



# Opioid ED Collaborative: Emergency Department Buprenorphine Induction for Patients with Opioid Use Disorder

## Participation Application



## OPIOID ED COLLABORATIVE: BUPRENORPHINE INDUCTION FOR PATIENTS WITH OPIOID USE DISORDER PRESENTING TO EMERGENCY DEPARTMENTS

To improve access to evidence-based, medication-assisted treatment (MAT) for appropriate patients with opioid use disorder (OUD) who present to hospital emergency rooms for care (related or unrelated to complications of OUD), the New York State Office of Alcoholism and Substance Abuse Services, New York State Department of Health, and Greater New York Hospital Association (GNYHA) invite your participation in the Opioid ED Collaborative: Buprenorphine Induction for Patients with Opioid Use Disorder Presenting to Emergency Departments. This improvement collaborative will focus on improving access to MAT and comprehensive addiction services. The Opioid ED Collaborative's goals are to:

- improve patient outcomes by standardizing buprenorphine induction for clinically appropriate patients treated in hospital emergency departments and connecting patients with OUD to ongoing care, including outpatient waived prescribers and addiction treatment services
- collect information (quantitative and qualitative) from the participating hospitals that will inform statewide improvement efforts
- share information across hospitals on best practices for screening, assessment, and referrals of patients with OUD in the ED
- promote judicious opiate prescribing and stewardship by sharing promising approaches to monitoring prescribing patterns and use of alternatives to opiates
- improve the process by which clinicians can access relevant patient and provider data, including the Prescription Drug Monitoring Program, Medicaid claims-based quality reports in the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), waived prescriber lists, addiction treatment providers, and community resources

Hospitals and their emergency departments on Long Island are invited to participate in a project to promote access to MAT and reduce the morbidity and mortality associated with OUD.

### Project Description

GNYHA is committed to assisting member efforts to improve outcomes for individuals with OUD through the promotion of evidence-based treatments. The evidence supports the use of MAT, such as the initiation of buprenorphine coupled with harm reduction and addiction treatment services, in reducing adverse outcomes for individuals with OUD. While not all patients with OUD are either clinically eligible for buprenorphine induction at the time of presentation or motivated to begin treatment, there is considerable opportunity for EDs to offer potentially lifesaving therapy.

The Collaborative will help hospitals implement clinical and operational interventions based on current capacities. Interventions may include education of ED providers in MAT, buprenorphine waiver training, standardized approaches to the identification of eligible patients, creation of institution-specific protocols for buprenorphine induction, collaboration with local addiction treatment providers, use of peers for "warm handoffs" to treatment services, and increasing access to community providers with open practices that are qualified to prescribe buprenorphine for opioid addicted treatment.

The Opioid ED Collaborative will follow the Learning Collaborative model in which a group of health care organizations come together, form interdisciplinary teams within their institutions, test and measure evidence-based practice innovations,

# OPIOID ED COLLABORATIVE

and share their experiences to rapidly advance widespread adoption of best practices. Through the identification and sharing of promising best practices and lessons learned, the Collaborative creates a community in which hospitals assist one another in working toward a common goal of enhancing outcomes and sustaining improvements.

## Project Timeline

After invitation letters are sent to Long Island hospital CEOs, a kickoff meeting will take place on January 30, followed by monthly conference calls to discuss progress, challenges, and any further identified technical assistance needs. GNYHA will organize at least one more additional in-person meeting for hospitals on Long Island. The meeting will include presentations on progress, discussions on new issues or concerns, and the sharing of promising practices or new evidence relevant to the Collaborative's goals. A final meeting with all participants will take place at the end of the Collaborative, which will conclude in September 2019.

## The ED Opioid Collaborative will:

- accelerate the adoption of offering MAT (buprenorphine induction) to clinically appropriate patients with OUD who present to the ED and are willing to initiate treatment
- advocate use of a multidisciplinary team to address obstacles, maximize resources, and improve the ease of referrals and care coordination for effective treatment of patients with OUD
- share practical strategies that advance the goals of the Collaborative while recognizing the realities of treating patients in a complex and unpredictable ED environment
- use standardized, basic, low-burden metrics to assess the effectiveness of interventions and progress toward goals
- identify structural or policy changes at the local, state, or Federal level that will further promote the goals of the Collaborative for potential action and advocacy

## Commitment by Participating Hospitals

Participation in the ED Opioid Collaborative requires hospitals to provide the resources necessary to effectively implement clinical and operational strategies to offer buprenorphine induction to appropriate ED patients with OUD, including:

