

Coordination of Prevention Services for People Who Inject Drugs:

Lessons from the Wisconsin Rural Opioid Initiative

Ryan Westergaard, MD, PhD, MPH
Great Lakes Addiction Technology Transfer Center Network
May 14, 2019

or,

“What can the global response to HIV/AIDS teach us about the opioid/hepatitis C crisis?”

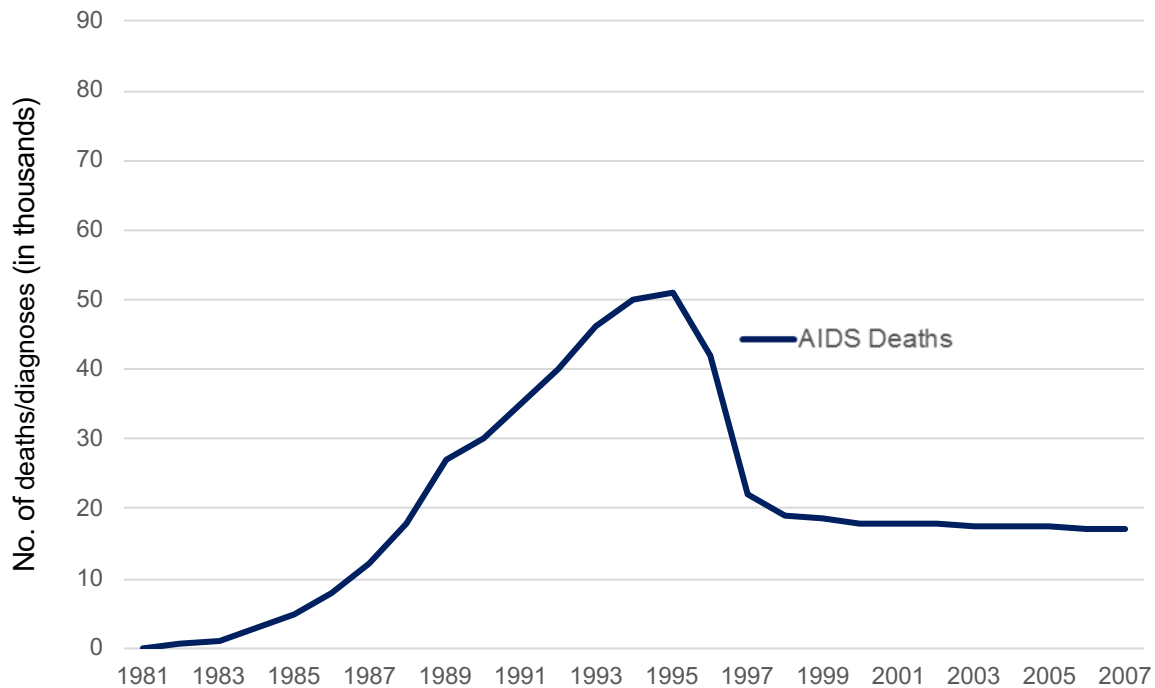
Learning objectives

1. Review current epidemiology of opioid overdose and hepatitis C infection in the Great Lakes region
2. Understand how comprehensive, patient-centered care has transformed the HIV epidemic in the U.S.
3. Describe the NIH funded “Rural Opioid Initiative”, a proposal to build “client-centered prevention homes” within syringe service programs in 4 Wisconsin Counties

