

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

March 18, 2021

GREATER NEW YORK HOSPITAL ASSOCIATION

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finest patient care in the most cost-effective way.*

Agenda

I. Welcome

II. Updates and Announcements

III. Report Out: SBH Health and H+H-Harlem



IV. Discussion

IV. Data Update

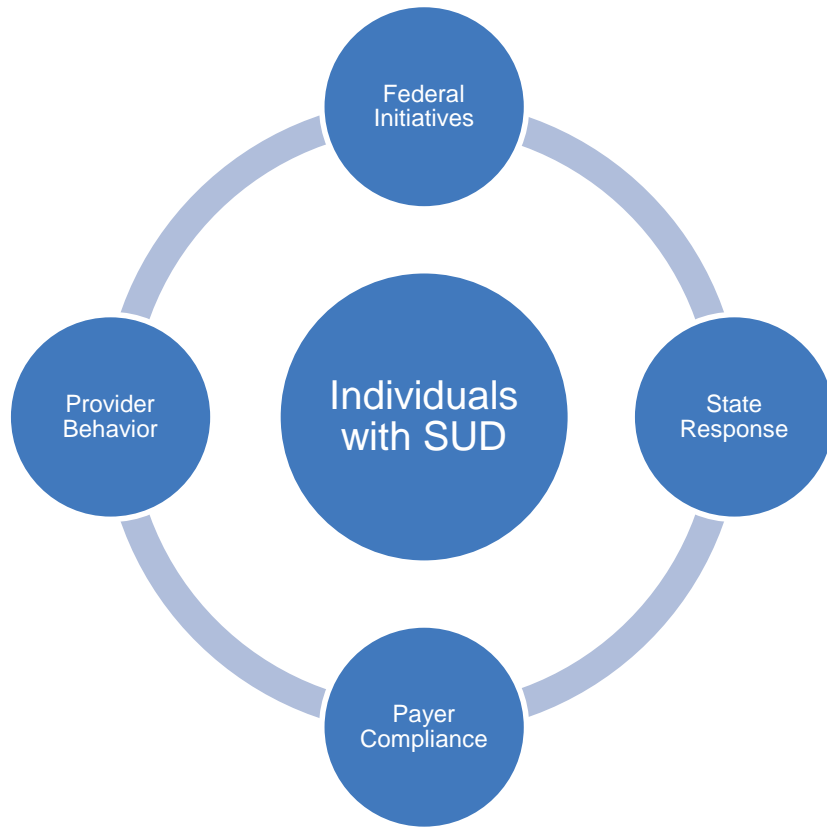
V. Next Steps

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	April 16 2021
In-Person Meeting	Web #1	Postponed	Web #2	Web #3	Web #4	Web #5	Web# 6	Web# 7	Web# 8



5 It Takes a Village



Governor Cuomo Announces Award Of \$50.7 Million to Enhance Addiction Services in New York State

- The funding awarded will support regional approaches to care and help prevention, treatment, and recovery providers collaboratively provide continuum of addiction services.
- Providers who receive funding have identified specific needs in their region and proposed services to address the gaps in care.
- Regional networks are made up of multiple providers, in most cases serving multiple counties, in a region.
 - Brooklyn Regional Network (Brooklyn \$5.3M)
 - Citywide Addiction Support Network (Manhattan, Bronx, Queens \$10.5M)

Medication Assisted Treatment and Emergency Referrals (MATTERS) Program

- New York MATTERS is a statewide addiction referral network
- Electronic referral platform (hosted by the New York State Department of Health) to efficiently refer patients with opioid use disorder using a tablet
- Ready, willing and able community-based providers
- DOH prescription vouchers for up to 2 weeks of MAT
 - Medicaid and uninsured

NYC ED MAT QUALITY COLLABORATIVE TEAM UPDATE

SBH and H+H Harlem

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St. Barnabas Health System



Current State

- **Our community:** St. Barnabas Health System (SBH) is an urban academic health system located in the South Bronx, NYC. We are projected to have >60,000 ED visit this year, but previously were 80-90,000 visits yearly. We serve a high number of patients with SUD/ODU and are located in one of the neighborhoods with the highest incidence of overdose and opioid related deaths. SBH provides inpatient detox from alcohol and opioids, as well as runs an outpatient substance abuse clinic and methadone center.
- **Current state:**
 - Identification of patients with SUD/ODU is not standardized and relies on patients seeking treatment and/or the provider's social history taking.
 - Approximately 7/20 ED attendings have obtained their X-waiver.
 - Although SBH does have an outpatient addiction medicine clinic, there is not a standardized process for ensuring appointments are made from the ED.
- **Goals for Collaborative participation:**
 - Standardize identification of patients with SUD/ODU
 - Increase the number of X-waivered attendings in the ED
 - Standardize follow up care with the outpatient Addiction medicine clinic

Data Collection Progress and Strategy for Collecting Collaborative Measures

- **How?**

- ED Monthly President's report for monthly ED volume.
- Difficulties in obtaining number of patients in the ED who screen positive for SUD/ODU from the EMR.
- Can obtain monthly report of Buprenorphine orders from the ED from our ED pharmacist

- **Lead?**

- Will need approval to add a question within our EMR regarding SUD/ODU.

