



## E-QUAL Learning Collaboratives

[Sepsis](#) | [Avoidable Imaging](#) | [Chest Pain](#) | [Opioid](#)

### Deadline Next Week

**Sepsis, Avoidable Imaging and Chest Pain collaboratives will close September 13, 2019.**

*Please make sure to complete all activities before the deadline.*

Note the Opioid collaborative will close December 31, 2019.

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E-QUAL Initiative Portal

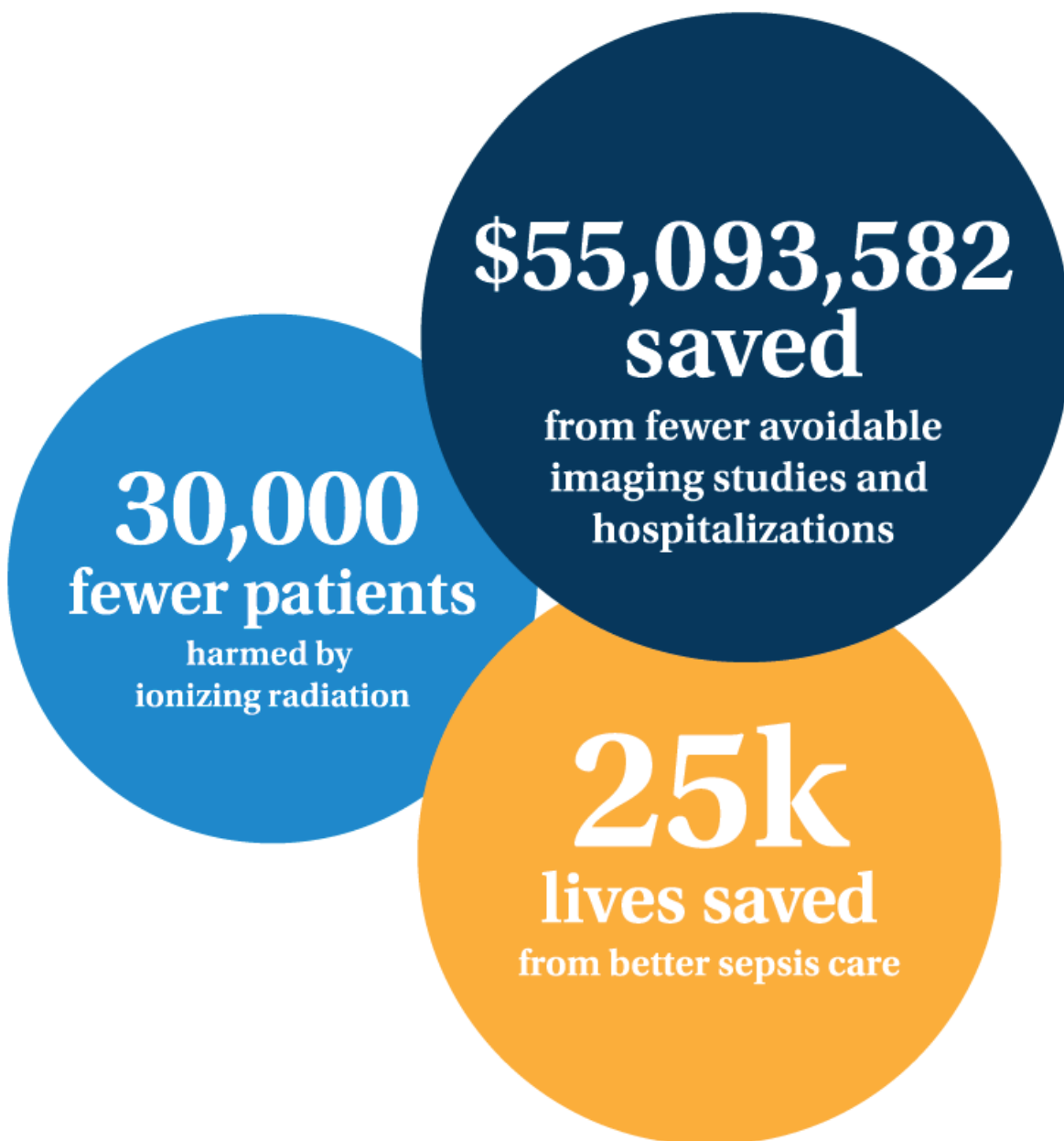
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Questions?  
Contact the [E-QUAL Team](#)



## New ACEPNow Article Highlighting E-QUAL!

*Below: Infographic from ACEPNow Article and Download link*



[Download ACEPNow Article](#)

# TCPI Clinician Events

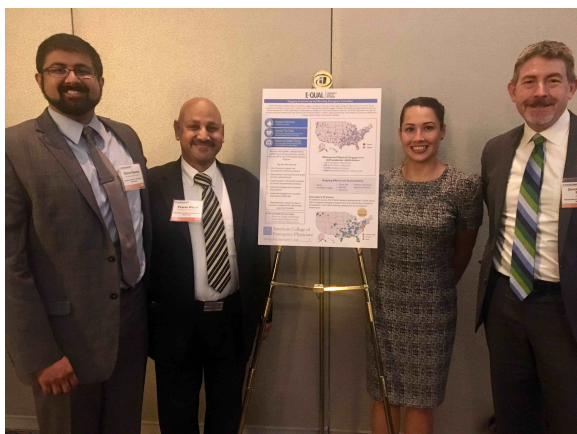


## National Expert Panel & TCPI Exposition

The Transforming Clinician Practice Initiative (TCPI) & CMS hosted a national panel and exposition highlighting the successes of large-scale healthcare transformation over the last 4 years.

### **E-QUAL & ACEP were recognized as a successful Support and Alignment Network!**

*See our poster, as presented by the E-QUAL team, and download a PDF version below.*




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[Download Poster](#)

*Left to Right: Dhruv Sharma, Dr. Pawan Goyal, Nalani Tarrant, Dr. Jay Schuur*

## 2018 MIPS Performance Results

CMS released 2018 performance results for the Merit-based Incentive Payment System (MIPS)—the main quality reporting program in Medicare for physicians. Your results will impact payment for all your Medicare professional services in 2020!

## MIPS Result Details

For general information about MIPS and what ACEP is doing to help you successfully participate in the program, please visit [ACEP's MIPS page](#)

## Toolkit & Educational Content

### Sepsis

### Avoidable Imaging

### Chest Pain

### Opioid

[Toolkit](#)  
[Webinars](#)  
[Podcasts](#)  
[CME](#)

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## Quality Tip of the Month





“For so many patients with OUD, initiating MAT in the ED with buprenorphine can be a life-transforming, if not life-saving intervention. To make the most of this opportunity, after appropriate patient screening, repeat the dosing of bupe every 30-60 minutes as necessary to get the patient comfortable. When the patient’s withdrawal symptoms are resolved, he or she can have a meaningful conversation with a social worker or a patient advocate for clinic referral. If there are no contraindications, consider buprenorphine loading (up to a total 24-32mg), and likewise, avoid bupe loading in the polypharmacy patient.”

*Eric Ketcham, MD, MBA*

*New Mexico Treatment Services*

## Frequently Asked Questions



[View the FAQ page](#) | [Download the Portal Access Guide](#)

If you have questions regarding your collaborative, please be sure to reference these resources. If your site's questions are not answered, please reach out to the [E-QUAL team](#).

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