LONG ISLAND ED MAT QUALITY COLLABORATIVE

November 21, 2019

GREATER NEW YORK HOSPITAL ASSOCIATION

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Agenda

I. Welcome and Announcements
II. Participant Updates
III. Using the Data to Evaluate Progress
IV. Ongoing Challenges and Opportunities
V. Scaling Up

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 and #6	Coordinating Site-Visits	Site Visits	Site Visits	Web #7	Web #8
Monthly Webinars										

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Shatterproof Atlas Pilot

- The state Office of Alcoholism and Substance Abuse Services has partnered with Shatterproof on the development and implementation of Addiction Treatment Locator, Analysis, and Standards tool, *Atlas,* in New York—one of six pilot states—and data collection began in October.
  - **ATLAS will utilize data from three sources: i**nsurance claims, Treatment Facility Survey, and patient experience survey (or crowdsourcing). The Treatment Facility Survey will ask treatment facilities to self-report on various data points. Facilities that do not respond to the survey will still be listed on the public-facing website, with an indication that this quality data is not available.
  - ATLAS will utilize a mixed-method approach to **ensure it captures as much quality information as possible**, given the fragmentation of the addiction treatment system. Importantly, it will examine treatment facilities offering **treatment for any substance use disorder**, not just those who offer treatment for opioid use disorder. Some of the measures included in ATLAS are specific to opioid use disorder and these will be marked as such.

Measures Being Considered

- *MAT following ED overdose encounter*
- *Follow-up after a high intensity service (e.g., inpatient, ED)*
- Initiation of MAT for new OUD diagnosis
- Adherence to MAT

Hospital Opioid Survey

- DOH Opioid 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?

DSRIP Amendment Request

- New York seeks a four (4) year waiver renewal to further support the cost savings and quality improvements by aligning with federal goals and through the DSRIP Promising Practices cited in the introductory section and further described below. New York is requesting $8 billion over this period to be invested as follows:
  - $5 billion DSRIP performance;
  - $1billion Workforce Development;
  - $1.5 billion Social Determinants of Health; and
  - $500 million Interim Access Assurance Fund.

- More time is needed to sustain and scale the DSRIP Promising Practices with MCOs as part of value-based payment arrangements, while driving more careful alignment with current federal healthcare initiatives.

DSRIP Promising Practices

United Hospital Fund – *DSRIP Promising Practices for Meaningful Change for New York Medicaid*

- Expansion of Medication-Assisted Treatment into Primary Care and ED settings;
- Partnerships with the justice system and other cross-sector collaborations;
- Primary care and behavioral health integration;
- Care coordination, care management, and care transitions;
- Expansion of Mobile Crisis Teams (MCT) and crisis respite services;
- Focus on patients transitioning from IMDs to the community;
- Focus on Seriously Mentally Ill/Seriously Emotionally Disturbed populations;
- Addressing Social Determinants of Health through Community Partnerships; and
- Transforming Primary Care and Supporting Alternative Payment Models.

Continued Investments

Workforce Flexibility and Investment

- DSRIP promising practices have relied on non-traditional, non-clinical workforce to achieve project goals by helping members better navigate the clinical and social service systems to best meet their unique needs.
- Ongoing flexibility for VDEs to invest earned dollars to support non-clinical workforce as MCOs and CBOs design VBP approaches to sustain these models in the long term.

Addressing the Opioid Epidemic

- Build on best practices of broad screening for OUD/SUD in primary care and Medication-Assisted Treatment initiated in EDs and primary care settings.
- Further focus on the justice-involved population, hospital to community linkages, and deployment of peers in care transitions, navigation, and recovery.

Coordination and Collaboration

- Mandates and funding deliverable requirements
  - DOH, OASAS, OMH, local county health departments, association activities and hospital/system initiatives
- Recent funding awards to Columbia and Touro schools of social work

Participant Updates

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

USING THE DATA TO EVALUATE PROGRESS

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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

Measures

- **# of 'x' waivered prescribers available to prescribe in ED**
- # of 'x' waivered prescribers who did prescribe in the ED
- # of days where an 'x' waivered prescriber was available to prescribe

Data

- 3 Hospitals reporting
- Average of 6 'x' waivered prescribers
- 1 hospital has increased the number; 2 have remained constant

Further Investigation

- What are the barriers to more providers being 'x' waivered?
- Does ED have enough coverage?
- Are prescribers with waiver truly comfortable prescribing?

Goal 2 – Identifying Patients for Induction in the ED

Measures

- **# of 'patients eligible for induction in last month**
- # of patients who screened positive for OUD
- # of patients screened for SUD
- # of patient visits to the ED

Data

- 1 hospital with data (since implementation)
- Identifying 1-3 patients per month

Further Investigation

- Why are more patients not eligible for induction?
- How universal are screening practices?
- What strategies do you have to better identify patients with OUD?

Goal 3 – Increasing Induction in the ED

Measures

- **# of 'patients induced in ED**
- # of patients eligible for induction but who refused
- # of patients given prescription for buprenorphine upon discharge

Data

- 4 hospitals reporting
- Avg 1.5 per month
- Range from 0-6/month
- 1 hospital with ~3/month; others with <=1/month

Further Investigation

- Why are eligible patients refusing induction?
- Has your hospital implemented home induction for those positive for OUD but not eligible?
- What are the barriers to doing so?

