ED MAT QUALITY COLLABORATIVE

January 30, 2019

GREATER NEW YORK HOSPITAL ASSOCIATION

Over 100 years of helping hospitals deliver the finest patient care in the most cost-effective way.

How Do We Improve

- □ What are trying to accomplish?
- □ How will we know that a change is an improvement?
- □ What change can we make that will result in improvement?
- The Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings.

Institute for Healthcare Improvement

GNYHA Approach

- Learning collaborative model
- Sharing and 'stealing'
- Rapid cycle improvement
 - Data/metric informed
- Team-based development and implementation
- □ Technical assistance based on identified obstacles and needs
- Encourage alignment with existing institutional initiatives and requirements
 - Opioid stewardship programs
 - Joint Commission
 - DOH, OMH, OASAS, communities

Background

- Underuse of evidence-based treatments (MAT) to address the opioid crisis
- Innovations in access to MAT across settings and wherever individuals with SUD present
 - Primary care
 - Hospitals
 - Emergency department
- Imperative to improve access to MAT and accelerate adoption of promising practices

Goals and Objectives

- Improve outcomes for individuals with SUD
 - Promote screening, assessment, treatment and referral for individuals with SUD
 - Normalize access to buprenorphine for appropriate individuals presenting in EDs
 - Strengthen linkages with outpatient and community providers, agencies, and resources for treatment and recovery
 - Support judicious opioid administration and prescribing with use of alternatives to opioids for pain management when appropriate

Logistics

- Nine (9) month collaboration
 - Calendar for planning
- Monthly calls
- Webinars/Training as needed
- Data collection (monthly)
- Application with contact person and team
- Access to resources
 - PSYCKES
 - Waivered prescribers
 - Community resources and providers
 - PMP registry
 - ACEP E-QUAL



7 For Today

	Hear from your colleagues who have already implemented	
`		
	Cive your teem a shapes to start planning	
	Give your team a chance to start planning	
	Discuss common and unique challenges and opportunities	
י		
	Identify technical assistance needs	
 '		
	Introduce proposal for data and metrics (volunteer for	
	subcommittee)	
'		

DATA AND MEASUREMENT

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Goals for Data Collection

Use data and metrics that directly advance objectives of the collaborative

- Fewest possible
- Lowest burden

Purpose is monitoring impact of changes within your hospital emergency department <u>over time</u>

Allow hospitals flexibility in defining terms like...

- "screen"
- "offer"
- "appropriate for"
- "linked"

Approach for Data Collection

Development

GNYHA proposes draft common metrics

Work with small group of hospital representatives to review and finalize

Anticipate some hospital-specific metrics (not common) for QI

Additionally, potentially survey hospitals on current ED treatment practices, relationships with outpatient providers, and barriers to MAT in the ED

Submission

Monthly submission of common measures using customized (by GNYHA for this purpose) uploaded Excel file

No patient-level data

Technical assistance from GNYHA as needed

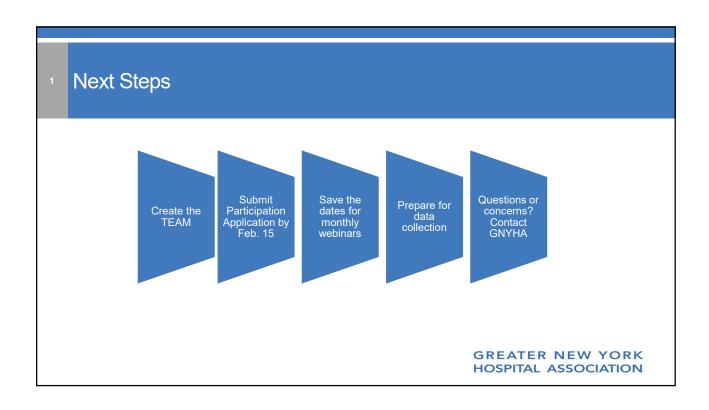
Reporting

Aggregate and trended analyses

Only aggregate data shared with group or other project stakeholders

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Goal	Common Metrics	Optional Metrics for Discussion	
Increasing ED capacity to prescribe buprenorphine	 # 'x' waivered prescribers # prescribing buprenorphine		
Identifying patients for induction in the ED	- # of patients eligible	# of patients screened for OUD# of patients ineligible for induction	
Increasing induction in the ED	# initiated in the ED# given prescription on discharge	# given prescription who were ineligible for induction in the ED# of patients refusing induction	
Improving connections with community providers	 # linked to outpatient OUD treatment 		
Reducing opioid prescribing	 % of patients seen in ED who received opioids during visit who first received non-opioids 		





Contact Information Foster Gesten, MD Chief Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Health Care Dally on Medical Advisor for Quality and Professional Affairs, Dally on Me



ED MAT QUALITY COLLABORATIVE

January 2019

Mon	Tue	Wed	Thu	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30 Kickoff Meeting	31	

February 2019

Mon	Tue	Wed	Thu	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20 Monthly Webinar 12PM – 1PM	21	22
25	26	27	28	

Mon	Tue	Wed	Thu	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20 Monthly Webinar 12PM – 1PM	21	22
25	26	27	28	29

April 2019

Mon	Tue	Wed	Thu	Fri
1	2	3	4	5
8	9	10	11	12
15	16	17 Monthly Webinar 12PM – 1PM	18	19
22	23	24	25	26
29	30			

6	7	8	9	10
13	14	15 Monthly Webinar 12PM – 1PM	16	17
20	21	22	23	24
27	28	29	30	31

Wed

1

Thu

2

Fri

3

Tue

Mon

June 2019

Mon	Tue	Wed	Thu	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19 Monthly Webinar 12PM – 1PM	20	21
24	25	26	27	28