

Models of Integrated Care for HIV and OUD: CONSIDERATIONS FOR COMMUNITY AND CLINICAL SETTINGS

September 16, 2020
3 pm to 4:15 pm ET

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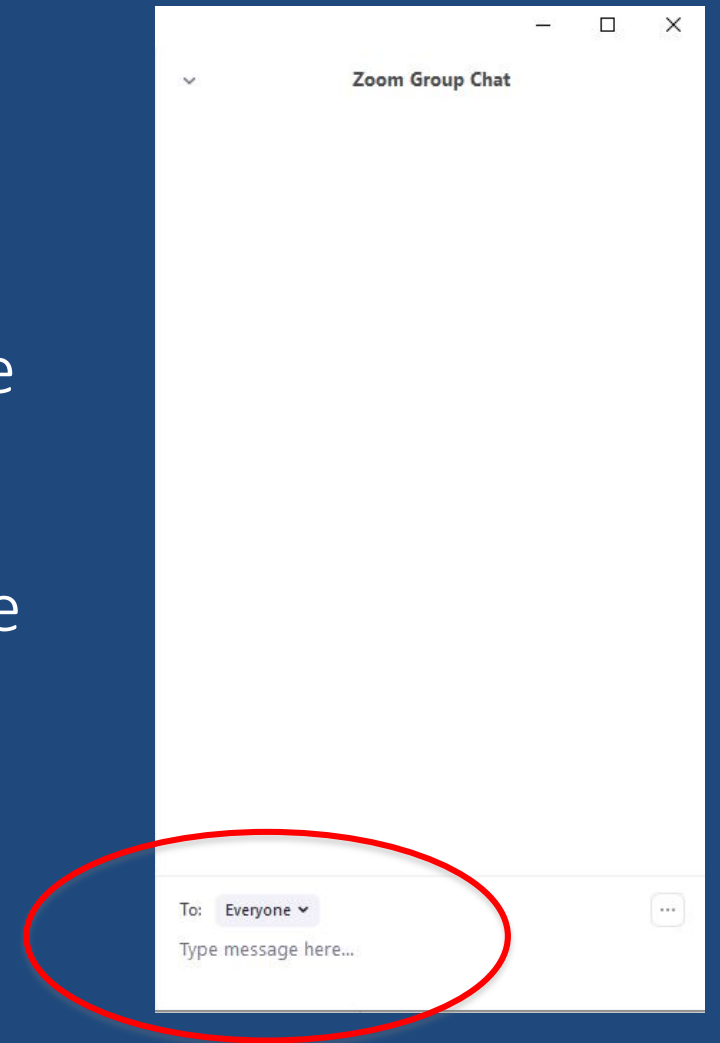


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LEARNING OBJECTIVES

By the end of the webinar, participants will be able to:

- **Describe** three models of HIV and OUD service integration
- **Explain** the system components required to implement the different models
- **Identify** elements of the models that may require adaptation to different contexts

AGENDA

- Introductions and Project Background
- Boston Medical Center (MA)
- CODAC (RI)
- CrescentCare (LA)
- Questions and Discussion

