BUILDING ACCESS TO CARE THROUGH COMMUNITY HEALTH CENTERS TO TREAT OPIOID USE DISORDER:

ESTABLISHMENT OF NORTH CAROLINA REGIONAL ADDICTION MEDICINE PROGRAMS

IMPACT REPORT Year 1: 3/2/20-2/28/22

OUR AIM

Create a Statewide "Hub and Spokes" Addiction Treatment Network with UNC-Chapel Hill and MAHEC as "Hubs" connected to community health center "Spokes"

OUR GOALS

Increase capacity for Hubs and Spokes to treat underserved individuals with opioid use disorder

OUR METHODS

Provide training, technical assistance, practice support, and proforma development to prescribers and staff at Spokes and in the Spokes Community

OUR PRIORTIES

Increase capacity for Hubs and Spokes to treat underserved individuals (pregnant/postpartum, rural, justice-involved, racial/ethnic minority, and uninsured individuals) with opioid use disorder

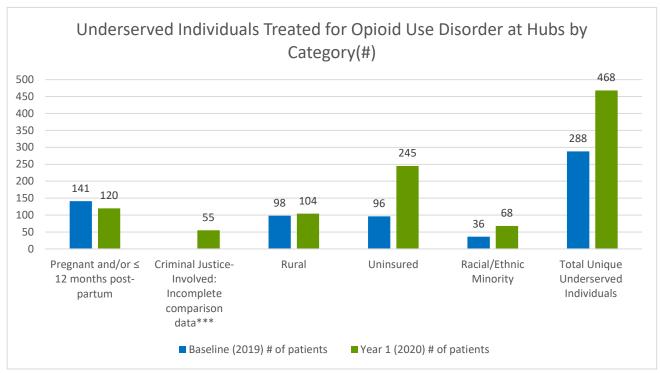
OUR APPROACH

Statewide collaboration to establish and develop Hubs in order to expand access to care for underserved individuals

OUR RESULTS

63%

increase in underserved individuals treated at Hubs from Baseline (2019) to Year 1 (3/2/20-2/28/22)





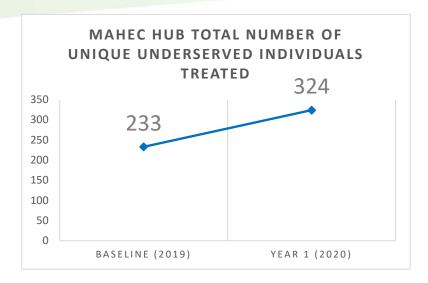






YEAR 1 HUB DATA: MAHEC HUB

EXPANDING ACCESS TO CARE FOR UNDERSERVED POPULATIONS



MAHEC Hub increased the number of underserved individuals treated by

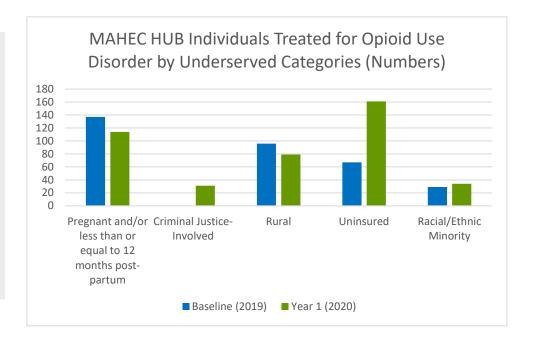
39%

Surpassing our Year 1 goal of 15% by 24%, and our Final Year 2 goal of 25% by 14%.

Underserved Categories	Baseline (2019)* # of patients	Baseline (2019)* %	Year 1 (2020)** # of patients	Year 1 (2020)** %
Pregnant and/or ≤ 12 months post-partum	137	32%	114	32%
Criminal Justice-Involved***	No Data Available	No Data Available	31	5.5%
Rural	96	26%	79	14%
Uninsured	67	18%	161	29%
Racial/Ethnic Minority	29	6%	34	6%

^{*}Baseline (2019) is representative of the entire calendar year.

Uninsured individuals increased from 18% to 29%.



