Arizona's Statewide Collaboration to Enhance MOUD Utilization

October 2025

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ARIZONA DEPARTMENT OF HEALTH SERVICES

Dr. Villarroel has nothing to disclose.

Outline

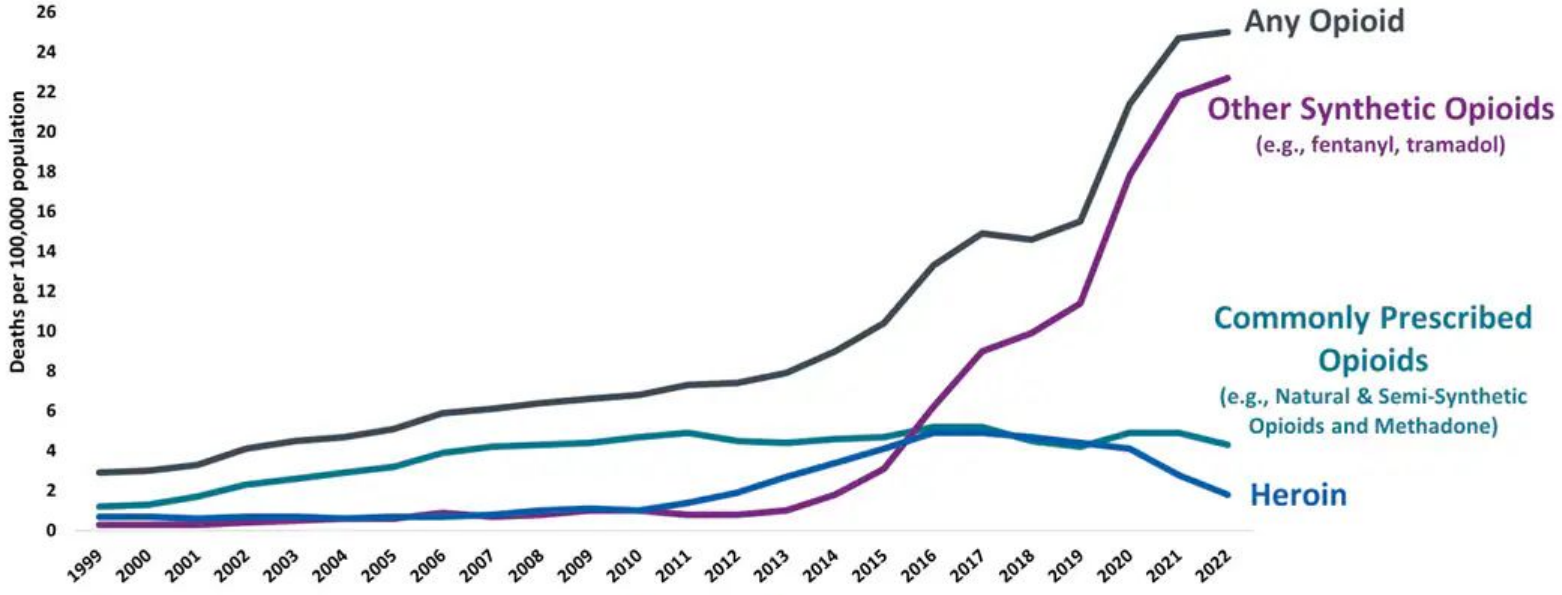
- Situational awareness
  - Surveillance of Opioid Use Disorder (OUD)
  - Efficacy + Utilization of Medication for Opioid Use Disorder (MOUD)

- Statewide collaboration to enhance MOUD utilization
  - The journey to define, implement, report a single MOUD statewide metric
  - Early outcomes and interpretation

Situational Awareness: OUD

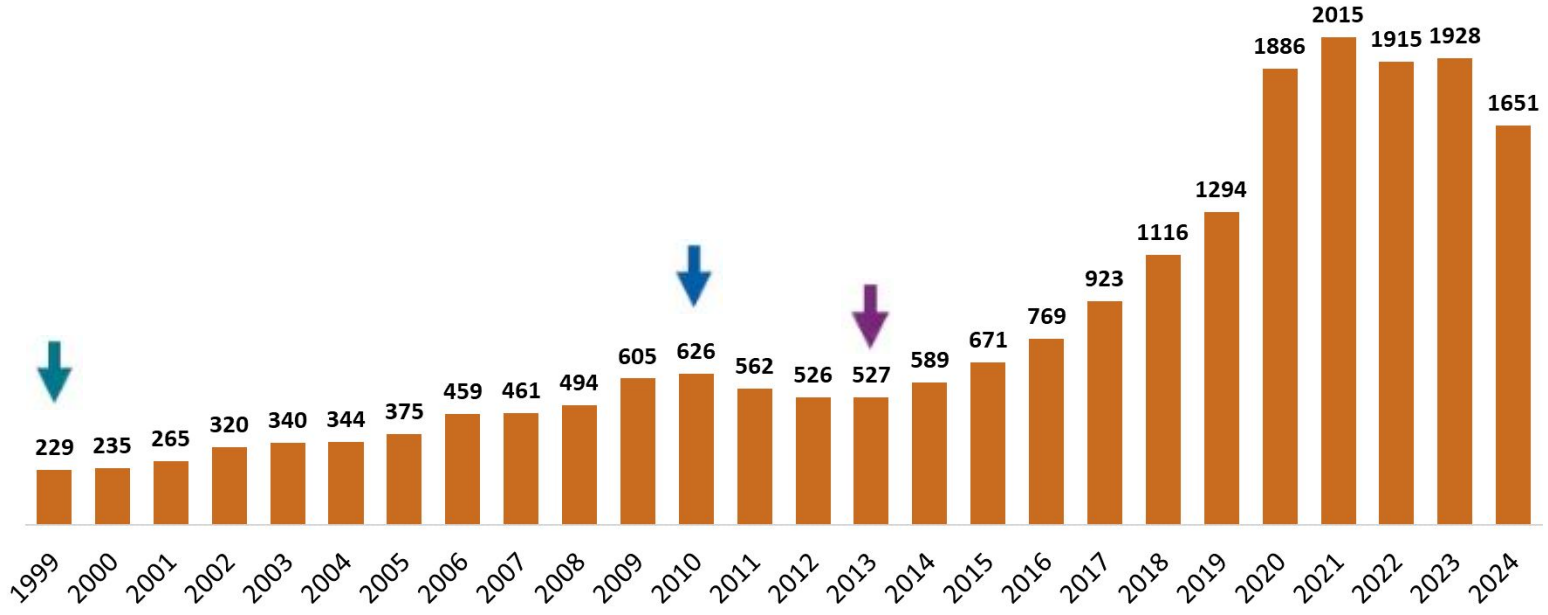
The number of opioid-related deaths nationwide has been rising continuously since 1999.

Three distinct waves of increases are related to different types of opioids.



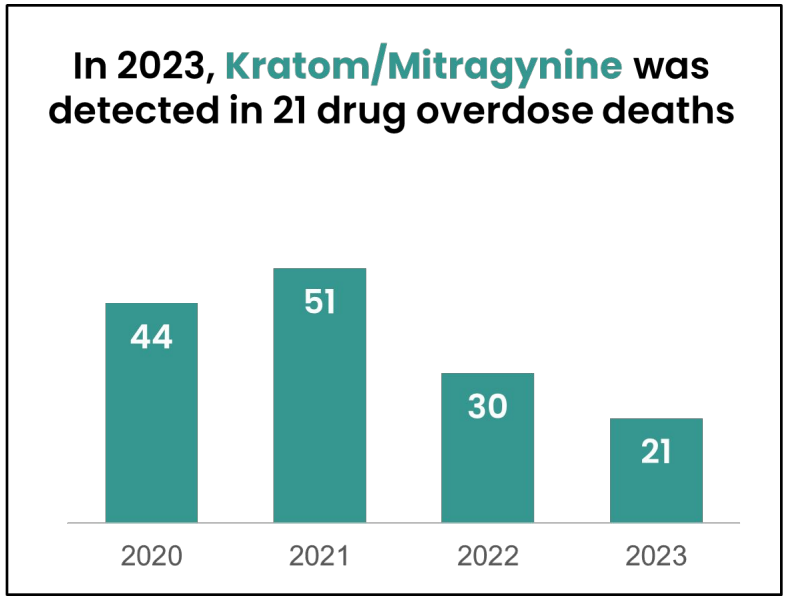
https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html

The number of fatal opioid overdoses in Arizona have been increasing for over 20 years.



ADHS Vital Records (Death Certificates)

Emerging substances like Xylazine and Kratom/Mitragynine were detected in multiple overdose deaths in Arizona in 2023.

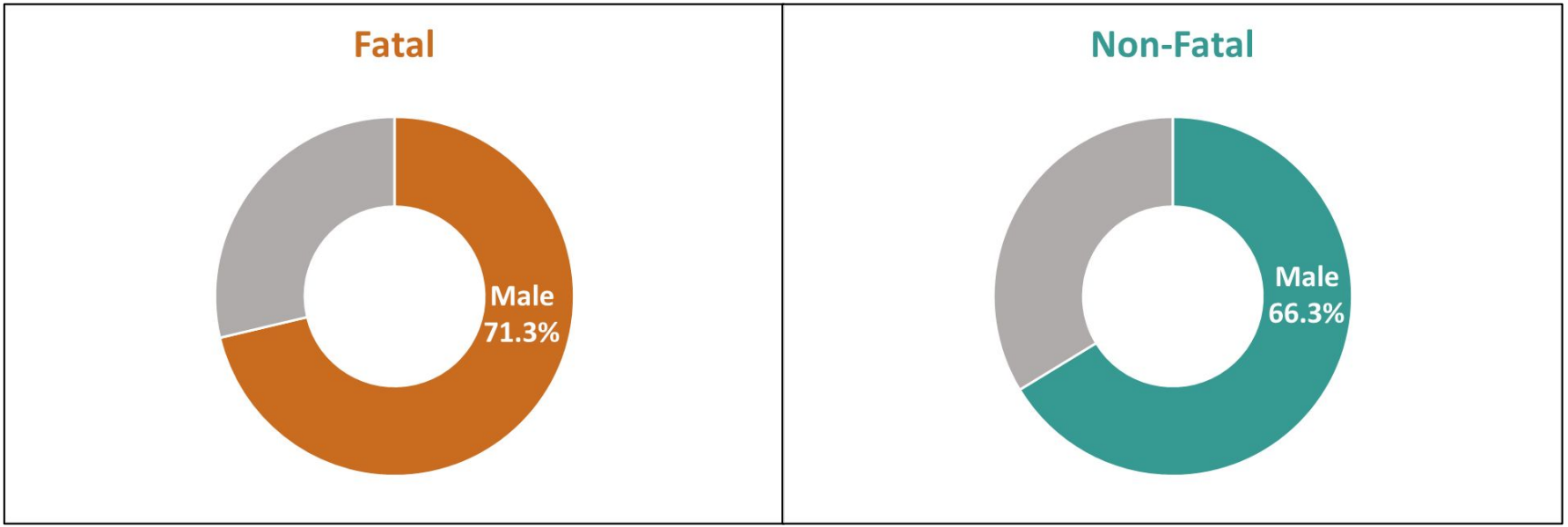


*SUDORS captures all drugs detected by postmortem toxicology, **even those not ruled by a medical examiner or coroner as causing death**. Analyses of drugs detected are restricted to jurisdictions with toxicology reports available for at least 75% of deaths in the specified year. Analyses are further restricted to deaths with an available toxicology report.

Percentages are not mutually exclusive.

https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html

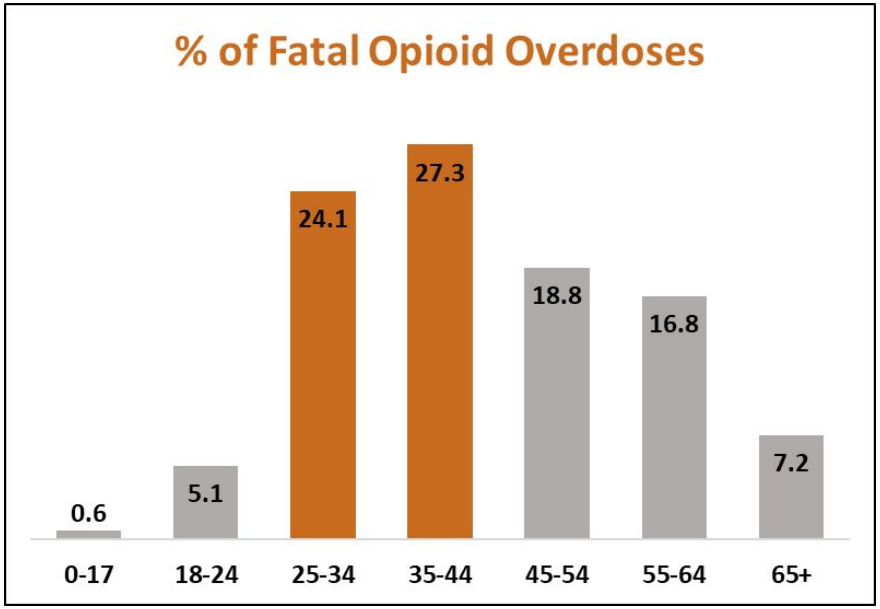
Males were more likely to experience fatal and non-fatal opioid overdose events.

