



Opioid Survey Data Report

April - September 2019 Reporting Period

Background

The Washington State Health Care Authority requires that all Medication Transformation Project (MTP) partners participating in Project 3A: Addressing the Opioid Use Public Health Crisis to complete an opioid survey twice a year. The statewide surveys are split into two:

- Clinics and practices committed to Addressing the Opioid Crisis strategies
- Community-based organizations committed to Addressing the Opioid Crisis strategies

The North Sound ACH divided Project 3A into four strategies:

- Strategy 2.1 – Prevent Opioid Use and Misuse
- Strategy 2.2 – Link Individuals with Opioid Use Disorder with Treatment
- Strategy 2.3 – Intervene in Opioid Overdoses to Prevent Death
- Strategy 2.4 – Community Recovery Services and Networks for Opioid Use Disorder

Partners committed to any of these strategies were required to complete an opioid survey for each site participating in opioid strategies for the second reporting period of DSRIP Year 3 (2019) Quarters 2 and 3, April 1, 2019 to September 30, 2019. Surveys were due by October 31, 2019 at 5:00 pm. See Appendices A and B for the complete Opioid Surveys. See Appendix C, D, and E for a complete list of North Sound ACH partners and sites committed to opioid strategies.

Purpose

The work of the transformation project area “Addressing the opioid use public health crisis” supports the state’s goals of reduced opioid-related morbidity and mortality. The HCA designed the opioid surveys to assess the current scope of MTP partners’ work, and to monitor and demonstrate changes made over time. In the North Sound region, respondents to this survey are those partners committed to strategies 2.1, 2.2, 2.3, and/or 2.4.

The practice/clinic version of the opioid survey assesses the status of four metrics:

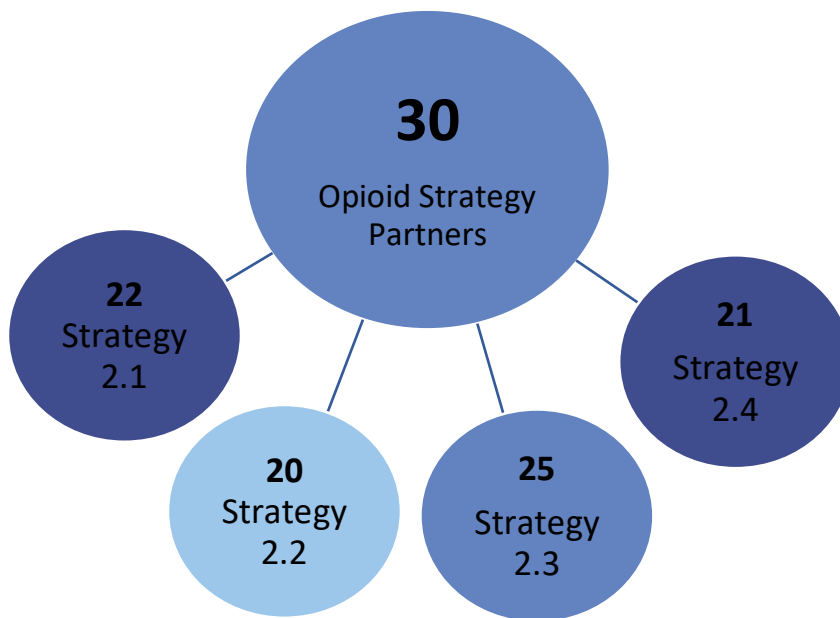
- Provider use of guidelines for prescribing opioids for pain.
- Availability and use of key clinical decision support features for opioid prescribing guidelines.
- Linkage to behavioral care and medication-assisted treatment (MAT) for people with opioid use disorders.
- Emergency department has protocols in place to initiate MAT or offer take home naloxone.

The community-based organization (CBO) version assesses the status of two metrics:

- CBO site is an access point where persons can be referred for MAT.
- CBO site provides services aimed at reducing transmission of infectious diseases to persons who use injection drugs.

Of North Sound ACH's 49 contracted MTP partners, 30 (61.2%) have committed to opioid strategies. Of these 30 partners, 22 (73.3%) have committed to Strategy 2.1 – Prevent Opioid Use and Misuse, 20 (66.7%) have committed to Strategy 2.2 – Link Individuals with Opioid Use Disorder with Treatment, 25 (83.3%) have committed to Strategy 2.3 – Intervene in Opioid Overdoses to Prevent Death, and 21 (70.0%) have committed to Strategy 2.4 – Community Recovery Services and Networks for Opioid Use Disorder. (Figure 1)

