

ED MAT QUALITY COLLABORATIVE

May 22, 2019

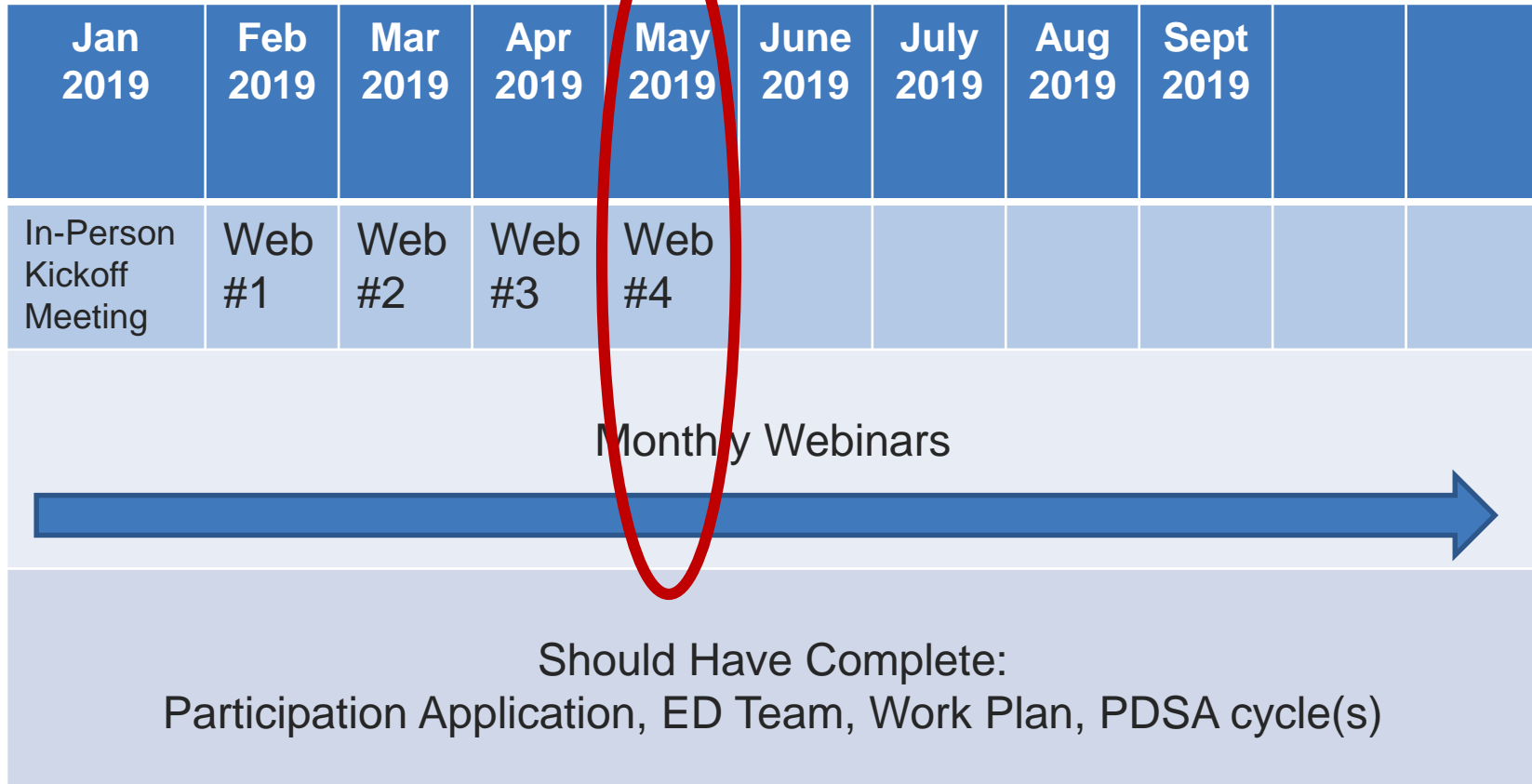
GREATER NEW YORK HOSPITAL ASSOCIATION

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

Agenda

- I. Welcome and Project Goals
- II. Updates and Announcements
- III. Certified Recovery Peer Advocates
- IV. Team Progress Updates
- V. Metrics and Data
- 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

