

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

April 16, 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. Data Update

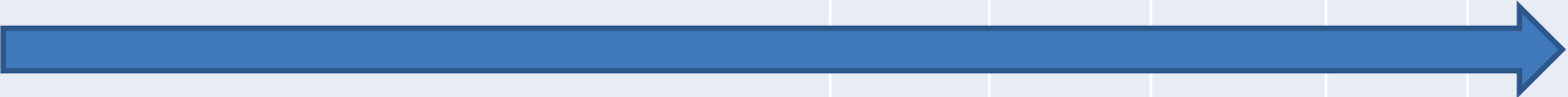
IV. NY MATTERS Electronic Referral Network

IV. Discussion

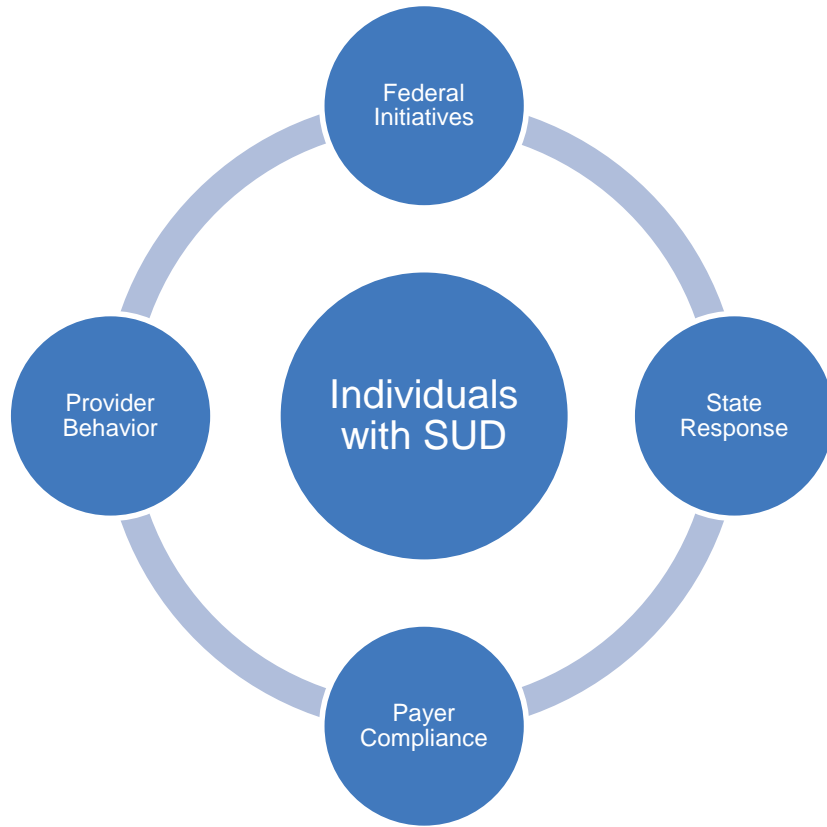
V. Next Steps

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	May 20, 2021
In-Person Meeting	Web #1	Postponed	Web #2	Web #3	Web #4	Web #5	Web# 6	Web# 7	Web# 8	Week #9



5 It Takes a Village



Overdose Deaths Have Surged During the Pandemic, C.D.C. Data Shows

- Preliminary [data released by CDC](#) show a 29% rise in overdose deaths from October 2019 through September 2020 compared with the previous 12-month period.
- Illicitly manufactured fentanyl and other synthetic opioids were the primary drivers
- Seen highest increase in mortality from opioids, predominantly fentanyl, among Black Americans

Source: [Drug Overdose Deaths Have Surged During the Pandemic, C.D.C. Says - The New York Times](#)

NOTE: Changing Platform from GoToWebinar to Zoom

- Moving forward we will be using **Zoom** as a platform to hold the remaining Collaborative sessions
- Instead of a registering on a GoToWebinar link, **you will receive a calendar invitation with a Zoom link to join**
- Let us know of others that should be included in the mailing list

Emergency Medicine Half-Half Medication for Addiction Treatment (MAT) Virtual Waiver Training



Date:	May 12, 2021 from 1 pm – 5 pm
Registration Link:	https://gnyha-org.zoom.us/meeting/register/tJYofu2orzkuE9OBMmgl6vZEj29ePqTB44FX
Trainer:	Dr. Ross Sullivan <i>Assistant Professor of Emergency Medicine</i> <i>Director of Medical Toxicology and Opioid Bridge Clinic at Upstate University Hospital</i>

AAAP is the DATA 2000 sponsor for this training
Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 from SAMHSA.
The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

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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

