

**Learning from our current state: What are our most pressing problems? What are the root causes?**

**Project Aim Statement:**

**Project Goals/Objectives (Look to your Primary and Secondary Drivers)**

- 1.
- 2.
- 3.
- 4.
- 5.

**Driver Diagram**

\*Insert a copy of your Driver Diagram

**Team Members and Corresponding Roles and Responsibilities**

---

**Core Project Team Members**

<i>Team Member Name</i>	<i>Role/Responsibilities</i>
<b>Senior Executive Leader/ Sponsor</b> Name Title	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Project Manager (day to day lead)</b> Name Title	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>X-waivered Clinician</b> Name Title	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Additional Core Team members (MAT services coordinators, counselors, nurses, social workers, navigators, case managers, medical assistants, IT staff, etc.)</b> Name Title	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Additional Core Team members (MAT services coordinators, counselors, nurses, social workers, navigators, case managers, medical assistants, IT staff, etc.)</b>  Name Title	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

**Measures**

Reference the ATSH:BH Project Measures Definitions ([click here for PDF online or enter URL: http://bit.ly/atshbhmeasures](http://bit.ly/atshbhmeasures)) for additional information about the ATSH:BH Core/Optional Measures

**Core/Optional Measures**

MEASURE	DATA GATHERING PLAN	Baseline (as of 4/2019)	Goal
<b>Core Measures</b>			
<b>A. Adoption</b> <ul style="list-style-type: none"> <li>- # of x-waivered prescribers</li> <li>- # of x-waivered prescribers actively prescribing</li> <li>- % of providers that are x-waivered</li> <li>- Ratio of x-waivered prescribers actively prescribing to the clinic’s total client panel size</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>B. Reach</b> <ul style="list-style-type: none"> <li>- # of clients prescribed buprenorphine</li> <li>- # of clients administered naltrexone long acting injection</li> <li>- # of clients prescribed oral naltrexone</li> <li>- % of clients prescribed buprenorphine or oral naltrexone, or administered naltrexone long acting injection of all clients with OUD</li> </ul>	<b>Who:</b>  <b>How:</b> MAT Patient Registry  <b>When/How Often:</b>		
<b>C. Retention</b> <ul style="list-style-type: none"> <li>- # of clients prescribed buprenorphine or oral naltrexone, or administered naltrexone long acting injection 6 months prior who have adhered to any of these medications continuously for 6 consecutive months</li> <li>- % of clients prescribed buprenorphine, oral naltrexone, or administered naltrexone long acting injection 6 months ago who have continued in treatment for 6 consecutive months of all clients prescribed buprenorphine or oral naltrexone, or administered naltrexone long acting injection 6 months prior.</li> </ul>	<b>Who:</b>  <b>How:</b> MAT Patient Registry  <b>When/How Often:</b>		
<b>D. Screening</b> <ul style="list-style-type: none"> <li>- % of clients screened for opioid use disorder of all clients seen during the last quarter</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>E. Toxicology Monitoring</b> <ul style="list-style-type: none"> <li>- % of clients prescribed buprenorphine or oral naltrexone, or administered naltrexone long acting injection who received a urine toxicology test within 3 days of starting their medication</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		

ATSH: Behavioral Health Worksheet

MEASURE	DATA GATHERING PLAN	Baseline (as of 4/2019)	Goal
<b>Optional Measures</b>			
<b>F. Initiation</b> - % of clients with 1 follow-up visit within 14 days of starting buprenorphine, oral naltrexone, or naltrexone long acting injection	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>G. Engagement</b> - % of clients with 2 follow-up visits within 30 days of the date of the initial prescription for buprenorphine or oral naltrexone, or administration of naltrexone long acting injection	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>H. Toxicology Monitoring</b> - % of clients taking buprenorphine, oral naltrexone, or naltrexone long acting injection receiving a urine toxicology test at least once per month of all clients taking buprenorphine, oral naltrexone, or naltrexone long acting injection	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b> Quarterly – by both MAT Team and submitted to ATSH: PC		

**Internal Project Measures**

In addition to the core/optional measures that you'll be tracking over the course of your ATSH project, are there any other internal measures that will help you track to determine if the project has been successful? These could be process measures related to monitoring or case management activities, staff or patient satisfaction, provider panel levels, wait times, etc. Internal Measures are unique to your team's project and speak to the specific change ideas you'll be prioritizing, piloting and implementing.

MEASURE	DATA GATHERING PLAN	Baseline (as of 4/2019)	Goal
	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		