- **Best Practices?**

- Working with IT to establish easier to search ways to identify patients who screen positive for OUD/SUD.

- **Lessons Learned?**

- Data mining from an ED EMR is difficult.

Completed ED MAT Strategy

- *Not completed as of now*

ED MAT Strategy Currently Under Planning/Implementation

- Current State?

- Working with ED Admin and IT to establish EMR check boxes to identify patients with SUD/ODD
- Assisting ED attendings in obtaining their X waiver
- Anticipate meeting with Addiction medicine colleagues to establish outpatient referral and follow up from the ED

Barriers that you anticipate or are experiencing in implementing MAT in the ED:

Barrier 1: Patient acceptance of BUP over MMTP
Strategies for Overcoming Barrier: Education at bedside

Barrier 2: Timely outpatient follow up
Strategies for Overcoming Barrier: Meeting with our Addiction medicine team and standardizing the referral process

Our Team Has Been Wondering . . .

- **Our questions to other teams:**
 - How do you collect the data for patient's screening positive for SUD/ODU?
 - How do you ensure timely follow up?
- **Our questions for faculty:**
- **We need support to accomplish:**

Questions?





Harlem



NYC H+H Harlem Hospital: GNYHA ED MAT Collaborative Project Overview

Dr. Avinash Viswanath, MD
ED Clinical Bupe Champion
Harlem Med. ED Attending Physician

Kayna Pfeiffer, LMHC, CASAC
ED Leads Project Manager
Central Office of Behavioral Health



Our **NYC HEALTH+ HOSPITALS** | Harlem **Community¹**

- **Urban**
- **Race and Ethnicity: Black (54%); Hispanic (24%), White (16%)**
- **Economics:**
 - **\$38,830 per capita income;**
 - **\$55,000 median household income**
 - **20.1% below the poverty line**
- **Language: 34.7%, language other than English spoken at home**
- **ED encounters per year: 77,000**

Current State

- **Capacity to ID patients w/ OUD/SUD:**
 - Fully implemented screening and assessment for SUD and OUD in place within the ED through the ED Addiction Leads team
- **Capacity to prescribe and provide buprenorphine in the ED**
 - 11 waived prescribers in the ED with availability to prescribe on most days in the ED (>20 days/month in the last 3 months)
- **Capacity to refer patients and connect w/ community providers**
 - Through the LEADS program; collaboration ongoing with Virtual bupe, outpatient SUD clinic