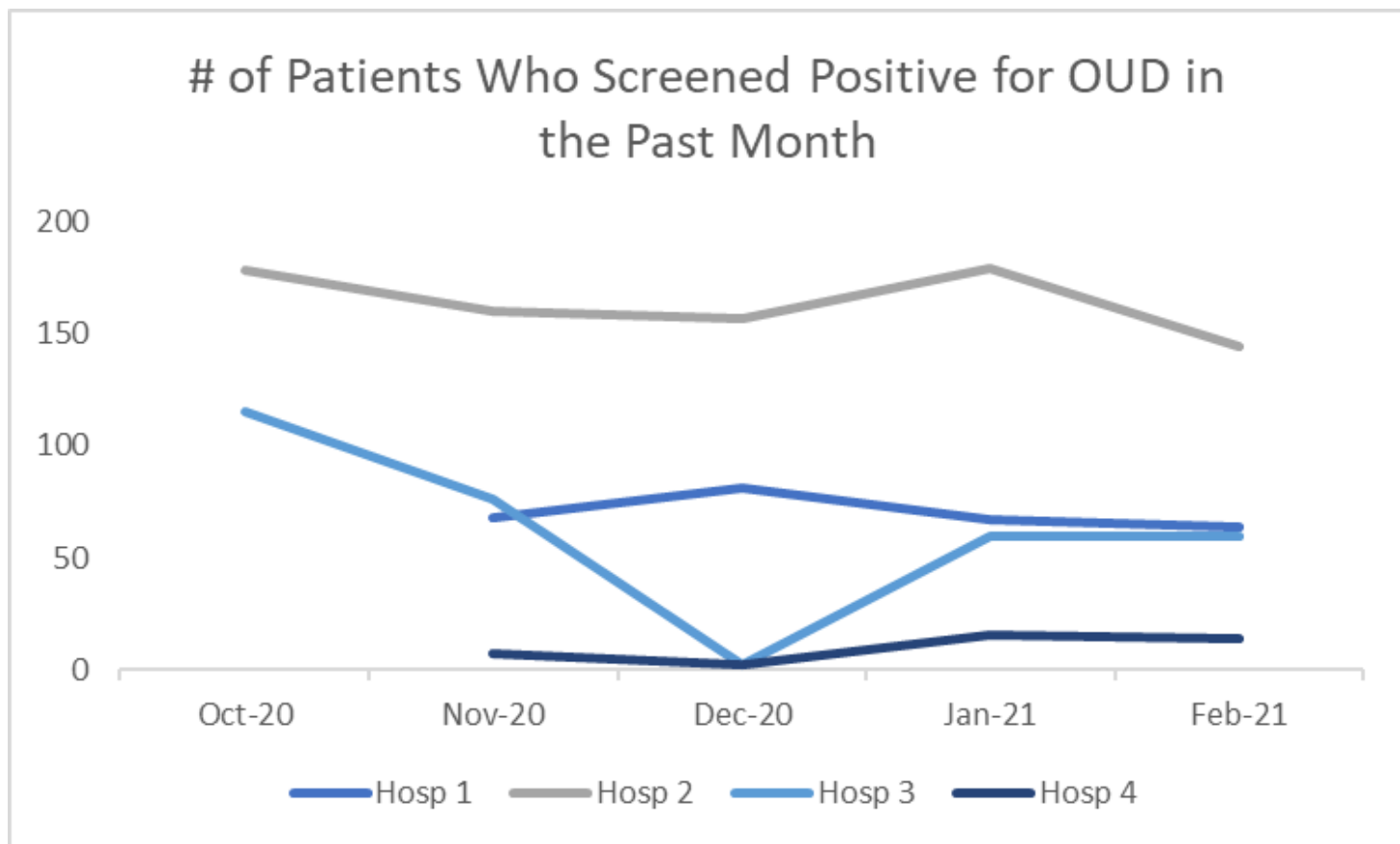
Assign Data Contact and Submit Requested Information for Stipend

- 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

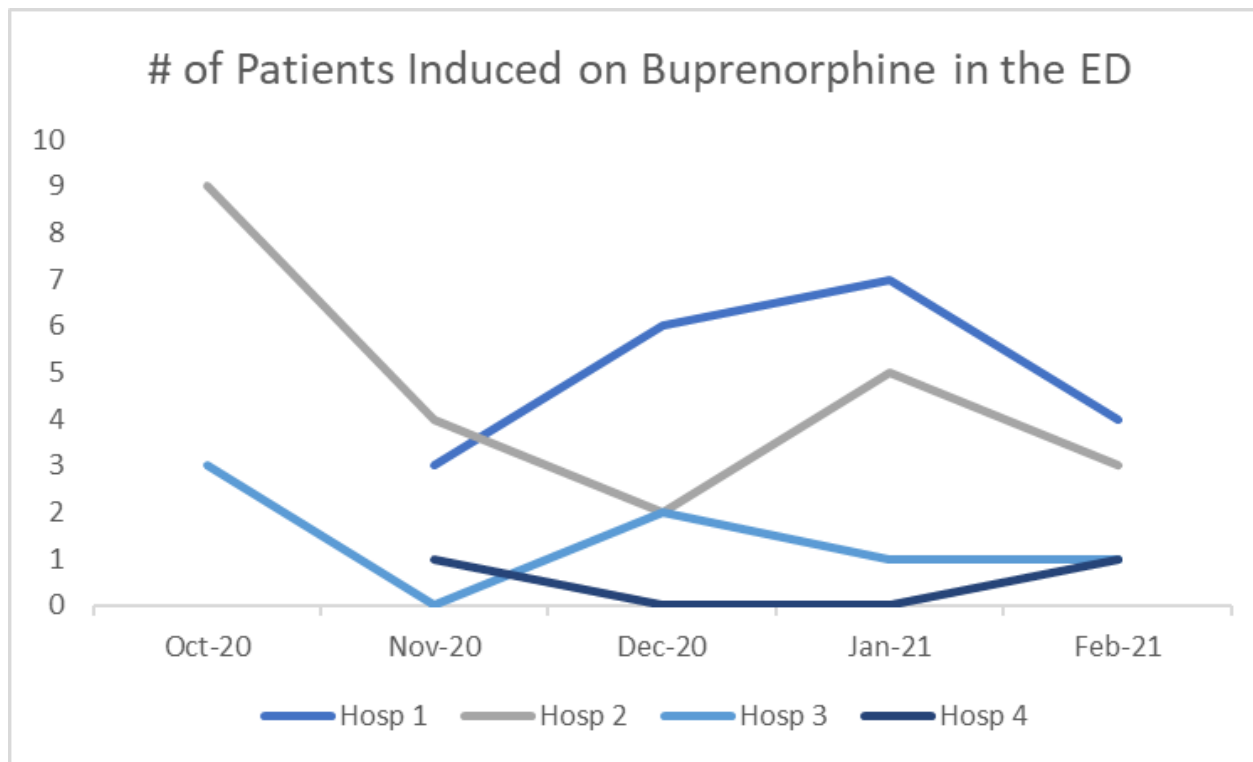
- 6/13 submitted data for at least one month since October 2020
- March data due 4/30/21
- Please submit whatever measures you have, even if you do not have data for all measures
- Data will always be due at the end of the following month

