showing progress and comparison to peers
- Support discussions in 1:1 coaching sessions
- Feed back aggregate data via webinars and learning sessions
- Data community of practice – informal conversations with peers to discuss other internal measures for measuring success (e.g., patient experience measures)
## Key Dates – Measurement Strategy

<table>
<thead>
<tr>
<th>Date/Deadline</th>
<th>Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 31 OR April 14, 2021</td>
<td>Measurement Onboarding Webinar (attend 1 only)</td>
</tr>
<tr>
<td>April 30, 2021</td>
<td>Baseline IMAT capability assessment (IMAT) Quarter 1 data (period 1/1/21 – 3/31/21)</td>
</tr>
<tr>
<td>July 15, 2021</td>
<td>Quarter 2 data (period 4/1/21 – 6/30/21) Progress report #1</td>
</tr>
<tr>
<td>October 15, 2021</td>
<td>Quarter 3 data (period 7/1/21 – 9/30/21)</td>
</tr>
<tr>
<td>December 3, 2021</td>
<td>Midpoint IMAT capability assessment</td>
</tr>
<tr>
<td>January 14, 2022</td>
<td>Q4 data (period 10/1/21 – 12/31/21) Progress report #2</td>
</tr>
<tr>
<td>April 15, 2022</td>
<td>Q5 data (period 1/1/22 – 3/31/22)</td>
</tr>
<tr>
<td>June 15, 2022</td>
<td>Endpoint IMAT capability assessment</td>
</tr>
<tr>
<td>July 15, 2022</td>
<td>Q6 data (period 4/1/22 – 6/30/22) Final narrative &amp; financial report</td>
</tr>
</tbody>
</table>
About Addiction Treatment Starts Here – Online Home
Welcome to the Addiction Treatment Starts Here (ATSH) Club!

Thank you for being part of our community! This club page is your one-stop shop for all things Addiction Treatment Starts Here. You can find information about upcoming activities, reporting requirements, resources and more.

To get started, complete these tasks!

- Be sure to "Follow" this page! Click the blue button to bottom right of this message. You will be notified via email when there's a new update.
- Update your profile by clicking on your name in the top right hand corner, then click Profile. Once you’re on your profile, click “Edit Profile” at the top right corner and add your pronouns and organization/affiliation and then click “Save”.
- Explore the Club! For any questions, please reach out to @Briana Harris-Mills

Navigation

- **Announcements**: Stay up-to-date with the most recent program information and news.
- **ATSH Calendar**: Access agendas and registration links for upcoming events.
- **Activities & To-Do’s**: Access information about upcoming assignments.
- **Data & Evaluation**: Access templates and reporting due dates for quarterly data, capability assessments, and progress reports.
- **Resource Library**: We’ve got tons of resources to help you with your MAT program. Visit this tab to view resources and tools specific to MAT & OUD.
- **Past Events**: Access the recordings and slides of past ATSH events.
- **Program Roster**: Get in touch with others in our program! You can find contact information for program staff, coaches and project leads by organization.
- **Members**: See everyone who has joined the ATSH Club. You can contact someone directly by clicking on their name.
- **Overview**: A thread that shows the latest activity and what’s new in the club.
What is the ATSH Virtual Home?

This virtual home will be your one-stop shop for all things Addiction Treatment Starts Here.

You will find information about upcoming activities, links to register for events, reporting requirements, MAT tools and resources and more!

Create an account on the CCI Academy to join the ATSH Virtual Home. If you already have an account, log in.

Not a member yet?
Register here!

Welcome, please login:

Username or E-mail
nikki@careinnovations.org

Password
.....

