

ED MAT QUALITY COLLABORATIVE

April 17, 2019

GREATER NEW YORK HOSPITAL ASSOCIATION

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

Agenda

I. Welcome and Project Goals

II. Team Planning and Progress Updates: CHSLI and NUMC

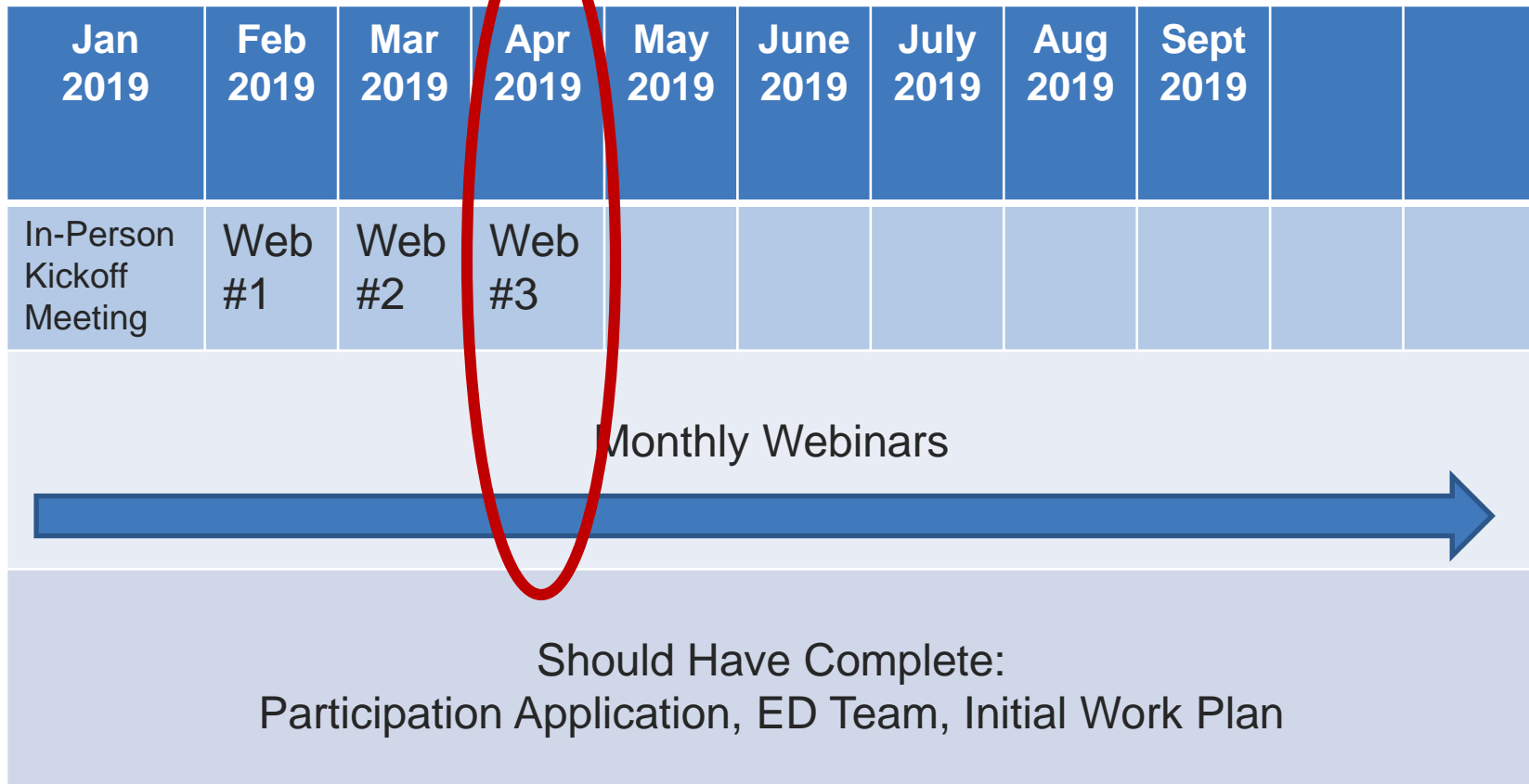
III. Metrics and Data Submission

IV. State Budget and Policy Activities

V. Open Discussion

VI. Next Steps

LI ED MAT Collaborative Timeline



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
- Waiver Training
- Screening/Assessment for OUD
- Buprenorphine algorithm/guideline
- Needs assessment for referrals
- Data plan
- Resource needs

