



EMPLOYEE SPOTLIGHT (MARNIE. WILSON, LCSW)



I'm a Licensed Clinical Social Worker joining the VIP PACT from the HUD-VASH program at the Salt Lake City, VA. Over the last year and half, I have worked as a Case Manager assisting our homeless heroes. I'm honored to have the opportunity to continue working with vulnerable Veterans through the VIP. Prior to my employment with the VA, I worked as a clinician at the House of Hope, Clinical Consultants and the Utah Department of Corrections providing mental health and substance use disorder treatment. I recently celebrated 20 years of federal service. Since 1990, I have been interested in and have studied the human experience. I graduated from the University of Utah in 1996 with a B.A. in Anthropology and minors in Psychology and Sociology. In 2000, I completed a M.A. in Anthropology from the University of Nevada, Reno. In 2012, I received a Master of Social Work degree from the University of Utah. During my MSW coursework, I completed certificates in International Social Work and School Social Work.

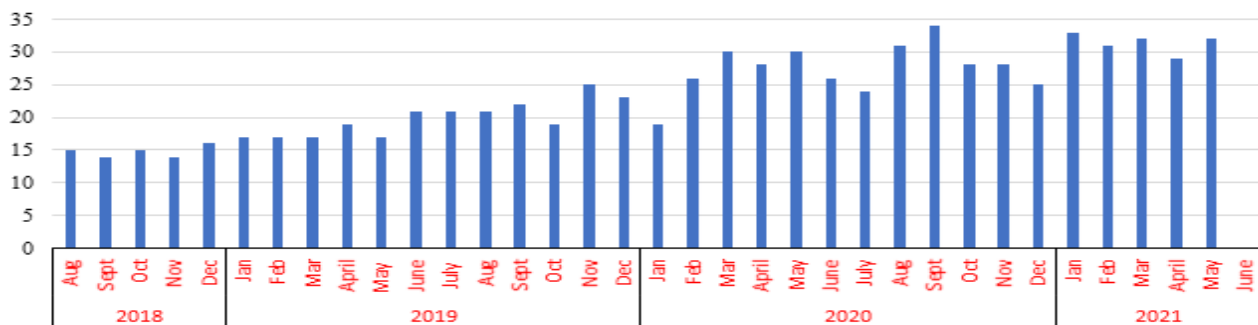
In 2017, I completed the Substance Use Disorder Treatment Training Certificate Program from the University of Utah. Most recently, I completed a certificate in Eye Movement Desensitization and Reprocessing (EMDR). I'm a certified Kundalini Yoga Instructor and Hypnotherapist. I'm a fan of lifelong learning. ☺ In my free time I like to be outside, tackle home improvement projects, play golf, read, and play with my 2, four-legged fur babies

AMERSA VIP ABSTRACT

Impact of an Interdisciplinary Primary Care Clinic for Veterans with Addiction on Emergency Department Visits and Hospitalizations

The objective of this evaluation was to determine the changes in ED visits and hospitalizations in the 12 months following VIP, compared to the 12 months before enrollment. We examined a Veteran cohort enrolled in VIP from March 2018-September 2019. Quarterly numbers of ED visits and hospitalizations were abstracted from administrative data in the year prior to and following VIP enrollment. We explored potential differences in program effects by interacting time with VIP cohorts, hierarchically grouped as histories of high ED use (3+ visits in 12 months), homelessness, and SUDs. Our results included 978 veterans, 270 (28%) with high ED use, 119 (12%) with homeless experiences, and 166 (17%) with SUDs. In the overall sample, average ED visits and hospitalizations were lower in the 12 months after VIP, compared to the 12 months prior. Specifically, rates of ED visits and hospitalizations increased in the quarters before VIP for specified subgroups. After VIP enrollment, rates of ED visits and hospitalizations significantly declined (p's<0.001) for patients with histories of high ED use but were stable for the other groups. These findings suggest an interdisciplinary primary care model dedicated to addressing the needs of patients with histories of SUDs, homelessness, and medical complexity reduced acute care services, particularly for patients with prior reliance on the ED, demonstrating potential for cost savings.

Monthly BUP Prescriber Data, Salt Lake City VA



PUBLICATION

Cochran G, Cole ES, Sharbaugh M, Nagy D, Gordon AJ, Gellad WF, Pringle J, Bear T, Warwick J, Drake C, Chang CH, DiDomenico E, Kelley D, Donohue J. Provider and Patient-panel Characteristics Associated With Initial Adoption and Sustained Prescribing of Medication for Opioid Use Disorder. J Addict Med. 2021 May 10. doi: 10.1097/ADM.0000000000000859. Epub ahead of print. PMID: 33973921.