Updates and Announcements

- GNYHA-Supported Opioid Workforce Bill reintroduced
- ACEP waiver training development
- June 4th Webinar with Dr. Gail D'Onofrio (Yale)
- No prior auth for preferred or formulary forms of buprenorphine or injectable naltrexone
- PSYCKES
 - SUD/ODD Quality Flags
 - Coordination with High Risk Behavioral Health ED Initiative

Gail D'Onofrio, MD, MS

Yale

- Webinar to Focus on Role of the ED in Treatment of Opioid Use Disorder

Date:	Tuesday, June 4, 2019
Time:	1:00 p.m.-2:00 p.m.
Webinar Link:	https://attendee.gotowebinar.com/register/6332709087110746379
Dial-In:	(866) 901-6455

REMINDER: Substance Use Disorder Drug Treatment, Medicaid Managed Care (MMC) and Fee-for Service (FFS) Coverage

- Prohibits prior authorization under Medicaid Fee-For-Service and Medicaid Managed Care for initial or renewal prescriptions for preferred or formulary forms of buprenorphine or injectable naltrexone when used for detoxification or maintenance treatment of opioid addiction.

Complete DOH letter available for download

Introduction to PSYCKES

- The Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES) is a HIPAA – compliant web-based portfolio of data and tools designed to support quality improvement and clinical decision-making.
- Data in PSYCKES comes from Medicaid fee-for-service and managed care claims, and includes *over 8 million individuals* with a current or past mental health and/or substance abuse disorder service or diagnosis, or prescribed psychotropic medication.
- PSYCKES includes both clinical summaries of individual client data and quality indicator reports that aggregate data at state, region, county, agency, site, program, and client levels.

PSYCKES Reports

□ Main types of reports in PSYCKES:

1. **Clinical summaries** provide up to 5 years of individual client data across all treatment settings including diagnoses, medications, behavioral/medical inpatient and outpatient services, laboratory/X-ray tests, dental and vision services, and living support/transportation. This information can fill critical information needs at intake, during treatment, and at discharge to support clinical review, treatment planning, care coordination, and discharge planning.
2. **Quality Reports** summarize data on a number of quality indicators. The reports are linked to individual clients with quality flags to help focus quality improvement efforts.

PSYCKES SUD Quality Flags

Substance Use Disorders Quality Indicator Set	Description
No Continuity of Care after Detox to Lower Level of Care	The percentage of individuals ages 13 and older discharged from inpatient detox who did not have follow up treatment in a lower level of care setting within 14 days.
No Continuity of Care after Rehab to Lower Level of Care	The percentage of individuals ages 13 years and older discharged from inpatient rehabilitation who did not have follow up treatment in a lower level of care setting within 14 days.
No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD)	The percentage of individuals ages 13 and older newly diagnosed with Opioid Use Disorder (OUD) who did not initiate Medication Assisted Treatment (MAT) within 30 days of the new OUD diagnosis index visit.
No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)	The percentage of individuals ages 13 and older with Opioid Use Disorder (OUD) who did not initiate Medication Assisted Treatment (MAT) at any time during measurement year.
No Initiation of SUD Treatment	The percentage of individuals ages 13 and older with a new diagnosis of alcohol or other substance use disorder (SUD) who did not initiate SUD treatment within 14 days of diagnosis.
No Engagement in SUD Treatment	The percentage of individuals ages 13 and older with a new diagnosis of alcohol or other substance use disorder (SUD) who did not engage in SUD treatment as evidence by initiation of SUD treatment within 14 days of diagnosis and followed up by 2 or more additional visits for SUD treatment within 30 days of initiation visit.
No Initiation of Opioid Use Disorder (OUD) Treatment	The percentage of individuals ages 13 and older with a new episode of Opioid Use Disorder (OUD) who did not initiate OUD treatment within 14 days.
No Engagement in Opioid Use Disorder (OUD) Treatment	The percentage of individuals ages 13 and older with a new episode of Opioid Use Disorder (OUD) who did not engage in 2 or more visits of OUD treatment within 30 days of initiation visit.
No Follow Up after SUD ER Visit (7 Days)	The percentage of individuals ages 13 and older discharged from an emergency room for alcohol or other substance use disorder (SUD) and not seen on an ambulatory basis for treatment within 7 days of discharge.
No Follow Up after SUD ER Visit (30 days)	The percentage of individuals ages 13 and older discharged from an emergency room for alcohol or other substance use disorder (SUD) and not seen on an ambulatory basis for treatment within 30 days of discharge.

