

# **RWHAP and the Opioid Epidemic: Outcomes of an Opioid Technical Expert Panel**

**December 12, 2018**

**4:00 – 5:30 PM**

**Antigone Dempsey, Elise Young, and Glenn Clark  
HIV/AIDS Bureau (HAB)  
Health Resources and Services Administration (HRSA)**



# Health Resources and Services Administration (HRSA)

## Overview

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- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA HIV/AIDS Bureau (HRSA HAB)

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



# HRSA's Ryan White HIV/AIDS Program (RWHAP)

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV (PLWH)
  - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 60%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)

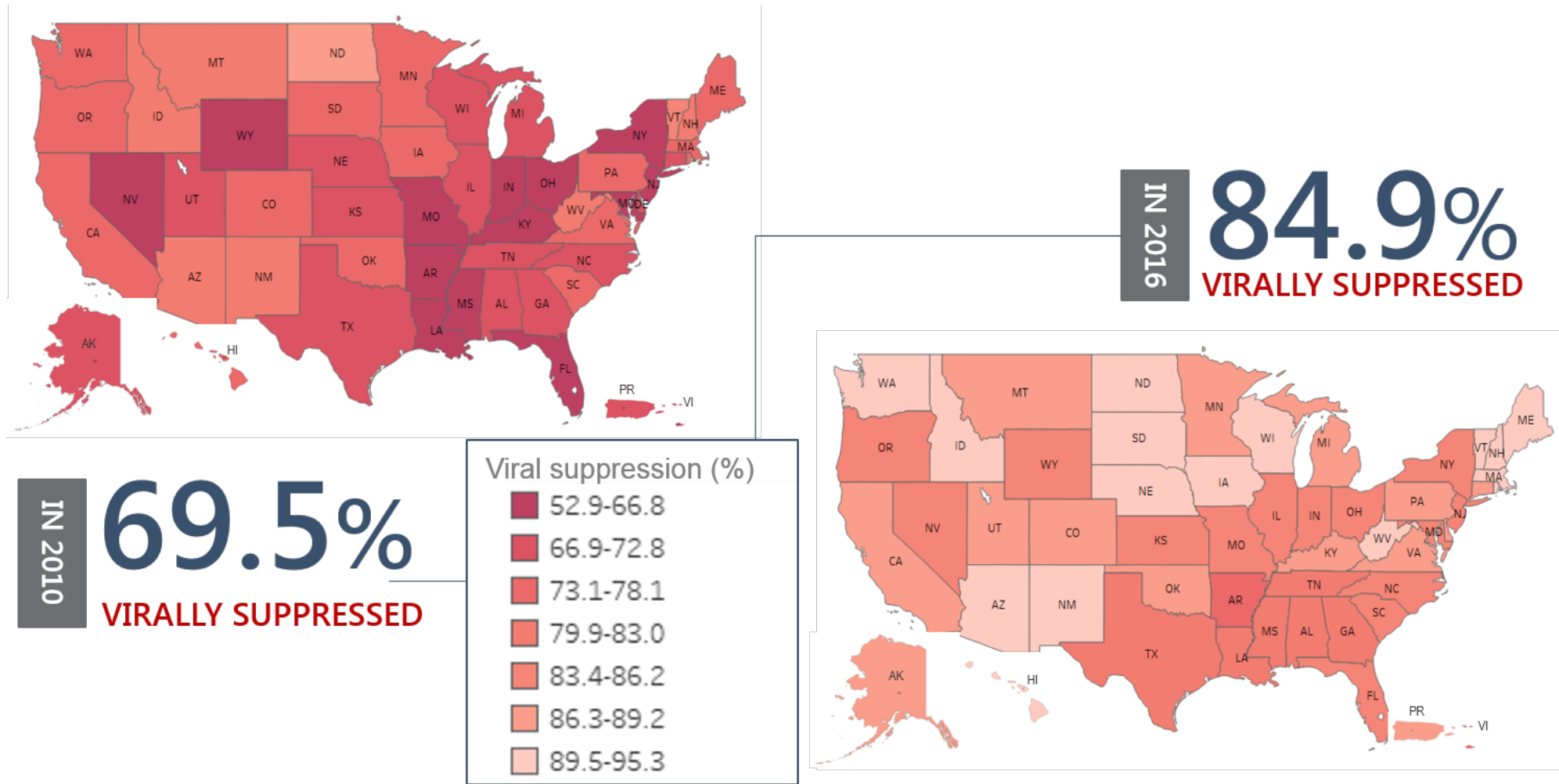


# RWHAP and the Opioid Epidemic: Outcomes of an Opioid Technical Expert Panel

## Background and Data



# Viral Suppression among RWHAP Clients, by State, 2010 and 2016—United States and 2 Territories<sup>a</sup>

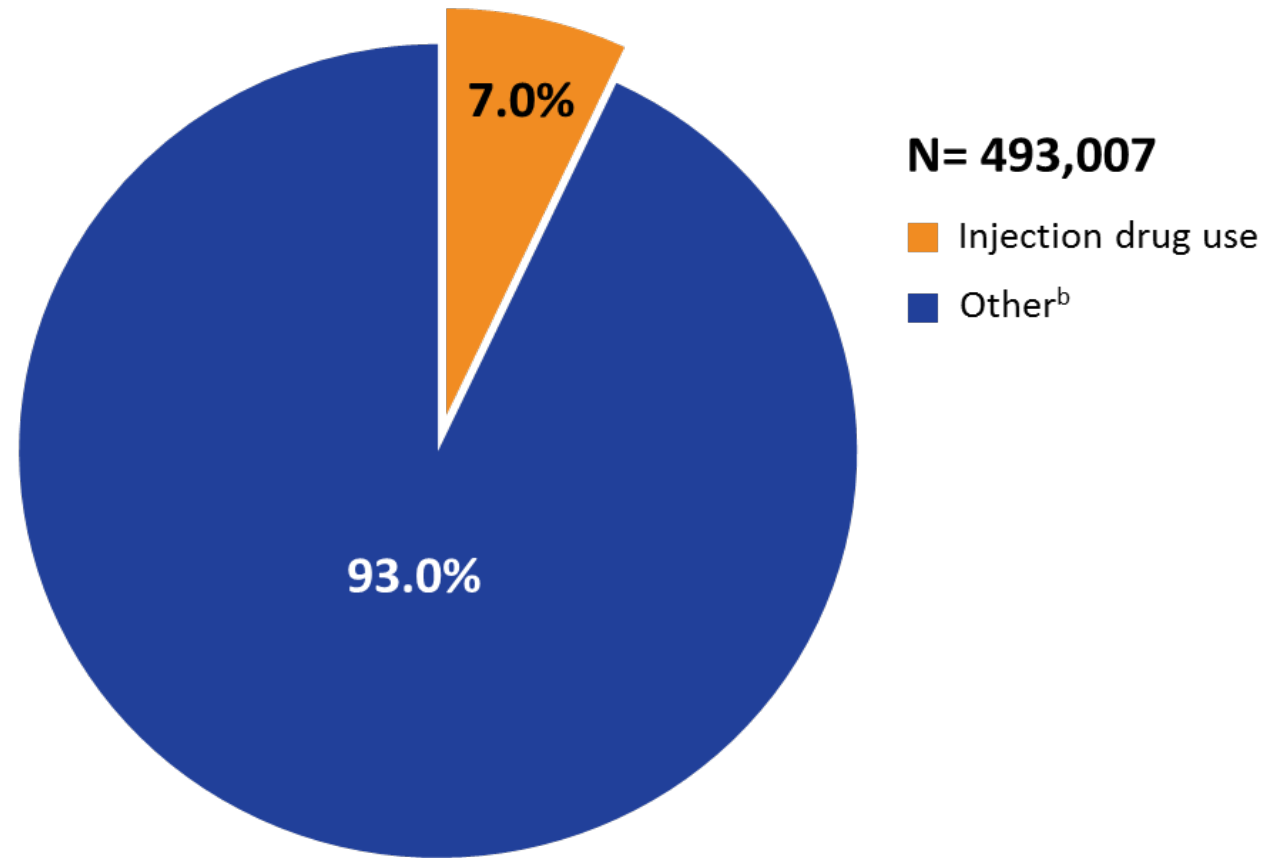


Viral suppression:  $\geq 1$  OAHs visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.

<sup>a</sup> Puerto Rico and the U.S. Virgin Islands.