SPEAKERS



Malia Duffy
JSI



Kirsten Forseth
NASTAD



Alexander Walley
Boston Medical Center



Mary Walton
CODAC

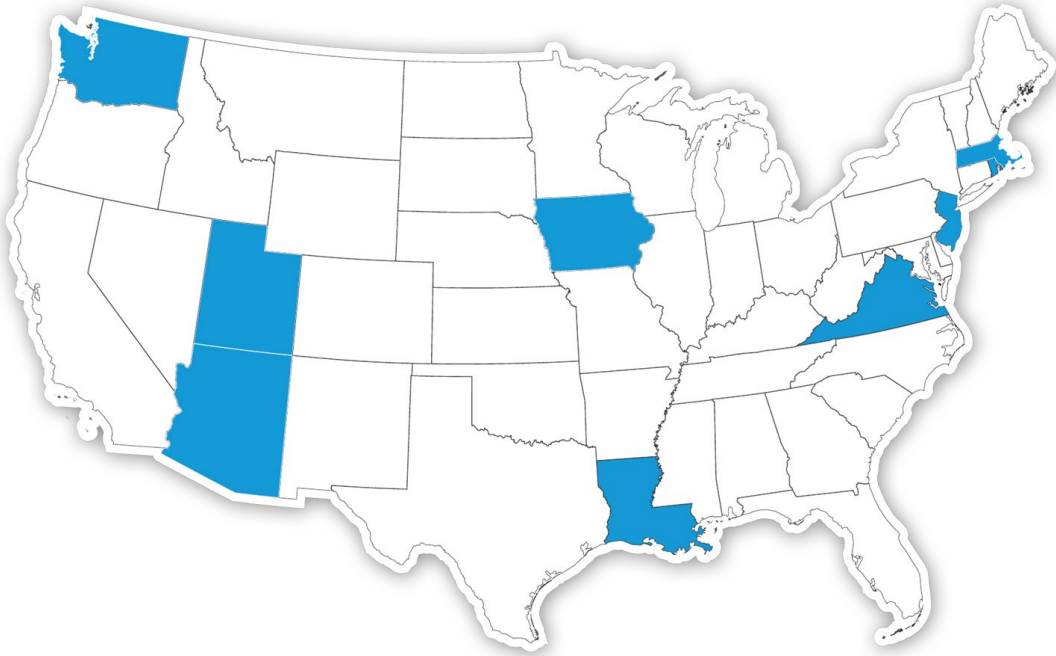


Nicholas Van Sickels
CrescentCare



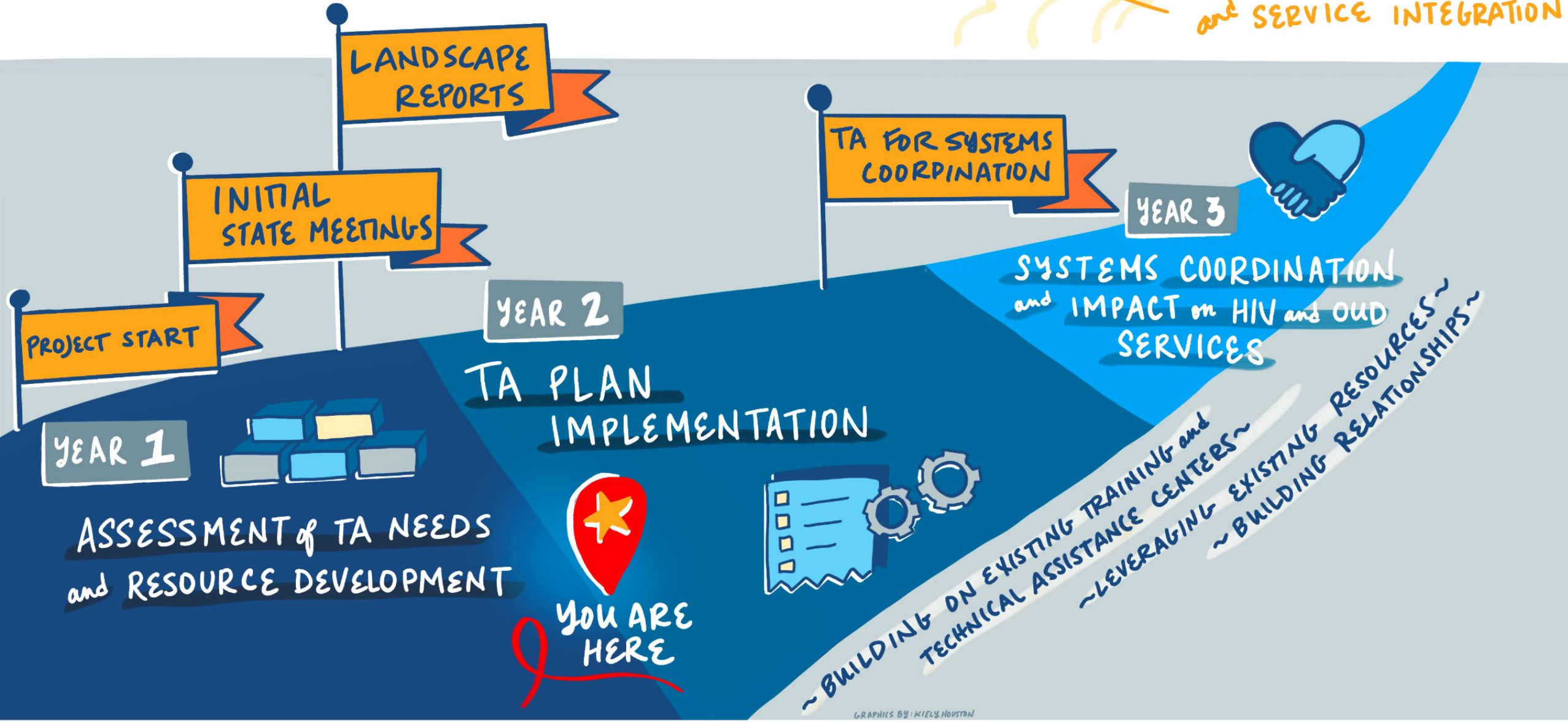
Nadia Eskildsen
CrescentCare

STRENGTHENING SYSTEMS OF CARE INITIATIVE



- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- HRSA HIV/AIDS Bureau Special Projects of National Significance (SPNS)
- Nine state partners

SUSTAINED SYSTEMS COORDINATION and SERVICE INTEGRATION



BOSTON MEDICAL CENTER (MA)

**Facilitated Access to Substance Abuse Treatment with
Prevention and Treatment for HIV (FAST PATH)**



ORGANIZATION, SETTING, POPULATION SERVED

- BMC emphasizes community-based care, with a mission to provide consistently accessible health services to all
