

NYC ED MAT QUALITY COLLABORATIVE

May 20, 2021


GREATER NEW YORK HOSPITAL ASSOCIATION

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

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 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 or email in the mailing list. You can email me at ccaneda@gnyha.org.

Welcome to the NYC ED MAT Quality Collaborative

- Lines will be muted during the presentation
- Let us know who you are! Please share your name and institution in the chat box! 
- To ask a question
 - **Type your question in the chat box**, if preferred **to be anonymous send it directly to Cat**
 - **Or unmute yourself**
- The slides and materials are available in the chat section.
- For technical difficulties, please email AVassistance@GNYHA.org

Agenda

I. Welcome

II. JHMC Update

III. Data Updates and Leveraging Data for Measuring Success

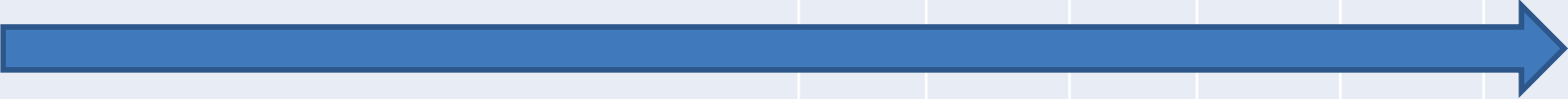
IV. Discussion

V. Updates

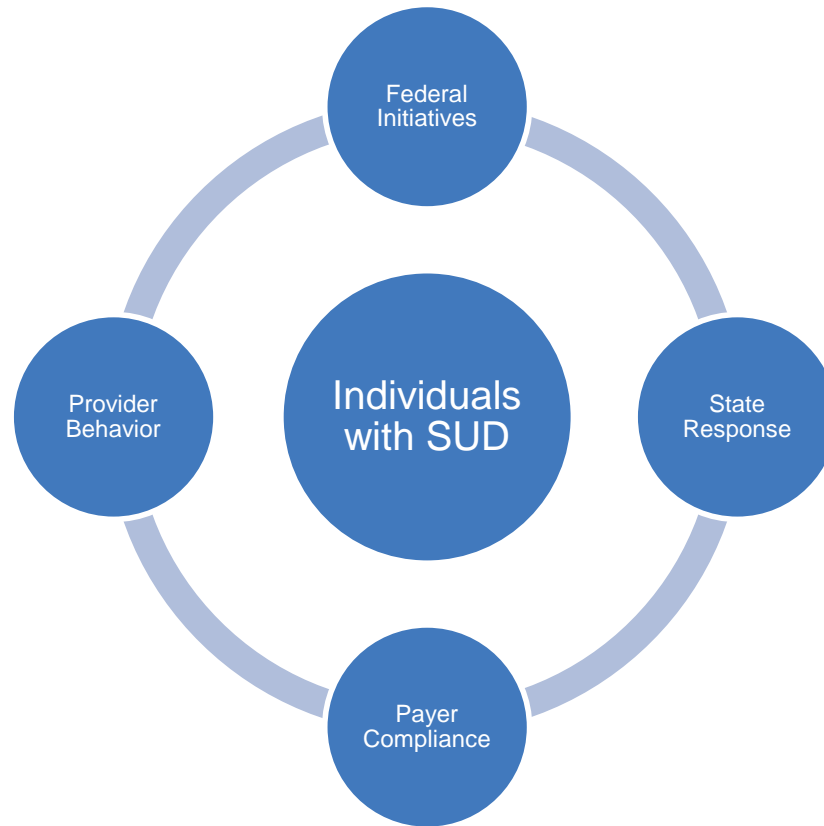
VI. Next Steps

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	Mar 18 2021	Apr 6 2021	May 20 2021	Jun 17 2021
In-Person Meeting	Web #1	Postponed	Web #2	Web #3	Web #4	Web #5	Web# 6	Web # 7	Web# 8	Web #9	Web #10



6 It Takes a Village



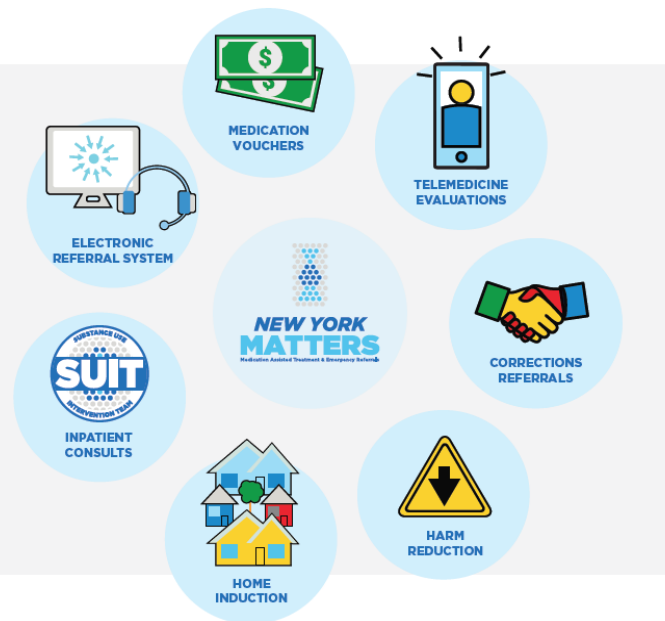
New York MATTERS



WHAT IS IT?