# Ryan White HIV/AIDS Program Clients Aged $\geq 13$ Years with HIV Infection Attributed to Injection Drug Use, 2016—United States and 3 Territories<sup>a</sup>

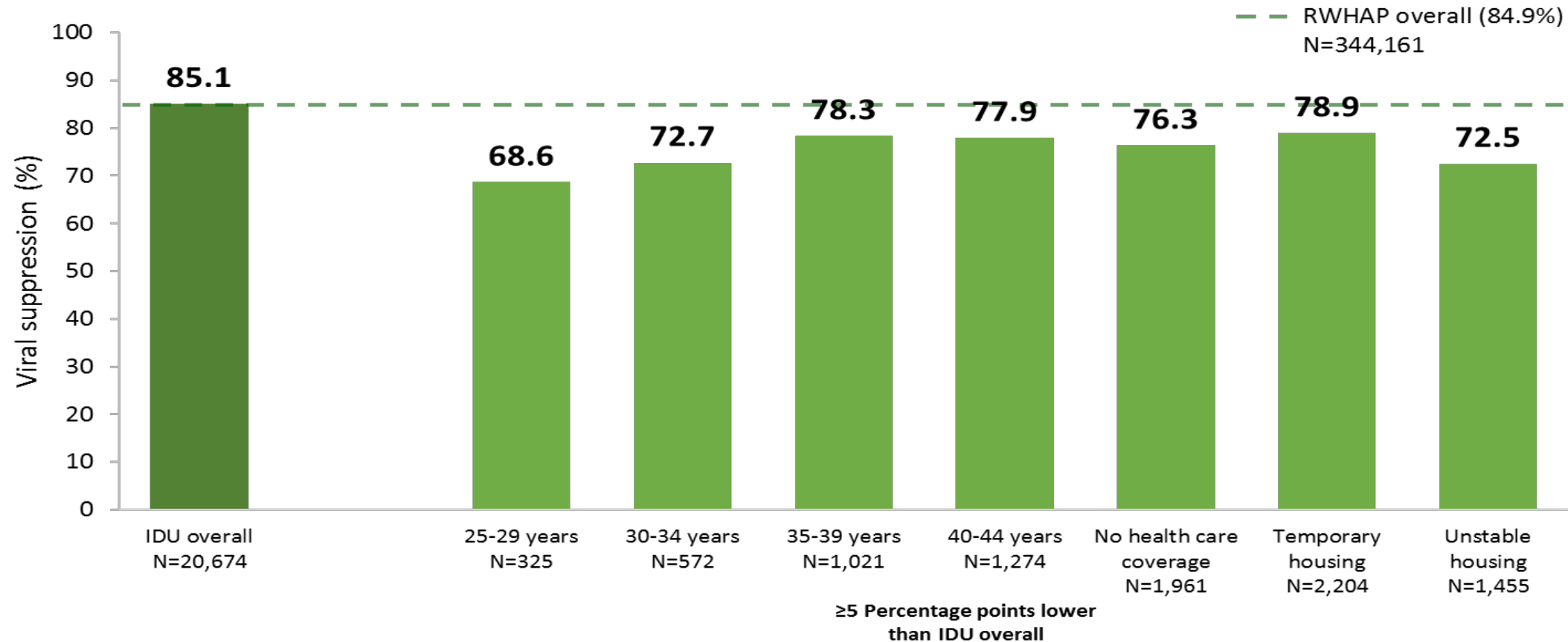


Data represent clients who reported injection drug use as their transmission risk category data may not reflect current behavior.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.

<sup>b</sup> Includes male-to-male sexual contact, heterosexual contact, perinatal infection, hemophilia, blood transfusion, male-male sexual contact *and* injection drug use, and any sexual contact among transgender persons including sexual contact *and* injection drug use.

# Viral Suppression among Clients with HIV Infection Attributed to Injection Drug Use Aged ≥13 Years Served by the Ryan White HIV/AIDS Program, 2016—United States and 3 Territories<sup>a</sup>



IDU, injection drug use.

Data represent clients who reported injection drug use as their transmission risk category; data may not reflect current behavior. Data do not include male-to-male sexual contact and injection drug use nor sexual contact and injection drug use among transgender clients.

N represents the total number of clients in the specific subpopulation.

Viral suppression is defined as ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.