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

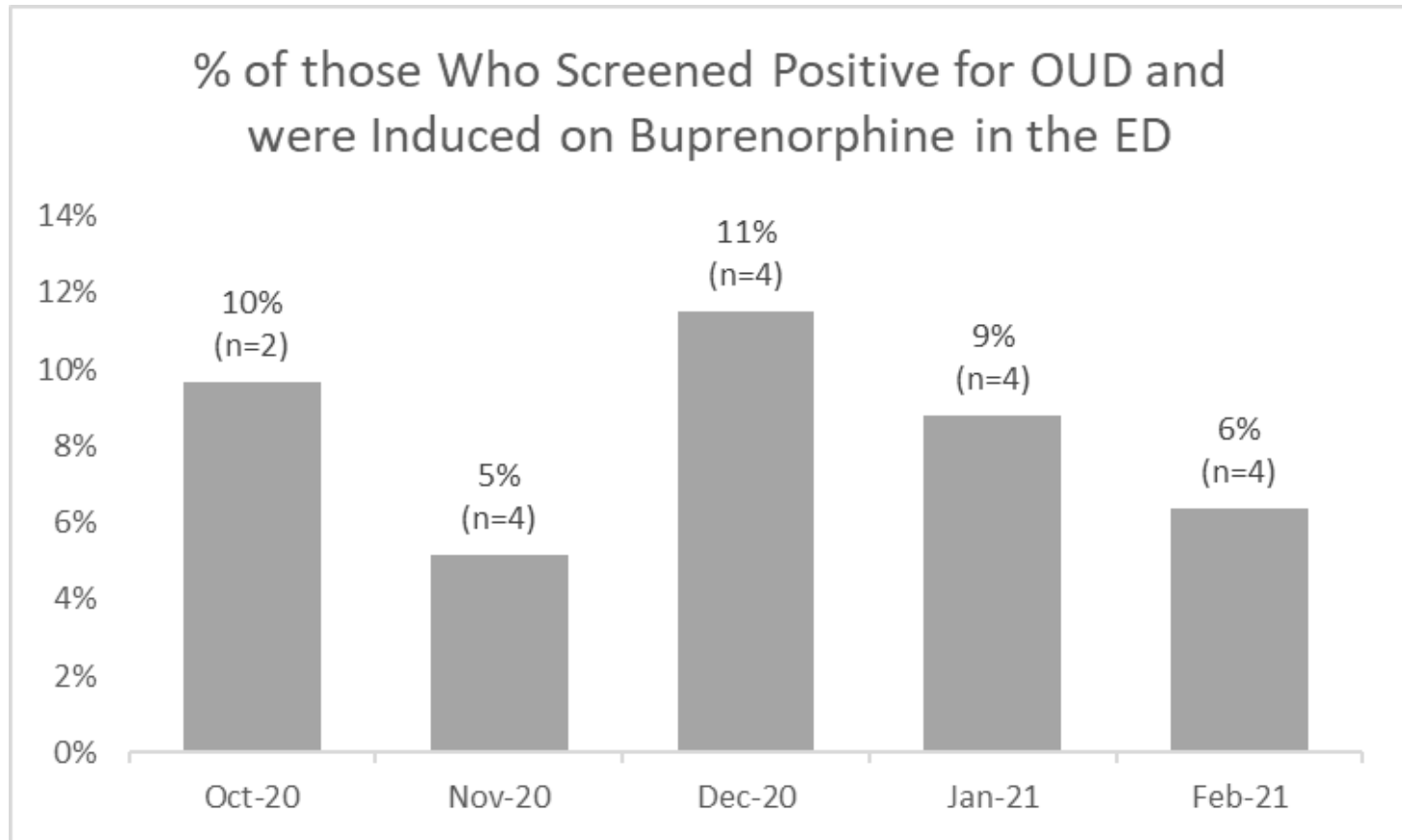


Common Measure 3.1: # of patients induced on buprenorphine in the ED in the past month

Total # of Patients Induced on Buprenorphine Since October: 52



Optional Measure 2.2 & Common Measure 3.1



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>

MEDICATION FOR ADDICTION TREATMENT AND EMERGENCY REFERRALS (MATTERS) PROGRAM

Dr. Joshua Lynch

Founder and Medical Director, *NY Matters Network*

Emergency Physician and Associate Professor, *University at Buffalo*
Department of Emergency Medicine

Technical Advisor, *New York State Department of Health*

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NEW YORK
MATTERS

Medication Assisted Treatment & Emergency Referrals

JOSHUA J. LYNCH, DO, EMT-P, FACEP

TECHNICAL ADVISOR | NEW YORK STATE DEPARTMENT OF HEALTH

ASSOCIATE PROFESSOR | UNIVERSITY AT BUFFALO DEPARTMENT OF EMERGENCY MEDICINE

FOUNDER & MEDICAL DIRECTOR | NEW YORK MATTERS

CALEIGH LOUGHRAN, BA

PROGRAM COORDINATOR | NEW YORK MATTERS

JUST IMAGINE...