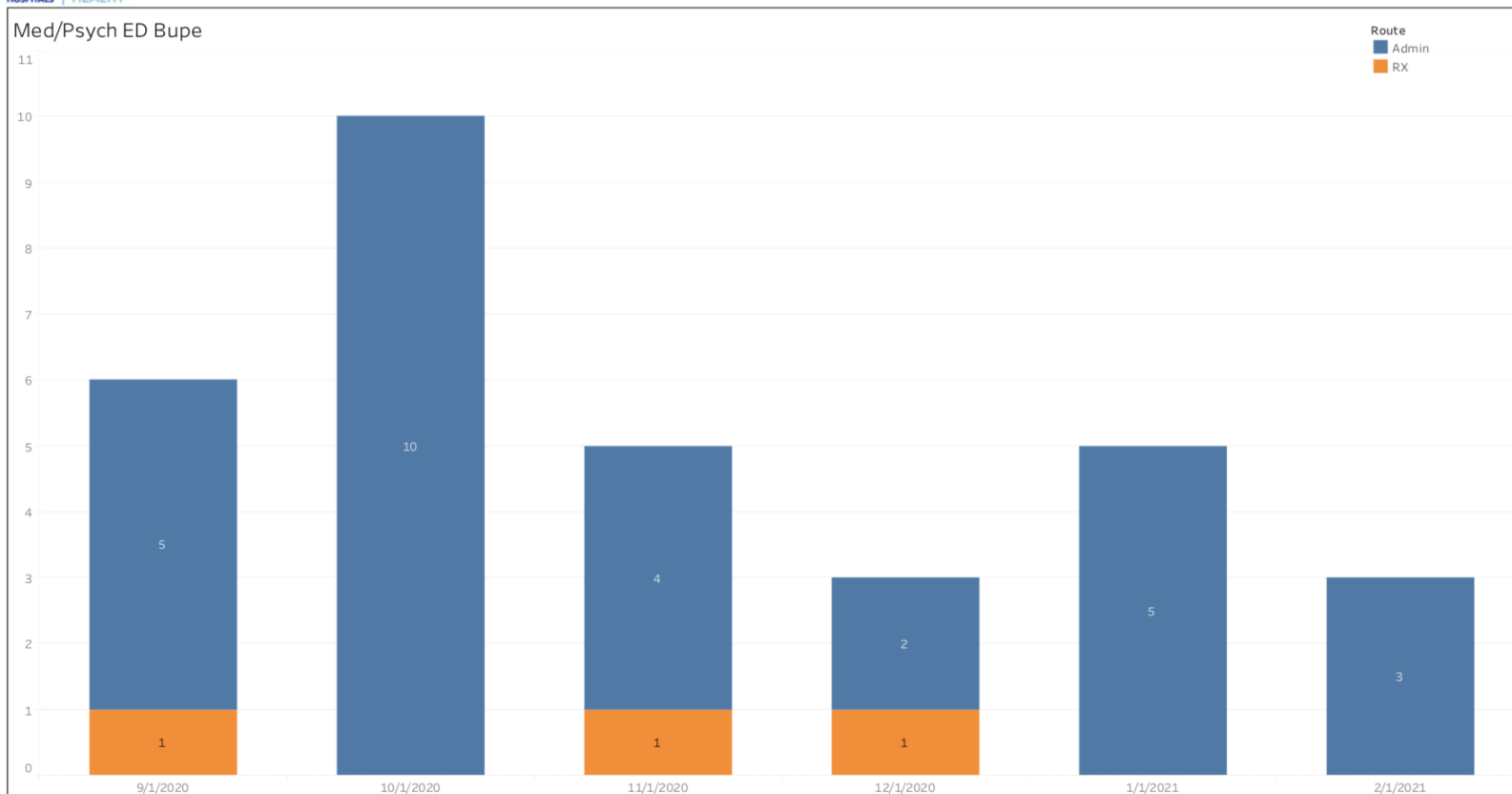
Goals for Collaborative Participation

- Identify patients who would benefit from counseling and treatment regarding SUD
- Provide the initial support for a patient to engage in SUD treatment
- Ensure follow-up for patient in the outpatient setting to ensure consistent and sustained engagement for treatment

Data Collection Progress Strategy for Collecting Collaborative Measures

- How?
 - Monthly Dashboards
- Data Collection?
 - Collaboration with Central Office of Behavioral Health
- Best Practices?
 - Continuation of monthly dashboard updates/dashboard optimization
- Lessons Learned?

Sample Data from ED SUD Dashboard



Completed ED MAT Strategy

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| Harlem

- **Developed a communication strategy/educational session to educate clinicians and ED staff about the ED MAT Project**
 - *Project discussed at ED staff meetings regularly*
- **Support Waiver Training as needed**
 - *11 waived providers*
 - *Rest of ED providers (not currently waived) are in training*
- **Fully implemented algorithm for buprenorphine induction appropriateness and treatment guidelines**

ED MAT Planning/Implementation Strategy

- Current State:
 - In progress (not fully implemented): referral process and warm hand-off to providers for post-ED treatment
- Action Plan?
 - We are trying to improve communication w/ outpatient facilities
- Lead?
 - LEADS team
- Start Date:
 - In progress currently; but there is much room to improve given our outpatient referral numbers from the ED

Barriers (anticipating or experiencing) in implementing MAT in the ED

- Barrier #1: **Culture Change of Providers**
 - Strategies for Overcoming Barrier:
 - **Frequent education** to help providers to help providers become more **comfortable** with prescriptions and induction
 - **Increase in use** of bupe by **champions**, in the **role-model** setting, leads to observed reproducible behaviors by others

Barriers (anticipating or experiencing) in implementing MAT in the ED

- Barrier #2: **Availability of LEADS team**
- Strategies for Overcoming Barrier:
 - Ipad and other **telecommunication** methods to **augment** in-person **availability**
 - Addiction Consult: Allows for ED providers to put an addiction consult into the EMR (24/7) for LEADS to respond to (will follow up next day if not on shift)
 - Current discussion on **24/7 ED coverage** is underway

Barriers (anticipating or experiencing) in implementing MAT in the ED

- Barrier #3: **De-stigmatization of bupe in OUD patient population**
 - Strategies for Overcoming Barrier:
 - The belief it will make them withdraw is prevalent in our patient population; **education** and **motivational interviewing**
 - **Community Outreach** by outpatient clinics



Questions?

