



Learning Lab: Designing Your ATSH Project

**Addiction Treatment Starts Here:
Learning Session #1**

November 7, 2019

Bridget Hogan Cole, MPH & Chris Hunt, MPH, LSSBB

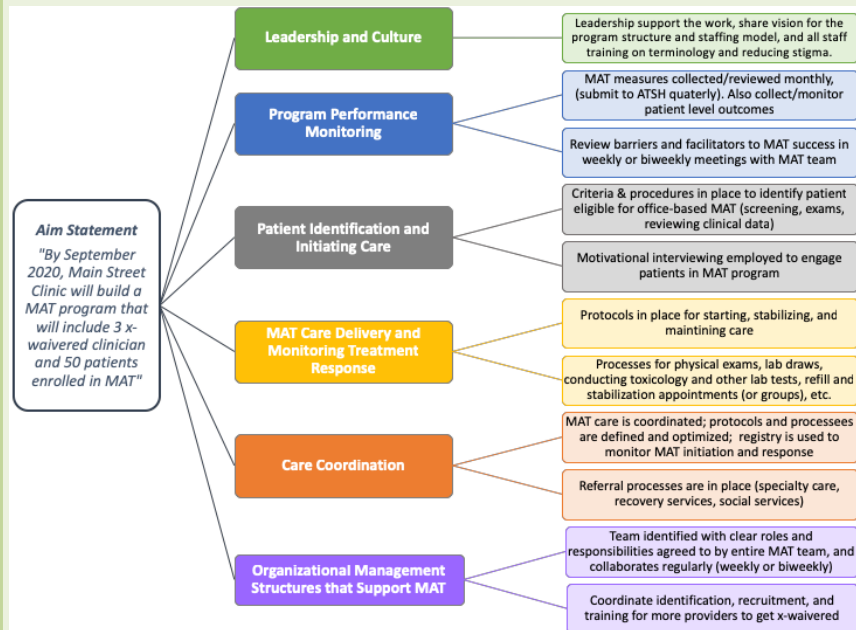
About the Institute for High Quality Care (IHQC)

IHQC – Applied Learning Model

- **Our Mission – Increasing the quality and accessibility of safety net healthcare**
- Since 2007, IHQC has created multiple learning communities – *participant-defined, applied learning* laboratories for clinics, provider care teams to:
 - Engage in quality and process improvement trainings
 - Interact and share promising practices with their peers
 - Apply tools and techniques that will advance their own improvement efforts
 - Prepare for an ever-changing healthcare environment

Our Agenda

Visualizing Our Project: Driver Diagrams



Designing Our Project: Drafting Our Project Plan

[Site/Project Name] Project Plan

Section 1 Project Overview

Current State Description/Problem Statement:

Project Aim Statement:

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

-
-
-
-
-

Project Assumptions

-
-
-
-
-

Project Plan

Key Roles and Responsibilities

Subsites

In your project? Reflect on the old also impact your ATSH

Interfere with your project (e.g.,

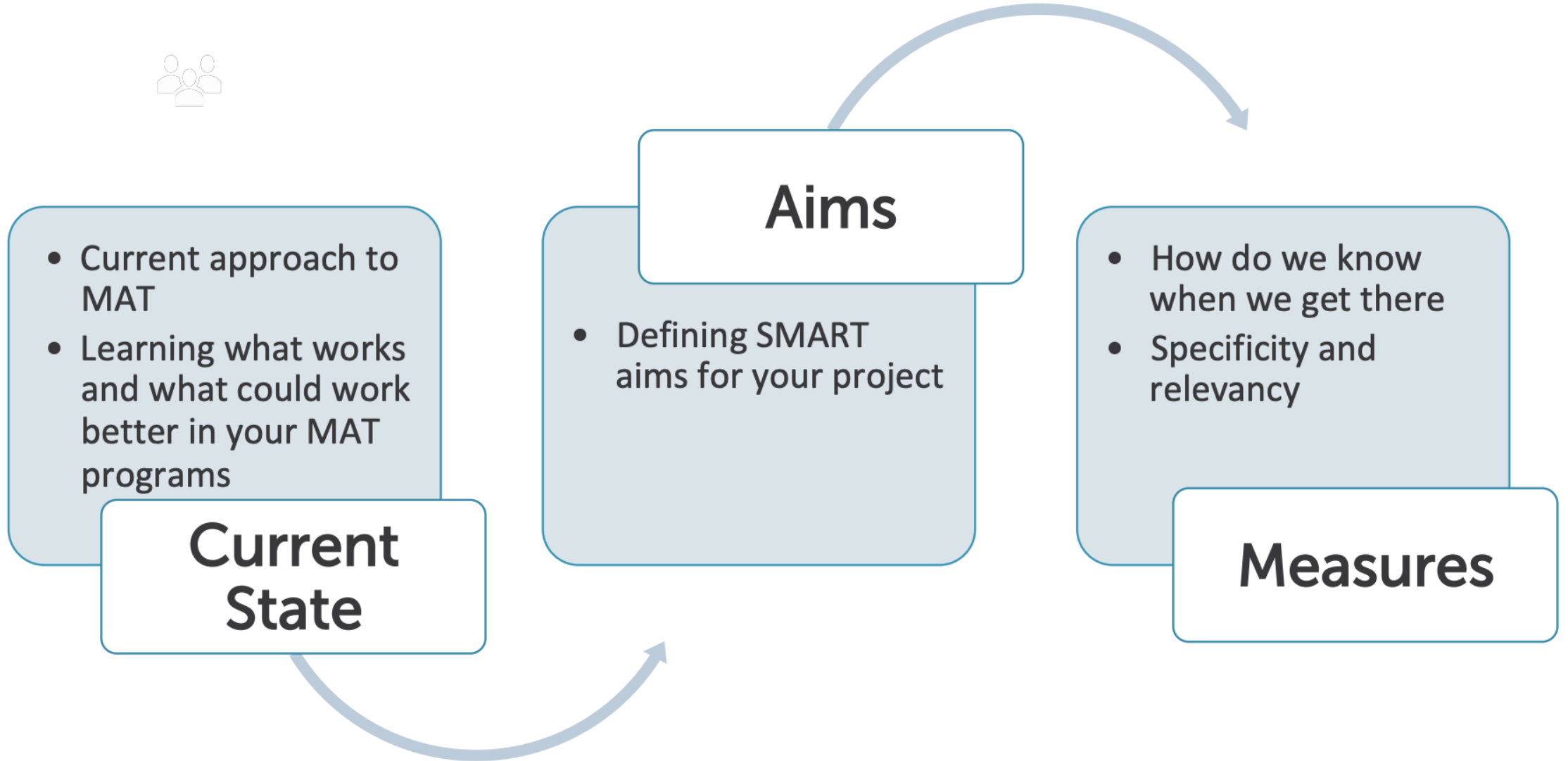
About the steps your team could

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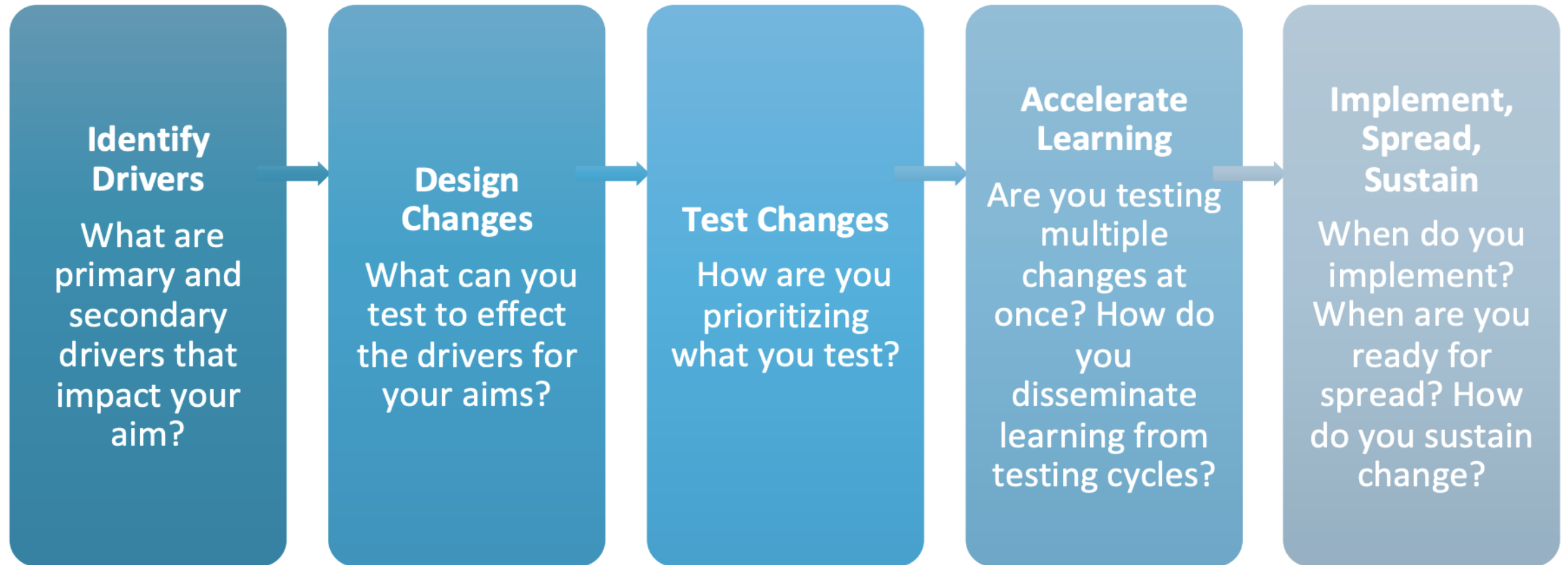
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First Step in Designing and Testing: Know Your Improvement Framework

Foundation To Develop and Sustain Strong MAT Programs



Steps to Developing and Sustaining Strong MAT Programs



Current State

Addiction Treatment Starts Here: Primary Care
 INTEGRATING MEDICATIONS FOR ADDICTION TREATMENT
 IN PRIMARY CARE (IMAT-PC)
 Opioid Use Disorder Version
 An Index of Capability at the Organizational/Clinic Level

YOUR CLINIC AND ORGANIZATION CHARACTERISTICS

DATE OF COMPLETION: _____

ORGANIZATIONAL INFORMATION:
 Name of Organization: _____
 Name of Clinic Site: _____
 Address: _____
 Number of Clinic Sites Within Organization: _____

KEY CONTACT FOR THIS ASSESSMENT:
 Name: _____
 Job Title: _____
 Email: _____
 Phone: _____

DIMENSION 1 (D1): INFRASTRUCTURE

Item	Description	1	2	3	4	5	SCORE
01-1	Medical records and release of information are patient compliant with HIPAA and OIGER regulations	Our clinic has either not received an OIGER or OIGER regulation	Our clinic is compliant in between 1 and 2	Our clinic has developed and implemented an address OIGER regulation	Our clinic is compliant in between 3 and 4	Our clinic has the ability to comply with these patient information compliance regulations and OIGER	0-5
01-2	Medical records include comprehensive and timely medication management of OUD in medical records as consented by patient/authorized user	The provider services are not recorded in medical records	Our clinic is compliant in between 1 and 2	Medical records include an OIGER or OIGER regulation as consented by some patients	Our clinic is compliant in between 3 and 4	Medical records include an OIGER or OIGER regulation as consented by most patients	0-5
01-3	Insurance cover medications for OUD (buprenorphine and naltrexone) and medications for OUD are covered by health insurance plan	Our OUD medications are not covered by insurance	Our clinic is compliant in between 1 and 2	The OUD medications (buprenorphine or naltrexone) are covered by some insurers	Our clinic is compliant in between 3 and 4	Both OUD medications are covered by most insurers	0-5