☐ Remember Me

Log In

Forgot Password
ATSH Virtual Home Next Steps

1. Once logged in, **navigate to the Program Club tab** at the top of the page.

2. Find the ATSH Collaborative Page under the Featured Clubs section and **click the blue “Join Club” button**.

3. Once you’ve joined the club, **bookmark the website**!
Stretch Break + Transition to Breakouts
## Breakout Groups

<table>
<thead>
<tr>
<th>Group A: Brian</th>
<th>Group B: Dominique</th>
<th>Group C: Ginny</th>
</tr>
</thead>
</table>
| LA DHS - Rancho Los Amigos  
LA DHS - High Desert  
LA DHS - H. Claude Hudson  
LA DHS - Edward R. Roybal | SFHN - Family Health Center  
SFHN - Richard Fine Peoples Clinic  
SFHN - Castro Mission Health Center | Comprehensive Community Health Centers  
Southland Integrated Services  
Via Care |

<table>
<thead>
<tr>
<th>Group D: Joe</th>
<th>Group E: Katie</th>
</tr>
</thead>
</table>
| Bartz Altadonna  
Santa Cruz  
RUHS - Moreno Valley | Adventist Health - Feather River  
Adventist Health - Lemoore  
CHCSD - City Heights  
FHCSD - Grossmont  
Santa Barbara Neighborhood Clinics |

**Group F: Mark**

- Senior leaders from each team
Stretch Break
Next Steps
Poll Questions

1. On a scale of 1 – 5, please select the number that best represents your experience with today’s session

2. Please select the number that best represents your response to the statement: Today’s session was a valuable use of my time.

3. I can apply learnings from today’s webinar to my MAT work.
# Onboarding Checklist

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalize team composition, send list with contact information</td>
<td>ASAP!</td>
</tr>
<tr>
<td>to Briana Harris Mills</td>
<td></td>
</tr>
<tr>
<td>Measurement onboarding webinar</td>
<td>March 31, April 14</td>
</tr>
<tr>
<td>Schedule first coaching call</td>
<td>April 5</td>
</tr>
<tr>
<td>Complete baseline IMAT capability assessment</td>
<td>April 30</td>
</tr>
<tr>
<td>Submit Q1 data on program measure set</td>
<td>April 30</td>
</tr>
</tbody>
</table>
Questions + Answers
Questions?

Feedback?
Thank you!

For questions contact:

Tammy Fisher
Vice President
Center for Care Innovations
tammy@careinnovations.org

Briana Harris Mills
Senior Program Coordinator
Center for Care Innovations
briana@careinnovations.org
Appendix A: Calendar
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 17</td>
<td>Kick-Off Webinar (today!)</td>
<td>July 15</td>
<td>Quarterly Data Submission Due Progress Report 1 Due</td>
</tr>
<tr>
<td>March 31</td>
<td>Measurement Onboarding Webinar (Option A)</td>
<td>August 3</td>
<td>Topical Webinar #2</td>
</tr>
<tr>
<td>April 14</td>
<td>Measurement Onboarding Webinar (Option B)</td>
<td>October 7</td>
<td>Topical Webinar #3</td>
</tr>
<tr>
<td>April 30</td>
<td>Quarterly Data Submission Due Baseline IMAT Capability Assessment Due</td>
<td>October 15</td>
<td>Quarterly Data Submission Due</td>
</tr>
<tr>
<td>May 6</td>
<td>Topical Webinar #1</td>
<td>October 27</td>
<td>Learning Session 2 Reg Deadline</td>
</tr>
<tr>
<td>June 1</td>
<td>Learning Session 1 Reg Deadline</td>
<td>November 10</td>
<td>Learning Session 2 (Virtual Part 1)</td>
</tr>
<tr>
<td>June 15</td>
<td>1st Grant Installment Release</td>
<td>November 17</td>
<td>Learning Session 2 (Virtual Part 2)</td>
</tr>
<tr>
<td>June 15</td>
<td>Learning Session 1 (Virtual, Part 1)</td>
<td>November 30</td>
<td>2nd Grant Installment Release</td>
</tr>
<tr>
<td>June 23</td>
<td>Learning Session 1 (Virtual, Part 2)</td>
<td>December 3</td>
<td>Midpoint IMAT Capability Assessment Due</td>
</tr>
</tbody>
</table>
## ATSH 2022 Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 14</td>
<td>Quarterly Data Submission Due</td>
<td>June 15</td>
<td>Endpoint IMAT Capability Assessment Due</td>
</tr>
<tr>
<td>January 27</td>
<td>Topical Webinar #4</td>
<td>June 20 –  June 21</td>
<td>Learning Session 2 (in-person)</td>
</tr>
<tr>
<td>February 28</td>
<td>3rd Grant Installment Release</td>
<td>July 15</td>
<td>Quarterly Data Submission Due Progress Report 3 Due</td>
</tr>
<tr>
<td>April 12</td>
<td>Topical Webinar #5</td>
<td>August 23</td>
<td>Topical Webinar #6</td>
</tr>
<tr>
<td>April 15</td>
<td>Quarterly Data Submission Due</td>
<td>August 31</td>
<td>4th Grant Installment Release</td>
</tr>
<tr>
<td>May 30</td>
<td>Learning Session 3 Reg Deadline</td>
<td>August 31</td>
<td>ATSH Ends</td>
</tr>
</tbody>
</table>
# ATSH Collaborative Calendar