PSYCKES SUD Quality Flags continued

PSYCKES Substance Use Disorders (SUD) Quality Indicator Set

The SUD Quality Indicator Set is available in a number of reports (e.g., recipient level, provider and system levels, regional and statewide levels).

Clients who meet SUD/ODU indicator criteria have special PHI protections (42 CFR Part 2). Without client consent, only aggregate information about these measures will be available in PSYCKES.

Complete SUD quality indicator set available for download

Certified Recovery Peer Advocates

Amory Mowrey, CARC, CRPA, CASAC-T

Sherpa Program Manager, FCA

Thrive Recovery Center

Sherpa 516-592-7385 | Thrive 631-822-3396 x1110 |

1324 Motor Parkway, Hauppauge, NY, 11749



FCA's Sherpa Program

A collaboration with CHS



What is it?

- Sherpa is a collaboration between CHS and FCA that delivers on-call peer services to several CHS emergency departments.
- Peers are dispatched based on positive SBIRT screenings and arrive within 30 minutes of being called.
- Peers meet bedside with patients to assist in linkage to care
- Peers remain engaged with patients post-discharge in the community to decrease preventable emergency department readmissions, and improve quality of life.
- Peers provide non-clinical services that supplement the clinical services provided by hospital staff.



Support for Families



- In addition to offering peer support for individuals, the Sherpa Program offers support for family members and loved ones.
- Families that are present in the hospital can receive support regardless of whether or not their loved one enrolls in the program.
- Family members may be outreached with the patient's permission when not present at the hospital.



Why Peer Services?



- Peer services have been successfully utilized within several vulnerable populations (veterans, mental health, HIV) and are now widely recognized as an integral component of working with these groups.
- Mutual aid (12 step) groups have been using a peer model successfully to address substance use disorder for decades.
- Peer services is now being integrated into the treatment of substance use disorder as a method for improving engagement and retention.



Wrap Around Services

- The Sherpa Program works closely with THRIVE Recovery Center.
- THRIVE is an OASAS funded Recovery Community and Outreach Center, the first of its kind on Long Island.
- THRIVE offers FREE peer-lead services 7 days a week, and is staffed by Certified Recovery Peer Advocates and driven by dedicated volunteers and community members.
- Sherpa is a 90-day program, therefore participants of the program are linked to THRIVE for ongoing long-term peer support when appropriate.



Success Story



- Individual presented to GSH ED and reported using multiple substances. As a result of engaging with Sherpa Peers, the individual agreed to attend Mercy New Hope crisis respite. While in Mercy New Hope, Sherpa maintained engagement and helped facilitate transfer to Phelps Memorial where she remained for 21 days. The day after she was discharged, Sherpa facilitated linkage to THRIVE where she attended her first peer support meeting. At last follow up, she is still engaged in THRIVE services.
- This demonstrates a continuum of care: Sherpa remained engaged with her as she moved through 4 different “systems”: a hospital, a crisis respite, a residential facility, and community supports.



Other Considerations / Lessons Learned

- MAT induction in Emergency Rooms and transition to community-based follow-up.
- Tracking participants through multiple health care systems.
- Access to care and overcoming barriers; partnering with CHAMP
- Open Access Centers - FCA and Family Service League's DASH program.



Impact on Community

For any providers in the room who are not part of CHS...

- THRIVE accepts referrals from providers and community members interested in receiving non-clinical, recovery-based peer services.
- ALL of our services are free.

Further questions or want to know more? Please reach out at...



