Buprenorphrine SPOTLIGHT

IT TAKES A TEAM

A dedicated team at the University of Kentucky's Bluegrass Care Clinic challenged stereotypes to foster a culture of empathy and support for clients living with HIV and opioid use disorders. Learn how their tenacity and multidisciplinary approach allowed them to promote a new standard of care for clients with challenging life circumstances.

SUMMARY

This project spotlight describes the University of Kentucky's Addiction Program at the Bluegrass Care Clinic. Their intervention consolidates opioid treatment with HIV primary care using a coordinated team-based approach. This replication project is part of the Dissemination of Evidence-Informed Interventions project funded by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

The Bluegrass Care Clinic is a comprehensive Ryan White HIV/AIDS Program-funded health center that provides primary care for people living with HIV. Since its inception, the Bluegrass Care Clinic has offered integrated services. In addition to receiving medical care, clients may meet with a social worker, a financial counselor, a dietician, or other allied health professionals who can assist with specific needs.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care

University of Kentucky Bluegrass Care Clinic

WHY THIS SPOTLIGHT?

Integrating opioid treatment into HIV primary care settings is a particularly timely topic given the current opioid crisis. Calendar year 2018 also marks the first year that HRSA/HAB will be collecting data on prescriber use of medication-assisted treatment (MAT), including buprenorphine. Misperceptions and stigma around both substance use and MAT can persist at both the community and provider-level. However, as shown by the University of Kentucky's experience, with a few dedicated leaders, culture change is possible and can bring increased levels of the value of integrated buprenorphine treatment for this population, resulting in clinic-wide change and improved client health outcomes.

CONTRIBUTORS

Experts from the University of Kentucky interviewed for this spotlight include:

- Dr. Laura Fanucchi, Internist, Board-certified in Addiction Medicine
- Dr. Alice Thornton, Infectious Disease Doctor or Physician
- Diana Ball, Burprenoprhine Intervention Clinical Coordinator and Social Worker

In 2016, the Bluegrass Care Clinic launched a specialty program to integrate services for clients who had a dual diagnosis of HIV and opioid use disorder. The intervention team consists of:

1. A Board-Certified Infectious Disease Doctor or Physician
2. An Internist, Board-Certified in Addiction Medicine, who provides primary care and medication-assisted treatment (MAT) for opioid use disorders, and
3. A Social Worker and Clinical Coordinator who provides intensive case management and mental health counseling.

Together they serve a cohort of clients with significant, time-intensive needs related to addiction, transportation, mental health, and social support.

The Addiction Program at the Bluegrass Care Clinic receives referrals from case managers and health providers at the University of Kentucky. The program's social worker conducts a brief phone screening and

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then schedules a full psychosocial assessment for substance use and mental health disorders. If clients meet the criteria for opioid use disorder, they may elect to meet with the team's physician to start MAT, most often with buprenorphine. The project's goal is to streamline services and reduce the burden of care for clients, many of whom travel long distances to attend the clinic.

KEY TIPS & TAKEAWAYS

- Find and empower strong leaders. Culture change requires a small number of respected leaders who challenge assumptions and spur innovation. Strive to follow the University of Kentucky's model, where intervention leaders modeled new attitudes and offered informal educational opportunities to reframe beliefs and promote new behaviors.
- Scale up services to meet the needs of clients in crisis. Clients with a dual diagnosis of HIV and opioid use disorder often have wide ranging needs related to legal challenges, inadequate housing, mental health disorders, and polysubstance use. Consider how your program could provide intensive case management to support clients with intensive needs. At the Bluegrass Care Clinic, a social worker focuses on clients with the most significant challenges, which allows the program to provide individual and intensive support.
- Get clients to the clinic. Pharmacotherapy for opioid use disorder requires frequent in-person visits with health professionals, particularly at the onset, so addressing clients' transportation barriers is a key aspect of their healthcare. Clients in rural Kentucky, for example, face long travel times. The Addiction Program at the Bluegrass Care Clinic tries, when possible, to schedule multiple appointments on one day to reduce their travel burden.
- Ask and you will find. The intervention team advises that if health programs inquire about substance use in a safe and confidential environment then they will find people who need support. At the Bluegrass Care Clinic, questions about substance use are a standard part of the program's in-depth intake. Program leaders urge you to anticipate this outcome and plan to have structures, policies, and resources in place to respond effectively.

