November 2024

OPEN MINDS Roundtable: Implementing Medication-Assisted Treatment In A FQHC: The Valleywise Health Case Study

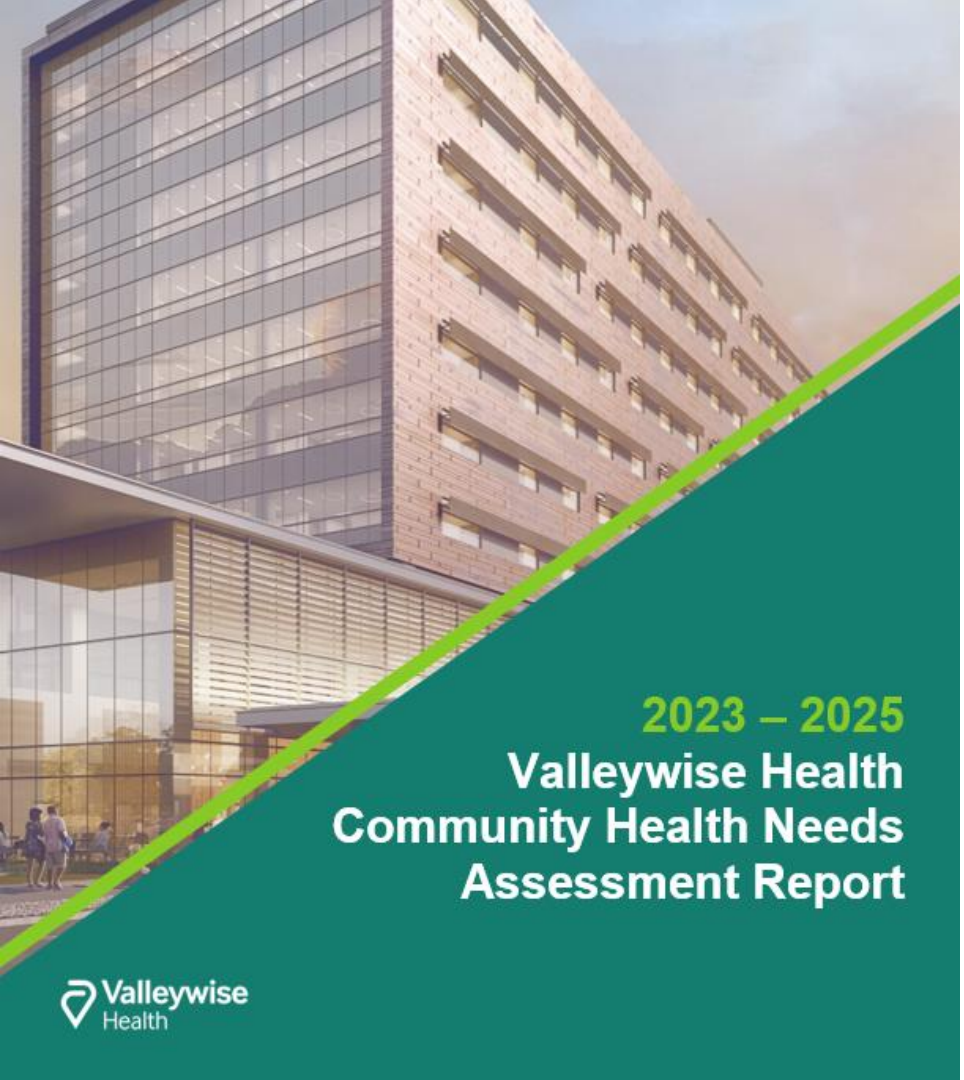
Our Mission

Provide exceptional care, without exception, every patient, every time.

Our Vision

Be nationally recognized for transforming care to improve community health.