Figure 1. North Sound ACH Opioid Partners by Strategy



Results

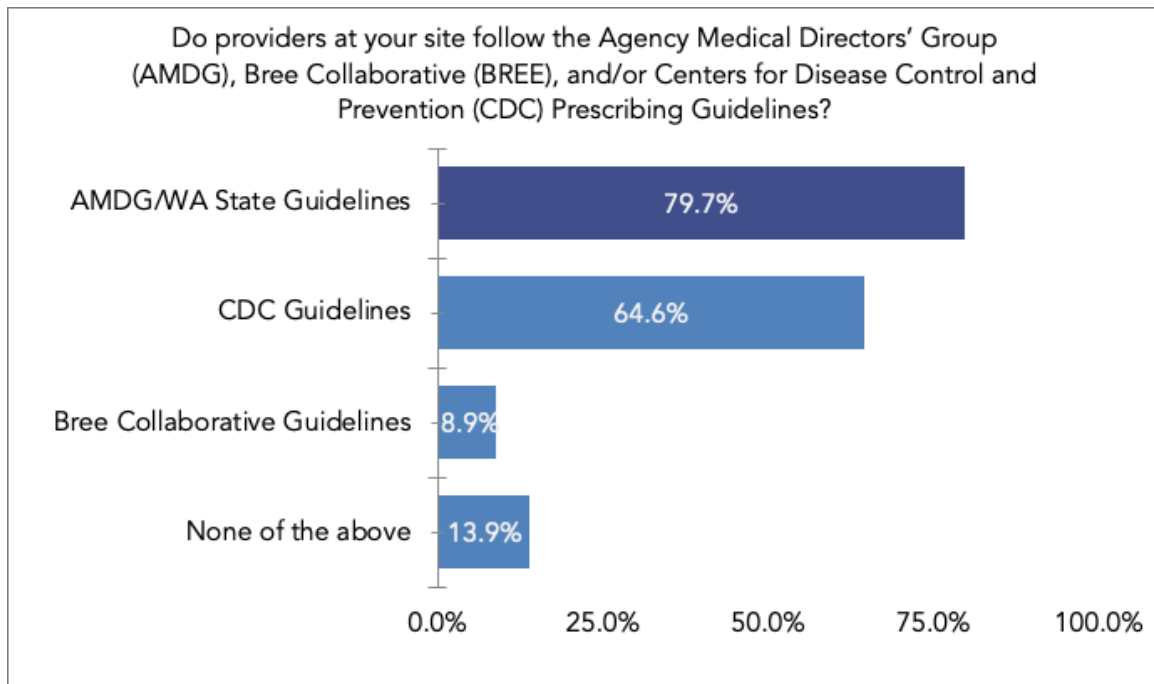
All 30 partners committed to opioid strategies completed the relevant Opioid Surveys for all sites participating in opioid work and submitted a total of 135 surveys to the North Sound ACH, with an average of 4.5 surveys per organization. Fifty-six (41.5%) of the surveys were the Community-Based Organization survey and 79 (58.5%) were the Clinical survey. The number of surveys per organization ranged from one to 31. The average number for the clinical surveys submitted was 5.6 and the average number of community-based surveys submitted was 3.3. See full results of both surveys in the tables at the end of this document.

When reviewing the responses submitted to the Opioid Surveys, several areas where organizations were excelling in their work to address the opioid crisis were apparent while opportunities for improvement also arose.

Clinical Strengths

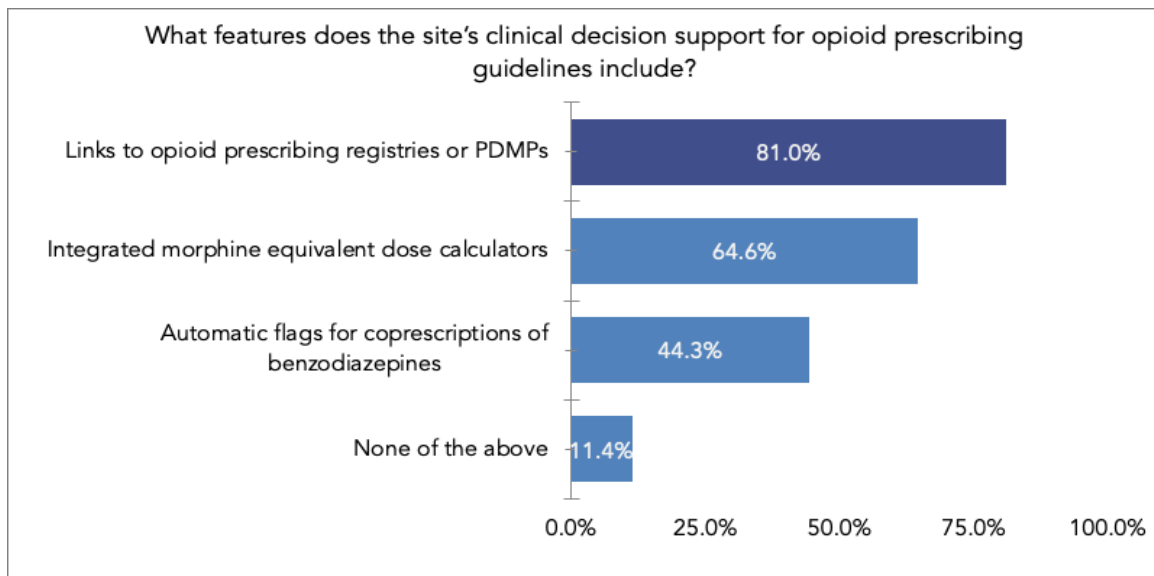
Results from the analysis of the surveys submitted by the clinical practices participating in the North Sound ACH opioid strategies indicate that they are excelling in several areas of their opioid work. Of the 79 sites that submitted information on opioid prescribing guidelines, 68 (86.1%) are using evidence-based practices, such as the Bree Collaborative Guidelines (8.9%) or the Agency Medical Directors' Group (AMDG) Guidelines (79.7%). 70 of the 79 sites (88.6%) also have some sort of clinical decision support in place to assist physicians with prescribing guidelines. (Figures 2 and 3)

Figure 2. Protocols for Behavioral Health Intervention for Patients with Opioid Use Disorder, N=79.



North Sound ACH Reporting, October 2019.