DIMENSION 2 (D2): CLINIC CULTURE & ENVIRONMENT

Item	Description	1	2	3	4	5	SCORE
02-1	All staff (not just front desk) understand quality patient care and OIGER or OIGER regulations and are able to discuss and explain them	Most staff (not just front desk) understand quality patient care and OIGER or OIGER regulations	Our clinic is compliant in between 1 and 2	There is variation in OIGER or OIGER regulation knowledge and staff can explain to some patients with OIGER or OIGER regulations	Our clinic is compliant in between 3 and 4	Most staff, there is broad knowledge and staff can explain to most patients with OIGER or OIGER regulations	0-5
02-2	Staff roles and distribution of patient information management and OIGER or OIGER regulations are consistent across all sites	Our OIGER or OIGER regulation management is not consistent across sites	Our clinic is compliant in between 1 and 2	Our information management and OIGER or OIGER regulations are distributed across all sites in a consistent manner	Our clinic is compliant in between 3 and 4	OIGER or OIGER regulation management is distributed across all sites in a consistent manner	0-5
02-3	Patients and providers are clearly responsible for patient care and in a timely manner	Patients receiving medications for OUD are not clearly responsible for the clinic	Our clinic is compliant in between 1 and 2	Patients receive medications for OUD when these services are requested and they know who to contact for OUD services	Our clinic is compliant in between 3 and 4	Patients receiving medications for OUD are clear about their role and providers are clear about their role in the general clinic practice	0-5

Aims



Measures

Required – Access Measures	
MEASURE	
A. Adoption	
A1	# of x-waivered prescribers
A2	# of x-waivered prescribers actively prescribing
A3	% of x-waivered prescribers of all eligible prescribers in practice
A4	Ratio of x-waivered prescribers actively prescribing to the clinic's total patient panel size
B. Reach	
B1	# of patients prescribed buprenorphine
B2	# of patients prescribed naltrexone long acting injection
B3	% of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD

Current State Activities *To Date:*

The screenshot shows a form with the following sections:

- YOUR CLINIC AND ORGANIZATION CHARACTERISTICS**
- DATE OF COMPLETION:** [Blank]
- ORGANIZATIONAL INFORMATION:**
 - Name of Organization: [Blank]
 - Name of Clinic Site: [Blank]
 - Address: [Blank]
 - Number of Clinic Sites Within Organization: [Blank]
- KEY CONTACT FOR THIS ASSESSMENT:**
 - Name: [Blank]
 - Job Title: [Blank]
 - Email: [Blank]
 - Phone: [Blank]
- Additional comments here:** [Blank]
- Additional comments here:** [Blank]
- Additional comments here:** [Blank]
- Additional comments here:** [Blank]

Capability Assessment



Refining Your Core Team



Learning From Your Patients & Staff

Initiative Aim Statements

Elevator Pitch



Mission Statement for a Project

The Aim Statement

- Like an organization's mission statement, the *Aim Statement* sets the tone for the improvement project:
 - Defines purpose of project, what you hope to accomplish
 - Identifies system you want to improve
 - Identifies patient population the improvement will impact
 - Describes why project is a priority
 - Sets the stage for a time frame to complete the project

**Project
Aim Statements &
Goals
should include**

***SMART
Elements***



SMART Statement - Examples

Time-Bound

Specific –
Who/Where

By December 2020, WeCare Health's Main Street Clinic will provide MAT services to **50 patients** by getting x-waivers for 3 providers, adopting a comprehensive and efficient addiction screening process, and developing policies and procedures for MAT care delivery.

Specific –
What system/process

Measureable

Aim Statements – What’s Missing?

- “We will increase the number of patients receiving MAT Treatment”
 - Measurable? How many patients?
 - Time-bound: By when?
 - Specific? Where? One clinic, all clinics?
 - Specific? How will it get done? Training additional x-waivered providers? Improved screening?



Drafting Our ATSH Project Aim Statement (5 min)

- Specific? Where? Who?
- Specific? How will it get done?
- Measurable? How many patients?
- Attainable? Do-able based on time, staff, resources, scale?
- Time-bound? By when?



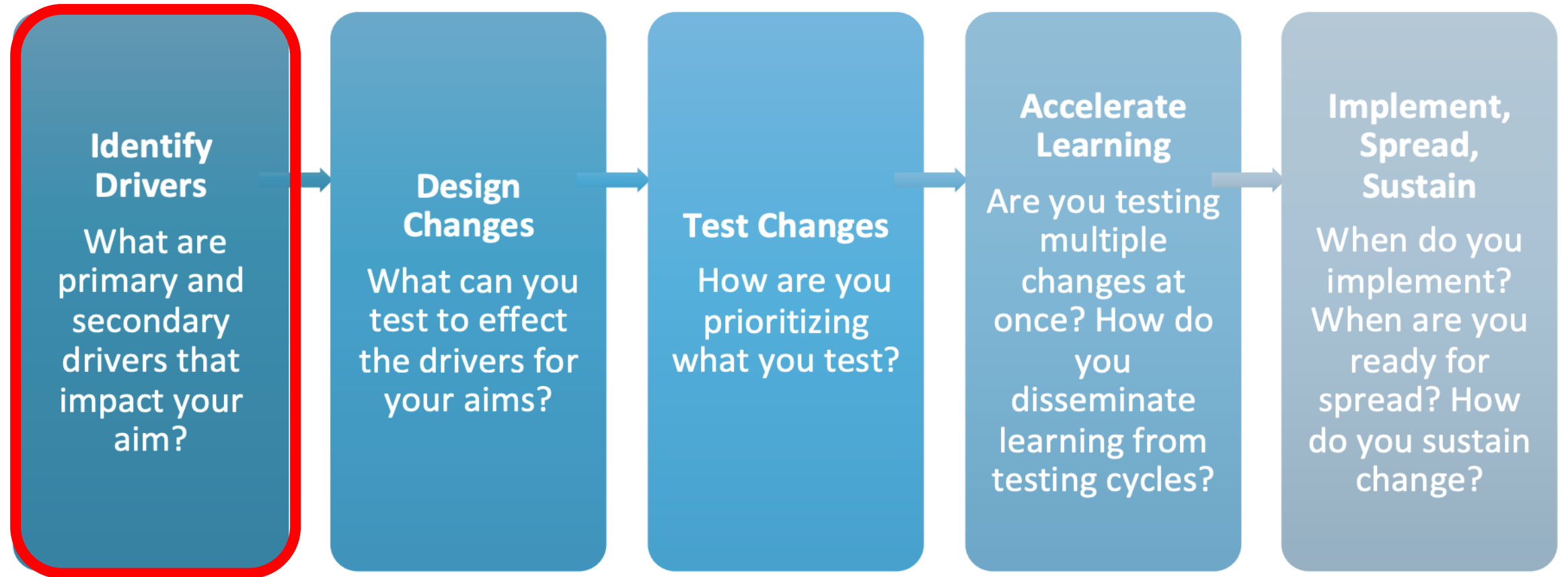
Drafting Our ATSH Project Aim Statement (5 min)

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- Time-bound? By when?

05:00

Visualizing Our Project – Drafting a Driver Diagram

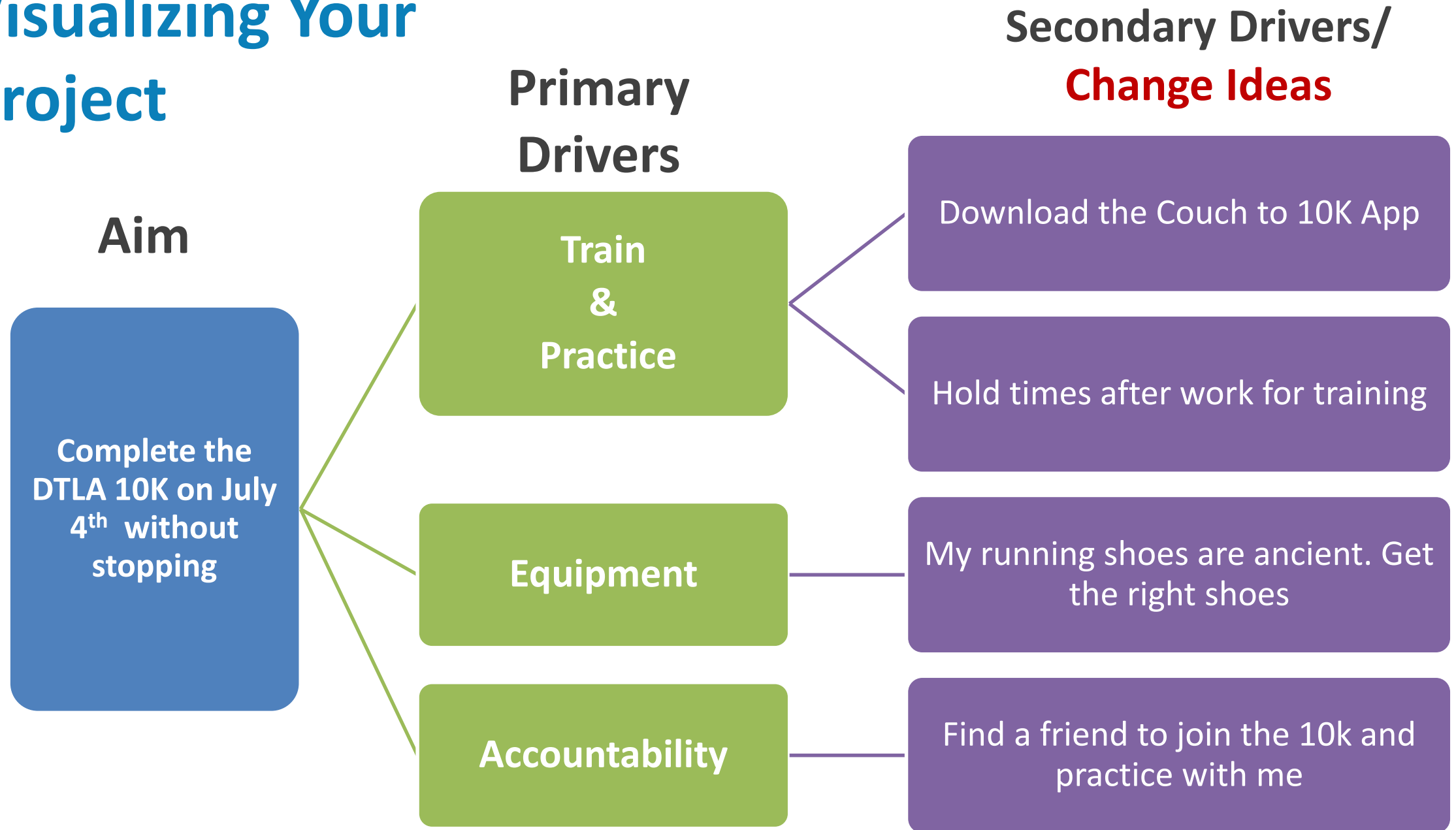
Steps to Developing and Sustaining Strong MAT Programs



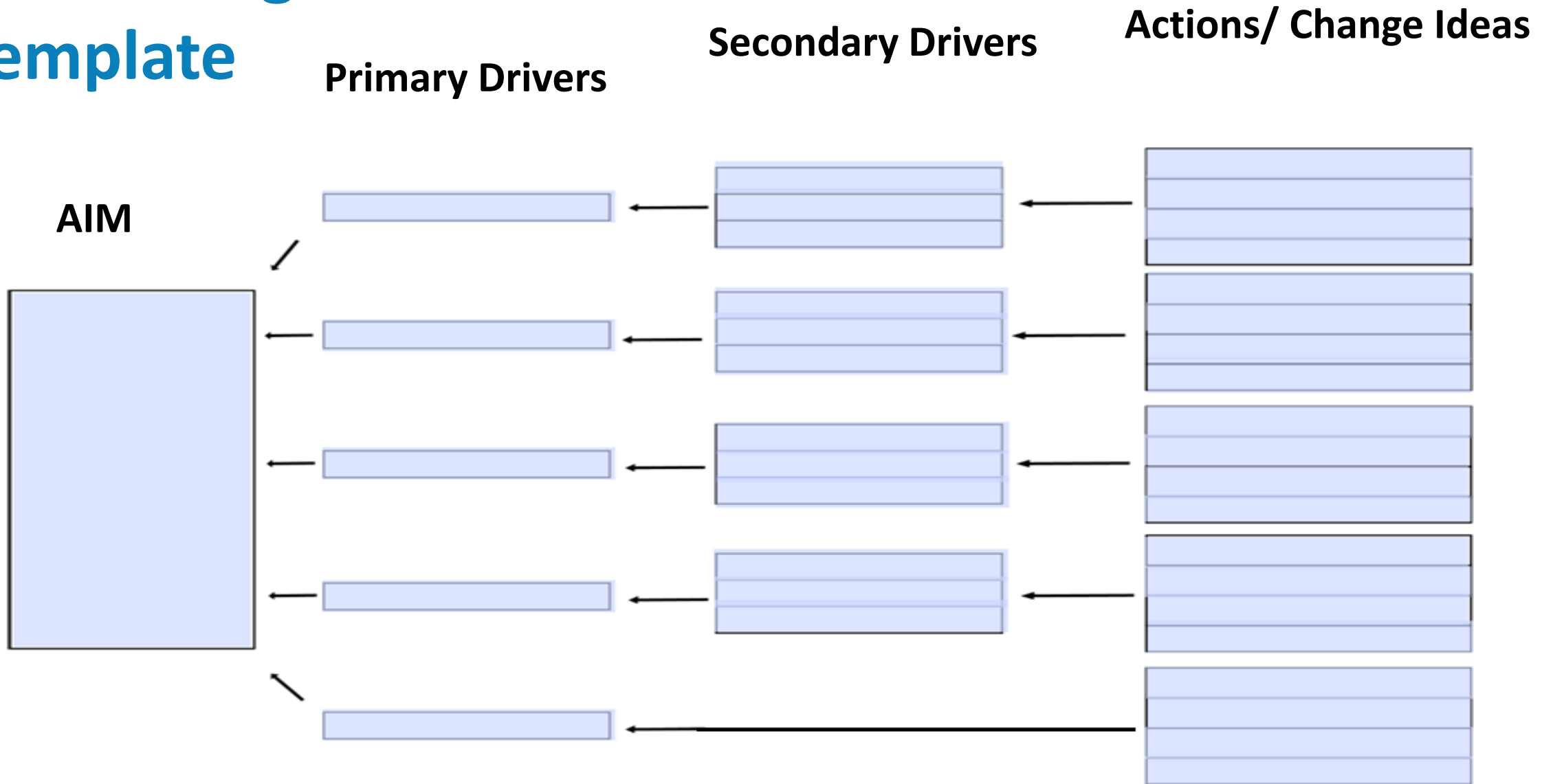
What are project drivers?