<table>
<thead>
<tr>
<th>Webinars</th>
<th>May 6</th>
<th>Aug 3</th>
<th>Oct 7</th>
<th>Jan 27</th>
<th>Apr 12</th>
<th>Aug 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Sessions</td>
<td>Jun 15</td>
<td>Jun 22</td>
<td>Nov 10</td>
<td>Nov 17</td>
<td>Jun 20 – Jun 21</td>
<td></td>
</tr>
<tr>
<td>Other Events</td>
<td>Kick-Off Webinar Mar 17</td>
<td>Peer Forums (Prescriber begins in July, SUD and Nursing in Sept)</td>
<td>Site Visits (Jul – Sep)</td>
<td>MI Training (Jan – Apr)</td>
<td>Program Ends Aug 23</td>
<td></td>
</tr>
<tr>
<td>IMAT</td>
<td>Apr 30</td>
<td>Dec 3</td>
<td>Jun 15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Due**

- Measurement Onboarding: Mar 31, Apr 14
- Apr 30
- Jul 15
- Oct 15
- Jan 15
- Apr 15
- Jul 15

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td></td>
<td></td>
<td>Q2</td>
<td></td>
<td></td>
<td>Q3</td>
<td></td>
<td>Q4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **2021**
- **Q1**
- **Q2**
- **Q3**
- **Q4**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td></td>
<td></td>
<td>Q2</td>
<td></td>
<td></td>
<td>Q3</td>
<td></td>
</tr>
</tbody>
</table>

- **2022**
- **Q1**
- **Q2**
- **Q3**
Appendix B: Funding & Reports
Funding + Reports

Each team is eligible for up to $65,000 in funding across the 18-month collaborative. Disbursements are made assuming several deliverables are met.

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 15, 2021</td>
<td>$15,000</td>
<td>▪ Participation in kick-off webinar, baseline data, baseline IMAT capability assessment</td>
</tr>
<tr>
<td>November 30, 2021</td>
<td>$15,000</td>
<td>▪ Two quarters of data, aim statement, participation in learning session 1</td>
</tr>
<tr>
<td>February 28, 2022</td>
<td>$15,000</td>
<td>▪ One quarter of data, midpoint IMAT capability assessment, progress report, participation in learning session 2</td>
</tr>
<tr>
<td>August 31, 2022</td>
<td>$20,000</td>
<td>▪ Two quarters of data, endpoint IMAT capability assessment, progress report, attendance at learning session 3</td>
</tr>
</tbody>
</table>

Note: Disbursements are made by the Sierra Health Foundation. Processing may take up to one month.
Appendix C: Measures & Definitions

# Program Measure Set Definitions

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.  Adaption - Opioid Use Disorder (OUD)</td>
<td></td>
</tr>
</tbody>
</table>
| A1 # of x-waivered prescribers | Total number of physicians, nurse practitioners or physician assistants, onsite and with whom the clinic site has contracts, who have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder (OUD) with medications approved by the U.S. Food and Drug Administration (FDA) for this indication.  

