HRSA
Health Resources & Services Administration

Strategies, Findings and Lessons Learned from the RWHAP SPNS System-Level Opioid Initiative

2022 National Ryan White Conference on HIV Care and Treatment

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Vision: Healthy Communities, Healthy People

Disclosures

Chau Nguyen has no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify barriers, strategies, and lessons learned in strengthening systems of care for people with HIV and opioid use disorder (OUD).
2. Determine opportunities for leveraging resources and coordinating services for people with HIV and OUD at the system level.
3. Hear evaluation findings on implementation outcomes assessing change and impact on cross-sector coordination at the state level.
4. Become aware of tools and resources for replicating similar strategies to strengthen systems of care between the HIV and OUD care sectors at the state or jurisdictional level.

Health Resources and Services Administration (HRSA)

Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant individuals, mothers and their families, and those otherwise unable to access quality health care

HRSA Ryan White HIV/AIDS Program

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- **Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.**
- **Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.**
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- **Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.**
- **89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%[i].**

HRSA Ryan White HIV/AIDS Program

i. Centers for Disease Control and Prevention. Core indicators for monitoring the Ending the HIV Epidemic initiative (early release): National HIV Surveillance System data reported through December 2020; and pre-exposure prophylaxis (PrEP) data reported through September 2020. HIV Surveillance Data Tables [Table 5a] 2021;2(No. 2). http://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-2-no-2/index.html. Published March 2021.

Framework for RWHAP SPNS

Demonstrate or Implement

Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions

Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data

Evaluate & Document

Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients

Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites

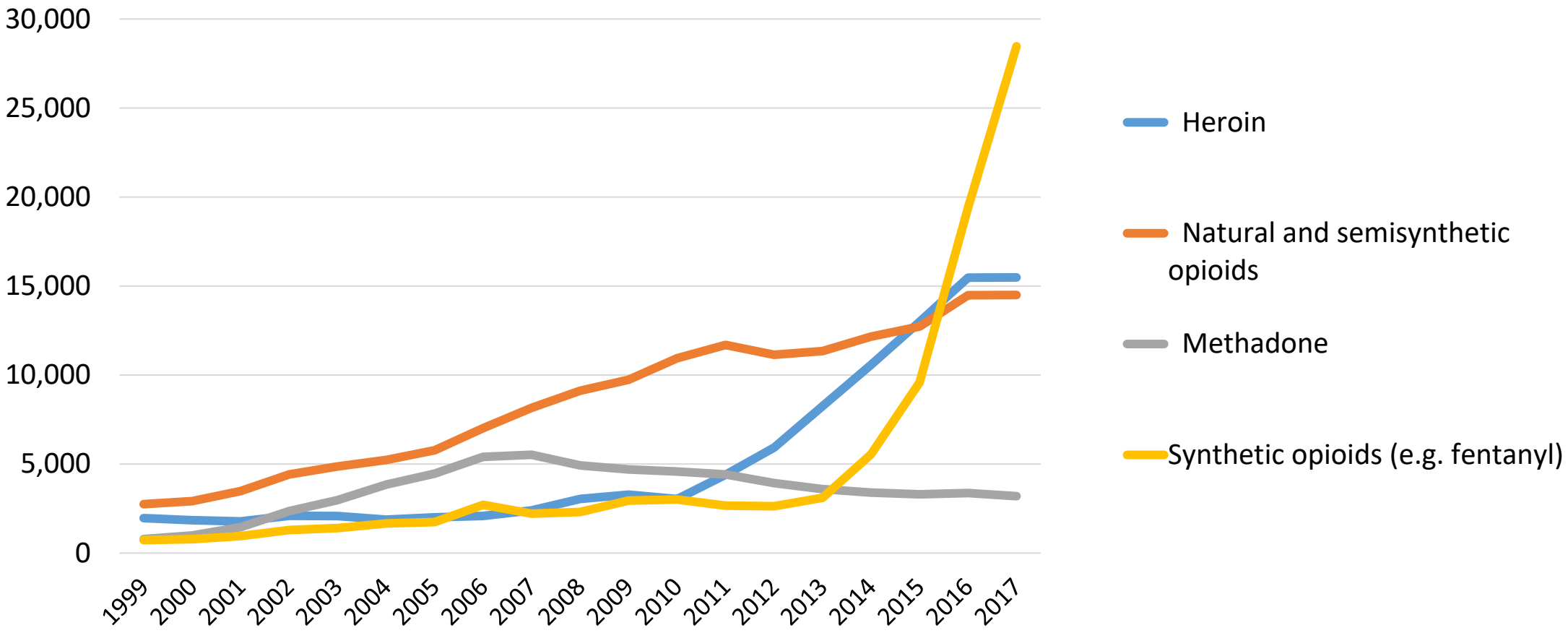
Coordinate, Replicate & Integrate

Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to **coordinate, replicate, and integrate interventions** and strategies for RWHAP providers

Streamline access to materials and promote replication through the Best Practices Compilation

HRSA Ryan White HIV/AIDS Program

Background | Opioid Overdose Deaths



SOURCE: NCHS, National Vital Statics System, Mortality

Initiative Goals

Purpose:

To support System Coordination Providers (SCP) recipients who will **assist states in leveraging resources** at federal, state, and local levels for people with HIV and opioid use disorder (OUD).

Goals:

1. To strengthen system-level coordination and **strengthen networks of care** between RWHAP and entities receiving OUD resources.

2. Identify and **coordinate provision of technical assistance (TA)** to RWHAP recipients and subrecipients to integrate and expand access to OUD care, treatment, and recovery services for people with HIV.

3. **Evaluate the system-level impact** of leveraging resources in treating people with HIV and OUD.

This Initiative Supports the HHS Strategy

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

1

Better addiction prevention, treatment, and recovery services

2

Better data

3

Better pain management

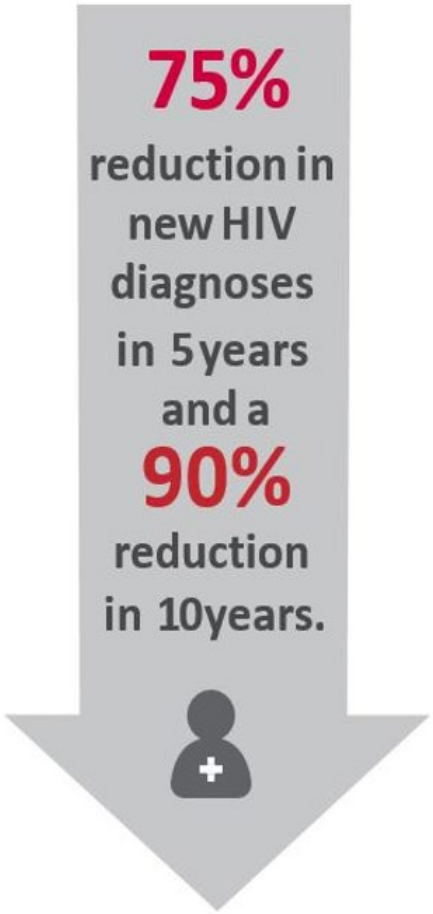
4

Better targeting of overdose reversing drugs

5

Better research

This Initiative Also Supports the Ending the HIV Epidemic in the U.S. Initiative



Diagnose

All people with HIV as early as possible.

Treat

People with HIV rapidly and effectively to reach sustained viral suppression.

Prevent

New HIV transmissions by using using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA Ryan White HIV/AIDS Program

System Coordination Providers and State Partners

- **System Coordination Provider (SCP) Recipients:**
  - JSI Research and Training Institute/NASTAD
  - Yale University AIDS Program

- **State Partners:** Under this initiative, the SCPs have been working with 14 state partners for system-level coordination between HIV and OUD care sectors

  - **JSI:** Arizona (AZ), Iowa (IA), Louisiana (LA), Massachusetts (MA), New Jersey (NJ), Rhode Island (RI), Utah (UT), Virginia (VA), and Washington (WA)
  - **Yale:** Connecticut (CT), Vermont (VT), West Virginia (WV), New Hampshire (NH), and Kentucky (KY)

As a Result of This Three-Year Initiative

HRSA anticipates the following outcomes:

- Increased cross-sector collaboration across federal, state, and local partners
- Enhanced HIV and OUD screening, care and treatment services
- Strengthened systems of care to address OUD and HIV treatment, care, and recovery needs
- Improved system-level coordination and leveraging of available resources, including TA
- Improved health outcomes of people with HIV and OUD

Contact Information

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Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website:

ryanwhite.hrsa.gov

Sign up for the Ryan White HIV/AIDS Program Listserv:

https://public.govdelivery.com/accounts/USHHSHRSA/signup/29907

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www.HRSA.gov

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SSC Strengthening Systems of Care for People with HIV & Opioid Use Disorder

RYAN WHITE HIV/AIDS PROGRAM
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

Strengthening Systems of Care for People with HIV & Opioid Use Disorder

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JSI NASTAD

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AGENDA

- Overview
- Cross-sector collaborations
- Preliminary evaluation findings and implementation outcomes
- Lessons learned and sustainability strategies
- Dissemination tools and resources

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JSI PROJECT OVERVIEW

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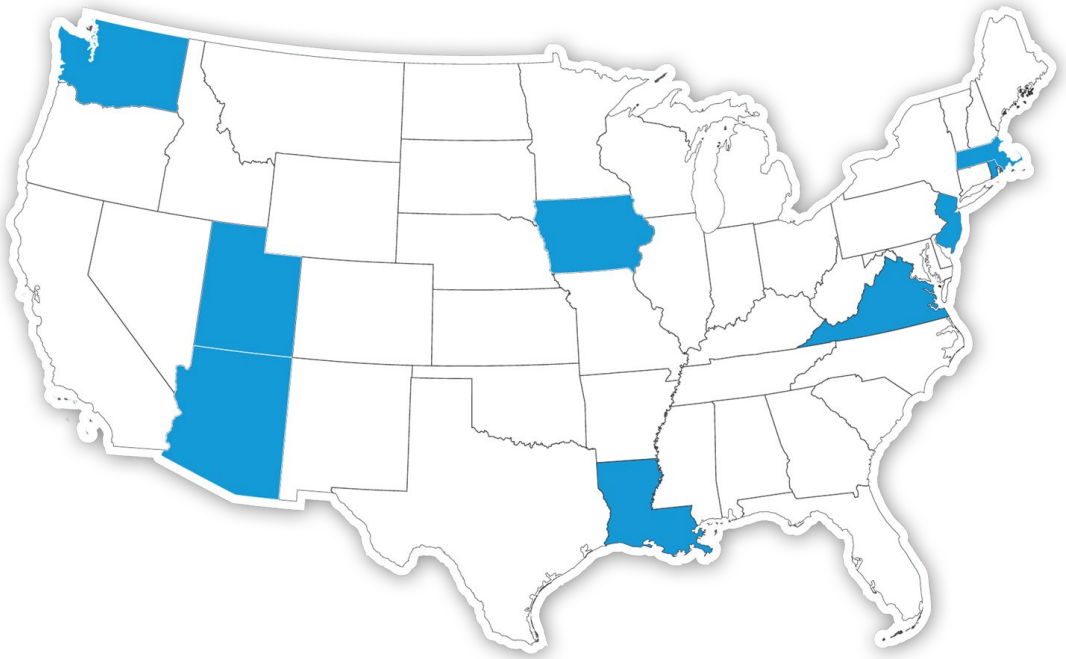
STRENGTHENING SYSTEMS OF CARE INITIATIVE