Poll Question #1

7

Poll Question #2

Poll Question #3

Poll Question #4

Team Updates

- NUMC
 - Status, Barriers/Challenges, Solutions

- Catholic Health Services of Long Island (CHSLI)
 - Status, Barriers/Challenges, Solutions

Poll Question #5

Wednesday, May 15, 2019

8:00 a.m. - 1:00 p.m.

The Suffolk County Department of Health Services (SCDHS) is sponsoring a [free buprenorphine waiver training for clinical providers](#).

In response to the opioid overdose deaths in New York State, increased access to buprenorphine treatment for opioid overdose disorder is urgently needed. [Physicians, Nurse Practitioners, Physician Assistants, and Medical Residents](#) are welcome and highly encouraged to attend this training.

Under current regulations, authorized practitioners (MDs, DOs, NPs & PAs) are required to obtain a waiver to prescribe buprenorphine. To acquire this waiver, physicians are required to complete a standardized buprenorphine waiver 8-hour training. Nurse Practitioners (NPs) and Physician Assistants (PAs) are required to complete the standardized buprenorphine waiver 8-hour training as well as an additional 16 hours of online training as established by the Comprehensive Addiction and Recovery Act (CARA). Residents may also take the course and apply for their waiver once they receive their DEA license. The buprenorphine waiver 8-hour training is offered in a 'half-and-half' format [4.5 hours of in-person training followed up by 3.5 hours of online training]. Upon completion of the required training, providers will meet the requirement of the DATA 2000 to apply for a waiver to prescribe buprenorphine for opioid-dependent patients. Please contact us for further information.

***CME CREDITS:** CME Accreditation (if applicable). The University of Rochester School of Medicine and Dentistry designates this live activity for a maximum of 4.50 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The University of Rochester School of Medicine and Dentistry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.*

Trainer: Leslie Marino, MD, MPH, Assistant Professor of Psychiatry, Columbia University Irving Medical Center

Location: SCDHS Division of Community Mental Hygiene Services, William J. Lindsay County Complex
725 Veterans Memorial Highway, Building C016, Hauppauge, NY 11788

Directions: Provided Upon Registration

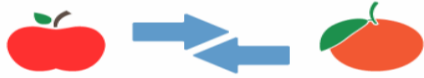
Registration: Email jennifer.culp@suffolkcountyny.gov by **May 1, 2019**

Questions: Contact Jennifer Culp at jennifer.culp@suffolkcountyny.gov or (631) 854-0096

ACCREDITATION: This activity has been planned and implemented by NYSDOH, AIDS Institute in accordance with the accreditation requirements and policies of the American Academy of Addiction Psychiatry (AAAP).

Funding for this course was made possible (in part) by 1U79TI026556 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does it mention of trade

CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)



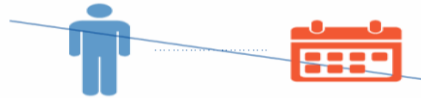
MAT JUST TRADES ONE ADDICTION FOR ANOTHER:

MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)



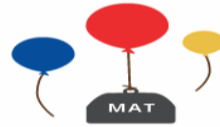
MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS:

MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)



MAT IS ONLY FOR THE SHORT TERM:

Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)



PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS:

MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.