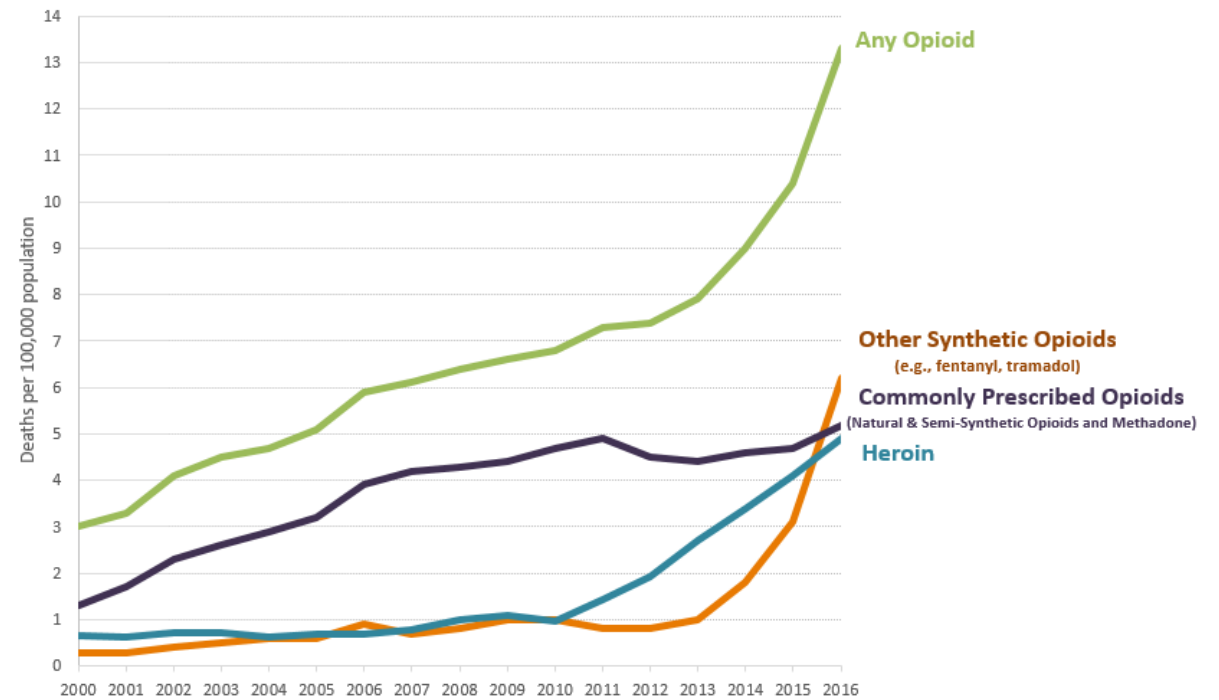
Two epidemics



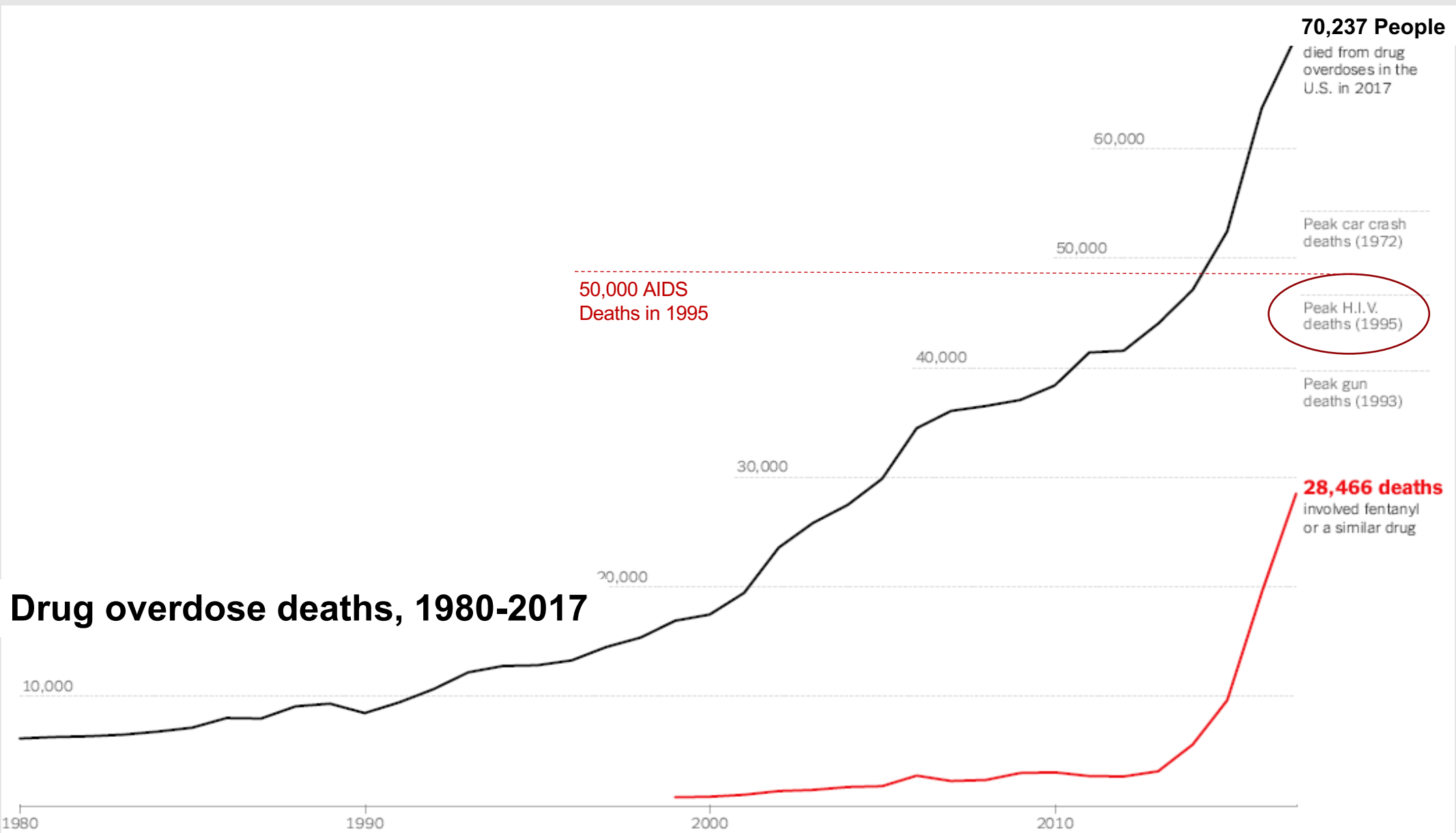
Number of AIDS Diagnoses/Deaths, United States, 1981-2007