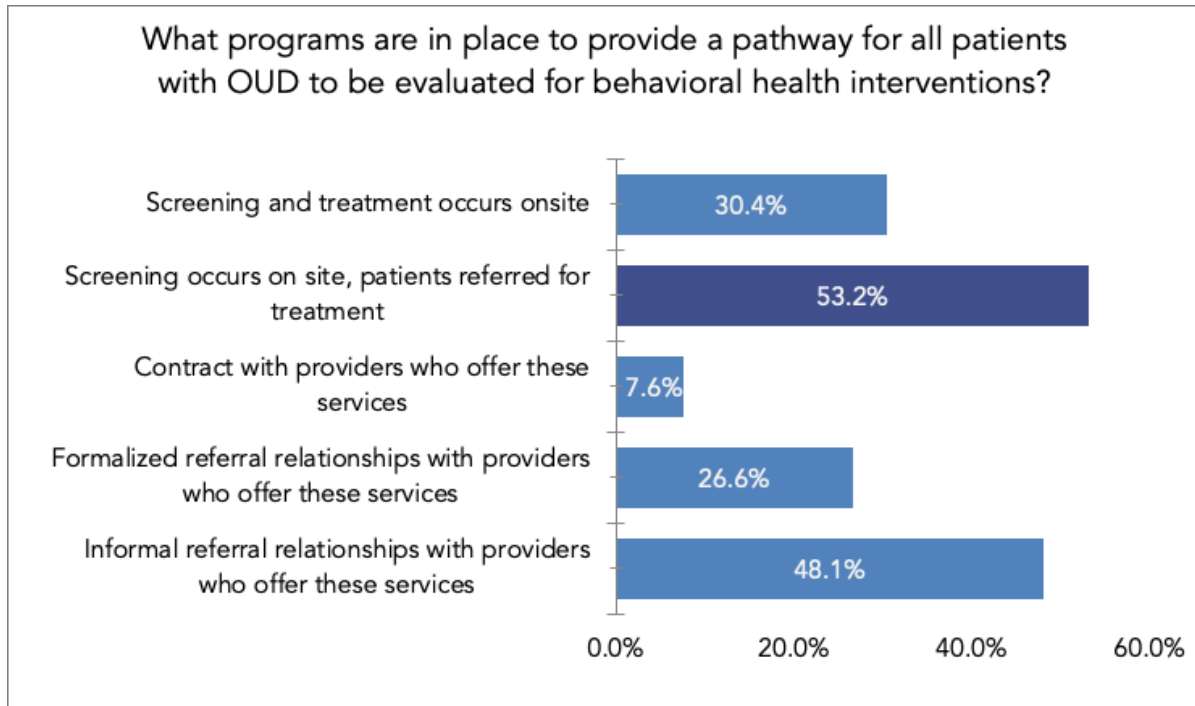
Figure 3. Clinical Decision Support for Opioid Prescribing Guidelines, N=79.



North Sound ACH Reporting, October 2019.

Clinical practice strengths were also evident in their integration of behavioral health care. Of the 79 reporting sites, 24 (30.4%) offer screening and treatment for depression and anxiety on-site and 42 (53.2%) offer screening on site and refer out for treatment. All 79 sites have a protocol in place for behavioral health interventions. (Figure 4)

Figure 4. Integration of Behavioral Health Care, N=79.



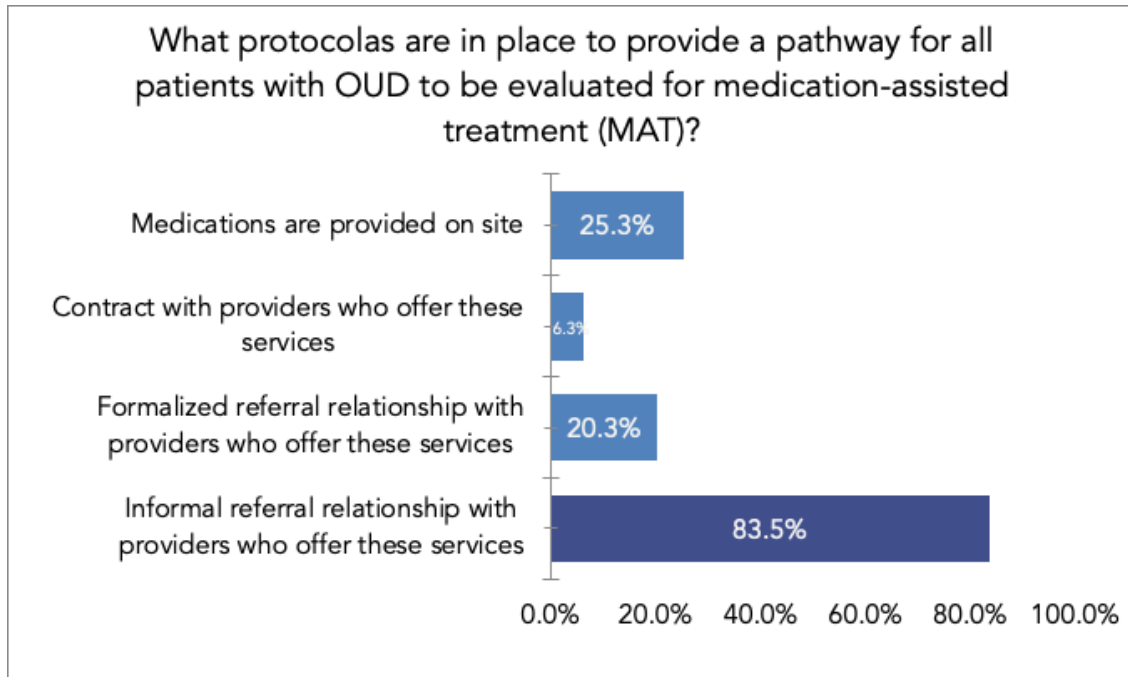
North Sound ACH Reporting, October 2019.

