The Montefiore Hudson Valley Collaborative (MHVC) is one of 25 Performing Provider Systems (PPS) participating in the New York State Delivery System Redesign Incentive Program (DSRIP), a five year, eight billion dollar Medicaid waiver, with a goal of reducing preventable hospital admissions and ED utilization by 25% across NYS. Analysis of hospital ED-treat and readmission data identified Substance Use (SU) as a primary driver of ED-utilization in the Hudson Valley. MHVC’s network is comprised of over 200 partner organizations representing diverse stakeholder groups including hospitals, FQHC’s, primary care providers, health homes, community based organizations and behavioral health and substance use providers. Our ultimate goal is to build an integrated delivery system where the right information is available at the point of care, to enable the right level of care, to be delivered to the right patient, at the right time. This rapid cycle improvement project focused on improving care transitions and referral pathways between inpatient and outpatient substance use providers in our network.

**Introduction & Background**

In an effort to improve care transitions between inpatient and outpatient SU providers the MHVC brought both stakeholder groups to the table for a series of facilitated workshops. Collaboratively developed “Rules of Engagement” for workgroup participation, fostered transparency and created a “safe”, non-judgmental environment for workgroup members from either side of the transitions bridge to share experiences and challenges honestly. During the first workshop, MHVC guided current and future state process mapping around referral workflows and identified barriers to efficient and effective care transitions. The second workshop focused on developing standardized workflows and templates to guide referral processes that incorporated patient preference. A third webinar focused on “open access” as a potential solution to high “no-show” rates and limited appointment availability for appropriate level of care treatment services.

**Intervention**

The effort taken to foster a safe collaborative environment, facilitated transparency and open and honest communication between stakeholders. While it was quickly apparent to all, that multiple barriers existed, workgroup members were engaged, and committed to working together to problem solve. It was also interesting to learn that despite the fact that these providers routinely referred to each other, they had never met and lacked awareness of services and programing available at each organization. The attached quotes (see right) are illustrative of the depth of the underlying issue.

When probed by the facilitator about whether “What Matters to the Patient” was incorporated into the care planning process, every participant acknowledged that this was an opportunity for standardized process improvement.

**Results**

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**Conclusions**

Outputs of the workshop series included future state process maps, standard protocols, referral templates that incorporated patient preference, and a commitment from every SU stakeholder organization for continued collaboration. In addition, given that poor access to substance use treatment services was identified as a driver of ED-utilization, MHVC committed to supporting consultants to lead an “open access” process improvement initiative with each SU agency that participated in the workshop series.

Integration of behavioral health, substance use treatment services and primary care is also a DSRIP initiative. Our BH integration learning collaborative is leading a network wide effort to incorporate SU screening into multiple care settings. We therefore anticipate increased referrals to SU providers in the future from primary care, hospital EDs, and behavioral health providers. Commitment to improve access to needed substance use treatment services is therefore foundational to the success of our MHVC BH roadmap (see diagram). While the series of workshops described here focused on referral processes between inpatient and outpatient SU providers, the processes and service access developed can be leveraged to streamline referrals from hospitals, primary care and behavioral health providers laying the groundwork for successful integrated care transitions.

To engage inpatient and outpatient SU providers to collaboratively develop standardized referral protocols and processes.

**Designing Effective Substance Use Referrals: Building the Bridge from Both Sides**

Damara Gutnick, MD, Kristin Woodlock, RN, Natalee Hill, MPA, Emily Thorsen, MPH, Rachel Rivera, MSW, Daniel Childs

Montefiore Hudson Valley Collaborative, Yonkers, NY

**Aim**

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