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## BACKGROUND

- The U.S. opioid epidemic has had a significant impact on rates of overdose deaths among people living with HIV (1). Data from overdose deaths during COVID-19 suggest the epidemic is worsening (2).
- To better address the needs of patients with opioid use disorders, efforts to expand access to medication assisted therapy (MAT) should consider systems-level interventions for optimizing care (3).
- In 2015, our HIV program—a large urban academic center providing comprehensive HIV, HCV and sexual health services—underwent practice transformation to support adoption of a health information technology (HIT) intervention through eCOMPAS (developed by RDE systems) and facilitate population health management of high-risk patients with complex care needs.
- In 2018, our program served 2,227 people living with HIV of which a majority were Latinx or Black (59%) and primarily publicly insured (96%). At this time, we began an integrated MAT program to address rates of substance use in our practice. A retrospective review of program outcomes reveals that many clients who initially linked to MAT in 2018 were not retained nor engaged in onsite behavioral health (4).

## PROJECT AIM

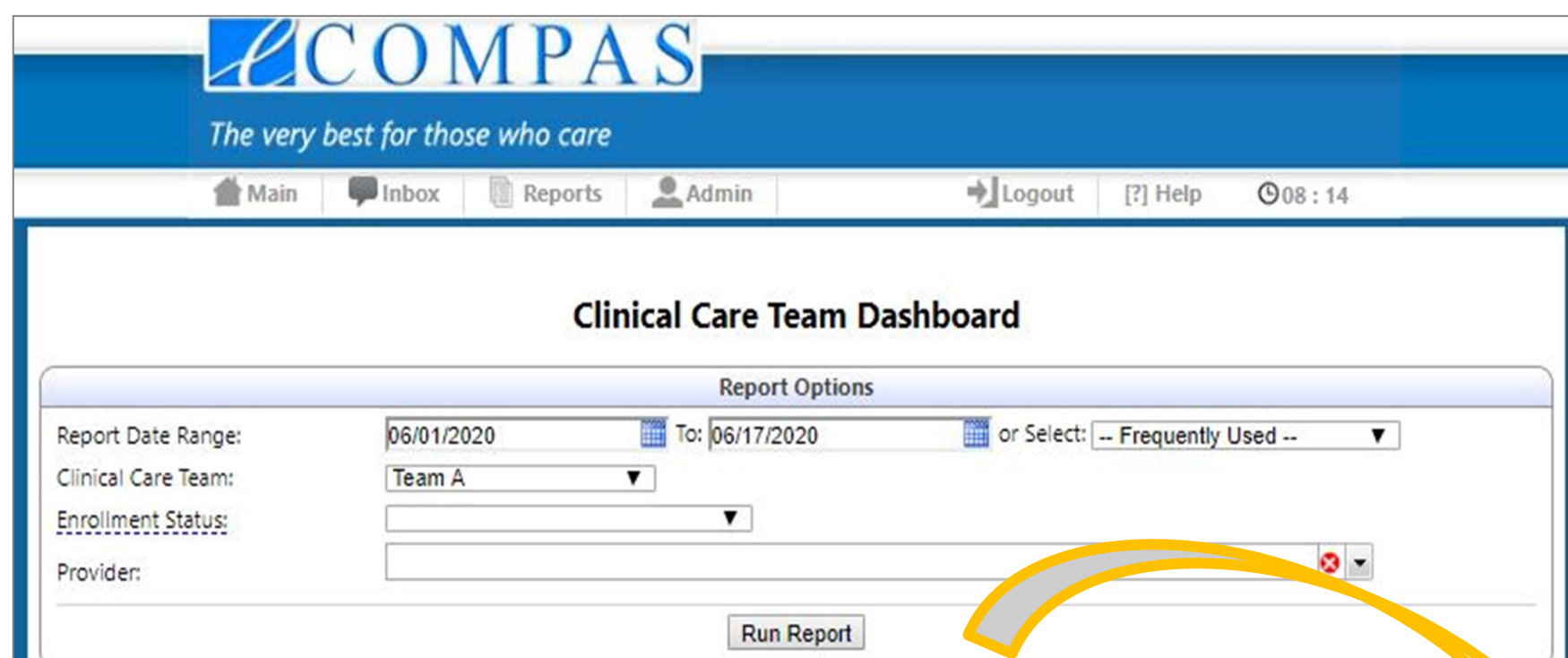
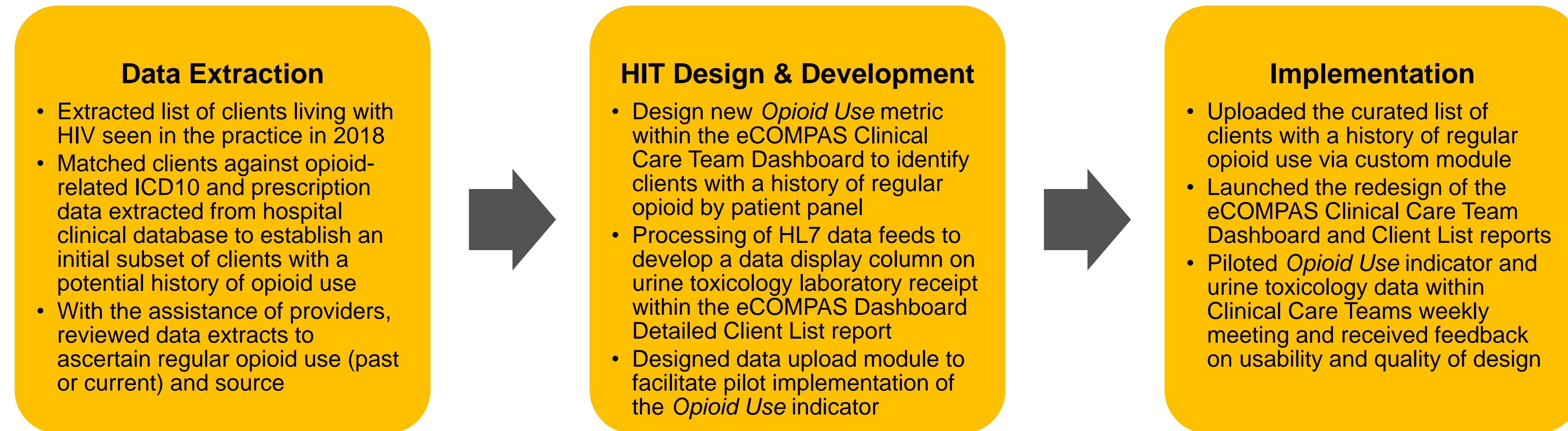
- Leverage the PDSA methodology to enhance a population-based, HIT intervention, the eCOMPAS Clinical Care Team Dashboard, to facilitate the identification and panel management of high-risk clients with an opioid use disorder.