Thirty-six of the clinical sites self-identified as having an emergency department. Of these, 14 (38.9%) offered medication-assisted treatment (MAT) initiation or take-home naloxone to patients seen for an opioid overdose while 21 (58.3%) offered both services. Only one site (2.8%) indicated that it did not provide either service.

Clinical Opportunities

One area of growth for clinical practices is the offering of MAT to patients with opioid use disorder (OUD). Of the 79 sites, only 20 (25.3%) provided MAT on-site, over half (62.0%) had an informal referral relationship with MAT providers only. (Figure 5)

Figure 5. Medication-Assisted Treatment Evaluation Protocols, N=79.



North Sound ACH Reporting, October 2019.

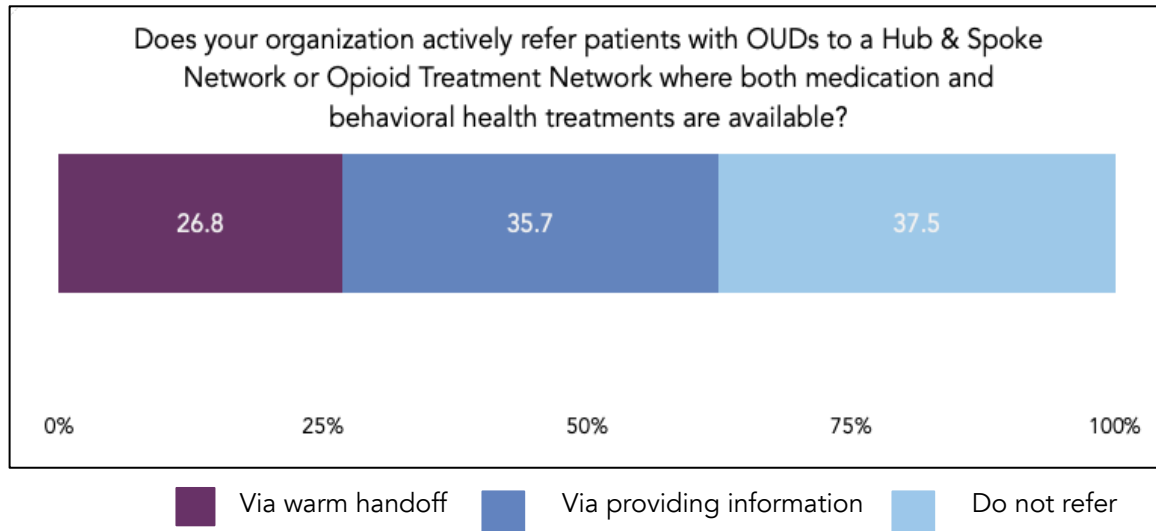
Community-Based Organization Strengths

Results from the analysis of the surveys submitted by the community-based organizations participating in the North Sound ACH opioid strategies indicate that they are excelling in several areas of their opioid work. Their greatest strength was around the referral of individuals with opioid use disorder to psychosocial care. Forty-eight of the 56 sites (85.7%) refer patients with OUD to psychosocial care. Referrals to MAT providers for people with OUDs was also a strength, with 46 sites (82.1%) indicating that they had protocols in place for MAT referrals.

Community-Based Organization Opportunities

One opportunity for growth for community-based organizations is in their referrals of patients with OUD to treatment networks where both medication and behavioral health treatments are available. While over half of the sites (62.5%) offer some sort of referral system, only 57.1% of those do so via a warm hand off. The remaining 42.9% solely provide information to patients. Fourteen of the sites (25.0%) do not refer for reasons not listed in the survey, including a lack of awareness about these networks, a lack of networks in rural areas, and a lack of training. (Figure 6)

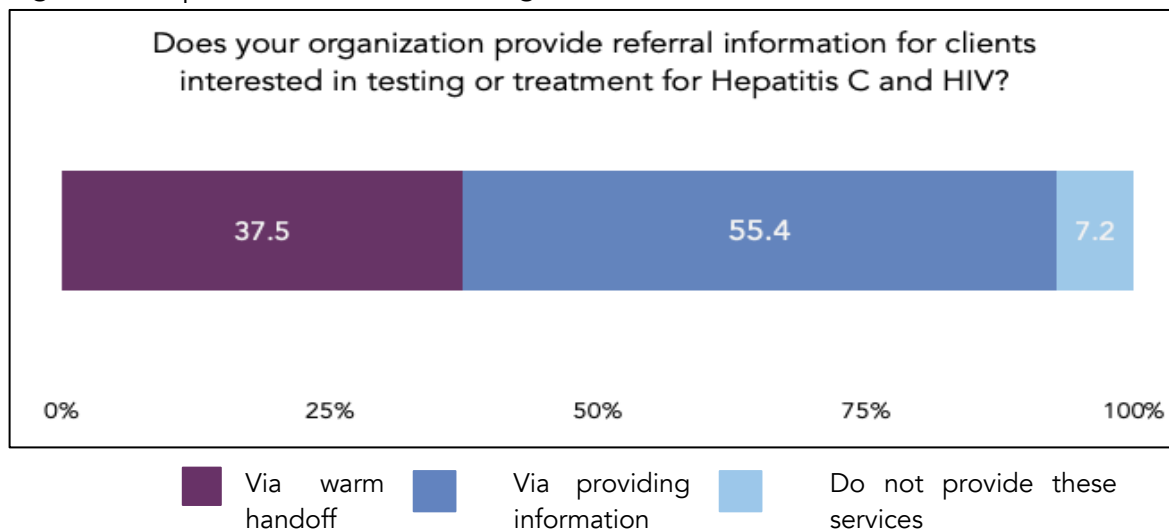
Figure 6. Opioid Treatment Network Referrals, N=56.



