

**MAT ED Collaborative
Measurement Specifications Document**

Table of Contents

- 1. Goal 1: Increasing ED capacity to prescribe buprenorphine.....2**
- 2. Goal 2: Identifying patients for buprenorphine induction in the ED.....3**
- 3. Goal 3: Increasing provision of buprenorphine in the ED.....4**
- 4. Goal 4: Improving connections with community OUD providers.....5**

Collaborative Goal #1: Increasing ED capacity to prescribe buprenorphine

Measure Type	Measure Description	Measure Rationale	Notes	Potential Metrics to Calculate
Required Measure #1.1	# of 'x' waived prescribers available to prescribe in the ED in the past month	Increasing the number of 'x' waived prescribers should increase the capacity of the ED to prescribe buprenorphine to all eligible patients, providing same-day access to evidence-based treatment	Include prescribers who worked in the ED that month	
Optional Measure #1.2	# of 'x' waived prescribers who prescribed buprenorphine in the ED in the past month	Helps hospitals determine how many of their 'x' waived prescribers are actually prescribing buprenorphine	Count all prescribers who provided a patient with a prescription upon discharge	% of 'x' waived prescribers who wrote a buprenorphine prescription (<i>Measure 1.2/Measure 1.1</i>)
Optional Measure #1.3	# of days in the past month where an 'x' waived prescriber was available to prescribe	Increasing the number of days where 'x' waived prescribers are working in the ED should increase the capacity of the ED to prescribe buprenorphine to all eligible patients. This measure could provide additional context to the above measures.	See notes for Required Measure #1	
Optional Measure #1.4	# of prescribers working in the ED in the past month	Provides a denominator for measure #1		% of prescribers who are 'x' waived (<i>Measure 1.1/Measure 1.4</i>)

Collaborative Goal #2: Identifying patients for buprenorphine induction in the ED

Measure Type	Measure Description	Measure Rationale	Notes	Potential Metrics to Calculate
Required Measure #2.1	# of patients eligible for buprenorphine induction in the ED in the past month	Increasing this measure should directly lead to more patients being induced in the ED and starting treatment for withdrawal. It should also indirectly increase the number of patients who receive a prescription for buprenorphine.	<ol style="list-style-type: none"> Count all patients who meet the algorithm or eligibility criteria, irrespective of whether they are induced Only include patients induced in the ED and then discharged from the ED. Do not include patients admitted to the hospital. Hospital can determine which algorithm or eligibility criteria is used Hospital should submit algorithm or eligibility criteria to GNYHA 	
Required Measure #2.2	# of patients identified with Opioid Use Disorder (OUD) in the past month	Increasing the number of patients who are identified as having OUD should increase the number of patients eligible for buprenorphine induction. It should also indirectly increase the number of patients who receive a prescription for buprenorphine.	<ol style="list-style-type: none"> Count all patients who screen positive or are identified as having OUD Hospital can determine their own method for screening patients for OUD and identifying positive cases Hospital should submit screening and identification method to GNYHA 	% of OUD patients eligible for buprenorphine induction (<i>Measure 2.1/Measure 2.2</i>)
Optional Measure #2.3	# of patients screened for Substance Use Disorders (SUD) in the ED in the past month	Increasing screening for SUD should directly lead to an increase in patients identified with OUD, patients determined eligible for buprenorphine induction, and patients induced in the ED.	<ol style="list-style-type: none"> Count all patients who are screened using the hospital's method Hospital can determine their own method for screening patients for SUD Hospital should submit screening method to GNYHA 	% of patients screened for SUD who are identified as having OUD (<i>Measure 2.2/Measure 2.3</i>)
Optional Measure #2.4	# of patient visits to the ED in the past month	ED visits can serve as a denominator for any of the above measures	Only count ED visits that do not result in an inpatient admission	<ol style="list-style-type: none"> % of ED visits where patient is identified as having OUD (<i>Measure 2.2/Measure 2.4</i>) % of ED visits with SUD screen (<i>Measure 2.3/Measure 2.4</i>)

Collaborative Goal #3: Increasing the provision of buprenorphine in the ED

Measure Type	Measure Description	Measure Rationale	Notes	Potential Metrics to Calculate
Required Measure #3.1	# of patients induced on buprenorphine in the ED in the past month	The primary goal of the collaborative is to increase the number of OUD patients being treated with buprenorphine	Only include patients who are not currently taking buprenorphine	<ol style="list-style-type: none"> 1. % of eligible patients induced on buprenorphine (<i>Measure 3.1/Measure 2.1</i>) 2. % of patients with OUD who were induced (<i>Measure 3.1/Measure 2.2</i>)
Required Measure #3.2	# of patients given a prescription for a home induction in the ED in the past month	The primary goal of the collaborative is to increase the number of OUD patients being treated with buprenorphine	Only include patients who are not currently taking buprenorphine	% of patients with OUD who were given a home induction (<i>Measure 3.2/Measure 2.2</i>)
Required Measure #3.3	# of induced patients given a prescription for buprenorphine upon discharge from the ED in the past month	Patients who have been induced should also receive a prescription to ensure they can continue their treatment, in case there is delay in getting an appointment with a community provider.	Among patients counted in 3i, count how many received a prescription	% of patients who were induced who also got prescription (<i>Measure 3.1/Measure 3.3</i>)

Collaborative Goal #4: Improving connections with community OUD providers

Measure Type	Measure Description	Measure Rationale	Notes	Potential Metrics to Calculate
Required Measure #4.1	# of patients linked to OUD treatment at discharge from the ED in the past month	Linking patients to OUD providers increases the chance that they will either maintain the buprenorphine treatment they began in the ED, or begin treatment in the outpatient setting	<ol style="list-style-type: none"> 1. Hospitals should count all patients who received linkage, whether they were induced for buprenorphine or not 2. Hospitals have flexibility in how they define "linked." However, paper referral alone would not qualify. Linked could mean: <ol style="list-style-type: none"> a. Appointment for ongoing treatment/care/services for OUD, including community-based MAT program or bridge clinic b. Engaged in ED with peer recovery services c. Directly transported to treatment program for OUD 3. Hospitals can include patients who have been linked to other hospital OUD services, including inpatient detox services 	% of patients with OUD linked to treatment <i>(Measure 4.1/Measure 2.2)</i>