

# ED MAT QUALITY COLLABORATIVE

June 19, 2019

**GREATER NEW YORK HOSPITAL ASSOCIATION**

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

## 2 Agenda

- I. Welcome
- II. Announcements
- III. Status Update on Data Collection and Submission
- IV. Review of PSYCKES SUD/ODU Quality Flags
- V. Discussion/Q&A
- VI. Next Steps

**GREATER NEW YORK  
HOSPITAL ASSOCIATION**

### 3 LI ED MAT Collaborative Timeline

Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019
In-Person Kickoff Meeting	Web #1	Web #2	Web #3	Web #4	Web #5 & 6	Site visits	Site visits			

Monthly Webinars



**ED collaborative Teams Should:  
Be Meeting, Updating Work Plan, Conducting PDSA cycle(s)**

GREATER NEW YORK  
HOSPITAL ASSOCIATION

### 4 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

## 5 Announcements

- DOH/OASAS Hospital HCS HERDS Survey on Hospital Opioid Practices Due **Monday, June 24**
- Upcoming free buprenorphine waiver trainings
  - Wednesday, June 26, 1:00 p.m. – 6:00 p.m., Babylon
  - Friday, July 12, 8:00 a.m. – 1:00 p.m., Bethpage
- NYC DOHMH Non-Fatal Overdose in Emergency Departments guidelines (<https://www1.nyc.gov/site/doh/providers/health-topics/non-fatal-overdose-emergency-department.page>)
- OASAS/Shatterproof provider rating pilot
- Site visits to participating sites in July and August (replaces webinars)
- Webinars resume in September

## 6 Collaborative Measures

4 Goals of Collaborative	Measurement Strategy	Protocol/Process Information
<ul style="list-style-type: none"><li>• Increasing ED capacity to prescribe buprenorphine</li><li>• Identifying patients for induction in the ED</li><li>• Increasing induction in the ED</li><li>• Improving connections with community providers</li></ul>	<ul style="list-style-type: none"><li>• Collect data that measures progress and identifies challenges – not research!</li><li>• One common measure per goal</li><li>• Optional measures to enhance ability to monitor the intervention</li></ul>	<ul style="list-style-type: none"><li>• Flexibility in how to define/measure aspects of intervention</li><li>• Request for additional information on protocols, algorithms, or screening tools used</li></ul>

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## 7 Data Submission To Date

**5 hospitals have submitted data to date**

	Goal 1: Increase Prescribing Capacity	Goal 2: Identifying Patients for Induction	Goal 3: Increasing Induction	Goal 4:
Common	4	3	5	5
Optional A	3	1	2	3
Optional B	3	1	3	N/A
Optional C	N/A	3	N/A	N/A

**Please submit May data by June 30**

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## PSYCKES

Substance Use Disorder Quality Indicator Set

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## 9 What is PSYCKES?

- A web-based platform for sharing...
  - Medicaid billing data
  - Other state health administrative data
  - Data and documents entered by providers and patients
  - Secure, HIPAA-compliant
- Supports:
  - Quality improvement: quality measures, quality flags
  - Clinical decision-making and care coordination: individual client information

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## 10 Who is Viewable in PSYCKES?

- Over 8 million NYS Medicaid enrollees
  - Fee for service
  - Managed care enrollees, all product lines
  - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
  - Psychiatric or substance use service,
  - Psychiatric or substance use diagnosis, OR
  - Psychotropic medication

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## 11 What Data is Available in PSYCKES?

- All Medicaid FFS claims and Managed Care encounters
  - All Medicaid data: Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state health databases (0-7 day lag):
  - State PC EMR data
  - ACT provider & contact info (OMH CAIRS)
  - Assisted Outpatient Treatment provider & contact info (OMH TACT)
  - Health Home enrollment & CM provider info (DOH MAPP)
  - Suicide attempt (OMH NIMRS)
  - Managed Care Plan & HARP status (MC Enrollment Table)
  - Safety Plans/Screenings and assessments entered by clients or providers into PSYCKES MyCHOIS

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## 12 Quality Indicators “Flags” and Alerts

### Quality Indicator Flags

- PSYCKES flags individual clients who are driving low performance and present an opportunity to improve performance and clinical care
- Examples of current quality flags include:
  - Acute Care Utilization, e.g., High utilization, Readmission
  - Substance Use Disorder Set Calculated by DOH, e.g., No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