North Sound ACH Reporting, October 2019.

Another opportunity for growth in the North Sound region is for increased referrals for testing and treatment for Hepatitis C and HIV. While the majority of sites (92.9%) offered referrals, more than half (59.6%) did so through providing information alone. The remaining 40.4% did so via warm handoff. (Figure 7)

Figure 7. Hepatitis C and HIV Testing and Treatment Referrals, N=56.



North Sound ACH Reporting, October 2019.

Narrative Responses

At the end of each survey, an open-ended question was provided for organizations to expand on their work related to addressing the opioid crisis. Thirty-five [(44.3%) clinical sites

and 22 (39.3%) community-based organization sites offered additional information in the surveys. To analyze qualitative narrative responses each response was read through and coded under five main codes: clarification or more information on opioid work, collaboration, future directions for opioid work, grants and funding, and training and education. These responses were then quantified for each code and representative quotes were selected for reporting.

The most common response was to provide additional information about opioid strategy tactics (66.7%). Examples include *"prescribing Naloxone...for patients to take home,* having *"100% of...primary care providers who see adults (40 in total) waived for MAT,* and *"receiving fentanyl [testing] strips and distributing for overdose prevention."*

Eleven (19.3%) sites provided information about future directions for their opioid work, such as EMS referring to *"a diversion center as opposed to the ED"* for MAT. Nine (15.8%) sites provided additional information about collaborations with other organizations in the region, for example on site noted *"actively working with other Snohomish County agencies to collect and share data to determine gaps and possible needs for intervention."* Two (3.5%) sites offered information about training or education with staff and in the community, including *"distributing 2,500 English and 500 Spanish [Opioid Resource] guides to hundreds of partners."* Finally, two (3.5%) sites offered information on grants specific to opioid funding that had been received during the reporting period.

Conclusions

The North Sound ACH partners committed to opioid strategies are well on their way to addressing the opioid crisis. Clinics and practices with the ability to prescribe opioids are taking precautions to prevent opioid misuse and abuse, such as using evidence-based prescribing guidelines, offering clinical support for the implementation of opioid prescribing guidelines, and screening for and offering services for mental health and behavioral health conditions.

However, there are still areas for growth in the region. While most of the community-based organizations are routinely referring OUD patients for psychosocial care, there is room for increasing referrals to treatment networks and Hepatitis C and HIV testing and treatment. Further, many of these organizations are not offering warm handoffs when doing referrals, often considered a best practice, and can help build relationships and engage patients and families.

During October 2019 reporting opioid surveys were collected on the site level instead of the organizational level as was done in April 2019. This led to an increase from 29 surveys

to 135 surveys (362.1%). Due to such a large increase and the wide range of surveys submitted by each organization, we are unable to compare the results of April and October reporting. However, the results from October 2019 can be used as a baseline for future reporting to let us better understand progress towards addressing the opioid crisis in the North Sound region.

Clinical Opioid Survey Results

Table 1. Clinic Question 2: Do providers at your organization follow any opioid prescribing guidelines? N=79

	Number	Percent
Agency Medical Directors' Group (AMDG) guidelines/Washington State prescribing guidelines	63	79.7
Bree Collaborative (BREE) guidelines	7	8.9
CDC guidelines	51	64.6
None	11	13.9

Table 2. Clinic Question 3: What features does your organization's clinical decision support for opioid prescribing guidelines include? N=79

	Number	Percent
Integrated morphine equivalent dose calculators	51	64.6
Links to opioid prescribing registries or Prescription Drug Monitoring Programs (PDMPs)	64	81.0
Automatic flags for co-prescriptions of benzodiazepines	35	44.3
None of the above	9	11.4

Table 3. Clinic Question 4: What protocols are in place to provide a pathway for patients with opioid use disorder to be evaluated for behavioral health interventions? N=79

	Number	Percent
Screening and treatment for depression and anxiety occurs on site	24	30.4
Screening for depression and anxiety occur on site, patients are referred for treatment	42	53.2
Contracting with providers who offer these services	6	7.6
Formalized referral relationship (through MOU or similar arrangement) with providers who offer these services	21	26.6
Informal referral relationships with providers who offer these services	38	48.1

Table 4. Clinic Question 5: What protocols are in place to provide a pathway for all patients with opioid use disorder to be evaluated for medication-assisted treatment? N=79

	Number	Percent
Medications are provided on site	20	25.3
Contracting with providers who offer these services	5	6.3
Formalized referral relationship (through MOU or similar arrangement) with providers who offer these services	16	20.3

Informal referral relationships with providers who offer these services	66	83.5
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Table 5. Clinic Question 6: Does your emergency department (ED) have protocols in place to initiate MAT and offer take home naloxone for individuals seen for opioid overdose? N=36*

	Number	Percent
MAT initiation	34	94.4
Take-home naloxone	22	61.1
Our ED site does not offer these services	1	2.8

*Forty-three of the organizations who completed the Clinical Opioid Survey noted that their organization did not include an emergency department and therefore did not respond to this question.