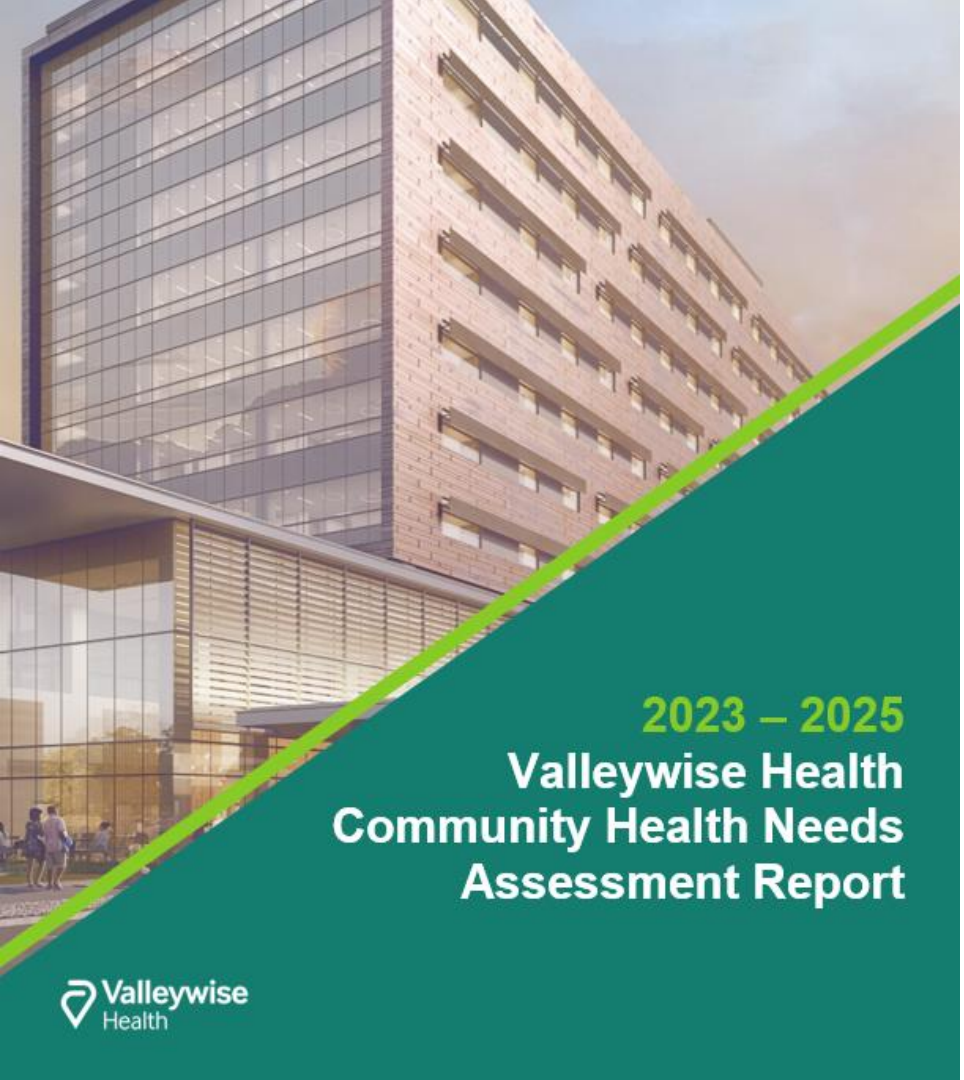
- With a 140-year history of providing care to a diverse population, regardless of a patient's ability to pay, Valleywise Health is a trusted name in healthcare for the entire community
- Valleywise Health is Arizona's only public teaching and safety-net hospital and healthcare system
- Nearly 16,000 Inpatient admissions and 70,000 adult and pediatric ED visits annually
- Nearly 70% of Valleywise Health patients are financially vulnerable patients who are uninsured, underinsured, or covered by AHCCCS (Arizona's Medicaid program) or Federal Emergency Services- the highest of any health system in Arizona and among the highest in the nation
- Valleywise Health Medical Center, 3 behavioral health hospitals, and 13 community health centers



Aligning Services with Community Needs

Table 1. Health Indicator Disparities: Highest IP[1]/ED[2]/Death[3] rates by groups of residents living within Valleywise Health's PSA (2021)

