

LONG ISLAND ED MAT QUALITY COLLABORATIVE

October 24, 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. Announcements

III. Policy Updates

IV. Participant Updates

V. Questions and Discussion

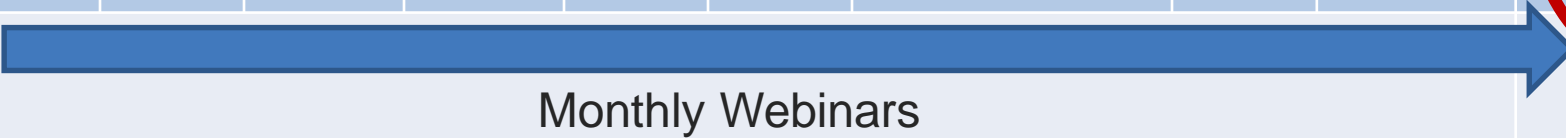
VI. Reviewing Metrics and Value of Data

VII. Next Steps

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

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
In-Person Kickoff Meeting	Web #1	Web #2	Web #3	Web #4	Web #5 and #6	Coordinating Site-Visits	Site Visits	Site Visits	Web #7
 <p>Monthly Webinars</p>									

Announcements

- GNYHA's LI ED MAT Quality Collaborative Program Page is Live at <https://www.gnyha.org/program/ed-mat-quality-collaborative/>

- GNYHA/HANYS Opioid Stewardship Program kickoff last week
 - Attended by medical directors, quality & patient safety, directors of nursing, pharmacy, internal medicine, palliative care, pain management, substance use and MMTP, community health and data/informatics personnel

POLICY UPDATES

GREATER NEW YORK HOSPITAL ASSOCIATION

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

2019-2020 NYS Budget Actions

ED Policies and Procedures – effective immediately
April 2019

Appropriate use
of MAT in EDs

Prior to
discharge *or*

Referral
protocols when
initiation in ED
is not feasible

Public Health Law

- Public Health Law § 2803-u requires general hospitals to develop, maintain and disseminate written policies and procedures for the identification, assessment and referral of individuals with documented SUD or who appear to have or be at risk for SUD and requires them to train their licensed and certified clinical staff members who provide direct patient care in such policies and procedures. The law also requires hospitals to inform individuals with documented SUD or who appear to have or be at risk for SUD of the availability of treatment services that may be available through a substance use disorder services program.

OASAS SUD Outpatient Programs

14 NYCRR Part 822

- Required services:
 - Medication assisted treatment
 - Peer support services

- Additional requirements:
 - Time-in treatment requirements do not apply to buprenorphine take-home medication per federal rules

OASAS TREATMENT SERVICES: GENERAL PROVISIONS

14 NYCRR Part 800, effective March 29, 2019

- All medical directors, whether full-time or part-time, other than medical directors in place as of the effective date of this regulation, must hold a board certification in addiction medicine from a certifying entity appropriate to their primary or specialty board certification. Physicians may be hired as probationary medical directors if not so certified but must obtain certification within four (4) years of being hired. In addition, the medical director must have a federal DATA 2000 waiver (buprenorphine-certified), or if hired after the effective date of this regulation, must obtain such waiver within six (6) months of employment.

- All doctors, physician assistants and nurse practitioners employed in a treatment program must have a federal DATA 2000 waiver regarding treatment with buprenorphine... by March 1, 2019 or within six (6) months of date of hire, whichever is latest.

Back to Announcements

- DOH Opioid HERDS Survey (June 2019)
 - Who gets screened and what screening tool is used
 - Screening, Induction and Referral Practices in the Emergency Department
 - Number of clinicians in your ED have an X-DEA license waiver to prescribe buprenorphine
 - Barriers to substance abuse screening / buprenorphine induction / linkage to post-discharge care
 - Is the hospital currently tracking any metrics related to screening, buprenorphine induction or linkage to care?

Federal Funding Targeting the Opioid Crisis

- The US Department of Health and Human Services announced \$1.8 billion funding to combat the opioid crisis
 - CDC allocated \$6.3 million to the NYS Department of Health to better understand the opioid epidemic and scale prevention and response activities
 - The state of New York received \$36.8 million from SAMHSA to continue the State Opioid Response Program. Efforts include:
 - Identifying and sharing data between agencies and affected communities
 - Developing training for health care providers on addiction, pain management and treatment
 - Making the prescription drug monitoring program easier for providers to access and use
 - Providing resources to assist communities in combating the opioid epidemic at the local level
 - Coordinating statewide and community programs to improve the effectiveness of opioid prevention efforts.

