



PCSS Implementation Pilot Program - Needs Assessment Form

Please download the file to your computer in order to insert your responses. Do NOT fill out this form online as your responses will not be saved.

INSTRUCTIONS: The following grid serves as a guide to help identify areas of clinical and administrative work and workflow that are important to think about when implementing and integrating substance use disorder (SUD) screening and treatment, including MAT for SUD. The purpose of assessment is to identify potential gaps in service and/or barriers and facilitators to successfully integrating MAT for SUD within your organization. **Answering these questions may require conversations with multiple people within your organization to fully understand processes or may require some basic data gathering. Please complete each section as completely as possible.**

Domain	From whom to obtain information	Responses	Gaps, barriers, or facilitators
(1) Screening			
<ul style="list-style-type: none">• How does your clinic currently screen for substance use disorders (when, where, frequency)?• Describe the type of screening tools used and whether they are included in the electronic medical record (EMR).			
<ul style="list-style-type: none">• What is the protocol following the identification of problem alcohol or drug use?• Describe any clinic protocols or what happens based on the severity level of substance use disorder.			

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(2) Patients			
<ul style="list-style-type: none"> • What are the demographic characteristics of your client base (age cohorts, sex, gender, sexual orientation, income/SES, etc.)? 			
<ul style="list-style-type: none"> • What are current estimates for the presence of substance misuse and substance use disorders? • What types of substance use are most prevalent (e.g., alcohol, stimulants, opioid medications, heroin). 			

Domain	From whom to obtain information	Responses	Gaps, barriers, or facilitators
(3) Staffing/Workflow			
<ul style="list-style-type: none"> • How long do MD/NP/PAs typically spend with each patient at each visit? • How many patients are seen by each clinician per day? Per hour? 			
<ul style="list-style-type: none"> • How much time is typically spent on education and counseling for each patient during each visit? • In a visit with SUD present? 			
<ul style="list-style-type: none"> • Describe the number and type of behavioral health support staff in the clinic. • How many days are they at the clinic? • How many patients do they see per day? • How much time do they typically spend with each patient? 			
<ul style="list-style-type: none"> • Define the medical support staff (e.g., RN, MA, patient care coordinators, phlebotomist) in your clinic. • How much time do they typically spend with each patient? • Does this amount of time change if SUD is present? 			

Domain	From whom to obtain information	Responses	Gaps, barriers, or facilitators
(4) Clinical Services			
<ul style="list-style-type: none"> • How many MD/DO/NP/PA are waived to provide buprenorphine? • How many are currently prescribing buprenorphine? • For detox? For maintenance? • How many patients does each provider currently have on buprenorphine? 			
<ul style="list-style-type: none"> • How many providers currently prescribe naltrexone/XR? • How many clinic patients are currently prescribed naltrexone/XR? 			
<ul style="list-style-type: none"> • Which health issues do behavioral health staff in your clinic address (e.g., alcohol, other drugs, depression, anxiety)? • What kinds of treatment are provided (e.g., motivational interviewing, cognitive behavioral therapy, other). 			

Domain	From whom to obtain information	Responses	Gaps, barriers, or facilitators
(5) Pharmacy			
<ul style="list-style-type: none"> Where do patients typically get their medications (e.g., clinic-based pharmacy, specific community pharmacy)? 			
<ul style="list-style-type: none"> If medications for SUD are prescribed, how do patients typically obtain the medication? 			
<ul style="list-style-type: none"> What buprenorphine supply is allowed for 1 prescription in your state (30-90 days)? 			
<ul style="list-style-type: none"> What are your state PMP/PDMP reporting requirements (prescription drug monitoring program) – frequency, drug schedules? 			

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(6) Monitoring			
<ul style="list-style-type: none"> • Does the clinic have onsite phlebotomy, labs, urine toxicology, toxicology supplies? • How are these services billed? 			
<ul style="list-style-type: none"> • Does the EMR create specific billing codes for SUD? • List the specific codes. 			
<ul style="list-style-type: none"> • Can the EMR be used to create reports of clinic or provider-level data on screening and diagnosis of SUD and prescription of medications for SUD? • What information can be included in these reports? 			
<ul style="list-style-type: none"> • Describe any concerns about potential diversion of buprenorphine. • What, if anything, has the program considered for medication adherence monitoring (e.g., pill counts, urine/saliva screening)? 			
<ul style="list-style-type: none"> • Who might assist prescribers with regulatory procedures related to medication prescribing for SUD (e.g., DEA info for Buprenorphine)? 			

Domain	From whom to obtain information	Responses	Gaps, barriers, or facilitators
(7) Referral			
<ul style="list-style-type: none"> • How do you refer patients for psychiatric assessment/diagnosis? • For psychiatric treatment? • What other psychiatric programs do you currently make referrals? 			
<ul style="list-style-type: none"> • How do you refer patients for substance use disorder assessment/diagnosis? • For treatment? 			
<ul style="list-style-type: none"> • What other substance use disorder treatment programs do you currently make referrals? • Describe the clinic's relationship with those treatment programs. 			
<ul style="list-style-type: none"> • Are there methadone programs in close proximity to your clinical setting that you refer patients? • If yes, do you refer patients and how many in a typical year? 			
<ul style="list-style-type: none"> • Do you receive updates on patients you refer to outside substance abuse treatment services? • If so, how often and in what way? 			

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(8) Payment/reimbursement			
<ul style="list-style-type: none"> Does your state currently participate in Medicaid expansion? 			
<ul style="list-style-type: none"> Describe the percentage of your clinic population that is covered by: Medicare, Medicaid, private insurance, and out of pocket. 		Medicare: % Medicaid: % Private Insurance: % Out of pocket: %	
<ul style="list-style-type: none"> Which MAT are reimbursable by your state Medicaid (buprenorphine [Suboxone, Subutex, Probuphine], methadone, oral naltrexone, injectable naltrexone [Vivitrol])? How do patients typically pay for these medications? 			
<ul style="list-style-type: none"> What types of SUD-related visits are covered by Medicaid and at what dollar amount? 			
<ul style="list-style-type: none"> Are there restrictions by credentials (role) on who can provide each type of reimbursable SUD visits/services? Describe these restrictions. 			

Domain	From whom to obtain information	Responses	Gaps, barriers, or facilitators
(9) Motivation/preparedness			
<ul style="list-style-type: none"> • Describe staff motivation to provide more services to patients with SUD? • For MAT for SUD? 			
<ul style="list-style-type: none"> • Does staff motivation differ by role within the organization (e.g., front desk, nursing, physician)? • Do you have support from your executive leadership (i.e., Board, CEO, President or Director) for the use of medications for SUD? 			
<ul style="list-style-type: none"> • What is the overall view of AA/NA among your clinical staff? • Is AA/NA considered a viable treatment referral? • For which type of patient? 			
<ul style="list-style-type: none"> • What is the overall attitude toward patients with SUD among your staff? • Your administration? 			
<ul style="list-style-type: none"> • How does staff feel about abstinence-based treatment versus medication for addiction treatment for SUD? • Is one preferable over the other and why? 			

(10) Other Barriers/Gaps
Identify any other barriers noted by clinical, administrative, or executive staff (Examples: concern about attracting difficult patients; feeling that patients will get better care in specialty programs; providers think methadone is a better OUD medication; concerns regarding medication induction or diversion of SUD medications; pre-authorization)
(11) Other Facilitators/Strengths and Resources
Identify any other facilitators noted by clinical, administrative, or executive staff (Examples: primary care is tapering high dose prescription opioids; executive staff worried about poor quality indicators related to untreated SUD; high rates of emergency and acute care for patients with SUD)

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