NYC ED MAT QUALITY COLLABORATIVE

October 21, 2021

GREATER NEW YORK HOSPITAL ASSOCIATION
Over 100 years of helping hospitals deliver the finest patient care in the most cost-effective way.

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 or unmute yourself
- The slides and materials will be made available in our follow-up email.
- For technical difficulties, please email AVassistance@GNYHA.org

Agenda

I. Welcome
II. Resource and Next Step Reminders
III. Case Finding/Case Review and PDSA Strategy
IV. Discussion
V. Next Steps and Homework

July 2021	Aug 2021	Sep 2021	Oct 21 2021	Nov 18 2021	Dec 16 2021
	Check in & Office hour calls	Webinar & PDSA planning call	Webinar & Check in & Office hour calls	Webinar & Check in & Office hour calls	Poster Presentations

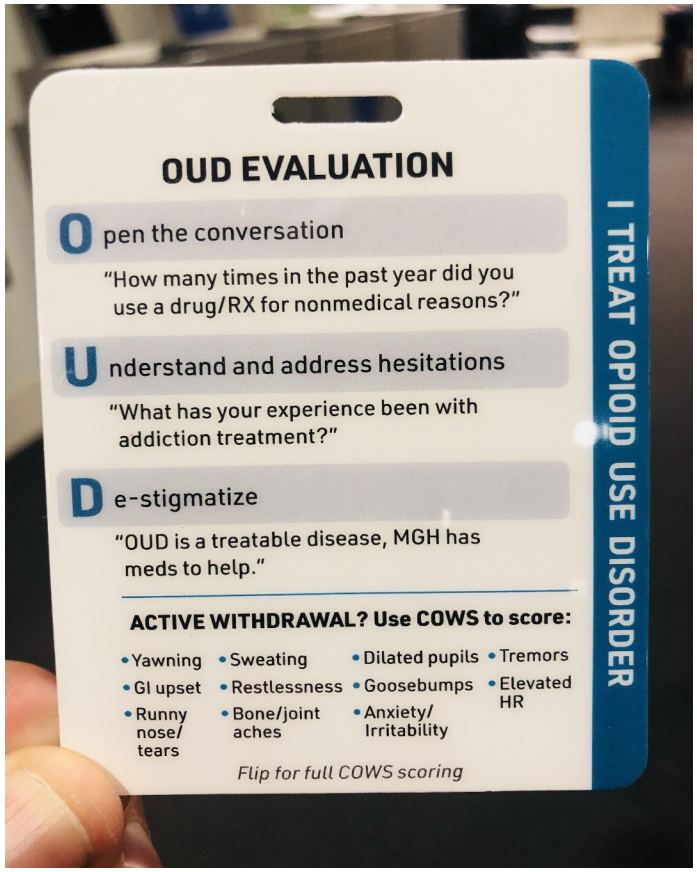
December: Poster Presentations/Abstracts

- Develop poster/abstract
- ***Present findings to colleagues on December 16 Collaborative Session***
- Submit to GNYHA by *December 14*
- Distribute compendium of posters/abstracts

Format: Poster Presentations/Abstracts

- Sites can use internal poster presentations/abstract format
- Or can refer to GNYHA's Compendium Patient Experience Abstract
  - Description of the Project
    - Including Activities and Project Team
  - Measured Outcomes
  - Challenges and Lessons learned

Badge Backer



Badge Backer

- Submit a proof or photo of finished product to receive the **$475 stipend** to Cat Caneda
- Please also see Yale and NY MATTERS Network resources that may be helpful developing your badge backer.

I TREAT OPIOID USE DISORDER

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Do not induce with BUP in the ED

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ALL Patients:
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Dangers of co-use of BZD and ETOH
DOH Naloxone kit (if provider trained)