YOU'RE IN WITHDRAWAL...



GIVEN A LIST...



MOST NUMBERS DON'T WORK...



WE CAN DO BETTER



WHAT WOULD YOU WANT?





**MEDICATION
VOUCHERS**



**BUPRENORPHINE
WAIVER TRAINING**



**ELECTRONIC
REFERRAL SYSTEM**



**TELEMEDICINE
EVALUATIONS**



**INPATIENT
CONSULTS**



**CORRECTIONS
REFERRALS**



**HOME
INDUCTION**



**HARM
REDUCTION**

New York MATTERS Explainer Video



**NEW YORK
MATTERS**
Medication Assisted Treatment & Emergency Referrals



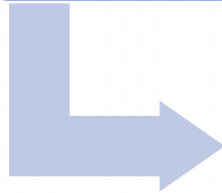
Joshua Lynch, DO, EMT-P, FACEP
Founder and Medical Director, New York MATTERS
Clinical Associate Professor of Emergency Medicine
University at Buffalo Jacobs School of Medicine

NEWYORKMATTERS.ORG

<https://mattersnetwork.org/>

Prescribing

- Optimize opioid prescribing



MAT

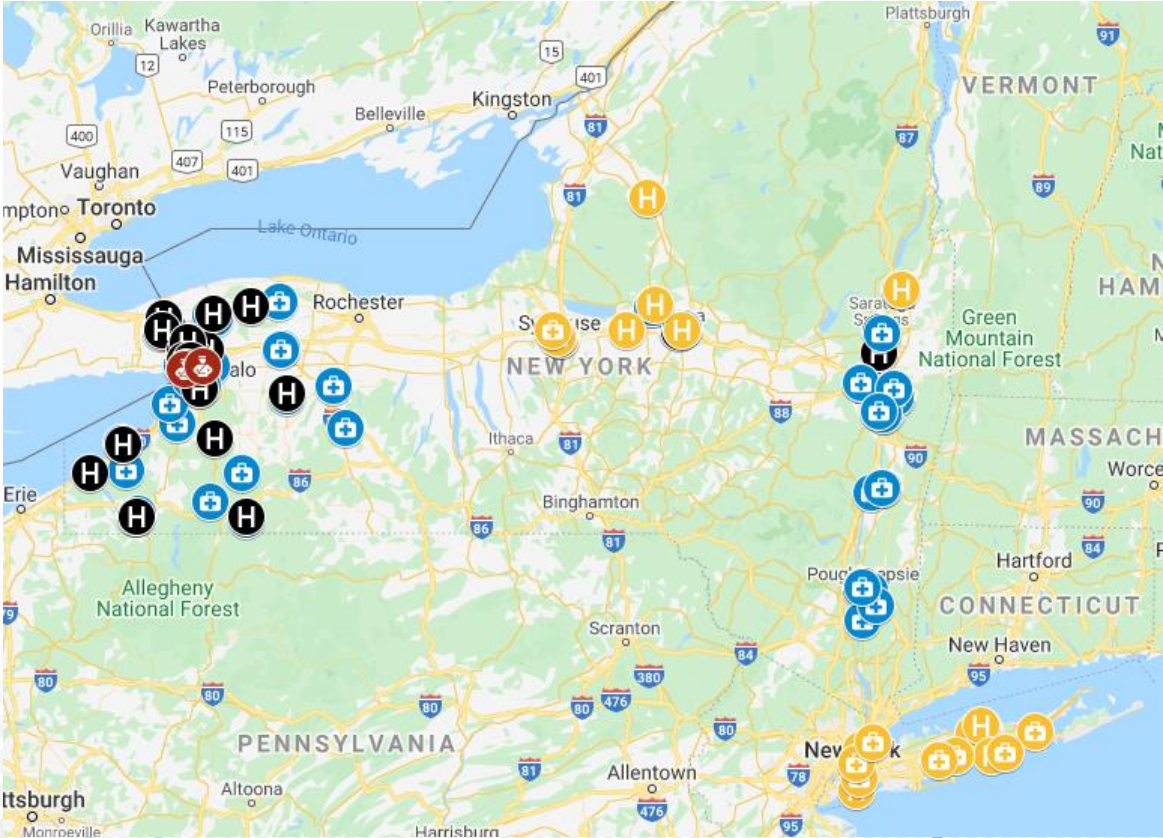
- Provide access to MAT in the ED



Referrals

- Provide rapid referrals

EXPANSION ACROSS NEW YORK STATE





MATTERS

Medication Assisted Treatment & Emergency Referrals

Mission

Regional hospital systems, through the Medication Assisted Treatment and Emergency Referrals (MATTERS) network are partnering with community-based substance use treatment programs to reduce inappropriate controlled substance prescribing, increase access to medication assisted treatment (MAT), and provide rapid access to substance use treatment programs.

