

1 Welcome to the NYC ED MAT Quality Collaborative

- Lines will be muted during the presentation
- To ask a question, please raise your hand or type your question in the question box
- The slides and materials are available in the handout section.
- For technical difficulties, please email AVassistance@GNYHA.org
- For administrative questions (i.e. registration/handouts/etc.), please email Qsylvester@gnyha.org

NYC ED MAT QUALITY COLLABORATIVE

February 11, 2021

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. Updates and Announcements

III. Alister Martin, MD, MPP: *Promoting OUD Treatment in the ED*


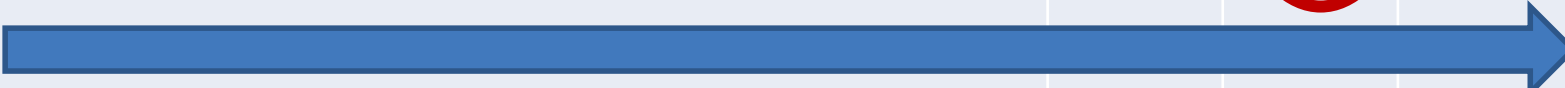
IV. Discussion

IV. Data Updates

V. Next Steps

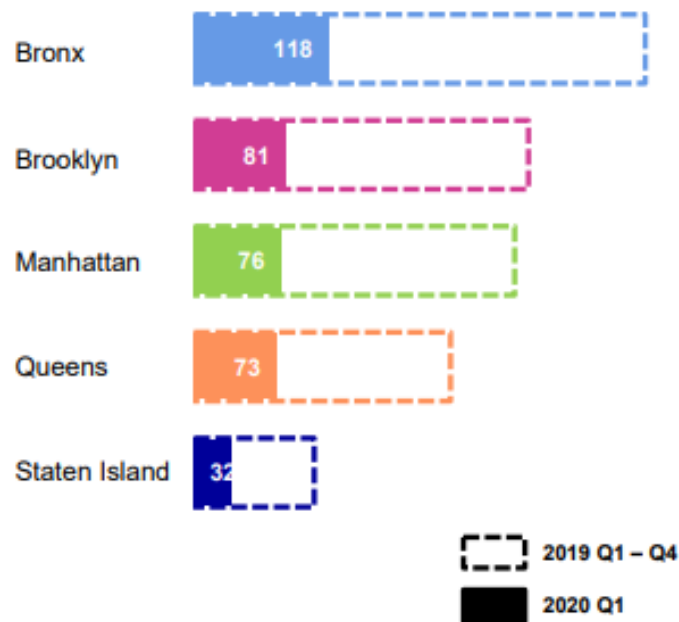
ED MAT Collaborative Timeline

Jan 2020	Feb 25 2020	Mar - Sept 2020	Oct 15 2020	Nov 19 2020	Dec 10 2020	Jan 14 2021	Feb 11 2021	March 18 2021
In-Person Meeting	Web #1	Postponed	Web #2	Web #3	Web #4	Web #5	Web# 6	Web# 7

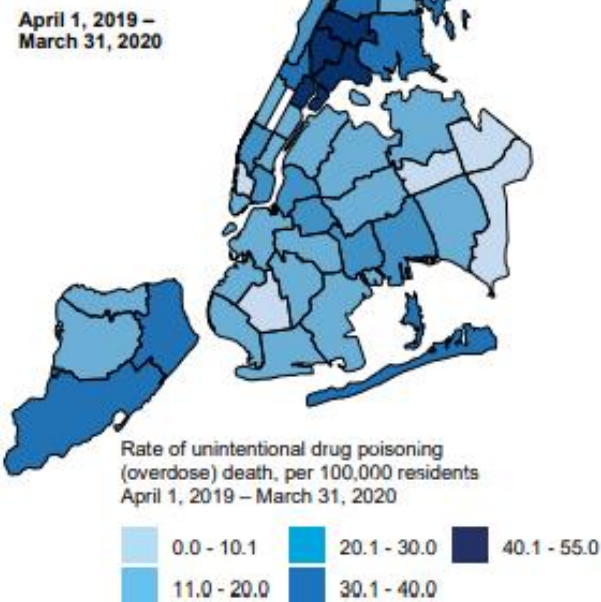


Unintentional Drug Poisoning (Overdose) Deaths Quarter 1, 2020, New York City

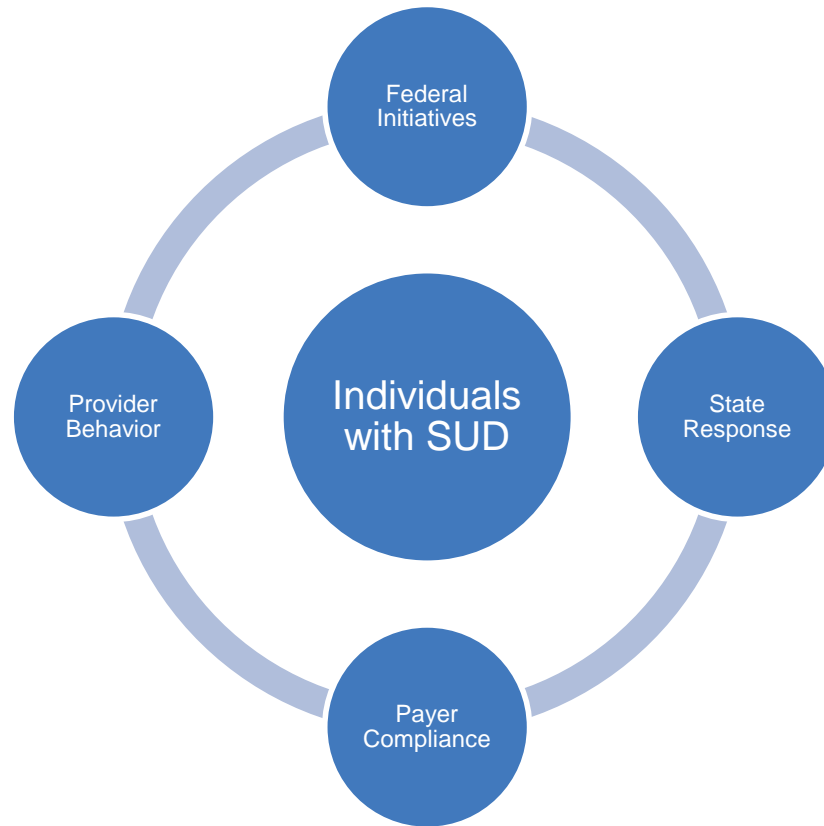
Number of confirmed overdose deaths by borough of residence, January – March 2020, compared with 2019



