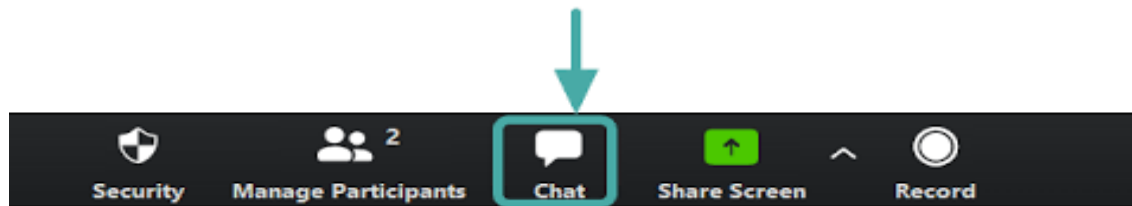


Welcome to the NYC ED MAT Quality Collaborative

- Lines will be muted during the presentation
- To ask a question, please unmute yourself or type your question in the chat box



- For technical difficulties, please email AVassistance@GNYHA.org
- For administrative questions (i.e. registration/handouts/etc.), please email Qsyvester@gnyha.org

NYC ED MAT QUALITY COLLABORATIVE

October 15, 2020

GREATER NEW YORK HOSPITAL ASSOCIATION

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

Agenda - Draft

I. Welcome

II. Timeline and Goals

III. Background and Updates

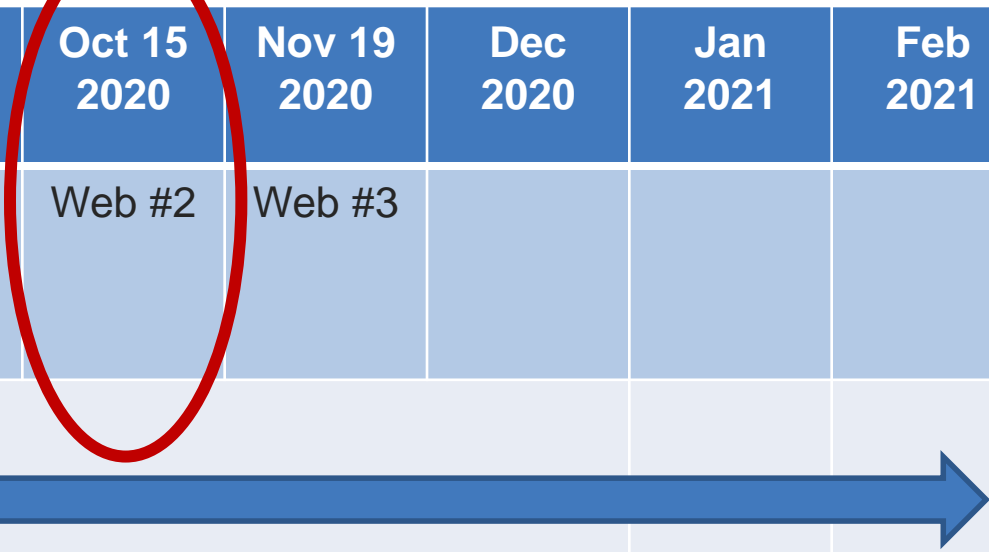
IV. Setting up Your Project for Success

V. Data Collection and Measurement

VI. Discussion and Next Steps

ED MAT Collaborative Timeline

Jan 2020	Feb 25, 2020	Mar - Sept 2020	Oct 15 2020	Nov 19 2020	Dec 2020	Jan 2021	Feb 2021
In-Person Meeting	Web #1	Postponed	Web #2	Web #3			



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



9 Policy Updates

❑ Medicaid Redesign Team II

- Addressing barriers to opioid care

❑ Inpatient Services

- No Prior Authorization / Concurrent review for **28** days
 - detoxification, rehabilitation and residential treatment
- 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
 - Provider notice, LOCADTR and initial treatment plan within **2 business days**
- ❑ No prior authorization for medications on the insurers' formulary