This number must be current up to the end of the reporting period, meaning that only x-waivered prescribers working at the site in the last month of the reporting period should be counted. Prescribers on leave or that left the organization during the last month of the reporting period would not be counted. Planned, in process or pending waivers do not count for the current reporting period. |
<p>| A2 # of prescribers actively prescribing buprenorphine | Total number of prescribers who have prescribed buprenorphine for OUD to at least 1 patient during the reporting period. This measure does not apply to prescribers of naltrexone long-acting injection. Prescribers include those with and without an x-waiver. |</p>
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Reach - Opioid Use Disorder (OUD)</td>
<td></td>
</tr>
<tr>
<td>B1 # of patients prescribed buprenorphine</td>
<td>The total number of unique patients in the clinic site with a current, active prescription for any formulation of buprenorphine. Included patients may be new, restarted or established. “Active” is defined as having a current prescription during the last 30 days of the reporting period only. Do not count patients who were active earlier in the reporting period, but whose prescription expired prior to the last month of the reporting period. The buprenorphine medication should be FDA approved for the indication of OUD only. Excluded patients are those prescribed buprenorphine for indications that do not include OUD, such as pain.</td>
</tr>
<tr>
<td>B2 # of patients prescribed naltrexone long-acting injection</td>
<td>The total number of unique patients in the clinic site who were administered naltrexone long-acting injection during the last 30 days of the reporting period only. Included patients may be new, re-started or established. Do not count patients who were administered the injection earlier in the reporting period, but who did not receive the injection in the final month of the reporting period. Excluded patients are those prescribed naltrexone for alcohol use disorders.</td>
</tr>
<tr>
<td>B3 [Auto-calculated] Total # of patients prescribed/administered medications for OUD</td>
<td>No data is entered for this measure. The measure is automatically calculated as the sum of B1 and B2 entries for the current reporting period. This measure represents the sum of new, restarted or established patients prescribed buprenorphine and administered naltrexone long-acting injection in the final 30 days of the reporting period.</td>
</tr>
<tr>
<td>B4 Total # of new or re-started patients prescribed/administered medications for OUD</td>
<td>Of the total number of patients calculated for B3, calculate the subset of patients who were newly started on the medications or who re-started medications during the last 30 days of the reporting period.</td>
</tr>
</tbody>
</table>
### Program Measure Set Definitions cont.

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Retention - Opioid Use Disorder (OUD)</strong></td>
<td><strong>C1</strong>&lt;br&gt;Number of all patients prescribed medications for OUD (MOUD) 6 months prior to the reporting period who adhered continuously for 6 consecutive months&lt;br&gt;&lt;br&gt;This measure is calculating the retention number and rate of all patients over a 6-month period. Tip: We recommend using a registry to track patients and make this calculation easier. Indicate when patients are newly started or re-started.&lt;br&gt;&lt;br&gt;The retention number is calculated by the numerator. The numerator is the total number of patients prescribed either buprenorphine or naltrexone long-acting injection for OUD at 6 months prior to the reporting date (equal to B3 from two quarters prior to the current reporting period), and who have remained in care continuously (without interruption) for 6 months. “Continuous care” is defined as patient care where gaps do not exceed 28 days. Care includes starting the medication, being prescribed refills and attending scheduled visits (in-person or virtual).&lt;br&gt;&lt;br&gt;The retention rate is calculated by dividing the numerator by the denominator. The denominator is all patients from 6 months prior (the same as B3 from two quarters prior to the current reporting period). The denominator is calculated automatically.&lt;br&gt;&lt;br&gt;See full measure definitions document for example calculation.</td>
</tr>
<tr>
<td><strong>C2</strong>&lt;br&gt;Number of new start or re-started patients prescribed MOUD 6 months prior to the reporting period who adhered continuously for 6 consecutive months&lt;br&gt;&lt;br&gt;This measure calculates the retention of only new start or re-started patients over a 6-month period. This is a subset of patients calculated in Measure C1. Tip: We recommend using a registry to track patients and make this calculation easier. Indicate when patients are newly started or re-started to help with this measure’s calculation.&lt;br&gt;&lt;br&gt;The retention number is calculated by the numerator. The numerator is the total number of patients started or re-started on buprenorphine or naltrexone long-acting injection for OUD at 6 months prior to the reporting date (equal to B4 from two quarters prior), and who have remained in care continuously and without interruption for 6 months. “Continuous” is defined as having no gaps in care of more than 28 days. Care includes starting the medication, being prescribed refills and attending clinic visits (in-person or virtual).&lt;br&gt;&lt;br&gt;The retention rate is calculated by dividing the numerator by a denominator that represents all new or re-started patients from 6 months prior (the same as B4 from two quarters prior). The denominator is calculated automatically.</td>
<td></td>
</tr>
</tbody>
</table>
# Program Measure Set Definitions cont.