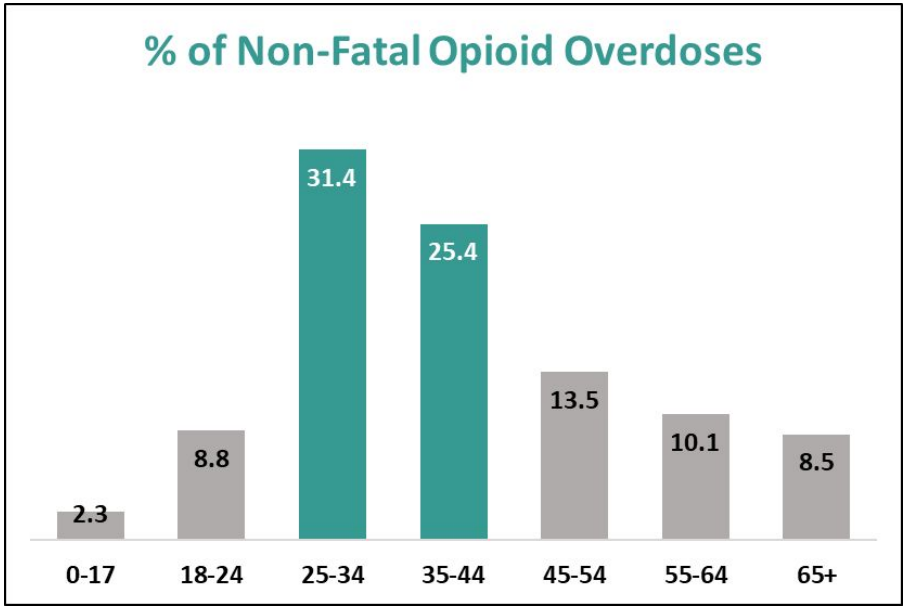


2023 data
Data source (fatal): Vital statistics, Death certificates https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths
Data source (non-fatal): MEDSIS https://www.azdhs.gov/opioid/dashboards/index.php#nonfatal-overdoses

In 2024, over 50% of those who suffered fatal and non-fatal opioid overdoses in Arizona were aged 25 to 44 years old.

Targeted prevention and treatment efforts in this age range are needed to address the opioid crisis.

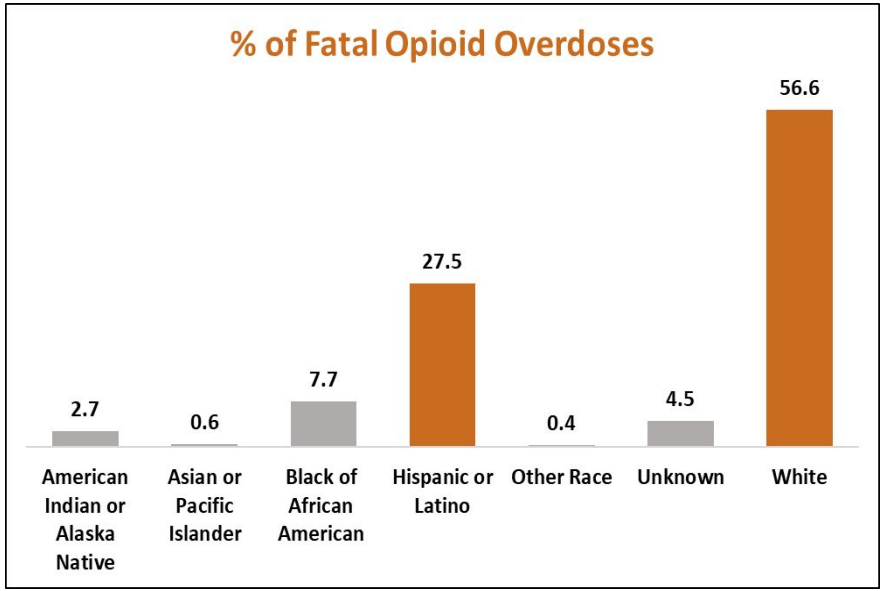




Data source (fatal): Vital statistics, Death certificates https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths
Data source (non-fatal): MEDSIS https://www.azdhs.gov/opioid/dashboards/index.php#nonfatal-overdoses

White and Hispanic or Latino Arizonans made up over 80% of fatal opioid overdoses, but…

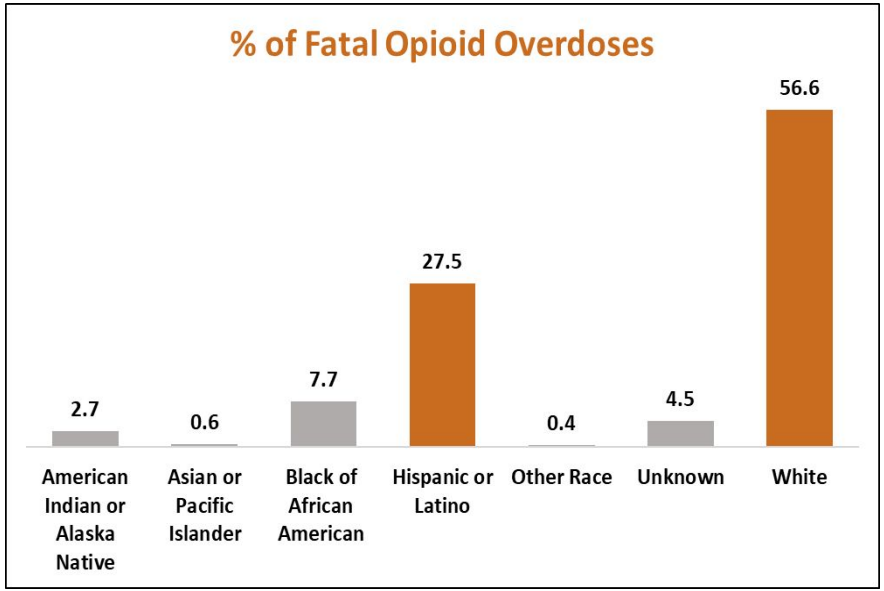
Significant racial and ethnic disparities exist in opioid overdose mortality rates.

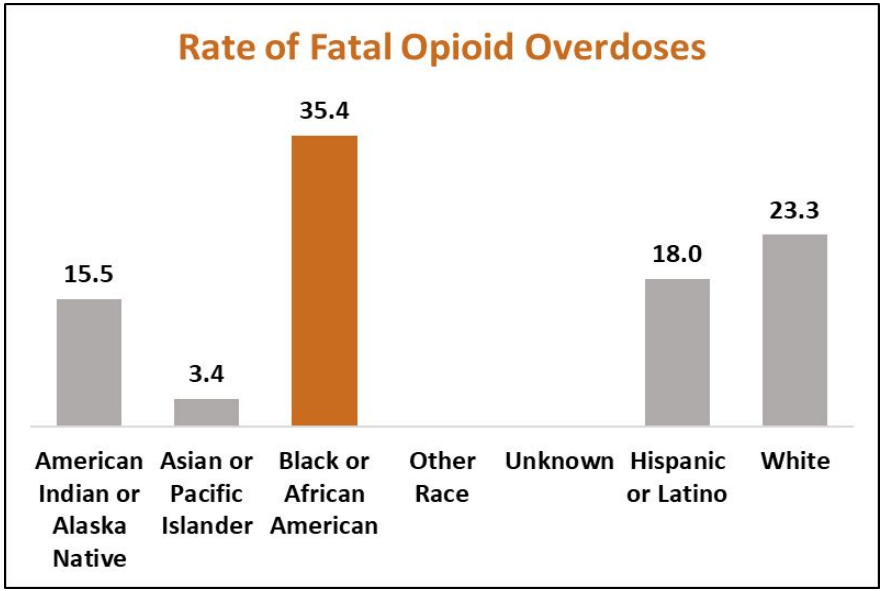


Data source (fatal): ADHS Health Status and Vital Statistics; https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths

...Black Arizonans had the highest rate of fatal opioid overdoses.

Significant racial and ethnic disparities exist in opioid overdose mortality rates.

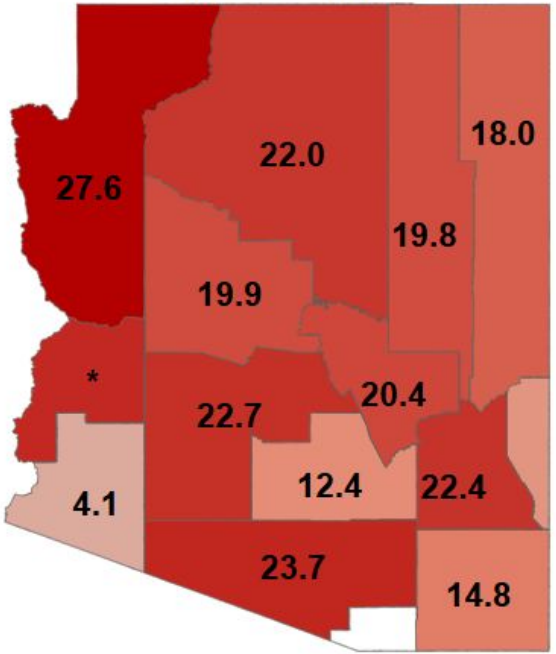




Rate per 100,000 population

Data source (fatal): ADHS Health Status and Vital Statistics; https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths

In 2024, Mohave, Pima, Maricopa, Graham, and Coconino Counties experienced opioid fatality rates higher than the statewide rate (21.7 per 100,000).

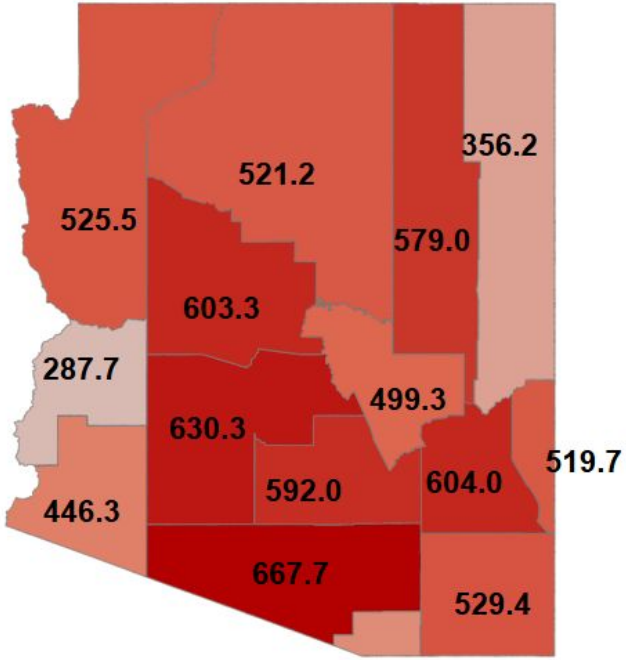


-- *Rate per 100,000 population*

County refers to patient's county of residence

Data source (fatal): ADHS Health Status and Vital Statistics; https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths

Pima and Maricopa Counties experienced hospitalization and emergency department visit opioid overdose rates higher than the statewide rate (610.3 per 100,000).