- Drivers = Topic areas, themes, and/or *high-level changes* that your team will be focusing on to help achieve your project aim
- Driver Diagrams show the relationship between your aim statement, these drivers, and your key activities

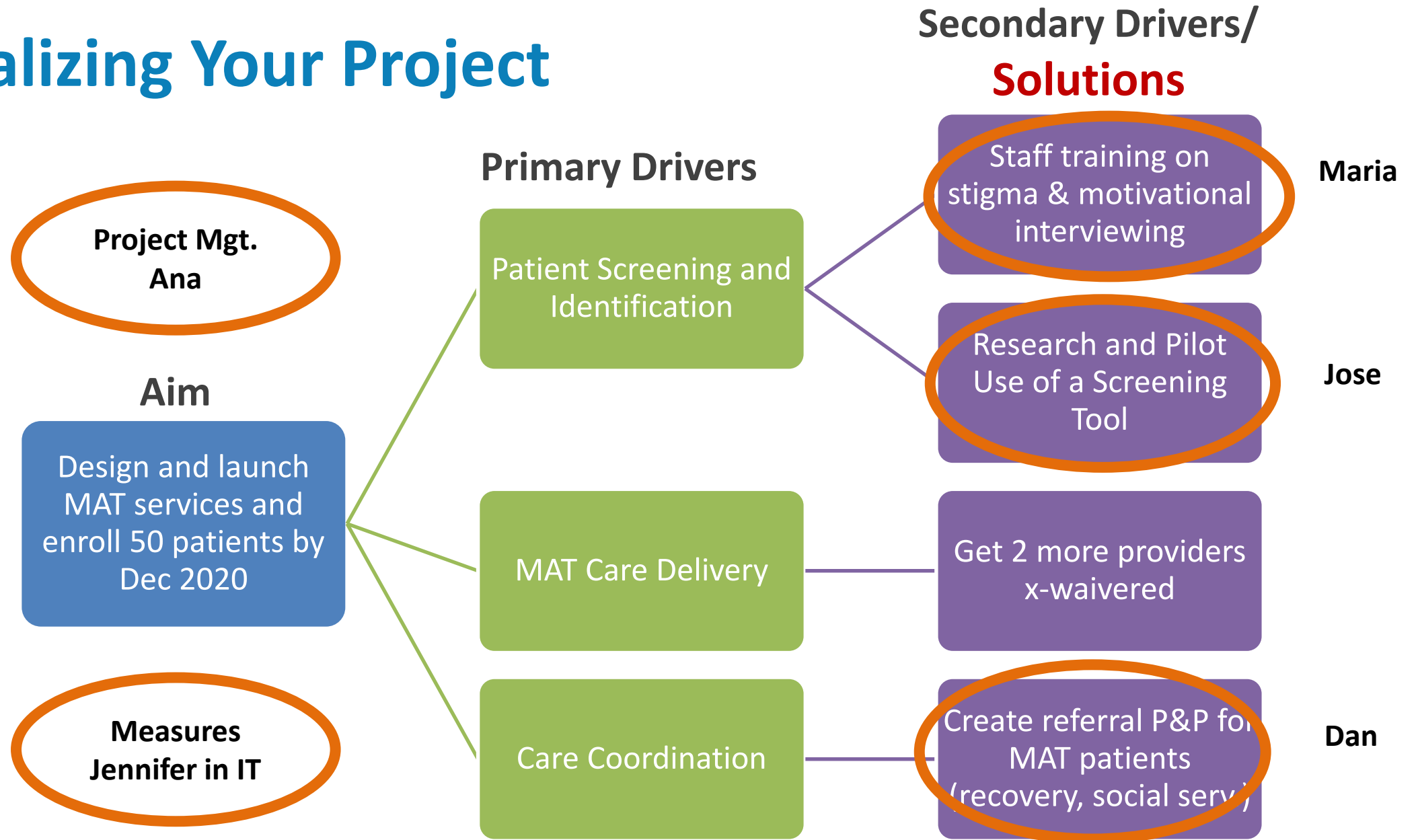
Visualizing Your Project



Driver Diagram Template

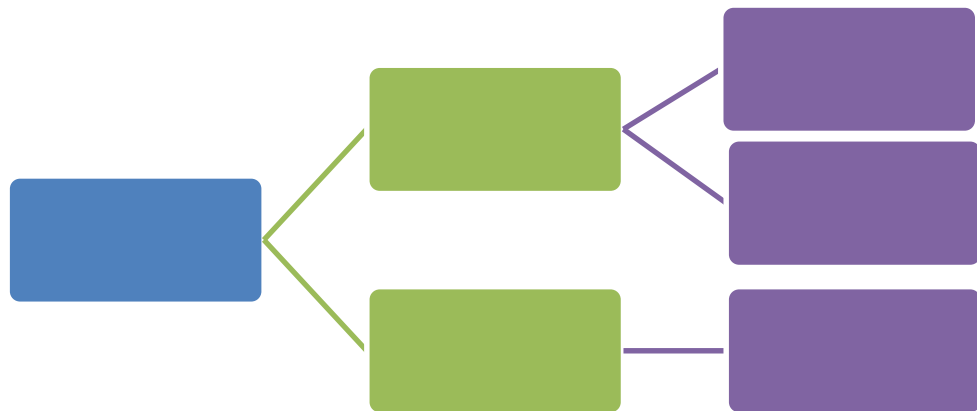


Visualizing Your Project



Tools to Draft Driver Diagrams

- **SmartArt** hierarchy feature in Microsoft PowerPoint or Word



- **Post-It Notes**



Drafting Our ATSH Project Driver Diagram

Recommended ATSH Primary Drivers

Leadership & Culture

Program
Performance
Monitoring

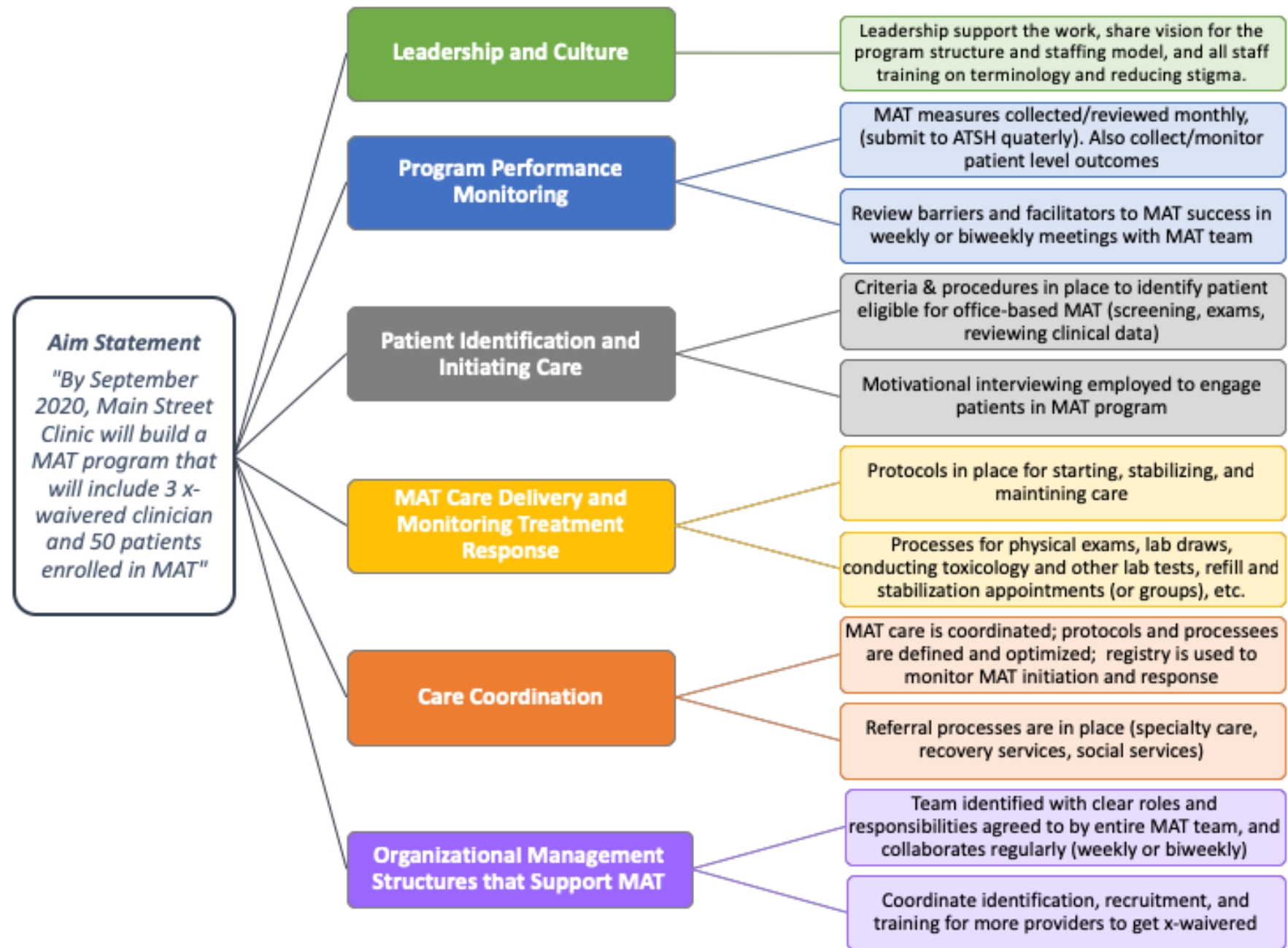
Patient Identification
& Initiating Care