South Bronx and East Harlem neighborhoods have high rates of overdose death



6 It Takes a Village



NYS FY 2022 Proposed Executive Budget Provisions

Opportunities to Support Individuals with SUD

- ***Office of Addiction and Mental Health Services***
 - Single commissioner by January 2022
- ***Crisis Stabilization Centers***
 - Psychiatrist, psychiatric NP, CASAC, and peer 24/7 – waiver may be issued
- ***Comprehensive Outpatient Services Centers***
 - Physical health, mental health and addiction services
 - Single set of licensing standards and requirements for the construction, operation, reporting and surveillance
- ***Medical Respite Program***
 - Homeless or at-risk, qualifying condition, temporary
- ***Telehealth***

Existing NYS Actions and Resources

- NYS Law and Regulation
 - No prior authorization
 - Treatment
 - Medication
 - Reduced utilization review
 - Parity enforcement
- Graduate Medical Education programs

Leverage & Normalize with Trainees



GME Data Brief Focuses on the Physician Workforce in SUD-Related Specialties

GNYHA recently released the latest edition of the *GME Data Brief*. Each edition of the series highlights important graduate medical education (GME) and physician workforce data findings for GNYHA members and other interested stakeholders.

The January 2021 *GME Data Brief* examines the physician workforce currently training in specialties that focus on the evaluation and treatment of substance use disorders (SUD). Future editions will explore the supply and demand of certain specialty-specific physician training programs nationally and in other areas of interest to the GME community.

Please contact [Cassandra Pineda](#) for more information about the *GME Data Brief* series.

GME DATA BRIEF (JANUARY 2021)

FILLED VS. UNFILLED SUD-RELATED PHYSICIAN TRAINING PROGRAMS

Substance use disorder (SUD) is the leading cause of preventable death and disability in the United States. It is a complex condition that requires a multidisciplinary approach to treatment. The physician workforce is critical to providing the necessary physician workforce.

The November 2020 *GME Data Brief* highlighted that 20% of SUD-related physician training programs are unfilled. This finding is significant because it indicates that there is a shortage of physicians in this specialty. The number of unfilled positions in these programs may impact the ability of physicians to evaluate and treat substance use disorders (SUD). Many of the unfilled training programs occur across geographic regions, but they do not appear to be uniformly distributed across the United States.

The number of physicians training in SUD-related GME programs may impact the ability to address the growing number of patients with SUD. This *GME Data Brief* examines the geographic distribution of SUD-related training programs, and examines geographic training programs across geographic regions. A significant number of unfilled positions exist in these and other specialties in the field of the substance use disorder field. In other words, an unfilled program may potentially impact how to train residents but not be left with an empty position.

[Click here to read the entire GME Data Brief](#)

08-12

TO:
Institutional GME Director
Residency Program Director



GME Data Brief Highlights the National Distribution of SUD-Related Physician Training Programs

GNYHA recently released the latest edition of the *GME Data Brief*. Each edition of the series highlights important graduate medical education (GME) and physician workforce data findings for GNYHA members and other interested stakeholders.

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GME DATA BRIEF (NOVEMBER 2020)

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Residency Program Director

Federal Issues

- SAMHSA retracted announced changes to exempt physicians under certain circumstances from X waiver requirements
 - ACEP and 16 organizations signed a letter to HHS requesting that the HHS publish *Practice Guidelines* in the Federal Register as soon as possible
- Easy Medication Access and Treatment for Opioid Addiction Act (Easy MAT Act), H.R. 2281 Enacted by Congress
 - Under this new law, practitioners will be allowed to *dispense* three-days' worth of medication at one time. Patients can receive one day's-worth of medication while in the ED and can take the two remaining days-worth home, saving patients subsequent trips to the ED.
 - The previous "Three-Day Rule" allowed emergency physicians to initiate buprenorphine treatment of opioid use disorder (OUD), but patients were required to return the ED within the 72-hour window to receive additional doses.
 - The DEA has six months implement this change.

Additional Resources:

- [NIDA: Spotlight on the Get Waivered Campaign](#)
- [NYS DOH: Online Opioid Overdose Prevention Trainings](#)
- [NYS: Naloxone Co-payment Assistance Program \(N-CAP\)](#)
- [MHA: Guidelines for Medication for Addiction Treatment for Opioid Use Disorder within the Emergency Department](#)
- [Management of Opioid Use Disorder in the Emergency Department: A White Paper Prepared for the American Academy of Emergency Medicine](#)
- [NIDA: Frequently Asked Questions About ED-Initiated Buprenorphine](#)
- [ACEP: Learn More About Upcoming Changes to the “Three-day Rule” for Administering Medications to Treat Opioid Use Disorder](#)

USING BEHAVIORAL ECONOMICS AND DIGITAL TOOLS TO PROMOTE OUD TREATMENT IN THE ED

Alister Martin, MD, MPP

*Emergency Physician and Founder of Get Waivered,
Massachusetts General Hospital
Faculty at Center for Social Justice and Health Equity,
Harvard Medical School*

GREATER NEW YORK HOSPITAL ASSOCIATION

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



Using Behavioral Economics and Digital Tools to Promote OUD Treatment in the ED

Alister Martin MD, MPP
Faculty - Center for Social Justice
- Harvard Medical School
Massachusetts General Hospital

Agenda: Overcoming Challenges in ED-MAT

I - Background

II - Leveraging Behavioral Science as a tool to increase MAT treatment

III - Optimizing and Ensuring Use of MAT Protocol Using Behavioral Economics

NewsFlash

TEXT RESIZE A A A | PRINT | SHARE   

FOR IMMEDIATE RELEASE
January 14, 2021

Contact: OASH Media
202-205-0143
ashmedia@hhs.gov

HHS Expands Access to Treatment for Opioid Use Disorder

Eliminates X-Waiver Requirement for DEA-Registered Physicians

Today, the U.S. Department of Health and Human Services is announcing it will publish [Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder*](#), to expand access to medication-assisted treatment (MAT) by exempting physicians from certain certification requirements needed to prescribe buprenorphine for opioid use disorder (OUD) treatment.

More than 83,000 drug overdose deaths occurred in the United States in the 12 months ending in June 2020, the highest number of overdose deaths ever recorded in a 12-month period, and an increase of over 21% compared to the previous year, according to [recent provisional data](#) from the Centers for



December 8, 2020

Briefing Memorandum for the COVID-19 Advisory Board for President-elect Joseph R. Biden and Vice President-elect Kamala Harris.

From: Jeremy Samuel Faust MD, MS
Brigham and Women's Hospital Department of Emergency Medicine,
Division of Health Policy and Public Health, Instructor, Harvard Medical School.