Indicator	Race/Ethnicity	Age	Sex
Diabetes	American Indian[1, 3] Black/African American[2]	45-64[1, 2] 65+[3]	Male[1, 2, 3]
Heart Disease	Black/African American[1, 2, 3]	65+[1, 2, 3]	Male[1, 2, 3]
Hypertension	Hispanic[1] Black/African American[2, 3]	45-64[1, 2] 65+[3]	Female[1, 2] Male[3]
All Mental Health Disorders	Black/African American[1] American Indian[2]	25-44[1, 2]	Male[1, 2]
Obesity/Overweight	Black/African American[1, 3] White/Caucasian[2]	25-44[1, 2] 45-64[3]	Male[1, 2, 3]
Substance Use (All Drug Overdose)	Black/African American[1, 2] American Indian[3]	25-44[1, 2, 3]	Male[1, 3] Female[2]
Substance Use (Alcohol Related)	American Indian[1, 2, 3]	25-44[1, 2] 45-64[3]	Male[1, 2, 3]



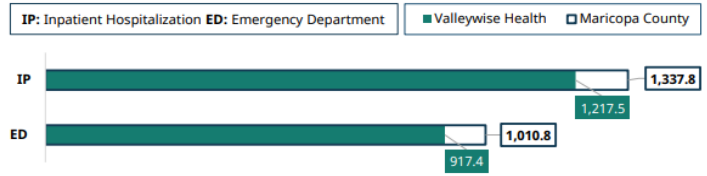
2023 – 2025

Valleywise Health Community Health Needs Assessment Report

Valleywise Health

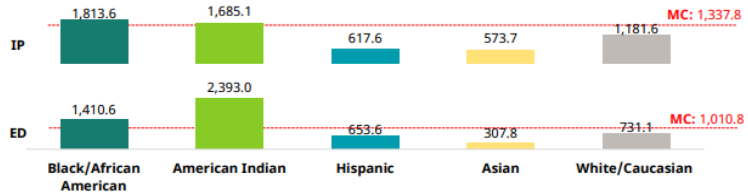
Mental Health

Disparities by Overall Rates[2]

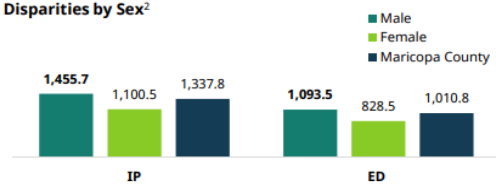


Disparities by Race/Ethnicity[2]

Maricopa County (MC)



Disparities by Sex[2]



Disparities by Age[2]

No age groups in Valleywise Health's primary service area exceeded Maricopa County's rates.

Valleywise Health Patient Health Outcomes[3]

6,130

VWH patients diagnosed with depression and other mood disorders

20,584

Visits with a depression or other mood disorder diagnosis

Top Community Health Condition[4]

Mental Health Issues was ranked as the 3rd (2019) and 1st (2021) greatest community health condition.

From a Community Member (2021)[4]

"I wish we had more mental health access for everyone. It's a difficult time to find a person and also like to see mental health covered by insurance. It's really sad that this one area of health is always getting overlooked. I have many mental health issues and I have given up on the search because I can't afford one."

Sources: *(1) 2021 American Community Survey; Census, (2) 2021 Hospital Discharge Data (nonfatal rates only available), obtained from ADHS & analyzed by MCDPH (3) Valleywise Health 2022 Uniform Data System Report, (4) 2019 & 2021 MCDPH Community Survey*