- Exceptional Care without Exception
- BMC is the largest safety net hospital in New England



25,328
ADMISSIONS



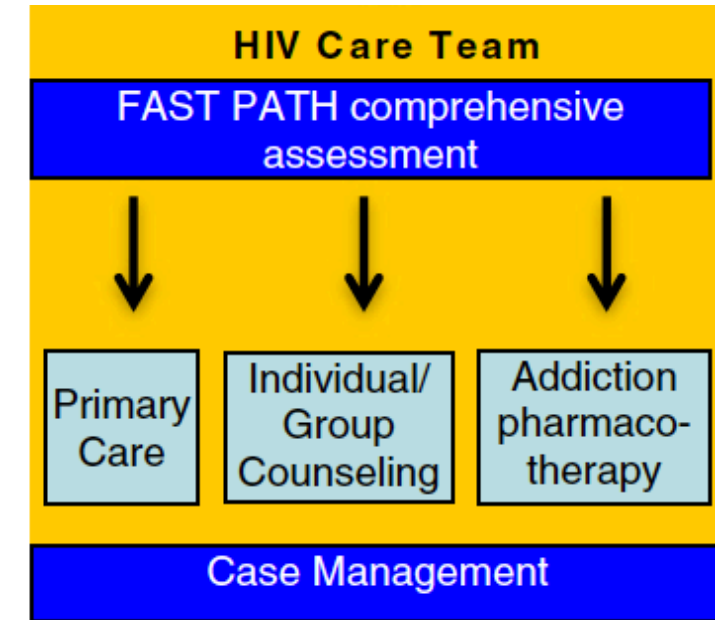
OVERVIEW OF INTEGRATED MODEL

- Facilitated Access to Substance Abuse Treatment with Prevention and Treatment for HIV (FAST PATH)
- Integrates addiction treatment into primary care for those infected with HIV
- Initially funded by SAMHSA (2008-2012) with the goal of increasing capacity to provide addiction treatment to PLWH and people at high-risk at an urban medical center

CENTER FOR INFECTIOUS DISEASE CARE TEAM

- MD Addiction specialists
- RNs with addiction medication management
- LICSW therapists
- Case Managers/Outreach workers
- Embedded psychiatrist