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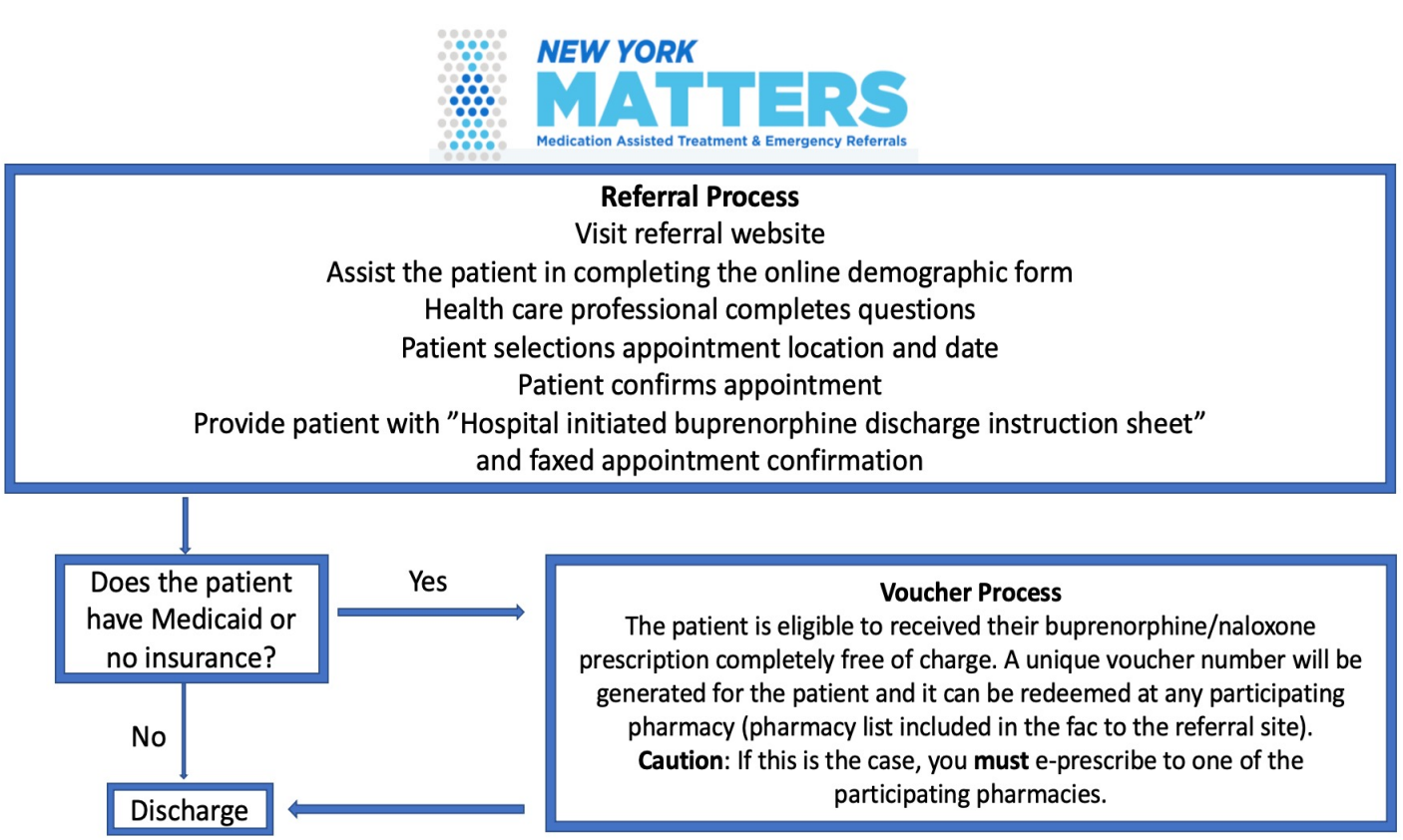
No

Consider return to the ED for 2 days, along with referral appointment

SBH Health System BRONX



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CASE FIND AND CONDUCTING A PDSA CYCLE

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Recap: PDSA Homework

- Identify ED patients that might have been appropriate for MAT
  - E.g., opioid diagnosis, administered naloxone in ED, received naloxone kit at discharge, site ideas
  - E.g., EMR or pharmacy data
- Use the data collection tool to conduct chart reviews and identify patients that received MAT and those that did not
- Identify opportunities for improvement and “change”
- Use the PDSA cycle to test the change you believe will improve your current process

Recap: PDSA Homework - Data Tool

Case Characteristics					
Case ID (internal use only)	Day of the Week	Shift	Attending Physician	Doc Waivered	# of ED Visits within 30 days of Reversal

ST. BARNABAS HEALTH

Improving the Care of Patients with OUD at SBH

Angela Regina DO
Assistant Program Director Emergency Medicine
Director of Medical Toxicology
St. Barnabas Health System
The Bronx, NYC

SBH Health System BRONX

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GNYHA

SBH
Health System
BRONX

Who are we?