MAT Care Delivery &
Monitoring
Treatment Response

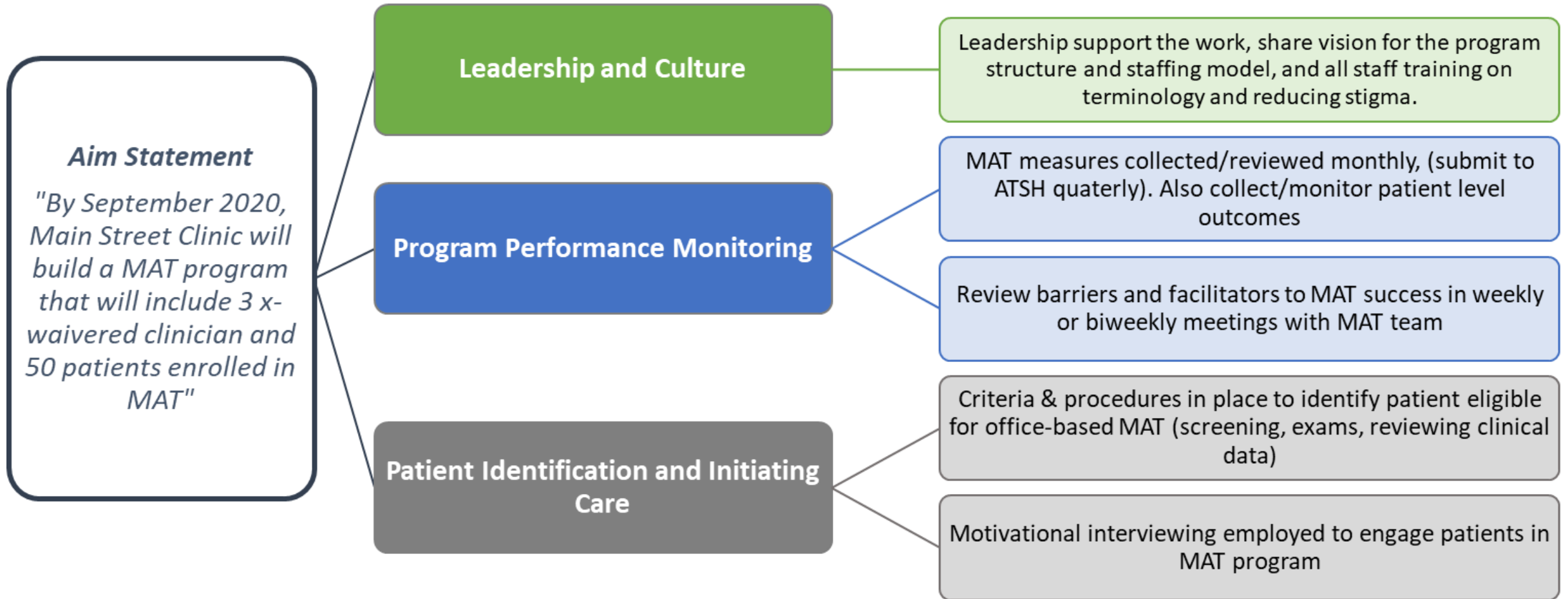
Care Coordination

Org Management
Structures that
Support MAT

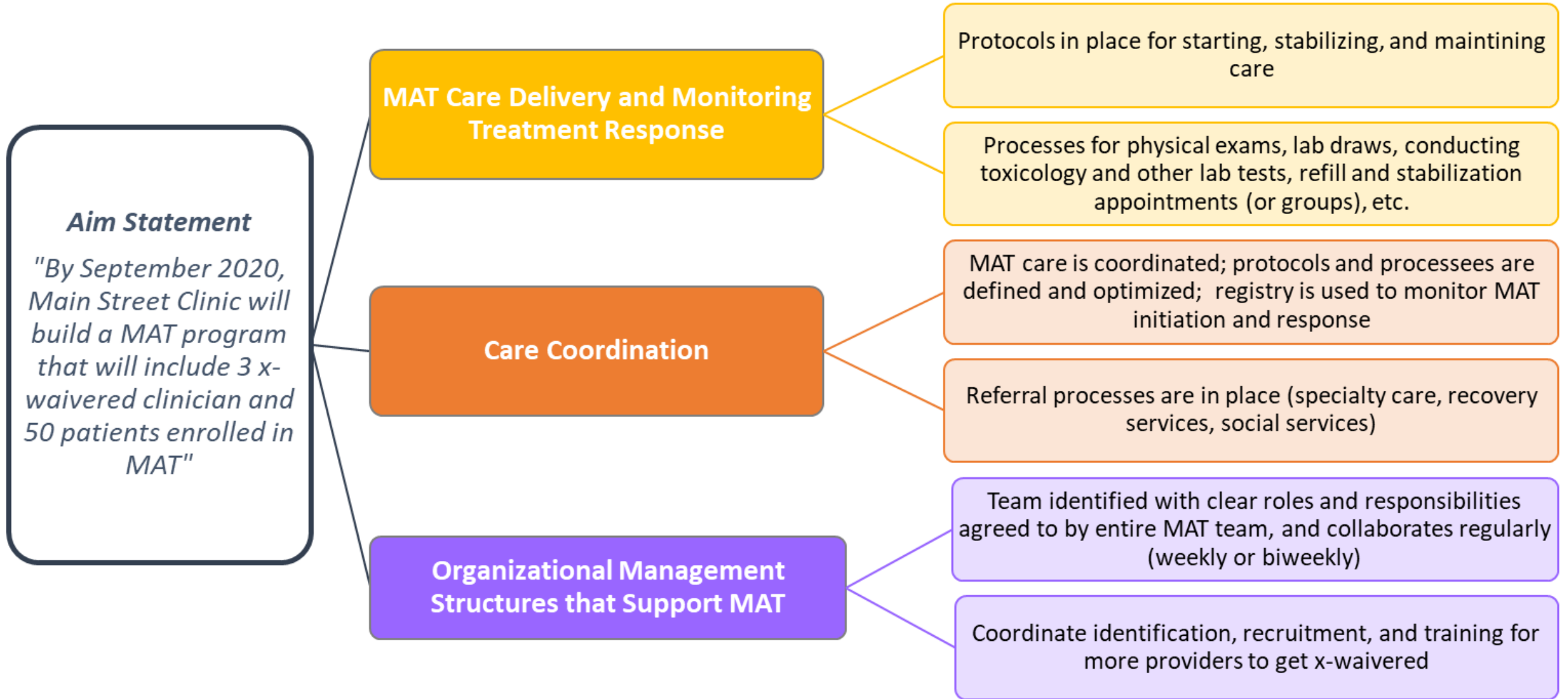
Sample ATSH Project Driver Diagram



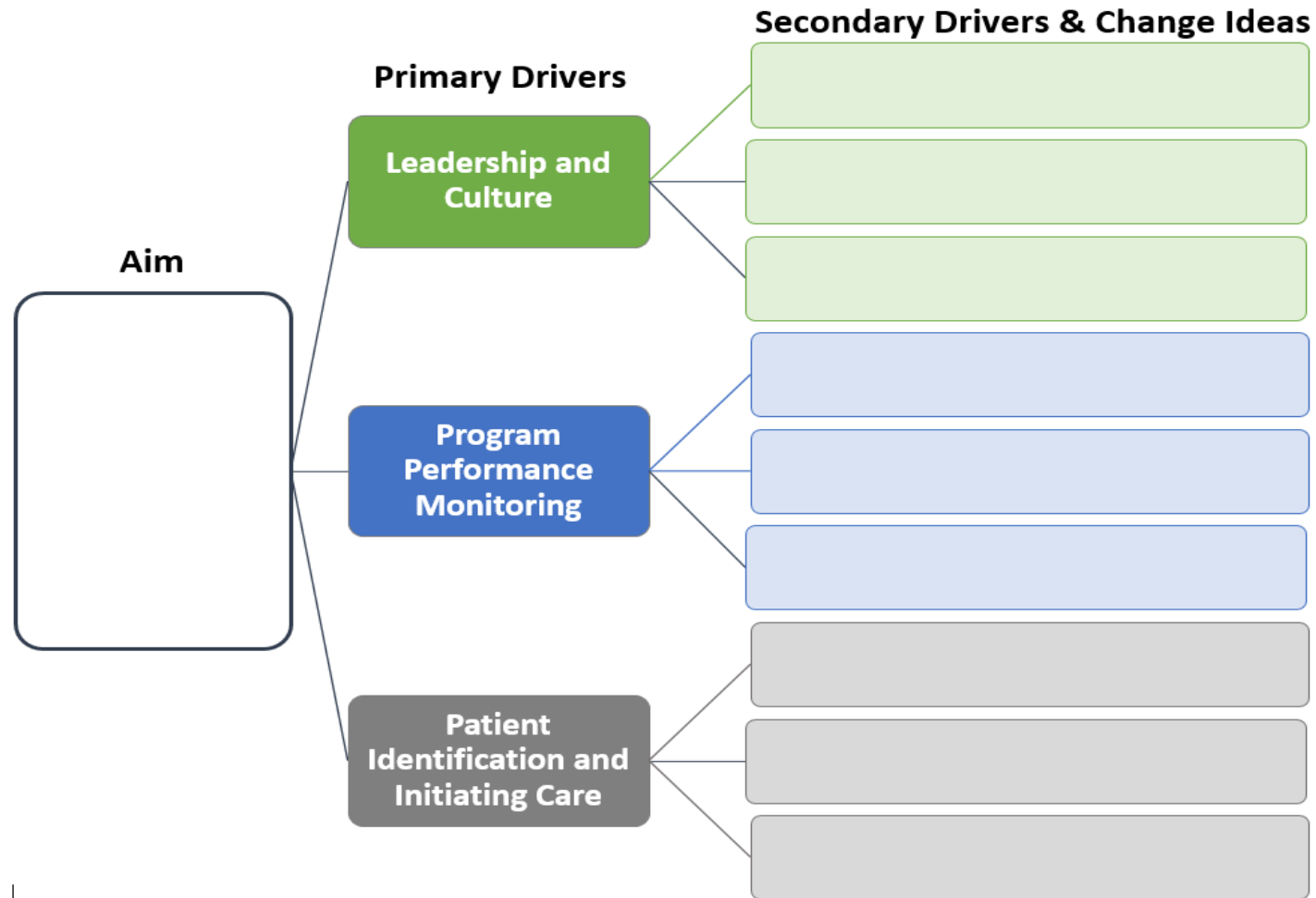
Sample ATSH Project Driver Diagram



Sample ATSH Project Driver Diagram



Where Can I Find Ideas for Secondary Drivers or Important Project Activities?




Where Can I Find Ideas for Secondary Drivers or Important Project Activities?

Group
Brainstorms

Toolkits and
Best Practices

IMAT-PC
Assessment

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Address: _____

Number of Clinic Sites Within Organization: _____

KEY CONTACT FOR THIS ASSESSMENT:

Name: _____

Job Title: _____

Email: _____

Phone: _____

Additional comments here:								SCORE (Select from dropdown when you click the cell)
D1 - 3	Insurers cover medical consultations and visits for medication management of OUD or medical services are covered by bundled contractual rates	No provider services are covered by any insurance	Our site is somewhere in between 1 and 3.	Some provider services are covered, or all provider services are covered by some insurers	Our site is somewhere in between 3 and 5.	All reasonable provider services are covered for insured patients		
Additional comments here:								SCORE (Select from dropdown when you click the cell)
D1 - 4	Insurers cover medications for OUD (buprenorphine and naltrexone 1N) or medications are covered by bundled contractual rates	No OUD medications are covered by any insurance	Our site is somewhere in between 1 and 3.	One OUD medication is covered, or both OUD medications are covered by some insurers	Our site is somewhere in between 3 and 5.	Both OUD medications are covered for insured patients		
Additional comments here:								SCORE (Select from dropdown when you click the cell)
D2 - 2	Open display and distribution of patient informational materials about OUD and medications for OUD in common areas and exam rooms	No OUD informational materials for patients are visible in common spaces	Our site is somewhere in between 1 and 3.	OUD informational materials exist and are distributed to patients and family members as needed	Our site is somewhere in between 3 and 5.	OUD informational materials are visible in common areas (waiting and exam rooms)		
Additional comments here:								SCORE (Select from dropdown when you click the cell)
D2 - 3	Patients and services are visibly integrated in general clinic spaces and in routine operations	Patients receiving medications for OUD are not typically permitted in the clinic	Our site is somewhere in between 1 and 3.	Patients receiving medications for OUD obtain these services on designated days and times where patients without OUD are not scheduled, or in a location separate from general clinic practice	Our site is somewhere in between 3 and 5.	Patients receiving medications for OUD are scheduled for and receive services at times when patients without OUD are scheduled, and in spaces available in the general clinic practice		

