

Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care —●

START-UP PHASE

Goal 1 Preparation for Intervention Implementation

Objective 1.1 Establish Expectations and Working Relationships with the Implementation Technical Assistance Center (ITAC), Dissemination and Evaluation Center (DEC) Intervention Leads, and Technical Assistance (TA) Content Experts

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Review intervention protocol.	5/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/ Webinars
b) Review and compile a list of tools to be used by intervention staff during the implementation phase, including, but not limited to: policies, protocols, and procedures.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/ Webinars
c) Plan the convening agenda and performance site trainings.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/ Webinars
d) Schedule monthly “check-in” call and/or meetings between ITAC and TA Content Experts.	6/15/16	ITAC	Scheduling conflicts	Onsite meeting/ Conference calls
e) Performance sites meet with ITAC to review implementation plan and TA Agenda.	7/1/16	ITAC	Scheduling conflicts; delay in funding agreement	Onsite meeting
f) Performance sites meet with DEC Intervention Lead and review multisite evaluation (MSE) plan; identify MSE data collection and reporting procedures; establish MSE reporting timeline; identify MSE TA needs.	7/1/16	DEC	Scheduling conflicts; delay in funding agreement	Onsite meeting
g) Establish onsite, multisite, and conference call meeting schedule between performance sites and ITAC, DEC, and TA Content Experts.	7/1/16	ITAC	Scheduling conflicts	Onsite meeting/ Conference calls

Objective 1.2 Identify Additional Training and Support Needs

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Conduct functional assessment to determine training and TA support needs in implementing the model, strengthening relationships, improving work flow, and integrating buprenorphine into existing HIV primary health services.	7/1/16	ITAC, TA Content Experts	Scheduling conflicts; delay in funding agreement	Onsite assessment
b) Provide TA support to assess staffing needs, hiring protocols, and deadlines.	7/1/16	ITAC, TA Content Experts	Personnel policies	Onsite meeting
c) Provide TA support to assess clinical space and scheduling needs.	7/1/16	ITAC, TA Content Experts	Organizational capacity	Onsite meeting
d) Provide TA support to assess protocols needed to integrate buprenorphine into existing HIV primary care workflows, including: consents, treatment agreements, urine drug testing procedures, and authorizations to exchange health information.	7/1/16	ITAC, TA Content Experts, DEC	Unfamiliarity with buprenorphine prescribing protocols	Onsite meeting
e) Provide TA support to assess overdose prevention training needs, including the administration of Naloxone.	7/1/16	ITAC, TA Content Experts, DEC	Unfamiliarity with administering Naloxone	Onsite meeting
f) Provide TA support in assessing strategies needed to enhance engagement.	7/1/16	ITAC, TA Content Experts, DEC	Scheduling conflicts; delay in funding agreement; knowledge of stakeholders	Onsite assessment
g) Provide TA support to identify a pharmacy that can sustain buprenorphine dispensing within the grantee’s jurisdiction.	7/1/16	ITAC, TA Content Experts, DEC	Unfamiliarity with accessing buprenorphine	Onsite assessment/ Conference calls

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Objective 1.2 Identify Additional Training and Support Needs (continued)

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
h) Support the identification of experts and advocates who can facilitate health insurance and benefits coverage for and access to buprenorphine.	7/1/16	ITAC, TA Content Experts, DEC	Unfamiliarity with buprenorphine insurance coverage	Onsite assessment/ Conference calls
i) Provide TA support to grantees in their assessment of Medicaid coverage and substance use treatment protocols.	7/1/16	ITAC, TA Content Experts, DEC	Unfamiliarity with Medicaid coverage	Onsite assessment/ Conference calls
j) Assess grantee's relationships with local law enforcement, help identify education for local law enforcement, and provide associated TA support.	7/1/16	ITAC, TA Content Experts, DEC	Status of relationship with local law enforcement	Onsite assessment/ Conference calls
k) Review National HIV/AIDS Strategy (NHAS) with sites and assess what elements of the strategy will be addressed by the intervention.	7/1/16	ITAC, TA Content Experts, DEC	Lack of knowledge of NHAS	Onsite assessment/ Conference calls

