

Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams Systems-Based Form

ECHO ID:

Basic Information:

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|----------------|--------------------|
| Provider Name: | Presentation Date: |
| Agency Name: | City/State: |

Current or proposed services (medication for addiction treatment (MAT), e.g., buprenorphine, methadone, naltrexone; data waived practitioner support; harm reduction; peer recovery, etc.):

Describe the situation or challenge your practice has experienced addressing Substance Use Disorder (SUD) treatment or recovery services from a systems- or population-level. This could be related to administrative, scope of practice, workflow, referral, or other hurdles.

Situation: Please describe the current state of the system.

Background: Please provide any additional information related to the situation or overall context.

Assessment: Please state your current view on the situation.

Requst: Please state your main questions or concerns.

PLEASE NOTE: By submitting this form, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between an ECHO clinician and any patient whose case is being presented in a teleECHO session. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

Please complete form and email to Nicholas Cushman by emailing: ECHO@npaihb.org