

# ED MAT QUALITY COLLABORATIVE

February 20, 2019

**GREATER NEW YORK HOSPITAL ASSOCIATION**

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

# 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

# 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, OASAS, OMH, 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
  - Hospitals
    - Emergency department
    - Primary care
    - Article 32 OASAS-certified services
    - Article 31 OMH-certified services
  - Primary care (private practitioners, physician group practices)
- Imperative to improve access to MAT and accelerate adoption of promising practices

# Logistics

- Nine (9) month collaboration
  - Calendar for planning
- Monthly calls
- Webinars/Training as needed
- Data collection (monthly)
- Submit Participation Application
- Resources
  - PSYCKES
  - Waivered prescriber lists
  - Community resources and programs
    - Suffolk County MAT Learning Collaborative
  - PMP registry
  - ACEP E-QUAL



# Short Term Actions: Getting Started

- Create team
- Team educational sessions
- Waiver Training
- Screening/Assessment for OUD
- Buprenorphine algorithm/guideline
- Needs assessment for referrals
- Data plan
- Resource needs

# QUESTIONS/DISCUSSION

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# DEA Category 'X' Waiver Training

- MD, DO, NP, PA, Certified Nurse Specialists, Certified Nurse Midwives, Certified Registered Nurse Anesthetists
  - 8 hours for MD/DO and 24 hours for others
  - NOTE: can **administer** without waiver for up to 72 hours
- Academy of Emergency Physicians (ACEP) developing ED focused 8 hour training
  - Expected launch mid-2019
- American Academy of Addiction Psychiatry
  - <https://www.aaap.org/clinicians/education-training/mat-waiver-training/>

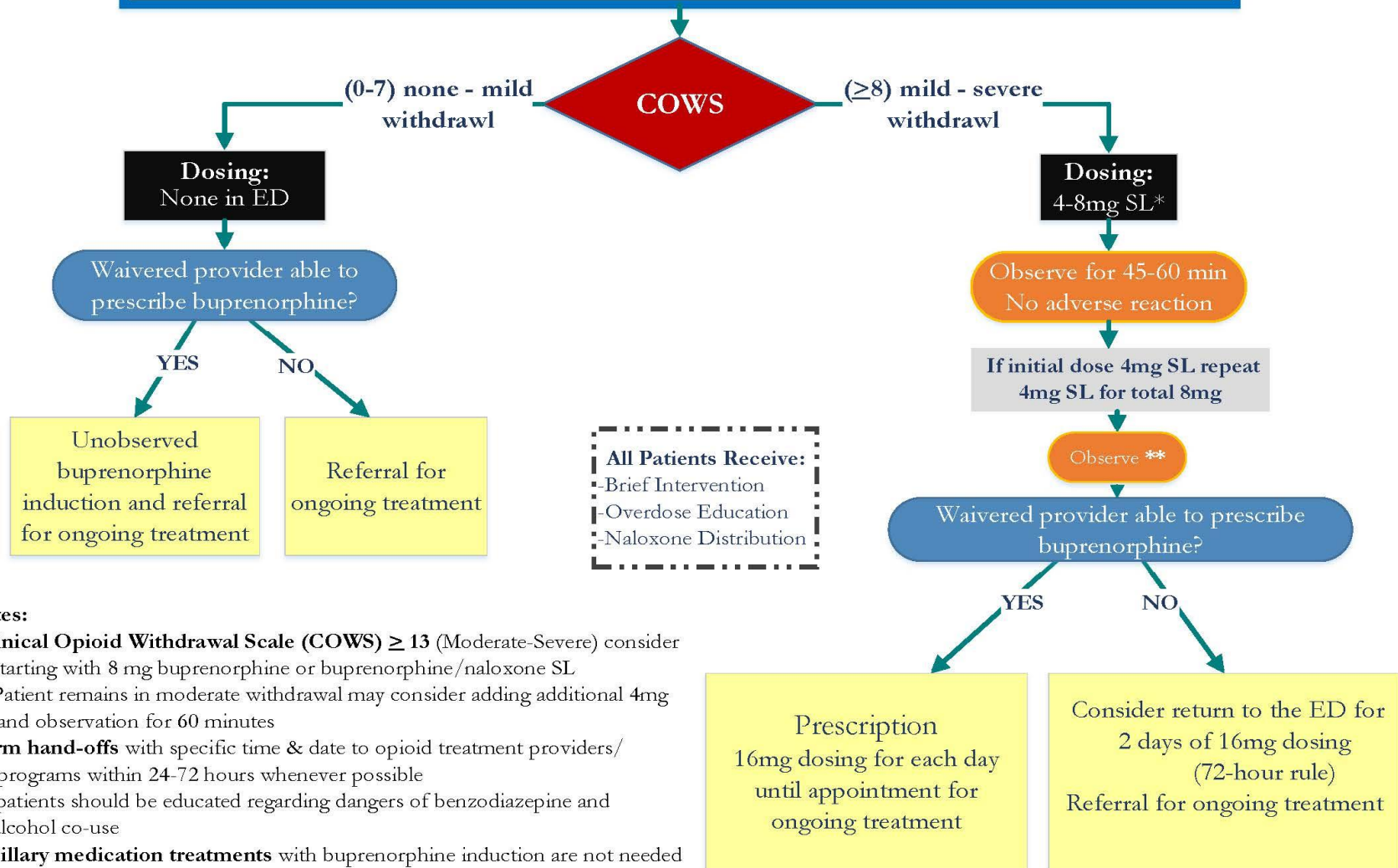


# Algorithms/Guidelines for Bup in ED

- Many publicly available algorithms
  - Yale
  - ACEP E-QUAL
  - National Institute on Drug Abuse
  - Massachusetts Health and Hospital Association
- Adopt and adapt as appropriate

