ED MAT QUALITY COLLABORATIVE

March 20, 2019

GREATER NEW YORK HOSPITAL ASSOCIATION

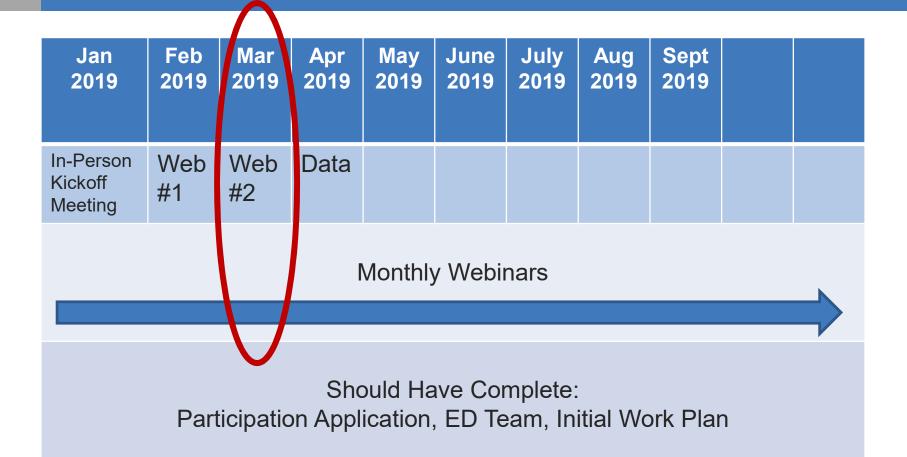
Over 100 years of helping hospitals deliver the finest patient care in the most cost-effective way.

² Agenda

I. Welcome

- II. Recap of Timeline, Goals and Resources
- III. Team Planning and Progress Updates
- IV. Metrics and Data Submission
- V. Discussion
- VI. Next Steps

LI ED MAT Collaborative Timeline



4 Goals and Objectives

Improve outcomes for individuals with SUD

- Promote screening, assessment, treatment and referral for individuals with SUD
- Normalize access to medication assisted treatment (MAT), including 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

Short Term Actions: By March 31

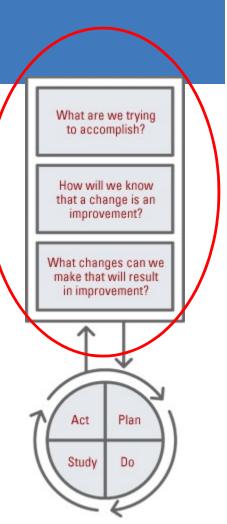
- □Create team
- Team educational sessions
- DWaiver Training
- Screening/Assessment for OUD
- Buprenorphinealgorithm/guideline

Needs assessment for referrals
Data plan
Resource needs

The Model for Improvement

□What are we trying to accomplish?

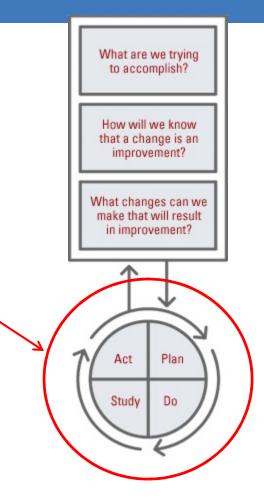
- Team Aims
- How will we know that the change is an improvement?
 - Measurement
- What changes can we make that will result in an improvement?
 - Identify potential Changes/Interventions



7 PDSA Cycles

Making small changes over a short period of time to test if the change works
PDSA=Plan, Do, Study, Act
Plan: identify the change you want to make
Do: make the change
Study: it for a pre-set period of time
Act: on the change, keep it, refine it, or drop it

□ Onto the next change or step



QUESTIONS/DISCUSSION



Stony Brook University Hospital Consortia
 Status, Barriers/Challenges, Solutions

□ Northwell Health

□ Status, Barriers/Challenges, Solutions

¹⁰ Collaborative Measures

4 Goals of Collaborative

- Increasing ED capacity to prescribe buprenorphine
- Identifying patients for induction in the ED
- Increasing induction in the ED
- Improving connections with community providers

Measurement Strategy

- Collect data that measures progress and identifies challenges – not research!
- One common measure per goal
- Optional measures to enhance ability to monitor the intervention

Protocol/Process Information

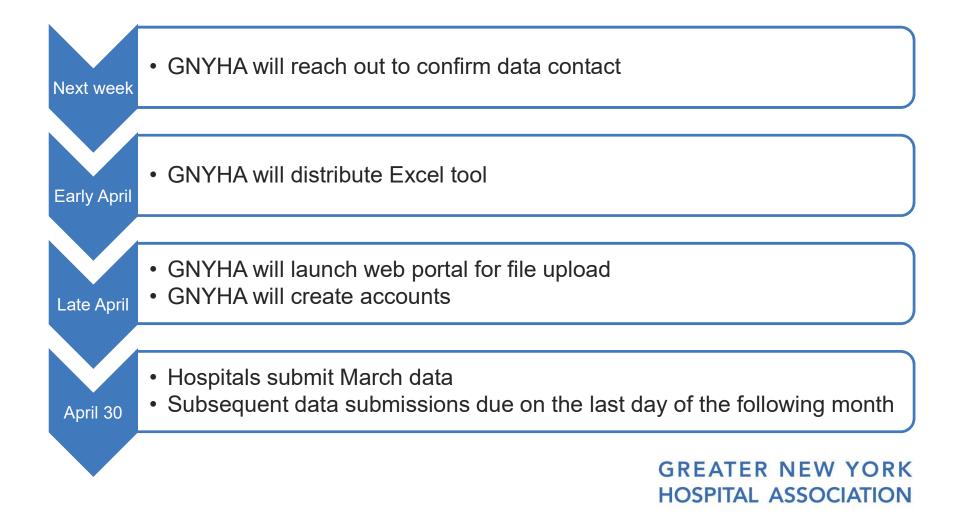
- Flexibility in how to define/measure aspects of intervention
- Request for additional information on protocols, algorithms, or screening tools used

¹¹ Data Submission Process

Hospital will identify data contact

Hospital will enter data into Excel form distributed by GNYHA Hospital will upload data through secure, web-based portal (portal will require log-in)

¹² Data Submission Timing



¹³ Keep Calm and Carry On With Collecting Data

Some data is better than no data

Messy data is better than no data

Back-data can always be submitted

Data collection best practices will be a focus of future webinars

GNYHA is always available for assistance, troubleshooting and support

QUESTIONS AND DISCUSSION



□ Link to Webinar #1

- Slides and audio
- Long Island providers accepting bup referrals from EDs and NYS OASAS Providers
- Community Services: HITE
- Free on-line prescriber waiver training
- Bup Induction Algorithm
- OASAS Funding Opportunity: ED Bup Induction and Linkage to Treatment
 - Applications were due March 7
- □ MAT Forum Meeting
 - □ March 21, 9:00-3:00, Radisson Hotel Hauppauge



Next Webinar: April 17th Identify Data Contact

Future Webinars and Additional Collaborative Resources

Webinars (noon - 1 p.m.)

April 17th
May 15th
June 19th
July 17th (TBD)
September 18th (TBD)

Additional Collaborative Activities

 Data tracking and submission assistance

 Site visits to participating hospitals and/or system level meetings

Site/system level
 coaching calls

18 Contact Information



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