Vision

- To aid our shared patients in initiating and continuing successful opioid and overall substance use disorder treatment.
- To reduce morbidity and mortality associated with opiate and substance use disorder.
- To provide a best practice model for Hospital and Emergency Department Initiated Buprenorphine Programs that others can emulate.
- To provide the same high level of care to patients suffering from opiate use disorder that we would for any other emergency medical condition.

Values

Hospital partners will follow these values:

- We will prescribe buprenorphine for patients when appropriate based on our guidelines.
- We will not automatically disqualify patients from receiving buprenorphine if they engage in polysubstance abuse (especially benzodiazepines and/or alcohol).
- We will refer patients to the most appropriate follow up possible based on their unique needs.
- We will inform patients of the referral program's expectations.
- We will continuously evaluate our program and share our lessons learned with others.

Community-based substance abuse treatment programs that embody these values:

- They will accept and work with patients regardless of insurance status.
- They will accept patients who have not been prescribed buprenorphine or MAT in the past.
- They will offer timely appointments to patients referred from the hospital and emergency department.
- They will accept referred patients even if previously discharged from a treatment program.
- They will not automatically disqualify patients from receiving medication assisted treatment if they engage in polysubstance abuse (especially benzodiazepines and/or alcohol).
- They will not place undue financial burden on the patient.
- They will provide care that is culturally appropriate for the target population of patients with substance use disorder.
- They will provide feedback referring providers regarding the disposition of referred patients to improve processes.

Prescribing Guidelines



Opioid and Sedative Prescribing Guidelines for Providers

1. A dedicated primary care provider (outside of the emergency department or urgent care) who can follow a patient's treatment and response should provide all opioids and sedatives to treat any patient's chronic pain.
2. Administering intravenous or intramuscular opioids or sedatives in the emergency department or urgent care for the relief of acute exacerbation of chronic pain is generally discouraged¹.
3. Prescriptions for opioids for acute pain from the emergency department or urgent care should be written for the shortest duration appropriate. In cases of diagnostic uncertainty, this generally should be for **no more than 3 days**, as is consistent with national guidelines.
4. Patients may be screened for substance use disorder. Those protocols may include services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or actively have, substance use disorders.
5. When patients present with acute exacerbations of chronic pain, a summary of the care, including any medications prescribed, should be communicated to the primary opioid prescriber or primary care provider.
6. Emergency department and urgent care providers will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely.
7. Emergency department and urgent care providers, or other designees, should consult the New York State prescription monitoring program (ISTOP) before writing opioid prescriptions for acutely painful conditions.

¹ This document was designed to aid the qualified health care team in making clinical decisions about patient care and is not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on individual patient characteristics and unique clinical circumstances.

August, 2020



Opioid and Sedative Medication Notice to Patients

Our Emergency Department/Urgent Care providers understand that pain relief is important when you are hurt or need emergency care for pain. Our main goal is to look for and treat your emergency medical condition. Our emergency department tries to ensure kind treatment of patients without contributing to opiate or sedative dependence or addiction.

For your safety, we follow these guidelines when treating your pain.

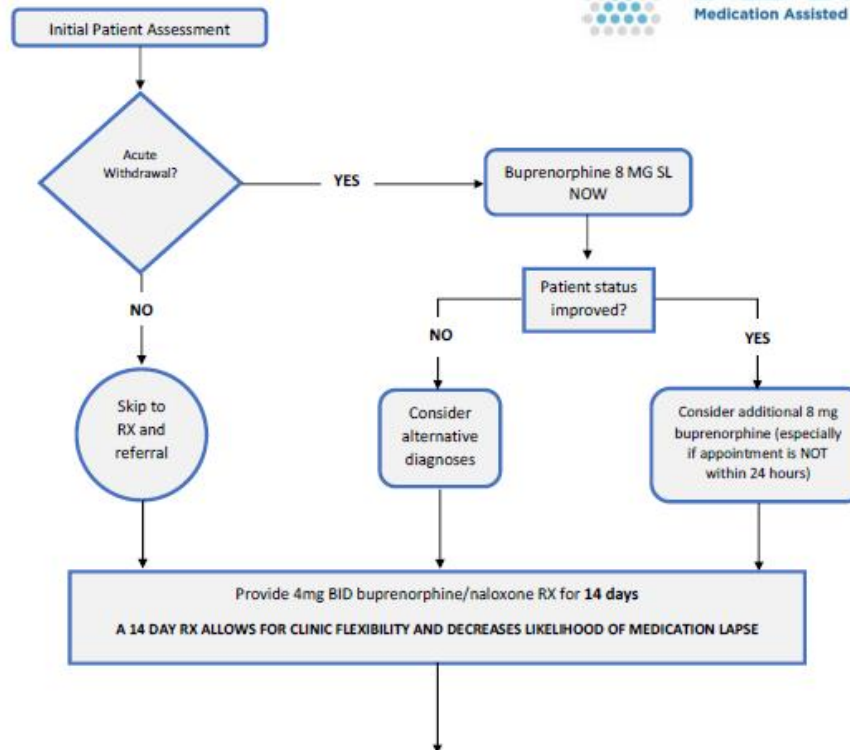
1. To assure your safety, we recommend that a dedicated primary care provider outside of the emergency department or urgent care provide all opiates and sedatives to treat your chronic ongoing condition.
2. We may prescribe opioid medications for acute, short term pain for the shortest duration appropriate. This generally will be for **no more than 3 days**, consistent with national guidelines.
3. We may screen patients for substance misuse before prescribing or providing any opioids.
4. We will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely. You should contact your primary care provider or pain specialist for a refill.
5. We may also check the New York State prescription monitoring program called I STOP before prescribing or providing opiates for new painful conditions.
6. Generally, we will not prescribe or provide doses of long acting opioid pain medications.