CHALLENGE

The Bluegrass Care Clinic serves clients from 63 of Kentucky's 120 counties—quite literally half the state. Kentucky's rural nature and long travel times create specific challenges. Transportation is a constant barrier. While the clinic can help offset transportation expenses, they cannot easily mitigate the long distance many clients must travel to attend appointments.

Providers also encounter clients who use multiple substances, such as methamphetamines, alcohol, cocaine, or benzodiazepines. Polysubstance use can be more challenging to treat and may affect adherence to HIV antiretroviral therapies. Clients also report ostracizing stigma in their communities and from healthcare providers when they disclose injection drug use. Clients may delay treatment or lapse out of care if they perceive judgement from others.

The intervention team describes a confluence of different stigmas that their clients experience. "There's the stigma of having HIV," explains Diana Ball, the program's clinical coordinator. "Primarily we serve men who have sex with men, so you have the stigma in sexual orientation, but in Kentucky there's also a stigma against MAT." Drugs like buprenorphine can be extremely effective treatment for opioid use disorder, but community attitudes remain negative about the medication.

"It's all of these confounding stigmatized identities that oftentimes make treatment more complicated," says Diana Ball. "And it is hard to engage."

STRATEGY/ACTIVITIES

First, Get Clients to the Clinic.

Knowing that transportation is a major barrier in their state, The Bluegrass Care Clinic included travel funds in their intervention. They do not use a single transportation vendor. Instead, they match clients with transportation assistance specific to their needs. In Lexington, the state's second largest city, public transportation is more widely available, so the program provides bus tokens or coordinates with a ride service. For clients who live outside of Lexington, the program provides gas cards based on a standard county-by-county mileage system. They also partner with Medicaid transportation companies to provide rides for eligible clients. Finally, if needed, the program will contact private taxi services, but only in unique cases as taxis are the most expensive option.

Scale the Intensity of Services for Clients in Crisis

The intervention team emphasizes that their work demands significant engagement with clients, many of whom have complicated medical needs, legal problems, and psychosocial challenges. The team meets with patients weekly, sometimes even three times a week, for opioid treatment and case management. "You intensify treatment if patients aren't doing well," says Dr. Fanucchi. Writing shorter prescriptions or not offering take-home doses urges clients to stay engaged with their healthcare providers. These frequent visits also offer opportunities for teaching recovery skills.

Enhanced mental health services are also provided as needed. Ms. Ball provides emotional support and assistance with life skills and legal aid. She arranges transportation and, when needed, in-patient rehabilitation services. She also coordinates with the clinic's general case managers to offer streamlined services and pave a path for longer-term support.

While the intervention team will escalate their engagement when needed, their goal is to stabilize clients, improve their health and quality of life, and create a plan for sustained services. Ideally, clients will transition to the Bluegrass Care Clinic's general case management team. The intervention team explains this process to clients, so they understand the goal and expectations.

Identify and Empower Leaders who can Create a Culture of Empathy.

While many clients do gain control over their health and life circumstance, many continue to experience relapse or continued opioid use. The intervention team acknowledges the challenge in treating clients

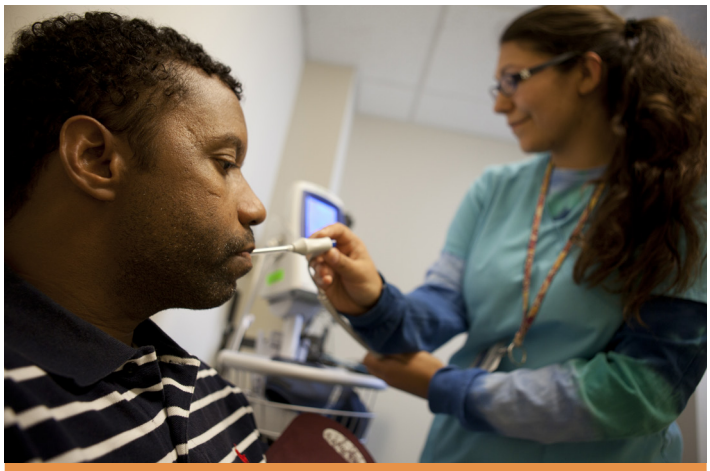
with recurrent opioid use, but argue it is their ethical obligation as healthcare providers to maintain a high level of service. "I think that the culture is changing," explains Dr. Fanucchi. "It's just slow, and a lot of people feel that they don't know what to do, and part of that is because [opioid use disorder] wasn't really part of medical education, and so people are not comfortable with it."

