

## Section 1 Project Overview

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### Current State Description/Problem Statement:

### Project Aim Statement:

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

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

### Project Assumptions

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

### Driver Diagram

\*Insert a copy of your Driver Diagram

**Section 2 Team Members and Corresponding Roles and Responsibilities**

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**Core Project Team Members**

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

## Section 3 Measures

Reference the ATSH Project Measures Definition ([Link Here](#)) for additional information about the ATSH Core/Optional Measures

### Core/Optional Measures

MEASURE	DATA GATHERING PLAN	Baseline (as of 4/19)	Goal
<b>Core Measures</b>			
<b>1. Adoption</b> <ul style="list-style-type: none"> <li>- # of x-waivered prescribers</li> <li>- # actively prescribing</li> <li>- % of providers that are x-waivered</li> <li>- Ratio of x-waivered</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>2. Reach</b> <ul style="list-style-type: none"> <li>- # patients prescribed buprenorphine</li> <li>- # of patients prescribed naltrexone</li> <li>- % of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD</li> </ul>	<b>Who:</b>  <b>How:</b> MAT Patient Registry  <b>When/How Often:</b>		
<b>3. Retention</b> <ul style="list-style-type: none"> <li>- # of patients prescribed buprenorphine or naltrexone long acting injection 6 months prior who have adhered to this medication continuously for 6 consecutive months</li> <li>- % of patients prescribed buprenorphine or naltrexone long acting injection 6 months ago who have continued in treatment for 6 consecutive months of all patients prescribed buprenorphine or naltrexone long acting injection 6 month prior</li> </ul>	<b>Who:</b>  <b>How:</b> MAT Patient Registry  <b>When/How Often:</b>		
<b>Optional Project Measures</b>			
<b>4. Screening</b> <ul style="list-style-type: none"> <li>- % of new patient or annual visit patients screened for opioid use disorder of all new patients and annual visit patients</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>5. Initiation</b> <ul style="list-style-type: none"> <li>- % of patients with 1 follow-up visit within 14 days of starting buprenorphine or naltrexone long acting injection</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		
<b>6. Engagement</b> <ul style="list-style-type: none"> <li>- % of patients with 2 follow-up visits within 30 days of the date of the initial prescription for buprenorphine or naltrexone long acting injection</li> </ul>	<b>Who:</b>  <b>How:</b>  <b>When/How Often:</b>		

[Site/Project Name] Project Plan

MEASURE	DATA GATHERING PLAN	Baseline (as of 4/19)	Goal
<p><b>7. Toxicology Monitoring</b></p> <ul style="list-style-type: none"> <li>- % of patients prescribed buprenorphine or naltrexone long acting injection who received a urine toxicology test within 3 days of starting of all patients starting their medication</li> <li>- % of patients taking buprenorphine or naltrexone long acting injection receiving a urine toxicology test at least once per month of all patients taking buprenorphine or naltrexone long acting injection</li> </ul>	<p>Who:</p> <p>How:</p> <p>When/How Often: Quarterly – by both MAT Team and submitted to ATSH: PC</p>		

**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 teams project and speak to the specific change ideas you'll be prioritizing, piloting and implementing.

MEASURE	DATA GATHERING PLAN	Baseline (as of 4/19)	Goal
	<p>Who:</p> <p>How:</p> <p>When/How Often:</p>		
	<p>Who:</p> <p>How:</p> <p>When/How Often:</p>		
	<p>Who:</p> <p>How:</p> <p>When/How Often:</p>		

## Section 4 Key Success Factors and Project Risks

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***What are some of the potential challenges and/or risks associated with your project? Reflect on the challenges of past initiatives and discuss if any of these challenges could also impact your ATSH Project.***

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***Competing Priorities - Are there any competing priorities that might interfere with your project (e.g., new IT system implementations, site renovations, etc.)?***

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***List the top 3 challenges or risk that your project may face, and think about the steps your team could take to prevent that challenge/risk from occurring.***

*(Reference Your IMAT: PC Assessment for Potential Challenges)*

Themes	Actions or new approaches to test

