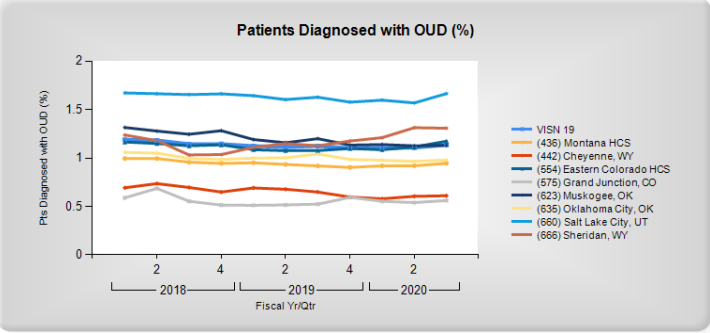




VISN 19 OUD & BUP DASHBOARD REPORT



VISN	Station	Bup Prescribers			Bup Patients		
		June	July	Change	June	July	Change
VISN 19	(436) Montana HCS	7	6	-1	36	29	-7
	(442) Cheyenne, WY	2	3	1	12	15	3
	(554) Eastern Colorado HCS	15	20	5	120	120	0
	(575) Grand Junction, CO	2	2	0	5	5	0
	(623) Muskogee, OK	8	6	-2	58	54	-4
	(635) Oklahoma City, OK	6	7	1	92	95	3
	(660) Salt Lake City, UT	23	31	8	143	146	3

HALF & HALF MOUD –WAIVER TRAINING

HALF & HALF MOUD –WAIVER TRAINING

SEPTEMBER 4TH, 12 PM-4:30 PM MDT

PRESENTED BY DR. ADAM GORDON MD, MPH, DFASAM

A 4-HOUR REMOTE TRAINING FOR MEDICAL PROVIDERS TO BEGIN QUALIFYING FOR A MOUD-WAIVER TO PRESCRIBE AND DISPENSE BUPRENORPHINE. PARTICIPANTS WILL BE EMAILED THE LINK TO COMPLETE THE OTHER 4 HOURS ONLINE. NPS AND PAS MUST COMPLETE AN ADDITIONAL 16 HOUR COURSE WHICH CAN BE FOUND [HERE](#).

Joint Accreditation Statement: In support of improving patient care, this activity has been planned and implemented by the American Academy of Addiction Psychiatry and the University of Utah School of Medicine. American Academy of Addiction Psychiatry is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Physician Designation Statement: American Academy of Addiction Psychiatry designates this Other activity (one portion of this course is an independent online activity and another portion of this course is a live face-to-face educational exchange with a clinical expert trained to present this material) for a maximum of 8 (eight) AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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For registration details email Matthew.Dungan1@va.gov

VIP RESULTS: Two Year VIP Patient Census and Consultations

Consult mechanism established in November 2018

- Empanelment (VIP1)
- Consultation (VIP2)
 - Visit
 - Longitudinal care
 - E-consultation

VIP 1: Empanelment to date

When VIP began, its founding providers brought with them a cohort of 212 patients. In the nearly 2 years that followed, 816 patients were empaneled to VIP clinics. For the past six months, the VIP Initiative receives, on average, nearly 24 consults a month, of which, nearly 7 consults a month are for e-consultation and non-empanelment consultations. The care received in VIP is more frequent and intensive than in other PACT environments: VIP patients average five primary care visits annually (median=4, interquartile range=1-7) compared to fewer than two primary care visits annually for non-VIP primary care patients. Moreover, many VIP visits involve interdisciplinary collaboration: many patients are seen in co-located, serial visits during a treatment encounter and some patients have face-to-face visits collaboratively with multiple VIP Initiative providers. While the census continues to grow, VIPs ability to deliver intended results remains conditional on the capacity of the VIP team to address these complex needs

VIP 2: Consults to date (since November)

- 1-2 new consults a week (soft roll out) from ER, Mental Health, Addiction Services, Homeless, CBOCs
- E-consults – several dozen face to face and consultation

Publication

Kertesz SG, Manhapa A, Gordon AJ. Nonconsensual Dose Reduction Mandates are Not Justified Clinically or Ethically: An Analysis. *J Law Med Ethics*. 2020;48(2):259-267. doi:10.1177/1073110520935337