Federal Policy Activities

- The SUD Prevention that Promotes Treatment for Patient and Communities (SUPPORT) Act extends the privilege of prescribing buprenorphine in office-based settings to Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (CNSs, CRNSs, and CNMs)* until October 1, 2023.

*

Federal Policy Activities

□ Mainstreaming Addiction Treatment Act

(introduced May 2019)

- Seeks to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment, and for other purposes.

Federal Policy Activities

- **The Opioid Workforce Act of 2019**
 - Seeks to address the nation's opioid epidemic by funding 1,000 additional residency positions in hospitals that have or are in the process of establishing approved residency programs in addiction medicine, addiction psychiatry, or pain management.

Federal Policy Activities

- 42 CFR Part 2 (Summer 2019)
 - The proposed rule modifies several sections of 42 CFR Part 2 to encourage care coordination among providers, including updating the definition of what constitutes a Part 2 record and its applicability. This is designed to give providers clarity about what is, or should be, protected by Part 2 and to ensure non-Part 2 providers are not discouraged from caring for SUD patients or recording SUD information due to onerous legal requirements.
 - Non-Part 2 providers under this rule will now have access to central registries to determine if a patient is enrolled in an Opioid Treatment Program (OTP) and receiving medications as part of SUD treatment to ensure at-risk patients are not accidentally overprescribed or given prescriptions for which they are seeking treatment.
 - 42 CFR Part 2 will continue to restrict the disclosure of SUD treatment records without patient consent unless an exception applies.

Participant Updates

Medication Assisted Treatment (MAT) in the ED

October 24, 2019

**Long Island
Community Hospital**

Impact On Our Institution

- From 12/26/17- 6/30/18 we had **271** total admissions for Overdose
- The average age was **41** years old, with a range from **4-95** years old
- These accounted for **580** days of admission
- Average Length of Stay: **2.14** days