### Alerts

- PSYCKES Alerts identify individual patients with high risk, including history of
  - Suicide Attempts
  - Opioid Overdoses

GREATER NEW YORK  
HOSPITAL ASSOCIATION

## 13 Using PSYCKES to Support MAT

- **Client-Level Clinical Summary** – With client consent, improve identification of high risk clients using alerts such as:
  - Opioid Overdose in past year / past 5 years
  - Opioid Use Disorder quality flags (related to four OUD measures)
- **Recipient Search** – Identify volume of clients with OUD served by your ER (or other services), and identifying cohorts of at risk individuals for intervention
- **Statewide Reports** – Review prevalence rate of Opioid Use Disorder quality indicators for your hospital compared to others in the county, region, and state
- **My QI Report** – Review prevalence rate of Opioid Use Disorder quality indicators broken out by hospital services and programs, and identify clients driving performance

GREATER NEW YORK  
HOSPITAL ASSOCIATION

My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar - Usage

**SabNRUvFW8m Qq7SSVNUTrBIRQ**  
Clinical Summary as of 6/10/2019

Brief Overview **1 Year Summary** 5 Year Summary

**General**

Name	Medicaid ID	Medicare	DSRIP PPS
SabNRUvFW8m Qq7SSVNUTrBIRQ	UFAYOTEuMbU	No	New York City Health and Hospitals Corp PPS
DOB	Medicaid Aid Category	Managed Care Plan	
N8yoOSynOT6r KDMp WVJTKQ	N/A	Healthfirst PHSP, Inc. (Mainstream)	
Address	Medicaid Eligibility Expires on	HARP Status	
Mpam OVRI QVZFLA TaVX WUZSSom Tbai MTAmMDE		Eligible Pending Enrollment (H9)	

**Alerts & Incidents** Incidents from NIMRS, Service invoices from Medicaid [Details](#) Table Graph

Alert/Incident Type	Number of Incidents (NIMRS)/Invoices (Medicaid)	First date of Incident/ Diagnosis	Most Recent date of Incident/ Diagnosis	Provider Name	Program Name	Severity/ Medicaid Diagnosis
Overdose - Opioid	1	9/18/2018	9/18/2018	ST LUKES ROOSEVELT HSP CTR	Inpatient -SU	Poisoning by other opioids, accidental (unintentional), initial encounter

**Quality Flags** as of monthly QI report 5/1/2019 [Definitions](#) Recent All (Graph) All (Table)

Indicator Set

High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - Medical • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - Med • POP : High User
Preventable Hospitalization	Prevent Hosp Asthma
Readmission Post-Discharge from any Hospital	BH to BH • Medical to Medical
Substance Use Disorders	Substance Use Disorders - as of 11/01/2018: No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

**Client-Level PSYCKES Clinical Summary** – review when client presents in ED for any reason

## Brief (1-Page) Clinical Summary Coming in July...

De-Identify  Settings  Log Off

My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage Reports
Utilization Reports
MyCHOIS

SabNRUvFW8m Qq7SSVNUtBIRQ

Clinical Summary as of 5/1/2019

DOB: Nby00ym0T6r (MoM Yrs)
Medicaid ID: UFA/OTEA/ABU
Medicare: No
HARP Status: Eligible Pending Enrollment (H9)

Address: Mpm OVRI QVZFLA TAVX WUzSSom Twa MTAmMDE
Managed Care Plan: Healthfirst PHSP Inc. (Mainstream)
DSBP PPS: New York City Health and Hospitals Corp PPS

Current Care Coordination

**Health Home (Enrolled)** COMMUNITY CARE MANAGEMENT PARTNERS - Status: Active (Begin Date: 01-04-2019); Main Contact: Referral - Teresa Hill: 312-485-2741; teresa.hill@ccmhealthhome.org; Nathan Smith: 212-609-1543; nathan.smith@ccmhealthhome.org; Member Referral Number: 088-662-1377

Care Management (Enrolled): AIDS SERVICE CTR LOWER MANHATTAN

**POP High User** In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate contact: Healthfirst PHSP Inc. Behavioral Health Clinical Department: 01-2729-3200; #C71@healthfirst.org

**Health Home Plus Eligibility** This client is eligible for Health Home Plus due to: 4- ER MH + 12 months

Alerts & Incidents Most Recent

10 Suicidal Ideation (4 Inpatient, 6 ER)	2/26/2018	BELLEVUE HOSPITAL CENTER (ER - SU)
4 Overdose - Opioid (1 Inpatient, 3 ER)	9/18/2018	ST LUKES ROOSEVELT HSP CTR (Inpatient - SU)