# ED-Initiated Buprenorphine

**Diagnosis of Moderate to Severe Opioid Use Disorder**  
**Assess for opioid type and last use**  
 Patients taking methadone may have withdrawal reactions to buprenorphine up to 72 hours after last use  
 Consider consultation before starting buprenorphine in these patients



**Notes:**

\*Clinical Opioid Withdrawal Scale (COWS)  $\geq 13$  (Moderate-Severe) consider starting with 8 mg buprenorphine or buprenorphine/naloxone SL

\*\* Patient remains in moderate withdrawal may consider adding additional 4mg and observation for 60 minutes

**Warm hand-offs** with specific time & date to opioid treatment providers/ programs within 24-72 hours whenever possible

**All patients** should be educated regarding dangers of benzodiazepine and alcohol co-use

**Ancillary medication treatments** with buprenorphine induction are not needed

# Referral Sources: Where is the information?

- Waivered Prescribers → SAMHSA
  - <https://www.samhsa.gov/medication-assisted-treatmentlocator>
- NYS OASAS Programs/Providers → OASAS
  - <https://findaddictiontreatment.ny.gov/>
- Local Initiatives/Programs → Suffolk/Nassau County Department of Health Services
- Community services → HITE
  - <http://www.hitesite.org/>
- PSYCKES → Treatment History (Providers and Services)
  - [https://omh.ny.gov/omhweb/psyckes\\_medicaid/](https://omh.ny.gov/omhweb/psyckes_medicaid/)
  - Medicaid only

# 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 over time

Allow hospitals flexibility in defining terms like...

- “screen”
- “offer”
- “appropriate for”
- “linked”

Recognize that hospitals are in different places when it comes to data collection

- Data collection should not be obstacle to participation
- Not all hospitals can submit data right away
- Increase data submission over time

# Approach for Data Collection

In Progress

## 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

Target Date – April

## 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

Ongoing after submission begins

## Reporting

Aggregate and trended analyses

Only aggregate data shared with group or other project stakeholders

# Proposed Measures/Metrics

Goal	Common Measures/Metrics	Optional Measures/Metrics
Increasing ED capacity to prescribe buprenorphine	<ul style="list-style-type: none"> <li>- # 'x' waived prescribers available to prescribe in the ED in that month</li> </ul>	<ul style="list-style-type: none"> <li>- # of 'x' waived prescribers who prescribed buprenorphine in that month</li> </ul>
Identifying patients for induction in the ED	<ul style="list-style-type: none"> <li>- # of patients eligible* for buprenorphine induction in the ED</li> <li>- * submit algorithm or eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>- # of patients screened for Substance Use Disorders</li> <li>- # of patients positive for Opioid Use Disorder</li> </ul>
Increasing induction in the ED	<ul style="list-style-type: none"> <li>- # of patients induced in the ED</li> </ul>	<ul style="list-style-type: none"> <li>- # of patients eligible for induction but who refused</li> <li>- # of patients given a prescription for buprenorphine upon discharge from the ED</li> </ul>
Improving connections with community providers	<ul style="list-style-type: none"> <li>- # of patients <u>linked</u> to outpatient OUD treatment at discharge from the ED</li> <li>- Linked could mean:               <ul style="list-style-type: none"> <li>- appointment for ongoing treatment/care/services for OUD, including community-based MAT program or bridge clinic</li> <li>- engaged in ED with peer recovery services</li> <li>- directly transported to treatment program for OUD</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- # of patients still <u>engaged</u> in outpatient OUD treatment after               <ul style="list-style-type: none"> <li>- 30 days from ED discharge</li> <li>- 60 days from ED discharge</li> <li>- 90 days from ED discharge</li> </ul> </li> <li>- Engaged could mean:               <ul style="list-style-type: none"> <li>- Still attending outpatient OUD treatment</li> </ul> </li> </ul>

# QUESTIONS/DISCUSSION

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# Next Steps

- Complete Participation Application and Submit to GNYHA
  - [kprendergast@gnyha.org](mailto:kprendergast@gnyha.org)
- Develop and Communicate Action Plan to Team
  - Using Planning Worksheet or home grown tool
- Assess and Develop Internal and External Partnerships
- Mark Calendars: Monthly 3<sup>rd</sup> Wednesday Noon Webinars
  - Next: March 20<sup>th</sup>
- Assess Capacity to Report Data/Metrics
  - First reporting will be due in April
- Review Attached Documents and Resources



# OASAS Funding Opportunity: ED Bup Induction and Linkage to Community-Based Treatment

- Focused on increasing practice of buprenorphine induction in hospital emergency departments
  - Models with linkage to peer and community based follow-up care
- Up to \$350,000 for each partnership
- Up to five (5) awards to be made
- Nassau and Suffolk eligible
- Application Due Date: March 7, 2019, by 5:00pm
- [www.oasas.ny.gov/procurements/index.cfm](http://www.oasas.ny.gov/procurements/index.cfm)

# Office of Alcoholism and Substance Abuse Services and Center on Addiction: MAT Forum

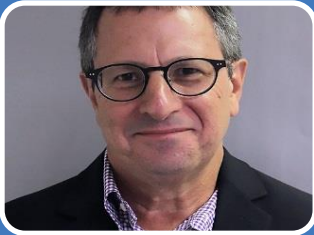
- Long Island
  - March 21, 2019
  - 9:00-3:00
  - Radisson Hotel Hauppauge
  - Free
  - Registration link in attachment
- Topics
  - Science and efficacy of MAT
  - Myths and risks
  - Changes in recovery paradigm
  - MAT and Value Based Health Care

# QUESTIONS AND DISCUSSION

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# Contact Information



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