Goal 2 Provide Necessary Training to Implement Intervention

Objective 2.1 Train Project Staff and Agency Leadership

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Train staff on intervention protocols and components.	9/30/16	ITAC, TA Content Experts, DEC	Lack of knowledge of specific program model; lack of stakeholder investment	Webinar/Convening/ Conference calls
b) Train intervention staff and associated management personnel on the theoretical basis for the intervention and the cost savings and impact of this model.	9/30/16	ITAC, TA Content Experts, DEC	Lack of understanding of the value of the intervention and lack of understanding about social and behavioral theory	Webinar/Convening
c) Provide TA support in establishing full intervention staff team meetings, one on one supervision sessions, and the process for clinical mentorship.	9/30/16	ITAC, TA Content Experts, DEC	Organizational capacity and protocols	Webinar/Convening
d) Train staff in treatment and patient preparation protocols and develop patient education materials and modules.	9/30/16	ITAC, TA Content Experts, DEC	Unfamiliarity with buprenorphine treatment	Webinar/Convening/ Conference calls
e) Train staff in protocols related to the three core buprenorphine stages: treatment initiation, maintenance, and monitoring.	9/30/16	ITAC, TA Content Experts, DEC	Unavailability of a Prescription Drug Monitoring Program	Webinar/Convening/ Conference calls
f) Train staff in protocols related to treatment intensification, treatment failure, transfer of care, and treatment re-initiation.	9/30/16	ITAC, TA Content Experts, DEC	Unfamiliarity with treatment protocols	Webinar/Convening/ Conference calls
g) Provide TA support in establishing overdose prevention protocols, including the administration of Naloxone.	9/30/16	ITAC, TA Content Experts, DEC	Lack of protocols for the administering of Naloxone	Webinar/Convening/ Conference calls
h) Train staff in federal recordkeeping mandates.	9/30/16	ITAC, TA Content Experts	Unfamiliarity with Drug Enforcement Administration requirements and site visits	Onsite training/ Webinar/ Conference calls
i) Train staff in developing service coordination and referral protocols to address client's needs in areas including, but not limited to: support groups, outpatient and residential substance use treatment and hepatitis C treatment.	9/30/16	ITAC, TA Content Experts, DEC	Lack of knowledge of or access to available resources	Onsite training/ Webinar/ Conference calls

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Objective 2.1 Train Project Staff and Agency Leadership *(continued)*

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
j) Train staff on creating and tracking comprehensive memorandums of understanding (MOUs) to support referrals.	9/30/16	ITAC, TA Content Experts, DEC	Lack of relationships with community partners	Onsite training/ Webinar/ Conference calls
k) Train staff on comprehensive and effective referral practices including sharing of referral tracking outcomes and data and providing program updates.	9/30/16	ITAC, TA Content Experts, DEC	Lack of knowledge of comprehensive referral practices	Onsite training/ Webinar/ Conference calls
l) Train Data Manager in MSE data collection and reporting.	9/30/16	DEC (with support from ITAC)	Unfamiliarity with BU database and hiring delays	Webinar/Convening
m) Train Project Manager on using FoundationConnect for submission of program reports.	9/30/16	ITAC	Unfamiliarity with FoundationConnect	Webinar/Convening
n) Train Project Manager on federal funding compliance requirements and AIDS United financial procedures.	9/30/16	ITAC	Organizational capacity and systems	Provide training and AIDS United grantee manual

Objective 2.2 Train Program Manager on Options for Provider Training on Prescribing Buprenorphine and Applying for Waiver

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Provide one-on-one guidance to sites on how to train providers and apply for a waiver.	6/30/16	ITAC	Lack of knowledge of process at implementing sites	Provide guidance document

Goal 3 Provide Support for Local Institutional Review Board (IRB) Approval

Objective 3.1 Advise and Provide Templates for IRB Application

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Train sites on IRB approval.	6/15/16	DEC (with support from ITAC)	Logistics with scheduling	Webinar
b) Follow-up with sites on IRB approval progress.	9/30/16	DEC (with support from ITAC)	Delays with IRB process	Conference calls
c) Determine if annual IRB renewals are secured.	9/30/16 9/30/17 9/30/18	DEC (with support from ITAC)	Unfamiliarity with the IRB renewal process	Conference calls