Integrated team
primary care &
substance use
disorder services



Facilitated
treatment
referrals



ADDICTION TREATMENT ENGAGEMENT

- Engagement and Substance Dependence in a Primary Care-Based Addiction Treatment Program for People Infected with HIV and People at High-Risk for HIV Infection (Walley, 2015)
 - Baseline assessment and 6 month follow-up
 - N=215 - 131 people with HIV: 84 people at-risk for HIV
 - Outcomes: addiction treatment engagement and persistent substance dependence
 - Predisposing Characteristics: depression, housing status, and polysubstance use
 - Enabling Resource: buprenorphine treatment

FINDINGS

- At baseline
 - 4.7% were alcohol dependent, 66% were drug dependent, and 29.3% were both
- By the follow-up assessment 64% had engaged with addiction care, 60% had received at least one buprenorphine prescription, and 1.9% had been treated with naltrexone for alcohol dependence
- At the 6 month follow-up substance dependence was reduced to 49%. Receipt of buprenorphine was associated with engagement
- Baseline self-report depression was associated with persistent substance dependence

Journal of Substance Abuse Treatment, 59, 2015

PATIENT PERSPECTIVES

- Patient Perspectives of an Integrated Program of Medical Care and Substance Use Treatment (Drainoni, 2014)
 - Satisfaction Surveys (n=212) and Focus Groups (n=40) in FAST PATH Program
 - Qualitative data collected via focus groups and satisfaction surveys to assess the patients views of the program, evaluate key elements of success, and provide recommendations for other programs
 - Key themes: (a) integration of care, (b) the use of buprenorphine/naloxone, (c) program structure, (d) counseling and education, (e) and impact on quality of life

AIDS Patient Care and STDs, 28, 2014

FINDINGS

- Patients recognize the benefits of integrated care as increased efficiency of medical care and treatment for Substance Use Disorders in the same place
- Buprenorphine/naloxone facilitated the success of integrated treatment
- There was no consensus on how strict the program should be
- Group counseling was a key to successful treatment for some but not all
- The benefits of the program, facilitated by case management services, extended to improvements in quality of life

AIDS Patient Care and STDs, 28, 2014

CODAC

Rhode to Health

Mobile Medical Clinic



COLLABORATIONS

- Executive Office of Health & Human Services Ryan White funding → URI
- RI Department of Health with State Opiate Response funding to address the opioid crisis → CODAC
- Community Health Care Van of Yale AIDS Program



OUTCOMES

Outcomes

- Expand access to treatment for those living with or at risk for HIV or substance use disorders
- Engage individuals to provide medical, behavioral and social service care for those with opioid and substance use disorders
- Provide Medication Assisted Treatment (MAT)
- Link to community medical, behavioral and social service care

Long-term Goals

- Reduce ED visits/admissions for opioid overdose and increase access to MAT
- Serve as learning environment for students in nursing, pharmacology, and mental health tracks

RHODE TO HEALTH (RTH)

- 37-foot mobile medical clinic
 - 2 exam rooms, intake area, bathroom
- Travels to 10 distinct communities
- 5 days a week
- Areas most affected by Overdose
- Public Health approach → integrate medical and behavioral healthcare
- Bilingual Staff
- X-waivered medical providers
 - RN
 - LCDP/Case Manager
 - Driver/Outreach Worker



PRIORITY POPULATIONS

- Opioid Use Disorder (OUD)
- Living with or at high risk for HIV/Hepatitis C
- Persons without stable housing
- Not engaged in treatment
- Newly released from incarceration
- Other Substance Use Disorders (SUD)
- Residents in health poverty areas

SERVICES

- Crisis stabilization and assessment
- Episodic, patient-centered medical care
- MAT for OUD via buprenorphine/naltrexone
- Medications for other SUD
- Substance use counseling
- Case management
- Opt-out rapid HIV and Hepatitis C testing
- Sexually transmitted infection screening
- Insurance initiation
- Bi-directional linkages to medical, behavioral, and social services

FOUR CORE STRATEGIES

1. Offer various medical, behavioral, and social services

- Can be seen for any variety of reasons
- Increases patient confidentiality
- Reduces social and cultural stigma of treatment

