#### Section 1 Project Overview

#### **Current State Description/Problem Statement:**

We launched our MAT program in early 2018 when our CMO became x-waivered. While the program has grown over the last year to having 15 patients receiving MAT care at our clinic, we know that we don't yet have the MAT capacity to meet the needs of our patient population. Our current MAT processes are working well for our CMO, but as we expand our MAT services, we'll need to standardize these processes to ensure that our patients are receiving timely, coordinated services.

#### **Project Aim Statement:**

By December 2020, LAX Health – Westin Health Center will provide MAT services to 100 patients by getting x-waivers for 4 providers, adopting a comprehensive and efficient addiction screening process, and developing policies and procedures for MAT care delivery.

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

- 1. By June 2020, 60% of patient population has been appropriately screened using Drug Abuse Screening Test (DAST)
- 2. By January 2020, protocols will be tested and standardized for initiating, stabilizing, and maintaining MAT Care
- 3. By January 2020, conduct at least 3 staff trainings on stigma and motivational interviewing.
- 4. By Sept 2019, we will have created and implemented a MAT services registry and will be able to generate data reports for key project metrics using our IT systems.

#### **Project Assumptions**

- 1. We'll be given the time, support and resources to pursue this project
- 2. X-waivered providers will be able to see MAT patients and continue to manage most of their paneled patients.
- 3. By training staff in stigma reduction and best practices in screening patients for substance abuse, patients will answer these screening questions honestly and we will be better positioned to identify and support patients who would benefit from MAT services.

# **Driver Diagram**

Leadership support the work, share vision for the program structure and staffing model, and all staff **Leadership and Culture** training on terminology and reducing stigma. MAT measures collected/reviewed monthly, (submit to ATSH quaterly). Also collect/monitor patient level outcomes **Program Performance Monitoring** Review barriers and facilitators to MAT success in weekly or biweekly meetings with MAT team Criteria & procedures in place to identify patient eligible for office-based MAT (screening, exams, reviewing Aim Statement clinical data) **Patient Identification and Initiating** "By September 2020, Main Street Clinic will Care Motivational interviewing employed to engage patients build a MAT program in MAT program that will include 3 xwaivered clinician and 50 patients enrolled in Protocols in place for starting, stabilizing, and maintining MAT" care **MAT Care Delivery and Monitoring Treatment Response** Processes for physical exams, lab draws, conducting toxicology and other lab tests, refill and stabilization appointments (or groups), etc. MAT care is coordinated; protocols and processees are defined and optimized; registry is used to monitor MAT **Care Coordination** initiation and response Team identified with clear roles and responsibilities **Organizational Management** agreed to by entire MAT team, and collaborates **Structures that Support MAT** regularly (weekly or biweekly)

## SAMPLE PROJECT PLAN – FOR ILLUSTRATIVE PURPOSES ONLY

## Section 2 Team Members and Corresponding Roles and Responsibilities

## **Core Project Team Members**

Team Member Name	Role/Responsibilities
Senior Executive Leader/ Sponsor Name Title Contact Information	<ul> <li>Define goals/objectives for the project - ensuring alignment with organizational strategic goals and priorities</li> <li>Oversee implementation efforts</li> <li>Share project updates with senior leaders/board</li> </ul>
Project Manager Name Title Contact Information	<ul> <li>Coordinates, facilitates, and manages project activities</li> <li>Follow up with staff about progress on key project deliverables</li> <li>Runs monthly team meetings</li> </ul>
X-waivered Clinician Name Title Contact Information	<ul> <li>Oversee and manage creation of MAT Services protocols</li> <li>Share updates with providers during quarterly provider meetings.</li> </ul>
Operations Lead Name Title Contact Information	<ul> <li>Share project updates with staff across organization</li> <li>Lead on working with staff to test and implement substance use screening tools</li> </ul>
BH Counselor Name Title Contact Information	<ul> <li>Lead on exploring partnerships with social service organizations and draft referral procedures for MAT patients to obtain these services.</li> <li>Identify opportunities for behavioral health team to coordinate care with the primary care team and x-waivered providers.</li> </ul>

## SAMPLE PROJECT PLAN - FOR ILLUSTRATIVE PURPOSES ONLY

## **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	
Coi	re Measures				
1.	Adoption - # of x-waivered prescribers - # actively prescribing - % of providers that are x-waivered - Ratio of x-waivered	Who: Claudia, Project Manager  How: Count and upload to ATSH Data Portal			
2.	Reach - # patients prescribed buprenorphine - # of patients prescribed naltrexone - % of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD	When/How Often: Quarterly Who: Claudia, Project Manager How: Data report from EMR and MAT Services Registry/Log When/How Often: Quarterly			
3.	<ul> <li>Retention</li> <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>	Who: Provider Champion  How: Chart review and MAT Services Registry/Log  When/How Often: Quarterly			
Ор	tional Project Measures		1		
4.	Screening - % of new patient or annual visit patients screened for opioid use disorder of all new patients and annual visit patients	Who: MAT Coordinator  How: Data Report from EMR  When/How Often: Quarterly			
5.	<ul> <li>Initiation</li> <li>% of patients with 1 follow-up visit within 14 days of starting buprenorphine or naltrexone long acting injection</li> </ul>	Who: MAT Coordinator  How: MAT Services Registry/Log (Excel)  When/How Often: Quarterly			
6.	Engagement  - % of patients with 2 follow-up visits within 30 days of the date of the initial prescription for buprenorphine or naltrexone long acting injection	Who: How: When/How Often:			