- formal sign-on by hospital CEO
- dedicated implementation team
- participation in project conferences, training, site visits, and monthly conference calls
- development and implementation of an action plan to promote achievement of project goals
- data gathering and reporting on implementation milestones, successes and barriers, and the number of patients who receive induction

## GNYHA's Role

GNYHA will commit resources to assist Collaborative hospitals, including:

- facilitating the education or training necessary for implementation
- identifying and sharing existing protocols, algorithms, and processes used by hospital EDs to promote buprenorphine induction in the ED for appropriate patients

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- convening hospital participants and community providers to share best practices for connecting patients to outpatient care, locate appropriate services for patients, and facilitate “warm handoffs” from ED to ambulatory care
- collecting individual hospital reports and sharing aggregate-only data progress reports to gauge progress (all hospital-specific reports will remain confidential)
- facilitate access, as needed and available, to technical assistance, expertise, and information for hospital participants

## Next Steps

Please submit the attached participation application, signed by your CEO and team members, by February 15. We encourage all project team members to attend the January 30 kickoff event in person.

We look forward to working with you on this important initiative.

## Key GNYHA Contacts

Name	Title	Phone	E-mail
Alison Burke	Vice President, Regulatory and Professional Affairs	(212) 506-5526	<a href="mailto:aburke@gnyha.org">aburke@gnyha.org</a>
Foster Gesten, MD	Chief Medical Advisor for Quality and Health Care Delivery	(212) 259-5114	<a href="mailto:fgesten@gnyha.org">fgesten@gnyha.org</a>
Lorraine Ryan	Senior Vice President, Legal, Regulatory, and Professional Affairs	(212) 506-5416	<a href="mailto:ryan@gnyha.org">ryan@gnyha.org</a>
Jared Bosk	Vice President, Survey and Outcomes Research	(212) 554-7247	<a href="mailto:jbosk@gnyha.org">jbosk@gnyha.org</a>

# OPIOID ED COLLABORATIVE – APPLICATION

Please e-mail completed participation applications to Karina Prendergast at [kprendergast@gnyha.org](mailto:kprendergast@gnyha.org) by February 15, 2019.

Chief Executive Officer: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PROJECT TEAM

### 1. Chief Medical Officer

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### 2. ED Director

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### 3. Day-to-Day Project Manager/Key Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### 4. Project Lead, Inpatient Psychiatry/Addiction Medicine

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

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## 5. Project Lead, Inpatient Detox/Rehab

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

## 6. Project Lead, Outpatient Psychiatry/Addiction Medicine

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

## 7. Project Lead, Outpatient Addiction Treatment

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

## 8. Project Lead, Social Work/Discharge Planning

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

## 9. Project Data Manager

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you. We look forward to working with you and your team on this important initiative.



# ED MAT QUALITY COLLABORATIVE

## TEAM ACTION PLANNING WORKSHEET

Name of Hospital: \_\_\_\_\_ Name of Key Contact: \_\_\_\_\_

Short-Term Objectives (Over the Next 1-2 Months to March 31, 2019):

TOPIC/WHAT	HOW	WHO	STARTING WHEN	MEASURE OF SUCCESS
Create <b>MAT in the ED</b> Team within your hospital, with appropriate staff representation				
Develop a schedule of <b>Educational Sessions</b> for: physicians and other prescribers, other clinical staff about the project				
Support <b>Waiver Training</b> as needed				
Ensure that <b>Screening and Assessment for OUD</b> process and personnel is in place within the ED				
Create or adopt <b>Algorithm for Buprenorphine Induction Appropriateness and Treatment Guidelines</b>				
Conduct needs assessment regarding <b>Referral Process</b> , providers, and resources for post-ED treatment and recovery care				
Create <b>Data Plan</b> for collection, use, and distribution including both common metrics and health system specific measures				
Identify any additional <b>Resource Needs</b> for successful implementation (staffing, materials, referral sources, IT)				



# ED MAT QUALITY COLLABORATIVE

Please identify the 3 main barriers you anticipate to a successful MAT in the ED Collaborative and two strategies for overcoming each of these barriers:

Barrier 1: \_\_\_\_\_

Strategy 1a: \_\_\_\_\_

Strategy 1b: \_\_\_\_\_

Barrier 2: \_\_\_\_\_

Strategy 2a: \_\_\_\_\_

Strategy 2b: \_\_\_\_\_

Barrier 3: \_\_\_\_\_

Strategy 3a: \_\_\_\_\_

Strategy 3b: \_\_\_\_\_