Community-Based Organization (CBO) Opioid Survey Results

Table 6. CBO Question 2: Does your organization have protocols in place to refer people with opioid use disorders (OUDs) to medication-assisted treatment (MAT) providers? N=56

	Number	Percent
Yes	46	82.1
No	10	17.9

Table 7. CBO Question 3: Does your organization refer people with OUDs for psychosocial care? N=56

	Number	Percent
Yes	48	85.7
No	8	14.3

Table 8. CBO Question 4: Does your organization actively refer patients with OUDs to a Hub & Spoke Network or Opioid Treatment Network (OTN), where both medication and behavioral health treatments are available? N=56

	Number	Percent
Yes, via warm handoff	15	26.8
Yes, via providing information	20	35.7
No, we provide these services onsite	7	12.5
No, we do not refer for another reason	14	25.0

Of the 14 organizations who responded that they did not refer patients with OUD for another reason, 6 (42.9%) noted that this was due to geographic barriers to accessing these services, notably in San Juan and Island County. Other reason noted were that there were few, if any, clients with OUD (3), they were unaware about the existence of these services or unsure if they utilized them (3), there was a lack of training (1), and that referrals for OUD happened in another department (1).

Table 9. CBO Question 5: Did your organization receive technical assistance (TA) to organize or expand a syringe exchange program (SEP), or to learn about locally available access to clean syringes? N=56

	Number	Percent
Yes, to organize and expand	1	1.8
Yes, to learn about access	5	8.9
No, we asked for TA about organizing/expanding but did not receive any	1	1.8
No, we asked for TA about access but did not receive any	0	0.0
No, we did not ask for TA around SEPs	49	87.5

Table 10. CBO Question 6: Does your organization provide referral information for client interested in testing or treatment for Hepatitis C and HIV? N=56

	Number	Percent
Yes, via warm handoff	21	37.5
Yes, via providing information	31	55.4
No, we provide these services onsite	1	1.8
No, we did not refer for another reason	3	5.4

Of the three organizations who responded that they did not refer patients with OUD for another reason, one responded that referrals happened in another department, another noted that more training was needed, and the last stated this fell outside the scope of services for their agency.

Appendix A: Clinical Opioid Survey

1. Please provide the following information about your organization:
 - Name:
 - Site reporting on:
 - Name of staff person completing survey:
 - Name(s) of other staff assisting with completing survey:

2. Do providers at your organization follow any opioid prescribing guidelines? Select all that apply.
 - a. Agency Medical Directors' Group (AMDG) guidelines/Washington State prescribing guidelines
 - b. Bree Collaborative (BREE) guidelines
 - c. CDC guidelines
 - d. None

- e. Other (please specify):
3. What features does your organization's clinical decision support for opioid prescribing guidelines include? Select all that apply.
- a. Integrated morphine equivalent dose calculators
 - b. Links to opioid prescribing registries or Prescription Drug Monitoring Programs (PDMPs)
 - c. Automatic flags for co-prescriptions of benzodiazepines
 - d. None of the above
 - e. Our organization does not offer clinical decision support for prescribing guidelines
 - f. Other (please specify):
4. What protocols are in place to provide a pathway for patients with opioid use disorder to be evaluated for behavioral health interventions? Select all that apply.
- a. Screening and treatment for depression and anxiety occurs on site
 - b. Screening for depression and anxiety occur on site, patients are referred for treatment
 - c. Contracting with providers who offer these services
 - d. Formalized referral relationship (through MOU or a similar arrangement) with providers who offer these services
 - e. Informal referral relationships with providers who offer these services
 - f. No protocols are in place
 - g. Other (please specify):
5. What protocols are in place to provide a pathway for all patients with opioid use disorder to be evaluated for medication-assisted treatment? Select all that apply.
- a. Medications are provided on site
 - b. Contracting with providers who offer these services
 - c. Formalized referral relationship (through MOU or a similar arrangement) with providers who offer these services
 - d. Informal referral relationships with providers who offer these services
 - e. No protocols are in place
 - f. Other (please specify):
6. Does your emergency department (ED) have protocols in place to initiate MAT and offer take home naloxone for individuals seen for opioid overdose? Select all that apply.
- a. MAT initiation
 - b. Take-home naloxone

- c. Our ED site does not offer these services
- d. N/A – Oure site is not an ED

7. Is there anything else you would like to add about your organization’s work on “Addressing the Opioid Crisis” strategies?

Appendix B: Community-Based Organization Opioid Survey

1. Please provide the following information about your organization:
Name:
Site reporting on:
Name of staff person completing survey:
Name(s) of other staff assisting with completing survey:
2. Do your organization have protocols in place to refer people with opioid use disorders (OUDs) to medication-assisted treatment (MAT) providers?
 - a. Yes
 - b. No
3. Does your organization refer people with OUDs for psychosocial care?
 - a. Yes
 - b. No
4. Does your organization actively refer patients with OUDs to a Hub & Spoke Network or Opioid Treatment Network (OTN), where both medication and behavioral health treatments are available? Select one answer.
 - a. Yes, via warm handoff
 - b. Yes, via providing information
 - c. No, we provide these services onsite
 - d. No, we do not refer for another reason (please specify):
5. Did your organization receive technical assistance (TA) to organization or expand a syringe exchange program (SEP), or to learn about locally available access to clean syringes? Select one answer.
 - a. Yes, to organize and expand
 - b. Yes, to learn about access
 - c. No, we asked for TA about organizing/expanding and did not receive any
 - d. No, we asked for TA about access but did not receive any
 - e. We did not ask for TA around SEPs
6. Does your organization provide referral information for clients interested in testing or treatment for Hepatitis C and HIV? Select one answer.
 - a. Yes, via warm handoff
 - b. Yes, via providing information
 - c. No, we provide these services onsite

- d. No, we do not refer for another reason (please specify):
7. Is there anything else you would like to add about your organization's work on "Addressing the Opioid Crisis" strategies?

