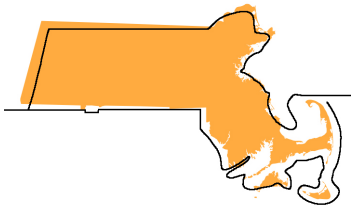

STATE SUMMARY

MASSACHUSETTS

Continuing HIV/OUD Collaboration: Sustainability Workshop

SSC Strengthening Systems of Care for People with HIV & Opioid Use Disorder
RYAN WHITE HIV/AIDS PROGRAM
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

PARTNERS

- Massachusetts Department of Public Health
  - Bureau of Infectious Disease and Laboratory Sciences (BIDLS)
  - Bureau of Substance Addiction Services (BSAS)
- Other partners
  - Mass League of Community Health Centers
  - MassHealth (Medicaid)
  - Mass Behavioral Health Partnership

GOALS AND ACTIVITIES

Enhance understanding of existing policies, procedures, licensing, contracting/procurement mechanisms, reimbursement opportunities, and authorizing legislation related to HIV and opioid use disorder (OUD), in the areas of prevention, testing/screening, care provision, and treatment. (Goal 1, MA TA Plan)

- Conducted legislative and regulatory landscape scan including an inventory of laws, statutes and regulations that currently do or could be leveraged to support HIV and SUD care coordination.
- Created a synthesis of findings which identify barriers and facilitators to effective care coordination, as well as identified opportunities to make modifications to existing language to enhance care coordination.
- Conducted policy/program scan including a summary of key content from Request for Responses (RFR), Standards of Care, Practice Guidance, program funding descriptions, and licensing requirements.
- Produced a synthesis of the information showing how existing funding and contract requirements can be effective to support care coordination and identified opportunities to increase responsiveness of programs for clients impacted by HIV and OUD.
- Facilitated discussions with BIDLS and BSAS on integrating infectious disease services into substance use service settings. This includes key informant interviews with leadership in substance use treatment settings and a behavioral health care program for recipients of Medicaid.

Optimize the use of different HIV and OUD funding streams to enhance service delivery coordination (Goal 2, MA TA Plan)

- Developed and populated a matrix that defines HIV and OUD services provided by each BIDLS- and BSAS-funded provider in Massachusetts, including BIDLS and BSAS providers offering co-located HIV and OUD services. The team developed a synthesis document including a summary of service provision guidance and how it can be adapted to facilitate HIV and OUD integration. In addition, the team completed a matrix to depict the different federal and state funding streams covering core HIV and OUD-related services in Massachusetts. BIDLS and BSAS reviewed both matrices to identify opportunities for state level coordination.

Assess how service providers are operationalizing state system policies and procedures related to HIV and OUD coordinated care in Massachusetts (Goal 3, MA TA Plan)

- Conducted Service Provider Discussion Groups with staff from organizations funded for HIV/HCV/STD/TB prevention and care services to elicit accounts of how HIV and OUD service-related policies are operationalized. Developed summary with a set of key recommendations to address identified needs among providers to effectively implement coordinated care.
- Reviewed state substance use program data on HIV testing/treatment performed by these organizations.
- Analyzed data from an assessment of knowledge and services provided by BSAS Program AIDS Coordinators (PAC) related to HIV risk assessment, testing, and linkage to care

Assess workforce training needs to support HIV and OUD clinical care coordination and technical assistance (Goal 4, MA TA Plan)

- Clinical consultant conducted on-site program visits and discussions to identify opportunities to integrate infectious disease services into substance use treatment settings.
- Developed a set of core competencies for the Program AIDS Coordinators (re-visioned as infectious disease care coordinators) working in substance use service settings in order to standardize expectations and tailor resources and training to fulfill expectations.
- Developed an inventory of trainings available through state agencies and technical assistance providers to increase knowledge and skills in delivery of HIV and SUD services.

BARRIERS

- Reimbursement varies across different facilities (clinical vs. behavioral health), including which types of services are authorized for reimbursement, and required provider or facility licensure or certification in order to be able to bill third parties
- There are varying levels of clinical capacities in SUD care programs, which leads to variability in readiness/capacity to provide ID prevention, testing, and care.
- There is a lack of available data to identify individuals who have HIV and OUD or are at risk for OUD; assess services provided; and health outcomes.

LESSONS LEARNED

- A foundational step to optimize health outcomes for persons impacted by HIV and OUD is to create opportunities for communication and collaboration by program leadership within DPH in the Bureau of Substance Addiction Services (BSAS) and the Bureau of Infectious Disease and Laboratory Sciences (BIDLS).
- Opportunities for effective HIV and OUD care coordination rely on supportive policies, supplemental funding, staff training, and sufficient staff capacity (both clinical and administrative) to deliver integrated services.
- The first step to identify potential opportunities and viable strategies for care coordination is to develop and focus on thorough assessment activities to refine the understanding of the landscape of HIV and OUD systems and services.
- Reviewing program policy documents and identifying opportunities to clarify expectations and licensing requirements are key steps so that staff are able to operationalize them in a standardized manner to support HIV/OUD-related care in HIV/OUD settings.

- It is helpful to engage a health department clinical consultant (in Massachusetts we partnered with the BIDLS, Office of HIV/AIDS, HIV Associate Medical Director, and BSAS Medical Director of the Opioid Overdose Prevention Pilot) to facilitate peer level communication and create a shared understanding of service setting needs and challenges in order to identify potential integration opportunities.
- Models that can be identified to facilitate HIV, OUD, and harm reduction care coordination can serve as the basis for pilot strategies.
- Developing a set of core competencies for the infectious disease and OUD workforce can serve as a structure from which to determine resource and training needs to strengthen the workforce to meet the core competencies.
- It is necessary to determine the information, resources, and staff capacities needed to continue to support outbreak response by infectious disease and substance use service providers.
- Medicaid is a key partner that should be engaged early in discussions about innovations in care coordination. This may help to identify reimbursement challenges and opportunities, as well as proposed approaches that can enable sustained coordinated and/or integrated HIV and OUD service delivery.
- As integration activities are considered, it has been important to recognize that HIV services funded by the Ryan White HIV/AIDS Program have a very different financing structure from substance use treatment programs, which rely on a reimbursement service delivery model.