- 422 bed, not-for-profit, nonsectarian, acute care community hospital and Level 2 Trauma Center.
- New York State-designated Stroke Center and State-designated AIDS Center.
- We train 280 physicians annually and offers residency programs in a variety of disciplines including internal medicine, pediatrics, pharmacy, dentistry and surgery.
- Four-year Emergency Medicine residency, with 15 residents per PGY.
- Affiliated with the CUNY School of Medicine, New York Institute of Technology College of Osteopathic Medicine and the Albert Einstein College of Medicine.

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What is already being done?

- BUP policy and protocol was previously developed, but not user friendly.
- Few attendings have obtained their X-Waiver
- Involved with Project Relay
- Involved as an OOPP, with ability to dispense Naloxone

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Where to start?

- First barrier – Screening
  - Monthly reporting to GNYHA made this apparent
- Solution in progress
  - Change to our EMR ED Notes

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SBH HEALTH SYSTEM
QAPI PERFORMANCE AND SAFETY IMPROVEMENT REPORT

DEPARTMENT: Emergency Department

RESPONSIBLE PARTY: Drs. Angela Regina, Jakub Bartnik and Michael Chuang

Title of Quality Assurance/Performance Improvement Report/Project:
A Change to the EMR ED Note Social History Section.

Aim Statement:
The goal of the change is to facilitate screening of our ED population for alcohol and substance use disorder.

The PDSA Cycle

Plan:
NYC and northern NJ has an annual average of 2.1 million people over the age of 12 years that have used an illicit drug in the past year. SBH serves a community with a high incidence of substance use disorders and SBH's location has the highest rate of unintentional drug overdose deaths in NYC. The ED is often the primary access point for persons with SUD and the ability to screen all patients is imperative to early intervention.

Do:
The current EMR ED Note has a very limited and often unused social history section. We plan to change this section to a more comprehensive, but not overwhelming screening tool. With the use of a single question screen, we can identify those with SUD and start the conversation on treatment. The screening tool is also easier to access retrospectively for further data collection and review on potential changes to our practice.

Study:
We will be monitoring the utilization of the new screen within the ED and obtain data on patients with SUD. This will allow a more expansive incite into the needs of our population.

Act:
If adopted and utilized, the new screening tool will allow the ED to identify patients with SUD and allow an early intervention. This will also coincide with a plan to enhance our Buprenorphine induction pathway into the ED.

Visual Display of Data

Type of Request

☐ **Application** ☐ **Hardware** ☐ **Other**

Social History EMR change, to be within all ED notes (Basic, Expanded and Comprehensive)

Current template:

Tobacco Screening (Would change from "smoking" as this could represent anything)
Would change to:
[] Daily tobacco use
[] Occasional tobacco use
[] Former tobacco use
[] No tobacco use
[] Unknown tobacco use
[] E-cigarette/Vape use

ETOH Screening (Changed from Alcohol Overuse)
How many times in the past year have you had X or more drinks in a day?
X = 5 for men and 4 for women
[] 0
[] >1
If >1 is clicked, another question will populate
Have you provided alcohol abuse resources to the patient [] Yes [] No

Opioid Screening (Changed from Substance Abuse)
How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
[] 0
[] >1
If >1 is clicked, another question will populate:
Has the patient been offered a DOH Naloxone kit [] Yes [] No

Add Illicit Drug Use Screening
[] Cocaine or other stimulants (methamphetamines)
[] Opioids, including heroin, fentanyl and prescription medications
[] THC
[] PCP/Ketamine
[] Designer drugs such as synthetic cannabinoids

Add Employment
[] Employed (with free text space for their employment)
[] Unemployed
[] Student
[] Disabled
[] Retired

Housing (Changes from Lives)
Would add Nursing Home to the list

Can leave "**other contributory**" free text, but move it to the bottom

PROGRESS/STATUS REPORT:
IT is completing the change to the EMR ED Notes.

NEXT STEPS:
Educate ED providers on the change and encourage its use. Will perform data collection on its use and our population's needs.

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What are the barriers?

- Why was BUP not being utilized in our ED?