Higher # count totals for Inpatient, ER, and Other settings may represent multiple services in same day

**Active Quality Flags** - as of monthly QI report 5/1/2019

**High Utilization - Inpt/ER**  
2+ ER - BH + 2+ ER - MH + 2+ ER - Medical + 2+ Inpatient - BH + 2+ Inpatient - Medical + 4+ Inpatient/ER - BH + 4+ Inpatient/ER - Med + POP ; High User

**Preventable Hospitalization**  
Prevent Hoop Asthma

**Readmission Post-Discharge from any Hospital**  
BH to BH - Medical to Medical

**Substance Use Disorders - as of 11/01/2018**  
No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) - No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

**Diagnoses Past Year**

**7 Behavioral Health**  
Most Recent: Alcohol related disorders - Other psychoactive substance related disorders - Opioid related disorders - Cannabis related disorders - Cocaine related disorders ...  
Most Frequent (# of services): Opioid related disorders (119) - Alcohol related disorders (62) - Other psychoactive substance related disorders (19) - Cocaine related disorders (12) - Tobacco related disorder (9) ...

**31 Medical**  
Most Recent: Asthma - Encounter for general examination without complaint, suspected or reported diagnosis - Persons encountering health services in other circumstances - Abnormalities of breathing - Cough ...  
Most Frequent (# of services): Asthma (58) - Abnormalities of breathing (13) - Symptoms and signs involving emotional state (6) - Other symptoms and signs involving cognitive functions and awareness (4) - Pain in throat and chest (4) ...

**Medications Past Year** List Pick Up

<b>Prednisone</b> - Glucocorticosteroids	12/13/2018	Dose: 20 MG, 2/day - Quantity: 8
<b>Albuterol Sulfate</b> (Proair Hfa) - Sympathomimetics	12/13/2018	Dose: 108 (90 Base) MCG/ACT/day - Quantity: 8
<b>Ondansetron</b> - 5-HT3 Receptor Antagonists	10/24/2018	Dose: 4 MG, 8/day - Quantity: 12
<b>Clotrimazole</b> - Antifungals - Topical	10/23/2018	Dose: 1 %, 6/day - Quantity: 30
<b>Galapipate</b> - Mood Stabilizer	10/23/2018	Dose: 100 MG, 3/day - Quantity: 18

**Outpatient Providers Past Year** Last Service Date & Type

START TREATMENT & RECOVERY CENTERS	4/2/2019	Clinic - SU - Methadone Maintenance Treatment Program
AIDS SERVICE CENTER OF LOWER MANHATTAN	4/2/2019	Clinic - SU - Specialty

**All Hospital Utilization - 5 Years** Last Facility Visit

ER Visits	# Facilities	Last Facility Visit
32	Mental Health	7 NEW YORK PRESBYTERIAN HOSPITAL INC on 12/9/2018

**Alerts & Incidents** Most Recent

10 Suicidal Ideation (4 Inpatient, 6 ER)	2/26/2018	BELLEVUE HOSPITAL CENTER (ER - SU)
4 Overdose - Opioid (1 Inpatient, 3 ER)	9/18/2018	ST LUKES ROOSEVELT HSP CTR (Inpatient - SU)

Higher # count totals for Inpatient, ER, and Other settings may represent multiple services in same day

**Active Quality Flags** - as of monthly QI report 5/1/2019

**High Utilization - Inpt/ER**  
2+ ER - BH + 2+ ER - MH + 2+ ER - Medical + 2+ Inpatient - BH + 2+ Inpatient - Medical + 4+ Inpatient/ER - BH + 4+ Inpatient/ER - Med + POP ; High User

**Preventable Hospitalization**  
Prevent Hoop Asthma

**Readmission Post-Discharge from any Hospital**  
BH to BH - Medical to Medical

**Substance Use Disorders - as of 11/01/2018**  
No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) - No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

**Diagnoses Past Year**

**7 Behavioral Health**  
Most Recent: Alcohol related disorders - Other psychoactive substance related disorders - Opioid related disorders - Cannabis related disorders - Cocaine related disorders ...  
Most Frequent (# of services): Opioid related disorders (119) - Alcohol related disorders (62) - Other psychoactive substance related disorders (19) - Cocaine related disorders (12) - Tobacco related disorder (9) ...