- 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
- Nine state partners
- Three year project (2019-2022)

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PROJECT APPROACH

- Engage stakeholders
- Provide tailored technical assistance
- Facilitate peer sharing across states
- Ensure data-informed decision-making
- Build capacity and systems with state partners to ensure sustainability
- Evaluate the impact of project activities
- Disseminate TA materials and lessons learned nationally

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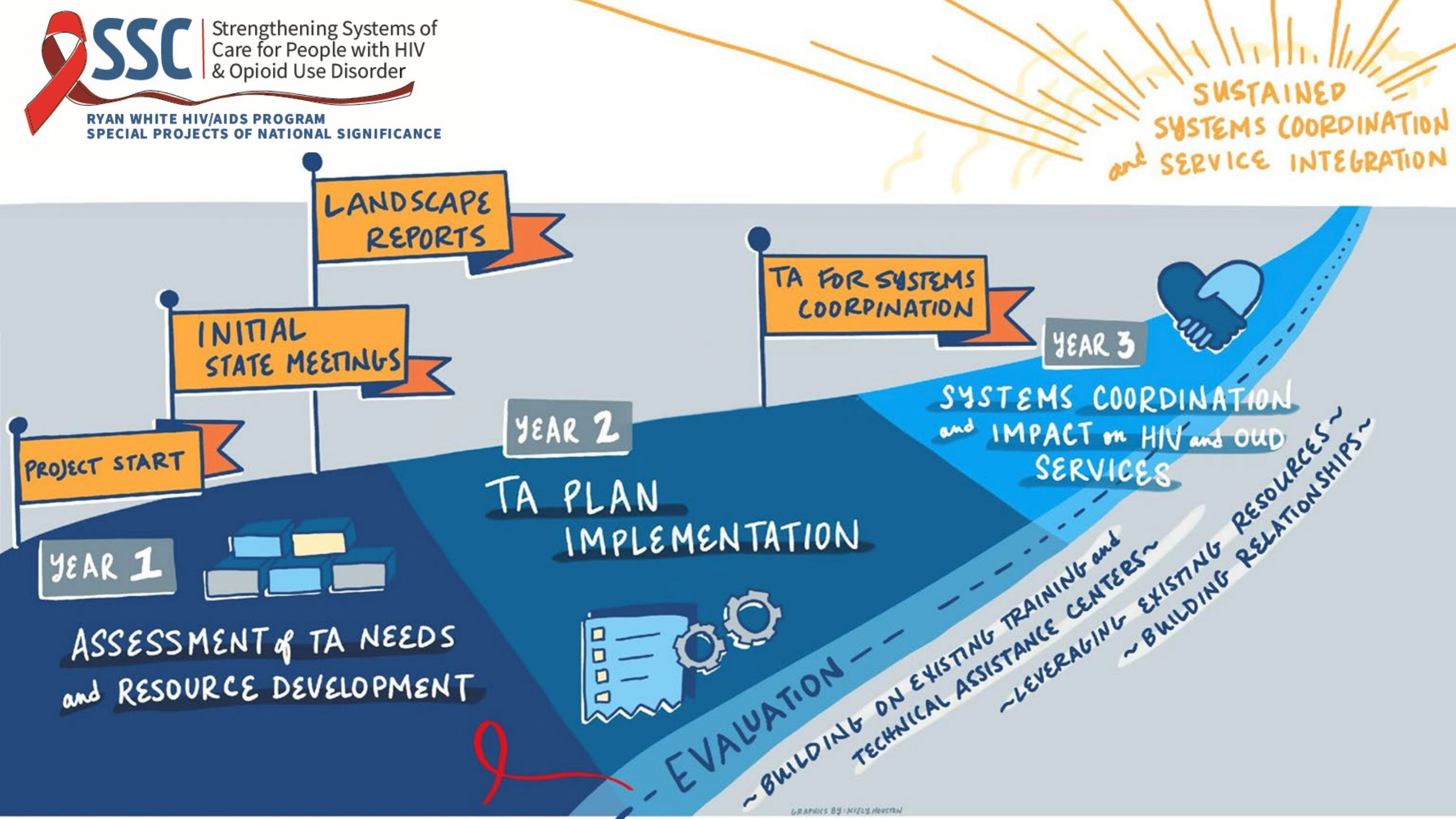
SSC | Strengthening Systems of Care for People with HIV & Opioid Use Disorder

RYAN WHITE HIV/AIDS PROGRAM
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE



COVID-19 & SSC

States and their stakeholders need flexibility and support

- Infectious disease staff detailed to respond to COVID-19

Response

- Rapid move from in-person TA consultations to virtual
- Focusing on the development of cross-state TA resources/materials
- Monitoring systems changes
- Continual communication with HRSA on challenges and successes

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

COVID-19 Policy and Systems Changes Related to HIV and Substance Use

JUNE 2020

Developed as part of the *Strengthening Systems of Care for People with HIV and Opioid Use Disorder* project, this document contains brief descriptions of federal policy and systems changes due to coronavirus 2019 (COVID-19) that relate to the HIV and substance use systems of care, along with links to websites that are frequently updated for each topic. This resource serves as a reference for state partners participating in the project, as well as a place to document policies and practices in response to COVID-19 that may have implications for long-term systems changes.

For up to date information on each of these topics, go to the links provided in the "resource" sections below.

Contents/Quick Links

Ryan White HIV/AIDS Program (RWHAP) Eligibility Determination

- **No change** to the policy regarding the eligibility determination process.
- PCN 13-02 provides guidance and flexibility, including the ability to conduct required processes electronically and through self-attestation. Processes are **not required** to occur in-person, although many recipients have imposed this as an additional requirement.

CROSS-SECTOR COLLABORATIONS

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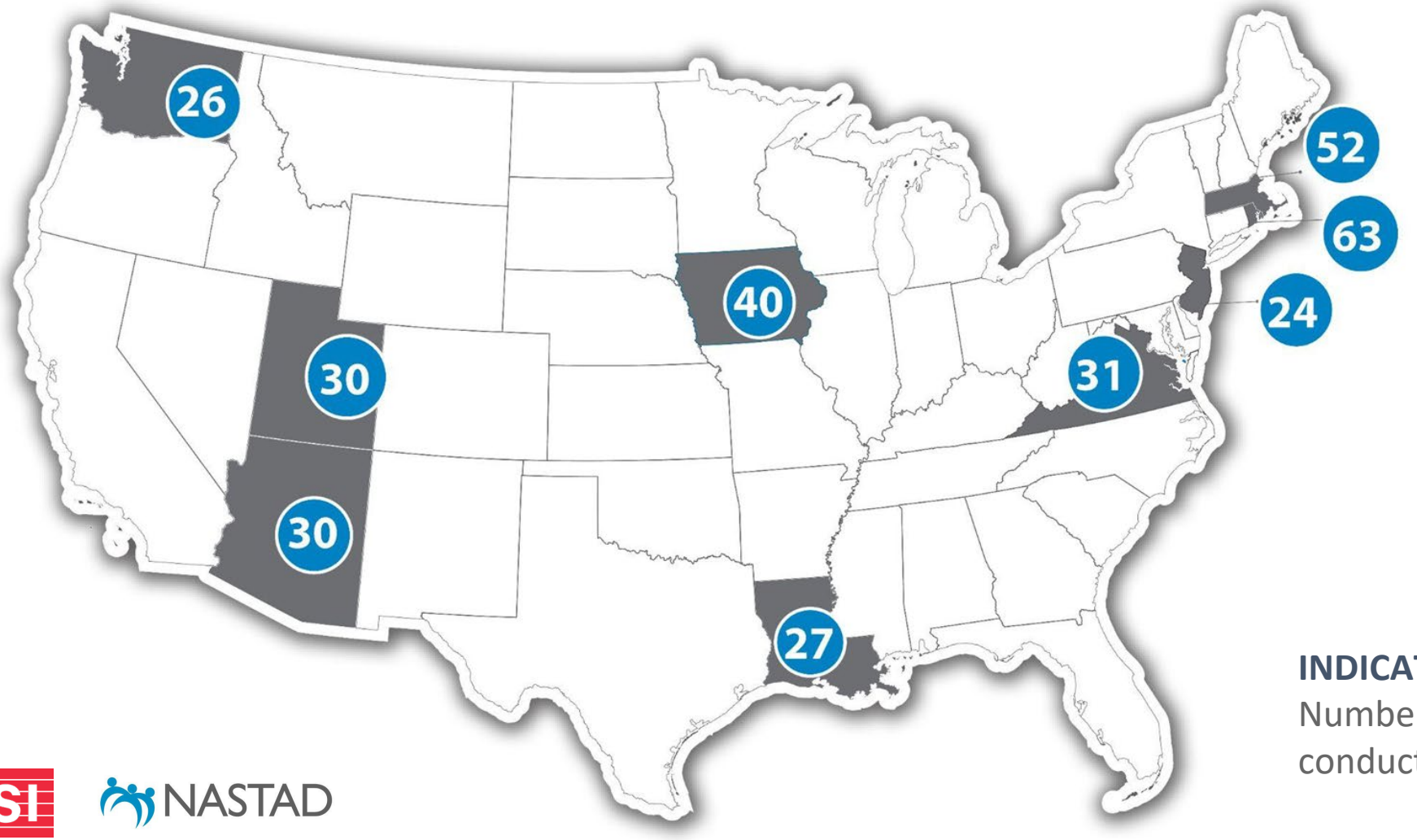
TA ENGAGEMENTS BY STATE (N=323)