New York MATTERS is a collection of resources to initiate care and quickly link patients to appropriate treatment. It utilizes an electronic platform (hosted by the New York State Department of Health) to efficiently refer patients with opioid use disorder to community-based clinics from emergency departments along with OB/GYN offices, correctional facilities, inpatient units, pre-hospital settings, etc.

 newyorkmatters.org



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New York MATTERS

KEY COMPONENTS

Medication Voucher Program

- Vouchers cover up to 14-day buprenorphine/naloxone prescriptions for uninsured patients
- New York MATTERS participates with all Wegmans and Walgreens locations in NYS along with various independently owned pharmacies *Walgreens Wegmans*

Peer Referral

- Patients have the option to be linked with a local peer for support

Patient-Centered Approach

- Patients may choose to seek treatment at any participating New York MATTERS clinic
- Referral process takes place on a tablet, allowing the patient to take ownership of their own referral

For more information about New York Matters visit newyorkmatters.org

9 NY MATTERS

- NY MATTERS' Presentation
 - <https://www.gnyha.org/event/nyc-ed-mat-quality-collaborative-ny-matters-program/>
- Some hospitals are already participating in NY MATTERS and some have expressed interest
- To connect with NY MATTERS program coordinator, email Caleigh Loughran at cloughran@buffalomatters.org

NYC ED MAT QUALITY COLLABORATIVE TEAM UPDATE

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Jamaica Hospital Medical Center:

GNYHA ED MAT Collaborative Project Overview



Melvin Ku MD, MS
ED MAT Point Person

Our Community



- Primarily serving South Queens
- Significant African-American, Latino, and West Indian population
- 404-bed tertiary-care hospital with ~117K ED census (pre-COVID)
- Adult Trauma Level 1 Center
- Thrombectomy-capable Stroke Center
- Acute Heart Attack Care (Cardiovascular Interventional Suite)
- Comprehensive Psychiatric Emergency Program (CPEP) including a Psychiatric ED, with Residency Program

Current State



- Capacity to identify patients with OUD/SUD
 - Triage Nurse questions in relation to substance use history
 - Use of COWS score, and clinician screening of those in moderate/severe opioid withdrawal
- Capacity to prescribe and provide buprenorphine in the ED
 - 7 X-waivered ED Attendings, plus 3 whom have finished the 8-hr course
- Capacity to refer patient and connect with community providers
 - 3 outpatient Mental Health Clinics and 2 outpatient Psychotherapy offices

Completed ED MAT Strategy



- We recently implemented our ED MAT Initiative w/in our ED, involving Psychiatry, ED Nursing Leadership, and Pharmacy, and IT
- ED Physicians determine the level of Psychiatry involvement
 - No involvement
 - CASAC
 - Addiction Medicine consultation
- EPIC order enables ambulatory referral whereby Psychiatry clerks coordinate scheduling with outpatient Mental Health Clinics
- Increasing our X-waivered staff through proactive dialogue, and incentive

Data Collection Progress and Strategy for Collecting Collaborative Measures



- We'll be working closely with our IT team to query our patient encounters of those diagnosed with opioid use disorder (OUD)
- Psychiatry Department hired a project supervisor whom we'll collaborate with regarding data analysis
- Need to assure reliable contact information gathered

% of patients whom received timely outpatient Psychiatry appointments?

% of patients filling their Suboxone prescriptions

% of patients whom returned to ED for similar issues @ 1/3/6-month intervals

Barriers in implementing MAT in the ED



Barrier #1: Increasing the # of X-waivered Providers in the ED

- Encouragement from ED Leadership combined with incentive

Barrier #2: Increasing patient compliance with ED and outpatient pathway

- Greater involvement with CASACs to provide psychosocial support in the ED



Our Team has been wondering

Our institution is targeting those with moderate/severe opioid withdrawal. Have others expanded this to other clinical scenarios? With what success?

Has review of your internal data led to changes within your existing ED MAT program leading to greater success?

Discussion



DATA UPDATE AND LEVERAGING DATA TO MEASURE SUCCESS

Jared Bosk,

Vice President, Survey and Outcomes Research, GNYHA

Courtney Zyla,

Senior Analyst, Survey and Outcomes Research, GNYHA

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ED MAT Collaborative Goals

Goal 1

- Increasing ED Capacity to Prescribe Buprenorphine

Goal 2

- Identifying Patients for Buprenorphine in the ED

Goal 3

- Increasing Provision for Buprenorphine in the ED

Goal 4

- Improving Connections with Community OUD Providers

Goals of ED MAT Collaborative Measurement

Support the specific goals of the collaborative

Provide a baseline

Track implementation of new interventions

Measure progress on a regular basis

Use measurement to improve processes and demonstrate success

Low burden and actionable!