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SBH HEALTH SYSTEM
QAPI PERFORMANCE AND SAFETY IMPROVEMENT REPORT

DEPARTMENT: Emergency Department

RESPONSIBLE PARTY: Drs. Angela Regina and Samuel Fransen

Title of Quality Assurance/Performance Improvement Report/Project:
What are perceived barriers to the use of Buprenorphine (BUP) within the SBH ED?

Aim Statement:
The goal is to identify barriers to the use of BUP within our ED. This will allow us to develop new algorithm and policy for BUP initiation for OUD in the SBH ED.

The PDSA Cycle

Plan:
The emergency department is often the primary access point for people with opioid use disorder (OUD), leading to the potential for ED providers to treat this disease with medication assisted therapy, specific BUP. Although BUP induction is supported by multiple medical societies, including ACEP, AAEM, and ACMT, it is underutilized. We hope to understand the barriers to its use in the our ED.

Do:
A simple survey was created and distributed among ED attendings and residents utilizing Google Forms. Multiple questions were asked about potential barriers to BUP induction in the ED. A free text option was added to the end for any additional comments to be made. The survey can be seen to the side of this document.

Study:
Preliminary results are insightful and will be instrumental to incorporate into a BUP induction policy and pathway. 100% of respondents agree that BUP is safe for use in the ED, and majority of residents feel that they have support of their attendings. Not surprising, 92% agree that they do not know how to link a patient to outpatient follow up, and 83% agree that they have never used BUP and do not know how to, including dosing and side effects.

Act:
Results of the survey will be incorporated into a BUP policy and algorithm. BUP inductions will be monitored with the ultimate goal of increasing its use in the ED.

Visual Display of Data

Barriers to use of Buprenorphine in the Emergency Department

Detecting and offering evidenced-based treatments for patients with opioid use disorder is aligned with the goals of emergency medicine to intervene on high-mortality disease processes. Buprenorphine (BUP), a partial opioid agonist, was approved by the FDA in 2002 for the treatment of opioid dependence. It is associated with decreased opioid use, higher quality of care, decreased infectious disease burden and improved quality of life.

In order to streamline the introduction of BUP induction and treatment of our opioid use disorder patients, I want to hear from you. What do you feel are the biggest barriers to treatment within our ED?

Feel free to pick any many choices as you like, with the ability to free text at the bottom. Thank you for your help!

◯ I have never used BUP and do not know how to (dosing, side effects, etc).
◯ I do not feel comfortable giving BUP and do not have other physician support (a BUP champion/Toxicology/Addiction specialists). **Question for Attendings**
◯ I do not have the support of my Attending to induce BUP. **Question for residents**
◯ It is difficult to order BUP from the ED (Cannot find it in the EMR/Pharmacy push back).
◯ I do not believe BUP is safe for use in the ED.
◯ I have not received my X-Waiver so I am unable to prescribe BUP within the ED.
◯ I do not have the time to fully evaluate and monitor BUP induction in the ED.
◯ I do not know how to link patients to outpatient follow up after BUP induction.
◯ There are not enough patients in opioid withdrawal to induce on BUP.
◯ Patients have refused BUP induction when I have offered it in the past.

Free text:

PROGRESS/STATUS REPORT:
Survey has been sent to the ED attendings and residents and results are being collected.

NEXT STEPS:
Once barriers are identified, they can be used to develop a new BUP initiation protocol with ED physicians in mind.

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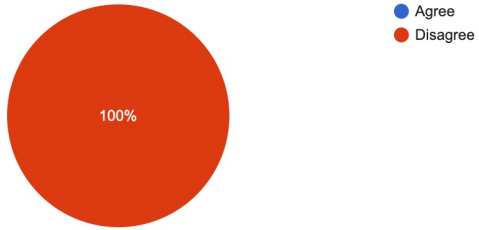
There are not enough patients in opioid withdrawal to induce on BUP.

23 responses



I do not believe BUP is safe for use in the ED.