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D.</strong> Identification - Stimulant Use Disorder (StUD)</td>
<td></td>
</tr>
<tr>
<td><strong>D1</strong> Total # of new patients identified as having an StUD</td>
<td>The total number of new patients at the clinic site identified within the reporting period with current ICD10 codes of one or more cocaine related disorders and/or stimulant related disorders or DSM5 diagnosis of a stimulant use disorder. A stimulant use disorder (StUD) is characterized by the disordered use of methamphetamine, cocaine, and/or other stimulants. “Current” is defined as within any of the 90 days of the reporting period. Patients with co-occurring substance use disorders (e.g., a patient with OUD and an StUD) may be counted. Guidance for identifying patients for this measure can be found in the full measurement definitions document.</td>
</tr>
<tr>
<td><strong>D2</strong> Total # of newly identified patients with an StUD who also have OUD</td>
<td>The total number of newly identified patients at the clinic site identified with a stimulant use disorder who also have a current ICD10 or DSM5 diagnosis of opioid use disorder. Use the population of patients you identified in D1. This measure calculates how many of these patients also have co-occurring OUD.</td>
</tr>
<tr>
<td>MEASURE</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>E.</strong> Treatment - Stimulant Use Disorder (StUD)</td>
<td></td>
</tr>
<tr>
<td><strong>E1</strong> Total # of newly identified patients with an StUD who received any treatment for an StUD</td>
<td>The total number of newly identified patients with a stimulant use disorder at the clinic site who received any documented treatment for an StUD on any date within the current reporting period. Treatment includes medications, contingency management, individual therapy, group therapy, other behavioral health interventions, or any other treatment. Use the population of patients you identified in D1. If a patient receives more than one form of treatment or received treatment multiple times during the reporting period, the patient should be counted only once for this measure.</td>
</tr>
<tr>
<td><strong>E2</strong> # of newly identified patients with an StUD who received medications for treatment of an StUD</td>
<td>The total number of newly identified patients with a stimulant use disorder at the clinic site who were administered any medication for the off-label indication of an StUD within the reporting period. Use the population of patients you identified in D1. Patients may be double counted across the different forms of treatment but not counted twice if medication was administered multiple times within the reporting period.</td>
</tr>
<tr>
<td><strong>E3</strong> # of newly identified patients with an StUD who received contingency management or other incentives as treatment for an StUD</td>
<td>The total number of newly identified patients with a stimulant use disorder at the clinic site who received contingency management or other incentives as treatment related to their StUD on any date within the current reporting period. Use the population of patients you identified in D1. Patients may be double counted across the different forms of treatment but not counted twice if they received this intervention multiple times within the reporting period.</td>
</tr>
<tr>
<td><strong>E4</strong> # of newly identified patients at your site with an StUD who received individual therapy, group therapy, or other behavioral health interventions as treatment for an StUD</td>
<td>The total number of newly identified patients with a stimulant use disorder at the clinic site who received any behavioral health intervention as treatment related to their StUD. Behavioral health interventions may include individual therapy, group therapy, or other interventions. Examples of interventions include cognitive behavioral therapy, community reinforcement approach, and motivational interviewing. Use the population of patients you identified in D1. Patients may be double counted across the different forms of treatment but not counted twice if they received this intervention multiple times within the reporting period.</td>
</tr>
</tbody>
</table>