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Harlem

References

¹ U.S. Census Bureau (2019). *Sex by Age American Community Survey 1-year estimates*. Retrieved from <<https://censusreporter.org>>

Discussion



DATA UPDATE

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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

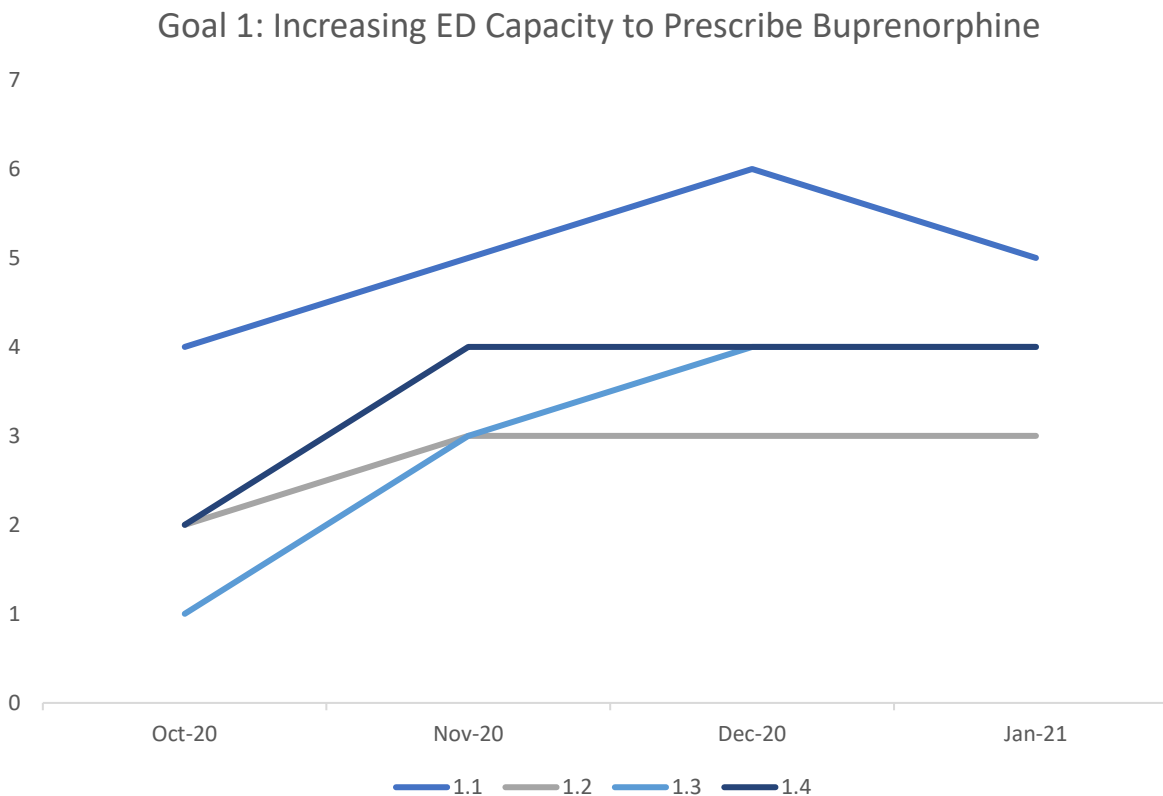
Assign Data Contact and Submit Requested Information for Stipend

- 6/13 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

- 6/13 submitted data for at least one month since October 2020
- February data due 3/31/21
- 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

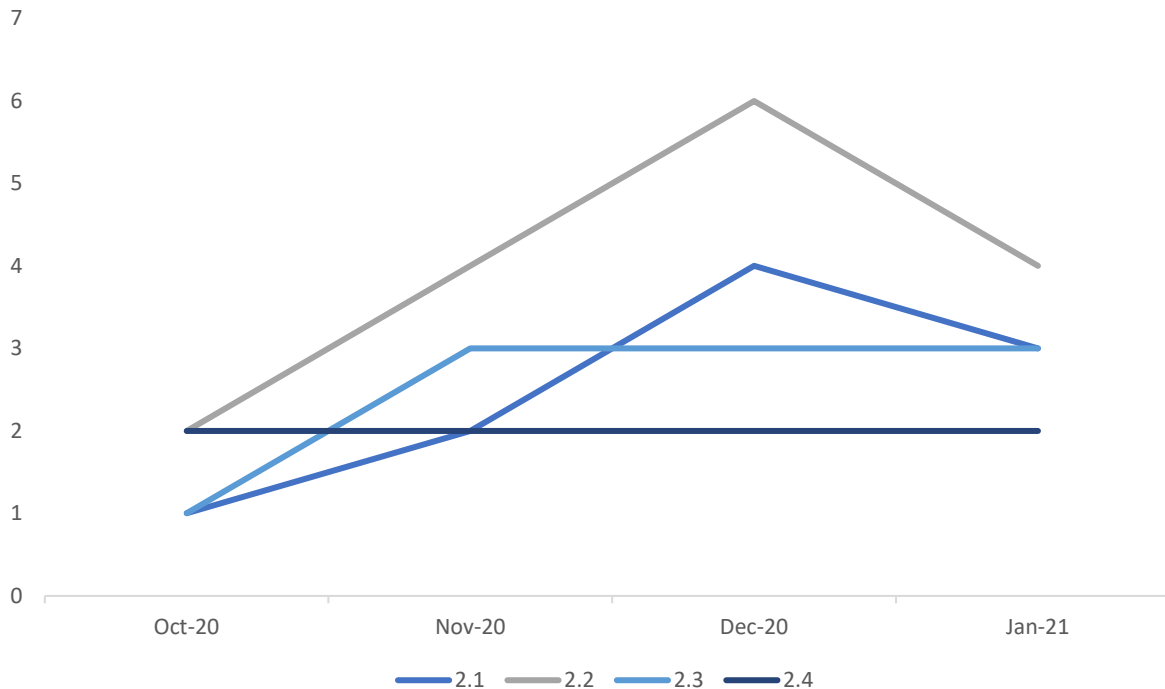
Goal 1: Increasing ED Capacity to Prescribe Buprenorphine