**Long Island
Community Hospital**

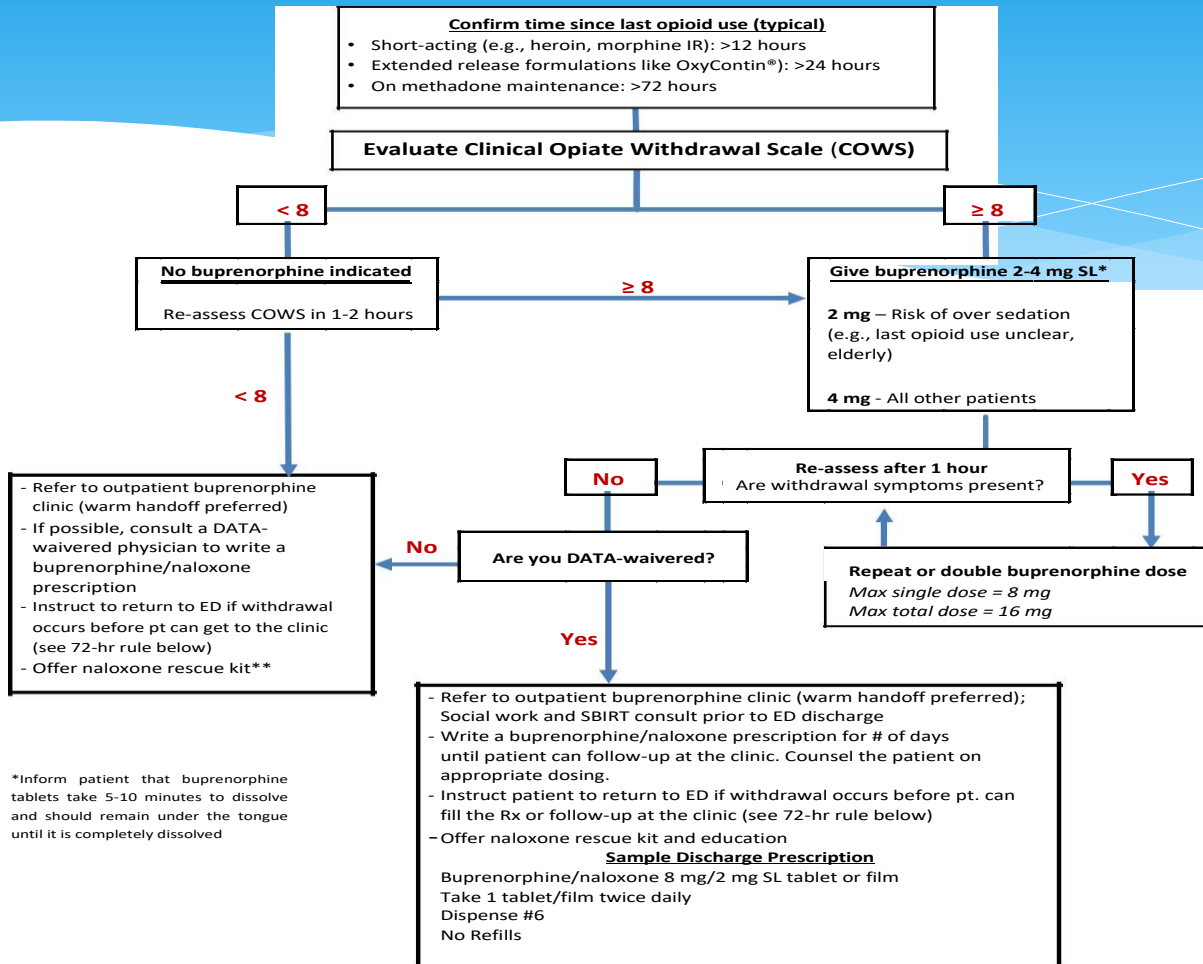
Committee Goals/Objectives

- Develop Evidenced based protocol and workflow
- Implement Buprenorphine Induction in the ED
- Collaborate with OP Providers for next day appointments for follow up
- Implement Peer services

Progress

- Developed Suboxone Protocol and Workflow in the ED and Outpatient Programs
- Implemented staff sensitivity training on addiction
- Implemented Suboxone Induction June 17, 2019
- Educated physicians & nursing staff on Narcan distribution

Buprenorphine Workflow



Progress

- Increased access to outpatient treatment services with on line appointment scheduling from ED to OP
- Obtained SOR Grant from 2019 to 2020
- Hired Full time CRPA , RN, and Social Worker
- Implemented Peer Services for ED and OP

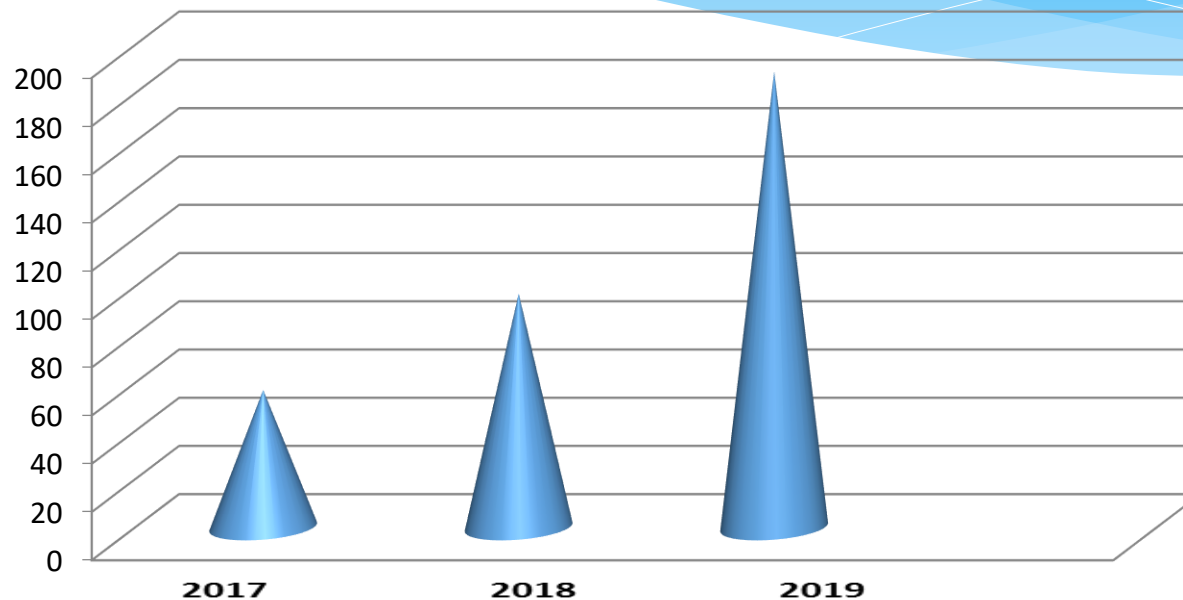
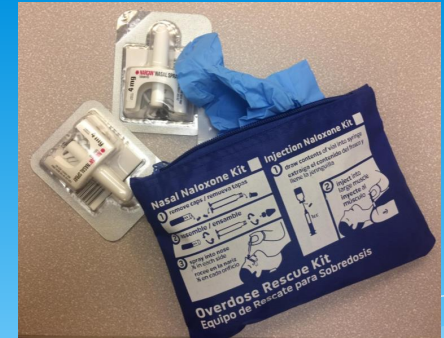
Best Practices