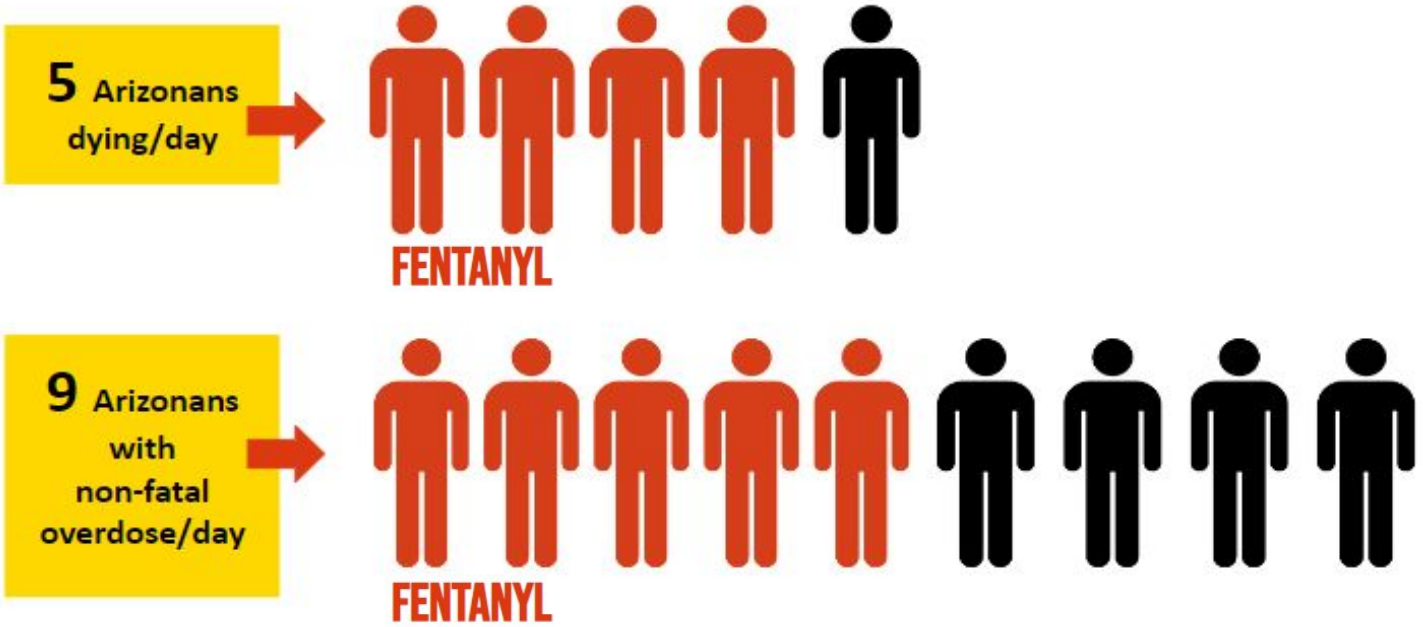


County refers to patient's county of residence

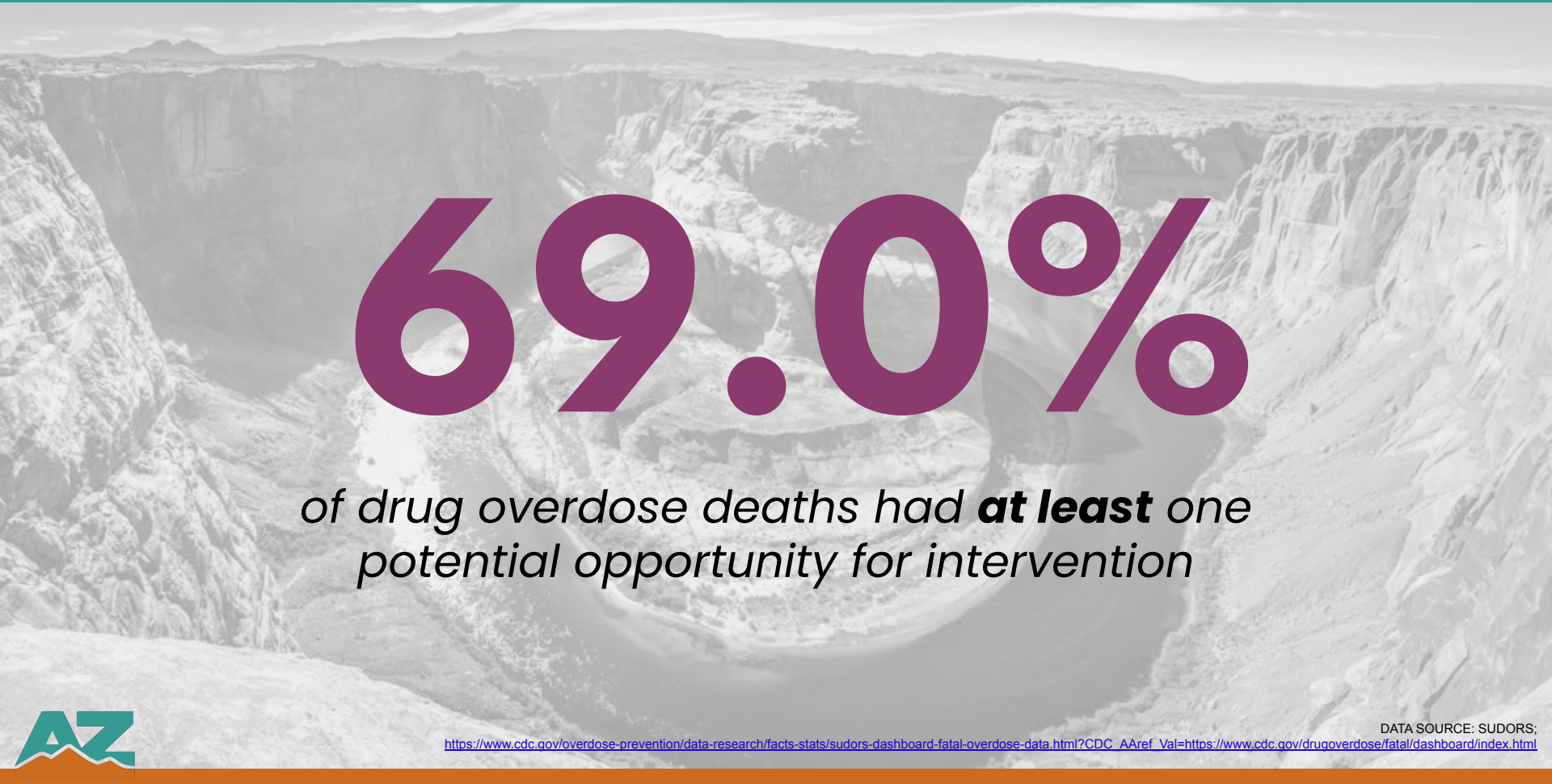
Rate per 100,000 visits

Data source (Hospitalizations/ED visits): BioSense; https://www.azdhs.gov/opioid/dashboards/index.php#emergency-inpatient-visits

In 2023, 5 Arizonans died per day from an opioid overdose; 4 out of 5 had fentanyl involvement.



Data source: Fatal (SUDORS), nonfatal (MEDSIS)



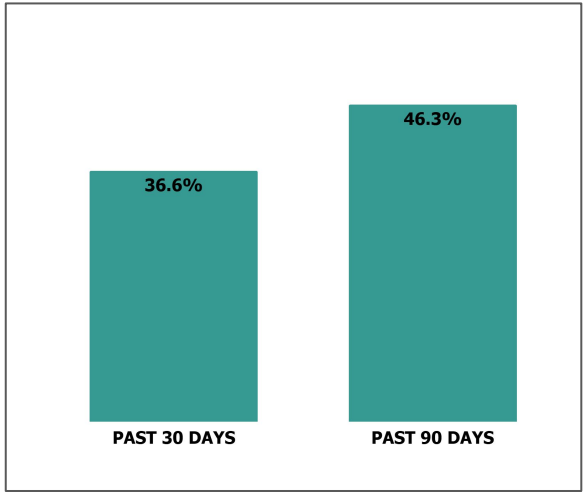
69.0%

*of drug overdose deaths had **at least** one potential opportunity for intervention*

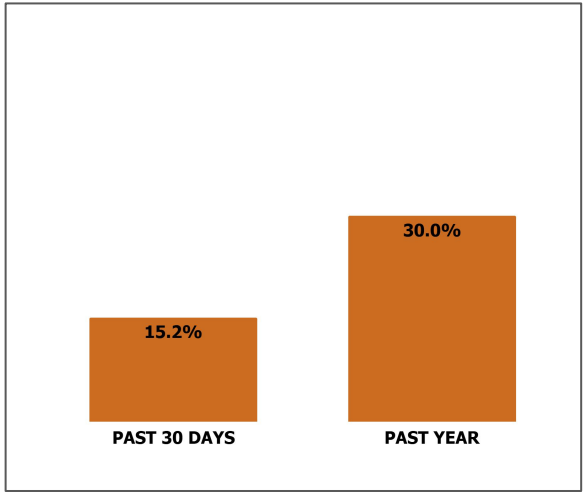
DATA SOURCE: SUDORS; https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html

In 2021, nearly half of persons who experienced a fatal overdose accessed healthcare within 90 days before their death.

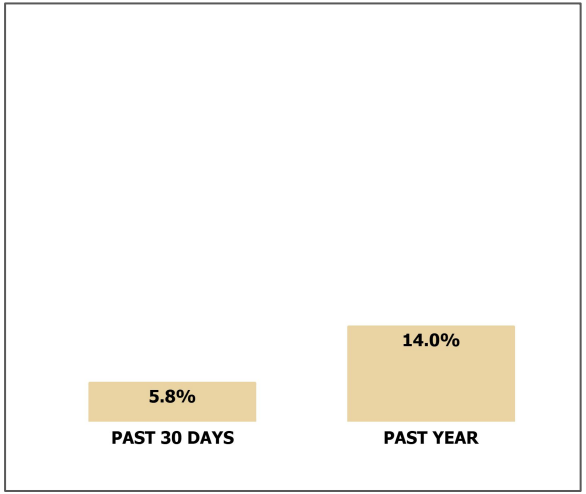
Any Healthcare



Behavioral Health



Chronic Pain



Selected notes on Opioid Use Disorder surveillance:

- More than 5 Arizonans a day are dying from an opioid overdose.
- More than 8 Arizonans a day are experiencing a nonfatal overdose.
- Most individuals with a fatal overdoses had a substance use disorder.
- 69% of drug overdose deaths had an opportunity for an intervention.
- Arizona had a decrease in opioid deaths in 2024, but they are starting to rise again.

Situational Awareness: MOUD

MOUD is the evidence-based treatment for opioid use disorder.

CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

"Clinicians should… offer treatment or refer the patient for treatment with medications for opioid use disorder."

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#

MOUD is the evidence-based treatment for opioid use disorder.

Below is a summary of benefits of treatment (□) or neutral/no effect (?) by medication.

	Buprenorphine	Methadone	Naltrexone XR
Reduced Mortality *(primarily by opioid overdose)*	□	□	?
Treatment Retention	□	□	□
Reduced Illicit Opioid Use	□	□	□
Reduced Opioid Cravings	□	□	□
Improved Patient Health and Well-being	□	□	?

Table adapted from Identifying and Managing Opioid Use Disorder (OUD) A VA Clinician's Guide
https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/OUD_Provider_ProviderGuide_IB10933.pdf

MOUD is not utilized enough.

NATIONAL ACADEMY OF MEDICINE

However, access to treatment in the United States is woefully inadequate. In 2017, over 70 percent of people who needed treatment for OUD did not receive it [2]. Multiple studies illustrate that access to MOUD is even more restricted. Among existing substance use disorders (SUD) treatment programs, only 36 percent offer at least one medication to treat OUD, and only 6 percent offer access to all three medications [9]. Even opioid treatment programs—explicitly dedicated to the treatment of OUD—do not have access to all forms of medication treatment. One recent survey of opioid treatment programs found that only 32 percent reported using all three medications [10].

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8916813/ 2020

MOUD is not utilized enough.

SAMHSA
Substance Abuse and Mental Health Services Administration

NSDUH Data Spotlight: Medications For Opioid Use Disorder Among Adults Who Had An Opioid Use Disorder

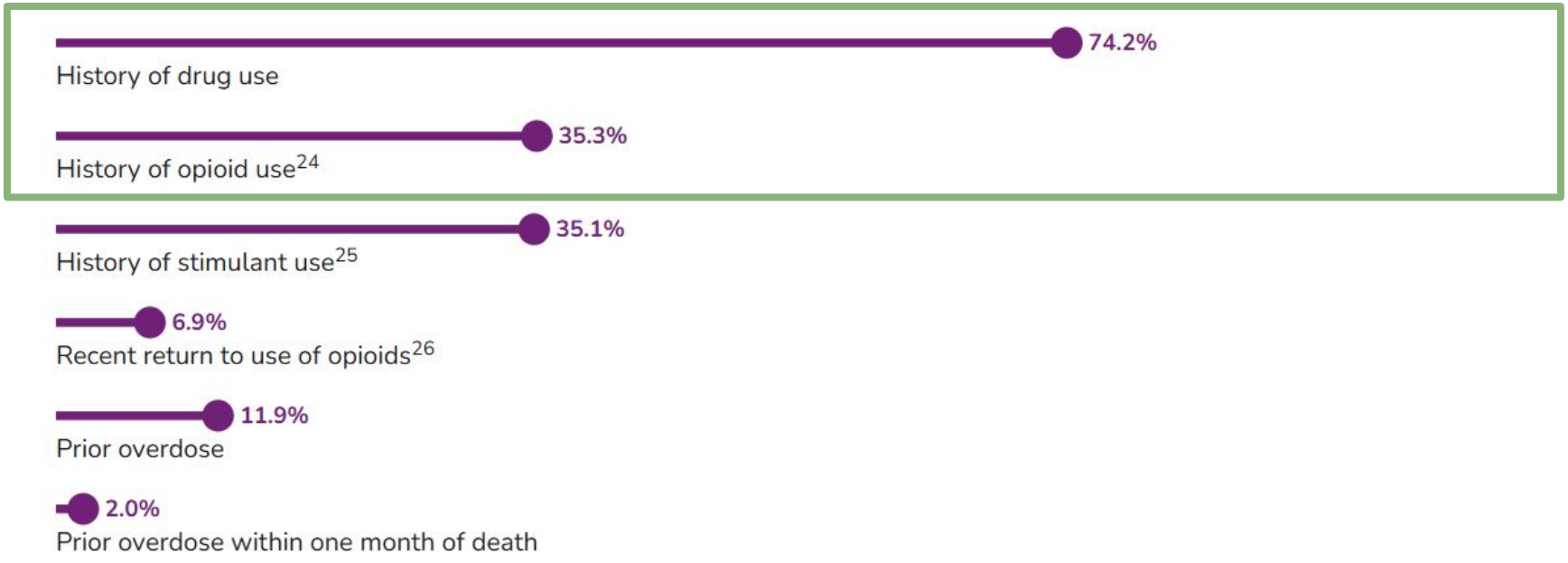
This spotlight presents annual averages for the receipt of MOUD in the past year among adults aged 18 or older who had an OUD in that period based on pooled data from the 2022, 2023, and 2024 National Surveys on Drug Use and Health (NSDUHs).

About 1 in 5 (19.4%) of the 5.0 million adults who had an OUD in the past year received MOUD in that period.

- Among adults who had an OUD, percentages for the receipt of MOUD were lower among young adults aged 18 to 25 (11.7%) and adults aged 50 or older (9.0%) than among adults aged 26 to 49 (33.1%) and were lower among adult females than among adult males (16.4% vs. 22.3%).
- Adults in the Northeast who had an OUD (27.8%) were more likely than their counterparts in the South and West (16.9% for each region) to have received MOUD.

https://www.samhsa.gov/data/report/nsduh-2022-2024

In 2023, over 70% of fatal overdoses were in Arizonans who had a known history of drug use…



† Circumstance percentages are only among decedents with sufficient information on circumstances surrounding the overdose death.

DATA SOURCE: SUDORS; https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html

…but only 17% had ever been treated and 7% were currently in treatment upon death.

† Circumstance percentages are only among decedents with sufficient information on circumstances surrounding the overdose death.

DATA SOURCE: SUDORS; https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html

There is no preexisting way to measure MOUD utilization in Arizona.

- There is no state survey data.
- There is no MOUD surveillance data required from Opioid Treatment Programs (OTPs).
- PDMP data doesn't include methadone, due to A.R.S. § 36-2608(F)(5).
- Hospitals are restricted on methadone prescribing for OUD, making it hard to track its usage.

The impact of confusing messages on OUD treatment has real consequences.

Patients are getting inconsistent and potentially harmful messaging – they think they are being treated for opioid use disorder, but instead are put at risk of overdose and death.

Results: Incidence rates for opioid poisoning deaths for those exposed to treatment ranged from 6.06±1.40 per 1000 persons exposed to methadone to 17.36±3.22 per 1000 persons exposed to any non-medication treatment. The estimated incidence rate for those not exposed to treatment was 9.80±0.72 per 1000 persons. With no exposure to treatment as referent, exposure to methadone or buprenorphine reduced the relative risk by 38% or 34%, respectively; the relative risk of non-medication treatments was equal to or worse than no exposure to treatment (RR = 1.27–1.77).

https://pubmed.ncbi.nlm.nih.gov/38043226/ 2024

Why isn't MOUD used more?