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MEASURE	DATA GATHERING PLAN	Baseline (as of 4/19)	Goal
7. Toxicology Monitoring  - % 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  - % 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	Who:  How:  When/How Often: 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 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
% of new patients seen this week that completed the addiction screening form	Who: MAT Coordinator  How: Tally sheets used by MA's. Hope to create electronic report soon  When/How Often: Weekly	10%	80%
% of all patients (new or existing) that completed an addiction screening form in the last 12 months.	Who: MAT Coordinator  How: Hope to create electronic report soon  When/How Often: Monthly	20%	50%
Timeliness of first MAT Appointment – average number of days from when MAT referral was initiated to first meeting with MAT team.	Who: MAT Coordinator  How: MAT Services Registry/Log (Excel)  When/How Often: Bi-Weekly (every other Friday)	N/A (MAT services will start in May 2019)	7 days

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## Section 4 Key Success Factors and Project Risks

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.

Our staff and patients aren't aware that we will offer MAT services. We are still developing partnerships with community partners and social service organizations to support our OUD patients. Provider turnover has been high and we only have 2 x-waivered clinicians.

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

We are opening a new site in Fall 2019 and renovating our Main St Clinic site in Spring 2020. Our care teams are also involved in a HRSA project on Diabetes care, which is a priority for our patients and our local health plan.

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			
Staff time for developing	Identify Medical Assistant to help coordinate services for MAT Patient			
MAT protocols, referral	Hire MAT Coordinator by July 2019			
processes, etc.	Meet with Quality team for additional support in creating and testing new processes for MAT assessments, referrals, and documentation in EMR.			
Provider and staff	Staff training on MAT Treatment, efficacy, and reducing stigma around addiction and addiction treatment			
resistance	Leadership discuss OUD treatment regularly in staff and provider meetings			
	Conduct patient focus group to develop appropriate promotional materials for MAT program			
Patient Identification - Lack of a standardized process	Medical leadership to review validated screening tools and identity which we will use. Work with teams at Main St. Clinic to test this screening tool and develop efficient, standardized ways of screening patients			
,	Established controlled substance committee to review cases of patients receiving controlled substances recurrently			

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## Section 5 Project Deliverables, Key Activities and Timeline (60 Day Project Plan)

Use the table below to provide an outline of the key activities over the next 60 days that you will track that kickoff your project.

Activity	Activity Lead	Team Members	Start Date	End Date	Notes (optional)
[Deliverable] Assess staff training needs	Angela	Core team	4/15	5/31	
- Determine whether the clinic has previously assessed staff training needs	Chris	n/a	4/15	4/19	Need to ask office manager what's been done in last 3 years
-As a team, review findings from capability assessment	Angela	Core team	4/16	4/16	Use 20 min of core team weekly meeting
- Determine method to assess staff training needs and then conduct assessment	Rich	Core team	4/16	4/19	Angela to propose options at weekly core team meeting and team decides
-Conduct assessment of staff training needs	Michelle	n/a	4/19	5/29	Will likely use Survey Monkey
[Deliverable] Design a 30-minute training for all staff	Rich	Core Team	4/29	5/24	
- Analyze findings from staff training needs assessment to determine the top needs	Rich	Chris, Michelle	4/29	5/3	Rich reviews findings and shares at weekly core team meeting
-Review previous trainings to determine if there is existing content that can be re-used	Chris	n/a	5/3	5/10	Chris will let us know if there's anything to be repurposed
- Post note on ATSH forum to see who can share a draft	Angela	n/a	5/3	5/10	
- Prepare first draft of training	Angela	Chris	5/10	5/17	Team reviews at weekly core team meeting
- [Finalize slides	Angela	n/a	5/17	5/24	
[Deliverable] Assess staff training needs	Angela	Core team	4/15	5/31	
- [Analyze findings from staff training needs assessment to determine the top needs	Rich	Chris, Michelle	4/29	5/3	Rich reviews findings and shares at weekly core team meeting
-Review previous trainings to determine if there is existing content that can be re-used	Chris	n/a	5/3	5/10	Chris will let us know if there's anything to be repurposed
- Post note on ATSH forum to see who can share a draft	Angela	n/a	5/3	5/10	