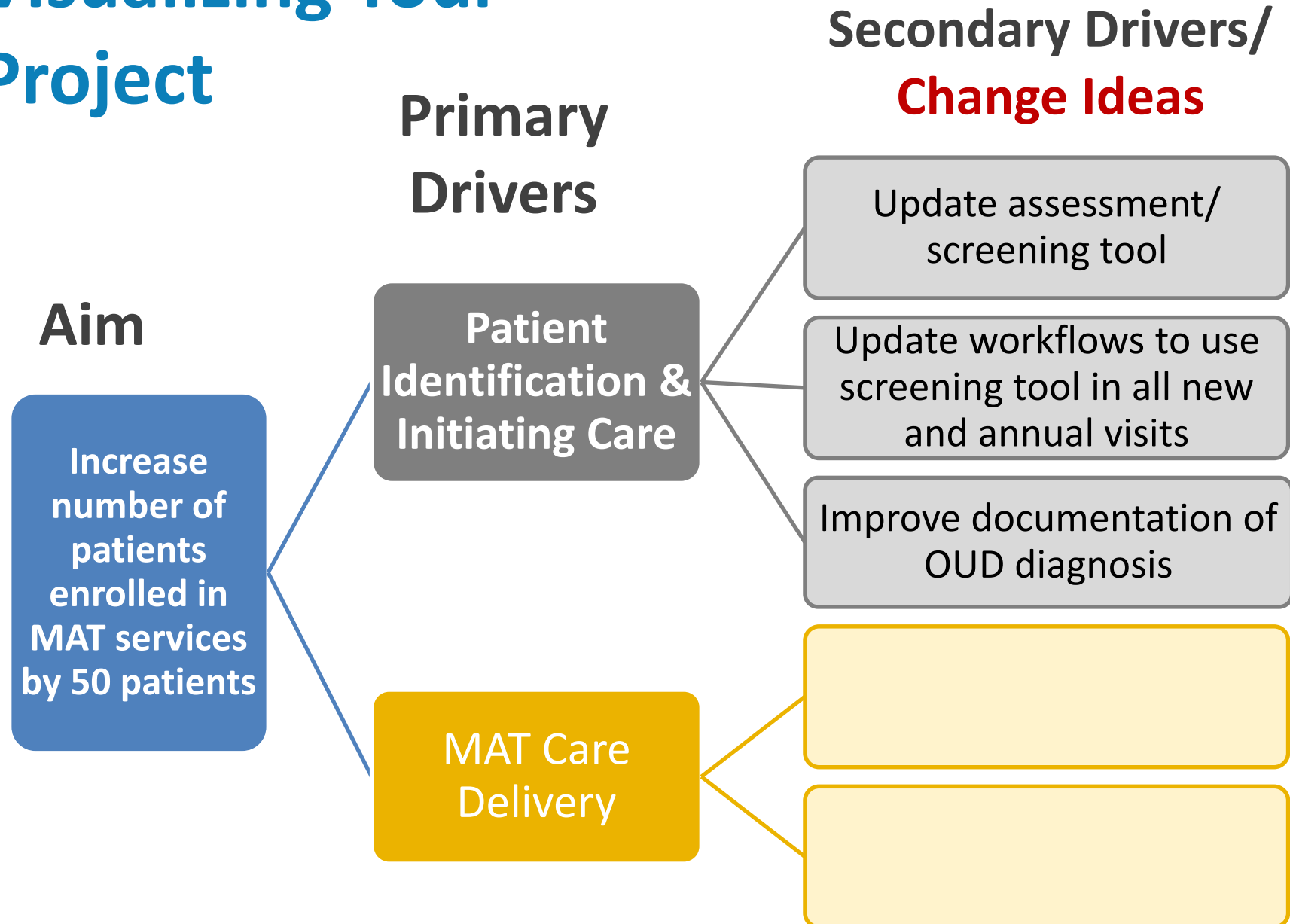
Benchmark	Description	1	2	3	4	5	SCORE
D3 - 1	All new and existing patients are screened using a standardized universal measure for opioid use risk	No standardized measure or set of questions is used		A set of questions about substance use issues is routinely used		A standardized and validated universal screen (e.g. TAPS, NIDA Quick Screen, DAST) is used with all new and annual visits	3
	Additional comments here:						
D3 - 2	All patients who screen positive receive a standardized indicated assessment and, if positive, an OUD diagnosis is made and documented	No standardized measure is used, and documentation of OUD diagnosis varies		No formal standardized measure is used but OUD diagnosis is routinely documented		A standardized indicated screen (e.g. DSM5 checklist) is used to support documentation of an OUD diagnosis	2

Change Ideas

- Category/Primary Driver:
Patient Identification and Initiating Care
-

- **Change Ideas:**
 - Update assessment/screening tool that staff use
 - Improve the frequency that this screening tools is used with *all* patients (at appropriate intervals)
 - Improve documentation of OUD diagnosis

Visualizing Your Project



ATSH Wave 1 Example: *Marin City HWC*

By September 30, 2020, MCHWC will expand its MAT program to its Bayview Clinic to treat 50% more patients (45 total active MAT patients) engaged in recovery.

Leadership and Culture

- All staff training on empathy and stigma surrounding SUD treatment - new hire training, and regularly reinforced.
- Develop at least 5 community partnerships as a referral base for patients in Bayview
- Develop & sustain policies/procedures that allow for the program to be continued despite staff turnover

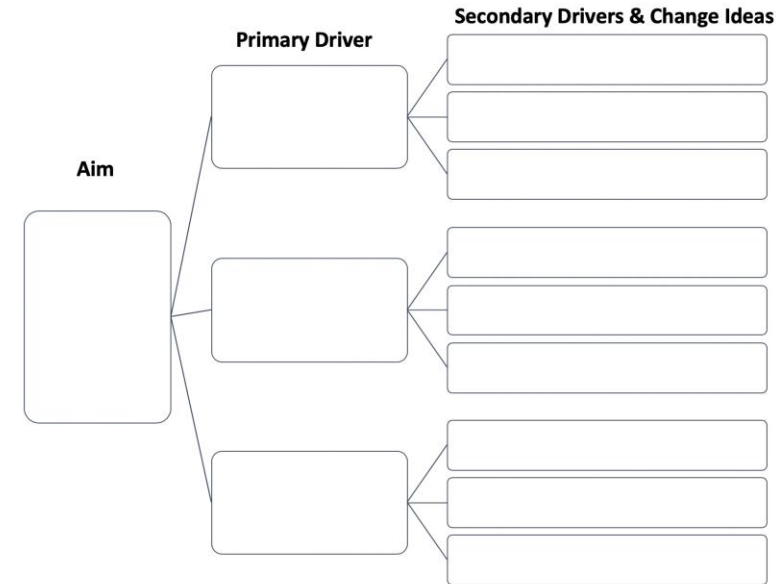
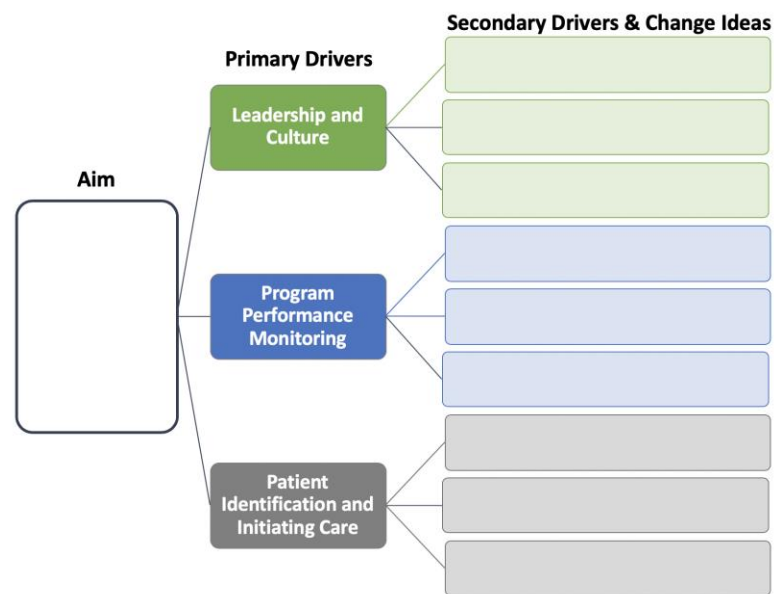
Program Capacity

- Adding refill groups in Marin City and Bayview (offer an additional day in MC)
- Offer incentive for 90 day retention in recovery
- Standardize process for home inductions and introduce as option to our prospective patients

Patient Identification

- Use standardize tool to screen patients for SUD to identify potential MAT participants
- Train staff on internal referral process that is electronically monitored and tracked
- Develop procedure to properly screen, document and bill for SBIRT services.

Begin Drafting Your Driver Diagrams



1. Review your IMAT-PC Results, and start identifying your MAT project drivers.
2. Then start identifying changes or key project activities for each driver



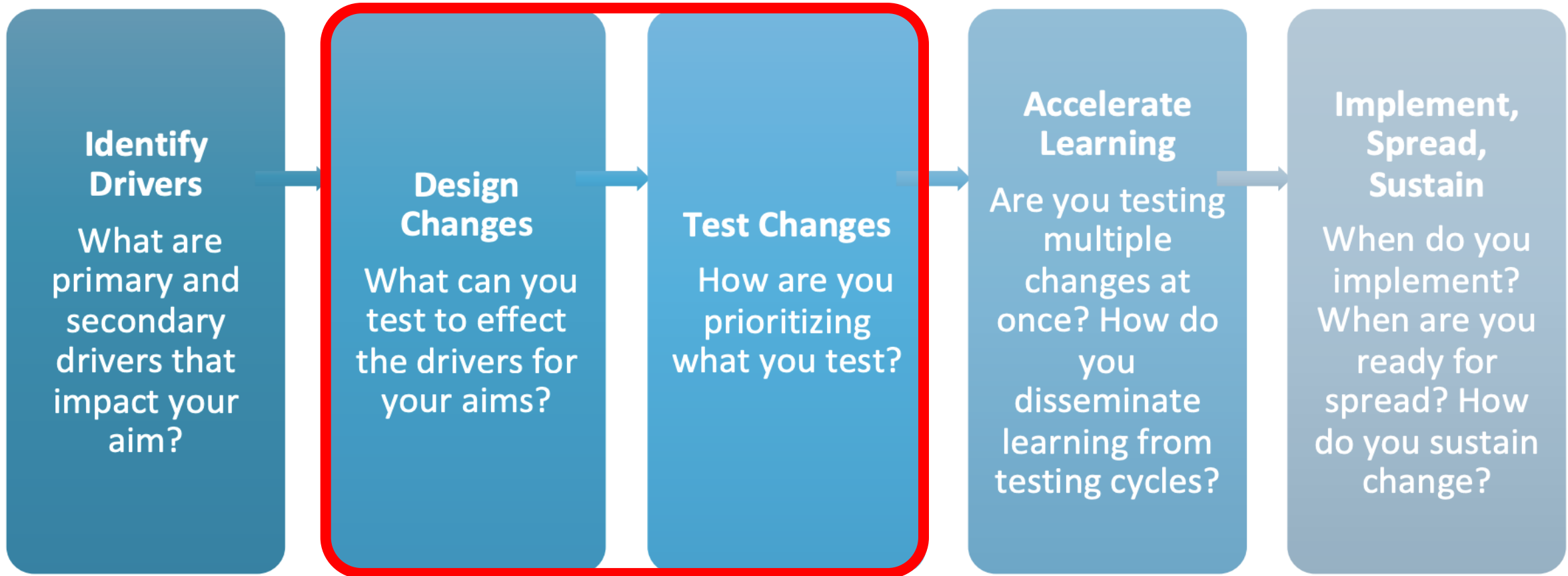
Pair and Share



- For the next 5 minutes, share your driver diagram with another team in the room
- Which Primary Drivers did you chose?
- What are 2-3 of the important change ideas or secondary drivers that your team will prioritize over the next 2 months?