In 2023, the federal requirement for practitioners to apply for a special waiver (X-Waiver) prior to prescribing buprenorphine for the treatment of opioid use disorder was removed.

Buprenorphine Prescribing Characteristics Following Relaxation of X-Waiver Training Requirements

"…relaxing buprenorphine training requirements was associated with an increase in the number of clinicians eligible to prescribe buprenorphine. However, in general, ***no change in the number of clinicians prescribing buprenorphine or patients receiving buprenorphine treatment was found****."*

JAMA 2024

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2821949

Why isn't MOUD used more?

Physician Reluctance to Intervene in Addiction: A Systematic Review

*"In this systematic review of reasons for physician reluctance to intervene in addiction, the most common reasons were **lack of institutional support, knowledge, skill, and cognitive capacity**."*

JAMA 2024

Table 4. Top 4 Reasons for Reluctance Examples

Top 4 reasons for reluctance and exemplars
Institutional environment
Regulatory and liability concerns
Lack of trained staff
Lack of acceptance of addiction interventions by leadership
Cost to the patient or lack of insurance coverage
Lack of clinician backup
Medication unavailability at pharmacies
Lack of resources to train staff
Physician reimbursement insufficient to cover both the staff time necessary to intervene in addiction and the expense of additional staff training
Record keeping or confidentiality concerns
Absence of population-specific patient education materials
Lack of acceptance of addiction interventions by staff
Nonexistent or unimplemented treatment algorithms
Lack of staff time required for prior authorizations
Contractual limitations
Mental health programs not accepting patients with addiction
Addiction treatment programs rejecting patients deemed insufficiently ready to change or having difficulty matching the level of care needed
Difficulty obtaining records from addiction treatment programs
Medicaid reimbursement specifically highlighted as inadequate
Physicians perceived the reimbursement to be inadequate but were not certain of the reimbursed amount
Lack of knowledge
Knowledge was more deficient for treatment than for screening or diagnosis and for drug use more than for alcohol or tobacco use
Physicians unfamiliar with the evidence for SUDs as biomedical conditions
Unfamiliar with harm reduction strategies
Unfamiliar with substance use screening
Physicians lacked awareness of the extent of substance use in their patients
Lack of skill
Lack of skills to conduct interventions effective enough to produce behavior change, including counseling
Lack of skill needed to initiate or manage treatment, especially for SUDs other than alcohol or tobacco
Lack of experience with observing or delivering an SUD intervention under supervision
Lack of skills to conduct brief intervention
Inabilities to assemble or demonstrate naloxone administration devices
Inability to deliver appropriate training in its use to patients
Lack of cognitive capacity
Intervening in addiction as too time-consuming, both during the appointment and for monitoring
Need to prioritize patients' competing needs
A general sense of overwhelm with clinical tasks (eg, "just too busy")
Delegating screening to other clinical team members was viewed as diverting time from the physician visit
Available tools were considered time-consuming

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2821497

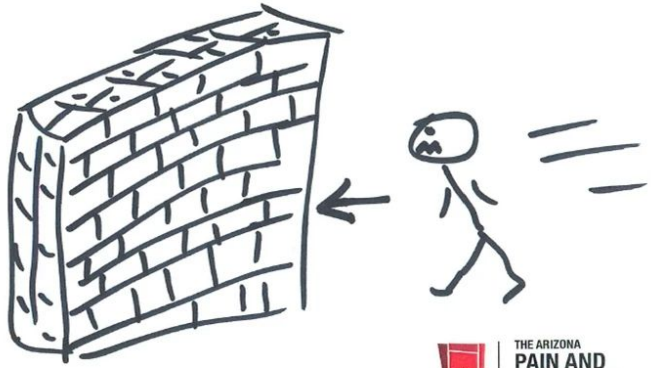
Why isn't MOUD used more?

- These feature hand-drawn pictures from Arizona PCPs.
- For consideration when rolling out quality improvements to increase the utilization of MOUD…

https://link.springer.com/article/10.1007/s11606-024-09205-8

PAIN

ADHS | THE ARIZONA PAIN AND ADDICTION CURRICULUM



PAIN

ADHS | THE ARIZONA PAIN AND ADDICTION CURRICULUM

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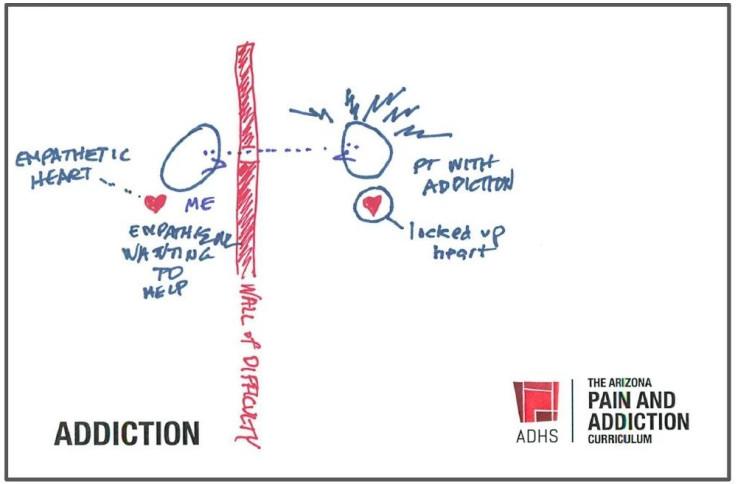
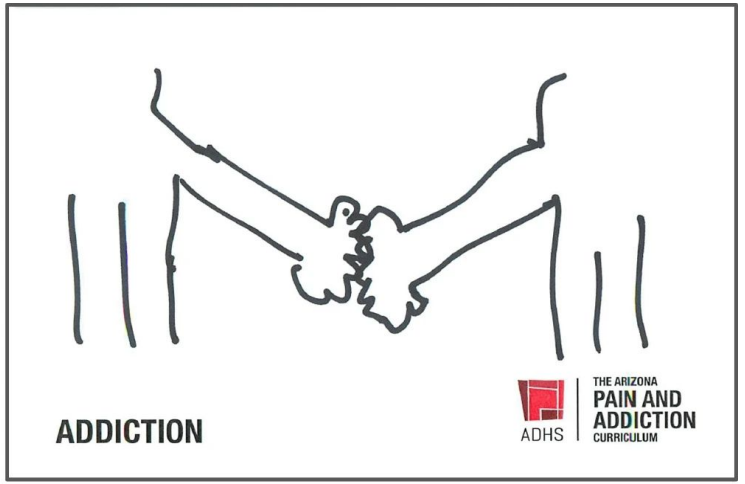
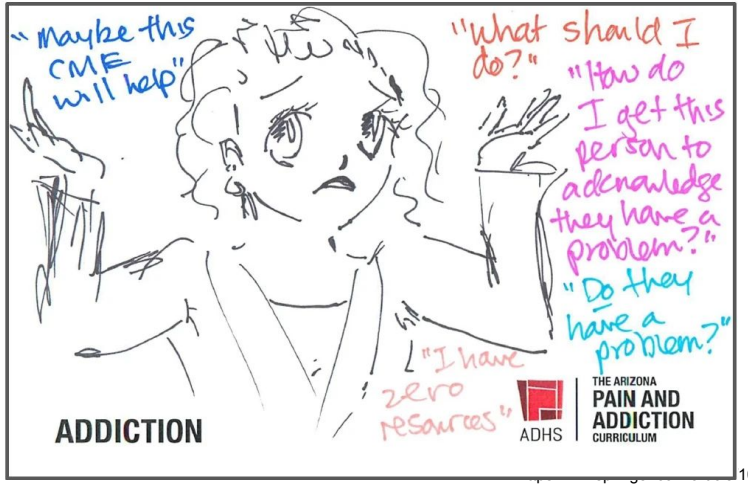
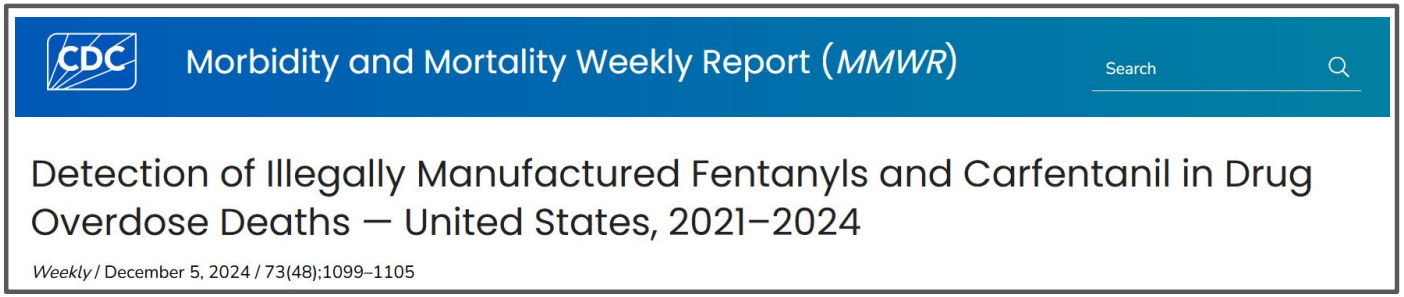






10.1007/s11606-024-09205-8

Public agencies are trying to increase use of MOUD.



- Overdose deaths overalls and with IMFs detected began declining in 2023. Percentage of overdose deaths with IMFs detected kept increasing in the West, from 48.5%-->66.5%.
- "Efforts focused on preventing deaths involving IMFs, including carfentanil and other analogs, such as maintaining and improving distribution of risk reduction tools, increasing access to and retention in treatment for substance use disorders, and preventing drug use initiation, might result in sustained decreases in overdose deaths."

https://www.cdc.gov/mmwr/volumes/73/wr/mm7348a2.htm

Public agencies are trying to increase use of MOUD.

FDA U.S. FOOD & DRUG ADMINISTRATION

Prescribe with Confidence

Patients with Opioid Use Disorder Need You

Share | Post | Linkedin | Email | Print

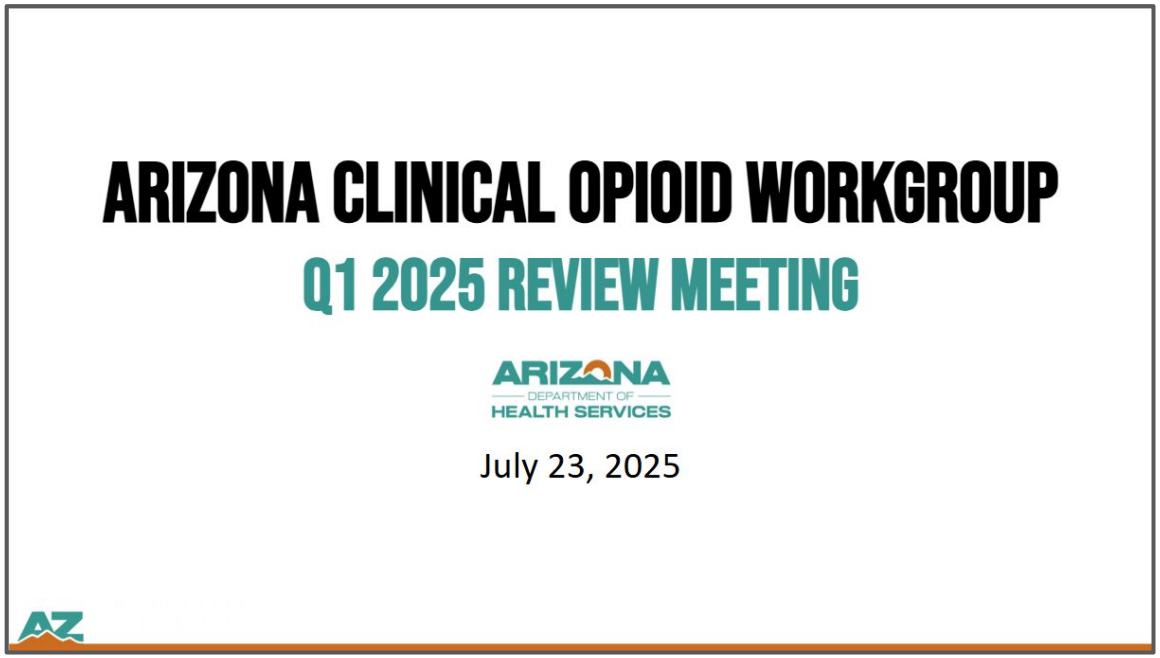
More Than an Estimated 6 Million People Aged 12 or Older Have Opioid Use Disorder

Many primary care providers likely already provide medical care to people who also have opioid use disorder (OUD). There are a lot of people with OUD who need or want treatment but have not yet received any. That includes some people who do not have access to specialty care for this purpose.

Opioid Use Disorder is a Treatable Chronic Health Condition

https://www.fda.gov/drugs/drug-safety-and-availability/prescribe-confidence

Public agencies are trying to increase use of MOUD.



A Statewide Collaboration to Enhance MOUD Use

AZ convened major hospitals + payors to discuss MOUD utilization. It presented the following (basically this presentation thus far):

1. With the large number of opioid overdoses and persons with opioid use disorder in AZ, there is a drive to improve the clinical approach to OUD.
2. Medications for opioid use disorder (MOUD) are safe, effective, and are the standard of care, but are highly underutilized.
3. Treatment options for OUD are inconsistent and often do not include MOUD.
4. There are resources that are going in non-evidence-based directions. As a result, patients are getting inconsistent and potentially harmful messaging – they think they are being treated, but instead are put at risk of overdose and death.

AZ convened major hospitals + payors to discuss MOUD utilization. It presented the following (basically this presentation thus far):

"A STATEWIDE effort is indicated, one that has everyone moving in a consistent, evidence-based direction to treat OUD and reduce overdose death."

The pitch was made to create a single metric for MOUD utilization for payors and hospitals.

- Few measures on MOUD like this exist.
- A standard metric would unify efforts in a common, evidence-based direction.