# HRSA RWHAP Behavioral Health Services

	Providers (N=1,550)*		Clients (N=551,567)		Total Client Visits
Service category	N	%	N	%	N
Mental health	613	39.5	68,684	12.5	353,896
Any substance abuse – outpatient or residential	278	17.9	20,228	3.7	--
Substance abuse - outpatient	257	16.6	19,152	3.5	173,926
Substance abuse - residential	37	2.4	1,329	0.2	--



\*Number of providers that provided any service in the given year. Note, total number of funded providers: 2,164 (2016)



# **RWHAP and the Opioid Epidemic: Outcomes of an Opioid Technical Expert Panel**

## **Expert Panel Overview and Key Questions**



# Key Framing Questions

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- 1. What are the successes/facilitators, barriers/gaps, and opportunities for addressing opioid addiction in the context of the RWHAP?**
- 2. What barriers and facilitators exist at the clinic level for addressing opioid addiction needs for RWHAP clients and patients?**
- 3. What are the barriers and facilitators that exist at the EMA/TGA and state levels to address the opioid crisis in metropolitan areas, state jurisdictions, and rural areas?**

# Technical Expert Panel – Community

**Fred Brason**  
Project Lazarus  
Moravian Falls, NC

**Daniel Daltry**  
Vermont Department of Health  
Burlington, VT

**Judith Feinberg, MD**  
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**Pamposh Kaul, MD**  
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**Geetika Nadkarni, MPH**  
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# Technical Expert Panel – HRSA Participants

**CAPT Sophia Russell**

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**HRSA HAB Sponsoring Participants**

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**HRSA HAB Behavioral Health Workgroup**

CAPT Elise Young, LICSW, DCSW - Chair  
Glenn Clark, MSW - Chair



# Technical Expert Panel – Federal Partners

**Danae “Dee” Bixler, MD**

Division of Viral Hepatitis  
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**John Brooks, MD**

Division of HIV/AIDS Prevention  
Centers for Disease Control and  
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**Humberto Carvalho**

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**Steve Daviss, MD**

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**Senad Handanagic, MD, MPH**

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**Anne Herron, MS**

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Richard Jenkins, PhD  
Prevention Research Branch  
National Institute on Drug Abuse

**Chideha Ohuoha, MD**

Center for Substance Abuse Treatment  
Substance Abuse and Mental Health  
Services Administration

**Gerlinda Somerville**

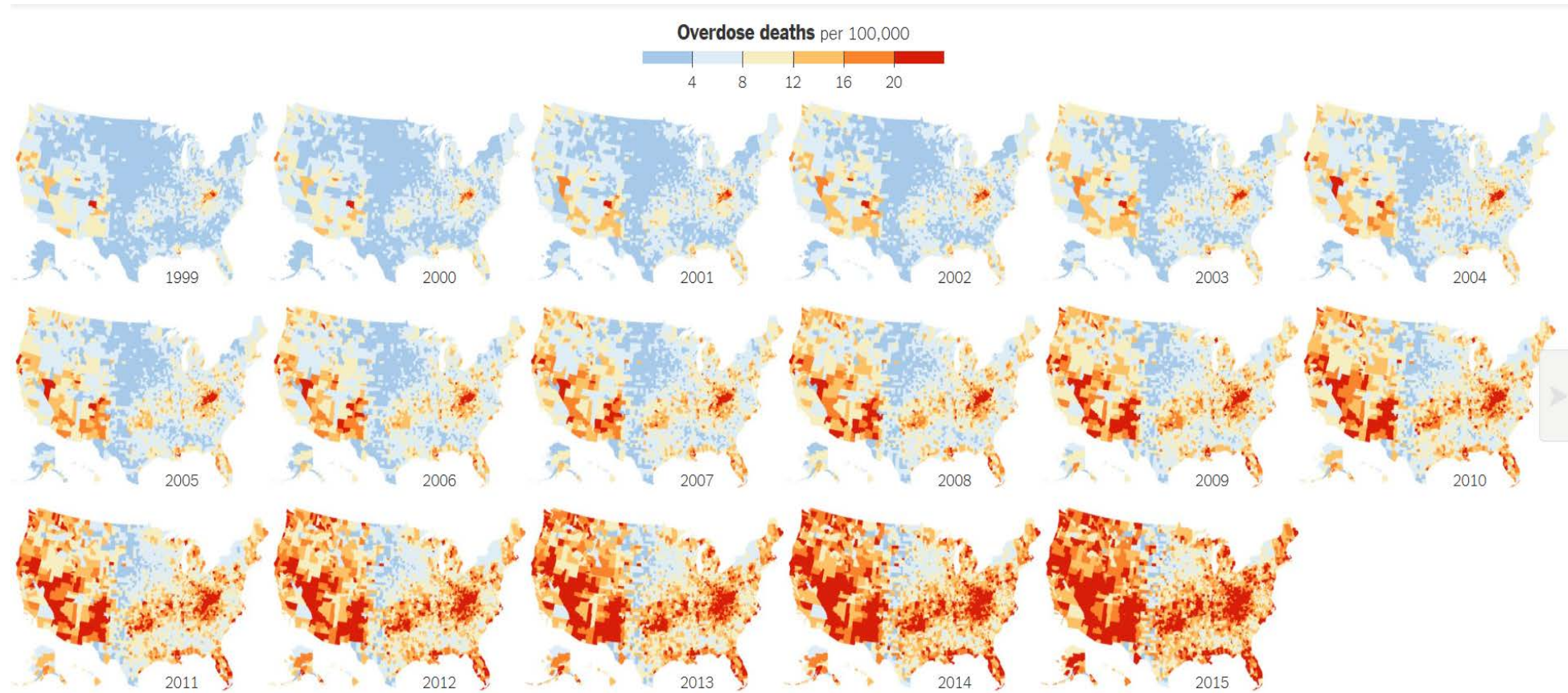
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health  
Services Administration

