



IT MATTRs 2 Practice Survey

Thank you for your interest in IT MATTRs2 Sound Team Training. This Practice Survey asks about general practice information and which medication assisted treatment components your practice has adopted so far. The Practice Survey should be completed at the Practice Site level and reflect the demographics, key contacts, and information unique to the Practice Site. You will be asked to fill this out at baseline and update your answers after your practice completes all the Sounds Team Training modules.

For more information on the IT MATTRs2 Initiative, visit the IT MATTRs2 website:
<http://www.practiceinnovationco.org/itmatttrs2>

For technical and programmatic questions related to this application please contact:
itmatttrs2@ucdenver.edu

1. Practice Site Name(s):

Preferred Name _____

Legal Name _____

Doing Business As (DBA) (*Optional*)

2. Practice Site Physical Address:

Street Address _____

City _____

State _____

Zip Code _____

3. Practice Site County

4. Practice Site Phone Number(s):

Main Phone Number _____

Other Phone Number _____

5. Does this Practice Site belong to a larger Healthcare System or Multi-Site Organization?

Yes

No

6. Healthcare System or Multi-Site Organization Name:

Some participating Healthcare Systems and Multi-Site Organizations are listed below.

Please select the correct name within the list or choose 'Other' and write in the appropriate Healthcare System or Multi-Site Organization name your Practice Site belongs to.

- Associates in Family Medicine (AFM)
- Arvada Pediatric Associates
- Axis Health Systems
- Banner Health
- Boulder Community Health (BCH)
- Centura Health
- Children's Hospital Colorado (CHCO)
- Clinica Family Health
- Colorado Coalition for the Homeless
- Colorado Springs Health Partners (CSHP)
- Colorado West Health Care Systems
- Denver Health (DH)
- Dove Creek Clinic
- HealthONE
- Huerfano County and Hospital District
- ImmunoE Health Centers (First allergy and Asthma and Pediatrics too)
- Kaiser Permanente

- Kids First Health Care
- Marillac Clinic
- Mountain Family Health Center
- North Vista Medical Center
- Northwest Colorado Health
- Pediatric Associates Prof, LLC
- Primary Care Partners
- Pueblo Community Health Center
- Rangley District Hospital
- Red Rocks Pediatrics, P.C.
- Rocky Mountain Youth Clinics
- Salud Family Health Centers
- SCL Health
- Southwest Health Systems, Inc.
- Sunrise Community Care Clinic
- Sunrise Community Health Center
- Surface Creek Family Practice, P.C.
- UCHealth
- Valley View
- Valley-Wide Health Systems, Inc.

- Western Valley Family Practice
- Other (Specify) _____

7. Healthcare System or Multi-Site Organization Address:

- Street Address _____
 - City _____
 - State _____
 - Zip Code _____
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8. Healthcare System or Multi-Site Organization Phone Number(s):
(Use the following format 333-333-3333)

- Main Phone Number _____
 - Other Phone Number (Optional) _____
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9. Primary IM2 Practice Site Contact:

- Full Name _____
 - Email _____
 - Phone Number _____
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10. Practice/Office Manager:

Full Name _____

Email _____

Phone Number _____

11. Provider Champion:

Full Name _____

Email _____

Phone Number _____

12. Which of the following best describes this Practice Site's Organizational Structure?
(Select all that apply)

- Federal (Veterans Administration, Department of Defense, etc.)
- Federally Qualified Health Center
- Federally Qualified Health Center Look-Alike
- Freestanding Urgent Care Center
- Health Maintenance Organization (Ex. Kaiser Permanente, etc.)
- Hospital or Health System Owned
- Mental Health Center
- Non-Federal Government Clinic (Ex. State, County, City, etc.)
- Primary Care Residency Practice
- Private Solo or Group Practice
- Public Health Service
- Rural Health Clinic
- School-Based Clinic
- Other (Specify)

13. Please specify 'Other' Practice Site Organizational Structure:

14. Total number of patient visits per year at this Practice Site:
(Select the best estimate)

- <10
 - 10-49
 - 50-99
 - 100-200
 - >200
 - Unknown
-

15. Percentage of patients in this Practice Site in the following age ranges:
(Enter only whole numbers and total must add up to 100)

0-17 : _____
18-64 : _____
65+ : _____
Total : _____

16. Percentage of patients in the following payer categories for this Practice Site:

Approximate % of Medicare : _____
Approximate % of Medicaid/CHIP : _____
Approximate % of Commercial or Private Insurance : _____
Approximate % with No Insurance : _____
Approximate % of Other Payer Category : _____
Total : _____

Practice Site Provider/Staff Categories & Counts

Reference the following table to provide approximate Practice Site totals for each of the provider and staff categories.

