2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Creating a patient-centered care model to integrate opioid treatment and HIV care

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

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

1. Identify resources developed to support the implementation and replication of successful models of HIV care.
2. Describe three innovative models of care for addressing vulnerable populations disproportionately affected by HIV.
3. Discuss how these models have contributed to improved health outcomes for PLWH.

The Miriam Hospital Immunology Center

TMH IC is the largest HIV clinic in the state of Rhode Island

We provide care for 1700 patients (>80% of the HIV+ population of the state)

The clinic employs a “one stop shop” approach

- The primary focus is HIV care, but treatment of Hepatitis B and C and other conditions is incorporated into the care program
- Mental health treatment and substance use evaluation is provided on-site
- The clinic incorporates physicians and nurses, but also pharmacists, social workers, psychologists, a psychiatrist, outreach workers, patient navigator, research staff, and support groups

Rhode Island is heavily impacted by opiates

High rates of heroin use and abuse of prescription opiates

Overdose rates have hit an all time high

There has been limited access to opiate replacement therapy, particularly with buprenorphine

The Miriam Hospital Immunology Center was a site for SPNS Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care Settings 2004-2009

TMH IC Response

In response to the epidemic, and with the assistance of the SPNS Program, the clinic began a program for integrated care of opioid abuse within HIV Primary Care.

Key Components:

- **Dedicated provider** (ideally a prescriber) to evaluate substance use, coordinate all aspects of follow-up, and integrate with HIV care.
- **Buy-in** from all program staff, from MD's to nursing, to administration.
- **Recognition that stigma is a constant barrier** everywhere along the continuum of care….. And perseverance, respect, and good cheer will keep you going and provide your patients the best chance for successful treatment.

TMH IC Buprenorphine Team

Five Providers with DATA 2000 Waivers:

- Dr. Tim Flanigan, Dr. Jody Rich, Dr. Amanda Noska, Dr. Joseph Garland
- Laureen Berkowitz, MHP, PA-C (coordinator and prescriber)

Other Key Support Staff

- Clinical psychologist
- On-site psychiatrist
- Two on-site social workers (LICSW's)
- Two Outreach workers
- Patient navigator

TMH IC Buprenorphine Program

Incorporate SAMHSA recommendations

Graduated approach to engagement

- Initially, patients come in weekly for ~ 8 weeks
- Patients then come every 2 weeks for about 4-6 months
- After ~ 8-10 months, patients come for monthly appointments
- Appointments scheduled to coincide with regularly scheduled appointments

Work in close collaboration with the patient's Infectious Disease Physician

Current state of the program:

- > 50 HIV + patients on buprenorphine treatment (various products)
- < 20 HIV + patients on chronic opioid pain treatment

TMH IC Buprenorphine Program

General visit components:

- **Review dosing and administration** process of buprenorphine
- Offer **various delivery options** of buprenorphine for patients
- Provide written, **easy-to-read instructions**
- **Ensure scripts are ready** for patient with pharmacy
- Ensure patients are **taking their antiretrovirals** as well
- Ensure patients are **not relapsing**
- **Review lab results** with patients
- Evaluate need for and ensure patients have **mental health support**
- **Monitor insurance requirements** and complete necessary forms

We utilize a **“treatment plan” language**, not a “contract”

TMH IC Buprenorphine Program

Administration of the program (by program coordinator):

- Maintain an updated list of each doctor's individual panel of active buprenorphine prescriptions
- Be aware of each doctor's federal limits of buprenorphine prescribing
- Develop a "blue print" of buprenorphine program at TMH
- Develop Treatment Agreement for all patients (using patient focused, "treatment plan" language)
- Track renewals, urine drug screen requirements, visit adherence

Lessons Learned

- **Patient success is the primary goal**
- We work with patient to determine their meaning of success
- Each patient has a **tailor made program** with relevant expectations
- Patients may or may not taper off buprenorphine – we recognize **their choice**
- We view and treat substance use disorder as a **chronic relapsing disease** which can wax and wane, much like diabetes
- Our goal is to **intensify treatment** when patients are not doing well, which may include twice weekly visits, short-term inpatient treatment, additional psych or social work supports, etc. and avoid a punitive treatment approach
- The program needs constant administrative management (**a coordinator**)

Thank you

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