**CDR Meena Vythilingam, MD**

Office of the Assistant Secretary for  
Health



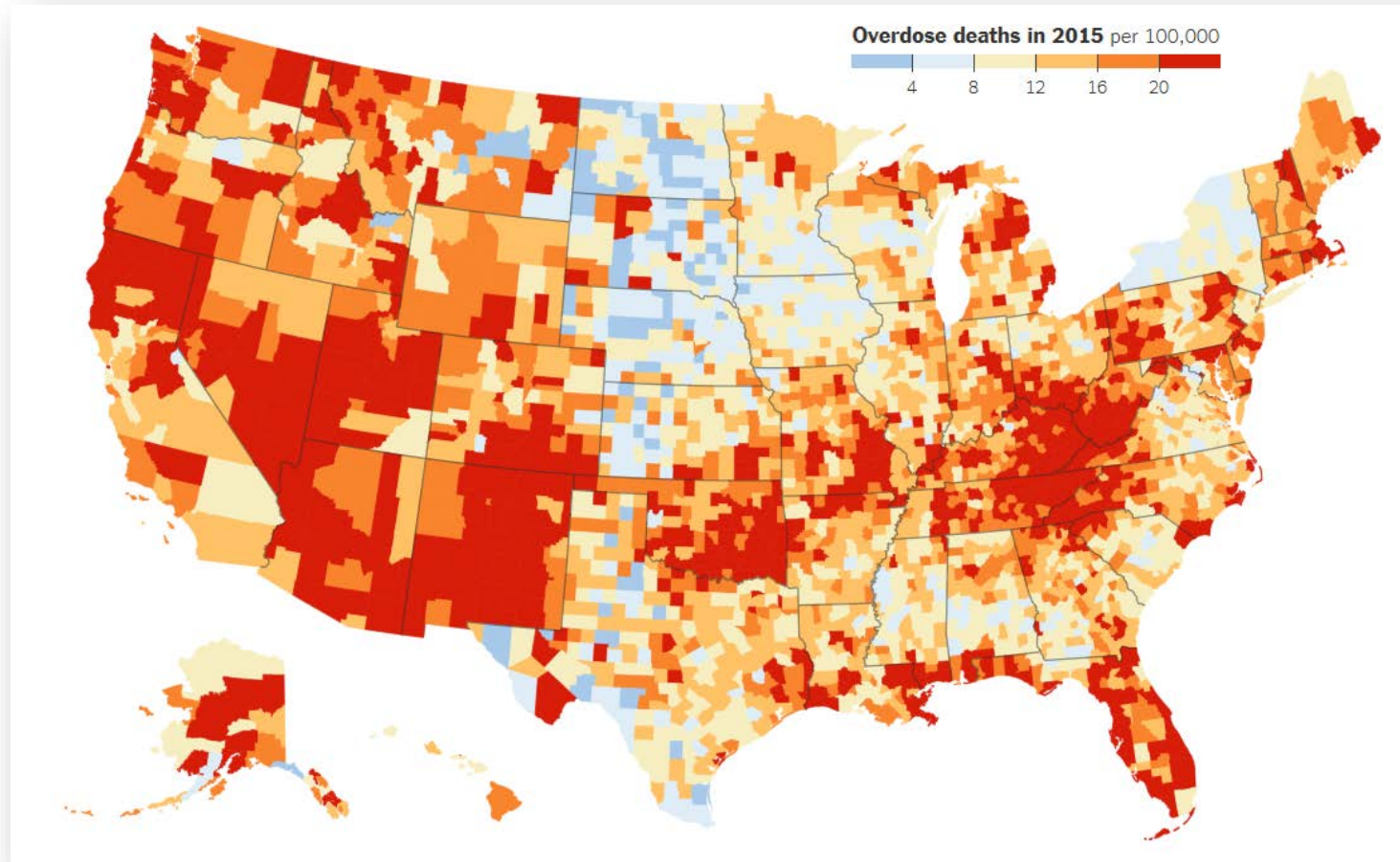
# Overdose Deaths per 100,000 in the United States 1999-2015