Alister F. Martin, MD, MPP
Massachusetts General Hospital Department of Emergency Medicine, Instructor, Harvard Medical School.

Michael Barnett, MD, MS
Assistant Professor, Health Policy and Management,
Harvard T. H. Chan School of Public Health

Max Jordan Nguemeni Tiako, MS
MD Candidate, Yale School of Medicine

Sarah E. Wakeman, MD
Medical Director, Mass General Hospital Substance Use Disorder Initiative
Associate Professor of Medicine, Harvard Medical School

Re: Young adult deaths due to COVID-19 and unintentional overdose during the pandemic.

Dear Members of the COVID-19 Advisory Board for the Biden-Harris Transition,

Introduction

This memorandum describes the impact of the COVID-19 pandemic young adults ages 25-44 in the United States due to coronavirus disease and unintentional overdoses.

Herein, we suggest that the X-waiver requirement for prescribing buprenorphine to treat opioid use disorder be immediately removed during the national emergency in order to increase access to life-saving medication and therefore to decrease the number of unintentional overdose deaths.

Epidemiology

As of December 7, 2020, the novel Coronavirus Disease 2019 (COVID-19) has caused over 282,000 deaths among our fellow Americans this year. While the majority of these deaths have occurred in older persons, the demographic with largest sustained relative increase in all-cause mortality during the pandemic period has in fact been recorded among adults ages 25-44.^{1,2} COVID-19 has now killed more Americans under the age of 40

¹ Lauren M. Rossen, 'Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity — United States, January 26–October 3, 2020', *MMWR. Morbidity and Mortality Weekly Report*, 69 (2020) <<https://doi.org/10.15585/mmwr.mm6942e2>>.

² Jeremy Samuel Faust and others, *Mortality among Adults Ages 25-44 in the United States During the COVID-19 Pandemic* (*Epidemiology*, 25 October 2020) <<https://doi.org/10.1101/2020.10.21.20217174>>.



Health

Lawmakers urge Biden to back opioid-treatment measure

Bipartisan group calls on president to 'deliver on your promise' to expand access in early test of administration's opioid strategy



2021/02/09

“Now what?”

53% of physicians didn't use their waiver for long term treatment of patients with OUD.

Source: Mancher M, Leshner AI. Barriers to Broader Use of Medications to Treat Opioid Use Disorder. National Academies Press 2019 Mar 30.

Get Waivered as a Case Study

Get Waivered

A campaign to **dramatically increase** the number of DEA-X waived providers leveraging the principles of Behavioral economics.

Behavioral economics is the study of the drivers of human decision-making and behavior.

*How do we use nonfinancial incentives, or **nudges**, to get people to follow through on actions?*

Behavioral Economics Toolkit

- Accountability
- Ease
- Timely Reminders
- Implementation Intentions
- Reciprocity
- Peer relational organizing
- Social Norms
- Salience

Behavioral Economics Toolkit

- **Accountability**
Example: Committing to certain future actions, such as a smoking cessation program
- **Ease**
Example: Making healthy foods more visible or accessible.
- **Timely Reminders**
Example: Emails or text messages about where your voting location is the day of the election.
- **Implementation Intentions**
Example: Eliciting questions about future behavior ("Do you plan to vote? How will you get there?")
- **Reciprocity**
Example: Car Salesman pays for your cup of coffee during a test drive.
- **Peer relational organizing**
Example: You're more likely to turn out to vote if your brother reminds you than if a random stranger reminds you.
- **Social Norms**
Example: Emphasizing what most people do, e.g. "nine out of ten people pay their taxes on time."
- **Salience**
Example: We are biased towards paying more attention to messages that are evocative.

Start of Campaign:

- Only **1/42** MGH ED attendings with DEA X waiver
- Recruited team of designers, behavioral scientists, and public policy students
- Designed and launched campaign using design thinking and **behavioral economics** framework
- **Goal:** Get critical number of MGH ED attendings to choose to take course and get waived **without** making it mandatory

End Of Campaign

40/42 Physicians with DEA X waiver 95% of department

Partnered with Get Waivered Texas

First State-Wide Effort



GET WAIVERED TEXAS

*Delivering high-quality buprenorphine training and technical assistance to
healthcare providers*

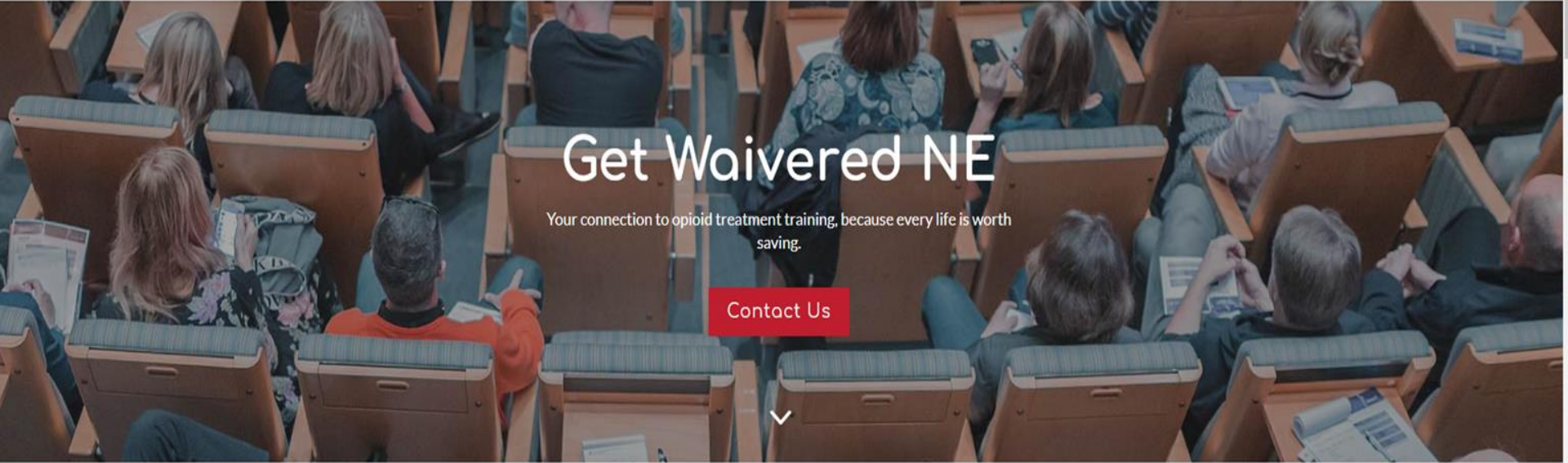
For Texans

By Texans

In Texas

[CLICK FOR MORE INFORMATION](#)

Get Waivered Nebraska



Get Waivered NE

Your connection to opioid treatment training, because every life is worth saving.