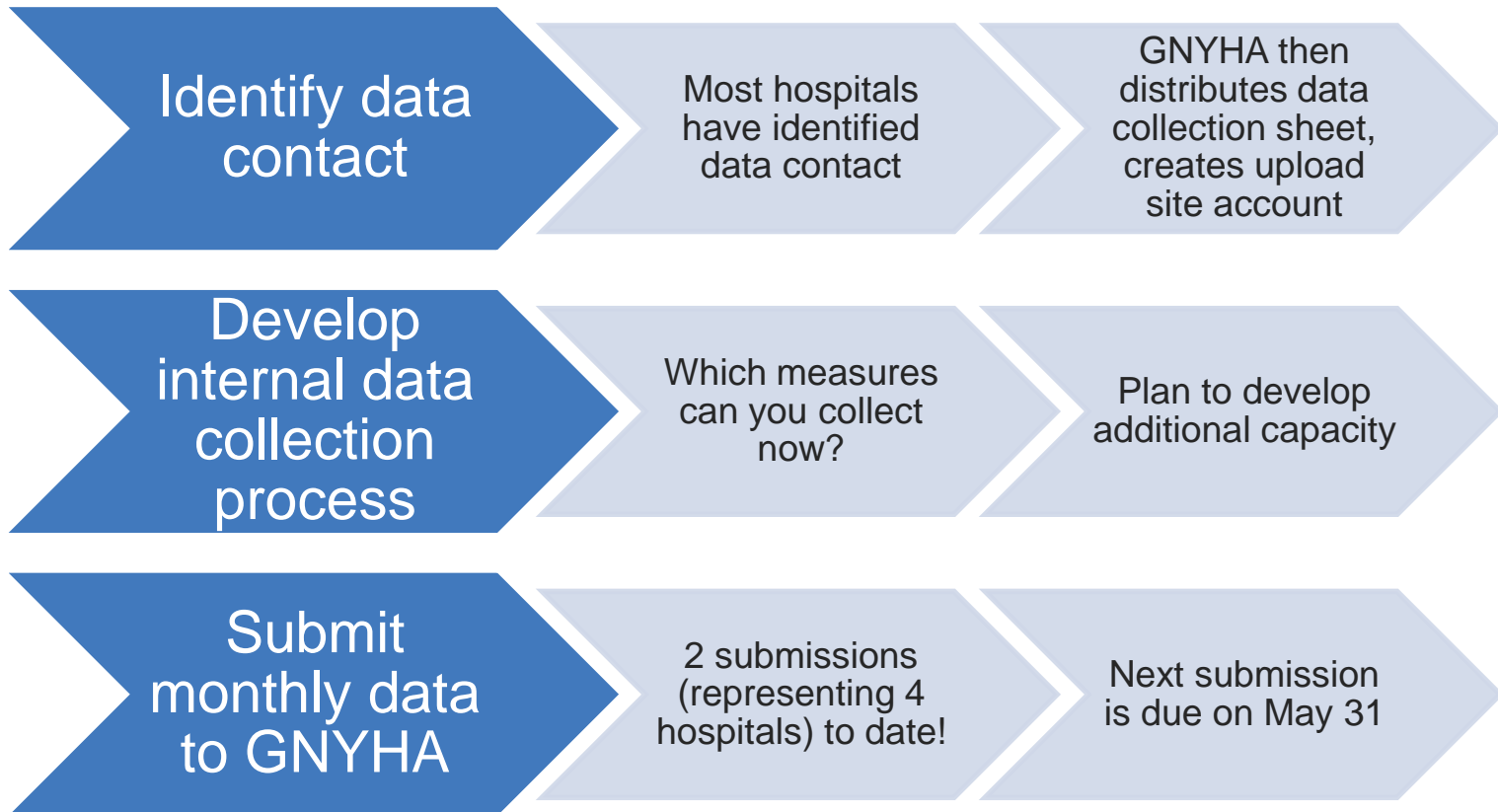
Contact Information

- Sherpa Program: 516-592-7385
- THRIVE: 631-822-3396 | www.thrivelife.org
- Amory Mowrey, Program Manager : 516-592-2817 | amowrey@fcali.org

Team Updates: Progress, Challenges, Pearls, Questions

- **NYU-Winthrop**
- NUMC
- LICH
- Stony Brook
- Northwell
- St. Joseph - Catholic Health Services of Long Island (CHSLI)

Data Submission Process



QUESTIONS AND DISCUSSION

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Coming Up...

Next
Webinar:
June 19th

Submit
Data

Future Webinars and Additional Collaborative Resources

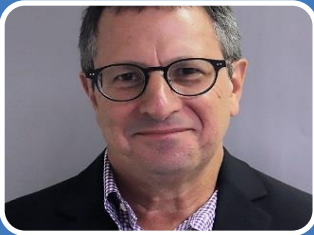
Webinars (noon – 1 p.m.)

- **June 19th** – PSYCKES SUD
Quality Metrics
- **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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