

Dimension: Substance Use

This Intervention is Linked to the following Secondary Drivers:

- Effective clinic flow to care and support new and ongoing clients with substance use issues, i.e., coordinating HIV care and substance use care
- Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support
- Customized care plan for all clients experiencing substance use issues and are virally unsuppressed

Level of Evidence: Well-Defined Interventions with an evidence-base

Low-Threshold Buprenorphine Treatment

Summary:

Medication Assisted Treatment (MAT) (also known as Opioid substitution therapy (OST)) using **buprenorphine** has been established as the gold standard in treating opioid use disorders. But to ensure that more patients can benefit from this treatment, clinics (and communities) need to implement low-threshold treatment.

Core Components

Features of low-threshold buprenorphine treatment include:

- Same-day initiation into treatment
- Use of a harm-reduction approach (see separate write-up of Harm Reduction Principles)
- Flexibility of approach and of scheduling
- Fully integrated into the workflow of the clinic

See the Additional Resources section below for several detailed guides and presentations.

Tips and Tricks:

- Effective MAT using buprenorphine often involves culture change at the clinic and helping providers identify and address their own bias.
- Low threshold buprenorphine is part of an integrated approach to behavioral health using harm reduction principles.
- Implementing an effective and efficient MAT program using buprenorphine takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- HRSA's [Guide to Integrating Buprenorphine Therapy Into HIV Primary Care Settings](#)
- [ECHO Collaborative Video Presentation on Buprenorphine Treatment](#)
- National Council for Behavioral Health's [Medication-Assisted Treatment \(MAT\) Readiness and Implementation Checklist](#)
- California Improvement Network's [Three Strategies to Help Primary Care Teams Treat Substance Use Disorders \(Toolkit\)](#)
- AHRQ's [Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care](#)

Suggested Measures:

Process Measures

- % of patients that are screened for Opioid Use Disorders
- % of patients meeting the Criteria for Opioid Use Disorders that are referred for Buprenorphine Treatment
- % of referred patients that agree to start Buprenorphine Treatment
- % of referred patients that agree to start Buprenorphine Treatment for whom treatment is initiated within the same business day
- % of patients who start Buprenorphine Treatment that remain engaged in this treatment
- % of patients receiving Buprenorphine Treatment that self-report that the clinic made it easy for them to begin and continue receiving Buprenorphine Treatment
- % of patients receiving Buprenorphine Treatment that self-report that Buprenorphine Treatment has helped them to achieve viral suppression (see outcome measure below)

Outcome Measures

- % of patients that receive Buprenorphine Treatment with improved viral suppression rates within 6 months
- % of patients that receive Buprenorphine Treatment that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Citations and Acknowledgements:

1. Jakubowski, A., & Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. *Journal of addiction medicine*, 14(2), 95–98. <https://doi.org/10.1097/ADM.0000000000000555>
2. Carter, J., Zevin, B. & Lum, P.J. Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco. *Addict Sci Clin Pract* 14, 20 (2019). <https://doi.org/10.1186/s13722-019-0149-1>