Overdose Deaths Involving Opioids, United States, 2000-2016

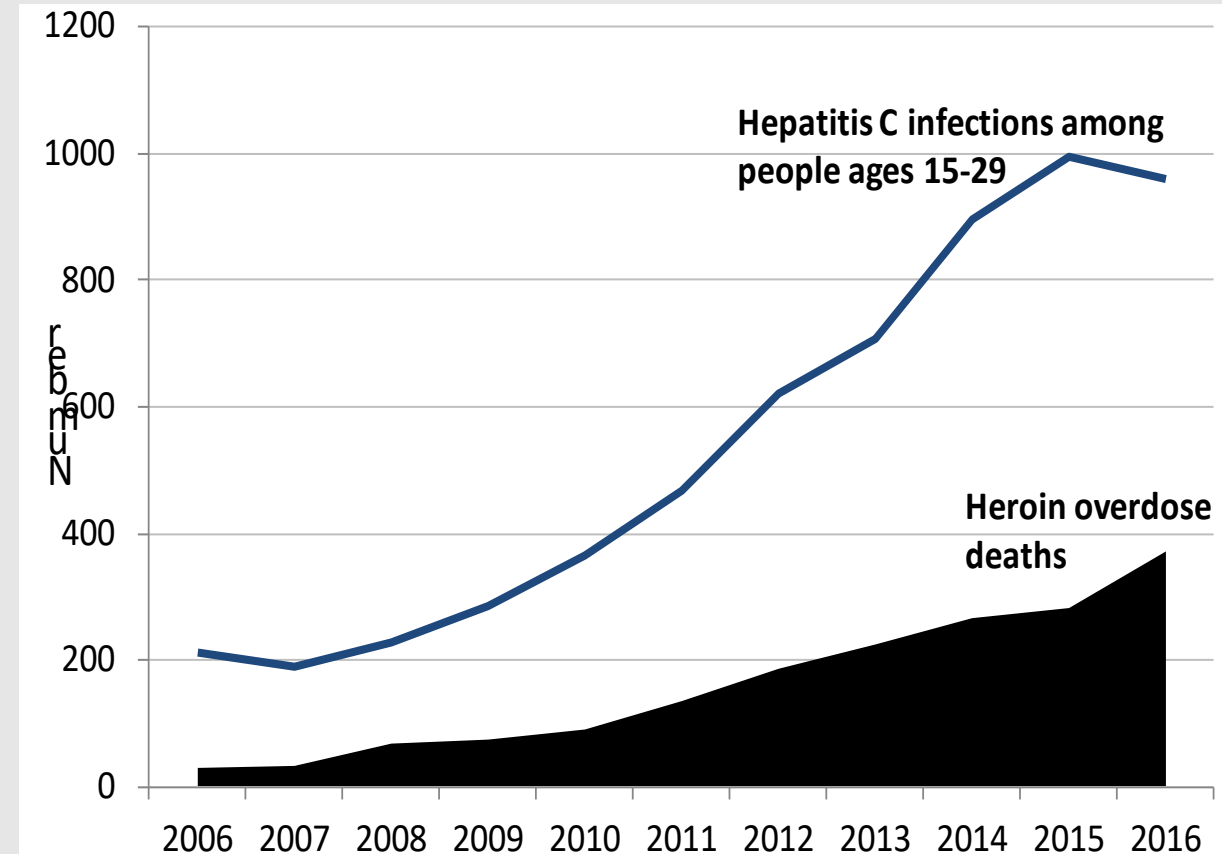
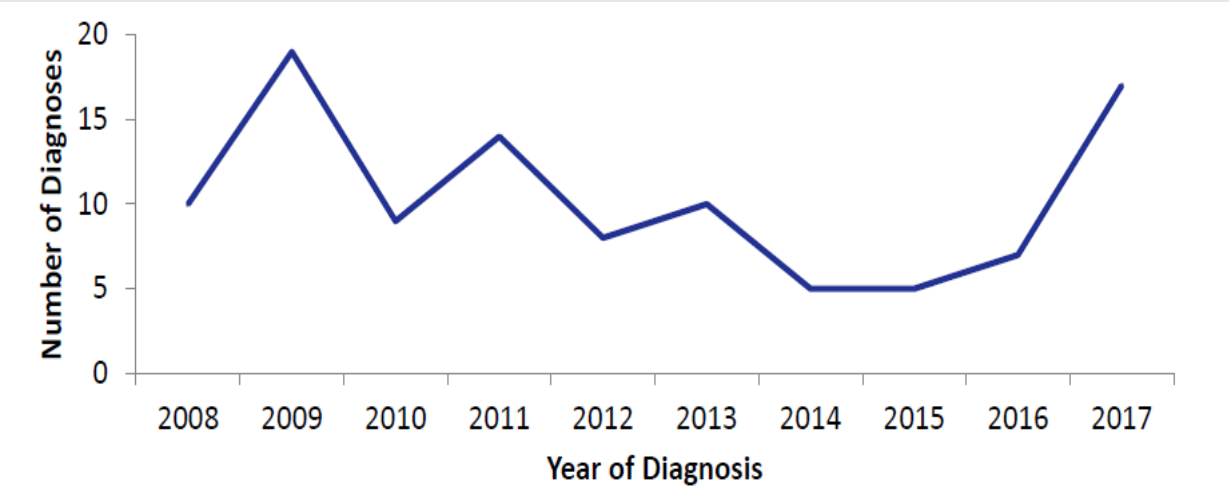