SEPTEMBER 2019 – MARCH 2022



INDICATOR

Number of training/TA activities conducted by state, modality, and topic

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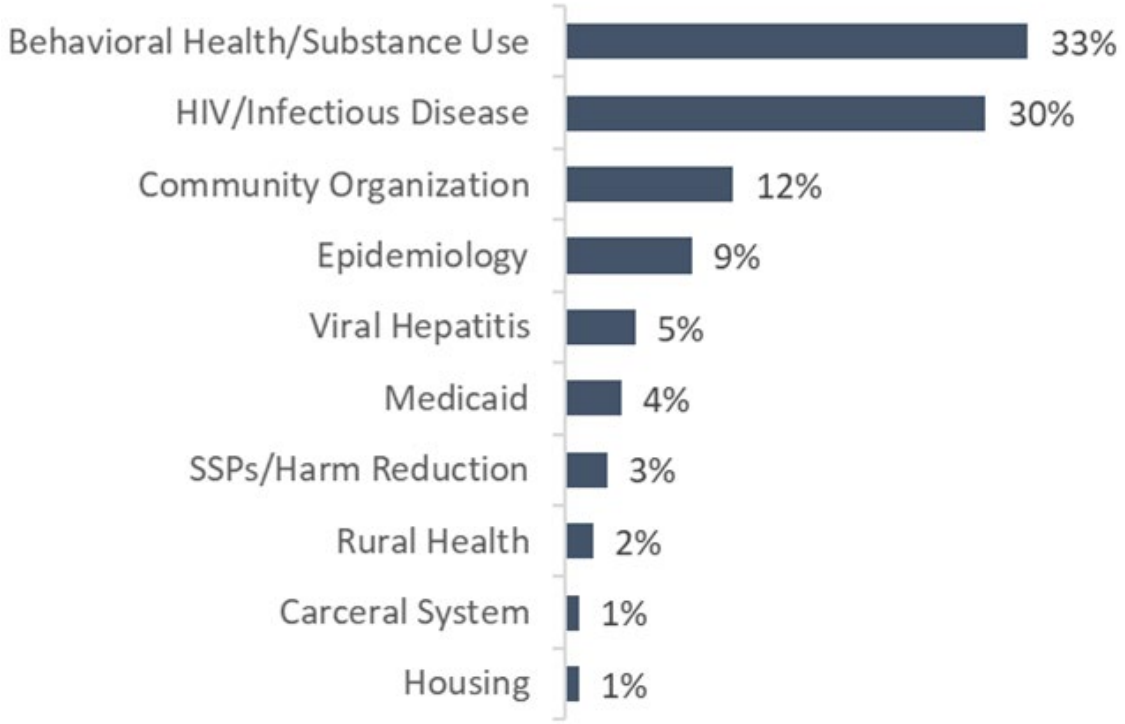
STAKEHOLDER GROUP PARTICIPANTS (N=319)

SEPTEMBER 2019 – MARCH 2022



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EXAMPLE STATE PARTNERS

Arizona Partners

- Arizona Department of Health Services - care, prevention, surveillance, viral hepatitis
- Arizona Health Care Cost Containment System (state Medicaid and behavioral health agency)
- Maricopa County Department of Public Health
- North Country HealthCare (NCHC)
- Southwest Center for HIV/AIDS
- Sonora Prevention Works
- Southwest Recovery Alliance
- Arizona Center for Rural Health
- Arizona AIDS Education and Training Center

Virginia Partners

- Department of Health
- Department of Behavioral Health and Developmental Services
- Department of Medical Assistance Services
- Richmond City and Henrico Health Districts
- Health Brigade

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PRELIMINARY EVALUATION FINDINGS

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EVALUATION QUESTIONS

Goal: assess the system-level impact of collaboration and coordination of HIV and OUD systems of care

24 indicators

1. How has **collaboration and/or coordination** among HIV and OUD-related state stakeholders changed over the course of the SSC project (e.g., changes in policies, practices, referral networks, cross-sector coordination mechanisms)?
2. To what extent have states identified and **leveraged resources** between the RWHAP and entities funded to respond to the opioid crisis at the federal, state, and local levels?
3. What is the perceived effectiveness (benefits and limitations) of the **technical assistance** provided in response to identified needs in each state?
4. What has the **impact of the initiative been on people with HIV and OUD** in each of the nine participating states, in terms of access to, use of, and retention in care and health outcomes?

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Methods

METHOD	RELATED EVALUATION QUESTION	TYPE	DATA COLLECTION TIMING
(1) TA activity tracking	1. Collaboration 2. Resource leveraging 3. TA effectiveness	Mixed	Ongoing
(2) TA and Resources Assessment	1. Collaboration 2. Resource leveraging 3. TA effectiveness	Mixed	Endline
(3) System Coordination Tool	1. Collaboration 2. Resource leveraging	Qualitative	Baseline, Endline
(4) State-level data (secondary analysis, GIS)	4. Impact on PWHIV/OUD	Quantitative	Baseline, Endline
(5) State Strategies in Action	1, 2, 3, 4	Qualitative	Ongoing

EVALUATION QUESTIONS

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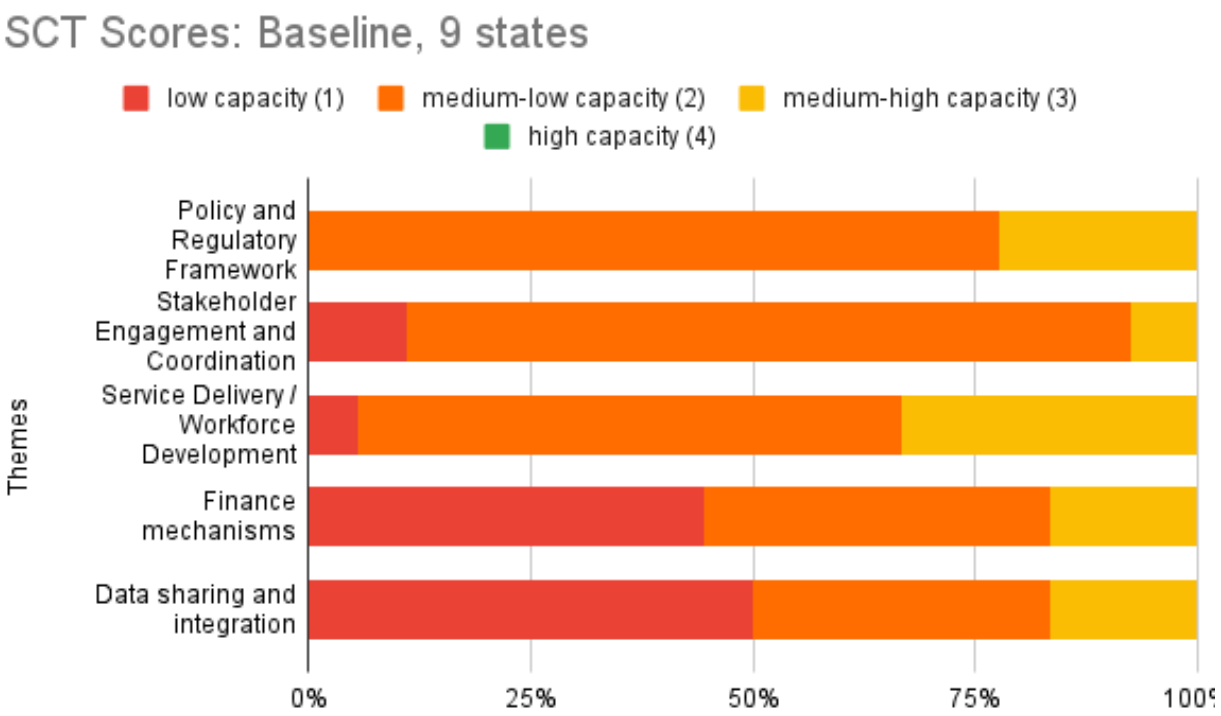
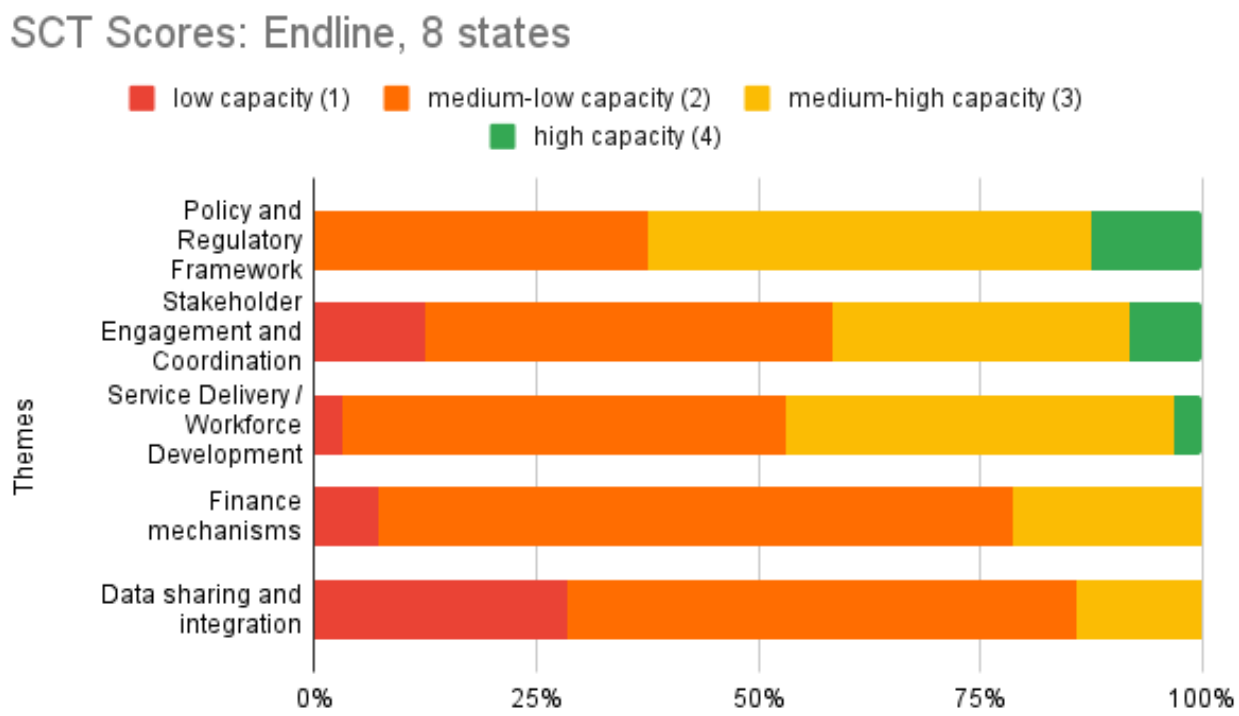
SYSTEMS COORDINATION TOOL (SCT) OVERVIEW