## DATA REVIEW

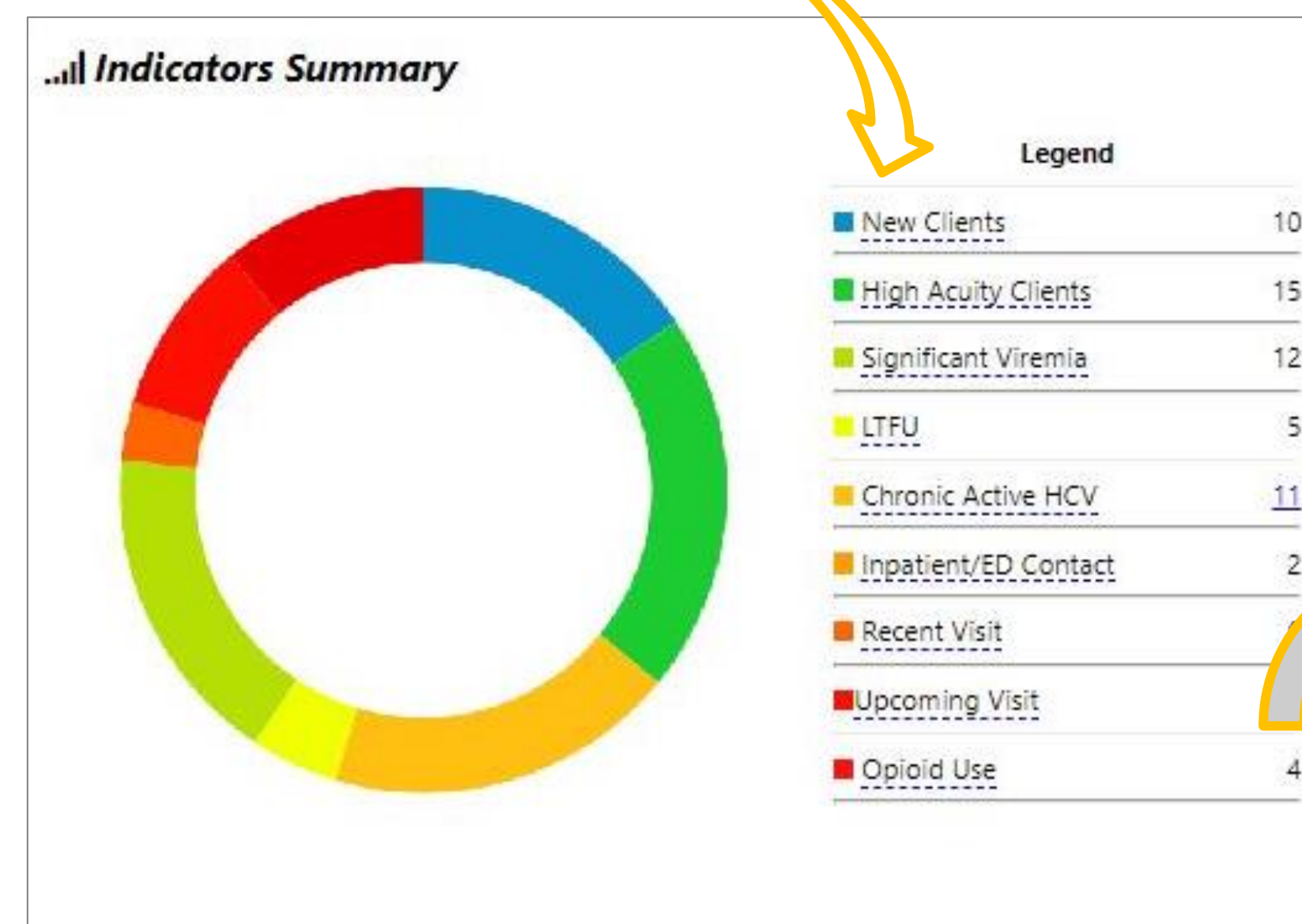
**Table 1.** An initial cohort of clients with a known history of regular opioid use was identified through database extracts and chart reviews