MOST INSURANCE PLANS DON'T COVER MAT:

As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs (4). State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states. (5)



MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT:

MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).

$$l \leq \frac{1}{k}; k = \frac{4}{\sqrt{4eJ}}$$

THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE:

MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (8)

FOR MORE INFORMATION, PLEASE CONTACT NICK SZUBIAK, DIRECTOR, CLINICAL EXCELLENCE IN ADDICTIONS, AT NICKS@THENATIONALCOUNCIL.ORG

1) <http://www.shatterproof.org/blog/entry/medication-assisted-treatment-for-addiction> 2) <https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication-assisted-treatment-9-21-20121.pdf> 3) <http://www.overdosefreepa.pitt.edu/education/toolbox/medication-assisted-treatment-mat-2/#clarifine> 4) http://www.aaam.org/docs/default-source/advocacy/aaam-implications-for-opioid-addiction-treatment_final_5?sfvrsn=1 5) <http://store.samhsa.gov/shin/content/SMA14-4954/SMA14-4954.pdf> 6) <http://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines#DATA-2000> 7) <http://www.samhsa.gov/medication-assisted-treatment/naltrexone> 8) <http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations> 9) <https://www.federalregister.gov/articles/2016/03/30/2016-07128/medication-assisted-treatment-for-opioid-use-disorders> 10) <http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview> 11) 12) <https://www.congress.gov/bills/114th-congress/senate/bill/524/text> 13) <http://pcss-mat.org/waiver-eligibility-training/> 14) "MAT Maintenance Treatment and Superior Outcomes" PowerPoint, Dr. Arthur Williams 15) <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment>

Poll Question #6

Poll Question #7

Poll Question #8

Next Day Referral from Emergency Dept- Induction to Community Suboxone Prescribers Resource List SUFFOLK COUNTY

Product Of: The Suffolk County Medication Assisted Treatment Workgroup

	PRESCRIBER AVAILABILITY (CALL FOR APPT)	LOCATION	PROVIDER	CONTACT	PHONE	OTHER/COMMENTS
MONDAY	24/7 (Stabilization Bed)	Bohemia	Talbot House	Ask for duty nurse	631 589-4144	Ask for Toni Defelice or Jeanne Monsees (Nurse Manager)
	8:30 AM - 4:30 PM 9:00 AM-5:00 PM	Brentwood Riverhead	Hudson River Health	Maria Mezzatesta	1-845-260-0429	
	9:30AM-1:00PM	Huntington	WellLife	Maura Durkin, Intake Coordinator & Meryl Camer	631 920- 8324; fax 631-920-8165 ; 631 920-8000	After 4PM - fax info and call in am for appt which will be avail @ one of the locations M, W, Th
	3:00PM - 7:00PM	North Babylon	Town of Babylon/Beacon Family Wellness Center	Colleen Smalley	631-422-7676	
	9:30 AM -8:00PM	Smithtown	EARS	Simon A. Zysman Ph.D., Exec Dir	(631)-361-6960	Third Party Insurance; No Medicaid
	9 AM-5 PM	Farmingville	Victory Recovery Partners	Chris Xikis, PA	Eve/weekends: 631-696-HELP (4357), 631-236-7826	most private insurance, and several Medicaid managed care, no Medicaid but will work on reasonable payment
	10 AM-4 PM	Amityville	South Oaks Hospital	Ken Corbin, Prog Dir	631-608-5028	Dr. Cotterell, MD & MaryEllen Blank, NP;

