

# Low Threshold Services for People Who Use Drugs: Integration of Medication Assisted Therapy into a Comprehensive HIV, HCV, and Sexual Health Care and Treatment Program in NYC

## BACKGROUND & AIMS

- Integration of medication assisted therapy (MAT) within HCV or HIV care programs has shown to improve linkage and engagement with people who use drugs (PWUD).
- The prevalence of hepatitis C virus (HCV) and HIV is high among PWUD.
- Beginning in 2018, as part of multiple healthcare reform efforts and quality initiatives, we expanded services to include integrated MAT (namely buprenorphine/naloxone) within our large urban academic ambulatory practice, providing comprehensive HIV, HCV and sexual health services to over 2800 patients in Upper Manhattan.
- Expansion of services included provider MAT training and implementation of a care coordination linkage initiative with a collaborating needle exchange/community-based organization.

### Data Collection

- Evaluation of MAT uptake and outcomes took place in an academic clinical setting in an area of New York City with high HIV and HCV prevalence between January 1, 2018 and December 31, 2018.
- Demographic and outcome data was collected retrospectively via chart review of medical records and program data.

## RESULTS

- As of 2018, five physicians of 32 total full or part time medical providers were trained and received waivers to prescribe buprenorphine.
- Most patients (84%) had at least one psychiatric diagnosis, and nearly half (42%) had 2 or more psychiatric diagnoses.
- All patients had a history of substance use, a majority of which (65%) had a history of or were currently using substances intravenously.
- More than half (52%) of the patients have a history of incarceration.
- Over the course of 2018, 31 patients were treated with buprenorphine/naloxone, of which 67.7% did not consistently adhere to the treatment or were no longer on therapy at the end of the evaluation period.

## PROGRAM TRANSFORMATION

### Timeline of Practice Transformation & Expansion of Care Coordination Initiatives, 2014-2018

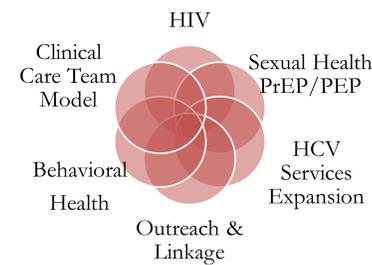


Figure 1 & 2: A summary of active areas of development through grants and other funding since 2014.

- 2014**
  - Restructuring of clinic staff into clinical care teams consisting of providers, social workers, care coordinators and linkage specialists. Introduction of a team-based dashboard for efficient care coordination of HIV patient panels
- 2015**
  - Introduction of New York State's *End the Epidemic* initiative. Scale-up of PrEP/PEP and testing/linkage in undiagnosed groups.
  - Expansion of care to needle exchange for treatment of HCV mono-infection and initiative support training for buprenorphine waivers to providers
- 2016**
  - Hospital-wide expansion of HCV testing and linkage with resultant increase in referrals for HCV mono-infected patients
- 2017**
  - Launch of information technology initiatives, including dashboards that identify unlinked patients and new HCV infections across the institution
- 2017-18**
  - Integration of behavioral health services begins; transformation of social work roles as behavioral health clinicians and roll out of modified collaborative care model of behavioral health

## PATIENT DEMOGRAPHICS

The integrated care model above was implemented to address the need for a comprehensive package of services for PLHIV and PWUD, and is being used to link and engage a population with complex psychosocial needs.

Figure 3. MAT Patient Population in 2018 (N=31)

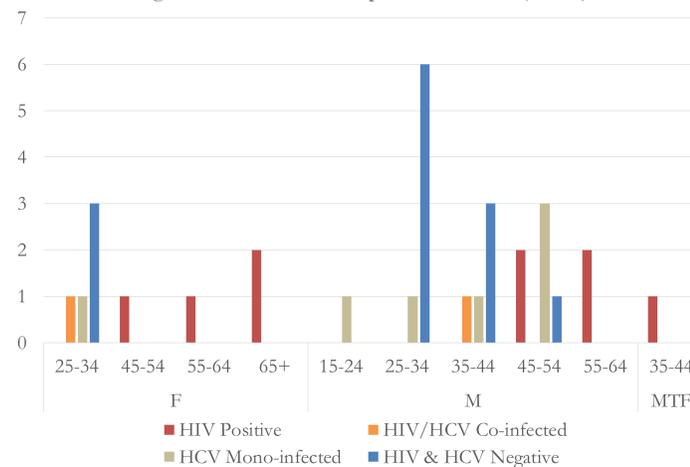


Table 1: MAT Patient Characteristics.