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INITIAL IMPLEMENTATION PHASE

Goal 1 Implementation and Capacity Building

Objective 1.1 Train Project Staff

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Conduct training needs assessment with grantee staff.	9/30/16 – ongoing	ITAC, TA Content Experts	Scheduling conflicts	Onsite assessment/ Online survey
b) Train all clinic staff on harm reduction basics, integration of substance use treatment into HIV primary care settings, HIV care, and general addiction treatment.	9/30/16	ITAC, TA Content Experts	Unfamiliarity with substance use treatment; resistance to harm reduction protocols	Onsite training/ Convening/ Webinars
c) Train intervention team on cultural humility regarding HIV/substance use stigma.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with subject area	Onsite training/ Convening/ Webinars
d) Train staff on dealing with inappropriate client behavior (e.g. substance use seeking, disruptive behavior, etc.)	11/30/16	ITAC, TA Content Experts	Unfamiliarity with providing clinic services to large numbers of people who use drugs	Onsite training/ Convening/ Webinars
e) Train intervention staff in patient assessment for buprenorphine treatment, including: establishing diagnosis of opioid use disorder, reviewing past experiences with treatment, multi-substance use, and alternatives to buprenorphine treatment.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with buprenorphine treatment protocols; lack of understanding of treatment options	Onsite training/ Webinars/ Conference calls
f) Train intervention staff to identify patients in need of medically supervised withdrawal prior to initiating buprenorphine treatment.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with medically supervised withdrawal protocols; investment in outpatient treatment	Onsite training/ Webinars/ Conference calls
g) Train intervention staff to identify and develop treatment plans for patients with comorbid medical conditions and/or psychiatric disorders.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with systematically identifying co morbid conditions	Onsite training/ Webinars/ Conference calls
h) Train intervention staff to assess patient readiness for treatment. This includes assessment of their social support network and whether basic needs (e.g. housing, finances, etc.) are being met.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with psychosocial assessments	Onsite training/ Webinars/ Conference calls
i) Train intervention staff to prepare patients for treatment, including: proper buprenorphine administration as well as safeguarding, storage, and discarding of medication.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with buprenorphine treatment	Onsite training/ Webinars/ Conference calls
j) Train staff in determining the patient's treatment goals, review of treatment protocols with patients and securing informed consent.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with buprenorphine treatment	Onsite training/ Webinars/ Conference calls
k) Provide TA support to establish communication protocols with providers in the patients' "circle of care" and secure consents, including shared information on treatment plans.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with collaborative care models	Onsite training/ Webinars/ Conference calls
l) Train intervention staff in preparing patients to initiate treatment, including the process for offering home vs. office-based treatment and dispensing of "kick packs" or "comfort packs" (e.g. headache medication, anti-nausea medication, anti-diarrhea medication)	11/30/16	ITAC, TA Content Experts	Unfamiliarity with buprenorphine treatment	Onsite training/ Webinars/ Conference calls
m) Train intervention staff in protocols to use during the "initiation" and "stabilization" stages of buprenorphine treatment.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with buprenorphine treatment	Onsite training/ Webinars/ Conference calls

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Objective 1.1 Train Project Staff (continued)

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
n) Train staff on addressing and monitoring relapse, including prevention strategies.	11/30/16	ITAC, TA Content Experts	Unfamiliarity with relapse monitoring and prevention strategies.	Onsite training/ Webinars/ Conference calls
o) Train staff/community partners in HIV medical case management, HIV 101, antiretroviral therapies, and treatment compliance.	9/30/16	ITAC, TA Content Experts	Unfamiliarity with subject areas	Onsite training/ Webinars/ Conference calls

Objective 1.2 Evaluation Preparations

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Train Evaluation Staff in survey administration, data collection, and other administrative functions as required by DEC.	8/30/16	DEC (with support from ITAC)	Scheduling conflicts	Onsite training/ Webinar
b) Establish standard call between intervention staff and DEC.	8/30/16	DEC (with support from ITAC)	Scheduling conflicts	Conference Calls
c) Provide TA support to facilitate the development of protocols for collection of chart data.	8/30/16	DEC (with support from ITAC)	Scheduling conflicts	Conference Calls
d) Prepare agenda/materials for training at first DEII convening.	7/30/16	DEC (with support from ITAC)	Scheduling conflicts	Conference Calls