What are we using to measure progress?

Baseline assessment



- Complete as early as possible in the collaborative
- Best practices and interventions tied to the goals
- GNYHA reports that compare your results to the collaborative's

Monthly measures



- Also tied specifically to the goals
- Complete monthly and upload to GNYHA
- Track your progress over time
- Share successes and challenges with the collaborative

Types of Measures

Structural

- What interventions/processes are in place?
- Assessment

Process

- How often are these interventions/processes happening?
- Assessment
- Monthly Measures

Outcome

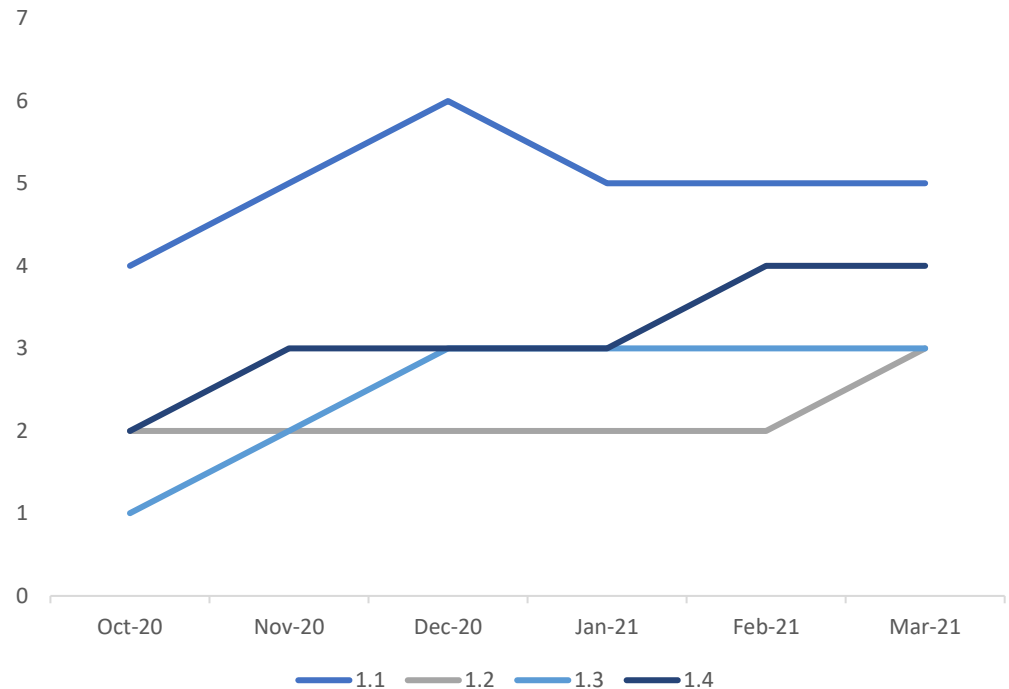
- How often are certain outcomes happening?
- Monthly measures

Goal 1: Increase ED Capacity to Prescribe Buprenorphine

How will we accomplish this?

- More providers who can prescribe buprenorphine
- More providers who do prescribe buprenorphine
- Providers available to prescribe buprenorphine as much as possible

Goal 1: Increasing ED Capacity to Prescribe Buprenorphine



Hospitals reporting each measure each month

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

Rationale

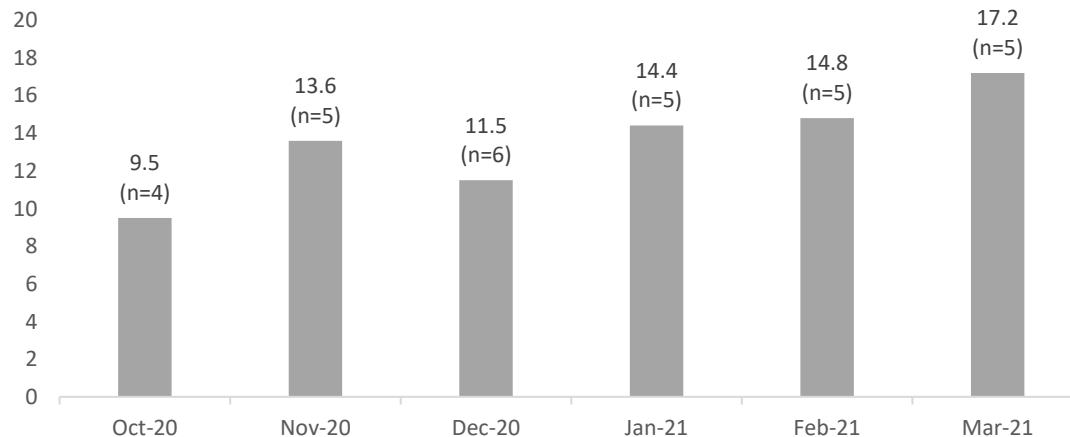
Increasing the number of 'x' waived prescribers should increase the capacity of ED to prescribe buprenorphine to all eligible patients and provide same-day access to evidence-based treatment