- **Common 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

Goal 2: Identifying Patients for Buprenorphine Induction in the ED

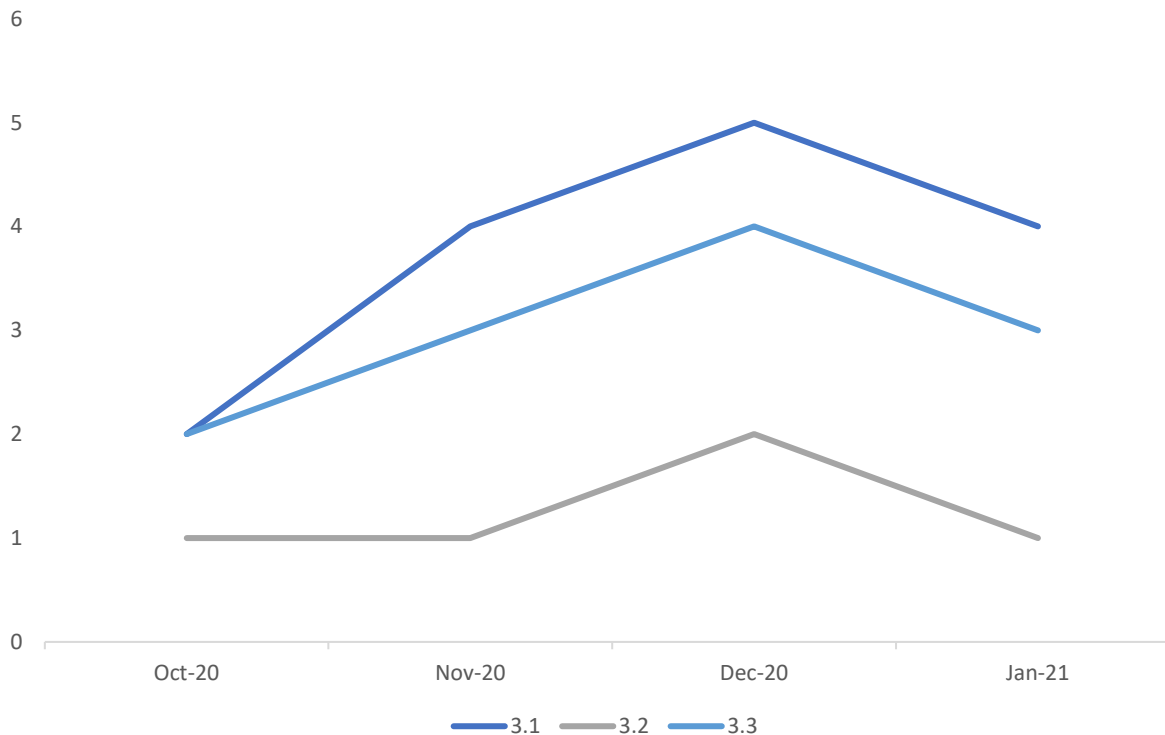
Goal 2: Identifying Patients for Buprenorphine Induction in the ED



- **Common Measure 2.1:** # of patients eligible for buprenorphine induction in the ED in the past month
- **Optional Measure 2.2:** # of patients who screened positive for 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