Appendix C: North Sound ACH Partners Committed to Opioid Strategies

Organization	Strategy 2.1	Strategy 2.2	Strategy 2.3	Strategy 2.4
Brigid Collins House				X
Center for Human Services	X		X	X
Community Action of Skagit County		X	X	X
Community Health Center of Snohomish County	X	X	X	X
Compass Health			X	
Consistent Care Services	X	X	X	X
Island County		X		
Island Hospital	X	X	X	
Lifeline Connections	X	X	X	X
Lydia Place		X	X	X
Opportunity Council		X	X	X
Orcas Family Connections	X	X	X	X
PeaceHealth	X	X	X	
Pioneer Human Services			X	X
Planned Parenthood of the Great Northwest and the Hawaiian Islands	X			
Providence Health	X	X	X	X
San Juan County Fire District #2	X		X	X
San Juan Island Family Resource Center	X			X
Senior Services of Snohomish County	X			
United General Hospital 304	X	X	X	X
Skagit County Public Health	X	X	X	X
Skagit Regional	X	X	X	X
Snohomish County Fire Protection District #15			X	

Snohomish Health District	X		X	
Sunrise Services	X	X	X	X
Swedish Edmonds	X	X	X	X
Tulalip Health System	X	X	X	X
Unity Care NW	X	X	X	X
Whatcom County	X	X	X	X
Whidbey General Hospital	X	X	X	

Appendix D: North Sound ACH Partner Sites - Community-based Organization Survey

Organization	Site
Brigid Collins House	Brigid Collins Family Support Center - Bellingham
Brigid Collins House	Brigid Collins Family Support Center - Mount Vernon
Community Action of Skagit County	Skagit Project Homeless Connect
Compass Health	Aurora House (RTF)
Compass Health	Bailey Center - Adults Services
Compass Health	Bailey Center - IOP
Compass Health	Bailey Center - PACT
Compass Health	Coupeville OP
Compass Health	Dawson Place
Compass Health	Everett - Child & Family Clinic
Compass Health	Everett - Children's Intensive Services
Compass Health	Greenhouse (RTF)
Compass Health	Harbor Station (Island Children's Intensive)
Compass Health	Haven House (RTF)
Compass Health	Lynnwood Adult Services
Compass Health	Lynnwood Child & Family Clinic
Compass Health	Marysville Adult Services

Compass Health	Monroe Children & Family Clinic - 1016
Compass Health	Monroe Children & Family Clinic - 1022
Compass Health	Monroe WISE (Children's Intensive)
Compass Health	Mount Vernon - Adult Services
Compass Health	Mount Vernon - Child & Family Clinic
Compass Health	Mount Vernon - PACT Services
Compass Health	Mukilteo E&T
Compass Health	San Juan Island Outpatient
Compass Health	San Juan Island WISE
Compass Health	Smokey Point Child & Family Clinic
Compass Health	Snohomish Adult Services
Compass Health	Snohomish Triage Center
Compass Health	Whatcom - Cordata (WISE & CPIT)
Compass Health	Whatcom - McLeod
Compass Health	Whatcom Triage Center
Consistent Care Services	Consistent Care Services
Island County of Washington	Camano Island Health Office
Island County of Washington	Island County Human Services
Island County of Washington	Nursing Admin/Main Office
Island County of Washington	Oak Harbor Health Office: North Whidbey Family Resource Center
Island County of Washington	Sheriff Office
Island County of Washington	Sheriff Office - Camano
Island County of Washington	Sheriff Office - Freeland
Island County of Washington	South Whidbey Health Office: South Whidbey Parks and Recreation Bldg

Lydia Place	Lydia Place
Opportunity Council	1111 Cornwall Avenue
Orcas Community Resource Center	Orcas Community Resource Center
Orcas Island Fire & Rescue	Orcas Island Fire & Rescue
Providence Health and Services - Washington	Providence Regional Medical Center Colby Campus
San Juan Island Family Resource Center	San Juan Island Family Resource Center
Senior Services of Snohomish County	Homage Senior Services
Skagit County Public Health	Skagit County Public Health
Skagit County PHD (United General 304)	United General District 304
Snohomish County Fire Protection District #15 (Tulalip Bay Fire)	Snohomish County Fire Protection District #15 (Tulalip Bay Fire)
Snohomish Health District	Snohomish Health District
Whatcom County	Whatcom County Emergency Medical Services
Whatcom County	Whatcom County Health Department