Assessment Measurement

Strategies used to increase 'x' waived prescribers

75% of respondents tracked and monitored 'x' waived prescribers in the ED and provided information to non-waivered prescribers to complete training

Average # of 'x' Waivered Prescribers Available to Prescribe in the ED in the Past Month



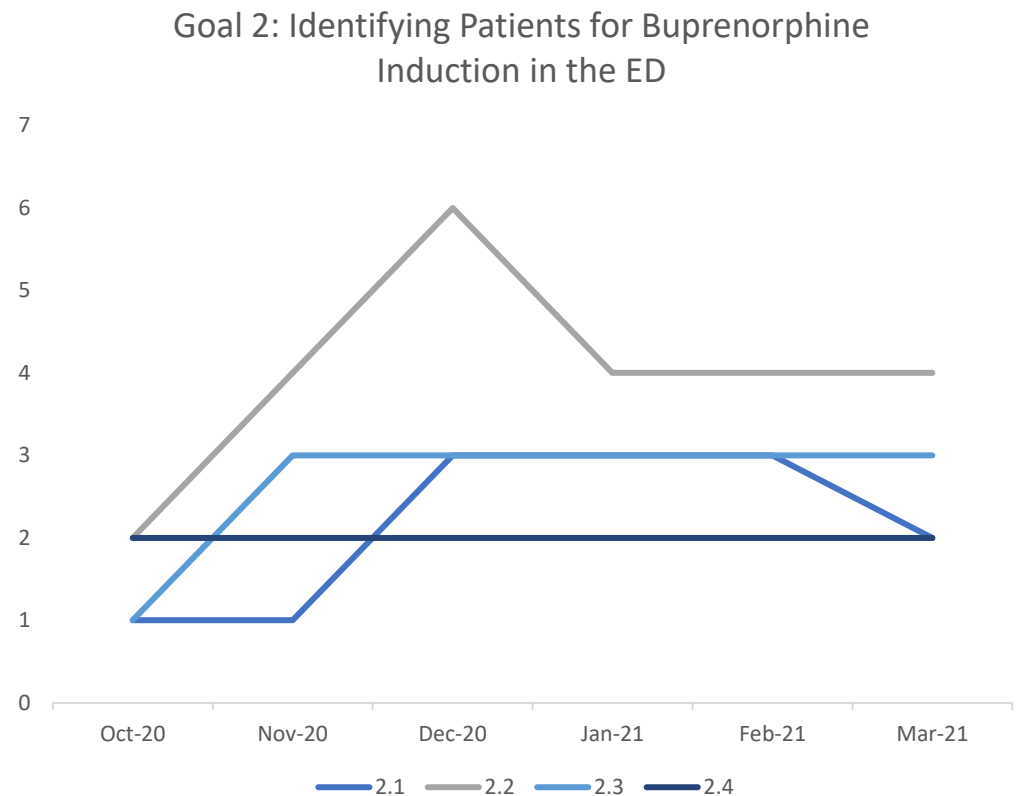
Additional Measures for Goal One

Measure	Rationale	Assessment Measurement
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	
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	In-person and phone availability for 'x' waived prescribers
Measure 1.4: # of prescribers working in the ED in the past month	Provides a denominator for Common Measure 1.1	