Poll Question #9

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

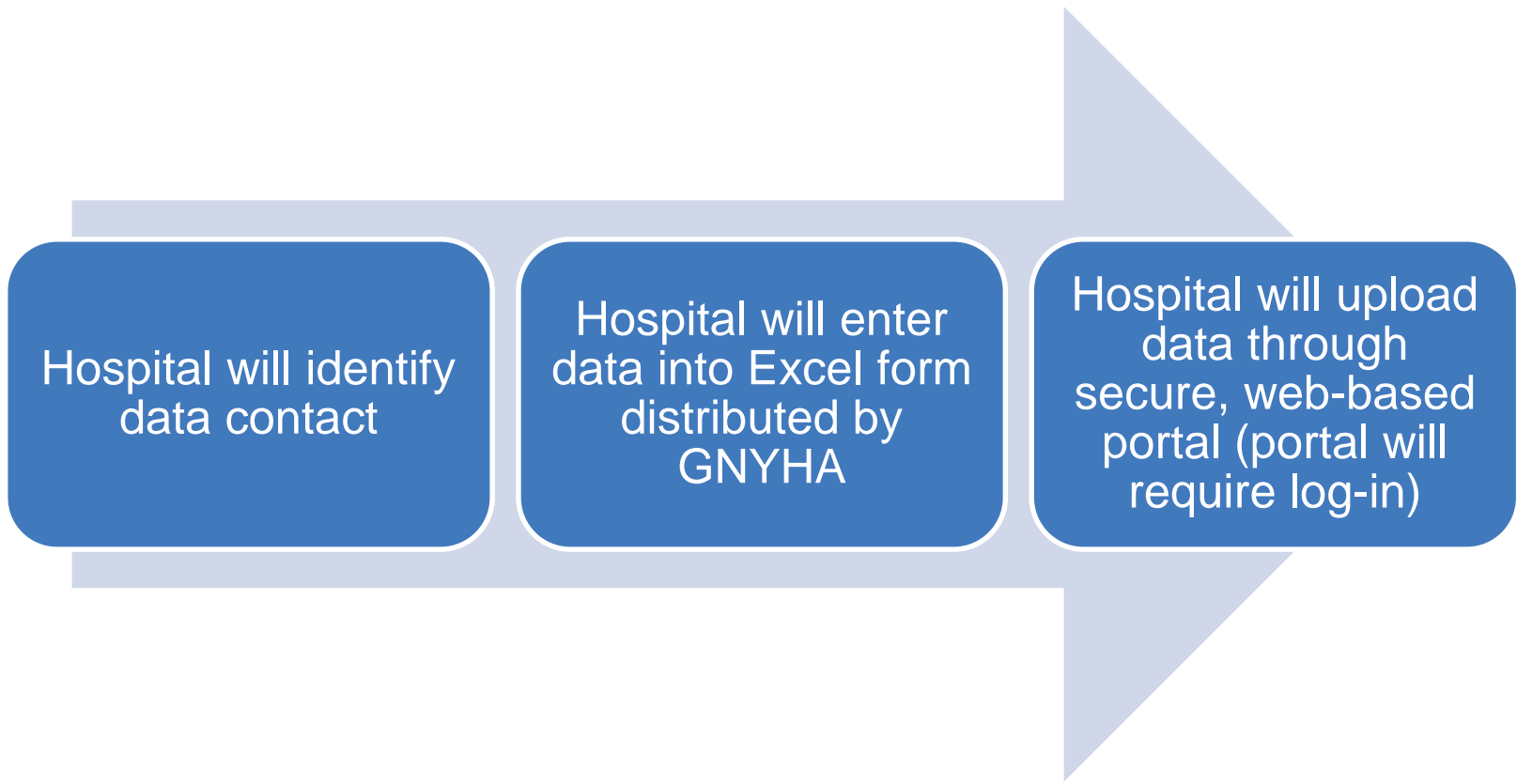
Measurement Strategy

- 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

Data Submission Process



Data Submission Timing

This week

- GNYHA will reach out to confirm data contact

Next week

- GNYHA will distribute Excel tool

Late April

- GNYHA will launch web portal for file upload
- GNYHA will create accounts

April 30

- Hospitals submit March data
- Subsequent data submissions due on the last day of the following month

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

BUDGET AND POLICY UPDATE AND INITIATIVES

GREATER NEW YORK HOSPITAL ASSOCIATION

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Effective July 2018

10 NYRCC Part 405.9 (Admission/discharge)

Provide educational materials (developed by OASAS/DOH) to individuals who have or appear to have SUD

Establish written policies and procedures for the identification and assessment as well as referral of to individuals who have or appear to have SUD

Train licensed and certified staff on policies and procedures

Refer SUD individuals to appropriate programs and coordinate with program

Inform individuals who have or appear to have SUD of treatment services that might be available (verbal and/or in writing)

2019-2020 NYS Budget Actions

ED Policies and Procedures – effective immediately

Appropriate use
of MAT in EDs

Prior to
discharge *or*

Referral
protocols when
initiation in ED
is not feasible

2019-2020 NYS Budget Actions Continued

- No prior authorization or concurrent utilization review during the first **twenty-eight** days of the **inpatient admission**
 - Plan notification of admission and initial treatment plan required within two business days
 - Periodic consultation with the insurer at or just prior to the fourteenth day of treatment
 - Prior to discharge, the facility shall provide the patient and the insurer with a written discharge plan which shall describe arrangements for additional services needed following discharge

