

**LI MAT ED Collaborative
Measurement Specifications Document**

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Collaborative Goal #1: Increasing ED capacity to prescribe buprenorphine

Measure Type	Measure Description	Measure Rationale	Notes
Common Measure #1	# of 'x' waived prescribers available to prescribe in the ED in the past month	Increasing the number of 'x' waived prescribers should increase the capacity of the ED to prescribe buprenorphine to all eligible patients, providing same-day access to evidence-based treatment	<ol style="list-style-type: none"> 1. Include prescribers who worked in the ED that month 2. Include prescribers who work in other areas of the hospital but are available to come to the ED to prescribe when needed
Optional Measure #1a	# of 'x' waived prescribers who prescribed buprenorphine in the ED in the past month	Helps hospitals determine how many of their 'x' waived prescribers are actually prescribing buprenorphine	Count all prescribers who provided a patient with a prescription upon discharge
Optional Measure #1b	# of days in the past month where an 'x' waived prescriber was available to prescribe	Increasing the number of days where 'x' waived prescribers are working in the ED should increase the capacity of the ED to prescribe buprenorphine to all eligible patients. This measure could provide additional context to the above measures.	

Collaborative Goal #2: Identifying patients for buprenorphine induction in the ED

Measure Type	Measure Description	Measure Rationale	Notes
Common Measure #2	# of patients eligible for buprenorphine induction in the ED in the past month	Increasing this measure should directly lead to more patients being induced in the ED and starting treatment for withdrawal. It should also indirectly increase the number of patients who receive a prescription for buprenorphine.	<ol style="list-style-type: none"> 1. Count all patients who meet the algorithm or eligibility criteria, irrespective of whether they are induced 2. Only include patients discharged from the ED (and not admitted to the hospital) 3. Hospital can determine which algorithm or eligibility criteria is used 4. Hospital should submit algorithm or eligibility criteria to GNYHA
Optional Measure #2a	# of patients who screened positive for Opioid Use Disorder (OUD) in the past month	Increasing the number of patients who are identified as having OUD should increase the number of patients eligible for buprenorphine induction. It should also indirectly increase the number of patients who receive a prescription for buprenorphine.	<ol style="list-style-type: none"> 1. Count all patients who screen positive according to formal screen 2. Hospital can determine their own method for screening patients for OUD and identifying positive cases 3. Hospital should submit screening and identification method to GNYHA
Optional Measure #2b	# of patients screened for Substance Use Disorders (SUD) in the ED in the past month	Increasing screening for SUD should directly lead to an increase in patients identified with OUD, patients determined eligible for buprenorphine induction, and patients induced in the ED	<ol style="list-style-type: none"> 1. Count all patients who are screened using the hospital's method 2. Hospital can determine their own method for screening patients for SUD 3. Hospital should submit screening method to GNYHA
Optional Measure #2c	# of patient visits to the ED in the past month	ED visits can serve as a denominator for any of the above measures	Only count ED visits that do not result in an inpatient admission

Collaborative Goal #3: Increasing induction in the ED

Measure Type	Measure Description	Measure Rationale	Notes
Common Measure #3	# of patients induced on buprenorphine in the ED in the past month	The primary goal of the collaborative is to increase the number of OUD patients being treated with buprenorphine	
Optional Measure #3a	# of patients eligible for buprenorphine induction but who refused induction in the past month	By improving the way they discuss and engage patients regarding the benefits of MAT for OUD hospitals can reduce the proportion of patients eligible for induction who refuse it	
Optional Measure #3b	# of patients given a prescription for buprenorphine upon discharge from the ED in the past month	Increasing the number of patients receiving a buprenorphine prescription should increase the number of patients who begin and continue taking buprenorphine	Count all patients who receive a prescription, irrespective of whether they were induced in the ED, or whether they accepted a linkage to an outpatient OUD provider

Collaborative Goal #4: Improving connections with community OUD providers

Measure Type	Measure Description	Measure Rationale	Notes
Common Measure #4	# of patients linked to OUD treatment at discharge from the ED in the past month	Linking patients to OUD providers increases the chance that they will either maintain the buprenorphine treatment they began in the ED, or begin treatment in the outpatient setting	<ol style="list-style-type: none"> 1. Hospitals should count all patients who received linkage, whether they were induced for buprenorphine or not 2. Hospitals have flexibility in how they define “linked.” However paper referral alone would not qualify. Linked could mean: <ol style="list-style-type: none"> a. Appointment for ongoing treatment/care/services for OUD, including community-based MAT program or bridge clinic b. Engaged in ED with peer recovery services c. Directly transported to treatment program for OUD 3. Hospitals can include patients who have been linked to other hospital OUD services, including inpatient detox services
Optional Measure #4a	# of patients still engaged in OUD treatment after discharge from the ED	Increasing the number of patients engaged in treatment after discharge from the ED is one way to gauge how successful the OUD treatment has been, as well as how well the outpatient provider is doing at engaging the patient	<ol style="list-style-type: none"> 1. Hospitals can define the time periods used; most commonly used are 30, 60, 90 days 2. Hospitals have flexibility in defining what it means for patient to still be “engaged” in treatment or data set they would use to calculate this. Could mean still attending outpatient OUD treatment.

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