Goal 2: Identifying Patients for Buprenorphine Induction in the ED

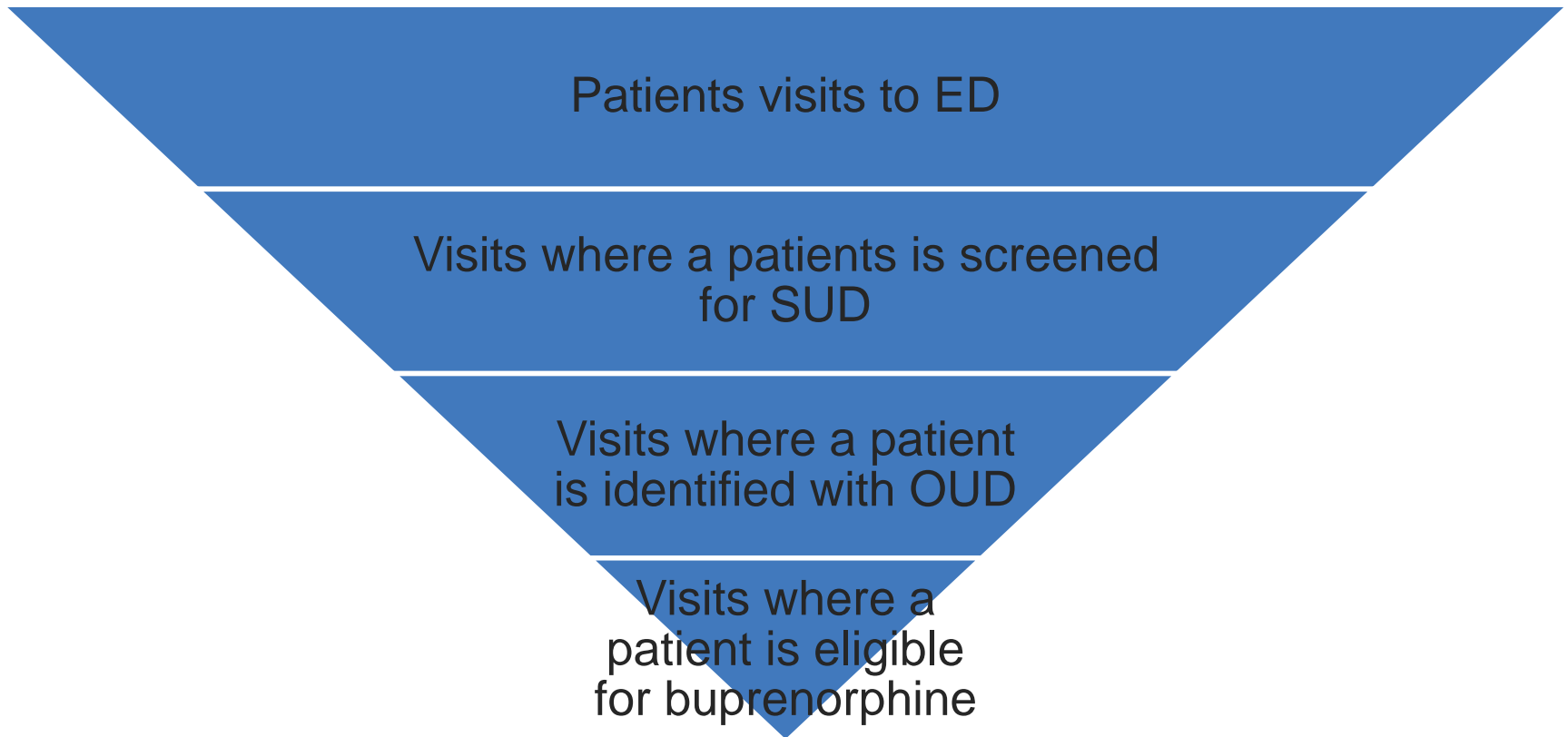
How will we accomplish this?

- Put in place processes to identify patients with OUD
- Increase ability to identify patients with OUD
- Determine if patients with OUD meet criteria to receive buprenorphine



Hospitals reporting each measure each month

Goal 2 – How measures relate to each other



Measure 2.1: # of patients eligible for buprenorphine induction in the ED in the past month

Rationale	Assessment Measurement
<p>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</p>	<p>Strategies for discussing buprenorphine 50% of respondents discuss buprenorphine with patients actively in withdrawal or those who express interest</p>

Measure 2.2: # of patients identified with Opioid Use Disorder (OUD) in the past month

Rationale

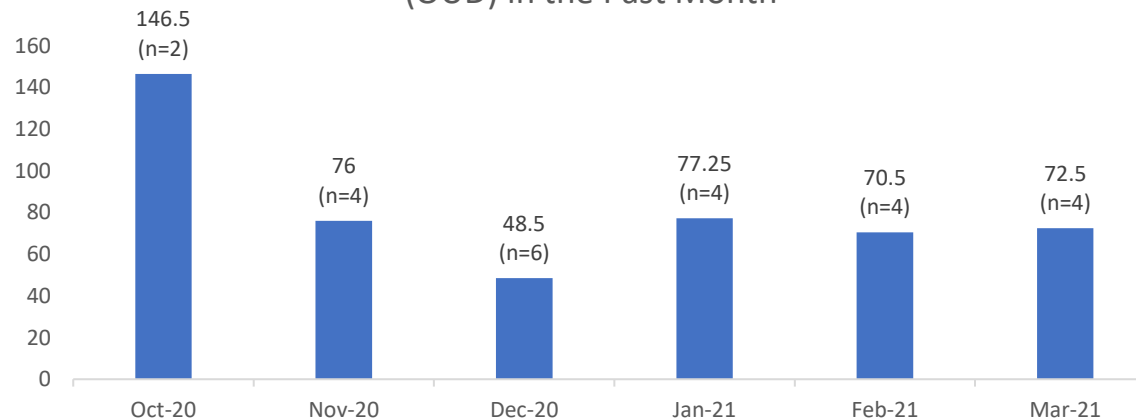
Increasing the number of patients who are identified as having OUD should increase the number of patients eligible for buprenorphine induction. It should also indirectly increase the number of patients who receive a prescription for buprenorphine.