Shatterproof ATLAS Quality Measures

Measure Concepts	Supporting Evidence
Continuity of care after inpatient/ residential treatment	Adapted from NQF #3453; Related to better outcomes including reduced substance use (DeMarce, Lash, Stephens, Grambow, & Burden, 2008; McKay & Hiller-Sturmhofel, 2011), readmissions (Mark et al., 2013; Reif et al., 2017), and criminal justice involvement (McKay, 2009), lower risk of death in the two post-discharge years (Harris et al., 2015), and improved employment status (McKay, 2009)
Opioid Use Disorder (OUD) patients receiving medications for OUD	Adapted from NQF #3400, stewarded by Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services
Continuity of medication use for OUD among patients with OUD	Adapted from NQF #3175, stewarded by University of Southern California
SUD-related hospitalizations or emergency department visit	Readmissions/admissions to higher level of care could indicate suboptimal treatment in prior setting or appropriate treatment given that recovery often involves relapse and higher levels of care may be needed

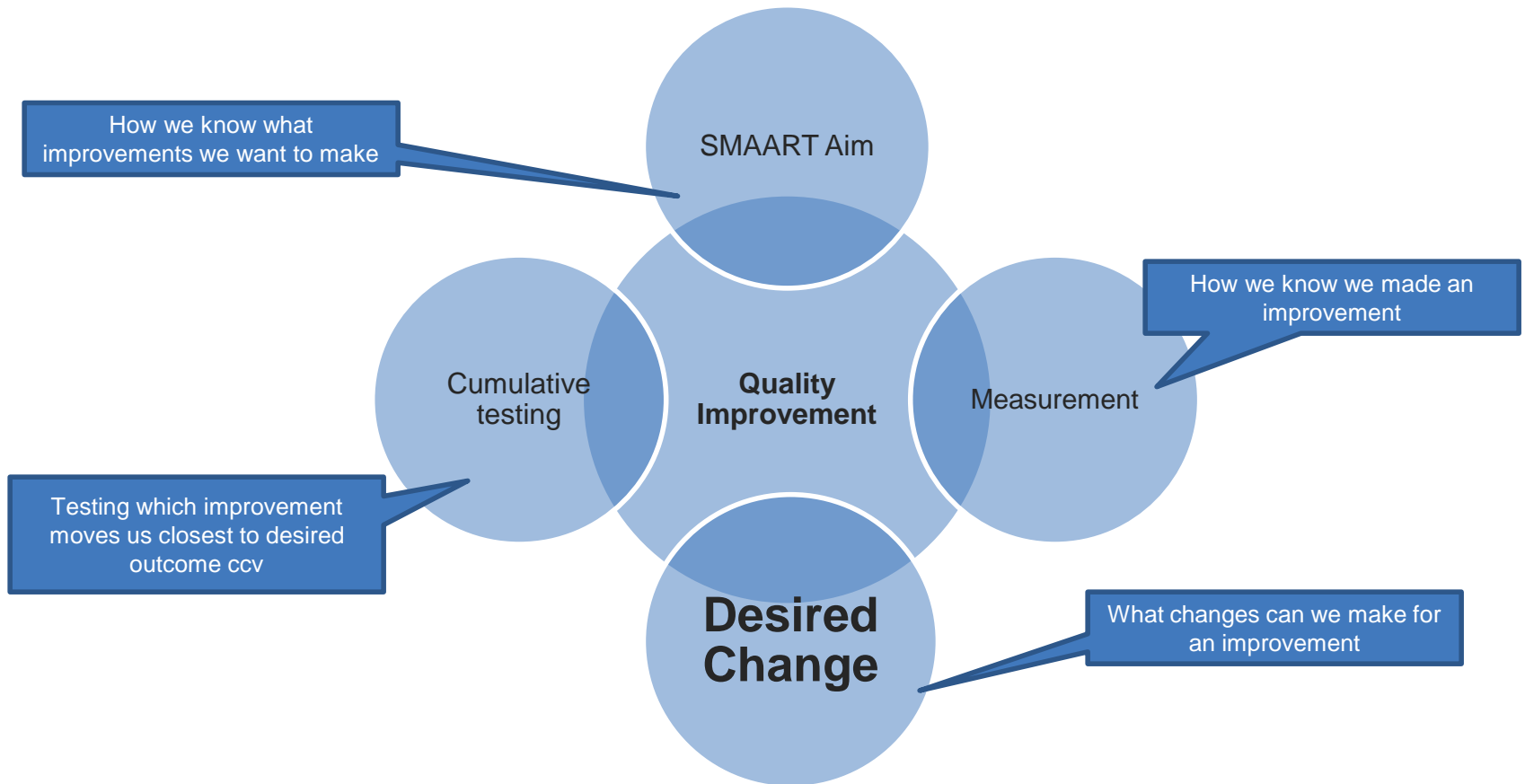
SETTING UP YOUR PROJECT FOR SUCCESS

Wing Lee, MPH, MBBS, CPHQ
Director, Quality, Patient Safety, and Clinical Programming

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Principles Underlying All QI Models



Identifying the “Right Team”

□ Who do we want on the team?

□ Staff who:

- Know the process well
- Have an interest in participating in the project
- Can influence the success or failure of your project
- Have their workflow changed/impacted as a result of your team’s interventions

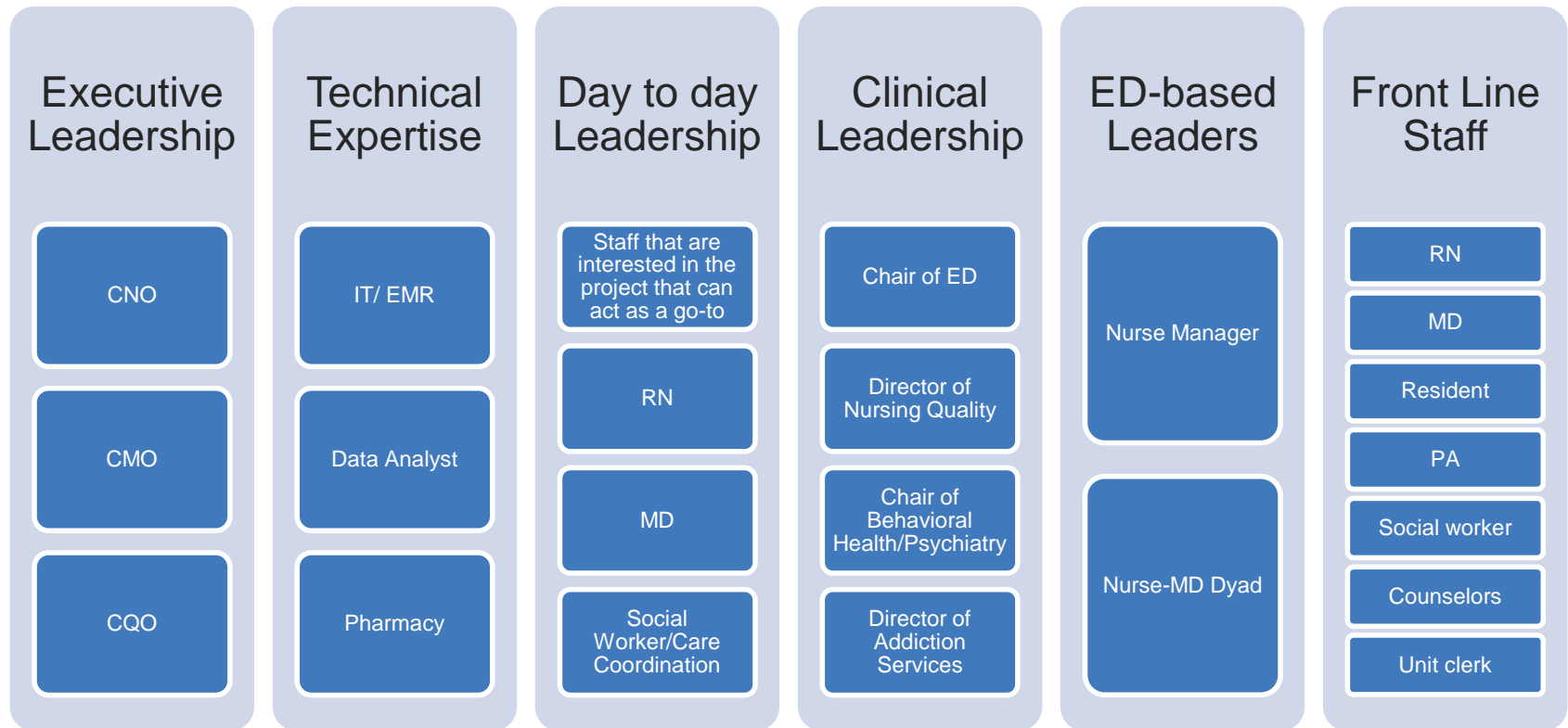
Who Do I Need On My Team?