Park, Haeyoun and Bloch, Matthew. "How the Epidemic of Drug Overdose Deaths Rippled Across America" The New York Times. January 19, 2016



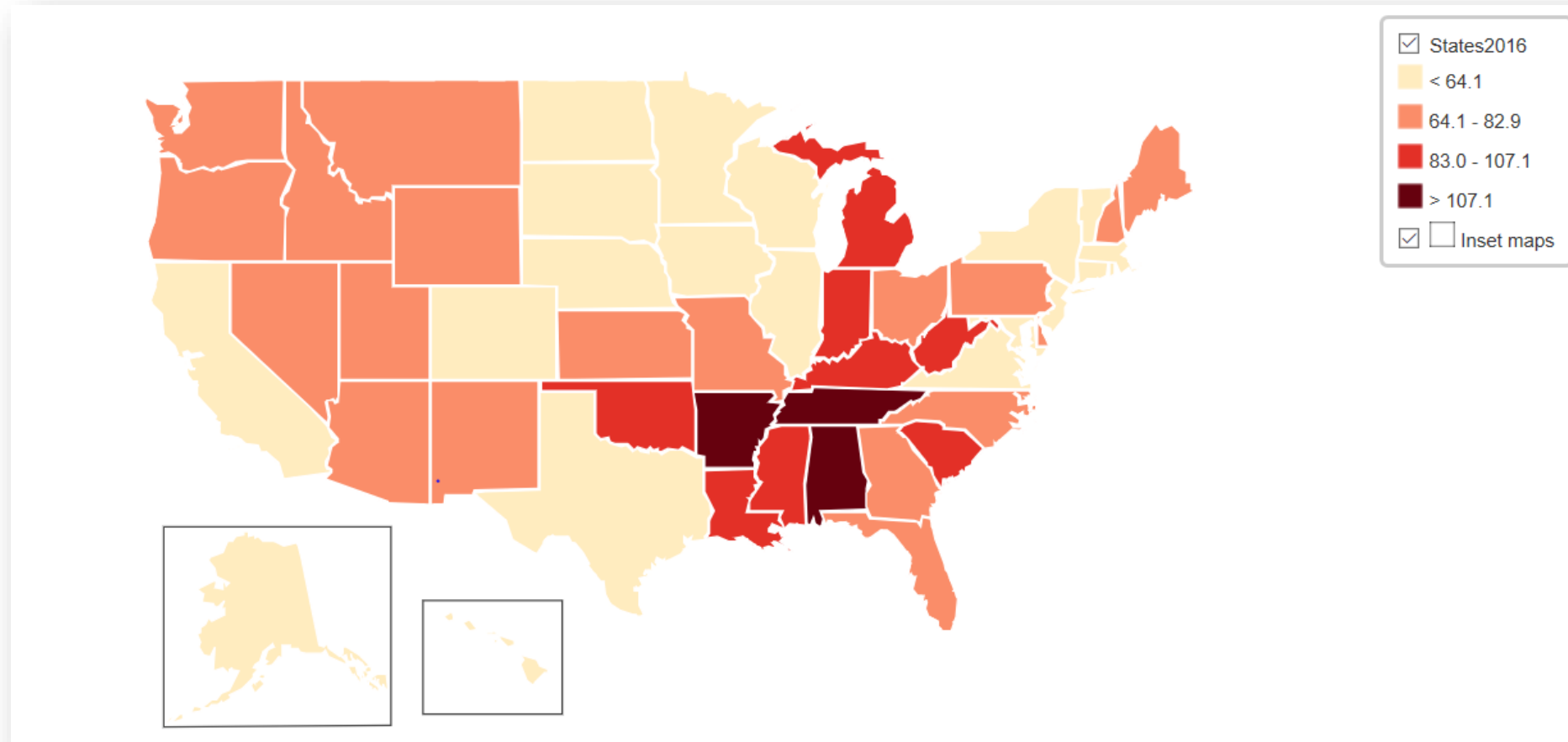
# Overdose Deaths in the United States 2015