Contact Us



About



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
MEDICAL SCHOOL



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR INNOVATION
IN DIGITAL HEALTHCARE



Foundation *for*
Opioid Response Efforts

Scaling Get Waivered

Get Waivered in the COVID-19 Era



Free Live Web-Based Trainings

Interactive remote learning conducted via Zoom. MDs/DOs (including residents), PAs/NPs/CNSs/CRNAs/CNMs (including those in training), and medical students are eligible to attend.



Virtual Office Hours

Assistance & counseling is available via chat or email.

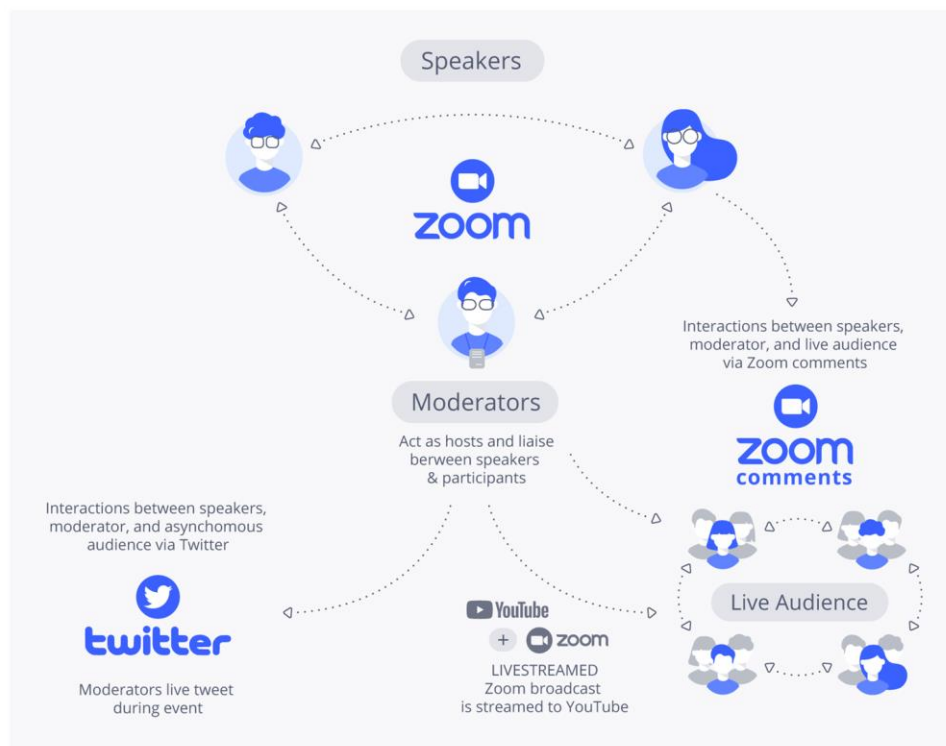


COVID-19 has ushered in unprecedented challenges in healthcare, and now more than ever, it is important to keep OUD patients out of the emergency room and get them into evidence-based care.

In response to the COVID-19 pandemic, buprenorphine-prescribing regulations have been relaxed to allow physicians to complete the necessary training course online and initiate this treatment pathway *without* requiring an in-person consultation.

Innovation: Get Waivered Remote

SYNCHRONOUS EXPERIENCE



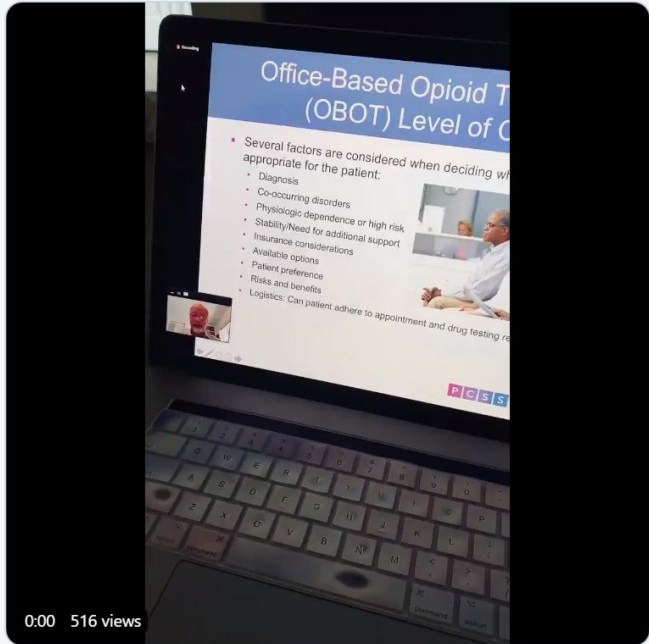
Digital Amplification

Live Tweeting/ Social Media Engagement
during training leverages multi-channel, organic word-of-mouth marketing

Get Waivered Retweeted

Jazmyn Shaw @JazmynShaw1 · May 20

Super excited to be participating in the largest MAT waiver training ever thanks to [@GetWaivered](#) My sidekick AJ said he's going to sit this one out. 🤔



0:00 516 views

2 2 47

Get Waivered Retweeted

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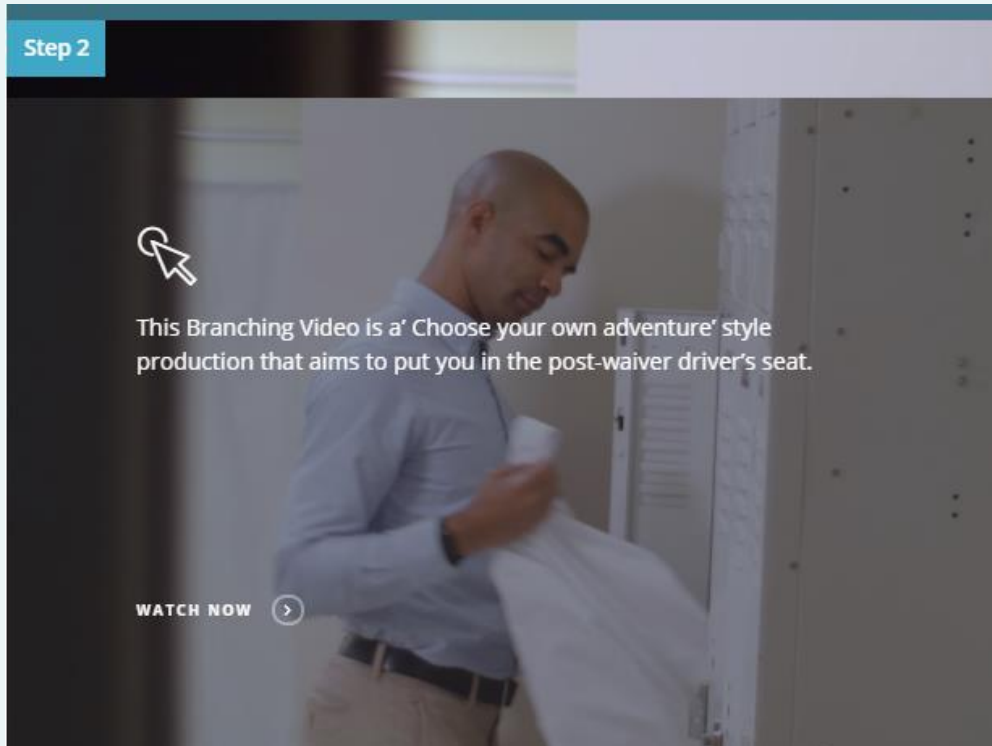