Thus, the Arizona Clinical Opioid Workgroup's 2024-2025 mission:

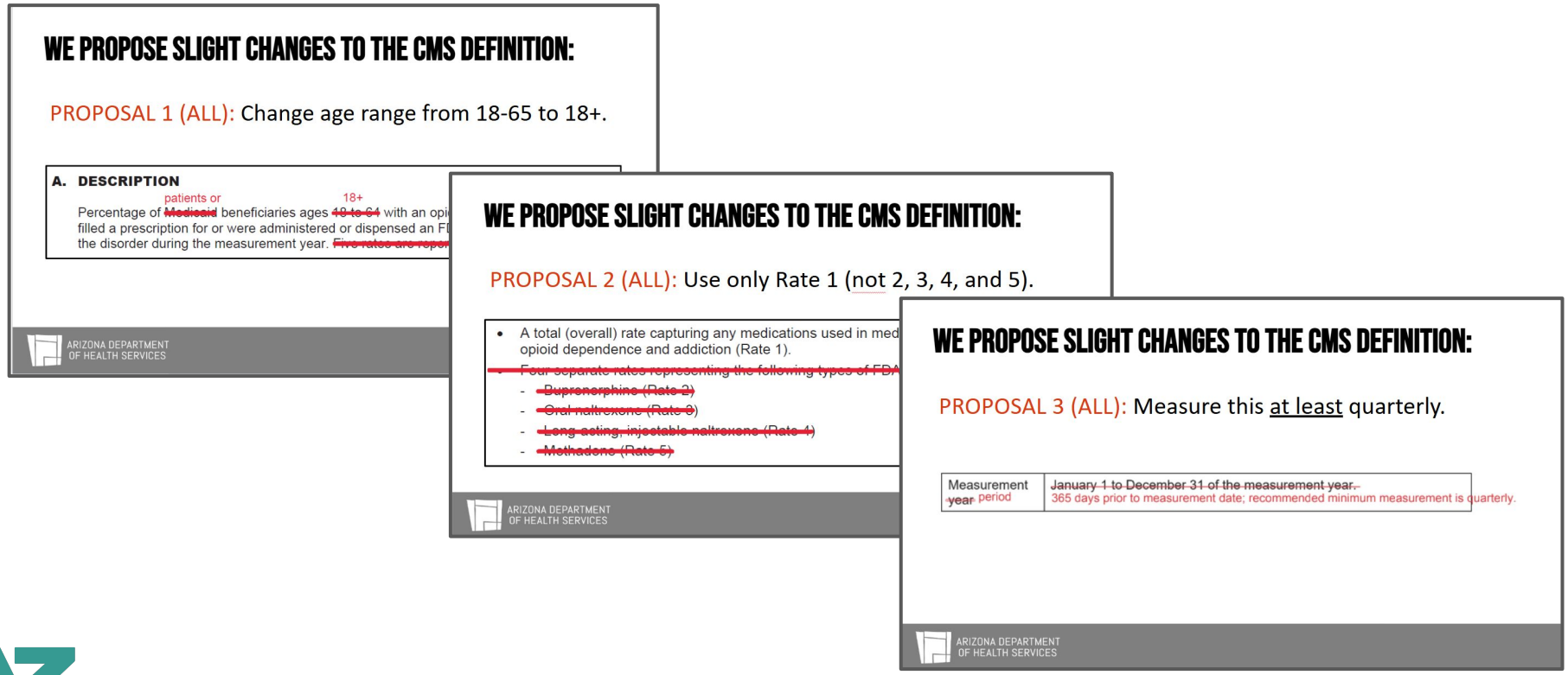
The "Arizona Clinical Opioid Workgroup" was created to design and implement a **standardized metric** for statewide healthcare systems and payors on the utilization of MOUD.

$$\frac{\text{\# Patients on MOUD}}{\text{\# Patients with OUD}}$$

From May 2024 - May 2025, the group continued to adjust the metric definition…

- There was immediate consensus on the need for the metric.
- There was not immediate consensus on the metric definition (provided definitions were considered either too broad or too narrow).
- Consensus was reached within two months, with acknowledgment that no metric is perfect, and systems can implement other metrics as preferred.
- The group chose the CMS MOUD METRIC to ensure payor participation, with only a few adjustments.

From May 2024 - May 2025, the group continued to adjust the metric definition…



This is the final AZ MOUD metric definition.

ARIZONA OPIOID CLINICAL WORKGROUP MOUD METRIC

BASED ON THE FY2025 CMS DEFINED METRIC[1]

Version 5.0; updated 08.01.2025

A. DESCRIPTION

Percentage of patients or beneficiaries aged 18 years or older, with an opioid use disorder (OUD) who were prescribed, administered, dispensed or filled an FDA-approved medication for opioid use disorder (MOUD) during the measurement period. The metric is a total rate capturing any medications used in treating opioid use disorder.

 # Patients on MOUD
 # Patients with OUD

This is the final AZ MOUD metric definition.

B. DEFINITIONS

Reporting period	Quarterly
Measurement period	Quarter 1 (Jan. 1 - Mar. 31) OR Quarter 2 (Apr. 1 - Jun. 30) OR Quarter 3 (Jul. 1 - Sept. 30) OR Quarter 4 (Oct. 1 - Dec. 31)
Opioid use disorder	ICD-10 codes including opioid abuse, dependence or remission (as the primary, secondary or other diagnosis)
Medications for opioid use disorder	Buprenorphine, oral naltrexone, long-acting injectable naltrexone, methadone formulations with FDA indication for OUD

This is the final AZ MOUD metric definition.

C. ELIGIBLE POPULATION

	PAYORS	HEALTHCARE FACILITIES
Age (years)	18 years or older at time of healthcare encounter	18 years or older at time of healthcare encounter+
Patients with OUD (denominator)	Beneficiaries who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (as the primary, secondary, or other diagnosis) at any time during the measurement period. ICD-10 codes for OUD are provided in Table OUD-A.	Patients who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (as the primary, secondary, or other diagnosis, or as found in the active problem list) at any time during the measurement period. ICD-10 codes for OUD are provided in Table OUD-A.
Patients with MOUD (numerator)	Beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed an FDA-approved medication for OUD during the measurement period through use of pharmacy claims or through relevant HCPCS coding of medical service. NDC-codes are provided in Table OUD-B for the current calendar year.	Patients with evidence of at least one FDA-approved medication for OUD being administered or dispensed or prescribed during the measurement period, identified through use of the healthcare system's active medication list, orders, and prescriptions. NDC-codes are provided in Table OUD-B for the current calendar year.
Care settings	Inpatient/hospital, outpatient, emergency department	Inpatient/hospital, outpatient, emergency department
Further eligibility	Continuous enrollment in the measurement period, no allowable gap, no anchor date.	N/A

This is the final AZ MOUD metric definition.

CBE #3400 Tab 1. ICD-10 Diagnosis Codes for Opioid Use Disorder (OUD)		
Code Type	**Code**	**Code Description**
ICD-10	F11.1	Opioid abuse
ICD-10	F11.10	Opioid abuse, uncomplicated
ICD-10	F11.11	Opioid abuse, in remission
ICD-10	F11.12	Opioid abuse with intoxication
ICD-10	F11.120	Op
ICD-10	F11.121	
ICD-10	F11.122	Opioid a
ICD-10	F11.129	O
ICD-10	F11.13	
ICD-10	F11.14	Opi
ICD-10	F11.15	Opioi

CBE #3400 Tab 2. National Drug Codes (NDCs) for OUD Treatment			
Code Type	**Code**	**Code Description** *Brand Name*	**Code Description** *Generic Name*
HCPCS	G2068	Medication assisted treatment, buprenorphine (oral)	Medication assisted treatment, buprenorphine (oral)
HCPCS	G2069	Medication assisted treatment, buprenorphine (injectable)	Medication assisted treatment, buprenorphine (injectable)
HCPCS	G2070	Medication assisted treatment, buprenorphine (implant insertion)	Medication assisted treatment, buprenorphine (implant insertion)
HCPCS	G2071	Medication assisted treatment, buprenorphine (implant removal)	Medication assisted treatment, buprenorphine (implant removal)
HCPCS	G2072	Medication assisted treatment, buprenorphine (implant insertion and removal)	Medication assisted treatment, buprenorphine (implant insertion and removal)
HCPCS	G2079	Take-home supplies of oral buprenorphine	Take-home supplies of oral buprenorphine
HCPCS	G2215	Take-home supplies of nasal naloxone	Take-home supplies of nasal naloxone
HCPCS	G2216	Take-home supplies of injectable naloxone	Take-home supplies of injectable naloxone
HCPCS	J0570	Buprenorphine implant 74.2 mg	Buprenorphine implant 74.2 mg
HCPCS	J0571	Buprenorphine oral 1 mg	Buprenorphine oral 1 mg
HCPCS	J0572	Buprenorphine/Naloxone up to 3 mg buprenorphine	Buprenorphine/Naloxone up to 3 mg buprenorphine

From Tables OUD-A and OUD-B, CMS

From January 2025 – July 2025, the group began implementation of the metric in their own systems.

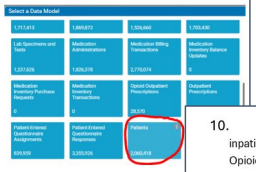
- EPIC and Oracle EHRs joined specific workgroups to assist with implementation.

From January 2025 – July 2025, the group began implementation of the metric in their own systems.

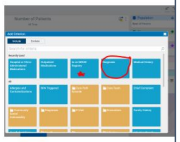
DRAFT HOW-TO GUIDE FOR EPIC HOSPITALS

DATA MODEL

1. Select the "patient" data model.



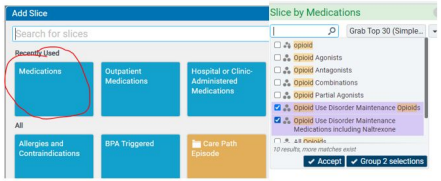
2. Click the plus sign next to "Browse" on the right side of screen. You will get a "add criterion" pop up box. Select "Diagnosis". Notice there is an on MOUD registry". Goal should be to get this registry up and running within the next year.



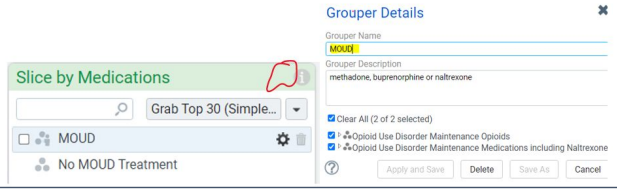
3. In the "diagnosis box" there is a drop down with two options: SNOMED or ICD/Grouper. Select ICD/Grouper.

10. Now click on the green plus sign in the "Slices" box. You will get a pop up of slice options databases. Select "Medications" (this will point to both inpatient and outpatient medications). In the "Slice by Medications" search box, Search "opioid" and then select (1) Opioid Use Disorder Maintenance Opioids and (2) Opioid Use Disorder Maintenance medications including naltrexone. Click the "Group 2 selections "box.

- Medications (includes both inpatient and outpatient medications



11. Hover over the bolt looking thing and it will let you open up the grouper details. You can rename the Group of 2 meds (OUD meds opioids + OUD meds naltrexone) to "MOUD". Rename the "none of the above" to "No MOUD Treatment."



In Summer 2025 – AHCCCS announced a Differential Adjusted Payment for hospitals if they participate in the workgroup, share data, and create their MOUD hospital policy.

The Differential Adjusted Payment (DAP) is a positive adjustment to the AHCCCS Fee-for-Service (FFS) rates to distinguish providers who have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care. Since their inception in 2016, DAPs have been targeted to be short-term payments to incentivize specific behaviors on the part of the providers.

The AHCCCS administration has published its final decisions for DAP strategies to be implemented in the contract year October 1, 2025, through September 30, 2026 (CYE 2026).

CYE 26 DAP Final Public Notice

In Summer 2025 - AHCCCS announced a Different Adjusted Payment for hospitals if they participate in the workgroup, share data, and create their MOUD hospital policy.

e. **Medications for Opioid Use Disorder Enhancement Program (0.5%)**

Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.

i. Milestone #1: No later than April 1, 2025, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. The LOI must further attest to the following:

1. The hospital will implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
2. The hospital will spend the preponderance of DAP funds to enhance, expand, and/or strengthen MOUD services.

In Summer 2025 - AHCCCS announced a Different Adjusted Payment for hospitals if they participate in the workgroup, share data, and create their MOUD hospital policy.

e. Medications for Opioid Use Disorder Enhancement Program (0.5%)

Hospitals that meet the following milestones are eligible to earn a 0.5% DAP.

ii. Milestone #2: No later than April 1, 2025, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by the Arizona Department of Health Services (ADHS) in a centralized, and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants (e.g., IT, quality improvement, addiction medicine, primary care, operational specialists).

iii. Milestone #3: No later than November 30, 2025, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The policy must be submitted to AHCCCS at the following email address: AHCCCSDAP@azahcccs.gov.

iv. Milestone #4: No later than April 1, 2026, the hospital must submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment enhancement and utilization of DAP funds. The narrative must be submitted to AHCCCS at the following email address: AHCCCSDAP@azahcccs.gov.

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CYE26DAPNotice.pdf

In Summer 2025 – AHCCCS announced a Different Adjusted Payment for hospitals if they participate in the workgroup, share data, and create their MOUD hospital policy.

For the CYE 26 DAP MOUD Program, the DAP rates apply to:

- HOSPITALS (APR-DRG, IHS, 638, CAH) 0.5%
- PSYCHIATRIC HOSPITALS 1.0%
- FREESTANDING EDs 5.0%

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CYE26DAPNotice.pdf

A special meeting was held for all the onboarding hospitals.