More information can be found here:

<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx>

Your ED MAT Project Team Members



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 three 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

Collaborative Goal #1 – Increasing ED Capacity to Prescribe Buprenorphine

Required Measure #1.1

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

Optional Measure #1.2

- # of 'x' waived prescribers who prescribed buprenorphine in the ED in the past month

Optional Measure #1.3

- # of days in the past month where an 'x' waived prescriber was available to prescribe

Optional Measure #1.4

- # of prescribers working in the ED in the past month

Potential Metrics to Calculate

- % of 'x' waived prescribers who wrote buprenorphine prescription
- % of prescribers who are 'x' waived

Collaborative Goal #2 – Identifying Patients for Induction in the ED

Required Measure #2.1

- # of patients eligible for buprenorphine induction in the ED in the past month

Required Measure #2.2

- # of patients identified with Opioid Use Disorder (OUD) in the past month

Optional Measure #2.3

- # of patients screened for Substance Use Disorders (SUD) in the ED in the past month

Optional Measure #2.4

- # of patient visits to the ED in the past month

Potential Metrics

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

Collaborative Goal #3 – Increasing the Provision of Buprenorphine in the ED

Require Measure #3.1

- # of patients induced on buprenorphine in the ED in the past month

Required Measure #3.2

- # of patients given a prescription for a home induction in the ED in the past month

Required Measure #3.3

- # of induced patients given a prescription for buprenorphine upon discharge from the ED in the past month

Potential Metrics

- % of eligible patients induced on buprenorphine
- % of patients with OUD who were induced
- % of patients with OUD who were given a home induction
- % of patients who were induced who also got a prescription

Collaborative Goal #4 – Improving Connections with Community OUD Providers

Required Measure #4.1

- # of patients linked to OUD treatment at discharge from the ED in the past month

Potential Metric

- % of patients with OUD linked to treatment

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., October data due on November 30, November data due on December 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 October
- 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

Pre-Assessment Strategies: Questions to Ask

- **Who should complete the assessment?**
 - Staff familiar with the processes to provide a truthful reflection of current processes – not just what is in the policies and training manuals
 - Staff familiar with the policies and training manuals
- **Who should know the assessment is being done?**
 - Staff or leadership that can help effect change once we know what changes are desired
 - Staff that will be affected by changes in workflow/practice as a result of the project

When the Assessment is Complete

Sharing the results

- How will you share your results?
- Who will you share your results with? Who needs to know?

Using the results

- How to decide on priority items?
- Who will be in the room to plan how to address the opportunities identified?

Poll 1 – Gauging QI Experience

- How much experience do you have with quality improvement?
 - a) A lot – have run or led 2 or more projects and received formal QI training
 - b) Moderate – participated in multiple > 3 QI projects before and but not received formal QI training or have received training but not participated in a QI project before
 - c) Some – have participated in 1-2 projects before and not received formal QI training
 - d) None – have not participate in or had any formal training in QI

Poll 2 - QI Resources

- What would be most helpful to you?
 - a) Help with designing a SMAART aim for your project
 - b) Concrete examples of how-to action-plan your QI project using your assessment results
 - c) Review of strategies to incorporate to overcome potential roadblocks and hardwire changes
 - d) Individual office hour review of action plans

Poll 3: Resource Needs to Ensure Project Success

- What would be most helpful to you to ensure your project is a success?
 - a) Technical support for quality improvement issues
 - b) Regular forum to connect with peers to see what others are doing
 - c) Clinical and operational consultation from industry leaders
 - d) Information about addiction treatment and community providers, agencies, and resources for treatment and recovery
 - e) If other: please type in the chat box