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.





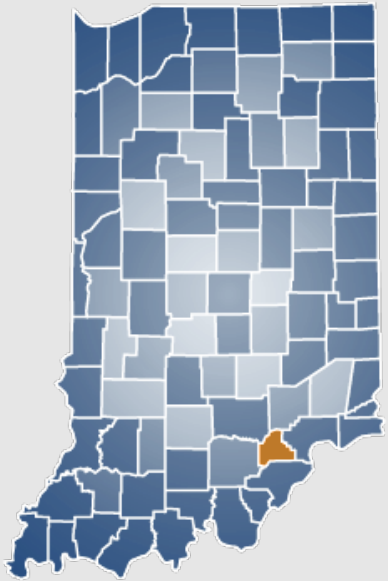
HIV diagnoses attributed to injection drug use, Wisconsin, 2008-17



Source: Wisconsin Division of Public Health, HIV/AIDS Annual Surveillance Report, 2017

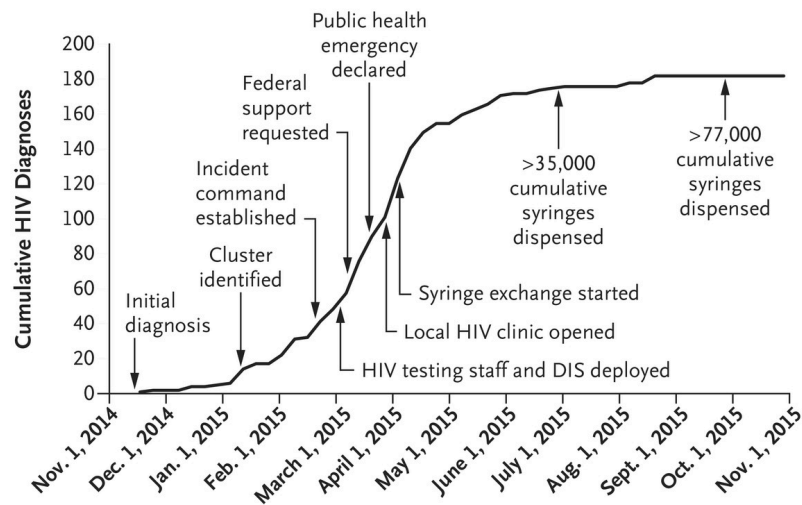
<https://www.dhs.wisconsin.gov/publications/p00484.pdf>