CURRENT HOSPITALS *=participation in the DAP	
Abrazo/Tenet *	HonorHealth*
Agave Behavioral Health*	Mayo Clinic
La Paz Regional Hospital*	Dignity Health*
Agave Ridge Behavioral Hospital*	Valleywise*
Northwest *	Banner Health*
Chinle Hospital*	Tucson Medical Center*
Oasis Behavioral Health*	Northern Arizona Healthcare*
Oro Valley Hospital*	Yuma Regional
Phoenix Children's Hospital*	PIMC*
Sonora Behavioral Health*	Aurora Behavioral Health*
Summit Healthcare*	Whiteriver Indian Hospital*

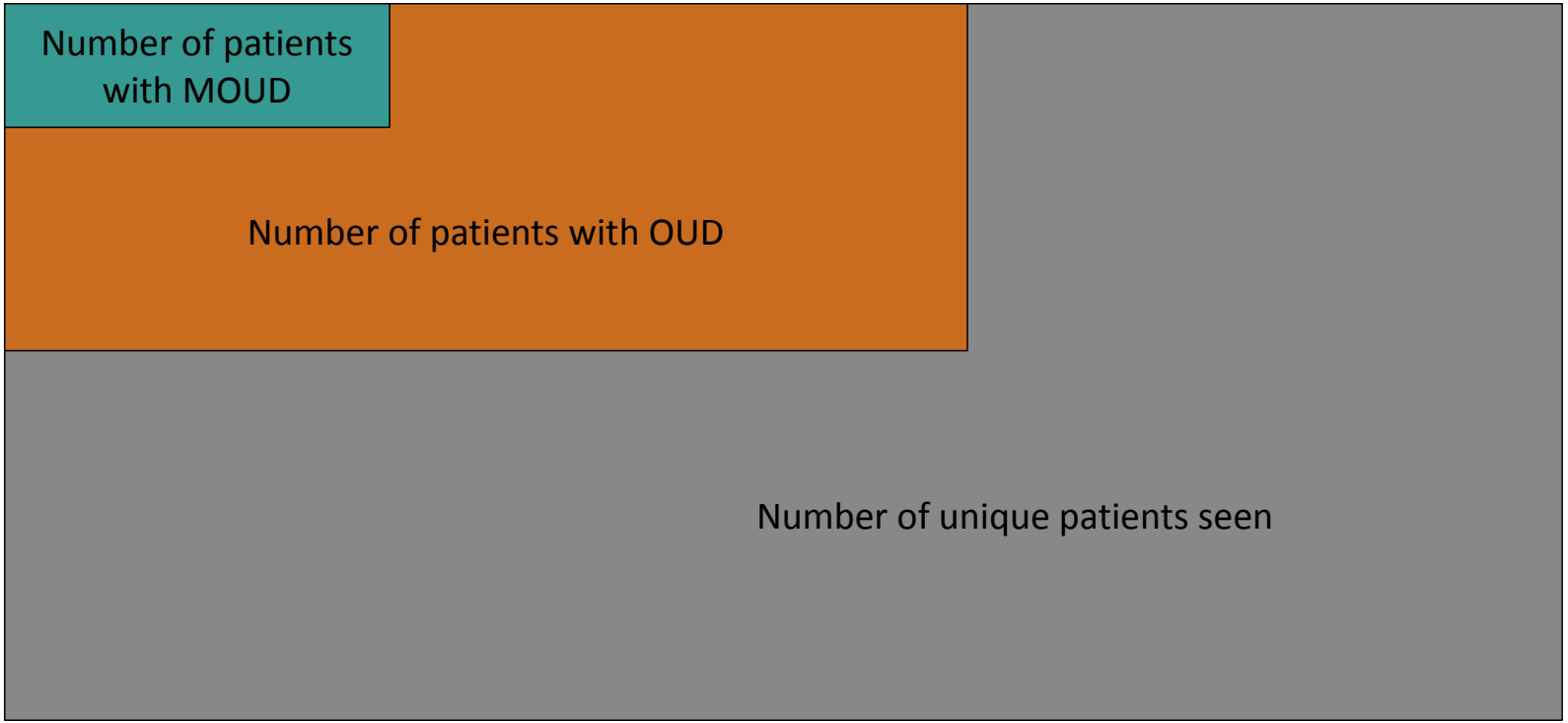
PAYORS/SME
AHCCCS
BCBSAZ
United HC
Cigna
Banner Health Plans
ADHS
AZ Board of Pharmacy
Sierra Tucson
Pima County Health Dep.
Maricopa County DPH
Oracle EHR
Epic EHR

Data submission to ADHS was required through the DAP.

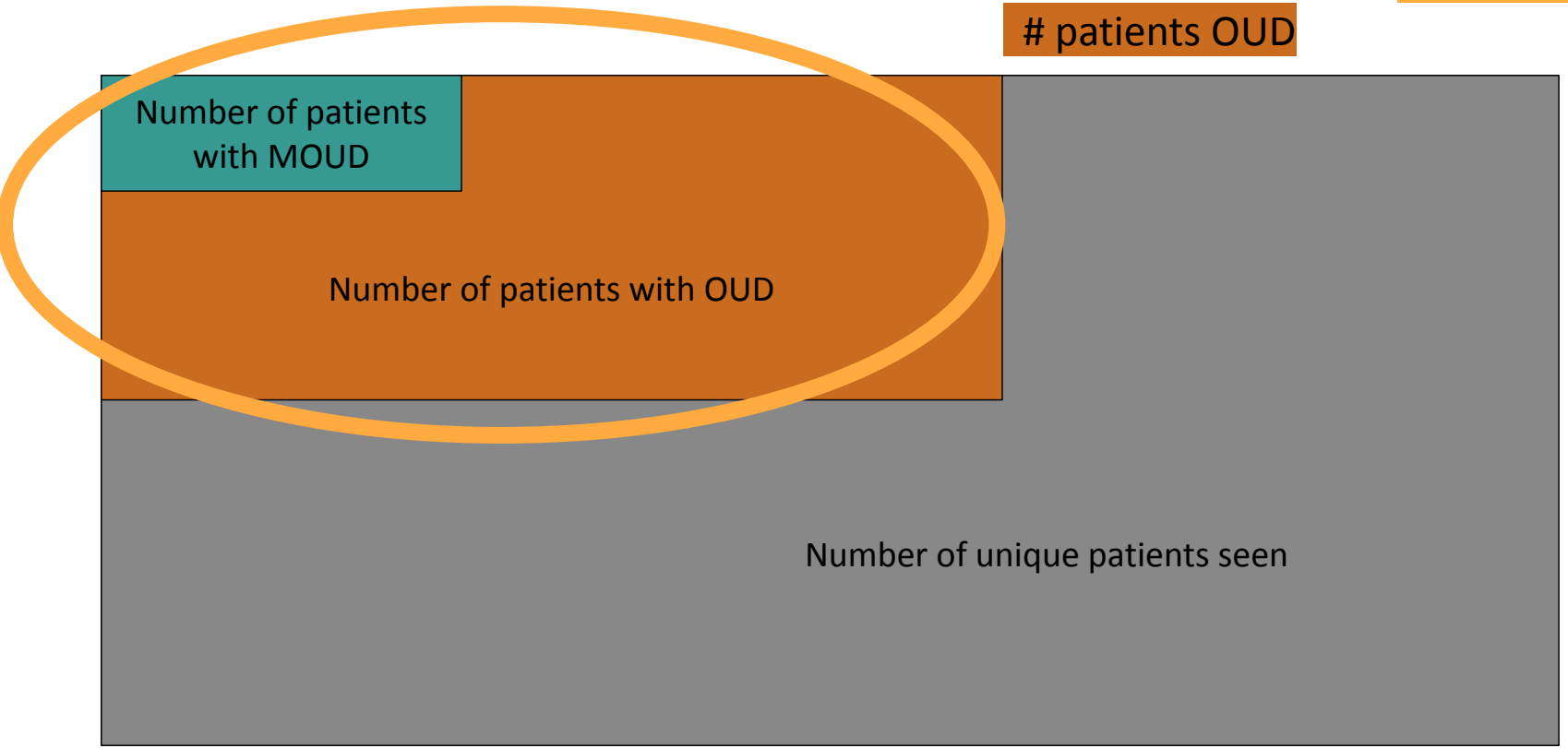
THE ARIZONA MOUD METRIC

	REPORTING MEASURE	DEFINITION
1	Name and address of reporting entity	
2a	Arizona MOUD Metric (#patients with MOUD/#patients with OUD)	See Arizona MOUD Metric Definition
2b	Numerator of the Arizona MOUD Metric (#patients with MOUD)	See Arizona MOUD Metric Definition
2c	Denominator of the Arizona MOUD Metric (#patients with OUD)	See Arizona MOUD Metric Definition
3	Adherence to the Arizona MOUD Metric, as defined	Yes/No
4	Total unique patients seen during reported quarter	Total number of unique patients that were considered in counting the number of OUD patients (weight adjustment measure)

Data submission to ADHS was required through the DAP.



$$\frac{\text{\# patients MOUD}}{\text{\# patients OUD}} = \text{AZ MOUD Metric}$$