516 views 0:04 / 0:07

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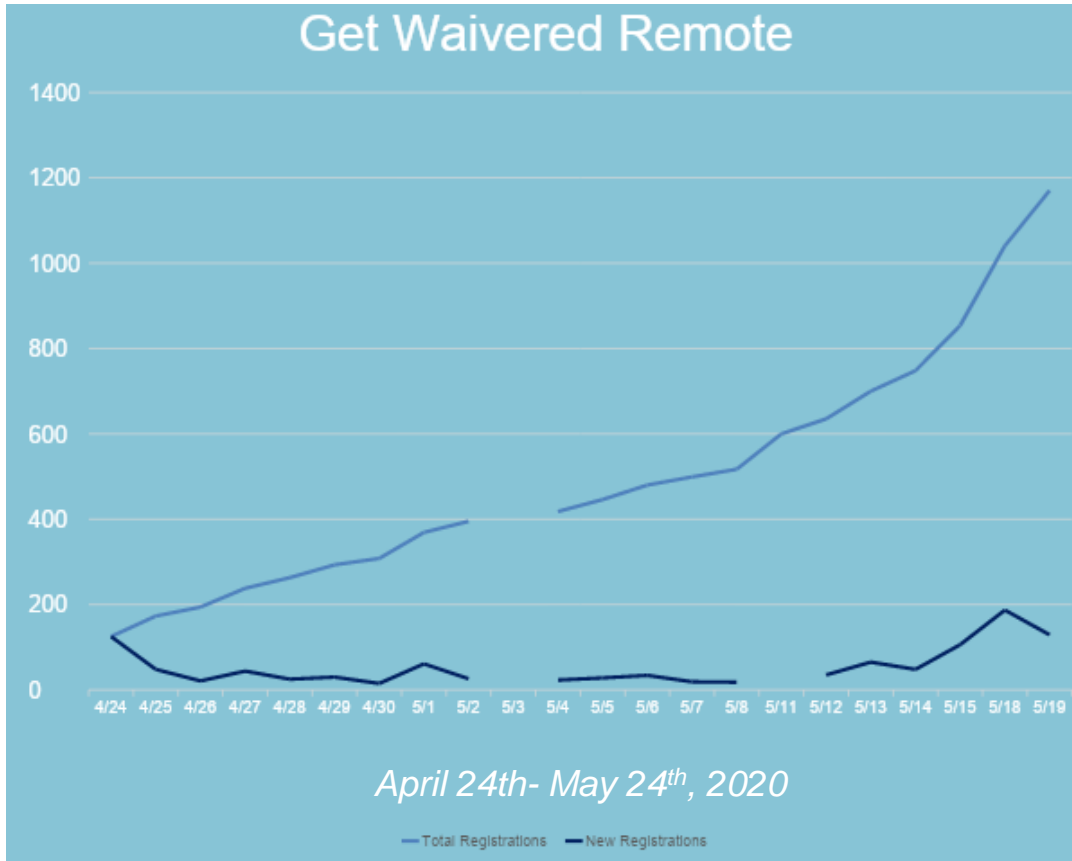
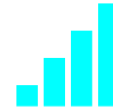
Next Steps

Using Your Waiver



- Branching video
- Hand-off to CA Bridge, PCSS Mentoring Program, or other state-based support systems
- Email follow-up with additional resources
- Funnel to TreatOUD.org

Analytics



Through our integrated behavioral economics-based approach, we have identified a steady trend of increasing utilization of digital behavioral health solutions

10,454 impressions on [Getwaivered.com](https://getwaivered.com)

440,088 unique page views on our partner site, [ALJEM.com/treatoud](https://aljem.com/treatoud)

Qualified Leads
Other course
availability Emails

GW Course
Optimization/PCSS

A:

Total
Signups:
1200

B:

Participated
in Course:
814

C:

Post course waiver
documentation
completed
527

68%

65%

Next Partnership: YOU!



Get Waivered
State
Partnerships

- CA
- OH
- MI
- OR
- TX
- NE

National waiver training count: 3200

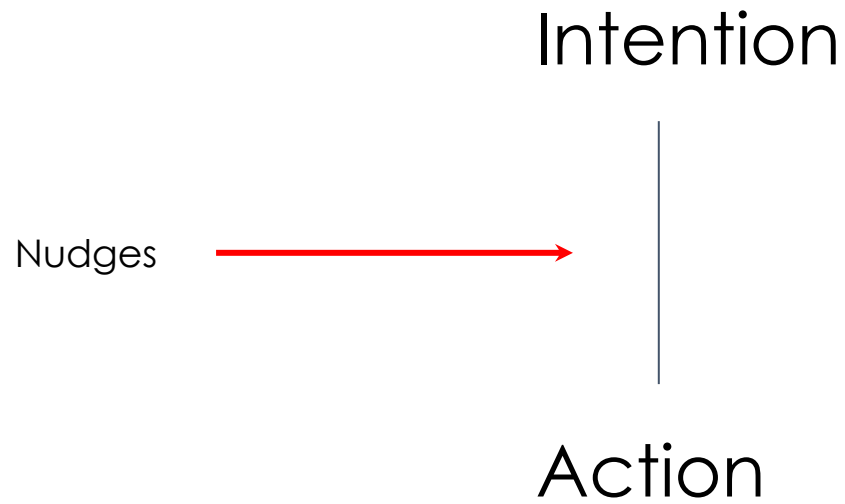
53% of physicians didn't regularly use their waiver.

Source: Mancher M, Leshner AI. Barriers to Broader Use of Medications to Treat Opioid Use Disorder. National Academies Press 2019 Mar 30.