Scott County, Indiana, 2014-15

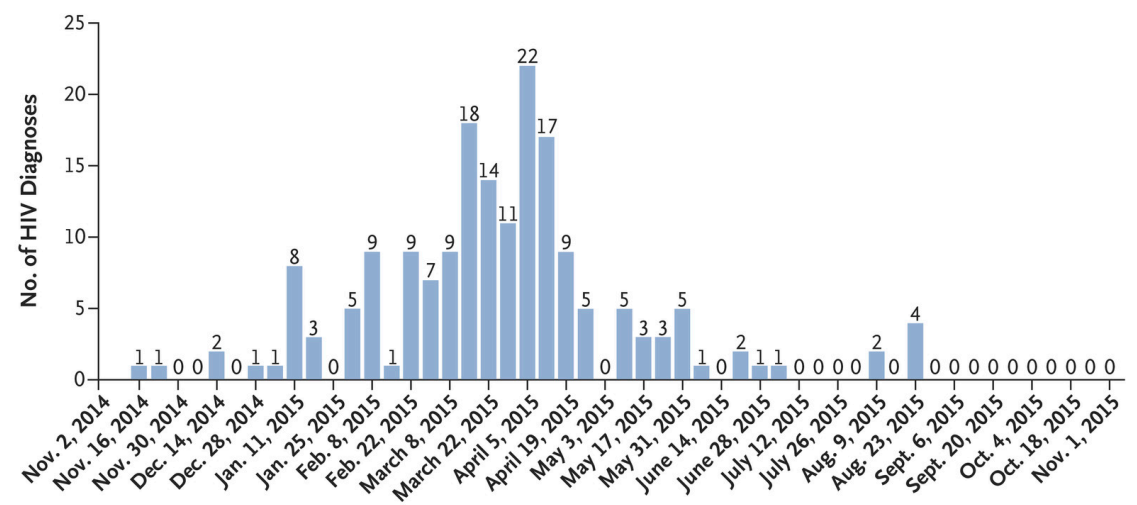


- On Jan 23, 2015, the Indiana State Department of Health began investigating a cluster of **11 newly diagnosed HIV infections**.
 - Only 5 HIV infections had been diagnosed from 2004-2013
- All 11 HIV-infected persons reported having injected prescription opioid oxymorphone.
- **231 Cases** diagnosed as of 2017

A Cumulative HIV Diagnoses and Public Health Response



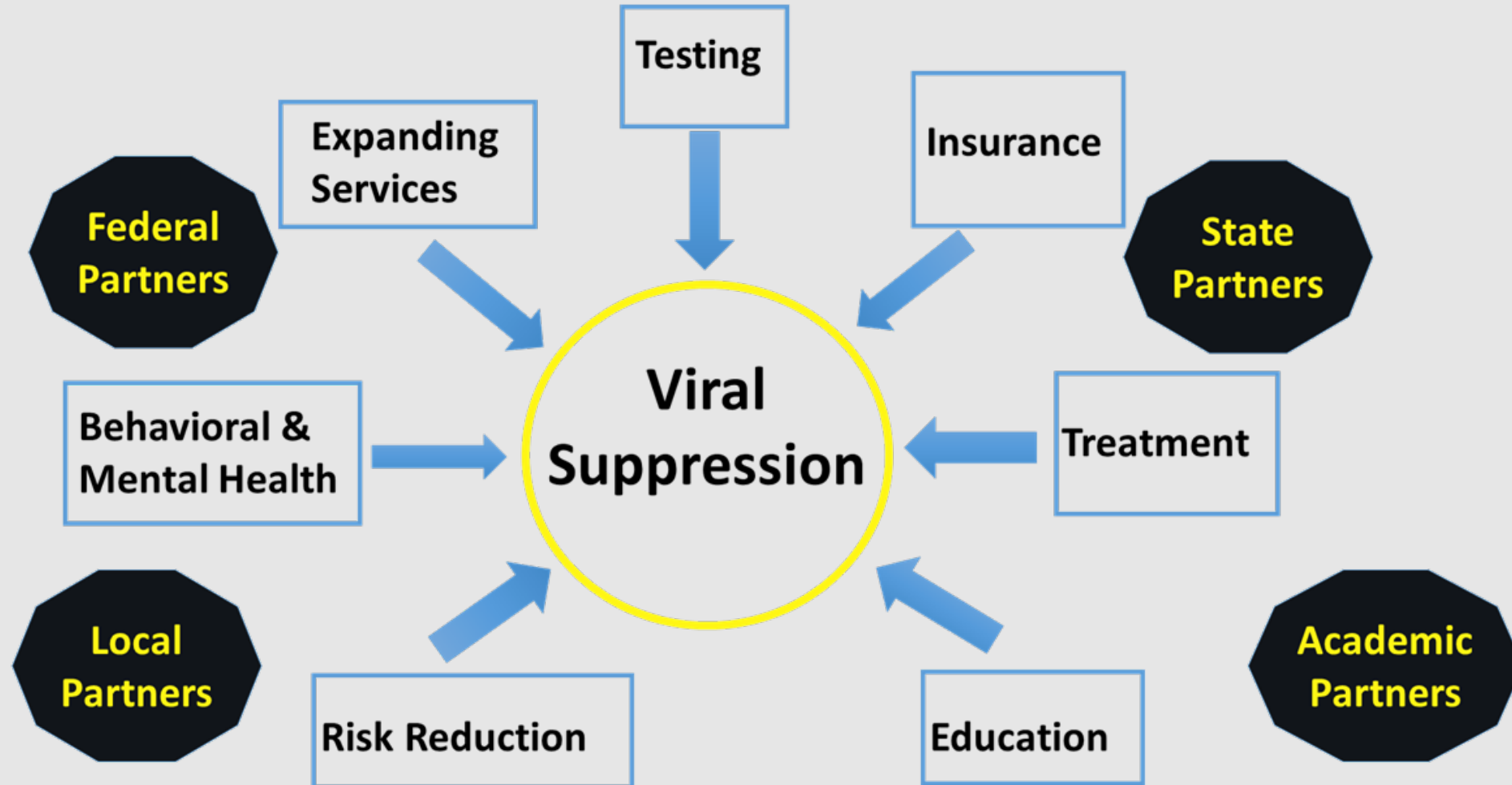
B HIV Diagnoses According to Week of Testing



Indiana: What was learned in Scott County?