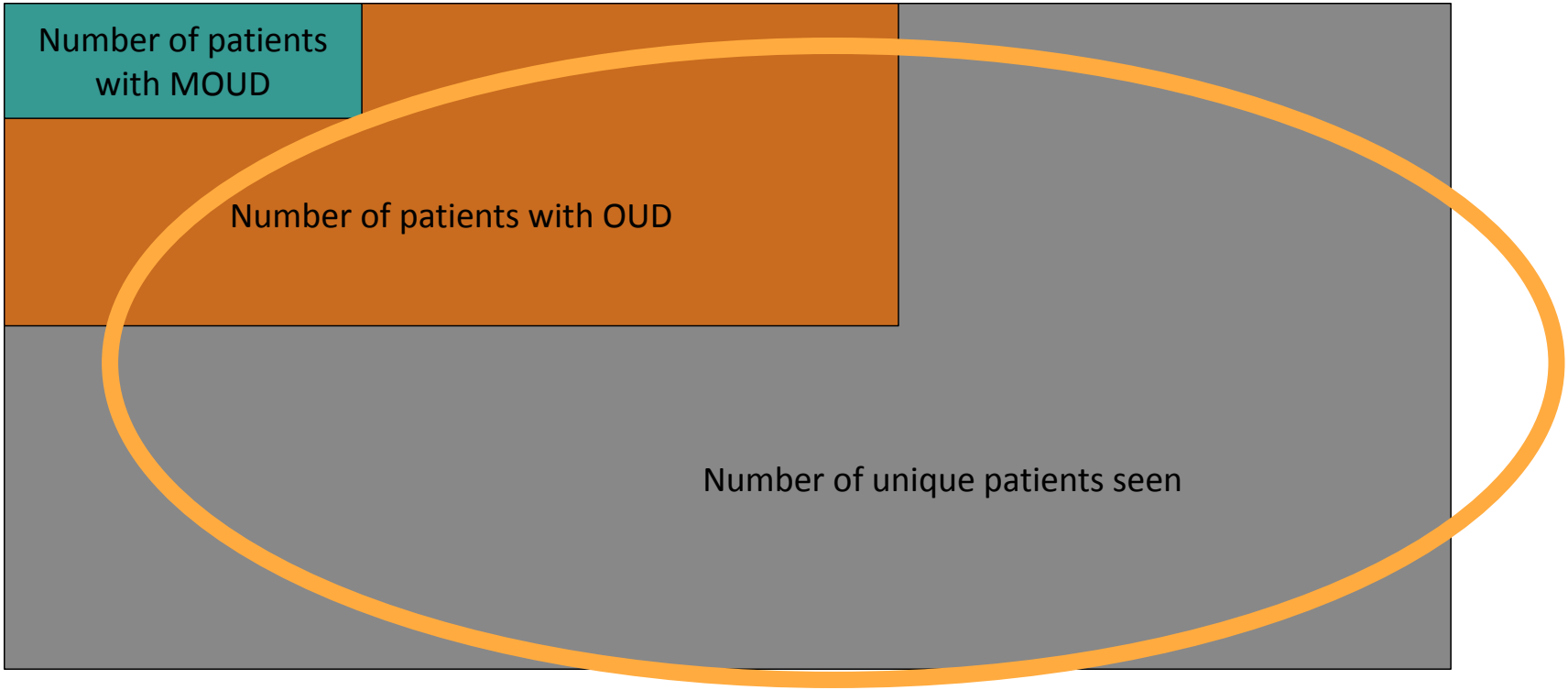


patients OUD

---

unique patients

= OUD Prevalence



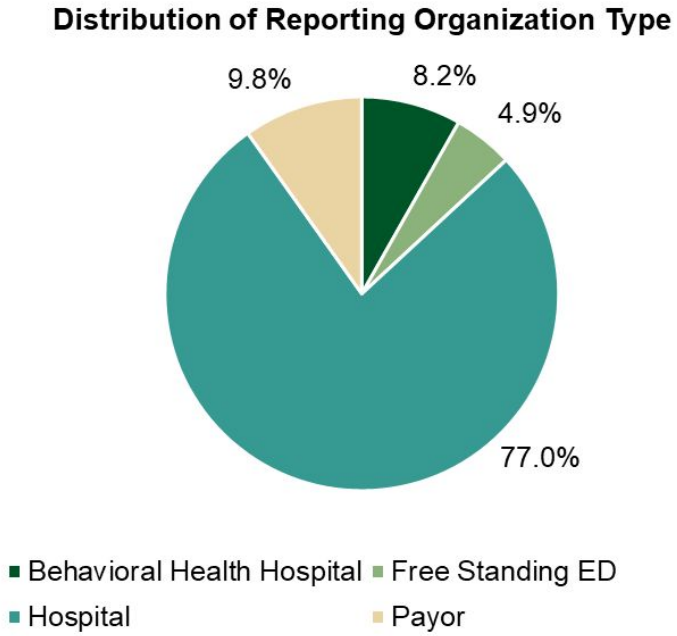
AZ MOUD METRIC
Quarter 1 Data Findings

PRELIMINARY DATA

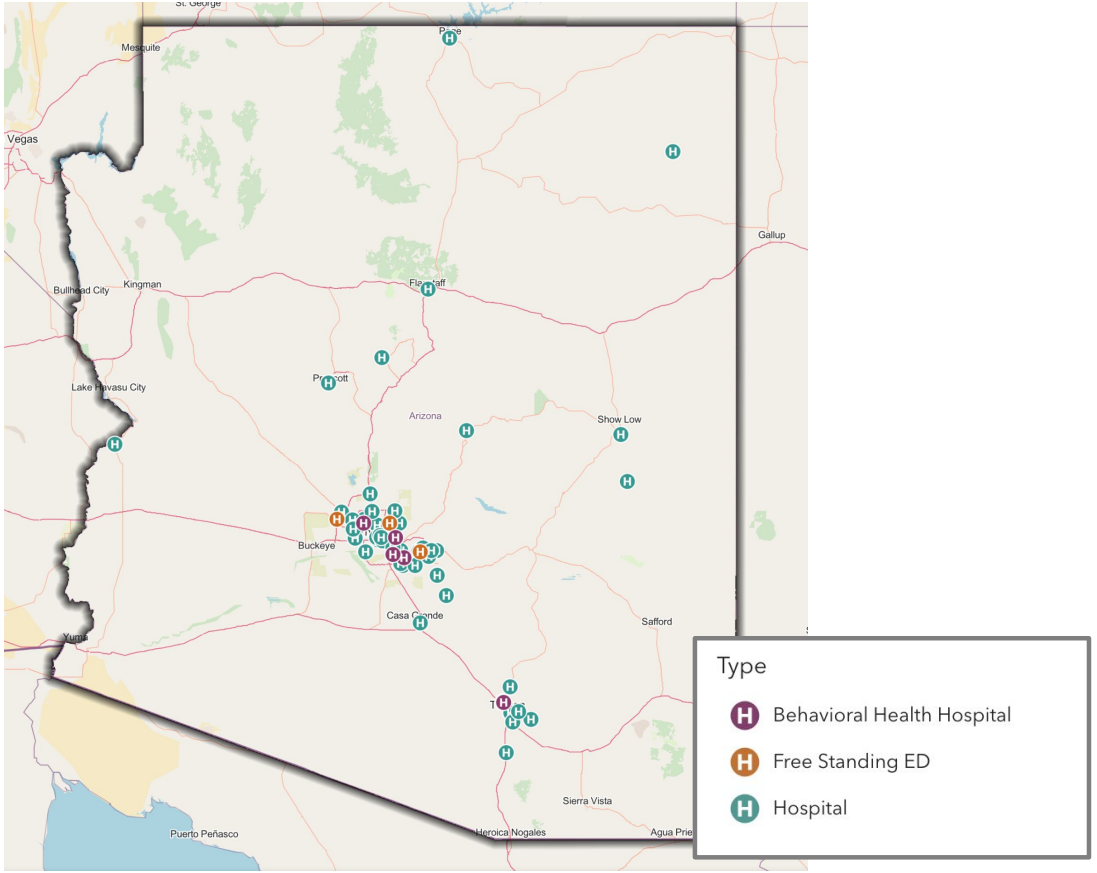
ARIZONA
DEPARTMENT OF
HEALTH SERVICES

Q1 DATA SUBMISSION OVERVIEW

- **61** facilities and payors submitted responses for Quarter 1
- 96.7% (**59** out of 61) of the facilities and payors reported adherence to the Arizona MOUD metric as defined
- Reporting Organization Type
  - Behavioral Health Hospital (n=5)
  - Free Standing ED (n=3)
  - Hospital (n=47)
  - Payor (n=6)
- **17** facilities/payors were excluded from the analysis
  - 2 with MOUD rate > 100%
  - 13 with OUD prevalence of ≥100%
  - 1 Hospital with greater than 10% prevalence (outlier)
  - 1 did not treat adult patients

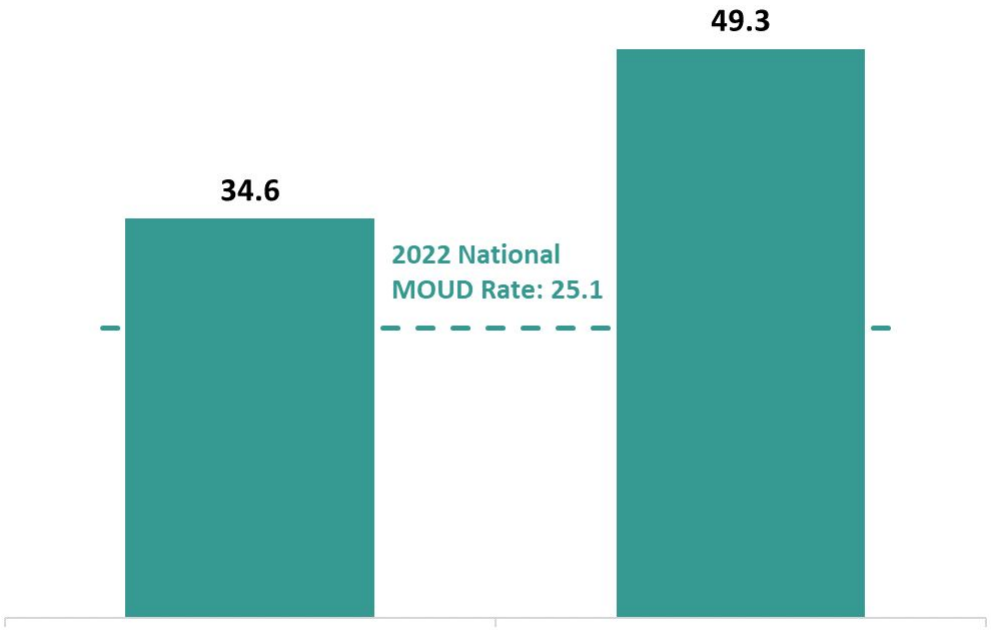


Q1 DATA SUBMISSION LOCATIONS



Q1 AZ MOUD METRIC, WEIGHTED AVERAGE (N=44)

(#patients MOUD/#patients OUD)

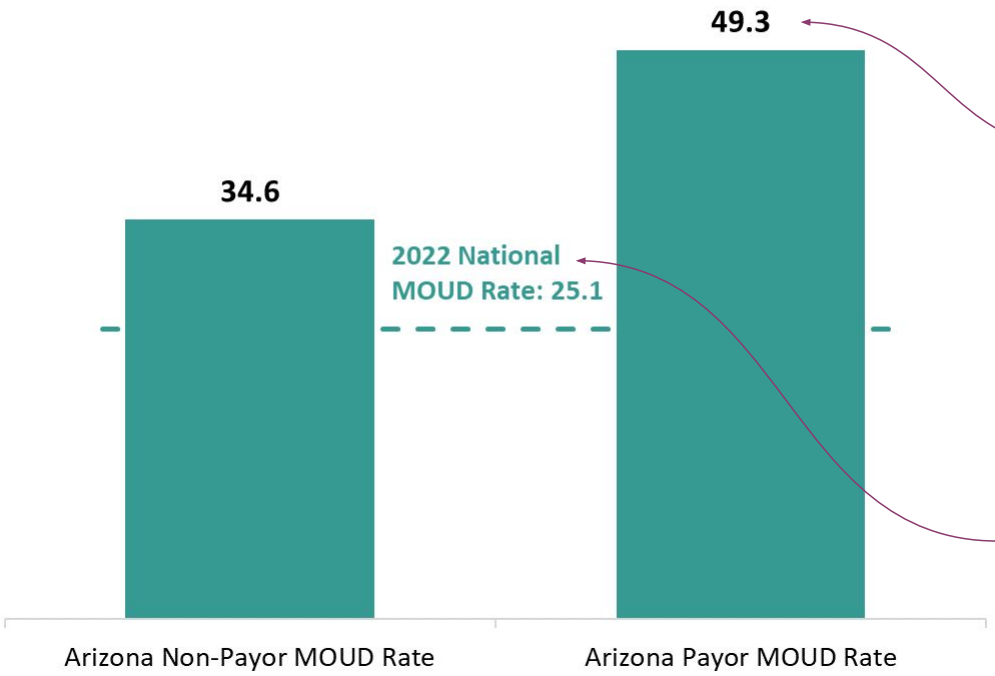


*Non-Payor includes hospitals and behavioral health hospitals

https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7325a1-H.pdf

Q1 AZ MOUD METRIC, WEIGHTED AVERAGE (N=44)

(#patients MOUD/#patients OUD)



*Non-Payor includes hospitals and behavioral health hospitals

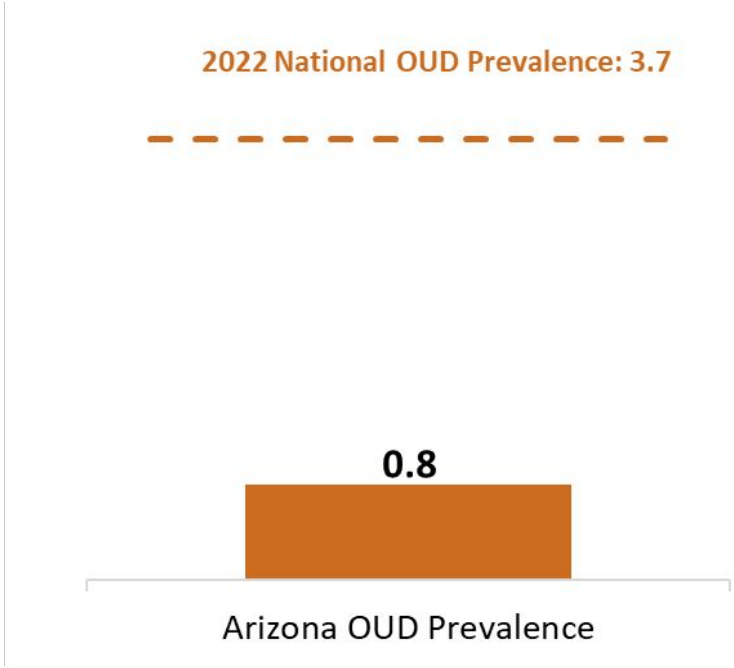
Payor rates are higher, as expected. Claims data can pick up MOUD utilization easier than can healthcare facilities.

The national rate is lower, as expected. It's defined as having used MOUD in the past year.

https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7325a1-H.pdf

Q1 AZ OUD PREVALENCE, WEIGHTED AVERAGE (N=44)

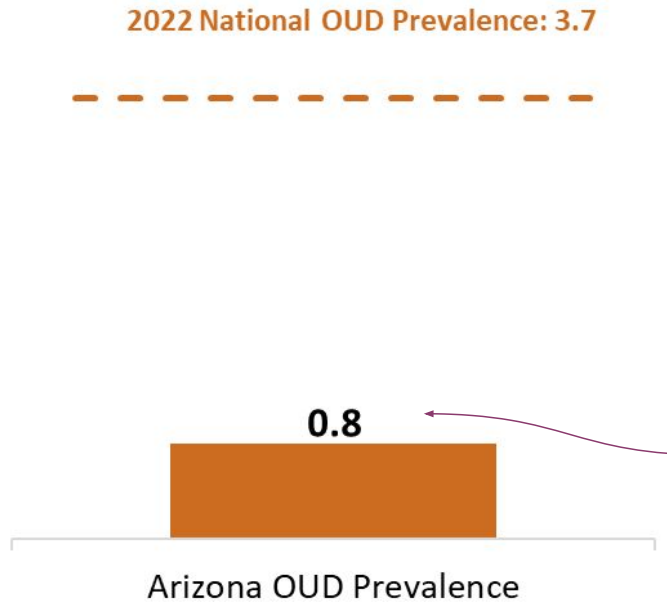
(#patients OUD/#unique patients)



National prevalence: MMWR 2024
https://www.cdc.gov/mmwr/volumes/73/wr/mm7325a1.htm

Q1 AZ OUD PREVALENCE, WEIGHTED AVERAGE (N=44)

(#patients OUD/#unique patients)

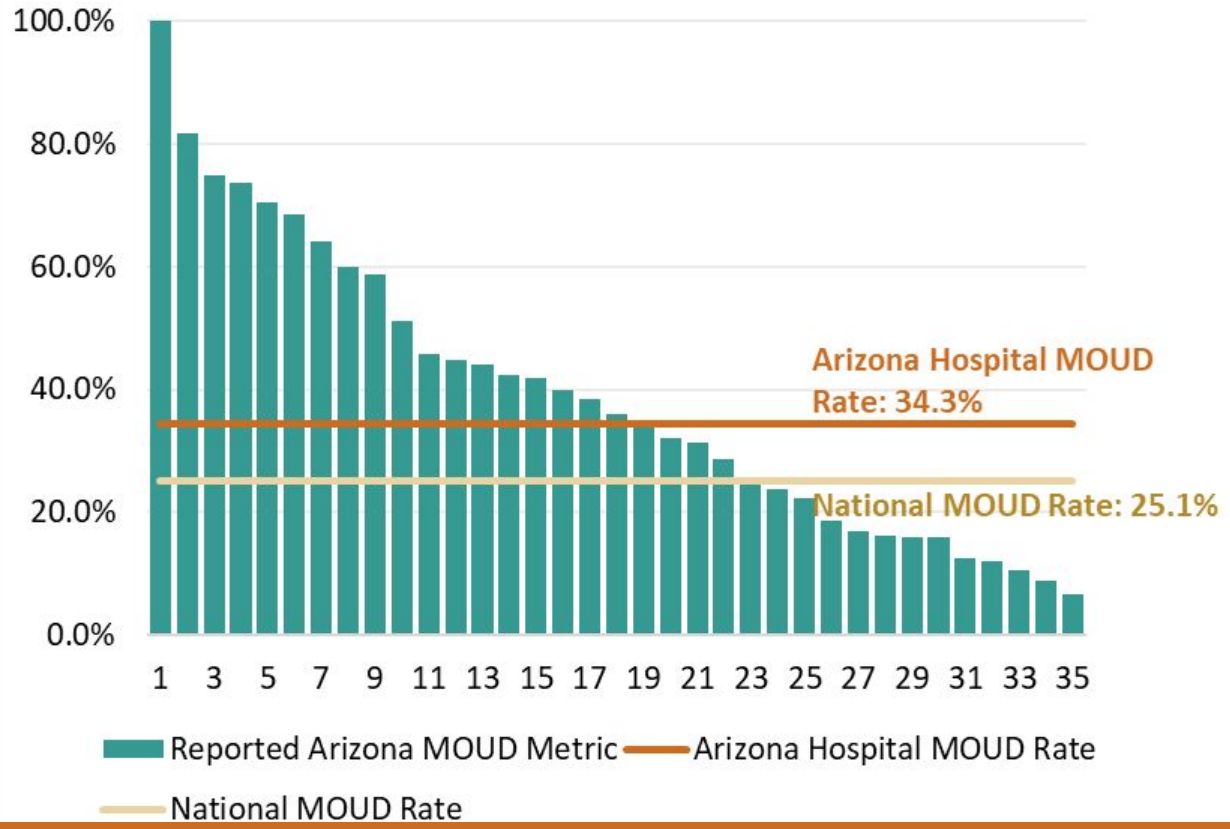


This is low. It raises the question of whether we're able to identify individuals with OUD.