Beware the Ghost Waiver

Closing the Gap



Challenge: Changing Clinician Practice is Hard

Opportunity: Partner with **behavioral economics nonprofit** to develop **nudges** that will help quickly create new practice patterns



MGH Becomes 1st Mass. ER To Offer Addiction Medication, Maps Seamless Path To Recovery

March 07, 2018 Updated Mar 07, 2018 7:33 PM

By [Martha Bebinger](#)

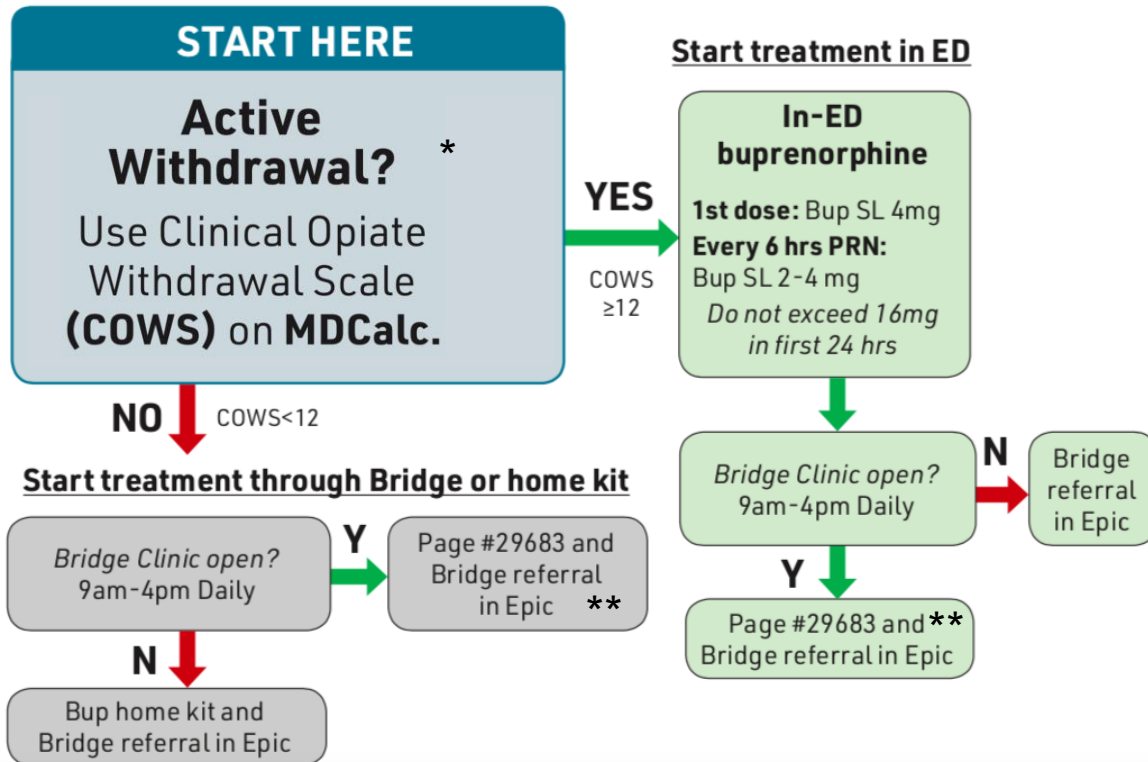


A clean-cut man in his early 30s buttons the jacket of his tailored suit as he strides to the head of a conference table at Massachusetts General Hospital.

Protocol:

1. Patients in need can be started on treatment at point of care 24/7
2. In-ED "to-go" pill pack with two days of buprenorphine with schedule and instructions on how to administer - avoids pharmacy wait and pre-authorizations
3. Next day walk-in follow up with Addictions team(Bridge Clinic) 7 days/wk 365 days/year

MGH ED OUD PROTOCOL: Seeking Treatment





+



MASSACHUSETTS
GENERAL HOSPITAL

EMERGENCY MEDICINE

Design and consulting firm that uses insights from behavioral economics to address complex social problems.

Prev Partners: The White House, City of Chicago, American Express



News

PRESS RELEASE

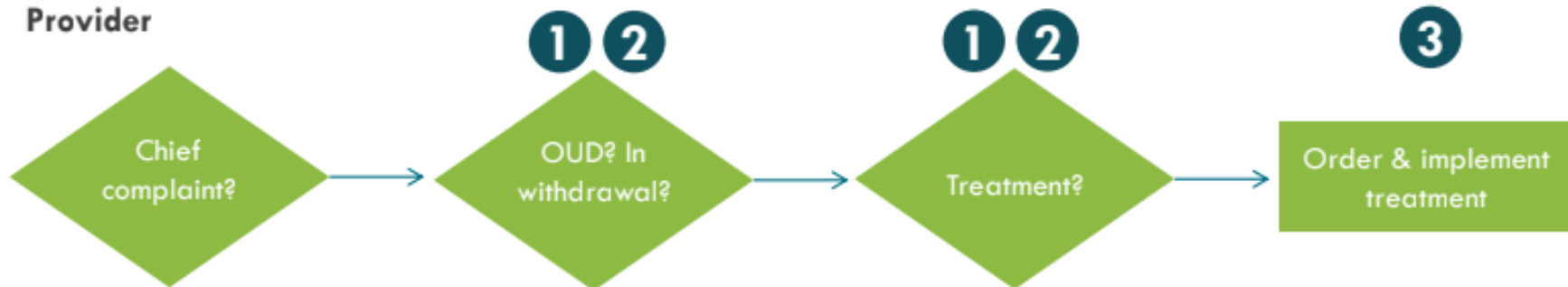
Laura and John Arnold Foundation awards \$1 million in research grants to help address opioid crisis

HOUSTON, TX—The opioid epidemic is now considered to be one of the worst drug crises in U.S. history. More than 28,000 people die every year from heroin and other opioids, and the number of fatal heroin overdoses alone has increased by 439 percent in the past two decades. The problem impacts individuals, families, and society as a whole—estimates indicate that one-third of heroin users are incarcerated each year due to crimes related to their addictions.

What are the barriers to physicians adopting a new OUD protocol?

DECISION-ACTION MAPS

Provider



Patient



FEEDBACK ON OUD PROTOCOL

- 33 formal interviews about OUD Protocol
- What we learned:
 - Protocol not easy to remember or access
 - Lack of cues to initiate conversations about OUD
 - Not top of mind/Time pressure = more likely to be deprioritized
 - Unclear responsibility to treat

Barrier: Protocol Not Easy to Remember/Access

MGH ED Badge Backers



OU D EVALUATION

Open the conversation
"How many times in the past year did you use a drug/RX for nonmedical reasons?"

Understand and address hesitations
"What has your experience been with addiction treatment?"