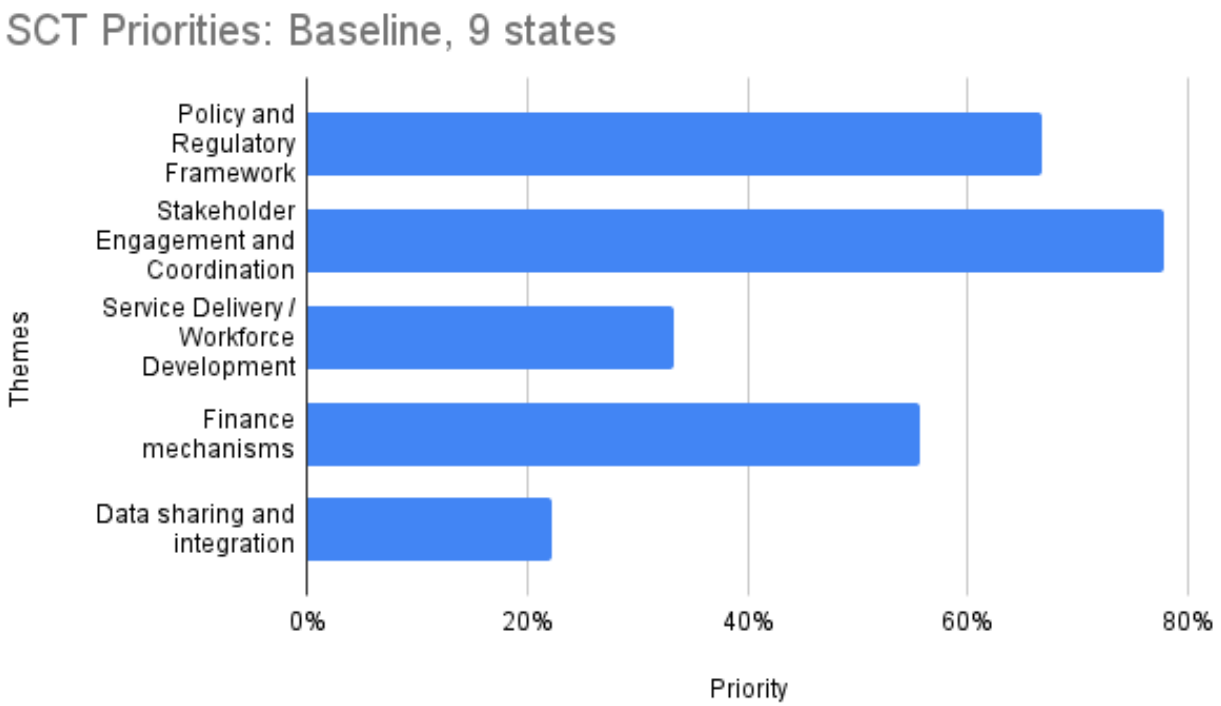
- Purpose
  - Establish a shared understanding of the existing HIV and OUD/SUD systems and level of integration/coordination already in place
  - Identify changes that have occurred over past 3 years
  - One of SSC project's evaluation tools
- Implemented in all nine states in Year 1 (baseline); again in Year 3 (endline)
  - 4 point scale
  - 12 domains (e.g., engagement of and communication across other state stakeholders / programs, referral networks across HIV and OUD)

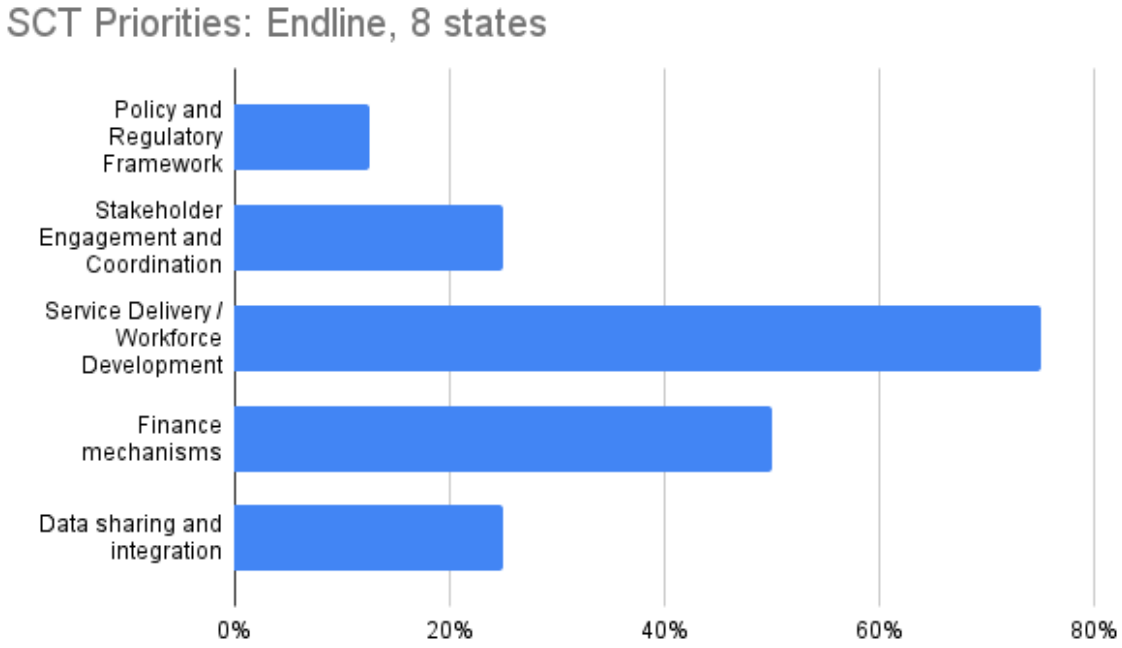
SCT SCORES Y1 TO Y3 *(preliminary)*





SCT PRIORITIES Y1 VS. Y3 *(preliminary)*





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TA AND RESOURCES ASSESSMENT:
SATISFACTION WITH TA PROVIDED

- 94% Satisfied/Very Satisfied with
  - JSI/NASTAD facilitation of TA activities (e.g., Monthly Conference Calls, Cross-state Webinars) (n=17)
  - State's TA plan development (n=17)
  - JSI/NASTAD support in executing state's TA plan (n=18)
- 75% Satisfied/Very Satisfied with
  - Interaction with other states (cross-state TA) facilitated by the JSI/NASTAD (n=12)

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TA TO ENHANCE SYSTEMS COORDINATION:
FINDINGS

- Process mapping (common agenda and shared measurement)
  - Important 1st step – document roles (HUV, BH, Medicaid, etc.), existing knowledge, attitudes, practices and financing in each system, where services fit into HIV care continuum , program overlaps and gaps
- Tailored approach (mutually reinforcing activities)
- Peer-to-peer learning (continuous communication)
  - Cross-agency teams benefited from seeing and hearing from cross-agency counterparts in other states about how collaboration works in practice
  - TA and Resources Assessment → state stakeholders wanted more!
- External TA provider can provide catalyst for cross-agency meetings (backbone organization)
  - Sustainability plan for engagement once the project ends?
  - Leverage TA and resources from other partners (e.g., AETCs, ATTCs)?

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EVALUATION QUESTIONS

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IMPACT ON PEOPLE WITH HIV AND OUD

People with…

1. % OUD tested for HIV*
2. % OUD linked to HIV care
3. % HIV screened for OUD*
4. % HIV documented as using opioids*
5. % HIV linked to OUD & mental health care, treatment, and recovery services*
6. % HIV and OUD retained in HIV care*
7. % HIV and OUD virally suppressed*

---

8. # and type of providers able to administer medication for addiction treatment (MAT)/buprenorphine
9. Opioid-related overdose deaths, overall and among people living with HIV

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STATE-LEVEL DATA COLLECTION

- Is the measure available?
  - Data source (access restrictions, timing, etc.)
- If not, proxy available?
  - Data source
- How does/would the state use the data?
  - i.e., priority to collect these data

Indicator *People with…*	**Available, no proxy**	**Proxy needed***	**Unavailable/ unknown**
…HIV screened for OUD, last 12 months		IA, LA, MA, NJ, VA	AZ, RI, WA
…HIV documented as using opioids, last 12 months	MA	AZ, RI, LA	IA, NJ, VA, WA
…HIV linked to OUD and mental health care, treatment, and recovery services, last 12 months		IA, MA, NJ	AZ, LA, RI, VA, WA
…OUD tested for HIV, last 12 months	RI	IA, LA, MA, VA	AZ, NJ, WA
…OUD linked to HIV care, last 12 months	RI	LA, MA, NJ	AZ, IA, VA, WA
…HIV and OUD retained in HIV care, last 12 months	IA, MA	LA, RI, VA, WA	AZ, NJ
…HIV and OUD who are virally suppressed, last 12 months	IA, MA	LA, NJ, RI, VA	AZ, WA
#/type of providers able to administer MAT/buprenorphine	MA, RI	AZ, LA, NJ, RI VA, WA	
Opioid-related overdose deaths overall	AZ, IA, MA, NJ, RI, VA, WA		
Opioid-related overdose deaths among people with HIV		LA	AZ, IA, MA, NJ, RI, VA, WA

LESSONS LEARNED & SUSTAINABLE STRATEGIES

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LESSONS LEARNED:

POLICY AND REGULATORY SYSTEM CHANGES

- Policy assessments are an important initial step to understand the state policy landscape and identify policy priorities to support HIV/OUD integration across programs
- A policy and regulatory environment that facilitates harm reduction approaches is critical for integrating activities across HIV and OUD

DATA SHARING AND INTEGRATION

- Start small - inventory and share existing HIV and OUD datasets (e.g., sharing data dictionaries)
- Identify concrete questions to answer via data sharing (e.g., which providers are part of RWHAP network and behavioral health network?)

LESSONS LEARNED:
FINANCE MECHANISMS

- Relationship building must be precursor to developing funding partnerships
- Pursuing financing partnerships to include HIV and OUD integration activities through State Opioid Response (SOR) funding requires strategic and intentional engagement (and opportunities may be limited)

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LESSONS LEARNED:

PARTNER ENGAGEMENT AND COLLABORATION

- Formal collaboration mechanisms are important to sustainable engagement and coordination
- Facilitate clear communication and roles/responsibilities
- Creating a health department coordinator position (across HIV and substance use) can be beneficial for sustainable collaboration, depending on state context
- There must be low-threshold engagement opportunities (e.g., email updates) in addition to higher-threshold partnerships and regular meetings

LESSONS LEARNED:

SERVICE DELIVERY, WORKFORCE DEVELOPMENT AND HEALTH EQUITY

- HIV and OUD integration must include two-way commitment from HIV and behavioral leadership and staff
- Defining the role of “care coordinators” in HIV and behavioral health is essential to putting in place meaningful referral protocols across programs
- Assess workforce knowledge and needs to guide HIV/OUD integration and staff capacity building
- Valuing a workforce with lived experience includes paying them fairly
- Language matters - to interrupt stigma, discrimination, and mistrust at the intersection of HIV and opioid use disorder

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STATE STRATEGIES IN ACTION SERIES

POLICY/REGULATORY FRAMEWORK

- Policy, Legislative and Regulatory Change to Support Comprehensive Care for People with HIV in Multiple Settings

FINANCE MECHANISMS

- Building Relationships with Your State Medicaid Agency to Support Peer Services

PARTNER ENGAGEMENT AND COLLABORATION

- Facilitating Equitable Partnerships with People with Lived Experience

SERVICE DELIVERY / WORKFORCE DEVELOPMENT / HEALTH EQUITY

- People First: Fostering Collaborative Language at the Intersections of HIV, Substance Use, and Incarceration
- HIV and Opioid Use Disorder Care Delivery in a Mobile Clinic Setting
- Workforce Development Strategies for HIV and Opioid Use Disorder Service Systems

DATA SHARING AND INTEGRATION

- Leveraging Data Partnerships to Improve HIV and Opioid Use Disorder Integration

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TOOLS AND RESOURCES

JSI NASTAD

WEBSITE

SSC.JSI.COM

- Launched January 2021
- Will be updated through February 2023

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PODCAST

- Monthly podcasts
- Hosts are Boston Medical Center HIV and addiction specialists
- 17 episodes available!