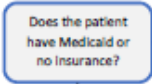
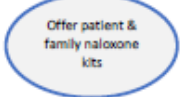
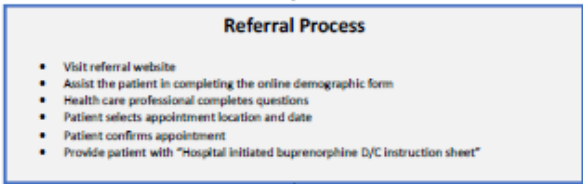
Opioid medications include (but are not limited to): codeine; hydrocodone (Norco, Vicodin, Lortab); oxycodone IR (Percocet) and SR (OxyContin); morphine IR and SR (MS Contin); hydromorphone IR (Dilaudid) and ER (Exalgo ER); methadone; fentanyl; oxymorphone ER (Opana ER).

Sedative medications include: alprazolam (Xanax); clonazepam (Klonopin); diazepam (Valium); lorazepam (Ativan). (This is not a comprehensive list of all available products)

This information is provided for educational purposes only. It is not intended to deter you from seeking treatment or take the place of the clinical judgement of your treating provider. It is also not intended to establish a legal or medical standard of care.

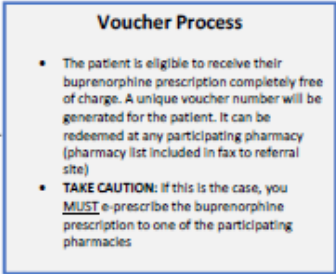
August, 2020





YES

NO



Vouchers accepted at:
Walgreens
Wegmans





Welcome to the New York State Medication Assisted Treatment and Emergency Referrals (MATTERS) system. You will be asked to provide some basic information about yourself along with your medical and substance use history. You will then be able to select which clinic location you desire to be seen at after discharge. Once you select the clinic location, you will receive a confirmation of your selection via email (if you provide an email address). In the next day or two, you will receive a call from the clinic to solidify a time for your appointment. It is very important that you provide accurate phone contact information.

Opioid Dependence Screening Form

Patient Information*

First Name*

Last Name*

E-mail

Confirm email

Date of Birth*

Month ▼

Day ▼

Year ▼

Phone #1*

Alt Phone #2

Street Address*

City/Town*

Zip*

What type of health insurance do you have?*

- Private insurance (not including managed Medicaid plans) Medicare Medicaid Tricare No insurance Other...

Do you have any of the following medical conditions? (check all that apply)*

Coronary Artery Disease Asthma/COPD Currently Pregnant Hepatitis Hypertension Diabetes None Other (specify)

Have you ever undergone any of the following treatments for opioid dependence in the past? (check all that apply)*

Outpatient Treatment Inpatient Treatment Buprenorphine (Suboxone) Methadone Naltrexone (Vivitrol) None

Would you like to be contacted by a peer in recovery for support?*

Yes

No

Select the location you are being discharged from*

Select Referral Location*

- Select -

I understand that the system is operated by the Office of Public Health in the New York State Department of Health (NYSDOH), and I consent to NYSDOH's use of the information in the system for program evaluation and public health activities such as studying and improving the health of people in New York State.*

< Previous Page

Next Page >

TO BE COMPLETED BY HEALTHCARE PROFESSIONALS ONLY

Name of the prescribing provider

Referral Settings

- None - ▾

Was buprenorphine given prior to discharge?

Yes

No

Was an outpatient prescription for buprenorphine given?

Yes

No

Was the patient/family provided a naloxone kit?

Yes

No

Reason for visit

Overdose

Acute Withdrawal

Neither Overdose nor Acute
Withdrawal

Detox

Other

< Previous Page

Submit



Make a follow-up appointment with the Clinic

List

Enter an address to filter results. 4264 found

14215 10 Search Reset

Best Self Central Intake - 951 Niagara Street Buffalo

- Methadone: X
- Vivitrol: ✓
- Buprenorphine: ✓

Select Date



Make a follow-up appointment with the Clinic

Map

Enter an address to filter results. 10791 found

Appointment Date	Clinic	Metadone	Vivitrol	Buprenorphine	Distance	
08/27/2020	Brooks-TLC - 33 N Main St, Cassadaga	✘	✔	✔	0.00 miles	Select
08/27/2020	St Vincent/Updike - 1500 Broadway Ave Buffalo	✔	✔	✔	0.00 miles	Select
08/27/2020	Dent Neurologic Institute- 3980 Sheridan Drive	✘	✘	✔	0.00 miles	Select
08/27/2020	Stutzman - 360 Forest Ave, Buffalo	✘	✔	✔	0.00 miles	Select
08/27/2020	Horizon Health Services - 77 Broadway Ave Buffalo	✘	✔	✔	0.00 miles	Select
08/27/2020	Endeavor Health Svcs - ADULTS - 1131 Broadway, Buffalo	✘	✔	✔	0.00 miles	Select
08/27/2020	CASA- Trinity- 45 Maple St, Dansville	✘	✔	✔	0.00 miles	Select
08/27/2020	Horizon Health Services - 6520 Niagara Falls Blvd Niagara Falls	✘	✔	✔	0.00 miles	Select



Department
of Health

Login with HCS



Email sent to: 7168472715@fax.ny.gov



Thank you for registering for a follow up appointment.