De-stigmatize
"OUD is a treatable disease, MGH has meds to help."

ACTIVE WITHDRAWAL? Use COWS to score:

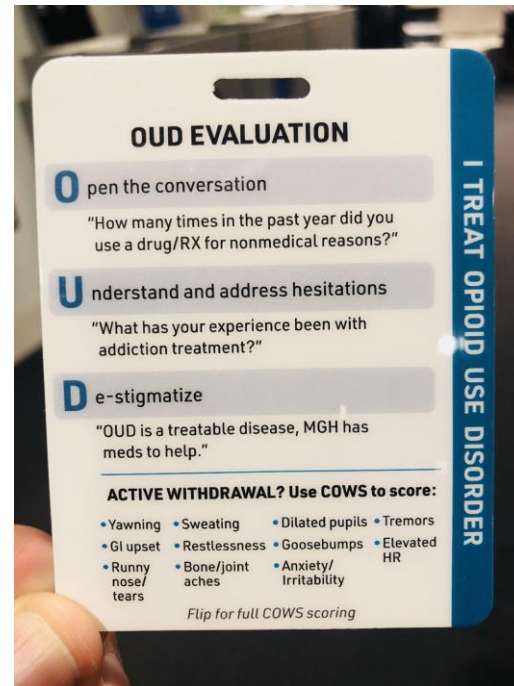
- Yawning
- Sweating
- Dilated pupils
- Tremors
- GI upset
- Restlessness
- Goosebumps
- Elevated HR
- Runny nose/tears
- Bone/joint aches
- Anxiety/Irritability

Flip for full COWS scoring

I TREAT OPIOID USE DISORDER

Barrier: Protocol Not Easy to Remember/Access

MGH ED Badge Backers



Barrier: Not Top of Mind

Success Stories/Shout Outs ->

Hi team,

We've made great strides in helping our MGH ED patients with our innovative Opioid Use Disorder program. Since its launch, we've:



Started 55 patients on ED-MAT with home bupe packs



Referred 62 patients to the Bridge Clinic



Helped 90 patients follow up at Bridge Clinic after ED visit

Thanks to you, many patients are beginning their journeys to recovery. This is good work so far, but I know we can make an even greater difference. As mentioned in the faculty and resident meetings last week, I'll be sending out a monthly update on our department's progress so we can continue to improve together and help more patients with OUD get the treatment they need.

A special shout out to the following team members who made the most Bridge Clinic referrals:

- Farah Dadabhoy (Junior Resident)
- Kelley Wittbold (Senior Resident)
- Jamie Santos (PA)
- James Kimo Takayesu (Attending)
- Jonathan Slutzman (Attending)

Patient Success Story

Dr. Stuart Harris helped organize the first steps on the road to recovery for a family member of one of our beloved MGH ED faculty. Thanks to his good work in collaboration with Joe Gustin, the patient was started on buprenorphine that day and is now approaching 3 months in recovery.

Please join us in wearing the new OUD badge backer

Thanks to all who are already wearing the badges and proclaiming our ED's commitment to treat OUD.

Barrier: Not Top of Mind

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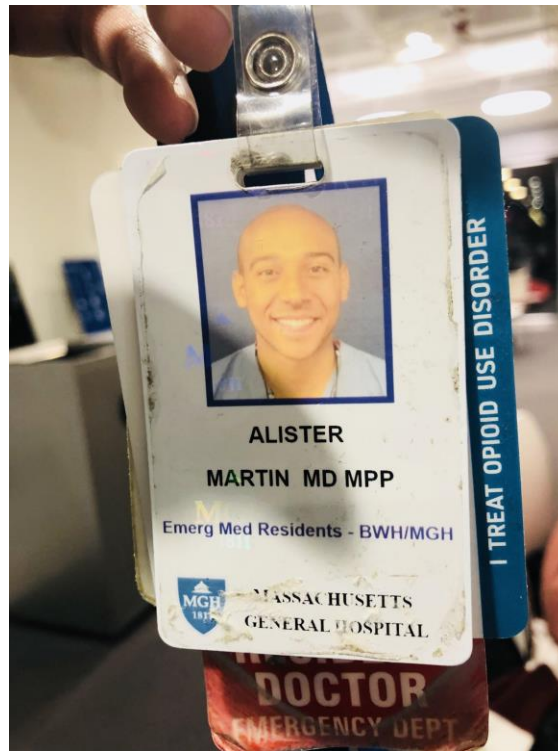
Barrier: Unclear Whose Responsibility it is to Treat

Identity Framing



Barrier: Unclear Whose Responsibility it is to Treat

Identity Framing



● Accountability

Barrier: Lack of Cues to Remember

New EMR Algorithm

BestPractice Advisory

This patient may have Opioid Use Disorder (OUD). For patients with OUD, it is recommended that providers discuss treatment, including asking about the patient's interest in buprenorphine to manage his or her use.
Advice: Ask the patient about OUD and his/her interest in treatment with buprenorphine.

I have asked the patient about OUD and discussed treatment:

- Order: Buprenorphine (to be administered within the ED)
- Order: Buprenorphine home pack (to be administered by patient him/herself at)
- Order: Addiction Specialist consult
- Discharge: Bridge Clinic

Please PAGE the Bridge Clinic at XXX-XXXXX before discharging

Barrier: Lack of Cues to Remember

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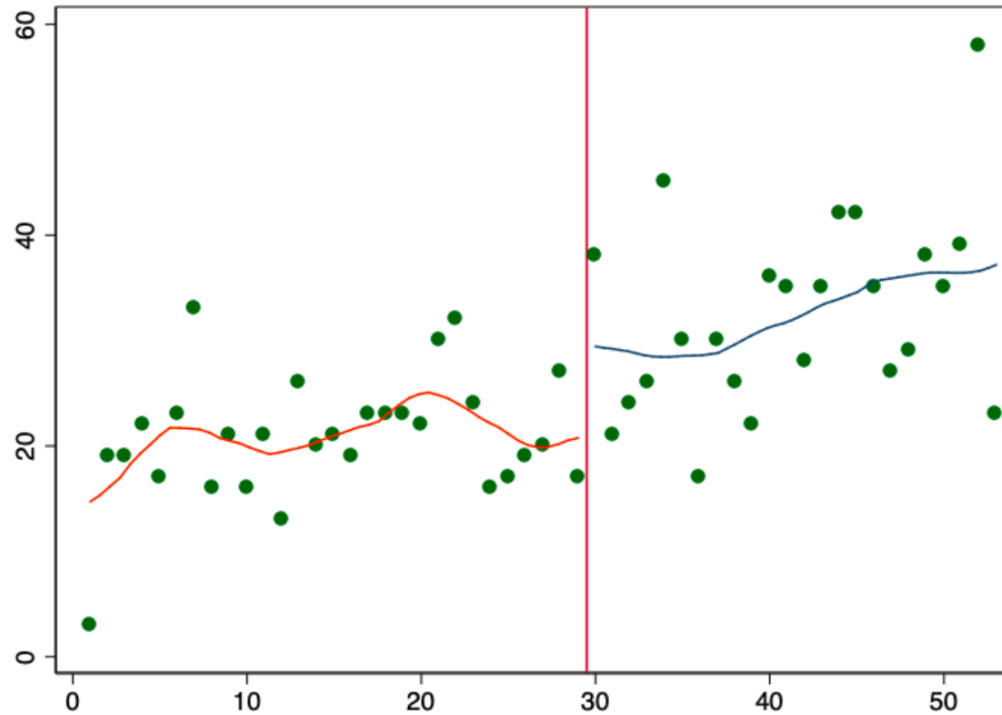
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● Timely Reminders