**31 Medical**  
Most Recent: Asthma - Encounter for general examination without complaint, suspected or reported diagnosis - Persons encountering health services in other circumstances - Abnormalities of breathing - Cough ...  
Most Frequent (# of services): Asthma (58) - Abnormalities of breathing (13) - Symptoms and signs involving emotional state (6) - Other symptoms and signs involving cognitive functions and awareness (4) - Pain in throat and chest (4) ...

## Detail: Brief Clinical Summary



**Recipient Search**  
Identify cohort of clients at risk

Recipient Search    Provider Search    Registrar    Usage Reports    Utilization

**Recipient Search**    Limit results to

Medicaid ID: AB00000A    SSN: 000-00-0000    First Name:    Last Name:

Characteristics as of 06/10/2019    Quality Flag as of 05/01/2019    Services: Specific Provider as of 05/01/2019

Age Range:    To:    Gender:    HARP Status:    AOT Status:    High Need Population:    Population:    Managed Care:    MC Product Line:    DSRIP PPS:    Medicaid Restrictions: **Alerts & Incidents**

Quality Flag: HARP Enrolled - Not Health Ho, HARP-Enrolled - No Assessme, Antipsychotic Polypharmacy (, Antipsychotic Two Plus, Antipsychotic Three Plus, Antidepressant Two Plus - SC, Antidepressant Three Plus, Anticholinergics Three Plus, Anticholinergics Four Plus, Anticholinergics Summary, continuation - Antidepressa, erence - Mood Stabilizer (B, erence - Antipsychotic (Scl, atment Engagement - Sumr, Metabolic Monitoring (Gluc, Metabolic Monitoring (Gluc, Diabetes Monitoring (HbA1, Diabetes Screening (Gluc/t

Services: Specific Provider as of 05/01/2019: Provider: STATE UNIVERSITY OF NY AT STONY BROOK, Region:    Current Access:    Service Utilization:    Service Setting: Inpatient - ER, Living Support/Residential, Other, Outpatient - DD, Outpatient - Medical, Outpatient - Medical Speciality, Outpatient - MH, Outpatient - SU

Medication & Diagnosis as of 05/01/2019    Past 1 Year    Services by Any Provider as of 05/01/2019

My QI Report    Statewide Reports    Recipient Search    Provider Search    Registrar    Usage Reports

**322 Recipients Found**

**Recipient Search Results**

Alerts & Incidents    Overdose - Opioid past 1 year

AND    [Provider Specific] Provider    STATE UNIVERSITY OF NY AT STONY BROOK

Review recipients in results carefully before accessing Clinical Summary.    Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan
REFWRUQTrJU TubDSEFFTA S6	Raiu0TiUNrM	MDUIMDEIMTauMA	TQ LQ Mpa	2+ ER-Medical, 4+ Inpt/ER-Med	UnitedHealthcare Community Plan
UqNPVFRPTEFWSJVP TubDSEVMTEU VA	RF2rMpQsMFE	MD6IMT2IMTauN6	R6 LQ Mpl	2+ Inpt-BH, 2+ Inpt-MH, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Fidelis Care New York
QqFQTq30QQ RqbPVaf0Taa			TQ LQ M9U	2+ ER-BH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, BH QARR - DOH, No MAT Utilization - OUD, No OUD MAT Initiation - 30d, No Rehab f/u 14d, No SUD ER f/u 30d, No SUD ER f/u 7d, No SUD Tx Engage, No SUD Tx Initiation, POP High User	Healthfirst PHSP, Inc.
UqFOQq7FW6 VEFOSUE TQ	RqYtMT2uNVI	MD2IMDalMTauMQ	R6 LQ Mp2	2+ ER-Medical, No Outpt Medical	
QazXREVO TEBORFNBWQ	QbauNp2qMUI	MTIIM9YIMTauOQ	TQ LQ M9a	2+ ER-BH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-BH, HARP No Assessment for HCBS, HARP No Health Home, Readmit 30d - BH to BH	UnitedHealthcare Community Plan
QqFVSVEVS SbvTVEBo TQ	QbYqMpMpMFU	MD6IMDalMTauMm	TQ LQ MpU	2+ ER-BH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, No Detox f/u 14d, No OUD MAT Initiation - 30d, No SUD ER f/u 30d, No SUD ER f/u 7d	

