Aim Statement
"By September 2020, Main Street Clinic will build a MAT program that will include 3 x-waivered clinician and 50 patients enrolled in MAT"

Leadership and Culture
- Leadership support the work, share vision for the program structure and staffing model, and all staff training on terminology and reducing stigma.

Program Performance Monitoring
- MAT measures collected/reviewed monthly, (submit to ATSH quarterly). Also collect/monitor patient level outcomes
- Review barriers and facilitators to MAT success in weekly or biweekly meetings with MAT team
- Criteria & procedures in place to identify patient eligible for office-based MAT (screening, exams, reviewing clinical data)
- Motivational interviewing employed to engage patients in MAT program

Patient Identification and Initiating Care
- Protocols in place for starting, stabilizing, and maintaining care
- Processes for physical exams, lab draws, conducting toxicology and other lab tests, refill and stabilization appointments (or groups), etc.
- MAT care is coordinated; protocols and processes are defined and optimized; registry is used to monitor MAT initiation and response
- Referral processes are in place (specialty care, recovery services, social services)

MAT Care Delivery and Monitoring Treatment Response

Care Coordination
- Team identified with clear roles and responsibilities agreed to by entire MAT team, and collaborates regularly (weekly or biweekly)

Organizational Management Structures that Support MAT
- Coordinate identification, recruitment, and training for more providers to get x-waivered
Aim Statement

"By September 2020, Main Street Clinic will expand our MAT program by offering services at 2 additional sites, adding 3 x-waivered clinicians, and enrolling an additional 100 patients in MAT"