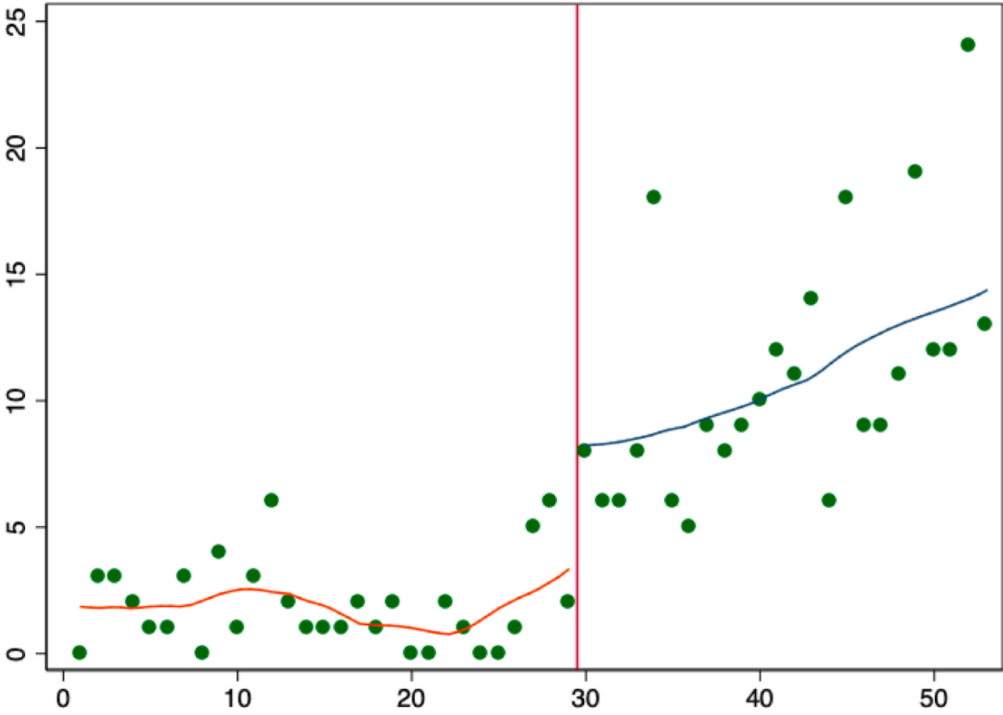
Early Results

Figure 2 shows the frequency of OUD-related treatment provided at the ED by week across the study period.



Early Results

Figure 3: Treatment orders per week (#) pre- and post-intervention package



Thank you

Reach Out

- amartin24@mgh.harvard.edu

Point your phone's camera here ->



Questions



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

Reminder on Data Collection Requirements

ED Mat Collaborative Assessment

- 8/13 hospitals have completed
- These hospitals have received individual reports
- No surveys submitted since 11/13/20

- Survey Monkey

<https://www.surveymonkey.com/r/NYCEDMAT>

Reminder on Data Collection Requirements

Assign Data Contact and Submit Requested Information for Stipend

- 5/13 submitted
- Courtney Zyla will reach out to the hospital's designated data contact to provide instructions on how to submit monthly Collaborative Measures using a secure portal

Collaborative Measures – Data Submissions

- 3/13 submitted data for at least one month since October 2020
- January data due 2/28/21
- Please submit whatever measures you have, even if you do not have data for all measures
- Data will always be due at the end of the following month

To Those Who Have Not: Please Submit Requested Information for Data Contact and Stipend

- Please fill-out the requested information below and send to [Cat Caneda, ccaneda@gnyha.org](mailto:ccaneda@gnyha.org), and [Jared Bosk, jbosk@gnyha.org](mailto:jbosk@gnyha.org), using “**NYC ED MAT - Data Collection and Stipend**” in the email subject line.

Health System and Facility
Name of Health System:
Name of Hospital Facility:
Data Contact
Name:
Job Title:
Phone #:
Email:
Payable Check Designee
Name:
Address:
Phone #:
<i>If you are required to notify a specific department to receive this stipend, please provide their information:</i>

Next Steps

- ✓ ***Team Collaborative progress updates on March webinar***
- ✓ Submit Planning Worksheet to ccaneda@gnyha.org by ***March 1, 2021***
- ✓ Establish regular team meeting schedule (and stick to it)
- ✓ Commit at least one team member to attend each webinar
- ✓ ***Get your \$5000 stipend!***
 - ✓ Complete Assessment if you have not already done so
 - ✓ Submit monthly Collaborative Measures

Upcoming Collaborative Activities

- **Next ED MAT Collaborative webinar:**
 - *March 18, 2021 – 12 p.m. – 1 p.m., **participants report out***
 - Registration link:
<https://attendee.gotowebinar.com/register/666612322629543179>
- **Scheduling Underway**
 - Office Hours with an ED Champion
 - Data 2000 X Waiver trainings
 - Medication Assisted Treatment and Emergency Referrals (MATTERS) Program resources and supports
 - Increasing collaboration with community-based providers
- **Other member needs???**

Questions or Comments?



Contact Information



Alison Burke

Vice President, Regulatory and Professional Affairs,
GNYHA

aburke@gnyha.org 212-506-5526



Jared Bosk

Vice President, Health Economics and Outcomes Research,
GNYHA

jbosk@gnyha.org 212-554-7247



Catrina Caneda

Project Manager, Behavioral Health Initiatives,
GNYHA

ccaneda@gnyha.org 212-506-5519



Courtney Zyla

Senior Analyst, Survey and Outcomes Research,
GNYHA

czyla@gnyha.org 212-259-5115