Licensed Providers/Clinicians (has a NPI)

Doctor of Medicine (MD)
Doctor of Osteopathic Medicine (DO)
Physician Assistant (PA)
Clinical Nurse Specialist(CNS)
Nurse Practitioner (NP)
Doctor of Dental Medicine (DMD)
Doctor of Pharmacy (PharmD)
Behavioral Health Professional
(LPC, LMFT, PsyD)

Allied Health Professional

Social Worker
Care Coordinator
Community Health Worker
Medical Interpreter
Care Manager
Integrated Care Supervisor
Health Coach
Peer Wellness Educator

Clinical Practice Staff

Physical Therapist
Occupational Therapist
Speech Therapist
Registered Nurse (RN)
Certified Nursing Assistant (CNA)
Licensed Practical Nures (LPN)
Medical Assistant (MA)

Dental Hygienist
Registered Dietician

Support Staff Professionals

Practice/Office Manager
Front Office Staff
Health System/Org Staff
Data Assistant/Analyst
Practice Scheduler
Administrative Support
EHR or IT Team Specialists
Practice Facilitation Coach

17. Enter approximate Practice Site totals for the provider/clinician and staff categories listed:

Providers/Clinicians _____

Clinical Practice Staff _____

Allied Health Professional _____

Support & Office Staff _____

Other Practice Staff _____

18. Which Specialties deliver patient care at this Practice Site?

Addiction Medicine
Addiction Psychiatry
Allergy and Immunology
Anesthesiology
Cardiothoracic Surgery
Colon and Rectal Surgery
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine
Interventional Radiology
Neurological Surgery
Neurology
Nuclear Medicine
Obstetrics & Gynecologic
Occupational Medicine
Ophthalmology
Orthopedic Surgery
Otolaryngology & Facial Plastic Surgery
Pediatrics
Physical Medicine and rehabilitation
Plastic & Reconstructive Surgery
Preventative Medicine
Psychiatry Psychiatry
Public Health and General Preventive Medicine
Radiation Oncology
Radiology
Surgery (general)
Thoracic and Cardiac Surgery
Urological Surgery
Vascular Surgery
Other (Specify)

19. Does this Practice Site currently have a MAT buprenorphine prescriber?

Yes

No

20. Select the MAT components this practice site has adopted:

(Select all that apply)

Physician, nurse practitioner, or physician assistant prescriber with buprenorphine waiver certification

Patient consent form for buprenorphine

Patient treatment agreement and contract

Diversion Control plan developed and in place

Urine drug testing protocol and system

Designated MAT practice team (physician, nurses, etc.)

MAT Team with regular schedule team meetings

Emergency management protocol

Enrolled 1 patient in MAT

Enrolled 10 or more patients in MAT

Staff trained in MAT - ECHO or SOuND Team Training (Specify how many)

Referral protocol for behavioral health (list of providers with contact and appointment information)

Behavioral Health in-house – integrated care model – or signed treatment/management agreements with at least one external behavioral health provider, or behavioral health care is included in treatment/management agreement with practice with buprenorphine prescriber

- Psychosocial support/connection identified and referred
- Payment schedule with diagnostic and billing codes
- Screening process (and screening tool) for patients currently on opioids, new opioid prescriptions, identification of illicit use
- Patient assessment checklist
- Opioid registry and tracking system (Opisafe)
- MAT resource/protocol book for practice - provided by IT MATTTRs
- MAT resource book/handouts for patients - ASAM Opioid Addiction Treatment Guides
- Opioid overdose prevention kit
- Side effect management protocol

21. Complete the following details regarding this IM2 Practice Survey submission:

- Date of Completion** (mm/dd/yyyy) _____
 - Submitted by - Name** _____
 - Submitted by - Email** _____
 - Practice/PTO Role** _____
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