

## Stagewise Implementation: Target Medications for Addiction Treatment program

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### Overview

The Stagewise Implementation to Target Medications for Addiction Treatment (SITT-MAT) program is a five-year, NIDA-funded collaborative research project between the Washington State Health Care Authority (HCA), Stanford University, and University of Wisconsin-Madison. SITT-MAT utilizes validated assessments of MOUD (medications for opioid use disorder) capability and process improvement strategies to help participating clinics around Washington state integrate evidence-based practices for MOUD care.

### Program stages

Participating programs are exposed to a sequence of implementation strategies of increasing intensity and cost. This approach ensures that clinics receive a level of support that is custom-tailored for their needs and reduces the overall cost of implementation.

The first stage (November 2022-April 2023) is **enhanced monitoring and feedback**, in which programs fill out measurements designed to monitor MOUD patient outcomes and current alignment with evidence-based procedures for providing MOUD care. Results are then reported back to clinics in an easy-to-understand data dashboard which allows clinics to identify areas for improvement and make data-driven decisions.

The second stage (June 2023-November 2023) is a **two-day workshop** in which clinics learn process improvement strategies from professional coaches and best practices for MOUD from addiction medicine specialists.

The results that follow discuss outcomes from enhanced monitoring and feedback, the two-day workshop, and qualitative interviewing.

### Outcomes

Fifty-four clinics around Washington State are currently enrolled in SITT-MAT.

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- 32 are specialty addiction clinics
- 23 are primary care clinics

Clinics range from rural, tribal, in-patient, out-patient, and FQHC designations. 100% of primary care clinics enrolled have established MOUD programs and are interested in scaling up, while 40% of specialty addiction clinics are start-ups without an existing MOUD program.

### Stage 1: enhanced monitoring and feedback

The average percentage of patients who received MOUD care within 72 hours of diagnosis from SITT-MAT clinics increased from 39% to 68% from September 2022 to February 2023. This gain was driven by an increase in MOUD prescribing at primary care clinics; specialty addiction clinics did not see increases in MOUD prescribing. At baseline, primary care clinics report higher integrative care as well as MOUD accessibility compared to specialty addiction clinics.

### Stage 2: two-day workshop

27 attendees representing 24 SITT-MAT clinics attended the workshop. In a follow-up survey (n = 11 respondents), attendees on average rated the quality of the workshops as 4.3/5 and agreed that the content covered was useful for their practice and contributed to professional growth. When asked what content attendees would like covered, the most common response was 'how to engage the community in accepting MOUD as a positive endeavor', highlighting stigma in the community as a major barrier to MOUD implementation.

### Qualitative interviewing

Interviewed clinics (n=11) indicated that challenges to SITT-MAT participation included data reporting burden (n=6), and confusion about how to effectively use data feedback (n=4). Other participants commented on the value of data to gain leadership support (n=2). On average, most sites agreed that "we better deliver MOUD due to strong relationships with other organizations in our community." The strongest relationships were often with local law enforcement and mental health clinics who have proven useful in disseminating information about MOUD and retaining patients. Outside of workforce shortages, example MOUD barriers included a lack of induction/retention

protocols (n=5) or adequate communication with external healthcare entities (n=3).

### **Cost**

Preliminary findings reveal that the enhanced monitoring and feedback strategy incurs a setup cost of \$32,268 and an annual recurrent cost of \$3,220 per implementation site.

## **Conclusions and future directions**

The first year of the SITT-MAT project resulted in improvements in MOUD prescribing rates at primary care clinics, captured differences in goals and outcomes between primary care clinics and specialty addiction clinics, and successful deliverance of a two-day workshop.

The next stage of the project slated to begin in early 2024 will involve more intensive hands-on coaching and further utilize the tools exercised in stages 1 and 2. Additionally, our findings show that although pro-MOUD policies are emerging at the state and national levels, local collaborations are important to reinforce support for MOUD services and the people who need them.

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## **Key Partners**

- Mark McGovern, PhD (Stanford University)
- Jay Ford, PhD (University of Wisconsin – Madison)

## **More information**

Contact: Kim Mount, PhD  
SITT-MAT project director  
[Kimberley.mount@hca.wa.gov](mailto:Kimberley.mount@hca.wa.gov)

<https://med.stanford.edu/cdi/di-projects.html>  
<https://niatx.wisc.edu/>  
<https://clinicaltrials.stanford.edu/trials/s/NCT05343793.html>