

ED MAT QUALITY COLLABORATIVE

February 20, 2020

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

II. Timeline and Goals

III. Policy Updates

IV. Data Collection and Measurement

V. Discussion and Next Steps

ED MAT Collaborative Timeline

Jan 2020	Feb 25, 2020	Mar 26, 2020	Apr 23, 2020	May 21, 2020	June 23, 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
In-Person Meeting	Web #1				Mid-point in-person meeting (details to follow)						



Goals and Objectives

- Improve outcomes for individuals with SUD
 - Promote screening, assessment, treatment and referral for individuals with SUD
 - Normalize access to 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

GNYHA Approach

- Learning collaborative model
- Sharing and ‘stealing’
- Rapid cycle improvement
 - Data/metric informed
- Team-based
- Technical assistance based on identified obstacles and needs
- Encourage alignment with existing institutional initiatives and requirements
 - Opioid stewardship programs
 - Joint Commission pain management standards
 - DOH, OMH, OASAS, NYC DOHMH & communities you serve

Background

- Underuse of evidence-based treatments (MAT) to address the opioid crisis
- Innovations in access to MAT across settings and wherever individuals with SUD present
 - Hospitals
 - Emergency department
 - Primary Care
 - Article 32 OASAS-certified services
 - Article 31 OMH-certified services
- Imperative to improve access to MAT and accelerate adoption of promising practices

Logistics

- One year collaboration
- Monthly calls
- Webinars/Training as needed
- Data collection (monthly) with stipend
- Access to technical assistance and other resources



8 Policy Updates

□ Inpatient Services

- No Prior Authorization / Concurrent review for **28** days
 - detoxification,
 - rehabilitation and
 - residential treatment
- In-Network OASAS licensed, certified or otherwise authorized
- Provider notice, LOCADTR and initial treatment plan within **2 business days**
- Periodic Consultation **at or before 14th day** through Bi-directional communication

❑ Outpatient Services

- No Prior Authorization / Concurrent review first **four** weeks of continuous treatment not to exceed **28 visits** for Outpatient treatment
 - intensive outpatient,
 - outpatient rehab,
 - Opioid Treatment Programs and
 - Outpatient programs
- In-Network OASAS licensed, certified or otherwise authorized
- Provider notice, LOCADTR and initial treatment plan within **2 business days**

- Medication assisted treatment (MAT)
- Medication for addiction treatment (MAT)
- Medication for opioid use disorder (MOUD)
- Next...

NO PRIOR AUTHORIZATION FOR MEDICATIONS on the insurers' formulary

Governor Cuomo's State of the State Agenda: Banning Fentanyl Analogs and Proposal to Expand MAT in the ED

□ **Legislation Banning Fentanyl Analogs**

- Due to the dramatic increase in overdose deaths due to fentanyl and its analogs, the Governor will advance legislation to ban illicit fentanyl analogs. Although some analogs are prohibited by the federal government's-controlled substances schedule, they are not listed in the State schedule. Currently, selling an unscheduled fentanyl analog is not against New York State law unless the fentanyl analog is mixed with a banned substance.

□ **Proposal to Expand the Medication Assisted Treatment and Emergency Referrals (MATTERS) Program:**

- Governor Cuomo proposes expanding a pilot that provides MAT to patients identified with Opioid Use Disorder in Emergency Departments. These individuals will rapidly be transitioned into long-term treatment at a community clinic of their choice within 24-48 hours.

□ **MAT Telemedicine Program:**

- The Governor proposes improving access to MAT by connecting emergency departments with doctors who can prescribe buprenorphine through telehealth.

□ **Expanding Access to Telehealth and Mobile Clinics:**

- The Governor proposes expanding addiction treatment access in underserved communities across the state by adding 10 new mobile clinics, one in each economic development zone statewide. In addition, the Governor will direct OASAS to develop telehealth capacity by funding equipment for at least one addiction treatment program per county across the state.

DATA COLLECTION AND MEASUREMENT

Jared Bosk

Vice President, Survey and Outcomes Research

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Goals for Data Collection

Use measures that directly monitor the objectives of the collaborative

- Fewest possible
- Lowest burden

Track impact of changes within your hospital emergency department over time

- Which aspects of your implementation are working well?
- Where should you target improvement efforts?
- How can you demonstrate success to stakeholders?

Allow hospitals flexibility in defining terms like...

- “screen”
- “offer”
- “appropriate for”
- “linked”

Collaborative Measures

4 Goals of Collaborative

- Increasing ED capacity to prescribe buprenorphine
- Identifying patients for buprenorphine induction in the ED
- Increasing provision of buprenorphine in the ED
- Improving connections with community OUD providers

Measurement Strategy

- Collect data that measures progress and identifies challenges – not research!
- One to two common measures 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
- Share definitions/algorithms with collaborative

Goal 1 – Increasing ED Capacity to Prescribe Buprenorphine

Common Measure 1

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

Optional Measure 1C

- # of prescribers working in the ED

Potential Metrics

- % of prescribers who are 'x' waived
- % of 'x' waived prescribers who prescribed that month

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 identified with OUD

Optional Measure 2B

- # of patients screened for SUD

Optional Measure 2C

- # of patient visits to the ED

Metrics

- % of patients with OUD who are eligible for induction
- % of patients screened for SUD who were identified with OUD
- % of ED visits with a screen for SUD
- % of ED visits where patient is identified with OUD

Goal 3 – Increasing Provision of Buprenorphine in the ED

Common Measure 3i

- # of patients induced in the ED

Common Measure 3ii

- # of patients given a prescription for home induction

Optional Measure 3A

- # of induced patients who were given buprenorphine prescription

Potential Metrics

- % of patients eligible for induction who were induced
- % of patients with OUD who either were induced in ED or received prescription for home induction
- % of induced patients who also received a buprenorphine prescription

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

Potential Metrics

- % of patients with OUD linked to treatment
- % of patients still engaged in treatment after certain amount of time

Data Submission Process

Process

- Hospital will identify data contact
- Hospital will enter data into Excel form distributed by GNYHA
- Hospital will upload data through secure, web-based portal (portal will require log-in)

Timeframe

- Data submitted monthly
- Data due at the end of the following month, e.g., March data due on April 30, April data due on May 31, etc.

Assessment of Hospital Practices for Providing Buprenorphine in ED

Assessment Topics

- Current practices in ED for treating OUD patients
- Status of implementation of best practices
- Barriers to implementation of best practices
- Areas where collaborative can help

Benefits of Assessment

- Identify common areas to focus on
- Identify early leaders in best practices
- Demonstrate success - structural changes often happen first

Timing of Assessment

- Initial assessment in March
- Follow up assessment near the end of collaborative

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

Next Steps

- Complete and Submit Participation Application to ccaneda@gnyha.org
- Develop and Communicate Action Plan to Team
 - Use attached action planning worksheet or other tool
- Assess and Develop Internal and External Partners
- Mark calendars for monthly webinars
 - Next webinar on March 26 12 noon – 1:00 p.m.

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