Goal 3: Increasing the Provision of Buprenorphine in the ED

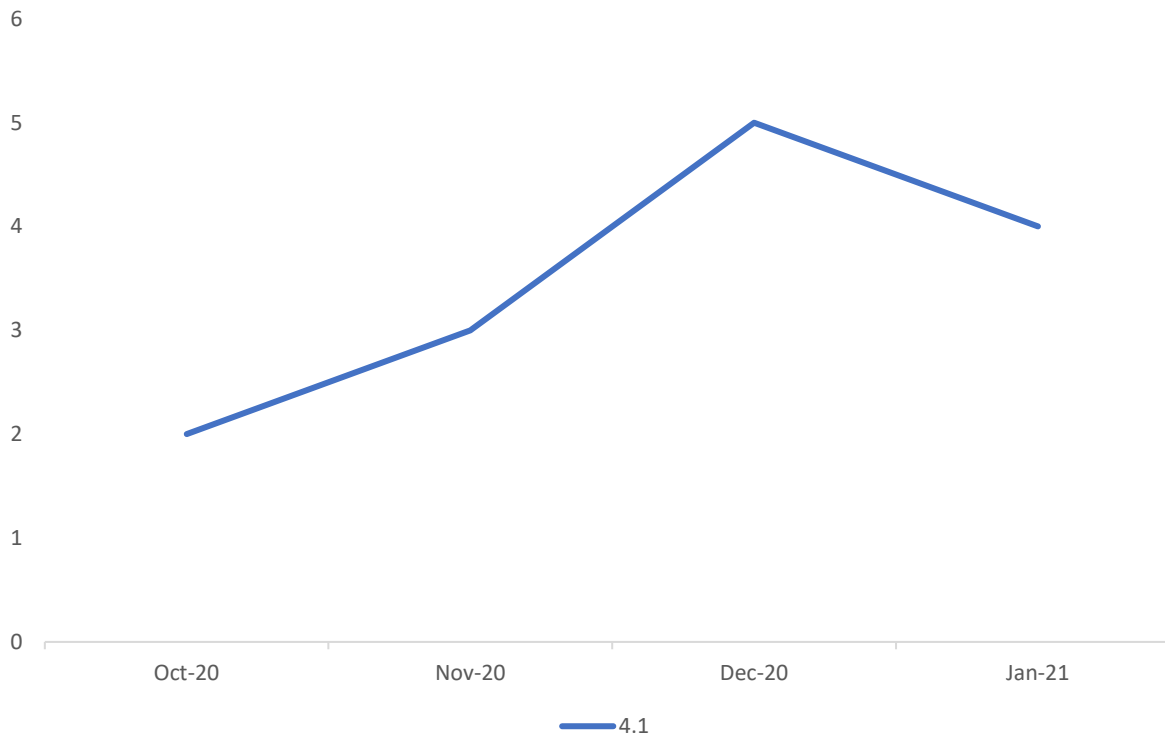
Goal 3: Increasing the Provision of Buprenorphine in the ED



- **Common Measure 3.1:**
of patients induced on buprenorphine in the ED in the past month
- **Optional Measure 3.2:**
of patients given a prescription for a home induction in the ED in the past month
- **Optional Measure 3.3:**
of patients given a prescription for buprenorphine upon discharge from the ED in the past month

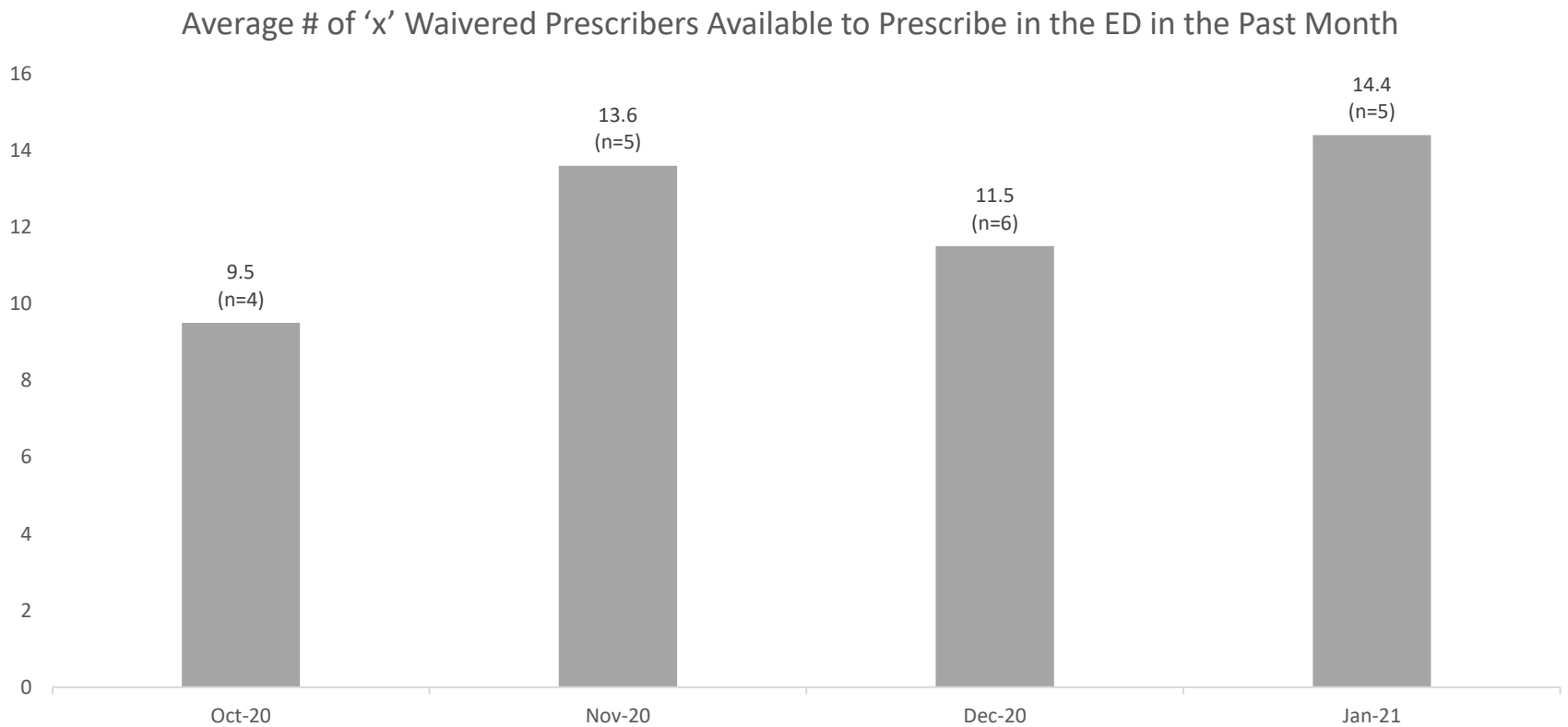
Goal 4: Improving Connections with Community OUD Providers