Reminder – Use PDSA's to Pilot and Scale-Up Your Change Ideas

Steps to Developing and Sustaining Strong MAT Programs

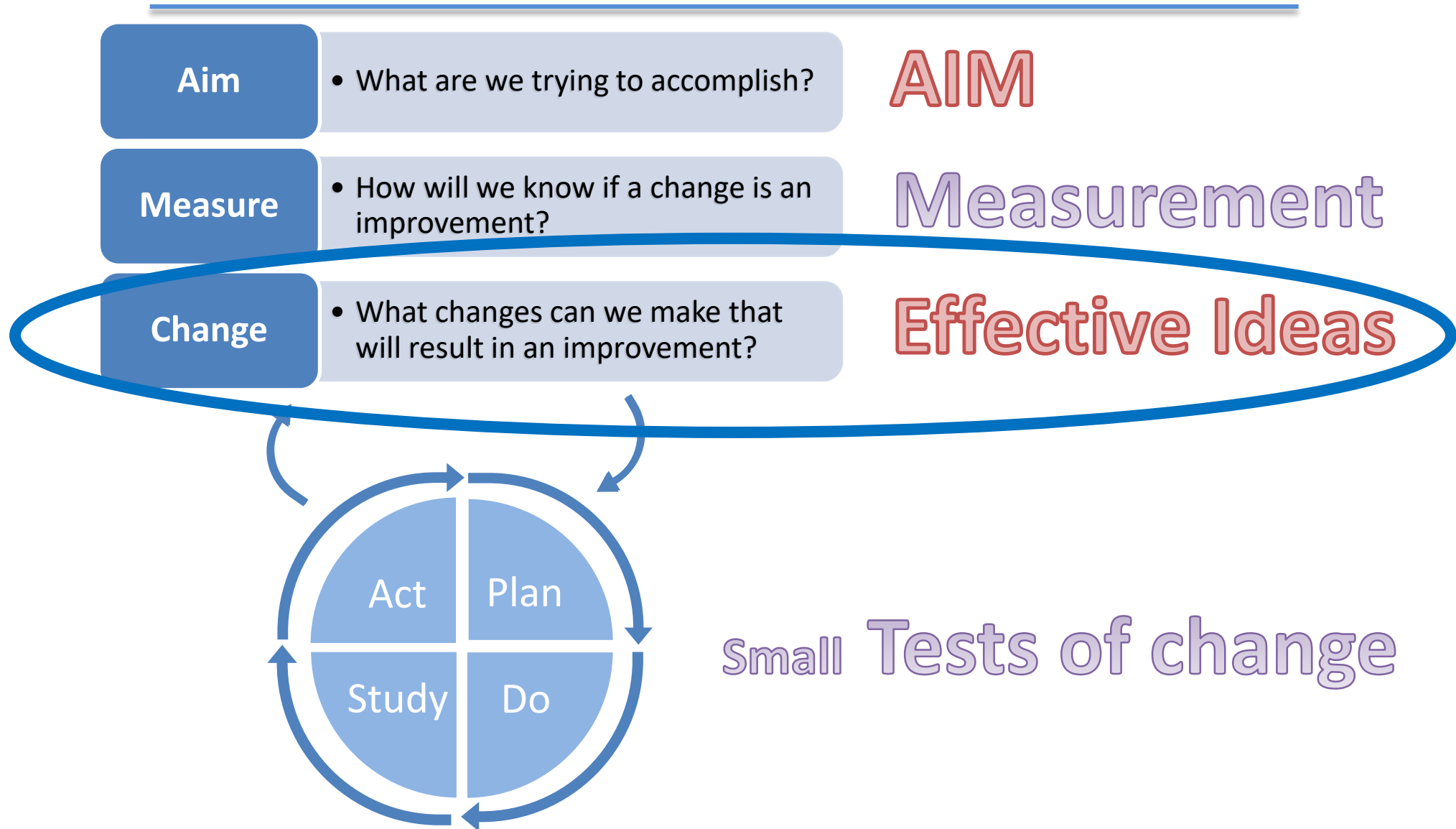




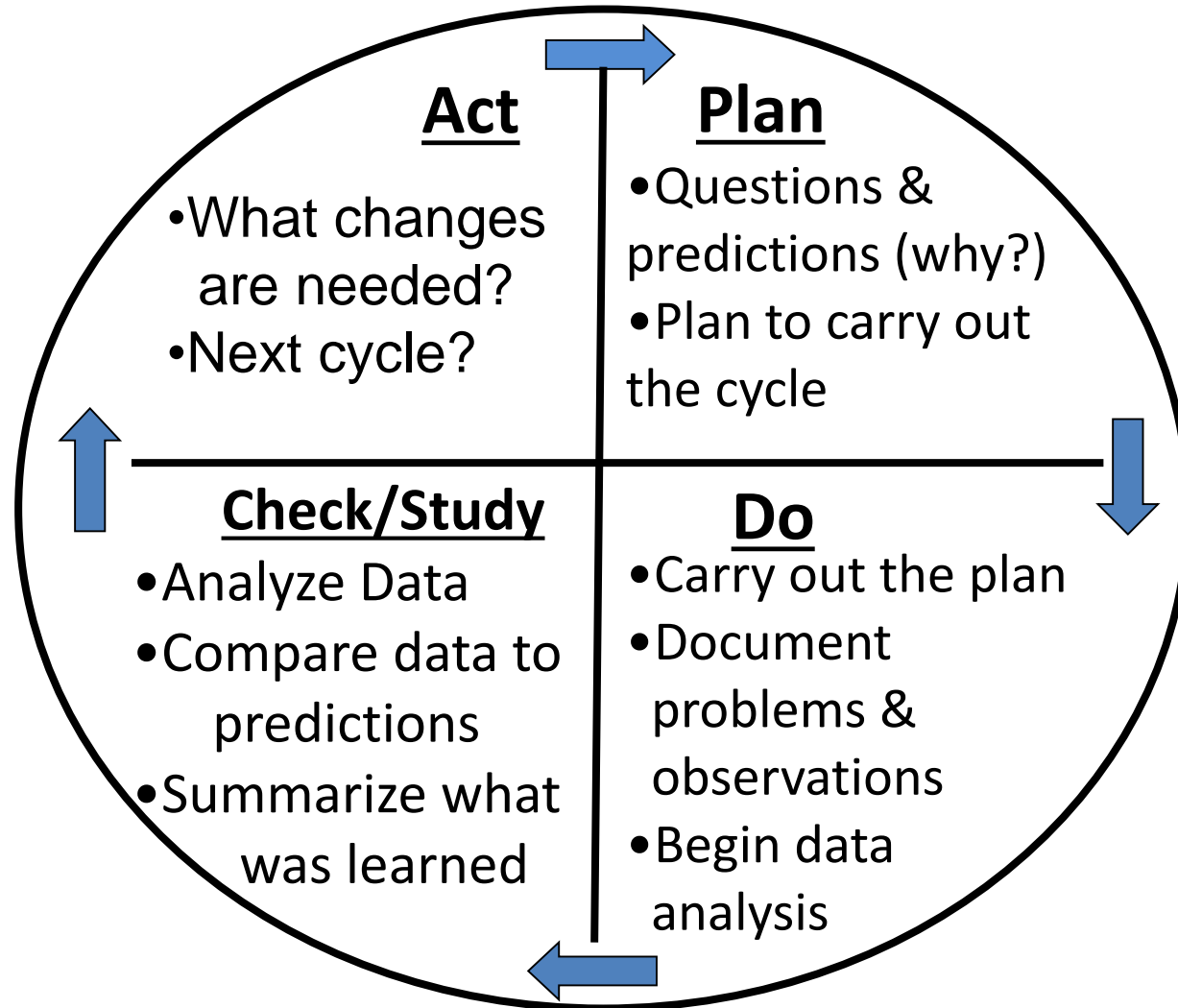
Making Pancakes

- First few are never perfect.
- So we experiment or practice until we get it right

The Model for Improvement



PDSA – Rapid Cycle Improvement



Adapted from the Institute for Healthcare Improvement Breakthrough Series College.

The Model for Improvement and PDSAs essentially rely on:



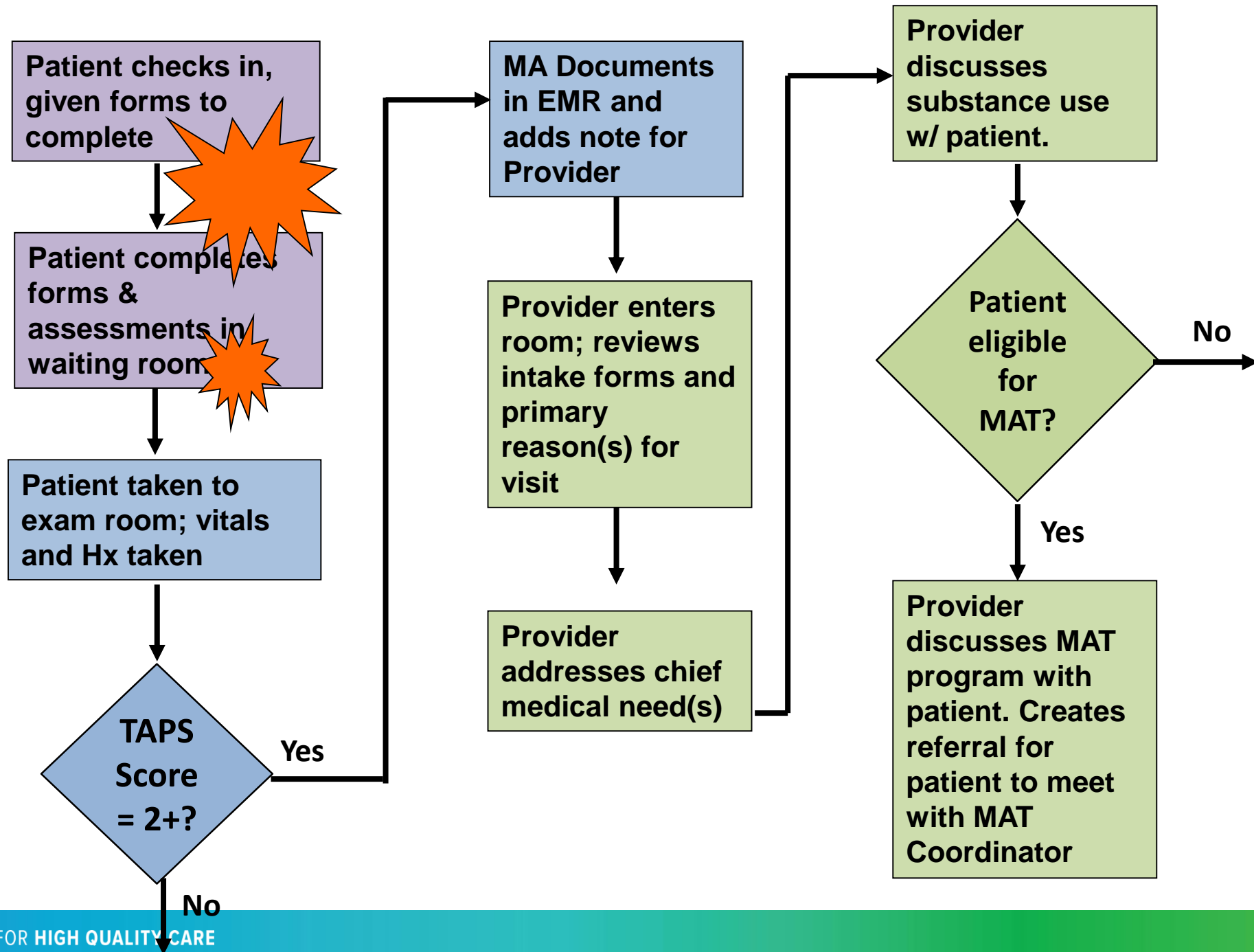
Small Scale Experiments



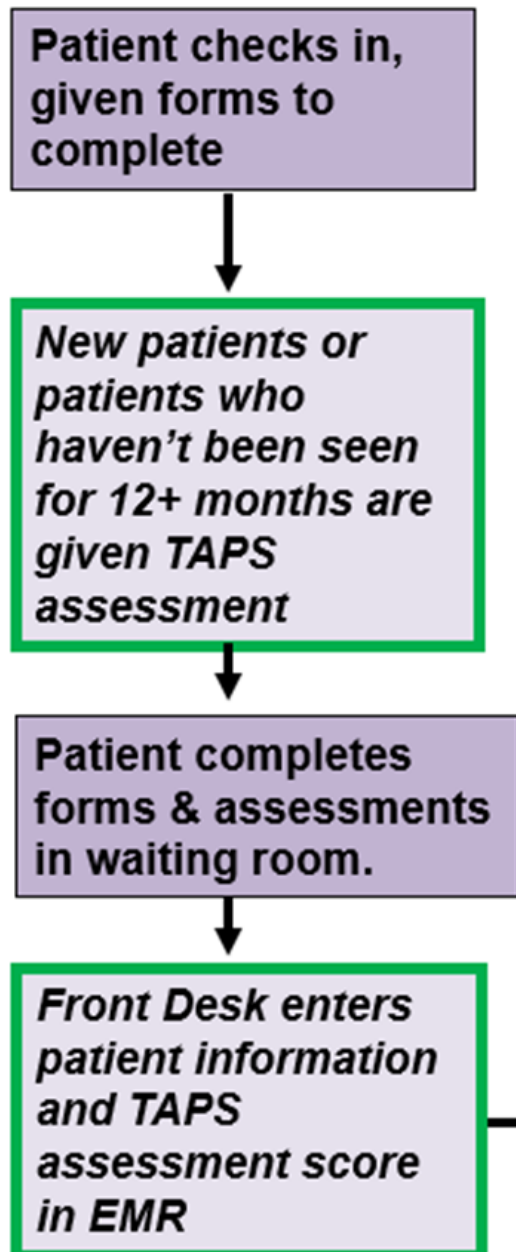
Iterate & Iterate

Why Experiment & Iterate?