- Coordinated with the Pharmacy to give patients at risk and their families a take-home Narcan Kit
- Organized brief training sessions on Narcan use for providers
- Educated physicians & nursing staff on Narcan distribution and tracked number of overdose kits that were distributed from the ED.



Long Island
Community Hospital

Results



■ Narcan Kits dispensation in the ED

- 189 kits January → September
- Increase of 231 % from 2017 to 2019

**Long Island
Community Hospital**

Results

	June	YTD Sept
Patients eligible for Treatment	1	5
# of Patients Induced on Buprenorphine	1	4
# of Waived Providers	8	8
Peer Interventions (Hired in Late Sept)		16 (Oct)
Patients still in Treatment	1	2
Appointments Scheduled:	51	74
Engaged in Brief Interventions:	28	329

Limitations



- Number of patients that are eligible and receptive for induction has been very low.
- Role of Stigma and lack of community awareness
- Documentation of aftercare/outreach for ED patients
- Lack of Community Providers for aftercare
- Challenge of determining use/success of Narcan Kits

Next Steps



- Track utilization and impact of CRPA involvement on patient outcomes
- Continue education series for Medical staff / Residents
Nursing staff to increase awareness ; enhance staff sensitivity and strengthen knowledge base of Substance Use
- Increase Community awareness of services
- Improve documentation efforts for aftercare
- Increase Narcan distribution to ED, Families, and Inpatients

**Long Island
Community Hospital**

Nassau University Medical Center

NUMC

- Progress?
- Best practices that have been identified?
- Ongoing barriers?
- Goals for the next three months?

Stony Brook University

Stony Brook University

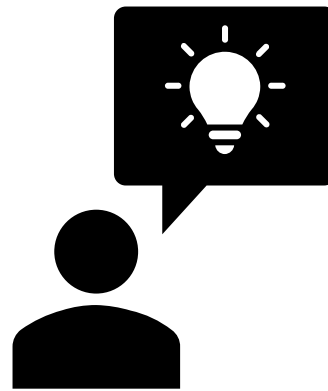
- Progress?
- Best practices that have been identified?
- Ongoing barriers?
- Goals for the next three months?

Northwell Health

Northwell Health

- Progress?
- Best practices that have been identified?
- Ongoing barriers?
- Goals for the next 3 months?

Questions and Discussion



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

Goal 1 – Increasing ED Capacity to Prescribe Buprenorphine

Common Measure 1

- # of 'x' waived prescribers available to prescribe in ED

Optional Measure 1A

- # of 'x' waived prescribers who did prescribe in the ED

Optional Measure 1B

- # of days where an 'x' waived prescriber was available to prescribe

Goal 2 – Identifying Patients for Induction in the ED

Common Measure 2

- # of 'patients eligible for induction in last month

Optional Measure 2A

- # of patients who screened positive for OUD

Optional Measure 2B

- # of patients screened for SUD

Optional Measure 2C

- # of patient visits to the ED

Goal 3 – Increasing Induction in the ED

Common Measure 3

- # of 'patients induced in ED

Optional Measure 3A

- # of patients eligible for induction

Optional Measure 3B

- # of patients given prescription for buprenorphine upon discharge

Goal 4 – Improving Connections with Community OUD providers

Common Measure 4

- # of 'patients linked to OUD treatment at discharge

Optional Measure 4A

- # of patients still engaged in OUD treatment after discharge

Activities Underway

- Continue collaboration with DOH, OASAS and OMH on statutory and regulatory development
- Convene leaders of local, state and federal initiatives to improve coordination of activities and leverage resources
- Continue site/system level visits with participants
- Continue site/system level coaching calls
- Continue advocacy activities

Coming Up...

Next
Webinar:
November
21st

Submit
Data

Contact Information



Alison Burke,

*Vice President, Regulatory and
Professional Affairs, GNYHA*

aburke@gnyha.org 212-506-5526



Jared Bosk

*Vice President, Survey and
Outcomes Research, GNYHA*

jbosk@gnyha.org 212-554-7247