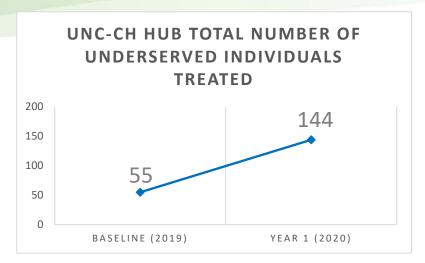
Patients treated at MAHEC Hub are defined as having a diagnosis ICD10 Code of F11.20 or F11.21 <u>AND</u> those who received a prescription for suboxone, buprenorphine, zubsolv, naltrexone, vivitrol, or sublocade.

^{**}Year 1 (2020) is representative of the Year 1 project period 3/2/20-2/28/22.

^{***}This indicates whether a patient indicated during their intake that they had been on parole, probation, or had outstanding court dates (criminal: violent and non-violent, but not family court cases), or had been incarcerated in the past 12 months.

YEAR 1 HUB DATA: UNC-CH HUB

EXPANDING ACCESS TO CARE FOR UNDERSERVED POPULATIONS



UNC Hub increased the number of underserved intakes by

161%

Surpassing the Year 1 goal of 15% by 146%, and our Final Year 2 goal of 25% by 161%.

Underserved Categories	Baseline (2019)* # of patients	Baseline (2019)* %	Year 1 (2020)** # of patients	Year 1 (2020)** %
Pregnant and/or ≤ 12 months post- partum	4	11%	6	5%
Criminal Justice-Involved***	6	17%	24	18%
Rural	2	5%	25	18%
Uninsured	29	78%	84	60%
Racial/Ethnic Minority	7	19%	34	25%

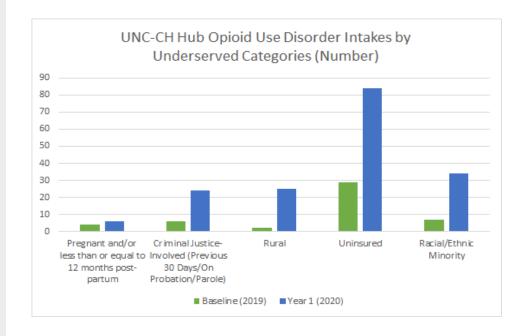
^{*}Baseline (2019) is representative of the entire calendar year.

UNC-CH saw increases in intakes in all underserved categories, particularly of note:

Non-white race increased from 16% of the total population to **22%.**

Intakes from HRSA-defined rural counties increased from 5% to **18%** of the population.

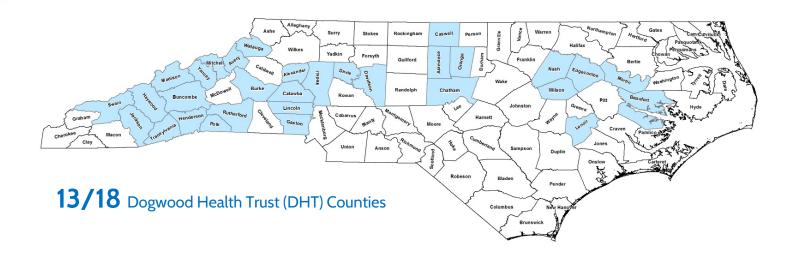
The UNC Hub increased the number of underserved intakes to 106, a > 350% increase.



^{**}Year 1 (2020) is representative of the Year 1 project period 3/2/20-2/28/22.

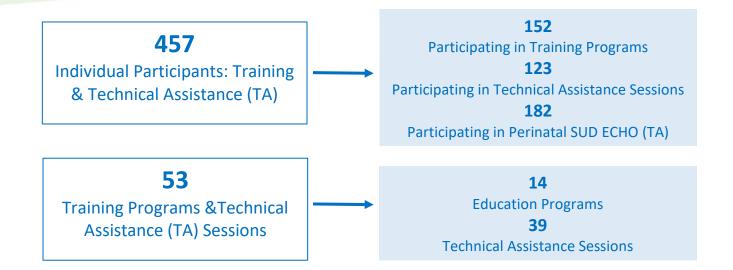
^{***}This indicates if a patient was incarcerated in the previous 30 days prior to intake or if the person is currently on parole or probation at intake.