Remember that you have selected a clinic location and date for your follow up. It is very important that you provided accurate contact information so the clinic can call you to determine the exact time of your follow up appointment.



TO REFERRAL
SITE



TO CLINIC



EMAIL PATIENT



EMAIL PEERS



VOUCHER

Found in Important Mailbox



Rapid Assessment and Hospital Initiated Buprenorphine System

July 1, 2019 at 10:29 AM



Appointment confirmation

To: Joshua Lynch



Your follow up appointment is scheduled at **Brooks-TLC - 33 N Main St, Cassadaga** on **07/21/2019**.

Hospital Initiated Buprenorphine Program Discharge Instructions

About Buprenorphine

You have been prescribed buprenorphine while in the hospital/emergency department. Buprenorphine is used to treat the symptoms of opiate withdrawal in order to facilitate treatment of opiate use disorder. This medication acts on opiate receptors. The medication should be placed under your tongue where it will dissolve and be absorbed directly into your blood stream. If you swallow the medication it will not work as well.

You should not take any opiates or sedatives (including those prescribed by a doctor) while taking Buprenorphine. If you drink alcohol or use benzodiazepines, talk to your provider. Taking buprenorphine with alcohol or benzodiazepines may put you at an increased risk for overdose.

You are being prescribed a 4mg dose of buprenorphine twice daily for a few days until you can be seen at the clinic. If deemed appropriate, the clinic will refill your buprenorphine prescribe at the same, a higher or a lower dose.

First Dose in the Hospital

If you received a first dose of Buprenorphine in the hospital/emergency department, you should take you next dose 12 hour later, and then continue to take one dose every 12 hours.

First Dose at Home:

If you were not given a dose in the hospital/emergency department, it probably means you were not yet having enough withdrawal symptoms. If you take buprenorphine before you are in moderate withdrawal, the medication can cause withdrawal symptoms, and make you feel really bad. You should wait until you have at least 3 of the following symptoms before taking your first dose:

- Feeling Sick
- Stomach Cramps
- Spontaneous Twitching
- Feelings of Coldness
- Heart Pounding
- Muscular Tension
- Aches and pains
- Yawning
- Runny Eyes
- Insomnia

Once you have taken your first dose at home, you should take you next dose 12 hours later, and then continue to take one dose every 12 hours.

You will receive your clinic appointment information via email/in hospital before discharge.

Your Clinic Appointment

You have either been given an appointment slot at a particular clinic, or information on how to obtain one. The clinic will call you in the next 1-2 days to arrange your specific appointment time. Once you are given an appointment, a time slot will be held specially for you. If for any reason you cannot make that appointment, please call the clinic as soon as possible. Some clinics have a 2-step prescribing process, so you may not necessarily be given a new script for buprenorphine at your first appointment. Buprenorphine is one component of substance abuse disorder treatment. You may be expected to attend frequent counseling sessions based on the policies of the clinic.



You have received this voucher to use to pay for your buprenorphine prescription for the first week.

Voucher: XXXXX

FOR PATIENT USE

Please redeem voucher at one of the participating pharmacies below:

- ALL Walgreens locations in NYS
- ALL Wegmans locations in NYS
- Buffalo Pharmacies- 1479 Kensington Ave., Buffalo, NY 14215
- Buffalo Pharmacies- 6035 Transit Road, East Amherst, NY, 14051
- Black Rock Pharmacy- 431 Tonawanda St., Buffalo, NY, 14207
- Community Medical Pharmacy- 918 Michigan Ave, Niagara Falls, NY, 14305
- Wellness Park Pharmacy- 8672 Buffalo Ave., Niagara Falls, NY, 14304
- Attica Pharmacy- 2 Market Street, Attica, NY, 14011
- Brooks Pharmacy- 4481 Lakeshore Road, Hamburg, NY, 14075
- Niagara Apothecary- 8745 Niagara Falls Blvd, Niagara Falls, NY, 14304
- Alden Pharmacy- 13203 Broadway St., Alden, NY 14004
- Transit Hill Pharmacy- 6344 Transit Road, Depew, NY, 14043
- Wurlitzer Family Pharmacy- 521 Division St., North Tonawanda, NY 14120
- Middleport Family Health Center- 81 Rochester Road, Middleport, NY, 14105
- Alberty Drugs- 81 Main St., Batavia, NY, 14020
- Mead Square Pharmacy- 53 W. Main Street, Victor, NY, 14564
- Tile Pharmacy- 1031 Cleveland Dr., Cheektowaga, NY 14225
- Sinclair Pharmacy- 75 N. Main St., Warsaw, NY, 14569
- Wanakah Pharmacy- 4923 Lakeshore Rd., Hamburg, NY, 14075
- Cy's Elma Pharmacy- 2317 Bowen Rd., Elma, NY, 14059
- Kenmore RX Center- 2818 Delaware Ave., Kenmore, NY, 14217
- Vic Vena Pharmacy- 1322 W State Street, Olean, NY, 14760

FOR PHARMACY USE

Voucher Redemption Instructions

FOR PHARMACY USE ONLY- entering your voucher number will INVALIDATE your voucher

1. Visit <http://matters.health.ny.gov/matters/voucher/>
2. Enter voucher number to verify
3. Once verified, complete remaining questions to initiate prompt reimbursement



All Walgreens Pharmacies in NY accept this voucher!