FOUR CORE STRATEGIES

2. Eliminates barriers and fills care service gaps

- Travel directly to high-risk neighborhoods
 - Health service poverty areas
 - Transportation hinders access to care
 - Treatment frowned upon if seen by neighbor or community member
- Walk-in services “Door always open”
 - No appointment needed
 - Start MAT when the person is ready

FOUR CORE STRATEGIES

3. 'No Wrong Door' Standards

- Educate patients on services in the area
- Streamline access to patient-centered quality care

4. Uphold a “Door Always Open” paradigm for people regardless of readiness for change

- A “we” inclusive atmosphere versus “us” & ‘them’”

CrescentCare (LA)





CrescentCare (LA)

- NO/AIDS Taskforce dba **CrescentCare** was founded in 1983 to address the burgeoning AIDS epidemic in the Greater New Orleans area.
- **Becoming a FQHC in 2013**, CrescentCare serves our neighbors who come from traditionally medically underserved communities: the service industry, the LGBTQ community, the uninsured and the underinsured, immigrants, and communities of color.

OVERVIEW OF INTEGRATED MODEL

- We offer wrap-around services to our clients: from low barrier access to harm reduction materials through our syringe service program (**NOSAP**) to resources for OUD treatment such as our **buprenorphine clinic** and intensive outpatient program **RecoveryWorks**.
- Integrated services allow clients to achieve their health goals holistically and CrescentCare to become their healthcare home. Clients can access services at the level they feel most comfortable and can increase or reduce their engagement as needed. **This long-term relationship building is key.**



BENEFITS OF HAVING TIERED SERVICES

Clinical Services

- Medication Assisted Treatment
- HIV/HCV Treatment
- Primary Care
- LGBTQ Health and Wellness
- Gender Affirming Care

RecoveryWorks

- Talk therapy and social support
- Art, music and yoga
- Community Education
- Trauma Resolution

NOSAP

- Referrals to Treatment Programs
- Screening and Linkage to Treatment via STI testing
- Overdose Education and Naloxone Distribution
- Injection Risk Reduction Education
- Referrals to Social Support Services



SYSTEMS-LEVEL CONSIDERATIONS FOR IMPLEMENTATION

- **Harm reduction training** for providers in client-facing roles such as front desk staff and security.
- **Data informed decision making** used to provide care to clients as well as help navigate them to the services that are most suitable to their needs.
- **Wider socio-political considerations:** Outreach to marginalized and stigmatized communities with inherent distrust in the healthcare system.
- **Financial considerations:** We are funded by SAMSHA and are fortunate to be in a Medicaid expansion state, which allows us to bill the wrap-around rate for Medicaid services.