Goal 4: Improving Connections with Community OUD Providers



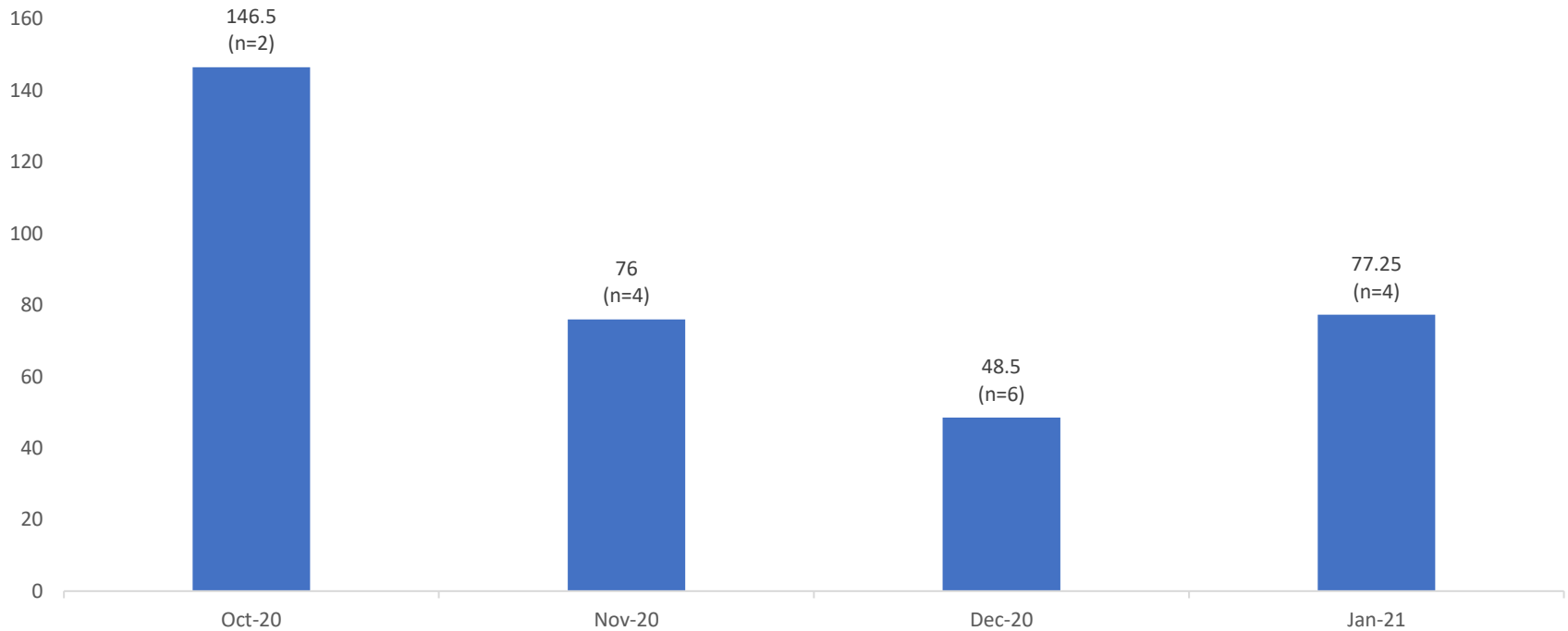
- **Common Measure 4.1:** # of patients linked to OUD treatment at discharge from the ED in the past month

