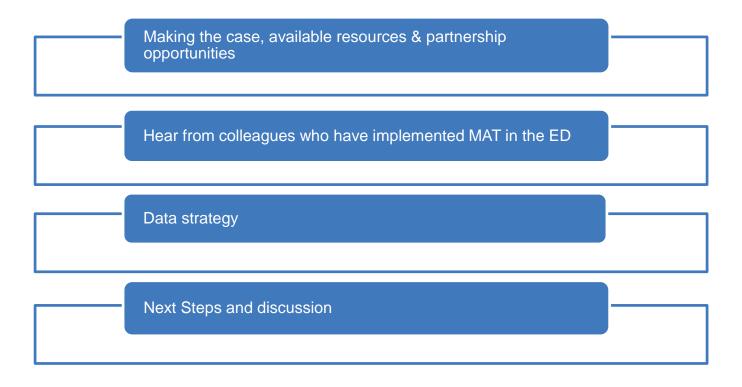
ED MAT QUALITY COLLABORATIVE

January 29, 2020

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

For Today



Prevention, Treatment & Recovery "It Takes a Village"

- Funding
 - Federal sources
 - □ NYS investments
 - Foundations and other private sources
- Policy development and modification
 - Federal and state
- Practitioner and provider mandates
- Opportunity to coordinate and collaborate



Marc Manseau, MD, MPH Chief Medical Officer January 29, 2020

BACKGROUND, GOALS & TIMELINE

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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 settings
 - Mental health clinics
 - Substance use disorder treatment services
- Imperative to improve access to MAT and accelerate adoption of promising practices

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 (IHI model)
- Sharing and 'stealing'
- Rapid cycle improvement
 - Data/metric informed
- Team-based development and implementation
- □ Technical assistance based on identified obstacles and needs
- Encourage alignment with existing initiatives and requirements
 - Opioid stewardship programs
 - Joint Commission pain management standards
 - DOH, OMH, OASAS, communities

How Do We Improve

- □ What are trying to accomplish?
- □ How will we know that a change is an improvement?
- □ What change can we make that will result in improvement?
- The Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings.

Institute for Healthcare Improvement

10 Logistics

- Participation applications due Feb. 19
- One year collaboration
 - Calendar for planning
- Monthly webinars
- Training as identified & needed by participants
- Data collection (monthly)
- Access to resources
 - PSYCKES
 - Waivered prescribers
 - Community resources, services, providers and programs
 - PMP registry
 - ACEP E-QUAL https://www.acep.org/administration/quality/equal/emergency-quality-network-equal/e-qual-opioid-initiative/





ED MAT QUALITY COLLABORATIVE

	Mon	Tue	Wed	Thu	Fri
20			1	2	3
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ary	13	14	15	16	17
January 2020	20	21	22	23	24
	27	28	29	30	
			Kick-off		

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, 2020	10	11	12	13	14
February	17	18	19 Application Due	20	21
Feb	24	25 Webinar 12-1pm	26	27	28

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March 2020	23	24	25	26 Webinar 12-1pm	27

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April 2020	20	21	22	23 Webinar1 12-1pm	24
	27	28	29	30	

	Mon	Tue	Wed	Thu	Fri
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May 2020	23	24	25	26 Webinar 12-1pm	27
	30				

	Mon	Tue	Wed	Thu	Fri
	1	2	3	4	5
June 2020	8	9	10	11	12
	15	16	17	18	19
	22	23 Mid-Year Conference Details to follow	24	25	26
	29	30			

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DATA AND MEASUREMENT

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Goals for Data Collection

Use measures that directly monitor the objectives of the collaborative

- Fewest possible
- Lowest burden

Allow hospitals flexibility in defining terms like...

- "screen"
- "offer"
- "appropriate for"
- "linked"

Track impact of changes within your hospital emergency department <u>over</u> <u>time</u>

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

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
- Share definitions/algorithms with collaborative

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Goal 1 – Increasing ED Capacity to Prescribe Buprenorphine

Common Measure 1

• # of 'x' waivered prescribers available to prescribe in ED

Optional Measure 1A

- # of 'x' waivered prescribers who did prescribe in the ED
- Optional metric: % of 'x' waivered prescribers who did prescribe

Optional Measure 1B

- # of days where an 'x' waivered prescriber was available to prescribe
- Optional metric: % of days in the month where an 'x' waivered prescriber was available to prescribe

Optional Measure 1C

- # of prescribers working in the ED
- Optional metric: % of prescribers in the ED who are 'x' waivered

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 metric: % of patients with OUD who were eligible for induction

Optional Measure 2B

- # of patients screened for SUD
- Optional metric: % of patients screened for SUD who screened positive for OUD

Optional Measure 2C

- # of patient visits to the ED
- Optional metrics: % of ED patients, a) screened for SUD, b) identified with OUD, c) eligible for induction

Goal 3 – Increasing Induction in the ED

Common Measure 3

- # of 'patients induced in ED
- Optional metric: % of eligible patients who were induced

Optional Measure 3A

- # of patients given prescription for buprenorphine upon discharge
- Optional metric: % of patients identified with OUD given a buprenorphine prescription

Goal 4 – Improving Connections with Community OUD providers

Common Measure 4

- # of 'patients linked to OUD treatment at discharge
- Optional metric: % of patients identified with OUD linked to treatment at discharge

Optional Measure 4A

- # of patients still engaged in OUD treatment after discharge
- Optional metric: % of linked patients still engaged after 'x' days

Data Submission Process

Current Process

Hospital will identify data contact

Hospital will enter data into Excel form distributed by GNYHA

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Hospital will upload data through secure, web-based portal (portal will require log-in)

Future Process

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Hospital will identify data entry contact, as well as other team members who will access reports

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Hospital will enter data directly into secure, web-based portal

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Hospital staff can access reports through portal

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Assessment of Current of State of MAT in your ED

Assessment Topics

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

Benefits of Assessment

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

Timing of Assessment

- Initial assessment in February
- Ability to update certain areas of assessment throughout collaborative
- Final review of assessment at end of the year

²¹ 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

²² Next Steps

Create the **TEAM**

Submit Participation Application by Feb. 19

Save the dates for monthly webinars

Prepare for data collection

Questions or concerns? Contact **GNYHA**

Questions or Comments?





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