First    Previous    1    Next    Last

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health PSYCKES De-ident

My QI Report **Statewide Reports** Recipient Search Provider Search Registrar Usage R

**Statewide Reports**  
Compare prevalence rate on quality indicators

**Statewide Report**  
As of 05/01/2019

Select an Indicator Set and any other filters:

Indicator Set Substance Use Disorders - as of 11/01/2018

Indicator Type No Utilization of Medication Assisted Treatment (MAT) for Opioid Us

- No Continuity of Care after Detox to Lower Level of Care (No Detox f/u 14d)
- No Continuity of Care after Rehab to Lower Level of Care (No Rehab f/u 14d)
- No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) (No OUD MAT Initiation - 30d)
- No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) (No MAT Utilization - OUD)**
- No Initiation of SUD Treatment (No SUD Tx Initiation)
- No Engagement in SUD Treatment (No SUD Tx Engage)
- No Follow Up after SUD ER Visit (7 days) (No SUD ER f/u 7d)
- No Follow Up after SUD ER Visit (30 days) (No SUD ER f/u 30d)
- No Initiation of Opioid Use Disorder (OUD) Treatment (No OUD Tx Initiation)
- No Engagement in Opioid Use Disorder (OUD) Treatment (No OUD Tx Engage)
- Substance Use Disorders Summary

DSRIP PPS ALL

Age Group ALL

Submit Reset

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health PSYCKES De-ident

My QI Report **Statewide Reports** Recipient Search Provider Search Registrar Usage R

**Statewide Reports**  
Select quality measure & review performance by region, county, provider, MCO

**Statewide Report**  
As of 05/01/2019

Select an Indicator Set and any other filters:

Indicator Set Substance Use Disorders - as of 11/01/2018

Indicator Type No Utilization of Medication Assisted Treatment (MAT) for Opioid Us