Locations

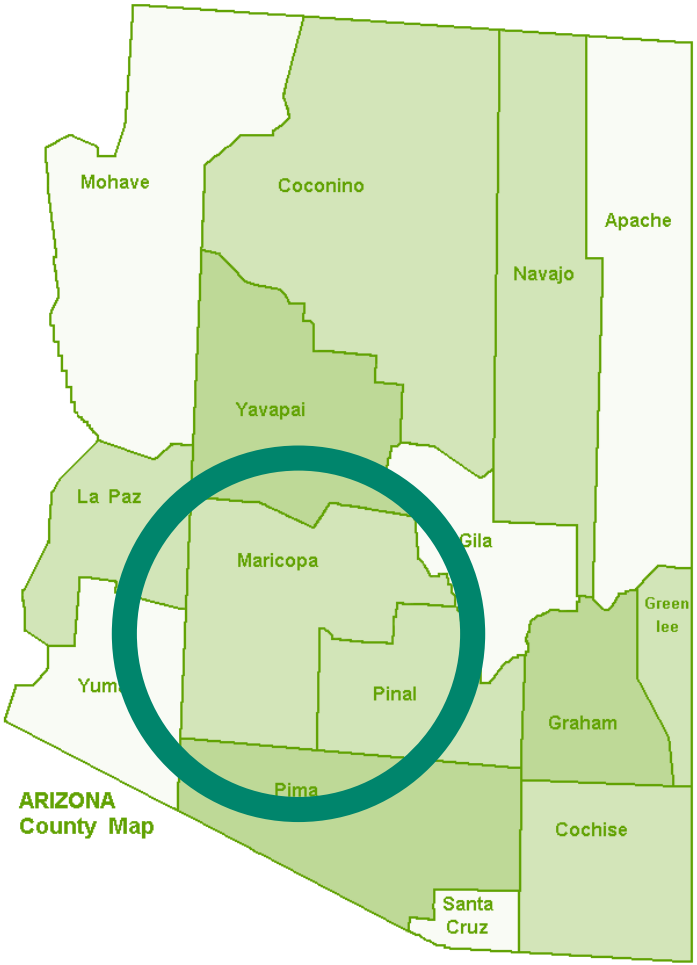
Valleywise Health

To schedule your Emergency Department follow up:

Please call us Monday – Friday at 1-833-VLLYWSE or book your appointment online at ValleywiseHealth.org/book-an-appointment

- Community Health Center
- Comprehensive Health Center
- Behavioral Health Center
- Emergency
- Medical Center

Problem



Maricopa County is the 4th largest county in US

In 2023, 1,216 of AZ's 1,924 opioid deaths were in Maricopa County.

SAMHSA
Substance Abuse and Mental Health Services Administration

Going to the MAT to Fight OUD

Total Award – $2.6 for 5-year period

Goals include:

- Address gaps in care by building capacity through an expanded workforce and adding long-term strategies.
- Build a team of Integrated Behavioral Health Peer Recovery Support Specialists
- Increase the number of providers licensed to prescribe MAT medications in integrated health care settings
- Reduce stigma related to MAT services
- Expand referrals and service delivery with partner organizations

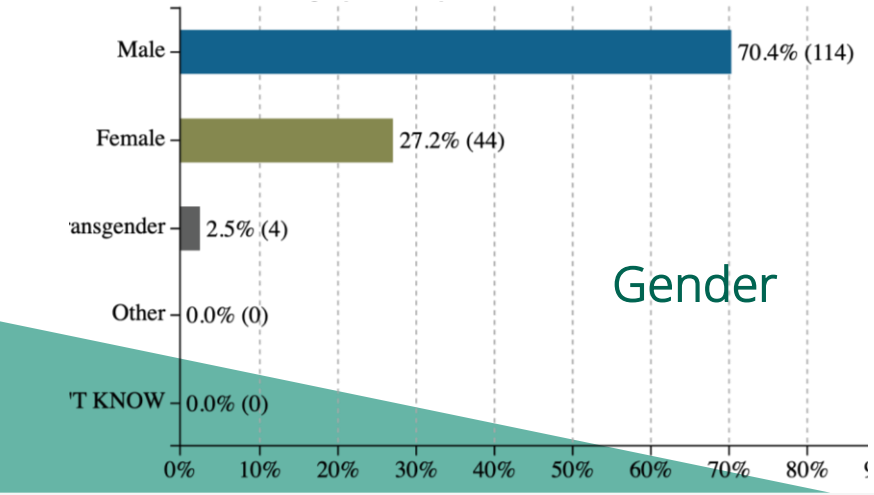
More than five people die every day from opioid overdoses in Arizona.