National prevalence: MMWR 2024
https://www.cdc.gov/mmwr/volumes/73/wr/mm7325a1.htm

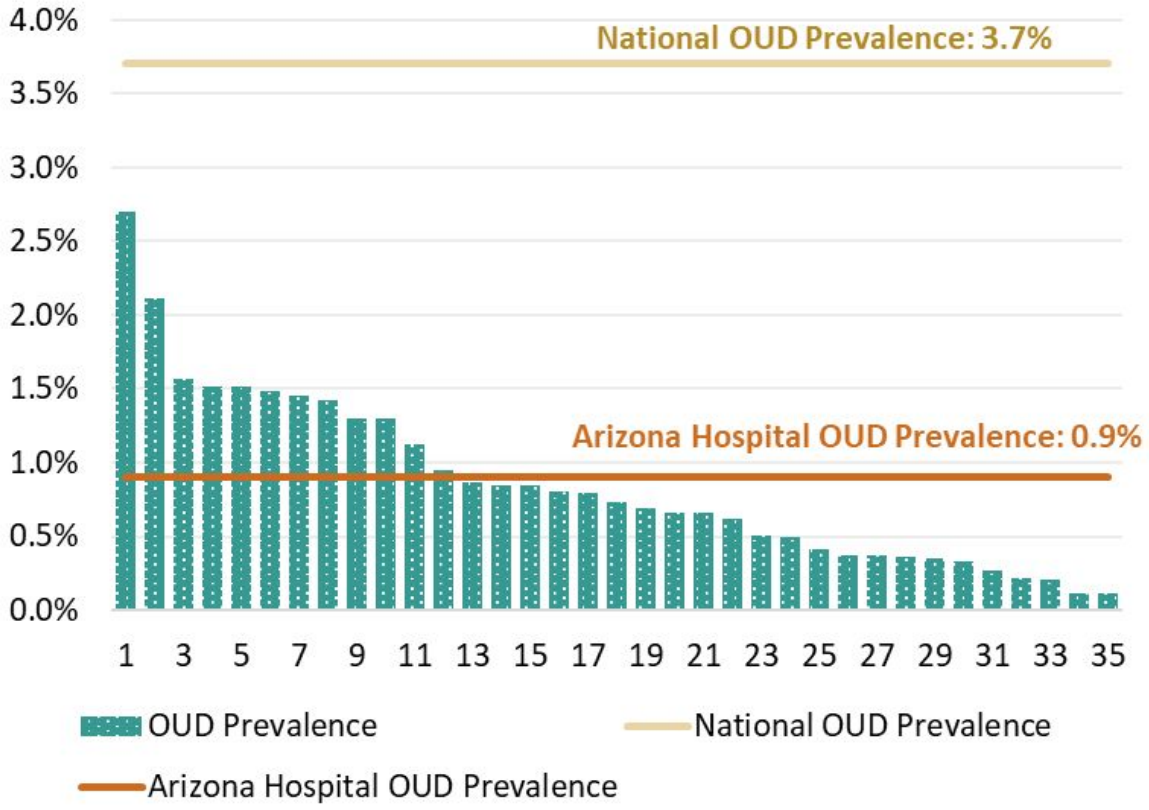
Q1 AZ MOUD METRIC FOR ACUTE CARE HOSPITALS (N=35)

The range here is large. Still, with weighting, it brings the average acute care hospital MOUD utilization rate to 34.3%.

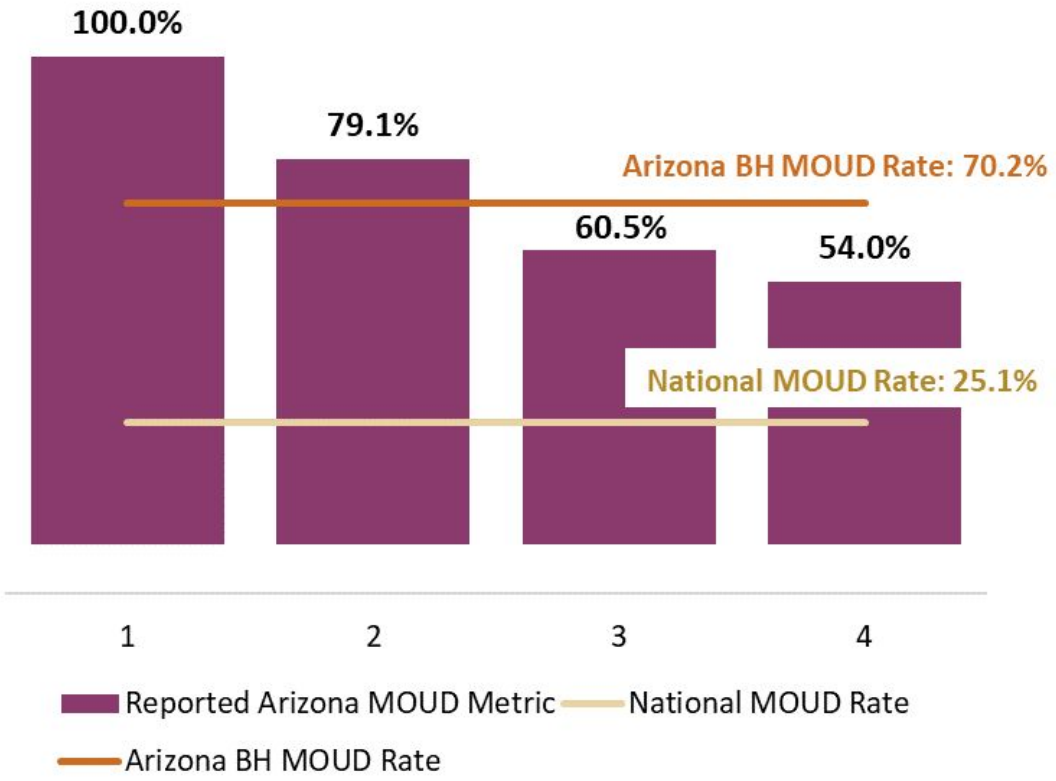


Q1 AZ OUD PREVALENCE FOR ACUTE CARE HOSPITALS (N=35)

The AZ hospital average OUD prevalence is very low, compared to the expected OUD prevalence of 3.7+%.

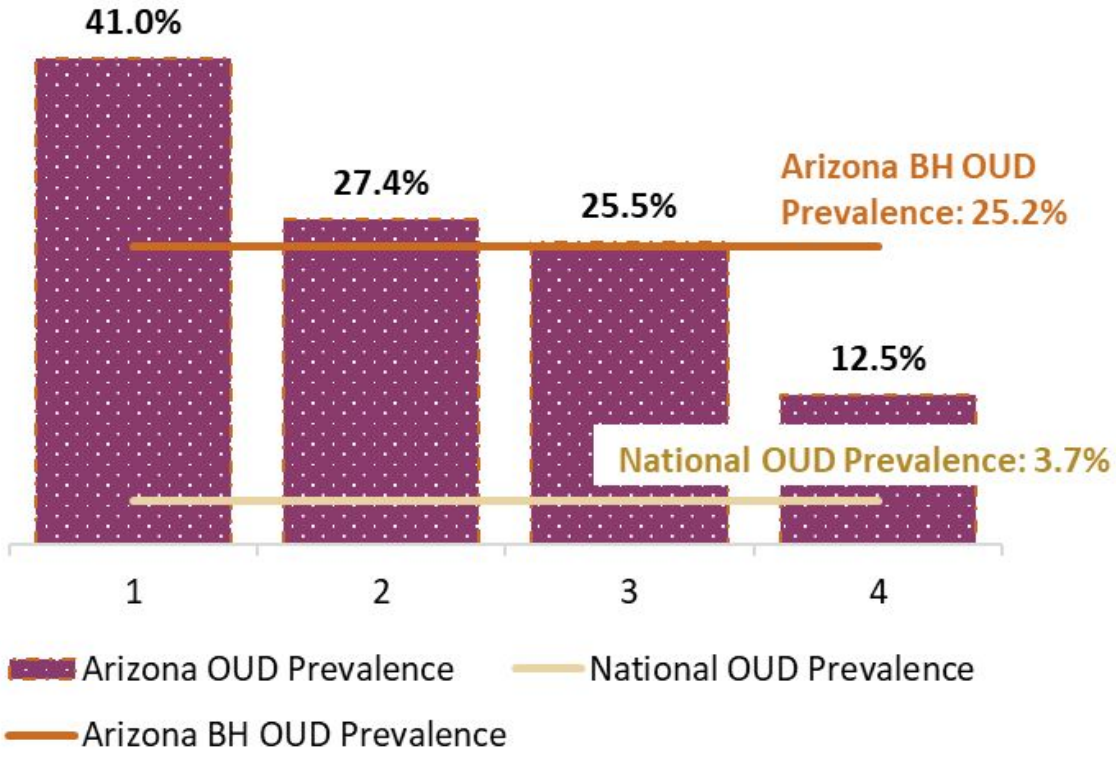


Q1 AZ MOUD METRIC FOR BH HOSPITALS (N=4)



Large range, but weighted brings the average MOUD rate to 70.2%. This is higher than the hospitals and payors, and is likely reflective of the population.

Q1 AZ OUD PREVALENCE FOR BH HOSPITALS (N=4)



BH OUD prevalence running higher than national prevalence. Likely is a reflection of the patient population.

SUMMARY OF Q1 ANALYSIS

- **Excellent participation! 61 facilities and payors submitted metrics in a timely fashion.**
  - In addition, 1 facility submitted too late and was not included in the analysis. 18 more healthcare facilities are expected - at least half are delayed due to EHR buildouts.
- **MOUD rates (#patients MOUD/#patients OUD) run Behavioral Health Hospitals > Payors > Acute Care Hospitals.**
  - In addition, all weighted averages are higher than the national MOUD rate likely due to differences in metric definitions or difficulty identifying patients with OUD.
- **OUD prevalence (#patients OUD/#unique patients) runs Behavioral health >>> Payors and Acute Care Hospitals.**
  - 100% hospitals are below the national OUD prevalence, 20% payors are below, 0% Behavioral Health Hospitals are below the national OUD prevalence.
- **There are some data concerns and need for definition clarification.**

Is coding playing a role?

- SUD diagnosis code won't count for OUD.
- Do clinicians know the criteria for OUD?
- Is stigma playing a role for not coding for OUD?
- Is the problem more on the coding side?

Is coding playing a role?

- The DSM-5 terminology does NOT MATCH the ICD-10 coding labels.

Clinical Presentation	ICD-10 Diagnosis Code
Opioid Use Disorder	
Opioid Use Disorder, Mild Severity (per DSM-5)	F11.1x - “Opioid abuse”
Opioid Use Disorder, Moderate (per DSM-5)	F11.2x - “Opioid dependence”
Opioid Use Disorder, Severe (per DSM-5)	F11.2x - “Opioid dependence”

If “dependence” was documented - did the clinician really mean OUD, Moderate or Severe - or just physical opioid dependence?

Now with the reporting in place, we are ready to start increasing both the numerator and denominator.

$$\frac{\text{\# Patients on MOUD}}{\text{\# Patients with OUD}}$$

Workgroup to develop and gather hospital MOUD policy, due per AHCCCS DAP by November 30, 2025.

New coding guidance document for hospitals

In September 2025, AHCCCS removed the MOUD DAP for nearly all hospitals.

- Cuts were required due to the reduction in federal funding.
- Hospitals systems are no longer required to submit their data to ADHS.
- One large hospital system pulled all their MOUD data from the Clinical Opioid Workgroup.
- Hospital systems are no longer on a deadline to submit or implement a MOUD Hospital Policy.

So now what? 🤷🏾‍♀️

So now what? 🤷🏾‍♀️

$$\frac{\text{\# Patients on MOUD}}{\text{\# Patients with OUD}}$$

Workgroup to develop and gather hospital MOUD policy, due per AHCCCS DAP by November 30, 2025.

New coding guidance document for hospitals

Resources

If you want to join our workgroup, we'd love to have you.

Opioid overdose data in Arizona is updated every Thursday.

azdhs.gov/opioid

THANK YOU!

lisa.villarroel@azdhs.gov

www.azdhs.gov/opioid

LITERATURE SOURCES

- Sindhwani, M. K., Friedman, A., O'Donnell, M., Stader, D., & Weiner, S. G. (2024). Naloxone distribution programs in the emergency department: A scoping review of the literature. *Journal of the American College of Emergency Physicians Open*, 5(3), e13180. https://doi.org/10.1002/emp2.13180
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- https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray
- https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE24_DAP_Notice.pdf
- https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE25DAPPreliminaryPublicNotice.pdf
- https://www.azed.gov/stopit
- https://www.azdhs.gov/oarline/; https://www.youtube.com/watch?v=fyytHKdHq_E
- https://opioidservicelocator.azahcccs.gov/
- azdhs.gov/opioid/
- saclaz.org/toolkit