Park, Haeyoun and Bloch, Matthew. "How the Epidemic of Drug Overdose Deaths Rippled Across America" The New York Times. January 19, 2016

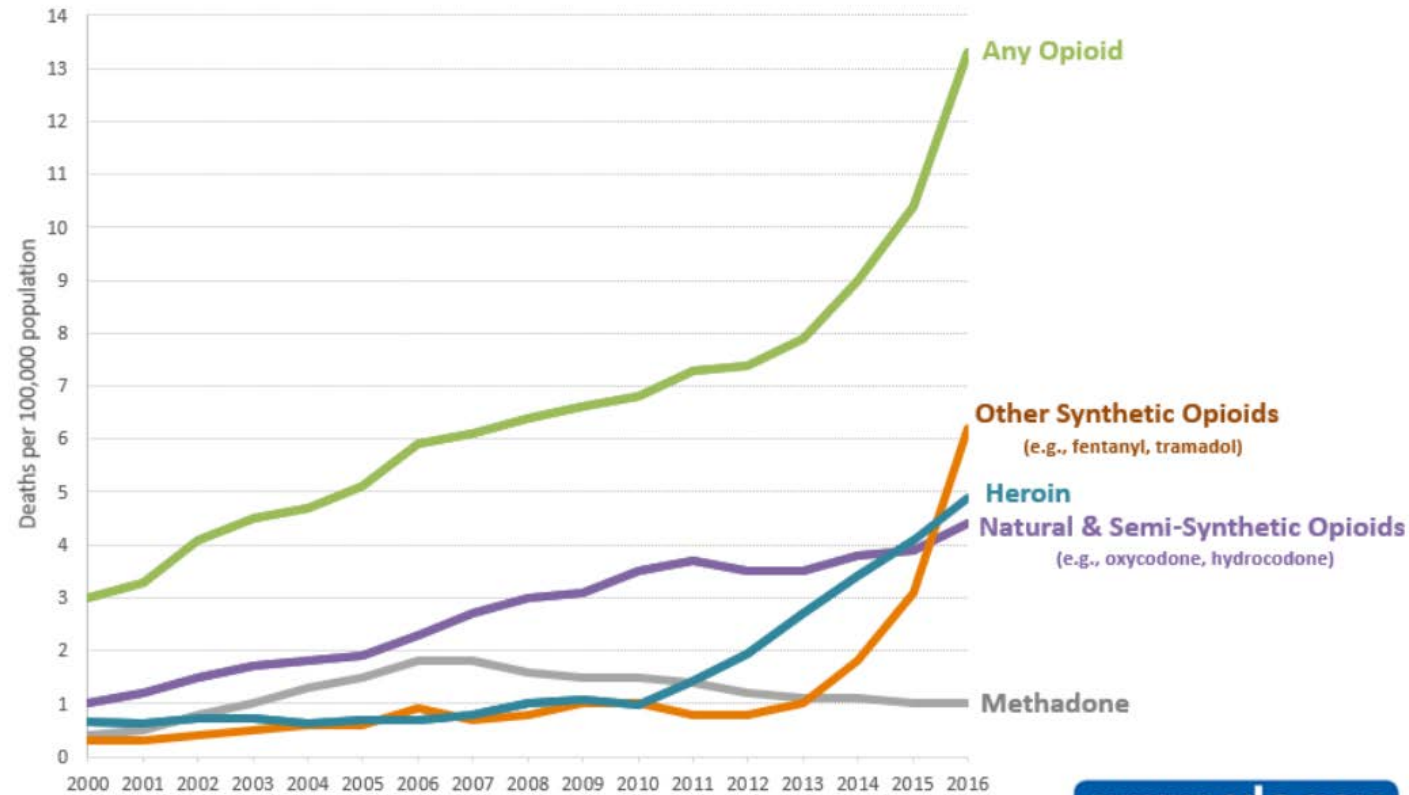


# United States Prescribing Rates by State 2016



<https://www.cdc.gov/drugoverdose/data/index.html>

# Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



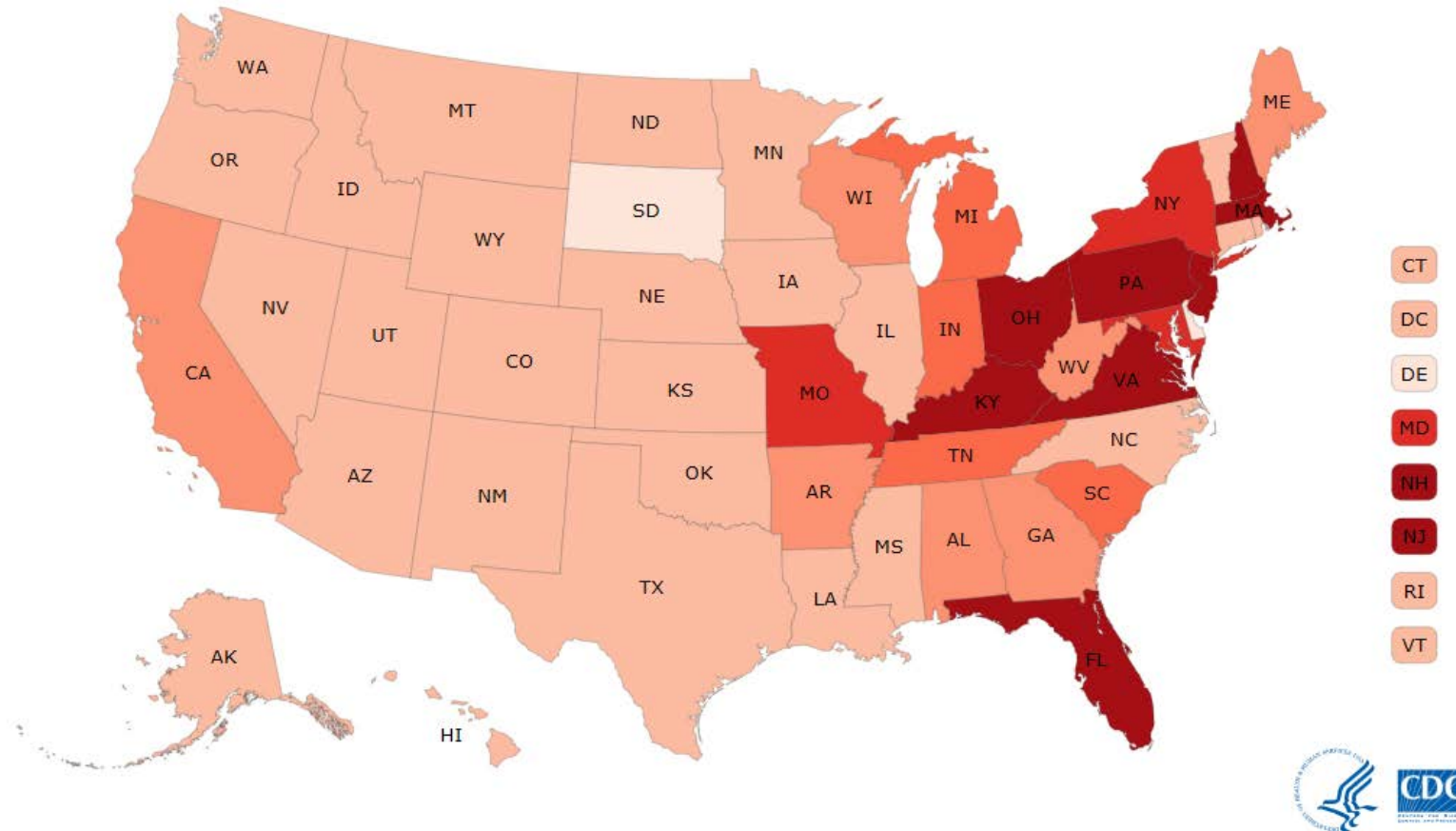
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

[www.cdc.gov](http://www.cdc.gov)  
Your Source for Credible Health Information

Centers for Disease Control and Prevention. Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017. Surveillance Special Report 1. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2017. Accessed July 1, 2018 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2017cdc-drug-surveillance-report.pdf>



# 2015 Reported Law Enforcement Fentanyl Encounters



# RWHAP and the Opioid Epidemic: Key Themes

# Barriers for PLWH with OUD

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- **RWHAP and OUD: Defining the Patient Population and Data Gaps**
- **Stigma Related to Opioid Use**
- **Negative Attitudes Toward MAT**
- **Need for Increased Clinical Training Regarding OUD**
- **Workforce Shortages**

# Facilitators to Support PLWH with OUD

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- Leveraging telemedicine
- Systems approach across sectors
- Housing, transportation, and food supports
- Using peers in a transformational ways (mutual aid and support)
- Education and training for all clinical staff from registration to staff nurse practitioners, and physician assistants
- Innovative strategies for working with active addiction



# Contact Information

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