- **Pancakes** – Our first drafts are never perfect
- **Opportunity** for learning from “failures” without impacting performance
- **Increase** your belief that the change will result in improvement
- **Easier** to take one or two small steps than one giant leap
- **Document** how much improvement can be expected from the change
- **Evaluate** costs and side-effects of the change



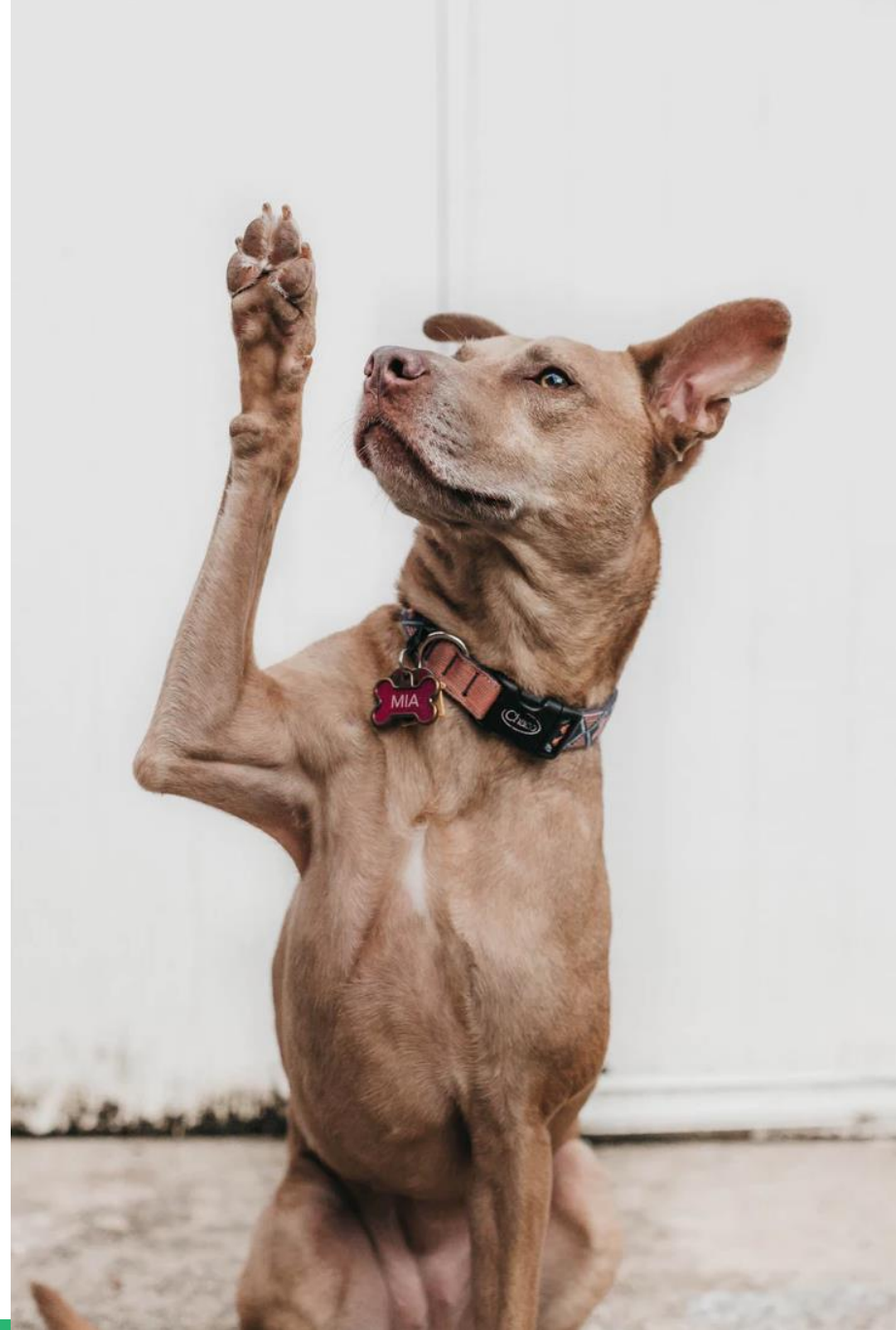
PDSA's For Your ATSH Project Ideas



Addiction Screening Tools PDSA's

1. Have care team use TAPS screening tool with 5 patients in the morning
2. Use DAST screening tool w/ 5 patients in afternoon
3. For 2 days, front desk to give screening to all new patients
4. For 2 days, front desk to give screening to existing patients who haven't completed screening 1+years.

Questions?



Stretch Break

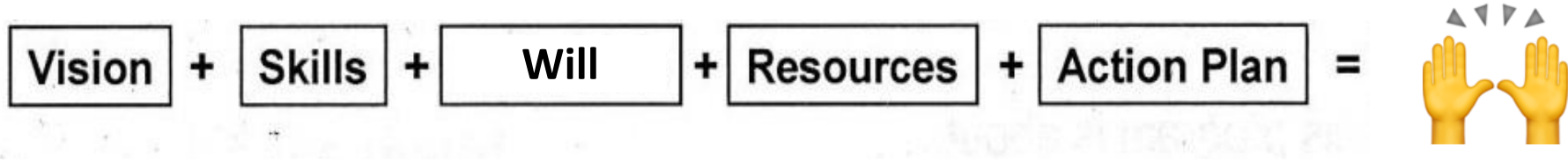
Designing Our Project: Drafting Our Project Plan

How to Create Change?

Vision + **Skills** + **Will** +

Resources + **Action Plan** = **Change**

Diagnosing what's missing



Diagnosing what's missing

Vision + Skills + Will + Resources + Action Plan = Change

+ Skills + Will + Resources + Action Plan = Confusion

Vision + Will + Resources + Action Plan = Anxiety

Vision + Skills + Resources + Action Plan = Resistance

Vision + Skills + Will + Action Plan = Frustration

Vision + Skills + Will + Resources = Treadmill

ATSH Project Plan

Template with considerations to help organize what's needed to reach your aims:

- Goals & Assumptions
- Team Roles
- Measures
- Activities
- Resources



ATSH Project Plan Template

[Site/Project Name] Project Plan

Section 1 Project Overview

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.

[Site/Project Name] Project Plan

responding Roles and Responsibilities

/Responsibilities

[Site/Project Name] Project Plan

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.

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

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.

Themes	Actions or new approaches to test

Primary Care

Addiction Treatment Starts Here: Primary Care

Page 7

We're going to focus on Sections 1, 2, and 4 this morning

Section 1: Project Overview

1. Description of Current State
2. Aim Statement
3. Goals/Objectives
4. Assumptions

[Site/Project Name] Project Plan

Section 1 Project Overview

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.

Project Overview

- **Description of Current State**

- Provides an overview of what the current state looks like and why this project is a priority for your organization, your patients, or your staff
- Brief description of what's working well
- Brief description of what's been challenging
- *Extra Credit:* references to baseline measures or data that highlights why this project should be a priority.

SMART Aim Statement & Goals

- 1 Project **Aim Statement**: 1-2 sentence summary of what you hope to accomplish
- Multiple **Goals** (3-6) for your project
 - A SMART sentence that describes how you are going to accomplish your aim (referencing a primary driver or important deliverables)

SMART Aim Statement & Goals Examples

Project Aim Statement: *By September 30, 2020, MCHWC will expand its MAT program to its Bayview Clinic to treat 45 patients engaged in recovery.*

Goals:

- By February 2020, empower staff with the knowledge and skills needed identify and support patients with addiction through trainings in empathy, stigma reduction, and screening protocols
- By July 2020, develop 5 community partnerships (e.g., local emergency department) to build collaboration and referral networks
- By Dec 2019, expand the Marin City and Bayview MAT programs to include refill groups

Assumptions

= **Conditions that must exist and expectations that must be met in order for your project to come through – i.e., your logic or theory of change to hold true**

- Some assumptions to consider:
 - Expectations, commitment, engagement of leadership
 - Expectations of patient, provider or other staff behavior
 - Linkage between behavior and health outcomes
 - Results of a certain intervention
 - Dependence on system or technology

Assumptions - EXAMPLES

- We'll be given the time, support and resources to pursue this project
- Home inductions and multiple refill groups will better fit the unique needs of our patients
- 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.

Section 2: Team Roles & Responsibilities

1. Team Member Names
(Optional: Titles, Contact Info)
2. Specific Roles & Responsibilities for each team member

[Site/Project Name] Project Plan

Section 2 Team Members and Corresponding Roles and Responsibilities

Core Project Team Members

Team Member Name	Role/Responsibilities
Senior Executive Sponsor Name: Title: Contact Information:	<ul style="list-style-type: none">•••
Project Manager Name: Title: Contact Information:	<ul style="list-style-type: none">•••
Name: Title: Contact Information:	<ul style="list-style-type: none">•••
Name: Title: Contact Information:	<ul style="list-style-type: none">•••
Name: Title: Contact Information:	<ul style="list-style-type: none">•••
Name: Title: Contact Information:	<ul style="list-style-type: none">•••

Team Members



Effective Improvement Teams *Roles*

Multidisciplinary Teams

- More creative, better brainstorming
- Bring multiple perspectives, including what “current state” actually looks like and what’s already been tried/tested
- Share responsibilities and distribute tasks across the team

Clarity on team roles and responsibilities

- Sets expectations for each team member
- Helps ensure tasks are dispersed/shared across full team
- Shared responsibility and accountability

Effective Improvement Teams *Communicate*

✓ *Formal Team Meetings*

- **Frequency:** More frequent meetings set up teams for success
- **Roles:** Who attends, who facilitates, who follows-up with reminders for action items.
- **Meeting Norms**
- **Subgroups meeting**

✓ *Frequent Informal Team Meetings*

- Huddles, quick phone calls, email updates, quick brainstorm conversations
- Not always the entire team, may be 2-3 people focusing on a specific project activity or deliverable.

Additional Resources for Building Effective Improvement Teams: <http://www.hqontario.ca/Portals/0/documents/qi/pc-team-building-guide-intro-en.pdf>

ATSH Project Team Considerations

Sample Roles

- Senior Executive Leader/Sponsor
- X-waivered Clinician
- MAT services coordinator
- Operations Lead

Sample Responsibilities

- Facilitating Meetings
- Reporting project updates to Sr. Leadership/Board
- Liaison to Care Teams to collaborate on screening patients
- Data Tracking

Section 4: Key Success Factors/Risks

1. Anticipating Challenges
2. Identifying competing priorities
3. Plan to proactively address these risks

Section 4 Key Success Factors and Project Risks

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Themes	Actions or new approaches to test

1

Why do good project ideas....



Sometimes Flop



Common Project Risks and Challenges

- **Team/Staff**
 - Staff resistance
 - Getting leadership & staff buy-in
- **Data**
 - Mining existing data to identify patients
 - Establishing criteria that will be used (e.g., patients on high doses of morphine equivalents)
- **Project Management**
 - Meeting frequency, communications (up, down, to patients).
- **Project**
 - Need for support for the patient during first few inductions
- **Patient Engagement**
 - Patients with complex social risk factors, sorting out pain management versus addiction
- **External Issues**
 - Logistical issues (e.g., locating pharmacies),
 - Establishing relationships with nontraditional community partners

What Can We Do to Plan for, or Mitigate, these Risks?

Lack of Staff Time

- Get senior leadership approval for regular meetings
- Leverage morning huddles 1x per week for quick project updates and brainstorming

Staff Biases or Resistance to MAT Treatment

- Short staff survey or interviews to better understand the current perceptions around addiction treatment and MAT services
- Staff training on stigma.
- Recurrent staff meetings where the role legitimization of OUD treatment in primary care is emphasized

Section 5:

Deliverables, Activities, & Timelines

Addiction Treatment Starts Here: Primary Care
Learning Session 1
60-day workplan

Instructions:
Work with your team to identify the goals your team would like to achieve in the next two months. Once these goals have been identified, use the table list the major deliverables and related activities that would demonstrate that you achieved these goals. This page offers a sample goals and one deliverable/activity CCI has provided a sample deliverable and activities in the first few rows of the table.