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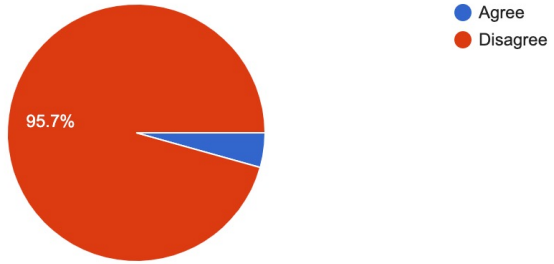

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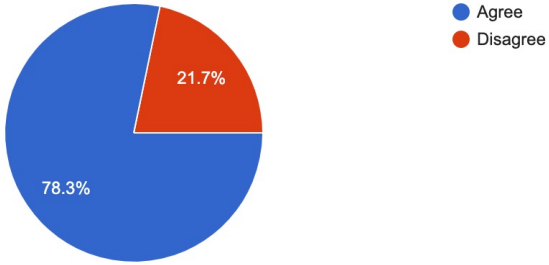

I do not know how to link patients to outpatient follow up after BUP induction.

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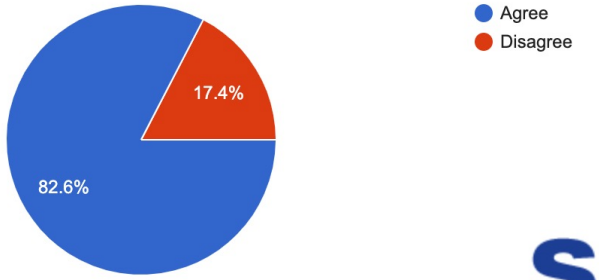

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Addressing some of the concerns

- Streamlining the process
- Culture change and education
- Outpatient follow up

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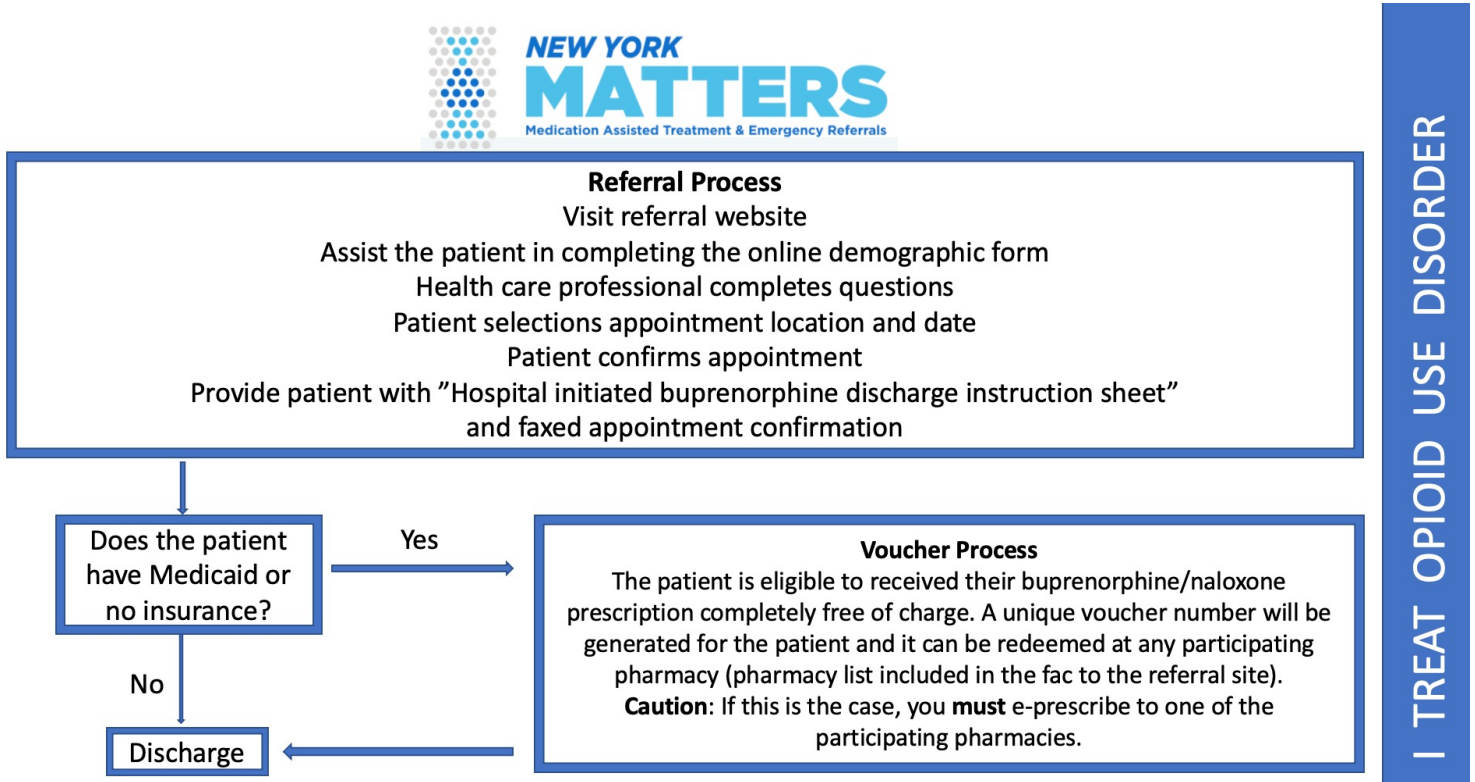