Assessment Measurement

Strategies for identifying patients with OUD

75% of respondents identify patients with OUD via informal conversations and 50% use a formal screening process

Average # of Patients Identified with Opioid Use Disorder (OUD) in the Past Month



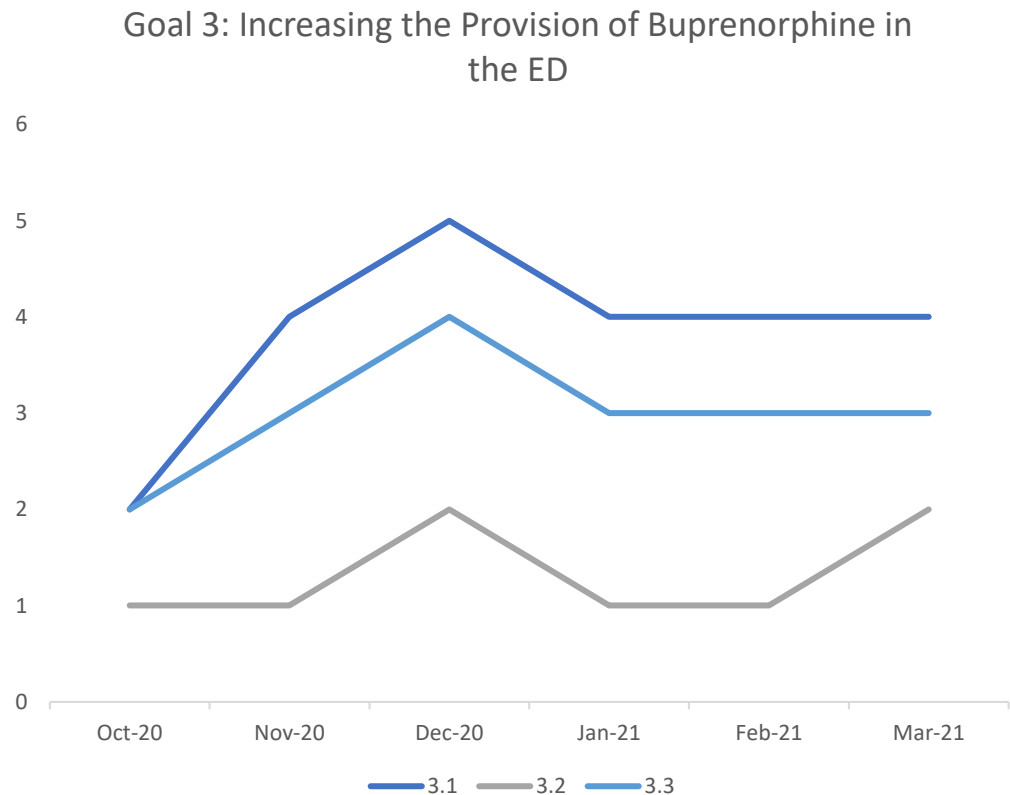
Measure 2.3: # of patients screened for Substance Use Disorders (SUD) in the ED in the past month

Rationale	Assessment Measurement
<p>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</p>	<p>How robust are patient screenings for SUD/ OUD</p> <ul style="list-style-type: none">- 63% of respondents use a standardized screening tool, 50% of respondents use tools specifically tailored to opioids and 38% use tools more general regarding substance use- Only 13% screen all patients; 38% screen patients when staff is available and 38% screen when there is suspicion patient has a SUD

Goal 3: Increasing Provision of Buprenorphine in the ED

How will we accomplish this?

- Increase number of eligible patients who want buprenorphine
- Implement different processes to ensure that interested patients can get buprenorphine

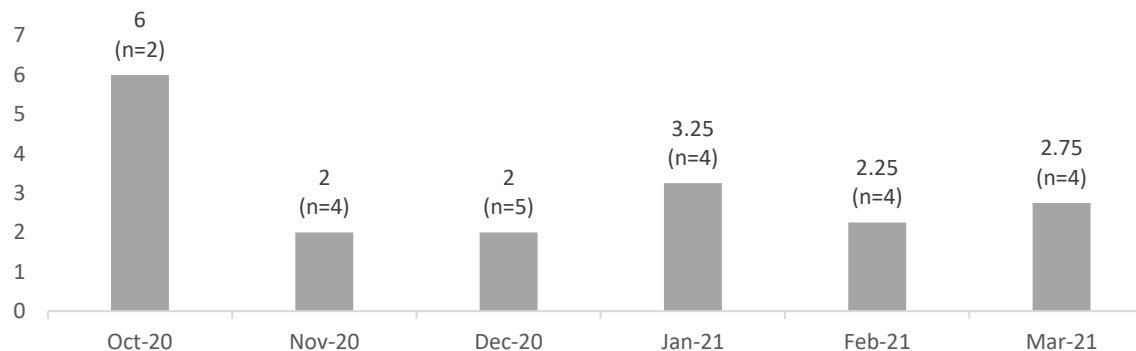


Hospitals reporting each measure each month

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

Rationale	Assessment Measurement
<p>The primary goal of the Collaborative is to increase the number of OUD patients being treated with buprenorphine</p>	<p>Buprenorphine protocols, training, accessibility, and communication to patients</p> <ul style="list-style-type: none"> • 50% of respondents had a protocol in place to provide OUD patients with buprenorphine • 75% of respondents with protocol have the protocol available through the EMR and use COWS and a conversation to determine buprenorphine eligibility • 75% of respondents with protocol do not make it known to patients that ED offers buprenorphine