Appendix E: North Sound ACH Partner Sites - Clinic/Practice Survey

Organization	Site
Center for Human Services	CHS Edmonds - Pacific Commons
Center for Human Services	CHS Everett - Silver Lake
Center for Human Services	CHS South Everett
Community Health Center of Snohomish County	Arlington Clinic - Medical, Dental, Pharmacy
Community Health Center of Snohomish County	Everett Central Clinic - Medical
Community Health Center of Snohomish County	Everett College Clinic
Community Health Center of Snohomish County	Edmonds Clinic - Medical, Dental, Pharmacy
Community Health Center of Snohomish County	Everett North Clinic - Medical, Dental, Pharmacy
Community Health Center of Snohomish County	Everett South Clinic - Medical, Dental, Pharmacy

Community Health Center of Snohomish County	Lynnwood Clinic - Medical, Dental, Pharmacy, Behavioral Health
Island Hospital	Anacortes Family Medicine
Island Hospital	Fidalgo Medical Associates
Island Hospital	Island Hospital
Lifeline Connections	Lifeline Connections - Bellingham
Lifeline Connections	Lifeline Connections - Mount Vernon
PeaceHealth	Center for Senior Health
PeaceHealth	Childbirth Center
PeaceHealth	Family Medicine
PeaceHealth	Medical Group Cordata South
PeaceHealth	Medical Group Burlington Family Medicine
PeaceHealth	Medical Group Cordata Main
PeaceHealth	Medical Group Cordata South
PeaceHealth	Medical Group Friday Harbor
PeaceHealth	Peace Island Medical Center
PeaceHealth	Specialty Care Clinic
PeaceHealth	St. Joseph Medical Center
PeaceHealth	United General Medical Center
Pioneer Human Services	Phoenix Recovery Services
Pioneer Human Services	Pioneer Center North
Pioneer Human Services	Skagit County Crisis Center
Pioneer Human Services	Whatcom Community Detox
Planned Parenthood of the Great Northwest and the Hawaiian Islands	Everett Health Center
Planned Parenthood of the Great Northwest and the Hawaiian Islands	Lynnwood Health Center
Planned Parenthood of the Great Northwest and the Hawaiian Islands	Marysville Health Center
Providence Health and Services-Washington	Providence Harbor Pointe Clinic - Mukilteo
Providence Health and Services-Washington	Providence Family Medicine - Lynnwood
Providence Health and Services-Washington	Providence Family Medicine - Snohomish Clinic
Providence Health and Services-Washington	Providence Medical Group Marysville Clinic
Providence Health and Services-Washington	Providence Medical Group Mill Creek Clinic
Providence Health and Services-Washington	Providence Mill Creek Commons
Providence Health and Services-	Providence Medical Group Monroe Clinic

Washington	
Providence Health and Services-Washington	Providence Medical Group North Everett Clinic
Providence Health and Services-Washington	Providence Pavilion for Women & Children - Everett
PHD 1 dba Skagit Valley Hospital	Arlington Family Medicine
PHD 1 dba Skagit Valley Hospital	Benson Family Medicine
PHD 1 dba Skagit Valley Hospital	Cascade Valley Hospital
PHD 1 dba Skagit Valley Hospital	Family Medicine Residency Clinic
PHD 1 dba Skagit Valley Hospital	Skagit Regional Clinic - Camano Island Clinic
PHD 1 dba Skagit Valley Hospital	Skagit Regional Clinic - Darrington Clinic
PHD 1 dba Skagit Valley Hospital	Skagit Regional Clinic - Mount Vernon Clinic
PHD 1 dba Skagit Valley Hospital	Skagit Regional Clinic - Riverbend
PHD 1 dba Skagit Valley Hospital	Skagit Regional Health - Arlington Pediatrics
PHD 1 dba Skagit Valley Hospital	Skagit Regional Health - Arlington Women's Health
PHD 1 dba Skagit Valley Hospital	Skagit Regional Health - Granite Falls Family Medicine
PHD 1 dba Skagit Valley Hospital	Skagit Regional Health - Stanwood Clinic
PHD 1 dba Skagit Valley Hospital	Stanley Internal Medicine Residency Clinic
Sunrise Services	Sunrise Community Mental Health - 1520
Sunrise Services	Sunrise Community Mental Health - Coupeville
Sunrise Services	Sunrise Community Mental Health - Mount Vernon
Swedish Edmonds	Mill Creek Primary Care
Swedish Edmonds	Swedish Birth & Family Clinic
Swedish Edmonds	Swedish Edmonds Campus
Swedish Edmonds	Swedish Edmonds Primary Care
Swedish Edmonds	Swedish OB/GYN Specialists
Swedish Edmonds	Swedish Richmond Beach Primary Care
Tulalip Tribes of Washington	Tulalip Family Services (Behavioral Health & Recovery)
Unity Care NW	UCNW 1616 Cornwall #205
Unity Care NW	UCNW 220 Unity
Unity Care NW	UCNW Ferndale
Unity Care NW	UCNW Ferndale Pioneer
Unity Care NW	UCNW North Whatcom
WhidbeyHealth	WhidbeyHealth Medical Center
WhidbeyHealth	WhidbeyHealth Orthopedic Care
WhidbeyHealth	WhidbeyHealth Primary Care Coupeville
WhidbeyHealth	WhidbeyHealth Primary Care Freeland
WhidbeyHealth	WhidbeyHealth Primary Care Goldie St
WhidbeyHealth	WhidbeyHealth Primary Care Oak Harbor, Cabot
WhidbeyHealth	WhidbeyHealth Surgical Care

WhidbeyHealth	WhidbeyHealth Women's Care CPVL
WhidbeyHealth	WhidbeyHealth Women's Care OH