Scott County Outbreak: Multi-pronged, coordinated response to HIV

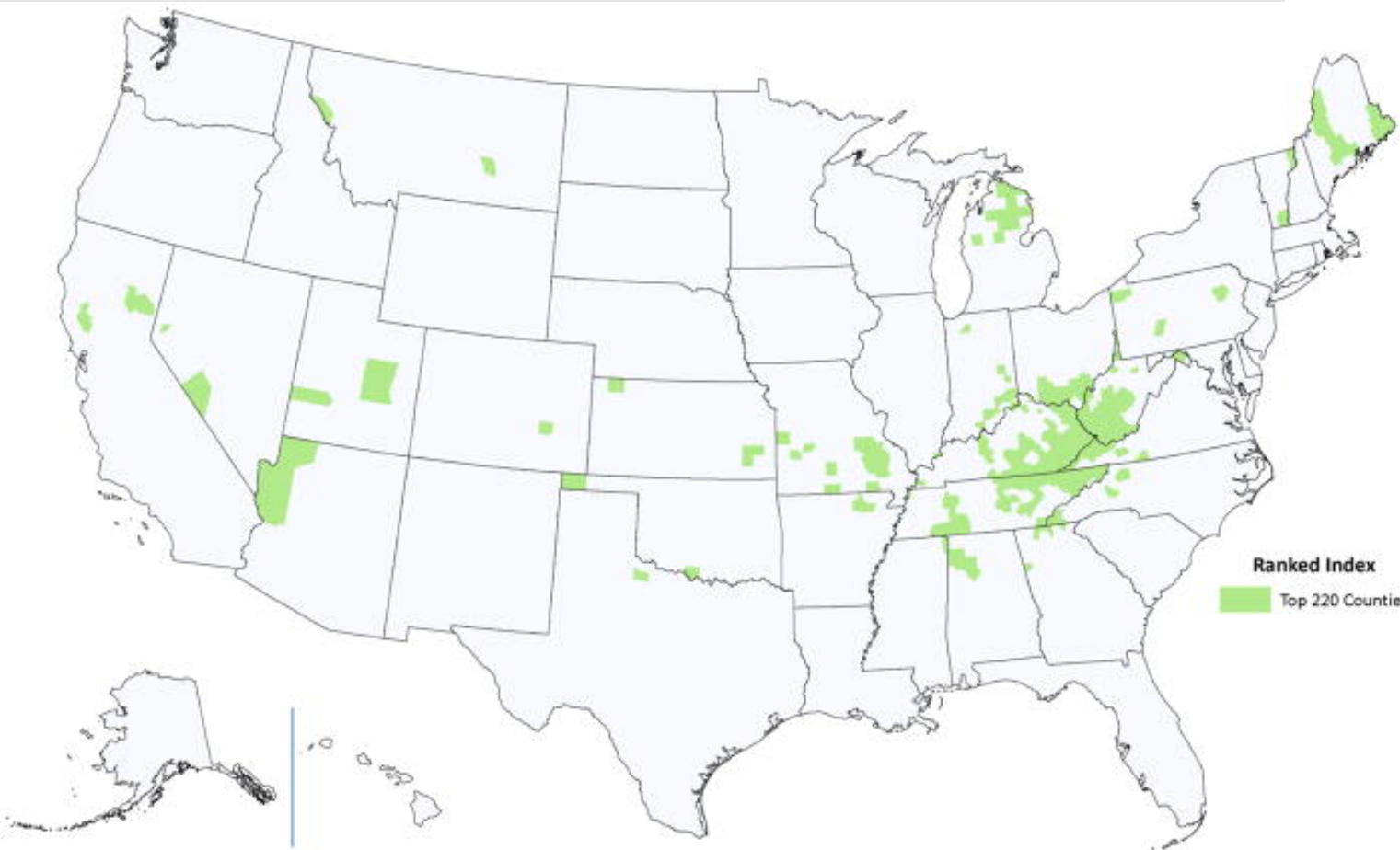


Could this happen again?



