

IMPACT OF HIV PROVIDER TRAINING AND SUPPORT ON SUD SCREENING AND TREATMENT IN OUTPATIENT HIV CARE

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Background: Substance use disorders (SUD) including opioid (OUD) and alcohol use disorders (AUD) are common among people living with HIV (PWH). The REcovery in Specialty care Through OutREach (RESTORE) program integrated substance use care into HIV services in the Johns Hopkins Bartlett HIV (Bartlett) Clinic, Baltimore, Maryland using 1) provider training and support for SUD screening and treatment and 2) peer support for patient care engagement. The program was implemented in January 2019. We evaluated clinic level impact of RESTORE on SUD screening and treatment.

Methods: Using electronic medical record data, we estimated the causal effect of the RESTORE program on screening for SUD or prescription of medication for OUD (buprenorphine or injectable naltrexone) and AUD (injectable or oral naltrexone, acamprosate, disulfiram, topiramate). We compared rates of these outcomes 1-year pre-implementation (January 1, 2018-December 31, 2018) and 1-year post-implementation (with a 3-month run-in period) (April 1, 2019-March 31, 2020) for patients in the HIV clinic versus patients in a large outpatient general medicine practice located in close proximity to and serving the same population as the Bartlett clinic. We adjusted for age, race, and gender, and used a prior event rate ratio to adjust for unmeasured confounders.

Results: There were 2760 PWH seen in the HIV clinic pre-implementation (mean age=50 years, 64% male, 78% Black race) and 2397 PWH (mean age =52 years, 63% male, 79% Black) seen post-implementation. We estimated that RESTORE implementation was associated with a 9% increase in SUD screening rates (IRR 1.09 95% CI: 1.03,1.15) and a 35% increase in prescriptions for SUD (IRR 1.35 95% CI: 0.83,2.19).

Conclusion: Implementation of the RESTORE model was associated with increased screening and prescription of medications for treatment of SUD in an outpatient HIV care setting.

Disclosure of Interest Statement: The authors do not have any relevant disclosures