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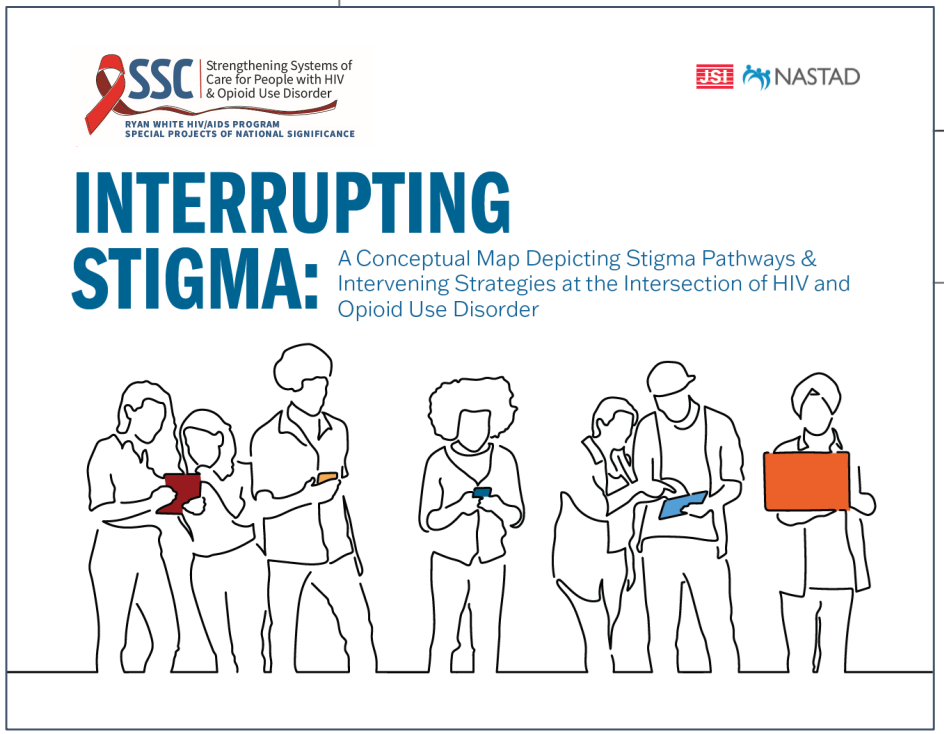
RESOURCES

- Glossary of HIV and Opioid Use Disorder Service Systems Terms
- HIV and OUD Service and Funding Matrices
- Interrupting Stigma: A Conceptual Map Depicting Stigma Pathways and Intervening Strategies at the Intersection of HIV and Opioid Use Disorder
- Substance Use Screening Tools for HIV Service Delivery Settings
- Words Matter: The Power of Language to Strengthen Services for HIV and Substance Use Disorder



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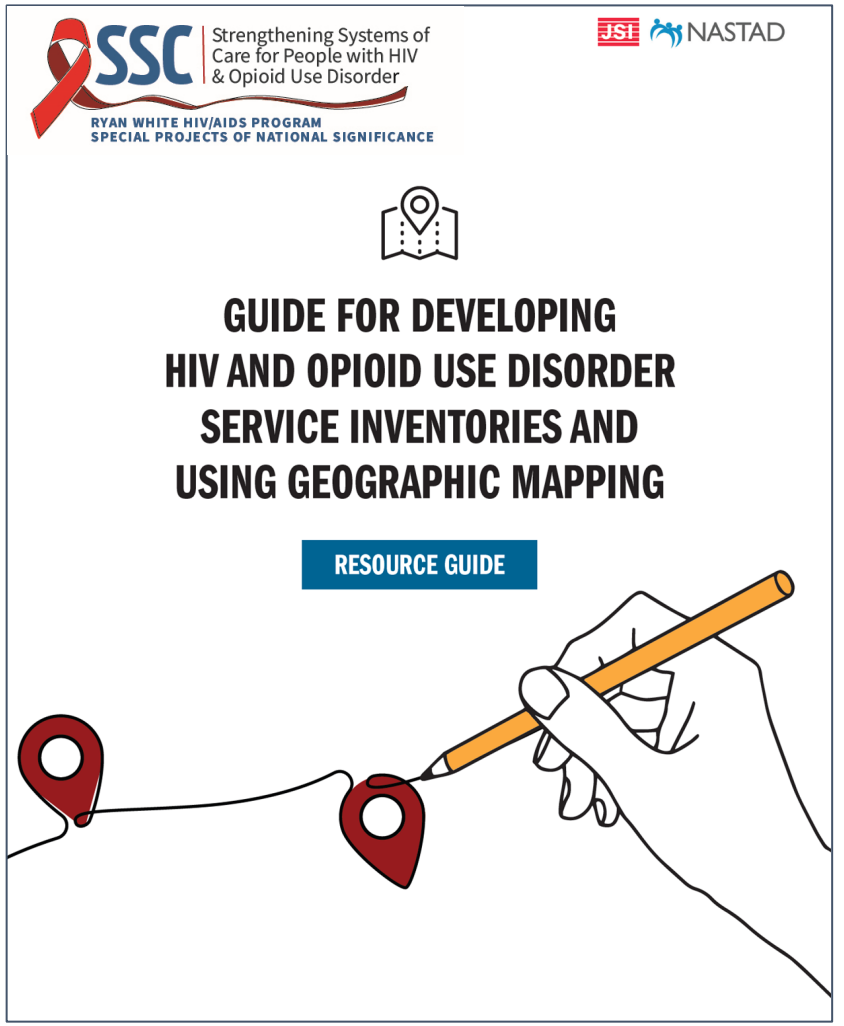
RESOURCES (continued)

- Guide for Developing HIV and Opioid Use Disorder Service Inventories and Using Geographic Mapping
- A Guide to Support Individuals with HIV/ Hepatitis C (HCV) in Substance Use Service Settings
- HIV and Opioid Use Disorder Systems Strengthening Toolbox



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Strategies, Findings and Lessons Learned from the RWHAP SPNS System-Level Opioid Initiative

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosures

Frederick Altice and Lynn Madden have no relevant financial interests to disclose.

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There was no commercial support for this activity.

Yale Project Overview

Our Team

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Yale Partner States

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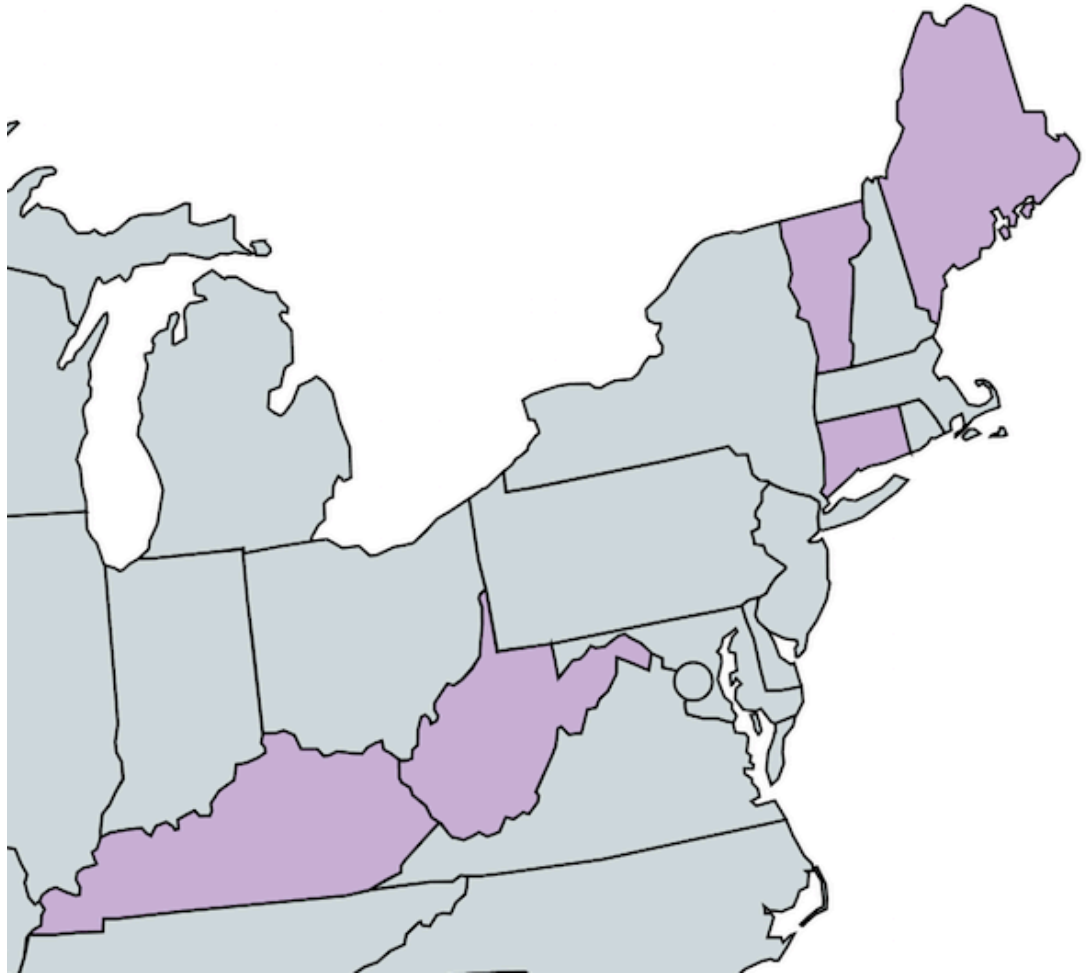
Maine

Connecticut

Vermont

West Virginia

Kentucky



Project MO(H)RE Overview - Overarching Goals

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1. To scale up medications for opioid use disorder to reduce the harmful consequences of OUD for those living with HIV
2. To integrate HIV prevention and treatment services into OUD services.
3. To guide policies associated with improving access to medications to treat opioid use disorders.