Ensure Authorization Form is completed. Verify whether the patient has insurance. If they don't, the entire cost of the Rx is billed to the voucher program. If they have insurance, then bill this voucher as COB for copay.

- Locate the patient in iCv → Select "Patient Information" → Select "Third Party Plans"
- Enter information listed below into the plan information:
 - o Plan: **TMNNY**
 - o Recipient #: Patients DOB MMDDYYYY & first two initials of first & last name
 - o Group ID: **TMNNY** if billed directly to TMNNY and **TMNNGOB** if billed as a COB
 - o BIN: 05468
 - o PCN: TMNNY

Scan Authorization Form into patient profile

Pharmacy: Processing issues → Fill out a fix-it ticket on StoreNet



ALL WEGMANS PHARMACIES IN NY ACCEPT THIS VOUCHER!

Wegmans Instructions:

Bin: 007755
PCN: MATTERS
TP Code: OTHMATTERS
TP Name: MATTERS – NYS ONLY

Getting Started- Hospital Considerations

- ***Is buprenorphine on formulary?***
 - Which formulations?
 - Monoproduct preferred in ED (supervised administration)?
- ***Buprenorphine “to go” packs?***
 - May increase compliance but will not appear on iStop
- ***Naloxone “take home” kits available?***
 - Any restrictions on their distribution?
 - Limit per patient encounter?
 - How are they ordered/tracked/replenished?
 - Hospital vs DOH supplied

Getting Started- Hospital Considerations

- ***Payers prefer specific formulation?***
 - Legislation requires “emergency RX” to be covered for all formulations
- ***EMR integration of “X” DEA number or manual entry while e-prescribing***
- ***Standardized prescription***
- ***Conduit for provider questions/issues in real time?***
 - Regional coordinators
 - Google voice number distributed to hospitals for questions in real time
- ***Desire for inpatient referrals?***
 - Primarily referring to outpatient settings
 - Some inpatient (OASAS facilities) refer into the system after inpt treatment is completed

FAQS- Hospitals

- **Is there a benefit if we already have a robust (internal) system of referring?**
 - Referrals through matters have access to voucher program and easy access to peer support
- **How will the referral process fit into our ED workflow?**
 - Patient driven
 - Referral takes 3-5 minutes to complete
 - ZERO phone calls need to be made in the ED
- **How many patients are showing up to their clinic appointments and how is this tracked?**
 - Regional MATTERS coordinators follow up with patients 30, 60, 90, 180 days after initial referral and can relink patient to services as needed. We are also working on a follow up tracking mechanism with participating clinics.

FAQS- Hospitals

- **What about liability?**

- It is unlikely to overdose on buprenorphine alone
 - Mostly seen with polysubstance ingestion
- Buprenorphine/naloxone RX to avoid misuse

- **Is buprenorphine diversion common?**

- It is not nearly as frequent as commonly thought
- Diverted buprenorphine is more often than not used as medication
- Utilize iStop for each encounter

- **What if a patient keeps coming back to the ED without following up requesting repeat prescriptions for buprenorphine?**

- If it is determined that a patient may be abusing the system, repeated prescriptions for buprenorphine may be limited. We will however continue to rapidly refer all patients with opioid use disorder to the appropriate clinic setting.

NYC MATTERS Expansion

- NYC H+H MATTERS pilot beginning ~May 2021
 - 3 hospitals- Bellevue, Harlem, Coney Island
 - 4 OBOTS- Bellevue, Jacobi, Harlem, Kings County
- NYCDOHMH
 - Implementation of the MATTERS referral process into homeless outreach initiatives
- Janian Medical Care
 - Use of MATTERS platform to facilitate internal referrals and offer patients access to the medication voucher program



Feel free to reach out with any further questions!

Josh Lynch

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Caleigh Loughran

cloughran@buffalomatters.org



www.newyorkmatters.org

Discussion



Resources:

- PCSS Education and Training:
 - Treatment of Opioid Use Disorder in the Emergency Department: Should it be a Choice?
 - April 13, 2021, 12 pm – 1 pm EST
 - Methamphetamine in the Age of Fentanyl: Toxicities and Pharmacotherapies
- FORE: Promoting Equity in Access to Opioid Use Disorder Treatment and Supports: A Focus on Black Communities
- People Matter, Words Matter | AHA

Next Steps

- ✓ ***Resume reporting on progress and will highlight data collection best practices***
- ✓ ***Submit a success story (can be around patient treatment, gaining buy-in, operations, etc.) to ccaneda@gnyha.org***
- ✓ ***Prepare to ask one clinical or operational ED MAT question for a knowledge sharing session with other hospitals in the Collaborative***
- ✓ ***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:**
 - *Thursday, May 20, 2021 – 12 p.m. – 1 p.m.*
 - *Topic: Progress updates and strategies for data collection*
 - *Note: Anticipate to receive calendar invitation with a Zoom link*
- **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?



Contact Information



Alison Burke

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