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Increasing X-Waivered providers

- Mass emails sent by me
- Assistance while on shift to apply
- Generally well received

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Status

- 13/28 X-waivered providers
- Change to our EMR in progress, ticket created by IT
- Badge backers to be sent to outside vendor
- Continued education of BUP indications and use to residents
- To coordinate with NY Matters and roll our iPads in the department
- Outpatient SBH pharmacy working with NY Matters to incorporate voucher program

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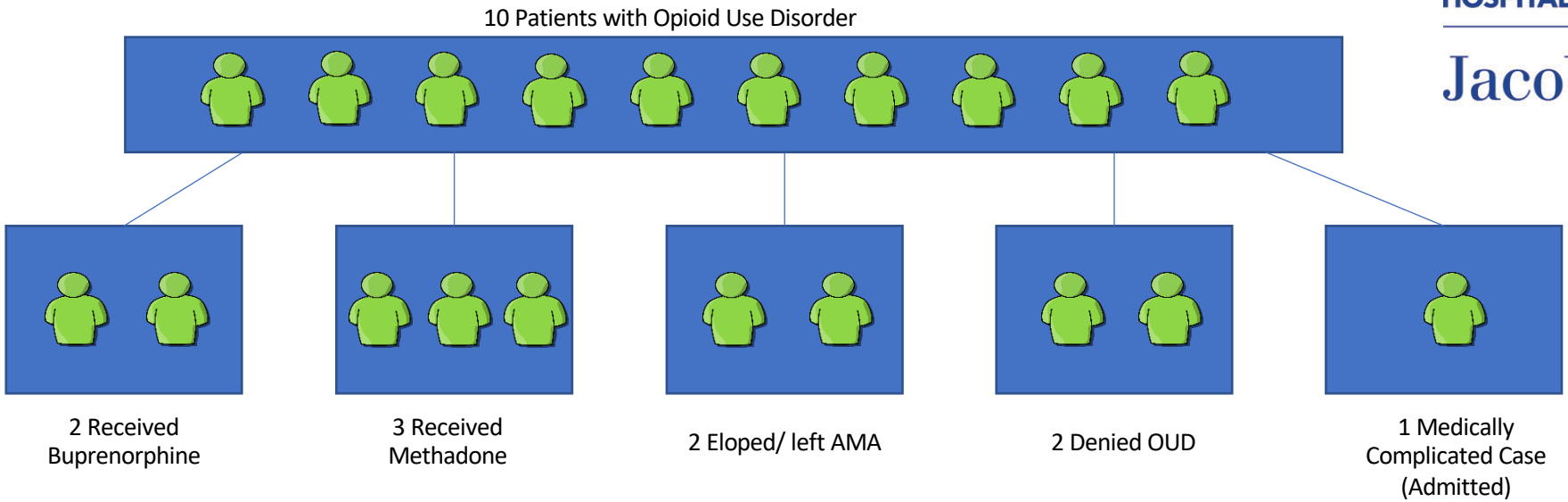
H+H HARLEM

H+H JACOBI

Chart Review Findings



Takeaways

-Many patients are already enrolled in Methadone Clinics/ request Methadone
-Providers that administered Buprenorphine are x-waivered
-Barriers to follow up care

Next Steps

-Larger sample size
-Target providers/ early adopters

Questions or Comments?

Increasing the # Patients Treated with Buprenorphine

Timeline:

- **October and November Collaborative Sessions:**
  - Sites to share PDSA findings and actions to be taken
- **November:**
  - Check-in & office hour calls
- **December:**
  - Poster Presentations

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