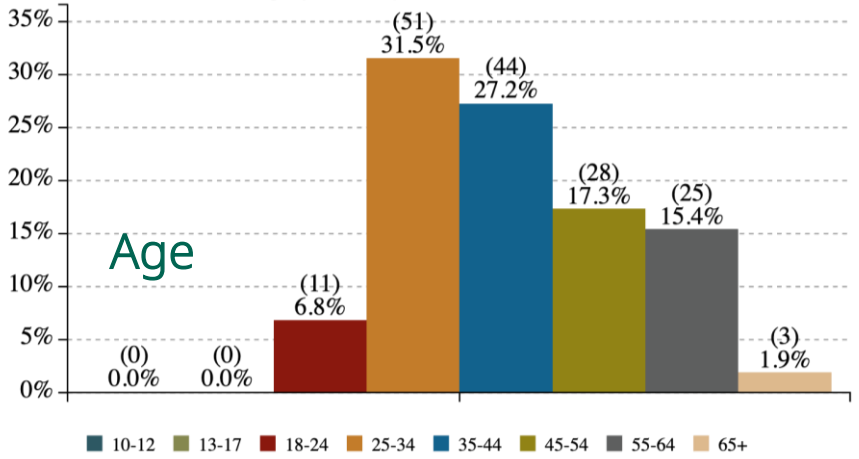
Accomplishments to Date

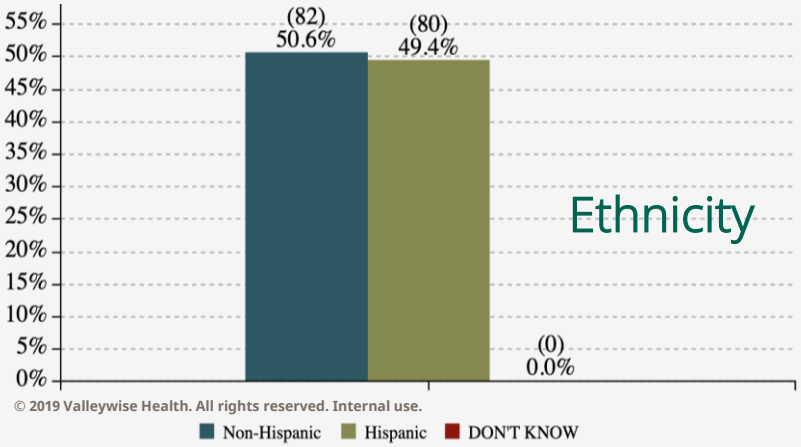
- 165 patients enrolled, 85% of SAMHSA YTD goal.
- Deployed 5 peer support specialists.
- Licensed clinician-partners at each site
- Recruited 7 provider/sites within the VWH FQHCSs and all Specialty Behavioral Health Program
- Enlisted 5 MDs and 2 Nurse Practitioners to deliver MAT services within the 7 VWH FQHCs