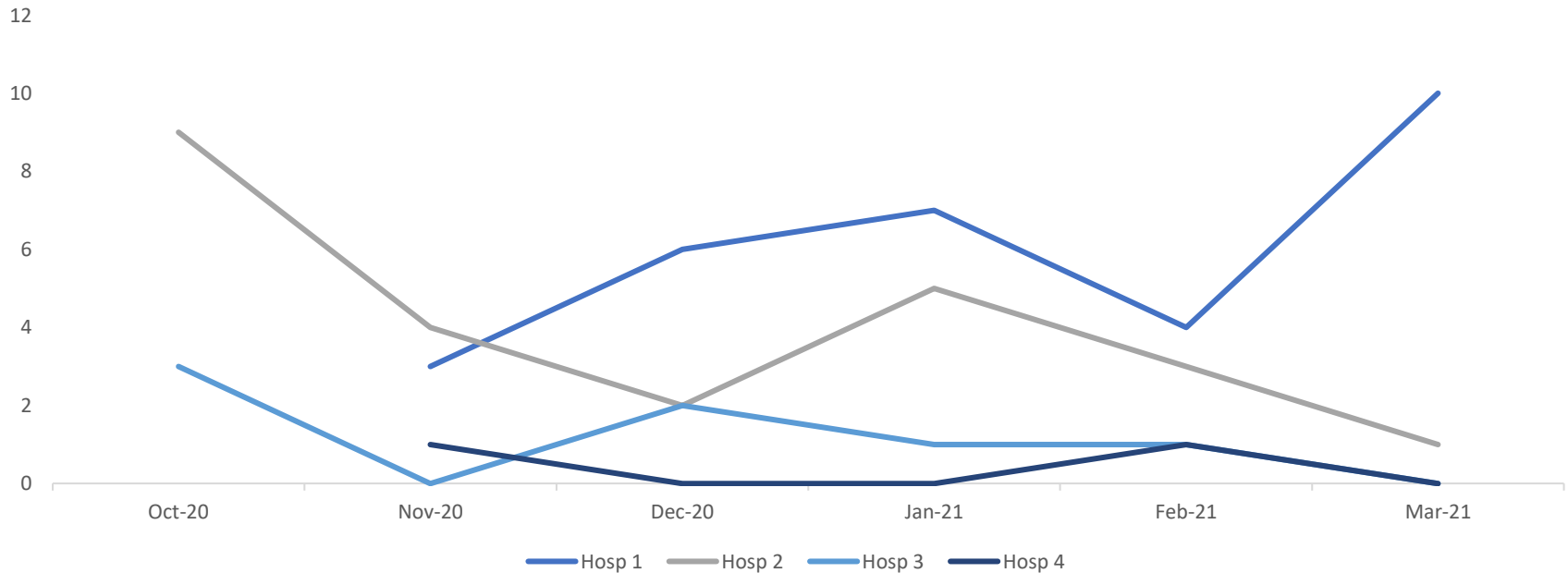
Average # of Patients Induced on Buprenorphine in the ED in the Past Month