NIATx Treatment Improvement Model

- A facilitation model of process improvement specifically for behavioral health care settings to improve access to and retention in treatment
  - May be applied to other healthcare delivery strategies, but best applied to scaling up evidence-based practices
- Aims to reduce waiting time to enter treatment, decrease “no shows”, increase admissions, reduce attrition.
- Five principles include: 1) understand and involve the customer; 2) fix key problems; 3) pick a powerful change leader; 4) get ideas from outside the organization or field; & use rapid cycle testing to document changes.

NIATx and Outcomes

Reduce Waiting Times

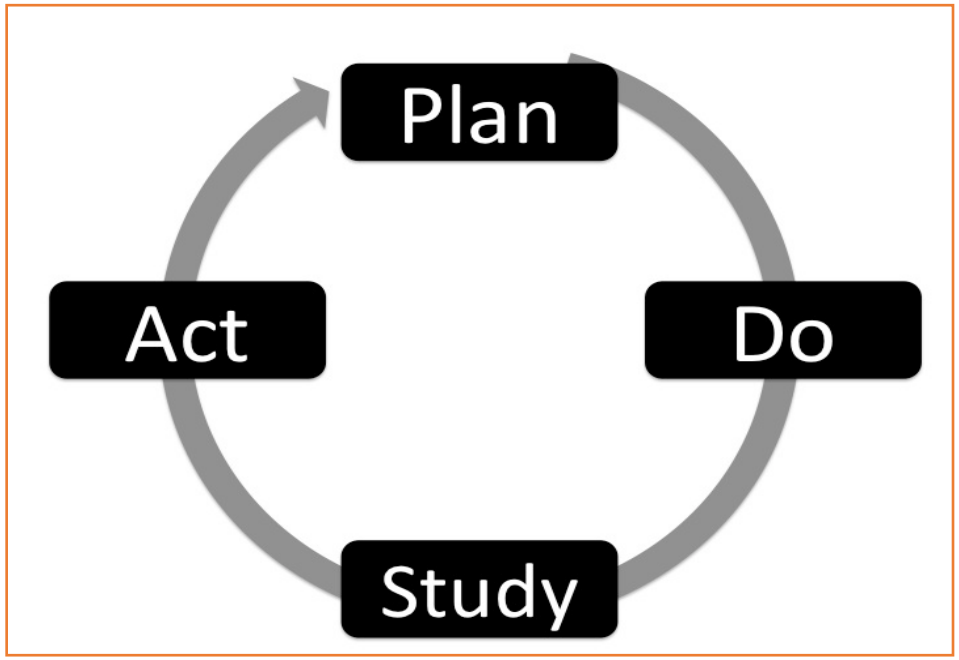
Reduce No Shows

Increase Entry into OAT

Reduce OAT Attrition

Improved OAT Outcomes

↑ 1° & 2° HIV Prevention, ↑ QoL, ↓ addiction severity, ↓ drug use



Select your health outcome indicators and research framework

Cross-sector collaborations

Kentucky

Stakeholders and touchpoints:

ED, Outreach/HR

University of Kentucky ED, KIRP

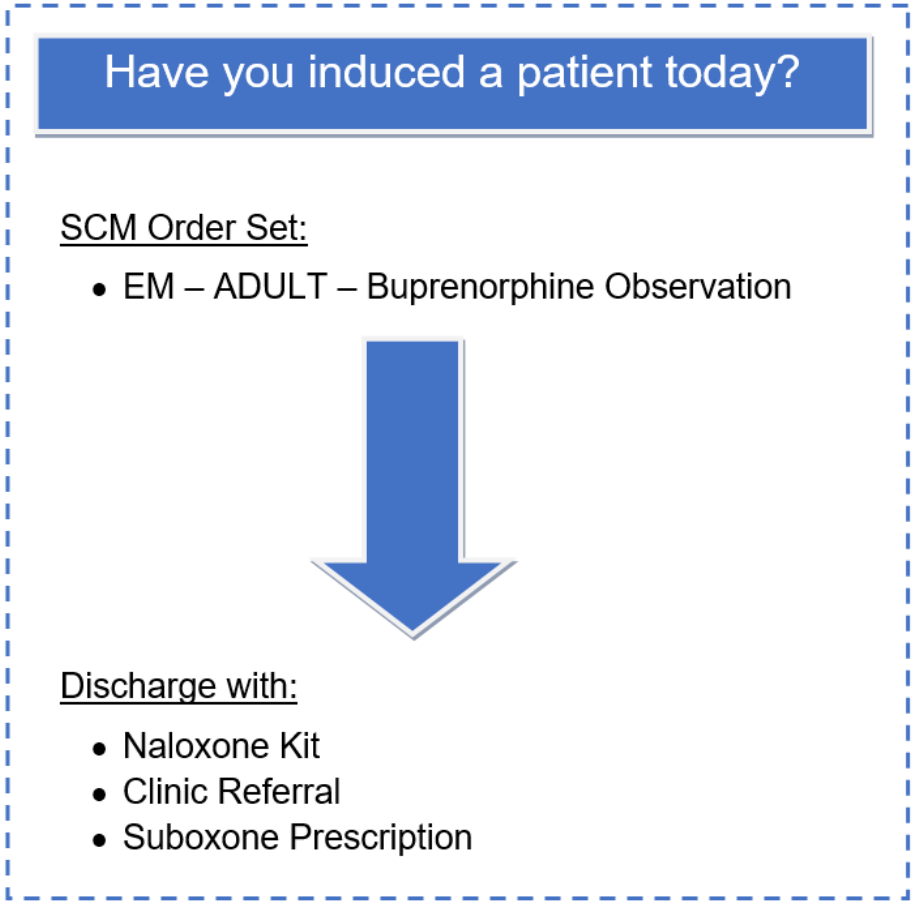
Change Projects:

Good Samaritan Hospital:

- Created advertisements via posters to be hung in hospitals and Emergency Departments to motivate treatment initiation
- Bundling labs for screenings (HIV/HCV)
- Changed order set for Buprenorphine

Next steps:

- Expand to Chandler Hospital



West Virginia

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Stakeholders and touchpoints:

ED, Outpatient, Hospital

West Virginia DHHR Office of Drug Control Policy, Charleston Area Medical Center, Southern Highlands CMHC, Mildred Mitchell-Bateman Hospital

Change Projects:

Mildred Bateman Hospital & Sharpe Hospital: Changing policies to increase in-patient buprenorphine initiations and strengthen transition to outpatient care

CAMC: Education to reduce stigma among staff and gain administrative support towards OUD treatment

Southern Highlands: Client MOUD education and engagement using 357 model and motivational interviewing

Residency programs: Training using lectures and curriculum focused on treatment initiation, stigma, and myth-busting

Maine

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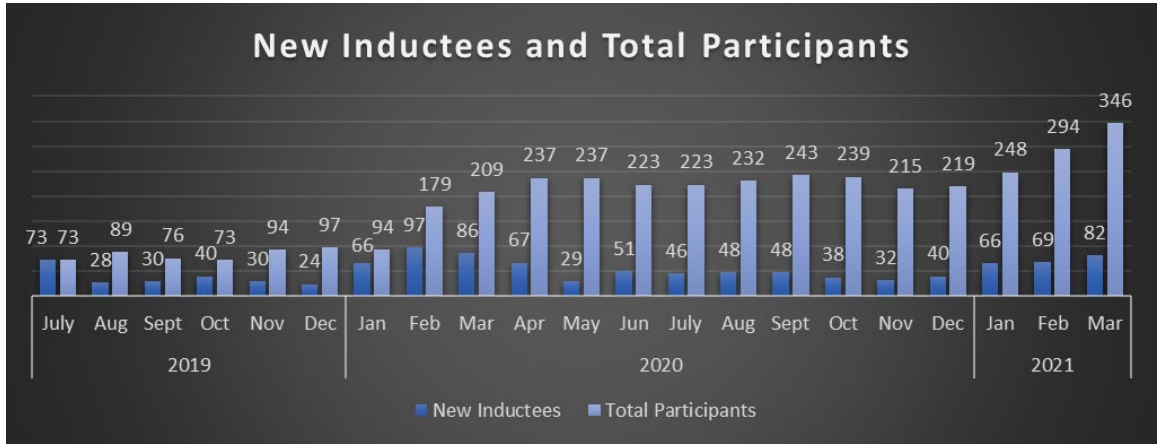
Stakeholders and touchpoints:

CJS

Maine Department of Corrections, WellPath

Change Team has completed:

- Transition to normalized MAT medication delivery
- Align treatment services with licensing standards



Currently 3 Subcommittees with different focuses:

- Data:
  - Expand upon data gathering and tracking to better discuss outcomes/CQI program- ensure fidelity to the model and sustainability.
- Reentry and Release:
  - Review releases that did not go according to plan with community corrections to identify process changes
- Clinical Pathways:
  - Clinical pathway for individuals with a tattoo incident including screening and education/Hep C and HIV Annual Assessments

Connecticut

Stakeholders and touchpoints:

CJS, Outreach/HR

Connecticut Department of Correction, Connecticut Harm Reduction Programs, Department of Public Health, CT SOTA, DMHAS

Change Projects:

CT SSPs

- BNI motivational interviewing training for all staff (clinical and outreach)
- Low-dose buprenorphine on-demand treatment access – same day BPN initiation via telehealth

CT DOC

- Sub Committee #1

  Developing orientation materials and patient facing materials for the correctional system; support continuation of care post release.

- Sub Committee #2

  Distribution of overdose prevention education and Narcan

- Sub Committee #3

  Improving internal process on connecting teams on infectious disease

  - Individuals do not always come back to gather medications and information
  - Mono infected HCV patients have less resources than co-infected individuals (i.e. HIV and co-infected patients have access to TLC program for support)

Vermont

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Stakeholders and touchpoints:

Outpatient, CJS

Vermont Department of Health – Hub and Spoke clinics, Vermont Department of Corrections, VT State Opioid Treatment Authority (SOTA), Division of Alcohol and Drug Abuse Programs

Change Projects:

- RAM session (revisiting initial pathways, intersection between OUD & HIV/HCV)
- OUD/HIV/HCV Presentation – provided by Yale and presentation given in community forums; ADAP identifies presenter
- Hub HIV/HCV screening data – individual Hub EMR report provided by Hubs to Yale; ADAP brings to Hubs for consideration; Yale proposes file type, transmission method, etc.

