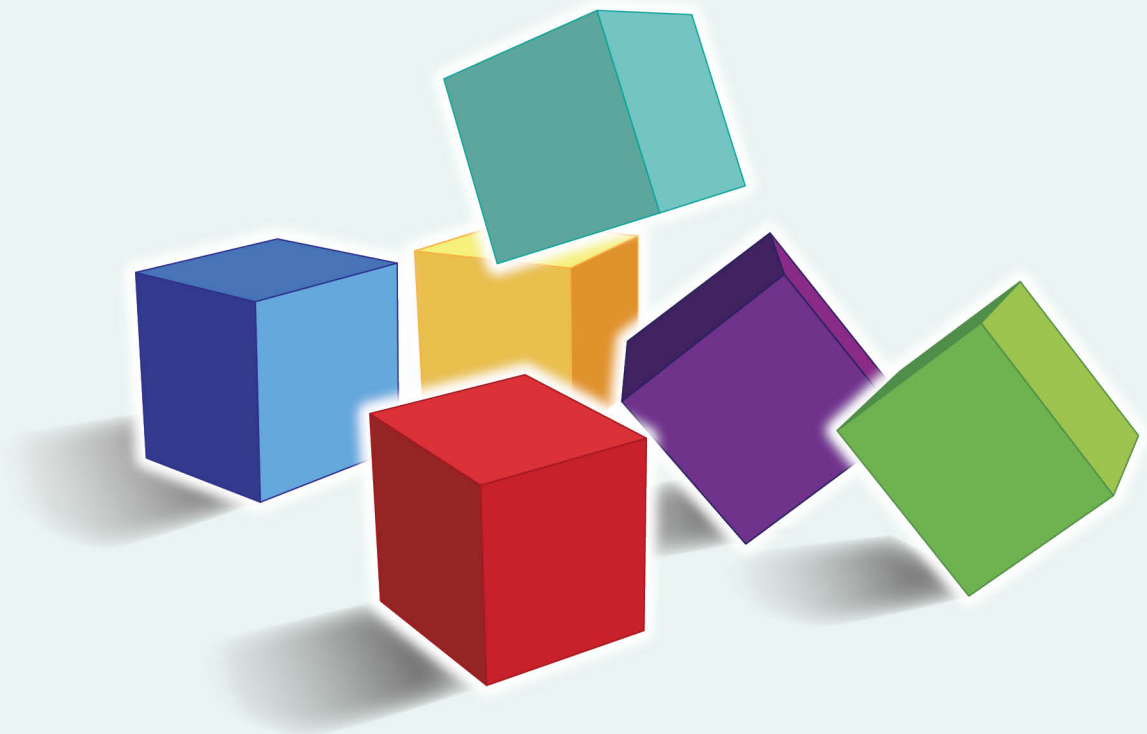


ACRONYMS AND TERMS

Six Building Blocks

*A Team-Based Approach to Improving
Opioid Management in Primary Care*



Acronyms and Terms

The following acronyms and terms are used throughout the Six Building Blocks How-To-Implement Toolkit.

- **42 CFR:** 42 Code of Federal Regulations Part 2 regulations have been put in place to protect patient confidentiality related to treatment for substance use disorder.
- **Agreement:** This term refers to a Patient Agreement/Patient Contract.
- **CDC:** U.S. Centers for Disease Control and Prevention.
- **Clinic, organization, and site:** These terms are used interchangeably to refer to the organization implementing the opioid management improvements.
- **Clinical champion:** A member of a clinic, generally a provider, who champions the opioid improvement work, building consensus among clinicians and staff, leading the program, and offering a clinical voice on the opioid improvement team.
- **Clinicwide kickoff:** A clinicwide meeting at the end of the Prepare and Launch Stage where all staff and clinicians come together to share their ideas and concerns regarding opioid management in the clinic and build enthusiasm for the work.
- **CME:** Continuing medical education.
- **COT:** Chronic opioid therapy.
- **COMM:** Current Opioid Misuse Measure assessment.
- **ECHO:** Extension for Community Healthcare Outcomes. A collaborative model of medical education and care management that helps clinicians provide expert-level care to patients wherever they live, particularly in rural and underserved areas.
- **EHR:** Electronic health record.
- **GAD-7:** Generalized Anxiety Disorder assessment.
- **ICD-10:** International Classification of Diseases, Tenth Revision.
- **IHI:** Institute for Healthcare Improvement.
- **IT:** Information technology.
- **LPN:** Licensed practical nurse.
- **LtOT:** Long-term opioid therapy, sometimes referred to as COT.
- **MA:** Medical assistant.
- **MAT:** Medication-assisted treatment.
- **MED:** Morphine equivalent dose, also known as MME or morphine milligram equivalents.
- **MOUD:** Medication treatment for opioid use disorder.
- **OIT:** Opioid improvement team, which leads the quality improvements at the clinic made through the Six Building Blocks program.
- **ORT:** Opioid Risk Tool assessment.
- **OUD:** Opioid use disorder.
- **PA:** Physician assistant.
- **Patient agreement:** This term refers to a Patient Agreement/Patient Contract.
- **PC-PTSD:** Primary Care Post-Traumatic Stress Disorder assessment.
- **PDMP:** Prescription drug monitoring program.
- **PEG:** Pain, Enjoyment, and General Activity assessment.
- **PHQ:** Patient Health Questionnaire assessment.
- **PTSD:** Post-traumatic stress disorder.
- **QI:** Quality improvement.

- **QI lead:** The quality improvement lead for implementing opioid management improvements using the Six Building Blocks at an organization; one of the key roles on the opioid improvement team and the person this How-To-Implement Toolkit is primarily directed toward. The QI lead can be someone whose title or job description does not have “QI,” but will drive the opioid improvement team in addressing opioid prescribing.
- **SAMHSA:** U.S. Substance Abuse and Mental Health Services Administration.
- **STOPBang:** Sleep apnea assessment.
- **SUD:** Substance use disorder.
- **Telehealth:** The distribution of health-related services and information via electronic information and telecommunication technologies.
- **Tracking and monitoring lead:** The person at the organization who will lead quality improvements related to tracking and monitoring patients on long-term opioid therapy.
- **UW:** University of Washington.
- **VA:** U.S. Department of Veterans Affairs.
- **WA AMDG MED calculator:** The Washington State Agency Medical Director’s Group (AMDG) morphine equivalent dose (MED) calculator, which takes into account methadone’s exponential MED increases.