OUR REACH 10 SPOKES 31 COUNTIES



	Spoke Name	Designation	County	WNC DHT Catchment	
1.	Carolina Family	FQHC	Edgecombe, Nash, and Wilson		
2.	Haywood County Health Department	Health Department	Haywood	Х	
3.	High Country Community Health	FQHC	Avery, Burke, and Watauga	X (Avery and Burke)	
4.	Mountain Community Health Partnership (MCHP)	FQHC and Rural Health Clinic	Mitchell and Yancey	Х	
5.	Agape Health Center	FQHC	Martin and Beaufort		
6.	Kinston Community Health Center (CHC)	FQHC	Lenoir		
7.	Kintegra Health	FQHC; Health Department	Alexander, Catawba, Davidson, Davie, Gaston, Iredell, Lincoln		
8.	Piedmont Health Services	FQHC	Orange, Chatham, Alamance, Caswell		
9.	Blue Ridge Health	FQHC	Swain, Buncombe, Haywood, Jackson, Transylvania, Rutherford, Henderson, Polk	Х	
10.	Madison County Health Department	Health Department	Madison	Х	

YEAR 1 SPOKE TRAINING DATA



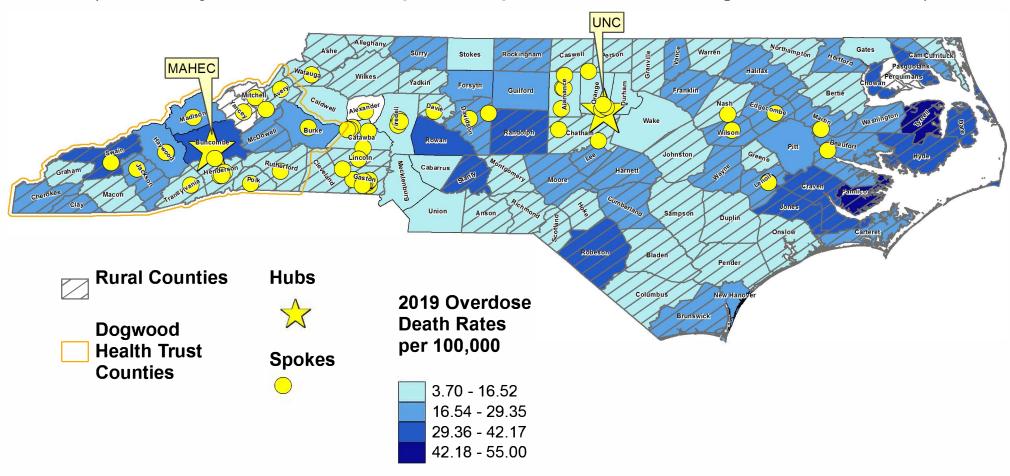
YEAR 1 SPOKE PARTICIPATION NUMBERS (INDIVIDUAL)

SPOKE	MAT WAIVER TRAINING	MAT 101	SUDS 101	PSUDS 101	HEALTH EQUITY	PSUDS ECHO	ТА	PRACTICE SUPPORT	ACADEMIC DETAILING
Agape Health	5	17	5	3		4	44		
Blue Ridge Health	6		1	6		8	19	1	
Carolina Family							3		
Haywood County Health Dept.		14	2	3		1	4		
High Country Health		8	1				1		
Madison County Health Dept.		1				3	1		
Mountain Community Health Partnership						1	10	1	
Kinston									
Kintegra		7	1		11		4		
Piedmont Health	2	22	3	1			4		5

Building Access to Care Through Community Health Centers to Treat Opioid Use Disorder: Establishment of North Carolina Regional Addiction Medicine Programs

Year 1 Hub and Spokes Map

(Funded By: Foundation for Opioid Response Efforts and Dogwood Health Trust)



OD Death Rates: NC DHHS Opioid Action Plan Data Dashboard, "Opioid Overdose Deaths," State of North Carolina, Department of Health and Human Services, Division of Public Health: Injury and Violence Prevention Branch. Date source: NC State Center for Health Statistics. https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard. Accessed 1 Mar 2021. Rurality: Health Resources and Services Administration, HRSA, "List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties" Data Source: U. S. Census Bureau, Federal Office of Rural Health Policy. Updated 08/20/2020 https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf. Accessed 1 Mar 2021. Created by Joan Colburn, MLIS, UNC Health Sciences at MAHEC, 3/11/21.