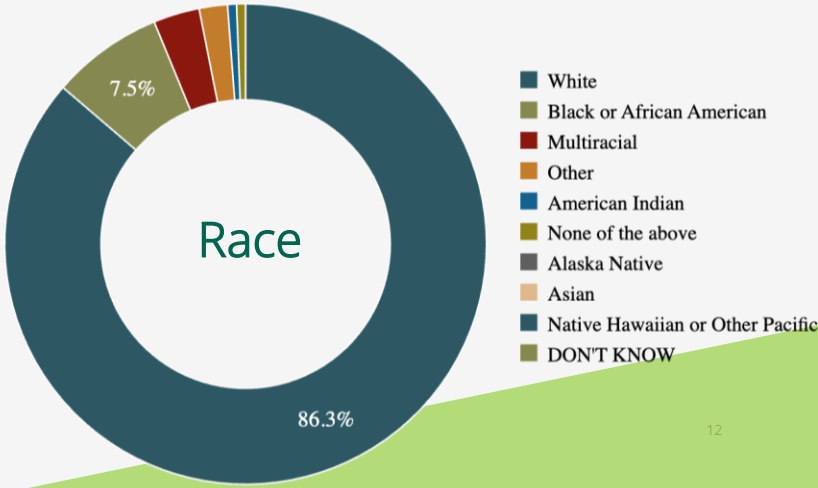
Enrollment To Date (19 Nov 24)

Number of Unduplicated Patients Served with Grant Funds						
	FY 1 *9/21-9/22*	FY 2 *9/22-9/23*	FY 3 *9/23-9/24*	FY 4 *9/24-9/25*	FY 5 *9/25-9/26*	Total
GOAL	25	50	100	150	280	605
ACTUAL	6	56	87	16 (YTD)	NA	165 (YTD)









A Complex Patient Portrait

Characteristics of VH Patients with OUD from the GPRA interview (11/2024)

- Mean age - 40.30 yrs.
- <5% are veterans
- 40% speak a language other than English at home
- 56% report using Fentanyl within last 30 days
- 22% report also using methamphetamine (30 days)
- 64% regular use of tobacco
- 92% request Buprenorphine
- 67% report prior mental health diagnosis
- Most common DX- Major Depressive Disorder, Bi-polar, & Generalized Anxiety Disorder

Characteristics Continued-

- 2.6 is the average number of prior recovery attempts
- 51% report being unemployed
- 64% report having a high school diploma or less
- 94% report being housed; however, 73% of those report living in someone else's home/apartment
- 71% report earning <$15,000 pretax last year
- 38% report being Justice Involved individuals (JII)
- 62% rate quality of life as good or very good 81% report experiencing significant MH issues in last 30 days
- 91% report contact with family in last 30 days
- 78% report satisfaction with relationships

Addiction and Recovery are not Uni-Dimensional

The majority of VWH MAT patients require –

- Behavioral health services
- Education
- Employment
- Affordable housing
- Ongoing recovery support

