**Quality Improvement Performance Indicators\***

(1) REACH (individual patient) or receipt by the target population of the new service

* Examples: proportion of eligible patients (those with OUD) who receive buprenorphine or other addiction medication; proportion of patients with a SUD who are offered SUD services (i.e., referral, on-site behavioral health, medication, etc.).
* Can also include characteristics (e.g., demographics) of those who receive the service vs. those who do not to identify reasons for gaps in service coverage.

(2) EFFICACY (individual patient) of the new service (how well is the new service working)

* Examples: proportion of patients receiving buprenorphine (or other addiction medication) retained in care at 6 months or 12 months (success rate); proportion of patients receiving a treatment referral who engage in offsite care; proportion of patients receiving buprenorphine (or naltrexone) who have improved health outcomes.
* Can also include evaluation of potential negative outcomes of service to determine areas of improvement.

(3) ADOPTION (organization level) of the new service by staff/providers

* Examples: proportion of eligible providers (MD, NP, PA) that receive the buprenorphine waiver; proportion of buprenorphine waivered providers who write a buprenorphine prescription; the proportion of waivered providers prescribing at capacity.
* Can also explore characteristics of those who adopt the new service compared to those who do not (e.g., do attitudes about SUD or addiction medications differ).

(4) IMPLEMENTATION (organization level) or whether the service is delivered as intended or per protocol (guidelines); Fidelity

* Examples: proportion of clinic patients who are screened for SUD; proportion of patients receiving an addiction medication who have urine drug screen monitoring at appropriate intervals; the extent to which a nurse care manager (or equivalent) is conducting medical management visits.

(5) MAINTENANCE (individual or organization level) or long-term sustainability and “institutionalization” of the service

* Examples: reach, efficacy, adoption, and implementation over time. Has the service become a “relatively stable, enduring part” of the organization’s work and culture.

\*Indicators selected based on the **RE-AIM Model** (Glasgow et al., 1999)**,** developed as a multi-level framework to guide the evaluation of implementation strategies to promote public health outcomes; see also EPIS Model and outcomes and monitoring documents on “Connecting the Dots” Tab #13