Goal 2 Provide Ongoing Support for Implementing Sites

Objective 2.1 Institute “Community of Practice” for Medical Providers

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Provide opportunities for medical providers to share case studies and strategies specific to coordinating drug treatment in conjunction with HIV treatment.	Monthly (initially)	ITAC, TA Content Experts	Scheduling conflicts	Conference calls, facilitated by content expert Dr. Flanigan
b) Facilitate sharing of successes, challenges, and strategies among implementing sites.	Monthly	ITAC, TA Content Experts	Scheduling conflicts	Conference calls

Objective 2.2 Track Program Outcomes

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Provide TA support to staff in the areas of patient enrollment, linkage to care, referral tracking, continuity of care documentation, community coordination, and systems integration.	11/30/16 – ongoing	DEC (with support from ITAC)	Organizational capacity and systems	Onsite training/ Convening/ Webinars
b) Provide TA support and training in the areas of data tracking, data cleaning, and the standardization of information flow from the electronic medical record (EMR), and “mapping chart collection to a location in the EMR.”	11/30/16 – ongoing	DEC (with support from ITAC)	Capacity to implement data protocols	Onsite training/ Webinars/ Conference calls
c) Conduct quality assurance reviews, including access to care (number of patients served) and total cost of health care before and after intervention in a medical home setting and utilization patterns.	11/30/16 – ongoing	DEC (with support from ITAC)	Scheduling conflicts	Onsite reviews

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MAINTENANCE PHASE

Goal 1 Provide Ongoing Support for Implementing Sites

Objective 1.1 Ensure Collaboration and Sharing of Strategies Across Sites

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Facilitate sharing of successes, challenges, and strategies among implementing sites.	ongoing	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls

Objective 1.2 Share Impact of Intervention Across Sites

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Share national evaluation data, as available.	ongoing	ITAC, TA Content Experts, DEC	Lag time until sufficient data is collected to share	Conference calls/ Webinars
b) Have sites share case studies on participants served through the intervention, as well as staff experiences.	ongoing	ITAC, TA Content Experts, DEC	Unfamiliarity with case study presentation format	Conference calls/ Webinars

Goal 2 Ensure Continuity and Fidelity to Program Model through Staffing Changes

Objective 2.1 Provide Training for New Staff

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Schedule trainings with all new staff, including an overview of key intervention elements and evaluation.	Within one month of a staff member's start date	ITAC, DEC	Organizational challenges	Requirement of implementing sites to be included in grantee manual

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PROGRAM INTEGRATION PHASE

Goal I Planning for Integration of Program Model

Objective I.1 Assess Organizational Sustainability, Including Integration of the Buprenorphine Intervention

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Provide access to structured sustainability assessment tools.	5/30/18	ITAC, TA Content Experts	Lack of specific funding to continue intervention	Washington University's Program Sustainability Assessment Tool/ Webinar
b) Provide individualized coaching on intervention maintenance, particularly around recruiting and training additional providers to become buprenorphine prescribers and advancing the clinic's facilitation of waiver training.	12/20/18	ITAC, TA Content Experts	Motivation to sustain intervention	Onsite training/ Conference calls
c) Provide TA support to increase the number of providers who receive waivers.	12/20/18	ITAC, TA Content Experts	Motivation to sustain intervention	Onsite training/ Conference calls
d) Provide individualized coaching on integrating buprenorphine into the clinic system, routinely assessing eligible patients, case conferencing, and ongoing training on addiction treatment.	12/20/18	ITAC, TA Content Experts	Motivation to sustain intervention	Onsite training/ Conference calls

Objective I.2 Assess Impact of Intervention on Program

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Conduct qualitative interviews with intervention staff, key stakeholders, and patients.	5/30/19	ITAC, DEC	Scheduling conflicts	Onsite meetings/ Online survey