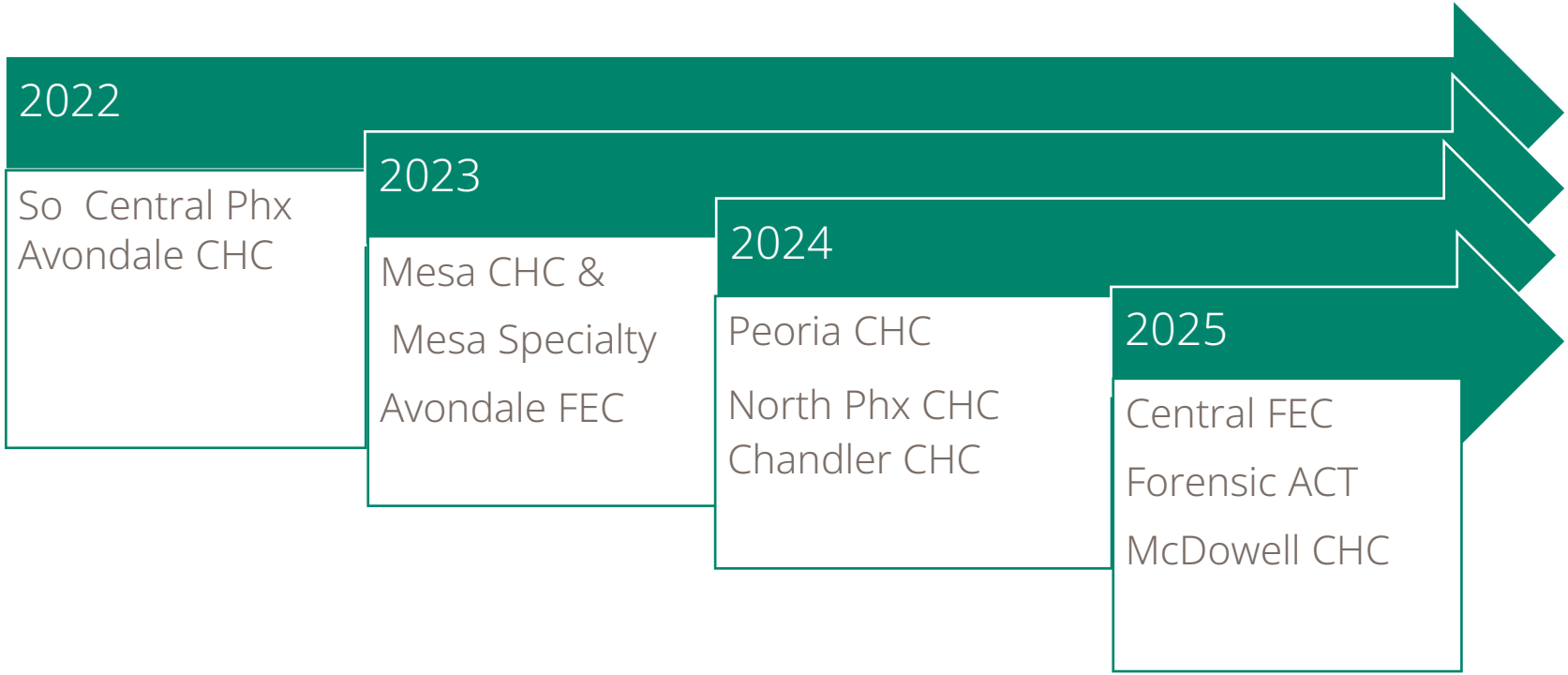
National Outcome Measures Across 6 Mo.

Abstinence: did not use alcohol or illegal drugs	9.8%	47.5%	**383.3%
Legal: has no past 30-day arrests	98.4%	98.4%	0.0%
Employment/Education: participants were currently employed or attending school	39.3%	54.1%	**37.5%
Health/Behavioral/Social Consequences: experienced no alcohol or drug related health, behavioral, or social consequences	100.0%	100.0%	0.0%
Social Connectedness: participants were socially connected with family/friends	96.7%	98.4%	1.7%
Stability in Housing: participants had a permanent place to live in the community	26.2%	36.1%	**37.5%
			**p < .001

Lessons Learned & Next Steps

- Stigma and myths associated with the population and provision of MAT services
- Recruiting providers and sites
- Training providers
- Identifying patients/participants
- Clinicians and Peer Support
- Scheduling & Encounter/Billing Services
- Microdosing
- Competing priorities, Harm Reduction, and more . . .

Current and Future VWH Plans



Specialty populations for increased outreach and engagement: justice-involved, persons with a serious mental illness, active-duty military, individuals with HIV/AIDS, veterans and military families.

New Provider Training

Request to outline a plan that has the number of providers, hours, etc. that will demonstrate the financial impact of trainings for new providers

1) Have all interested providers complete readiness checklist
2) Based on the results, place providers into one of 3 categories:
    1) 0- no experience, estimated training, mentoring and TA needed: 12 hrs. (2 hrs.. onboarding, 8 hrs.. training, 2 hrs.. shadowing/mentoring)
    2) 1- some experience, estimated training, mentoring and TA needed: 7 hrs. (2 hrs.. onboarding, 4 hrs. training, 1 hr. shadowing/mentoring)
    3) 2- ready to go, estimated training, mentoring and TA needed: 2 hrs.. (onboarding)
3) Onboarding includes meeting with MAT team, reviewing VH protocols, meeting with site manager/CRL, blocking calendars, etc.

THANK YOU

Vicki Staples, MEd
Director Outpatient Behavioral Health Programs
Vicki.staples@valleywisehealth.org

Valleywise Health