Evaluation Findings and Implementation Outcomes

Evaluation Process

In order to evaluate outcomes, we are

- Monitoring policy changes to the legal and reimbursement landscape
- Assessing improvements in HIV/OUD care provision by tracking services received, engagement, and retention in the HIV/OUD care continuum
- Tracking new protocols implemented
- Monitoring the detection of HIV, HCV and OUD through number of screenings and diagnoses
- Analyzing data from
  - learning collaboratives/change teams
  - Prescription Monitoring Data (PDMP) from WV, KY, ME and VT
  - IBM Watson Claims data for HIV, HCV and OUD

Evaluation: Change Project examples

West Virginia

- Mildred Bateman Hospital (State) approved a new SUD policy for patients with co-occurring disorders
  - Now includes medications for Opioid Use Disorder (MOUD); previously, MOUD was not mentioned

Vermont

- Health Department is working towards implementation of a Medicaid code to bill for bundled treatment of HCV
  - Reduce time from diagnosis to treatment
- Bundling screenings for HIV and HCV

Kentucky

- UKY Good Samaritan Hospital developed a Buprenorphine Initiation Promotion Bundle, includes the four components:
- 1. Order set creation in the EMR;
- 2. Workflow changes to expedite use of order set;
- 3. Advertising to patients and providers around stigma;
- 4. Education to nurses and providers on order set and new workflow

Results from KY: Buprenorphine Inductions Initiations ↑1000%

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Order Set Name	# Preformed Nov 2019 – Nov 2020	# Preformed Mar 2021
EM - Adult - Buprenorphine Observation	7	7 (5)
COM - Adult - Buprenorphine Induction Protocol	3	0
# of providers ordering		
Attending Physicians	2	2
Resident Physicians	0	2
APRN / PA	0	1
First Bridge Clinic Referals		~30%
IN Naloxone Kits Dispensed (2020)	95	3
X-waivered Physicians		
Attending Physicians	11 (~27%)	
Resident Physicians	2 (5.5%)	

Evaluation: Change Project examples

Maine

- Transitioned from opt-in HIV screening to opt-out HIV screening
- Implementing the distribution of backpacks upon release from the DOC
  - Backpacks contain resources for HIV, HCV, and OUD services
  - Information on transition of care post-release
  - Narcan harm reduction kits
  - Hygiene products

Connecticut

- Syringe Exchange Programs:
  - Trained all staff (providers and outreach workers) on Brief Negotiated Interviewing to increase treatment uptake
  - Implementing a low-dose Buprenorphine protocol
- DOC:
  - Increased communication between OTP providers and reduced treatment interruptions for incarcerated individuals being transferred through creation of universal ROI

Evaluation of West Virginia: a closer look

Our NIATx coach for the state of West Virginia identified the barriers encountered during this project:

Barrier #1: Policy requiring individual and group therapy participation, in order

Barrier #2: Political priorities

Barrier #3: Consolidation of control

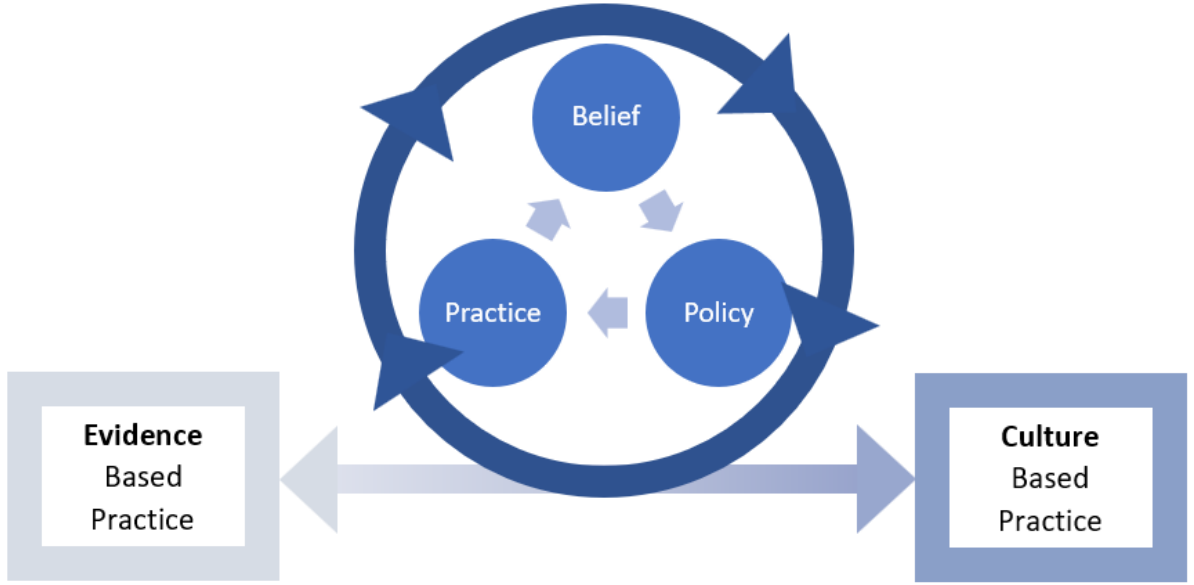
Barrier #4: Administrative reluctance to require MOUD Practice as the standard of care

Barrier #5: Patient mix concerns

Barrier #6: Risk Management

Barrier #7: Provider refusal to provide MOUD care

Barrier #8: Lack of current evidence-based practice knowledge



Data Analyses and Dissemination

Analyses:

- Development of the Cascades of care (COC) for HIV, HCV and OUD separate and simultaneously
  - using PDMP, IBM and CMS data as well as publicly available data
  - For each state and a national sample
- Examination of the state of access to services for each disease
- Touchpoint analyses: What occurs at each encounter with the healthcare system? Is treatment initiated?
- Prescribing patterns, high demands on patients, treatment interruptions, retention, etc.

Results will be disseminated to the state and the programs/organizations involved via presentations and publications in peer-reviewed journals.

Findings will also be presented to key stakeholders (including funders and policy makers) in each state to help guide broader changes.

Key state leaders centered around the NIATx coaching can replicate processes; coaching from our NIATx consultants will help key state leaders develop this skillset to carry on at their sites.

Lessons learned & sustainability strategies

Lessons Learned

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- Flow charts and focus group–style conversations help identify gaps in care and guide areas to focus on
- There is a consistent challenge across states/sites was the disorganization or lack of monitoring of data
- COVID caused a major interruption in change cycle processes; delays in initiation of learning collaboratives due to limited staff capacity
- Organization members' engagement and willingness is of high importance in order to execute successful change
  - Stigma, workplace culture, etc. can reduce this

NIATx coaches are working with each site to create a sustainability plan for maintaining implementation changes tailored to their specific site and project

Evaluation of WV – Recommendations

Our NIATx coach for the state of West Virginia recommends these solutions for the barriers mentioned before:

1. Discontinuation of regulations that require individual and/or group counseling in order to receive MOUD

2. Engagement of executive leaders with active change efforts to reduce stigma and focus on evidence based MOUD care as a requirement and not an option

3. Create data driven targets for each care system for increased use of MOUD

4. Ensure that all providers receive evidence based MOUD practice training and continuing education.

5. Engagement in a peer-mentoring partnership with state(s) that have increased access to MOUD

6. Support the expansion of telemedicine as an effective means of enhancing access to MOUD in home and community settings that serve as a telehealth hub.

Publications

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Completed manuscripts:

Strengthening Systems of Care for People with HIV, HCV and OUD: A Call for Enhanced Data Collection

Eller, Johnson, DiDomizio, Madden, Altice

Annals of Medicine

PDMP and the OUD Cascade of Care Model: Opportunities for West Virginia

Eller, DiDomizio, Johnson, Madden, Oliva, Altice

PLOSone

Pregnant Women and Opioid Use Disorder: The legal landscape for controlling women's reproductive health

Madden, Eller, DiDomizio, Johnson, Oliva, Roosa, Blanchard, Kil, Altice

American Journal of Law & Medicine

Planned/in progress manuscripts:

- Comparison of the Cascades of Care among participating states: WV, KY, ME, VT, CT
- Differences of differences: policy impacts on HIV and OUD
- Access of care among subpopulations/ people living with HIV
- Barriers and facilitators to care: a focus on West Virginia

Dissemination Tools & Resources

Policy Planning HIV/MOUD Calculator

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- User-friendly program policy planning calculator
- Allows stakeholders to determine strategies to improve HIV and OUD care
- Can examine the impact of multiple treatment and prevention outcomes
- Illustrates how policies will or will not impact other health outcomes

Link to Demo (example also on next slide): https://endinghiv.shinyapps.io/shiny/

Integrating MOUD and HIV in Public Planning

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Modeling Combination of Evidence Based Practices

1.Population Size | 2.Initial Prevalence | 3.Levels of Evidence Based Practices | 4.Forecast Horizon

Population Size

Step 1.A Select A State

Select state

Alabama

Data	State	Percent	National
Location	Alabama	Alabama	U.S.
Estimated Injection Drug Use	23,036	-	1,349,529
-Amphetamine Use	9,616	41.7%	502,544
-Heroin Use	13,420	58.3%	846,985
Opioid Use (Non-Inject)	204,435	-	8,825,673
-Presciption Use	52,913	25.9%	2,284,292

Step 1.B Adjust Population Size Inputs

Number of People Who Inject Drugs (Population):

1,000 — 25,000

1 | 2,501 | 5,001 | 7,501 | 10,001 | 12,501 | 15,001 | 17,501 | 20,001 | 22,501 | 25,000

% Injecting Stimulant

0 — 20 — 100

0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100

Number of Non-injection Opioid Users

100 — 50,000

1 | 5,001 | 10,001 | 15,001 | 20,001 | 25,001 | 30,001 | 35,001 | 40,001 | 45,001 | 50,000

Summary Report

Summary of Model Inputs

Indicator	Injection	NonInjection	Total
Population Size	1000.00	100.00	1100.00
HIV Prevalence	13.00	0.05	11.82
HCV Prevalence	55.00	55.00	55.00

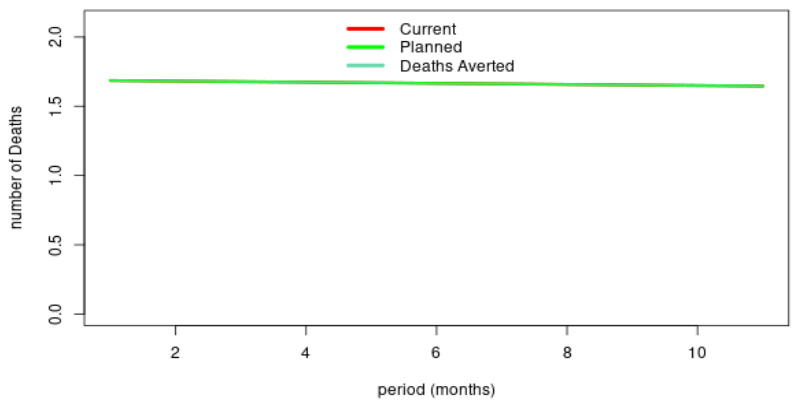
Model Results

Indicator	Current	Planned	Averted
Overdose Deaths	18.32	18.32	0.00
Non-Overdose Deaths	10.00	5.00	5.00
HIV Infections	2.15	2.15	0.00
HCV Infections	20.00	5.00	15.00