Dr. Alice Thornton, the team's infectious disease specialist, agrees that many providers at the Bluegrass Care Clinic, herself included, had little early experience or formal medical training in treating clients with opioid use disorders. "My mind was not prepared that we were having folks with opioid addiction in our midst," she explains. Yet when some clients began struggling with HIV treatment, she discovered they were in fact coping with addiction. Her experience reflected the dramatic increase in opioid use seen at the University of Kentucky College of Medicine, as well as the country at large.

Dr. Thornton, like the rest of the intervention team, now champions an empathetic team-based approach for clients with a dual diagnosis of HIV and opioid use disorder. The clinic's doctors, office managers, and support staff have learned more about MAT and how they can create a more welcoming and supportive space for clients with opioid use disorder through training, mentoring, and interpersonal interactions. In fact, the intervention team credits informal education as key to fostering more awareness and compassion. They initiate one-on-one conversations with other providers about addiction and buprenorphine treatment, which have helped evoke empathy and support throughout the clinic.

"We don't kick people out because they don't take their [HIV] medicine. We surround them," argues Ms. Ball. "So why are we doing that with people with substance use?" Encouraging her colleagues to reframe their approach to opioid use disorder has "been really helpful."

Changing the culture required leadership and a willingness to innovate. The team credits Dr. Fanucchi with providing that vision. Dr. Thornton explains that her colleague has "always advocated to treat people with opioid addiction as people, and I think that she brought that with her when she started working in our clinic." With Dr. Fanucchi's example creating a new standard, other providers became advocates. "From the top," recalls Dr. Thornton, "we said to our clinic, 'these are valuable patients and they deserve high-quality care."



"we said to our clinic, 'these are valuable patients and they deserve high-quality care.'"

Line-up Appropriate Resources to Support Screening Activities.

Today, Dr. Thornton describes the clinic as "quite proud" of the work they've done to be welcoming and proactive, but she admits that they first needed to build capacity. The clinic bolstered their screening program, treatment resources, and number of mental health staff. Without those critical inputs, their clinic culture did not fully support clients disclosing their honest experiences with their healthcare providers.

"I think there was a sense of relief when they could actually be honest about what was going on because before we weren't really prepared for them to be truthful," explains Dr. Thornton. "You can tell us the truth of what's going on, but I don't know that we can help you. We didn't say that—and we didn't know that at the time—but I think that was the message really."

Ms. Ball concurs: "There's a lot of fear of screening if you don't have the resources to do anything about the screening results. If you ask people about substance use, you're going to find it." The infrastructure established through the Addiction Program at the Bluegrass Care Clinic enabled them to have more honest and productive interactions with their clients.

"I think now they have a pathway to be truthful about what's going on," says Dr. Thornton. "It's acceptable for you to tell us the truth, and that way we can help you."

EARLY IMPACT

The Addiction Program at the Bluegrass Care Clinic is still a new intervention and its long-term outcomes are still being assessed. Early qualitative reports, however, indicate a positive change for the clinic's overall quality of care. Highly vulnerable clients now have the specialized care they need to address their multiple physical, social, and mental health challenges. Through the dedicated intervention team, the Addiction Center at the Bluegrass Care Clinic can offer a high level of service while lessening the strain on the clinic's overall case management resources.

Clients are responding. The intervention team reports that clinic attendance has increased and several clients receiving buprenorphine have also improved their consistency and adherence to their HIV medications. **Early reports also show that viral suppression rates have improved, bringing the rate for clients with opioid abuse disorder closer to the clinic average.** For example, among the 40 people screened for MAT between November 2016 and May 2017, nearly half (19) were in treatment six months later (Oct 2017). Those taking buprenorphine had a 89% viral suppression rate, which was slightly higher than the viral suppression rate (86%) of those not receiving MAT at the Bluegrass Care Clinic.

Perhaps mostly importantly, clients see the buprenorphine intervention as an invaluable source of support when few others may exist. "Especially in Kentucky," Ms. Ball explains, "our clinic can be one of the only places that our patients feel accepted and can be truly 100 percent open and honest about who they are, what they're dealing with, and not feel rejected or feel like they have to hide, and that is so important."

FIND OUT MORE

To learn more about the initiative and access additional project resources, visit: *https://nextlevel.targethiv.org*

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