County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States

Michelle M. Van Handel, MPH, Charles E. Rose, PhD,* Elaine J. Hallisey, MA,†
Jessica L. Kolling, MPH,‡ Jon E. Zibbell, PhD,§ Brian Lewis, BS,|| Michele K. Bohm, MPH,¶
Christopher M. Jones, PharmD, MPH,# Barry E. Flanagan, PhD,|| Azfar-E-Alam Siddiqi, MD, PhD,*
Kashif Iqbal, MPH,* Andrew L. Dent, MA, MBA,† Jonathan H. Mermin, MD, MPH,**
Eugene McCray, MD,* John W. Ward, MD,§ and John T. Brooks, MD**



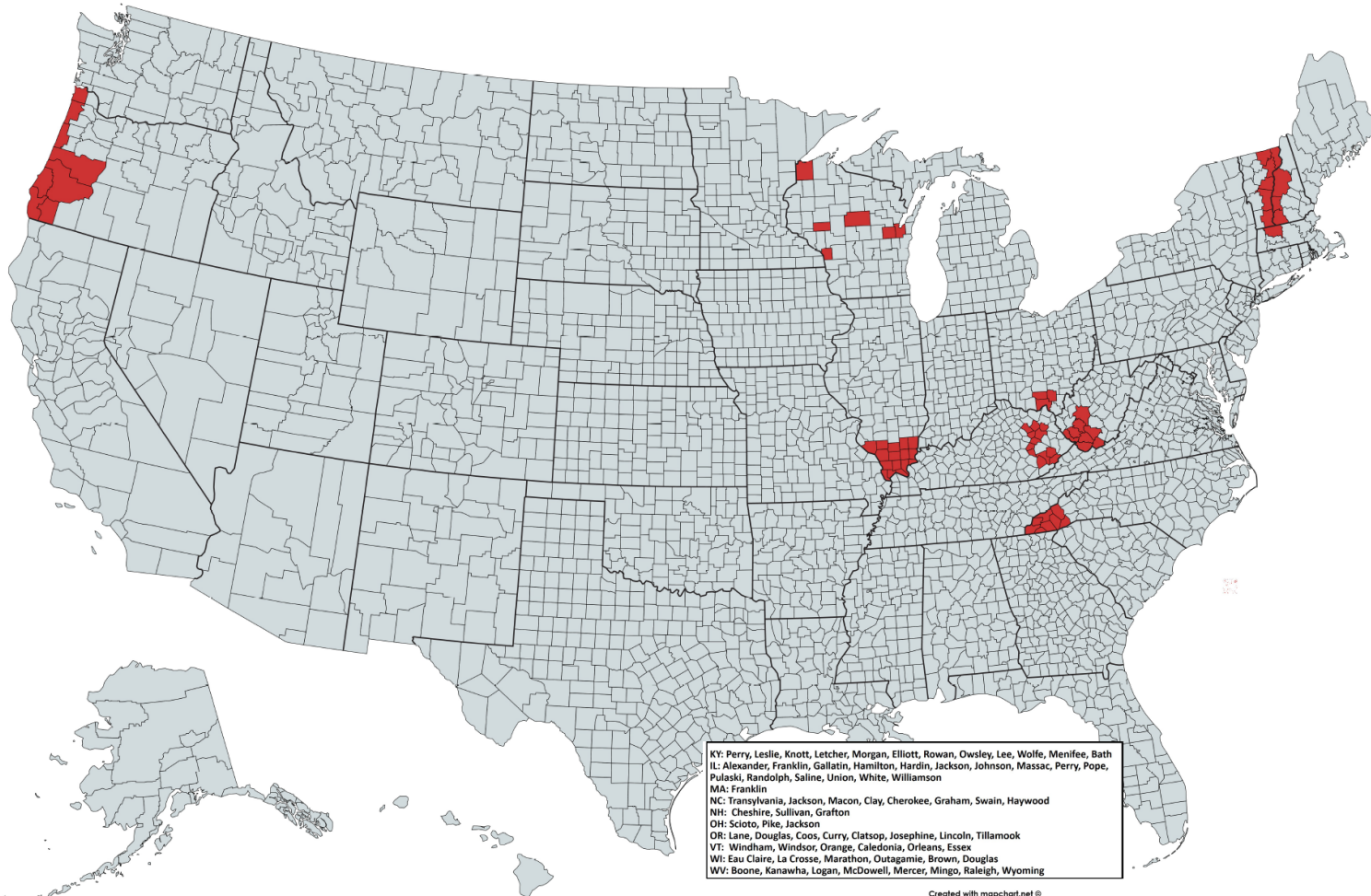
Rural Opioid Initiative, NIDA/CDC/SAMHSA