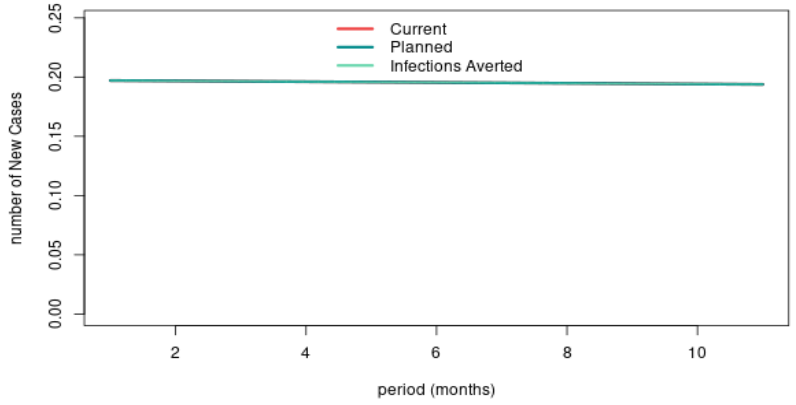
Intervention Levels

Intervention	Current	Planned	Difference
OAT	50	50	0
SSP	50	50	0
NLX	50	50	0
ART	50	50	0
Prep	50	50	0

Fatal Overdose Deaths



New HIV Infections



Resources

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Resources used/created throughout this project:

- Flow charts
- NGT focus group guides
- NIATx tools
- Harm Reduction Kit Implementation Protocol (ME)
- Universal Shared Release of Information (CT)
- Advertisements for Emergency Departments (KY)
- 357 Motivational Interviewing Guide (WV)
- Buprenorphine Myth Busting fact sheet (WV)
- Summary Doc: Barriers and Facilitators to Care (WV)
- SUD Draft Policy (WV)

The 8 Steps of MOUD-ET – Quick Reference

1 **Use OARS**:
Open-ended Questions, Affirmations, Reflections, Summaries

2 **Build Rapport**:
What and why do you use?
How often do you use substances (other than as prescribed)?
What are the pros and cons of using?
How interested are you in changing your use?

3 **MOUD use History**:
Do you have a history of using MOUD/ MOUD treatment?
Have you used MOUD on the street?
How did it go?

4 **Benefits of MOUD**:
Are you aware of the benefits of MOUD?
(Staying in treatment, recovery goals, work, stress, prevent OD.)

5 **Facts about MOUD**:
Do you know the facts about MOUD?
(It is a part of recovery. Safe. Like other meds. Helps you feel normal.)

6 **Benefits of Bupe**:
Can I share with you some of the benefits of MOUD?
(Eliminates withdrawal. Reduced cravings. Easy.
Take for weeks or years.)

7 **Readiness for Change**:
How interested are you in changing your use? (Scale of 1-10.)
What are the strengths & supports that have helped you change?

8 **Referral to Care**:

More Resources

- Roadmaps/ clinical algorithms
  - Integrated Treatment Strategy (slide to follow)
  - Clinical Pathways: Emergency Department (slide to follow)

- Educational video trainings:

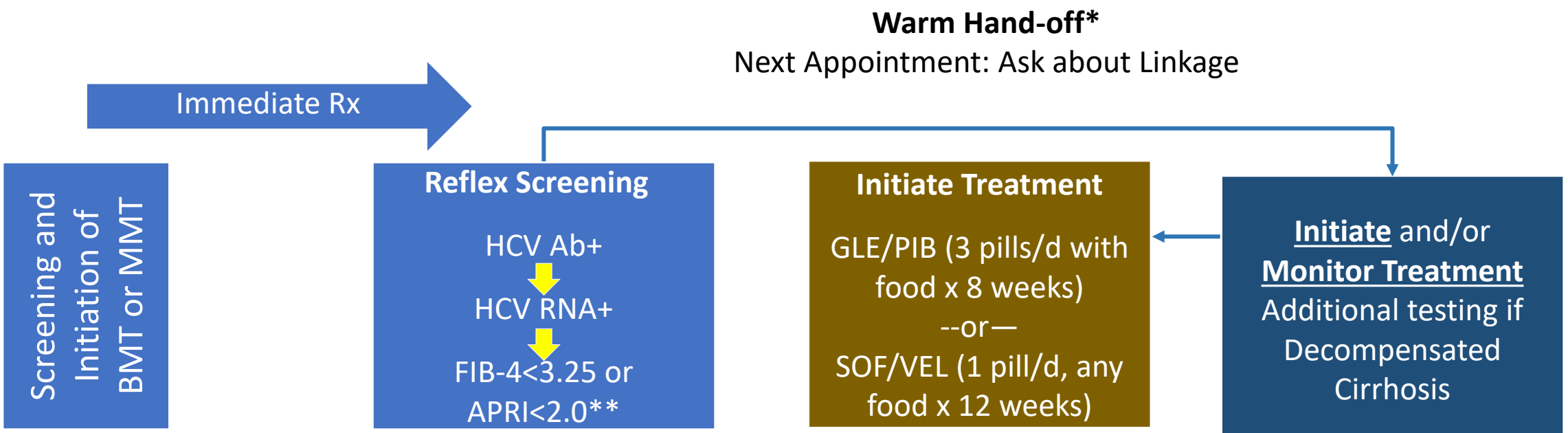
  How to create efficiencies for merging HIV and OUD: best practices

  In the hospital/Emergency Department setting
  In the criminal justice system
  In harm reduction programs
  In primary care and addiction treatment programs

  Stigma reduction – Myths about MOUD Treatment

  Treatment for Opioid Use Disorder - Myths, Facts, and Solutions - Frederick L. Altice, M.D., M.A. - YouTube

Integrated Treatment (OUD/HIV/HCV) Strategy



Urine Drug Testing PLUS urine pregnancy screening for women

Required CBC, Chem 7 and LFTs PLUS HIV and HCV

If no onsite treatment, provide warm hand-off to partnering treater*

Response

SVR+: re-test RNA yrly

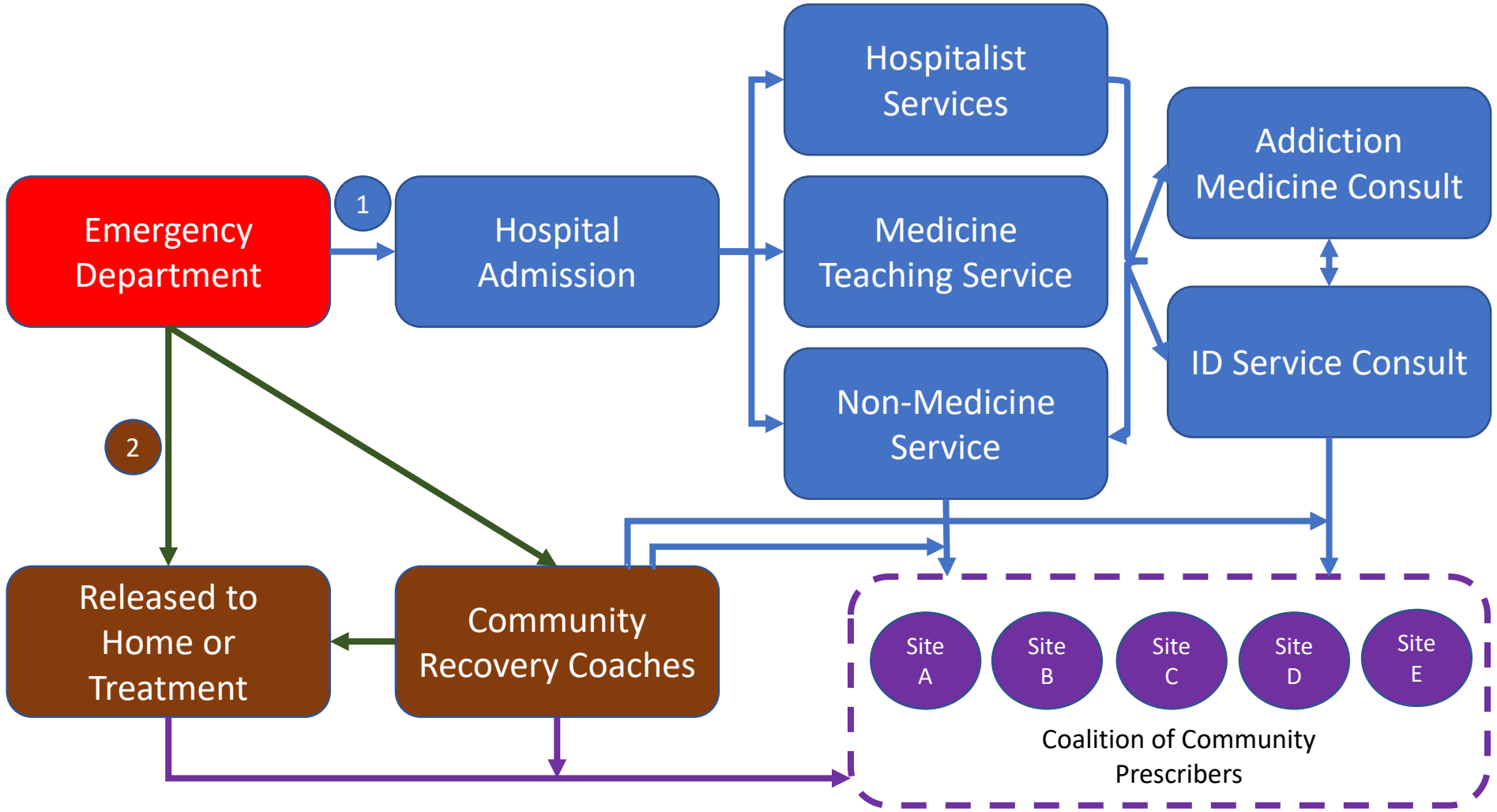
Cirrhotic: monitor HCC

SVR-: Re-treat

** Make appointment and affirm provider will treat them; send work-up labs*

*** If FIB-4>3.25 or APRI>2.0 AND if evidence of decompensated cirrhosis, refer to expert to treat cirrhotic patient*

Clinical Pathways: Emergency Department



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