EXPERIENCE OF TRAINING PROVIDERS & BUPRENORPHINE PRESCRIBING

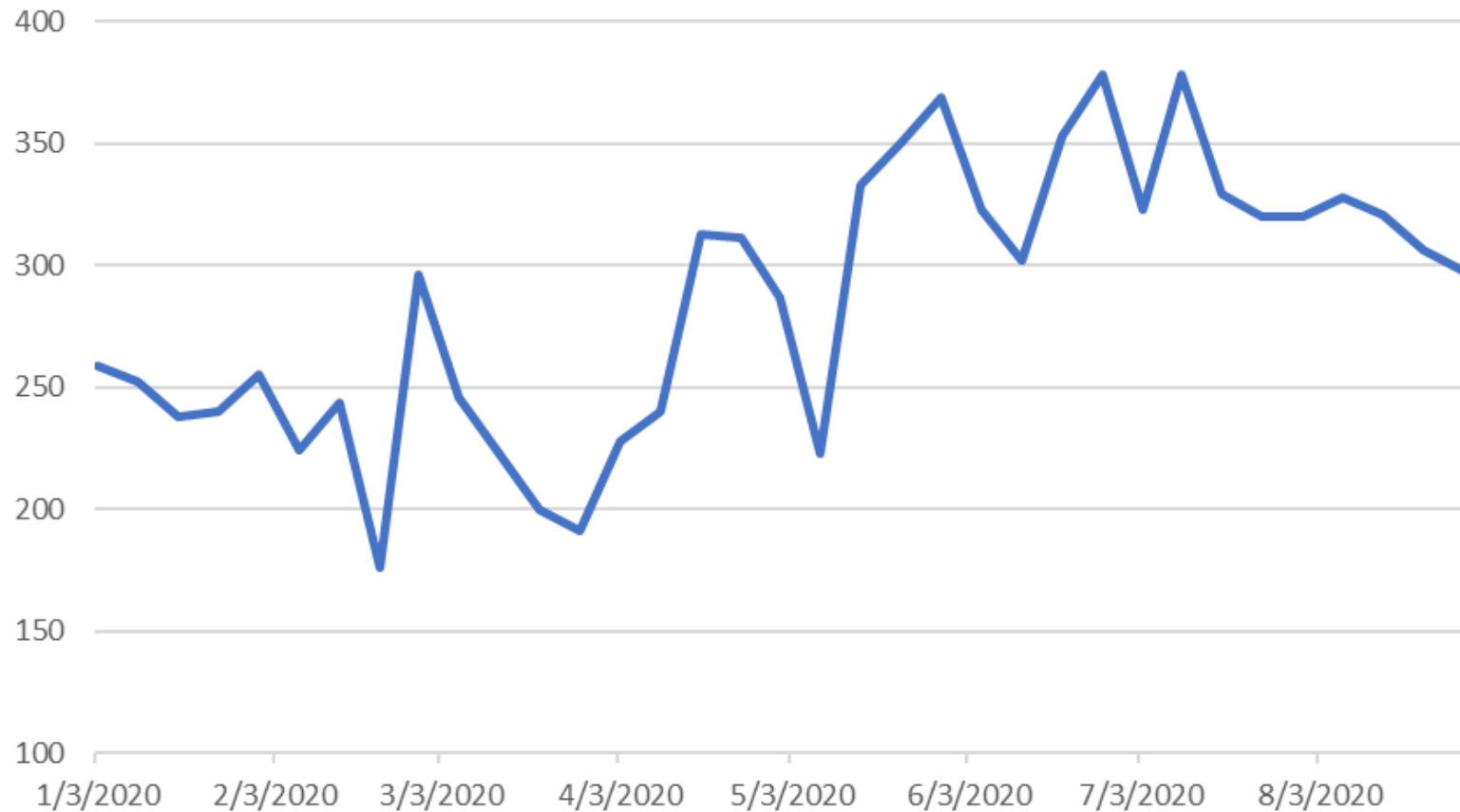
Mandatory 8-24hr of buprenorphine training required by the government.

Monthly Staff Meetings

1. **Care Coordination Meeting:** nursing coordinators, primary care buprenorphine prescribers, and addictions-trained prescribers.
 - To help triage the best level of care for patients seeking medical addiction services.
2. **Second Monthly Meeting:**
 - Discuss challenging medical cases, and management for people with different medical & behavioral health conditions.

NOSAP by the Numbers

Clients Seen



ADAPTING TO THE PANDEMIC

- Reconsidering Protocols
- Streamlining Services
- Change of Location
- Increased Need for Resources

People who inject drugs are more likely to seek out drug treatment when services such as SSP's are available

SSP's have been proven to reduce rates of HIV and HCV transmission

By supplying materials we can turn the tide on infectious disease in Louisiana



Takeaways, Conclusions and Considerations



QUESTIONS AND DISCUSSION



CONTACT INFORMATION

ssc@jsi.com

BMC

Alex Walley

Alexander.Walley@bmc.org

CODAC

Mary Walton

mwalton@codacinc.org

CrescentCare

Nadia Eskildsen

Nadia.Eskildsen@Crescentcare.org

Nicholas Van Sickels

Nicholas.VanSickels@Crescentcare.org

THANK YOU!

This presentation was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,089,159 with 100 percent funded by HRSA/HHS and \$0 amount and 0 percent funded by nongovernment source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