Checklist to Set Your Project Up For Success

□ **Clearly identified goals and aims**

- Achievable
- Realistic

□ **Identify a team with key stakeholders**

- Involve the “right” staff – including front line staff

□ **How will you identify opportunities for improvement?**

- Complete the pre-assessment survey to identify gaps in practice/opportunities for improvement

□ **Collecting data – how do we know we made an improvement**

- Outcome, process and balancing measures for the project
- *How will data be collected*
- *How to share data*

□ **Plan for spread/hardwiring practices from the beginning**

□ **Plan to overcome potential barriers to success**

Data Stipend

- Collaborative participants will receive a stipend for the data collection portion of the Collaborative
- Process for receiving the stipend:
 - E-mail will be sent from GNYHA notifying participants of the stipend terms and amount
 - GNYHA will also request information regarding to which entity the check should be made payable (i.e. the hospital ED), and to where it should be sent
 - Once a participant provides its first data submission, payment will be triggered

QUESTIONS AND DISCUSSION

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“Harms of Stigma: Addressing Opioid Use Disorder By Changing Culture” November 19, 2020 from 12 pm – 1 pm EST ([Click here to register](#))

The American Psychiatric Association reports that less than 20% of patients have access to evidence-based treatment to opioid use disorder (OUD). On this webinar, participants will hear about successful strategies to address stigma and change culture to better care for patients with substance use disorder and OUD in hospital settings.



Richard Bottner, DHA, PA-C, Affiliate Faculty, Internal Medicine and Director,
Support Hospital Opioid Use Treatment (SHOUT) Texas Dell Medical School at The
University of Texas at Austin



Alanna Boulton, PMP, Project Manager,
Support Hospital Opioid Use Treatment (SHOUT) Texas Program,
Department of Internal Medicine
University of Texas at Austin

Next Steps for Collaborative Participants

- **Prepare for Data Submission:**
 - Project manager and data lead will be contacted by GNYHA. Please email jbosk@gnyha.org with data questions.
- **Assess and Develop Internal and External Partners**
- **Expand Buprenorphine Waiver Training (click to access)**
 - [NYC DOHMH Sponsored Buprenorphine Waiver Training for Group of > 20](#)
 - [Contact: buprenorphine@health.nyc.gov](mailto:buprenorphine@health.nyc.gov)
 - [ACEP ED X-Waiver Training Corps](#)
 - [PCSS: MAT Waiver Trainings](#)
- **Presentation slides and resources will be distributed via email after the webinar. Recordings and materials will be also posted in the GNYHA ED MAT programming site.**
 - <https://www.gnyha.org/program/ed-mat-quality-collaborative/>

Tools and Resources to Support Emergency Departments Treat Patients with Opioid Use Disorder

- **Provider Clinical Support System**
 - [PCSS: Clinical Round Table Discussions](#)
 - [Click here to join emailing list](#)
 - [PCSS: MAT Waiver Trainings](#)
- **American College of Emergency Physicians (ACEP)**
 - [ACEP ED X-Waiver Training Corps](#)
 - [ACEP E-QUAL Network Opioid Initiative](#)
 - [ACEP E-QUAL Opioid Toolkit: Treatment of Opioid Use Disorder & Harm Reduction Strategies](#)
 - [ACEP: Opioid Resources](#)
- **NYS DOH Overdose Prevention Program**
 - https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/become_a_program.htm
- **ATLAS Addiction Treatment Locator**
 - <https://www.treatmentatlas.org/>

COVID-19 Hospital-Based Substance Use Disorder Treatment Resources and Guidance

- [CDC COVID-19 Questions and Answers For People Who Use Drugs or Have Substance Use Disorder](#)
- [ASAM: Delivering Addiction Treatment in the Acute Hospital Settings During COVID- 19](#)
- [Yale Addiction Medicine: Hospital-Based Addiction Treatment COVID-19 Guidance](#)
- [Yale Addiction Medicine: Addiction Treatment COVID-19 Guidance for Clinicians](#)
- [NAM and ASAM Supporting People with Addiction During COVID-19 Webinar Series](#)
- [SAMHSA: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.](#)

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