Region Long Island

County ALL

Managed Care ALL

MC Product Line ALL

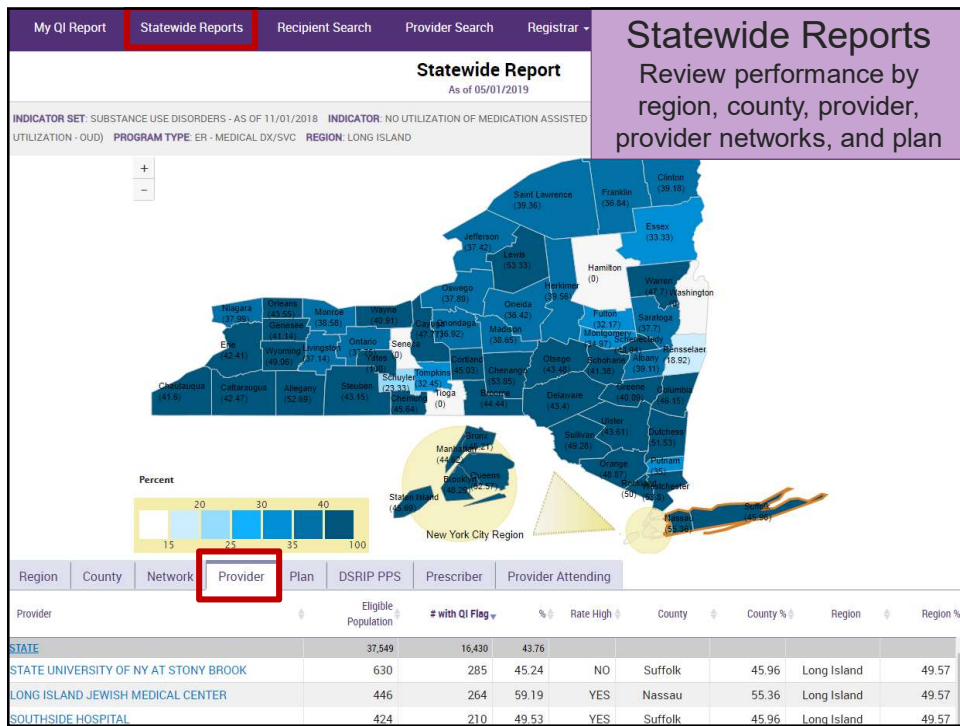
Program Type ER - Medical Dx/Svc

DSRIP PPS ALL

Age Group ALL

Submit Reset

Filter by region & program type



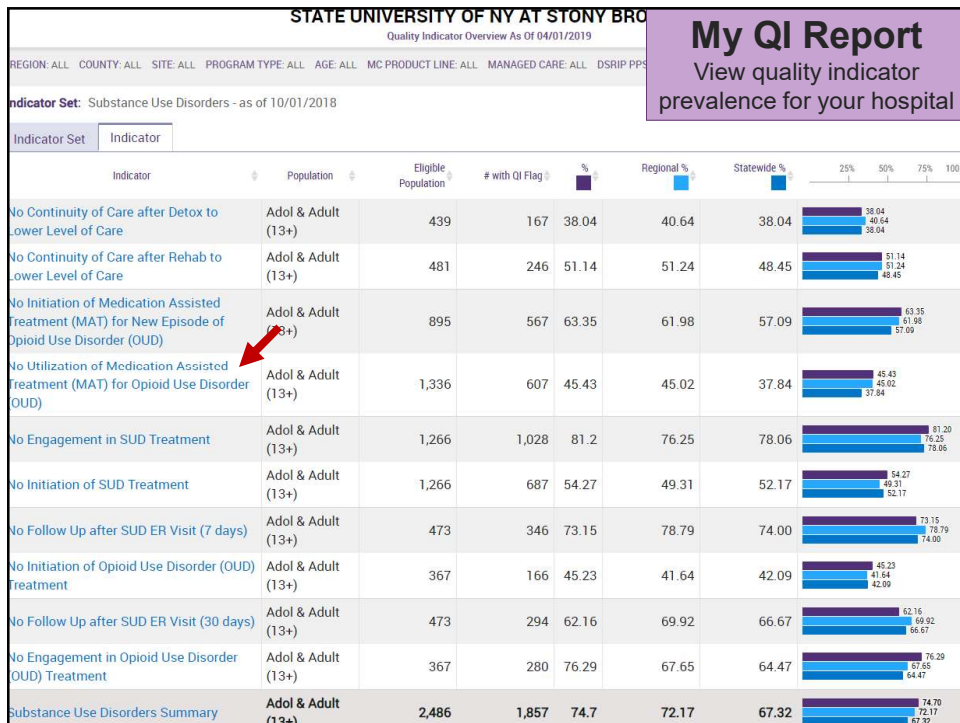
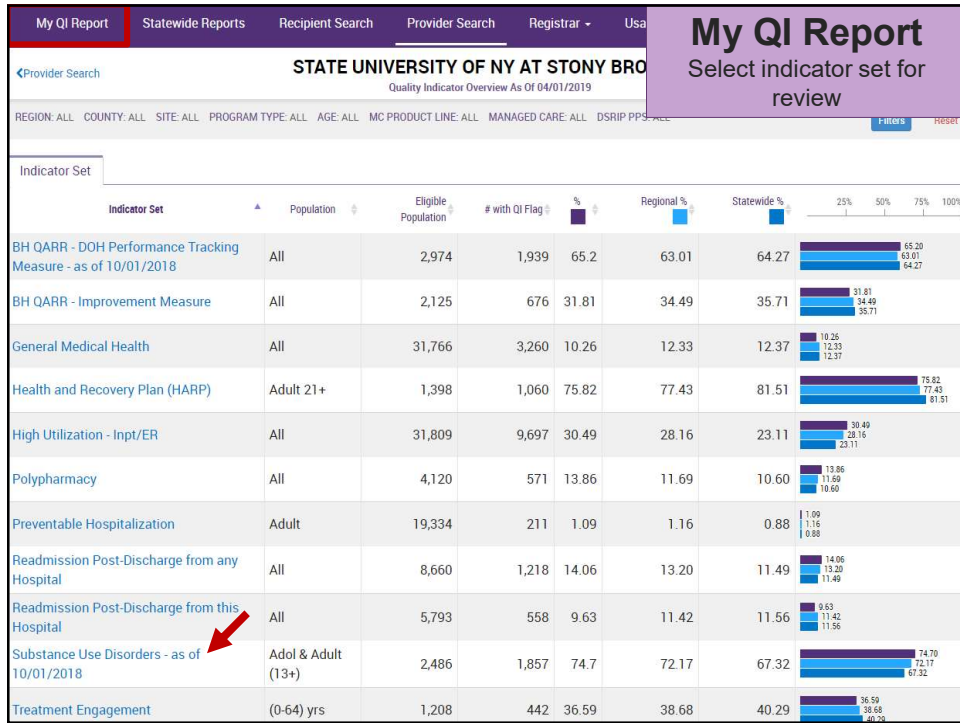
Region County Network **Provider** Plan DSRIP PPS Prescriber Provider Attending