Buprenorphine Inductions to Date

Total Buprenorphine Inductions To Date: **63**

of Patients Induced on Buprenorphine in the ED



Additional Measures for Goal Three

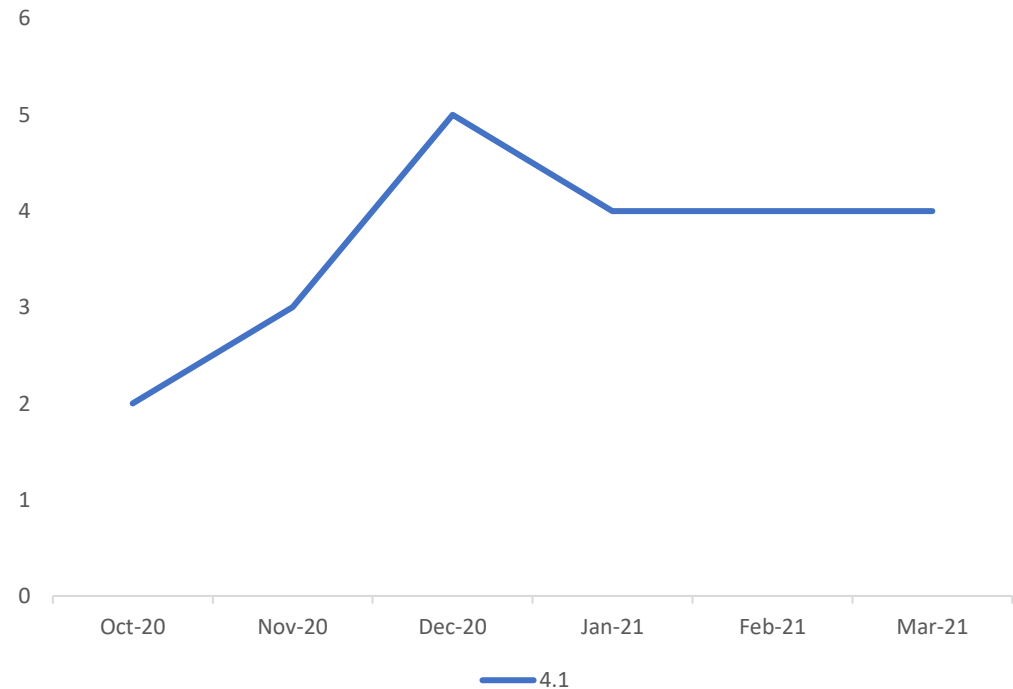
Measure	Rationale	Assessment Measurement
Measure 3.2: # of patients given a prescription for a home induction in the ED in the past month	The primary goal of the Collaborative is to increase the number of OUD patients being treated with buprenorphine	Do protocols allow for and encourage this?
Measure 3.3: # of 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 a delay in getting an appointment with a community provider	Do protocols allow for and encourage this?

Goal 4: Improving Connections with Community OUD Providers

How will we accomplish this?

- Implement processes to ensure OUD patients can quickly and easily see community OUD providers

Goal 4: Improving Connections with Community OUD Providers



Hospitals reporting each measure each month

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

Rationale	Assessment Measurement
<p>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</p>	<ul style="list-style-type: none">• 75% of respondents have a preferred list of community SUD providers• Two-thirds of respondents evaluate community SUD providers on scheduling availability, hours of operation, availability of needed services, and proximity to the hospital

How to make the measures work for you

Assessment

- Review results with team
- Prioritize interventions to implement
- Review periodically to determine progress and priorities

Monthly Measures

- Review data with team each month
- Create dashboard or reports to share with team and senior leadership
- Identify areas for improvement or to explore further

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>

Discussion



Collaborative Activities

- Office Hours:
 - Scheduled and invited all 13 sites to participate
 - 10 already participated
 - 2 upcoming Office Hours

Office Hours: Frequently Asked Questions So Far

- How do you increase acceptance of MAT in the emergency department among clinicians?
- How do you increase clinician comfort with buprenorphine induction and prescription?
- How are patients not in withdrawal or those recently reversed with naloxone from a non-fatal overdose managed?
- Do you collaborate with addiction consult or addiction department when a patient with OUD is identified?
- What is the impact of buprenorphine induction in flow of ED?

Poll: Are you interested in additional Office Hours?

Resources to Address Patient Ambivalence to MOUD

- Guidance and Communication Tools for Providers
 - [PCSS: Motivational Interviewing: Brushing up on the Basics](#)
 - [PCSS: Motivational Enhancement Techniques: Working with Patients with Substance Use Disorders or High-Risk Use](#)
 - [NIDA: Motivating Patient Videos](#)
- Patient Education Handouts
 - [PCSS: Common Questions and Concerns about Medication Assisted Treatment \(MAT\): A Handout for Ambivalent Patients](#)

Resources:

- [FORE: Promoting Equity in Access to Opioid Use Disorder Treatment and Supports: A Focus on Black Communities](#)
- [AHA: People Matter, Words Matter](#)
- [SAMHSA Evidenced Base Guide Series: Use of Medication Assisted Treatment in Emergency Departments](#)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES RELEASES NEW PRACTICE GUIDELINES

- The U.S. Department of Health and Human Services has published new practice guidelines regarding buprenorphine prescribing for opioid use disorder effective April 28, 2021. The new practice guidelines state:
 - Eligible providers can now treat up to 30 patients without completing the previously required training
 - Eligible providers must still submit a [Notice of Intent \(NOI\)](#) to prescribe buprenorphine and will still receive an “X” DEA number
 - Qualified providers include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives with a valid medical license and valid Drug Enforcement Administration (DEA) registration
 - To treat more than 30 patients, providers must undergo required training. This can be completed online. Click [here](#) for more information
- For more information, please visit [SAMHSA’s FAQ page](#).

Sharing Success Stories



**GREATER NEW YORK
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Knowledge Sharing Session



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Next Steps

- ✓ ***Continue reporting on progress and 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, June 17, 2021 – 12 p.m. – 1 p.m.
 - Topic: NYC DOHMH ED MAT Resources and Process for Buprenorphine Induction and Prescription in the ED
 - Note: Anticipate to receive calendar invitation with a Zoom link
- **Scheduling Underway**
 - Office Hours with an ED Champion
 - Data 2000 X Waiver trainings (July)
 - Increasing collaboration with community-based providers
- **Other member needs???**

Questions or Comments?



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