- No prior authorization or concurrent review for the **first four weeks** of continuous **outpatient** treatment, *not to exceed twenty-eight visits*
 - Plan notification of start of treatment required within two business days
 - Periodic consultation with the insurer at or just prior to the fourteenth day of treatment

BEWARE of retrospective medical necessity review and denials

2019-2020 NYS Budget Actions Continued

- No prior authorization for MAT
- One copay per day
- Coverage for court ordered treatment
- Parity enforcement
- Opioid Stewardship Act (aka opioid tax V2.0)

Policy Activities

- NYS/multistate buprenorphine advocacy
- OASAS detoxification service threshold waiver (2018) extended through December 31, 2019
- Shatterproof Rating System pilot
- NYS Attorney General lawsuit



Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

New York State Department of Health Leads Multistate Effort to Call on the Federal Government to Improve Access to Buprenorphine to Treat Opioid Disorder

Coalition of 22 States and Territories Calls for Changes to Outdated Federal Policy

Calls for Increasing the Cap on How Many Patients can be Treated and Allowing Emergency Department Providers to Prescribe

ALBANY, N.Y. (April 8, 2019) - The New York State Department of Health today announced that it is leading a [coalition of 22 states and territories](#) in requesting that Health and Human Services Secretary Alex Azar modify an antiquated policy that restricts a healthcare provider's ability to prescribe buprenorphine, an effective treatment option for opioid use disorder (OUD).

“Buprenorphine is an essential tool in the fight to end the opioid epidemic,” said **New York State Health Commissioner Dr. Howard Zucker**. “Removing federal restrictions on prescribing buprenorphine will ultimately save lives and eliminate unnecessary barriers that prevent people with opioid use disorder from having access to treatment.”

“Buprenorphine is a proven, effective medication that has made the difference in the lives of people across New York State and the nation in their treatment and recovery from opioid use disorders,” said OASAS Commissioner Arlene González-Sánchez. “We will continue to explore every available path to increase access to this critical medication, and help all those suffering from addiction to receive the help and support they need to rebuild their lives.”

Buprenorphine is highly effective in treating OUD by stopping cravings and blocking withdrawal symptoms common in people dependent on opioids. The federal Drug Addiction Treatment Act (DATA 2000), enacted by Congress years before the current opioid epidemic, allows healthcare providers who meet appropriate qualifications to treat OUD by prescribing buprenorphine. Current policy requires providers to obtain a waiver by completing either 8 hours (for physicians) or 24 hours (for nurse practitioners and physician assistants) of additional training and then limits the number of patients they can treat. Providers are capped at 30 patients in their first year, and then after reapplying and meeting additional criteria, 100 and 275 patients in the second and third years respectively. These federal caps contribute to shortages across the country of providers who can prescribe buprenorphine.

Free Buprenorphine Training

- **Date:** Wednesday, May 15, 2019
- **Time:** 8:00 a.m. - 1:00 p.m.
- **Location:** SCDHS Division of Community Mental Hygiene Services,
William J. Lindsay County Complex
725 Veterans Memorial Highway, Building C016
Hauppauge
- **Registration:** Email jennifer.culp@suffolkcountyny.gov by **May 1, 2019**

Questions: Contact Jennifer Culp at jennifer.culp@suffolkcountyny.gov or (631) 854-0096

QUESTIONS AND DISCUSSION

GREATER NEW YORK HOSPITAL ASSOCIATION

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Coming Up...

Next
Webinar:
May 22nd

Submit
Data

Future Webinars and Additional Collaborative Resources

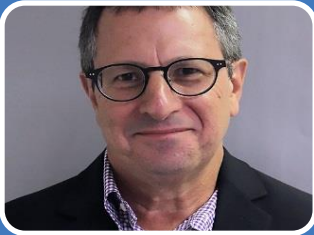
Webinars (noon – 1 p.m.)

- **May 22nd**
- June 19th
- July 17th
- September 18th

Additional Collaborative Activities

- Data tracking and submission assistance
- Site visits to participating hospitals and/or system level meetings
- Site/system level coaching calls

Contact Information



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