Goal 4 – Improving Connections with Community OUD providers

Measures

- # of ‘patients linked to OUD treatment at discharge
- # of patients still engaged in OUD treatment after discharge

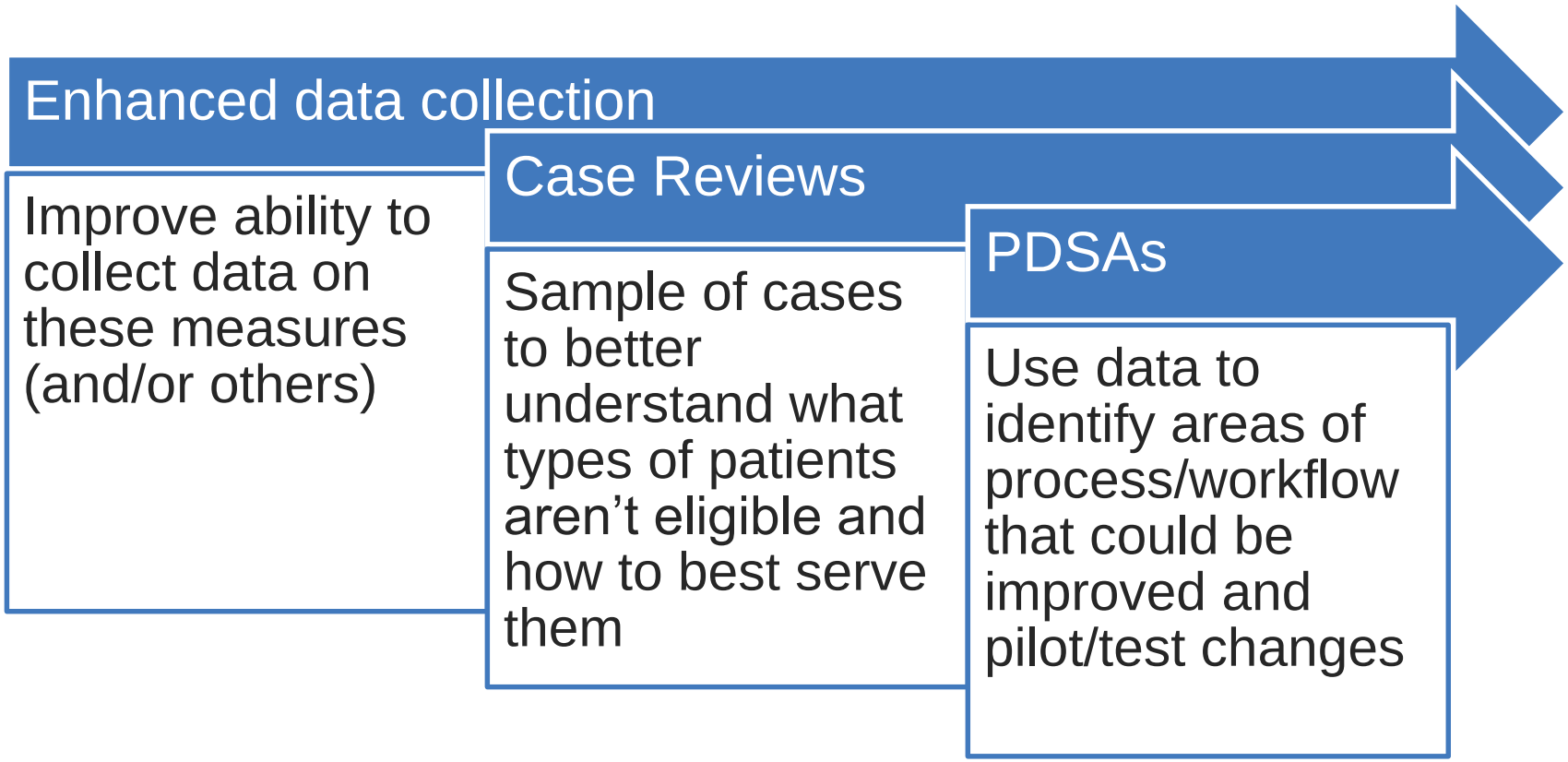
Data

- 4 hospitals reporting data
- Big differences in values

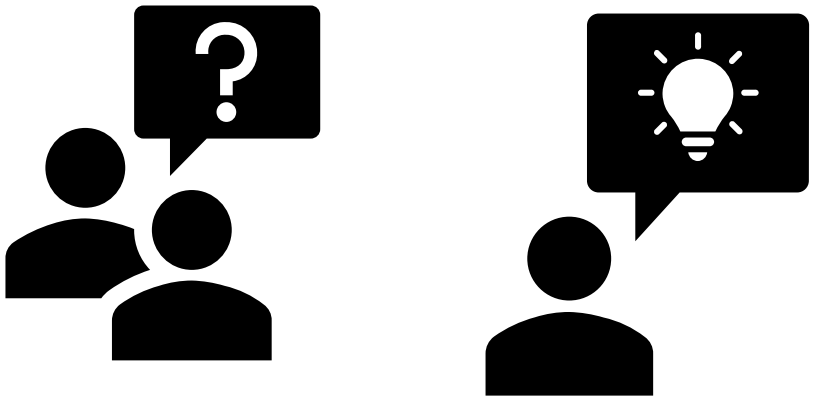
Further Investigation

- What is most effective way to define a patient linkage?
- Are there other ways to measure successful linkages?
- How would you characterize patients who aren’t induced on/prescribed MAT but receive referrals?

Potential Next Steps



Questions and Discussion



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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
- Expand ED MAT initiative
- Continue advocacy activities

Resources

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

- GNYHA/HANYS Opioid Stewardship Program
  - 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.

Collaboration at Work

https://www.youtube.com/watch?v=nim-HJzx9oA

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