Inputs	N (%)
Clients with HIV served in the practice in 2018	2227
Clients with ICD10 or prescription data on opioid use	528 (23.7)
Clients with regular opioid use	113 (5.1)
Prescription	87 (77.0)
Illicit	13 (11.5)
Both	13 (11.5)

## PROJECT PLANNING & OUTPUTS



**Step 1.** Run the eCOMPAS Clinical Care Team Dashboard.



**Step 2.** Click on Opioid Use indicator hyperlink.

First Visit	Prescribed Opioids?	Urine Toxicology Lab	VL	VL Test Date	HCV
03/15/2011	Yes	Yes	129416	11/07/2014	None
02/24/2010	No	No	Not Detected	03/02/2015	None
06/03/2010	No	Yes	Not Detected	04/21/2015	None
05/14/2014	Yes	No	Not Detected	03/20/2015	None
01/20/2010	Yes	No	<20	05/06/2015	None
01/06/2010	No	No	<20	04/27/2015	None
01/12	No	Yes	Not Detected	05/05/2015	Not Detected
03/03/2010	Yes	No	Not Detected	10/24/2014	None
09/29/2010	No	No	27	02/02/2015	None
12/18/2013	Yes	Yes	<20	09/18/2014	None

**Step 3.** Sort detailed client list by urine toxicology laboratory data indicator.

## PROVIDER FEEDBACK

- Having access to this indicator improves coordination of care for our patients. We can connect them with Behavioral Health Clinicians that are knowledgeable with substance use disorder.*  
**RN Care Manager**
- Providers know their patients best, therefore, opioid use is often not discussed during team meetings unless it pertains to the lost to follow-up. Having access to this indicator improves knowledge of patient history across the care team.*  
**RN Care Manager**

## NEXT STEPS

- Incorporate HL7 data feed processing of ICD10 codes for opioid use disorders and prescriptions for MAT within the Dashboard design, which would allow for real-time tracking of care continuum data for this population.

## CONCLUSIONS

- Integration of opioid use data into panel management strategies is feasible within existing population health system but requires accurate use of ICD10 codes for opioid use disorders.
- Customization of population-based Dashboards to address opiate use is needed and allows teams to optimally assess for completion of substance use screenings and identify patients in need of reassessment of pain management, MAT, and behavioral health needs among panel of patients.

## REFERENCES & ACKNOWLEDGMENTS

- Bosh KA, et al. Abstract 147. Presented at: Conference on Retroviruses and Opportunistic Infections; March 4-7, 2019; Seattle.
- American Medical Association. *Issue brief: reports of increases in opioid-related overdose and other concerns during COVID pandemic.* <https://www.ama-assn.org/system/files/issue-brief-increases-in-opioid-related-overdose.pdf> (accessed July 21, 2022).
- Parker CM, JS Hirsch, HB Hansen, C. Branas, SS Martins. Facing Opioids in the Shadow of the HIV Epidemic. *N Engl J Med* 2019; 380:1-3.
- Olender S., González M., Urry M., Zucker J., Schnall R., Marks K., Scherer M. & P. Gordon. Low threshold services for PWUD: integrating buprenorphine into a comprehensive HIV, HCV and sexual health care and treatment program in New York City. Poster presented on September 11-13, 2019 at the 8th International Conference on Hepatitis Care in Substance Users, Montreal, Canada.

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