## Statewide Report

### Provider tab

Provider	Eligible Population	# with QI Flag	%	Rate High	County	County %	Region	Region %
<a href="#">STATE</a>	37,549	16,430	43.76					
STATE UNIVERSITY OF NY AT STONY BROOK	630	285	45.24	NO	Suffolk	45.96	Long Island	49.57
LONG ISLAND JEWISH MEDICAL CENTER	446	264	59.19	YES	Nassau	55.36	Long Island	49.57
SOUTHSIDE HOSPITAL	424	210	49.53	YES	Suffolk	45.96	Long Island	49.57
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER,	438	180	41.1	NO	Suffolk	45.96	Long Island	49.57
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	338	170	50.3	YES	Suffolk	45.96	Long Island	49.57
NEW YORK HOSP MED CTR QUEENS	216	145	67.13	YES	Nassau	55.36	Long Island	49.57
NASSAU HEALTH CARE CORP/NASSAU UNIV MED CTR	229	127	55.46	YES	Nassau	55.36	Long Island	49.57
JOHN T. MATHER MEMORIAL HOSPITAL	258	120	46.51	NO	Suffolk	45.96	Long Island	49.57
PECONIC BAY MED CTR	235	103	43.83	NO	Suffolk	45.96	Long Island	49.57
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM	148	96	64.86	YES	Nassau	55.36	Long Island	49.57

First Previous 1 Next Last



My QI Report Statewide Reports Recipient Search Provider Search Registrar Usage

**My QI Report**  
View quality indicator prevalence by your hospital's programs

STATE UNIVERSITY OF NY AT STONY BROOK  
Quality Indicator Overview As Of 05/01/2019

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL DS RIP PPS:

Indicator Set: Substance Use Disorders - as of 11/01/2018 Indicator: No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag		
		Site	Site Address				ProgramType	Eligible Population	# with QI Flag	%
Not Available		Not Available	Not Available				Clinic - Medical Specialty	618	289	46.76
Not Available		Not Available	Not Available				ER - Medical Dx/Svc	594	266	44.78
UNIVERSITY HOSPITAL		SUNY AT STONY BROOK   UNIVERSITY HOSPITAL	SUNY AT STONY BROOK   UNIVERSITY HOSPITAL				Inpatient - Medical	207	111	53.62
Not Available		Not Available	Not Available				ER - BH Dx/Svc/CPEP	251	106	42.23
Not Available		Not Available	Not Available				Inpatient - Medical	174	94	54.02
Not Available		Not Available	Not Available				Clinic - Unspecified Specialty	136	83	61.03
Not Available		Not Available	Not Available				ER - MH CPEP	145	62	42.76
Not Available		Not Available	Not Available				Clinic MH - ALL	52	31	59.62
Not Available		Not Available	Not Available				Outpatient SU - ALL	105	24	22.86
UNIVERSITY HOSPITAL		SUNY AT STONY BROOK   UNIVERSITY HOSPITAL	SUNY AT STONY BROOK   UNIVERSITY HOSPITAL				ER - Medical Dx/Svc	42	21	50
Not Available		Not Available	Not Available				Inpatient - SU	43	15	34.88

## QUESTIONS AND DISCUSSION

---

GREATER NEW YORK  
HOSPITAL ASSOCIATION

27 Coming Up...

Site Visits

Submit  
Data

GREATER NEW YORK  
HOSPITAL ASSOCIATION

28 Future Webinars and Additional Collaborative Resources

Webinars (noon – 1 p.m.)

- July – site visits
- August – site visits
- September 18<sup>th</sup>
- October 17<sup>th</sup>
- November 21<sup>st</sup>

Additional Collaborative Activities

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

## Contact Information

**Foster Gesten, MD**

Chief Medical Advisor for Quality and Health Care Delivery,  
GNYHA

[fgesten@gnyha.org](mailto:fgesten@gnyha.org) 212-259-5114

**Alison Burke**

Vice President, Regulatory and Professional Affairs,  
GNYHA

[aburke@gnyha.org](mailto:aburke@gnyha.org) 212-506-5526

**Jared Bosk**

Vice President, Survey and Outcomes Research,  
GNYHA

[jbosk@gnyha.org](mailto:jbosk@gnyha.org) 212-554-7247