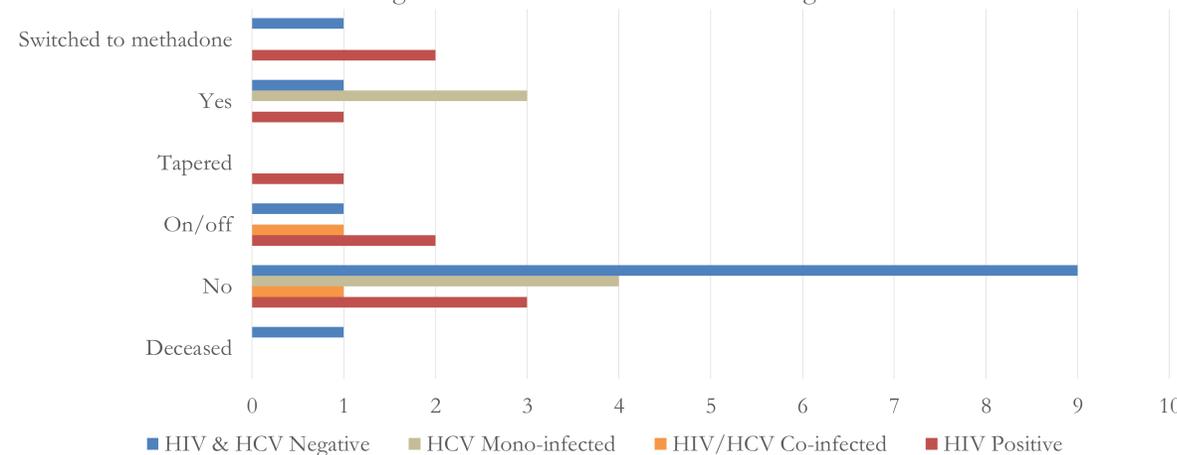
Diagnoses	Female (N=9)	Male (N=21)	MTF Transgender (N=1)	% of Total Patients (N=31)
≥2 Psychiatric diagnoses	67%	21.40%	100%	42%
Current or history of intravenous drug use	55.6%	67%	100%	65%
Other polysubstance use	100%	67%	100%	97%
History of trauma*	33%	10%	NA	16%
Current or history of housing insecurity	78%	62%	NA	65%

Notes: NA=Not applicable.

\*Including sexual, physical or emotional abuse or neglect.

## Outcomes

Figure 4. Active Treatment Status among MAT Patients



## CONCLUSIONS

- At the end of the data collection period, a modest amount of patients (29%) were adherent, tapered or successfully switched to methadone.
- Of those with favorable opiate use disorder outcomes, comorbidities included HIV/HCV co-infection (2), HCV mono-infection (3) and risk for infection (2).
- Patients who reported injection drug use (6.5%) either inconsistently adhered to treatment or stopped taking the treatment.

## DISCUSSION

- Our program has embraced practice transformation opportunities to expand care beyond HIV by engaging populations *at risk* for HIV and HCV – including PWUD. Accordingly, we have improved capacity to provide MAT.
- Unfortunately, the number of patients served was limited compared with the need in our community and the rate of retention in care was low. Additional efforts are needed to better reach populations who would benefit from MAT in the context of comprehensive care.
- Studying barriers and facilitators to opiate use disorder treatment will also inform pre-exposure prophylaxis (PrEP) adherence interventions for PWUD, an underutilized but effective method to mitigate this population's increased risk for HIV and HCV acquisition.

## REFERENCES

- Rich KM, Bia J, Altice FL, Feinberg J. Integrated Models of Care for Individuals with Opioid Use Disorder: How Do We Prevent HIV and HCV? *Curr HIV/AIDS Rep.* 2018 Jun;15(3):266-275.
- Barbosa C, Fraser H, Hoerger TJ, Leib A, Havens JR, Young A, Kral A, Page K, Evans J, Zibbell J, Hariri S, Vellozzi C, Nerlander L, Ward JW, Vickerman P. Cost-Effectiveness of Scaling Up HCV Prevention and Treatment in the United States for People Who Inject Drugs. *Addiction.* 2019 Jul 15. [Epub ahead of print].

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