Common Measure 1.1: # of 'x' waived prescribers available to prescribe in the ED in the past month



Optional Measure 2.2: # of patients who screened positive for Opioid Use Disorder (OUD) in the past month

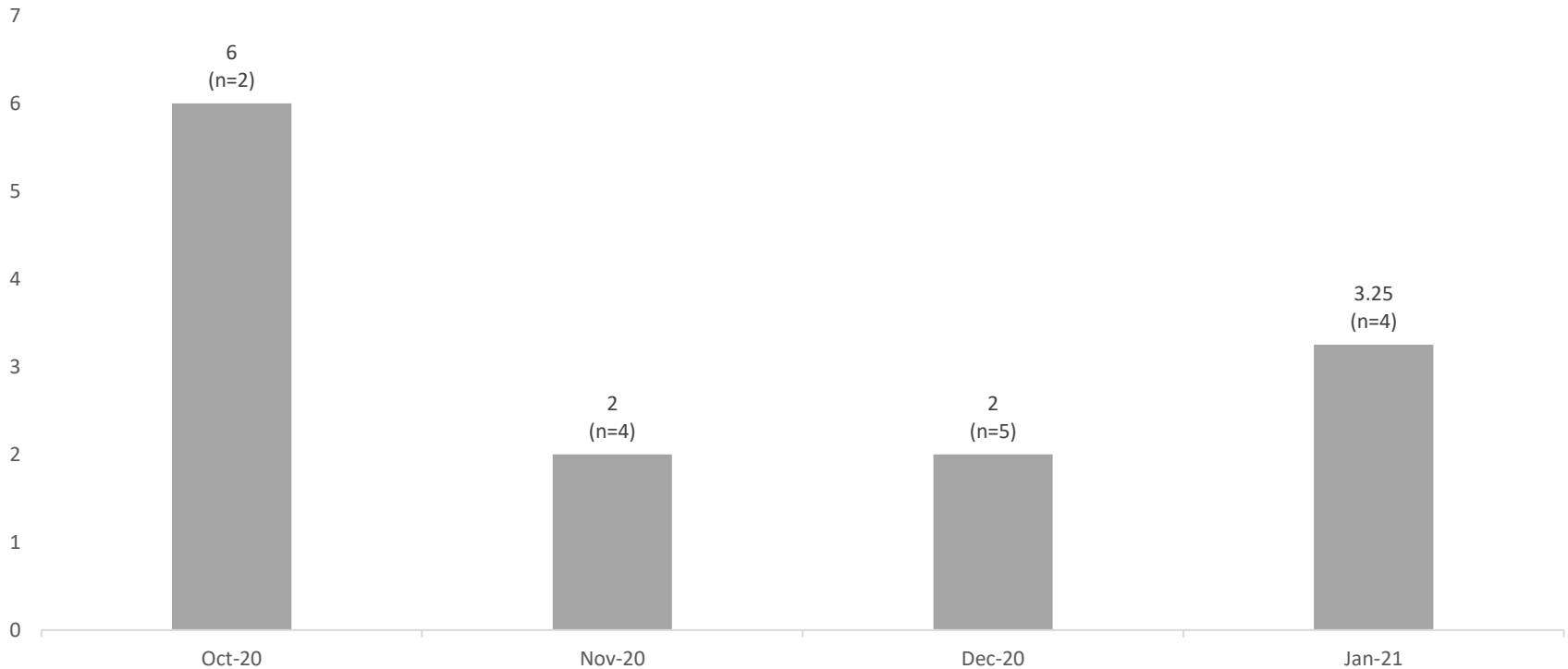
Average # of Patients Who Screened Positive for Opioid Use Disorder (OUD) in the Past Month



Common Measure 3.1: # of patients induced on buprenorphine in the ED in the past month

Total # of Patients Induced on Buprenorphine Since October: 43

Average # of Patients Induced on Buprenorphine in the ED in the Past 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

- ✓ ***Prepare to ask one clinical or operational ED MAT question for a knowledge sharing session with other hospitals in the Collaborative***
- ✓ ***Submit a success story (can be around patient treatment, gaining buy-in, operations, etc.)***
- ✓ 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:**
 - *Friday, April 16, 2021 – 1 p.m. – 2 p.m.*
 - *Topic: MATTERS Program*
- **Scheduling Underway**
 - Office Hours with an ED Champion
 - Data 2000 X Waiver trainings (May and July)
 - Increasing collaboration with community-based providers
- **Other member needs???**

Questions or Comments?



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