Top three goals for your team to achieve in the next two months:

1. Design an education plan to provide foundational training on addiction for all staff
2. Get a 30-minute weekly core-team meeting on our calendars
3. Identify at least 3 prescribers who want to get x-waiver training

Activity	Activity Lead	Team Members	Start Date	End Date	Notes (optional)
[Deliverable] Assess staff training needs	Angela	Core team	4/15	5/31	
[Activity] 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
[Activity] As a team, review findings from capability assessment	Angela	Core team	4/16	4/16	Use 20 min of core team weekly meeting
[Activity] 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	
[Activity] 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
[Activity] 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
[Activity] Post note on ATSH forum to see who can share a draft	Angela	n/a	5/3	5/10	
[Activity] Prepare first draft of training	Angela	Chris	5/10	5/17	Team reviews at weekly core team meeting
[Activity] Finalize slides	Angela	n/a	5/17	5/24	

** We'll spend time completing this later this afternoon*

Team Time – Drafting Our Project Plans

Focus on these sections:

- Section 1:** Project Overview (Goals, Assumptions)
- Section 2:** Team Roles & Responsibilities
- Section 4:** Key Success Factors/Risks

~30 minutes

Data-Driven Improvement

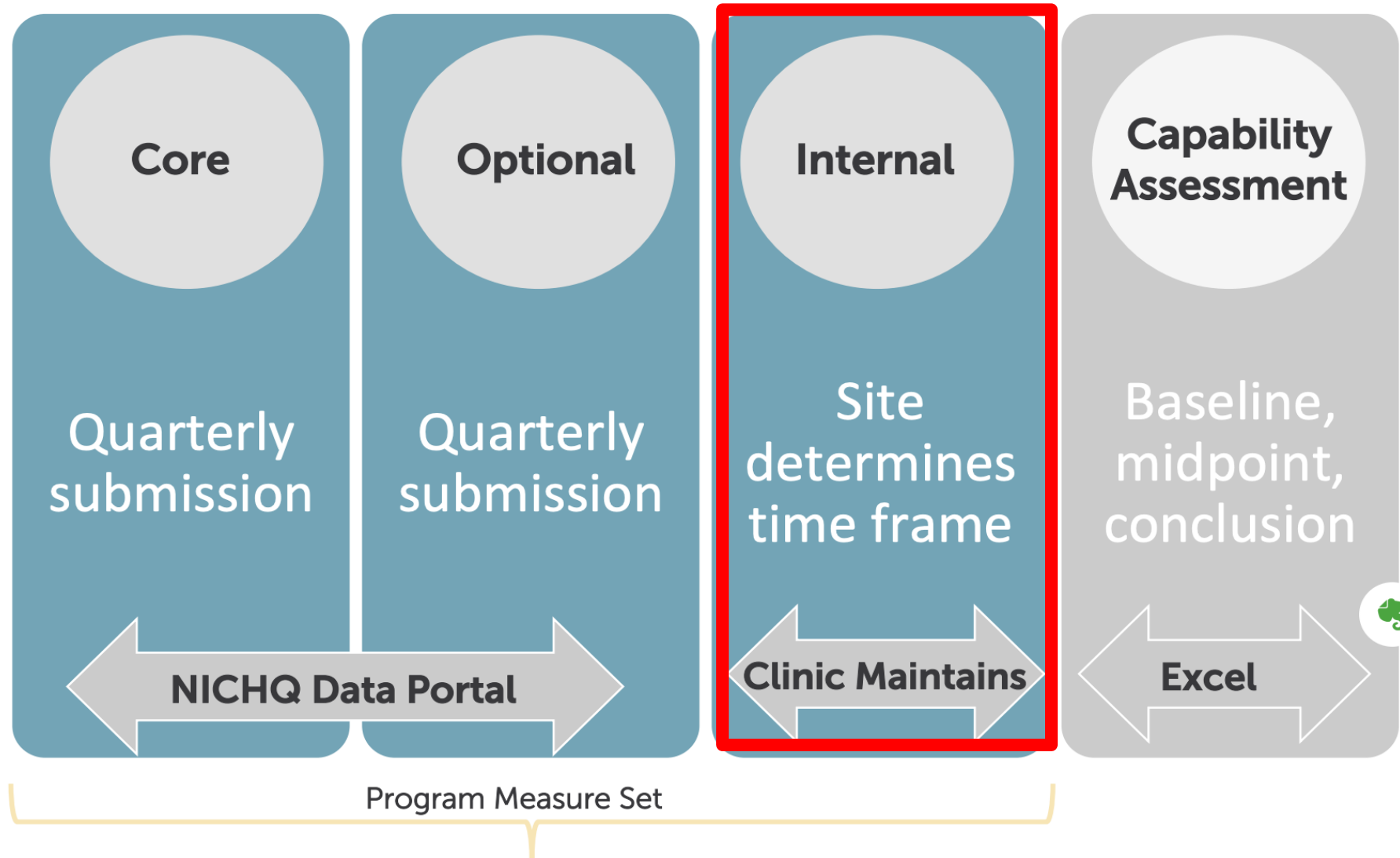
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ATSH Project Measures Considerations

For an Improvement Project, What Data do we track?

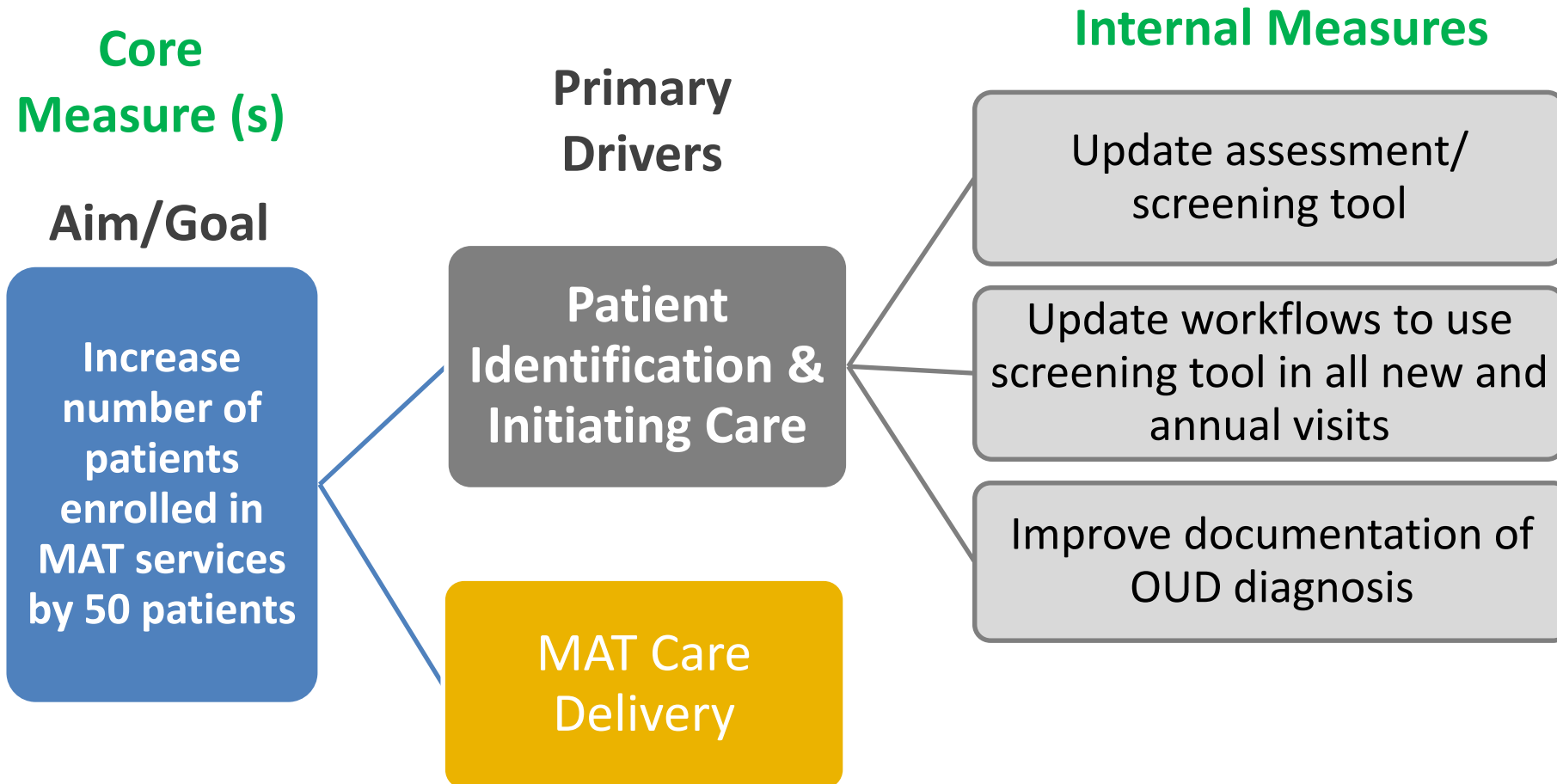
- **At the end of the project:** Project data will help you tell your story – **did you achieve your goals?**
- **During Project:** Project data should also give staff working on the change ideas regular updates about the impact their efforts are having so that they can adjust the change ideas, continue to improve.

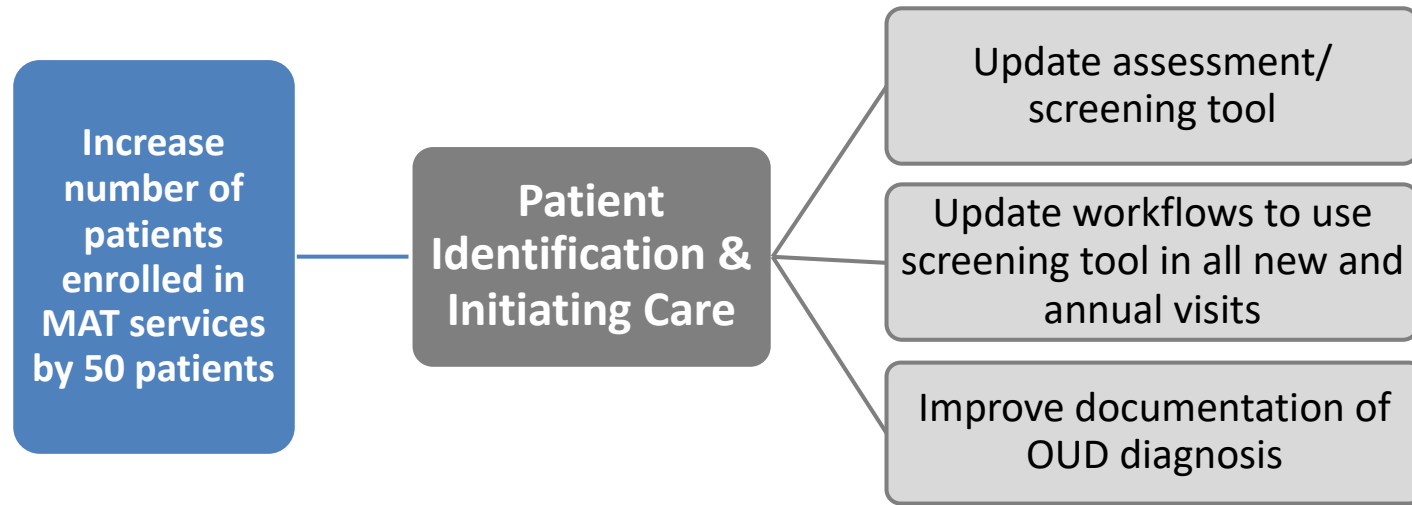
Measurement Strategy: How and When



Internal Performance Measures

Data to Inform our Day-to-Day Project Efforts





- **Core Measures:**
 - Total Patients enrolled in MAT services
 - Total x-waivered providers
- **Internal Measures**
 - % of new patients seen this week that completed the addiction screening form
 - % of all patients (new or existing) that completed an addiction screening form in the last 12 months.

Data Collection – How/From Where?



- Which system?
- What query/parameters?
- Reports pulled by whom?

- How/with what tool(s)?
- Who completes/enters data? How?
- Who collects?

What are some internal measures you plan to track for your ATSH Project?

- **Note:** Over the next few weeks as you develop your ATSH Project Plan, consider working with your coach about identifying internal measures to track

Questions?