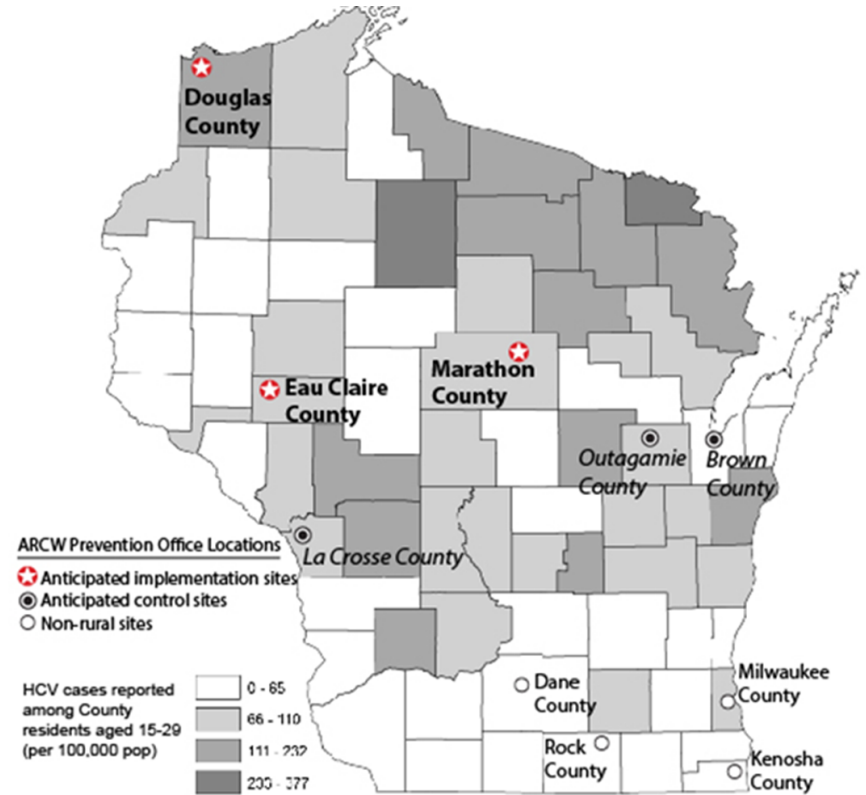
- **Identify best practices** that can be disseminated to address the particular need of communities confronting the opioid epidemic
- **Conduct community assessments**
- Use these assessments to **design plans for implementing evidence-based practices** to address:
 - Opioid Overdose
 - HIV/AIDS,
 - Hepatitis C,
 - Other related comorbidities
- **Evaluate** implementation of these plans



Wisconsin Rural Opioid Initiative



“Community-based, client-centered prevention homes to address the rural opioid epidemic”



HIV Medical Homes

Our HIV Medical Home ensures patients receive innovative care to support them in achieving optimal health outcomes.

Our HIV Medical Home has received recognition from:



MEDICAL

High quality, comprehensive primary care and HIV treatment is provided to all patients, uniquely integrated with health and social services to ensure the best clinical outcomes.



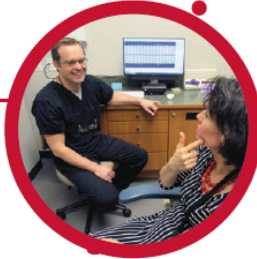
LEGAL

Direct representation in appeals of the denial of public and private benefits, cases of discrimination, advance directives and other legal matters.



DENTAL

A full range of dentistry services to restore the health, smiles and confidence of our patients.



HOUSING

Transitional and long-term residential housing, rent and utility assistance, and counseling to assure no one with HIV is homeless.



MEDICAL HOME PATIENTS

BEHAVIORAL HEALTH

Individual and group therapy, psychiatry, drug treatment and neuropsychological testing are provided to assure wellness.



FOOD

Healthy and delicious food to assure good nutrition and support overall health.



PHARMACY

All prescriptions for patients, regardless of ability to pay, are filled along with in-depth education, adherence counseling, financial assistance and home delivery.



CASE MANAGEMENT

Assists patients and clients with enrollment in benefit programs to help them access and remain in care.



Key Performance Indicators

Our outcomes

National average of HIV specialty clinics

Patients retained in care

94% VS
86%

Patients who have been prescribed HIV medications

99% VS
91%

Patients who are virally suppressed

91% VS
72%

Patient Centered Medical Homes



Patient Centered Medical Home
Resource Center

Key Concepts of PCMH

- Comprehensive Care
- Patient-centered
- Coordinated Care
- Accessible Services
- Quality and Safety



Ryan White Comprehensive AIDS Resources Emergency(CARE) Act of 1990



Ryan White
1971-1990

- Allowed for the development of comprehensive programs to address the AIDS epidemic

Ryan White HIV/AIDS Program Parts

Part A: Grants to high prevalence metro areas

Part B: Grants to states and territories

AIDS Drug Assistance Programs

Part C: Early intervention services

Part D: Services for Women, Infants, Children, and Youth

Special Projects of National Significance

AIDS Education and Training Centers

Dental Programs

Minority AIDS Initiative



FY2018 Spending on HIV/AIDS in US

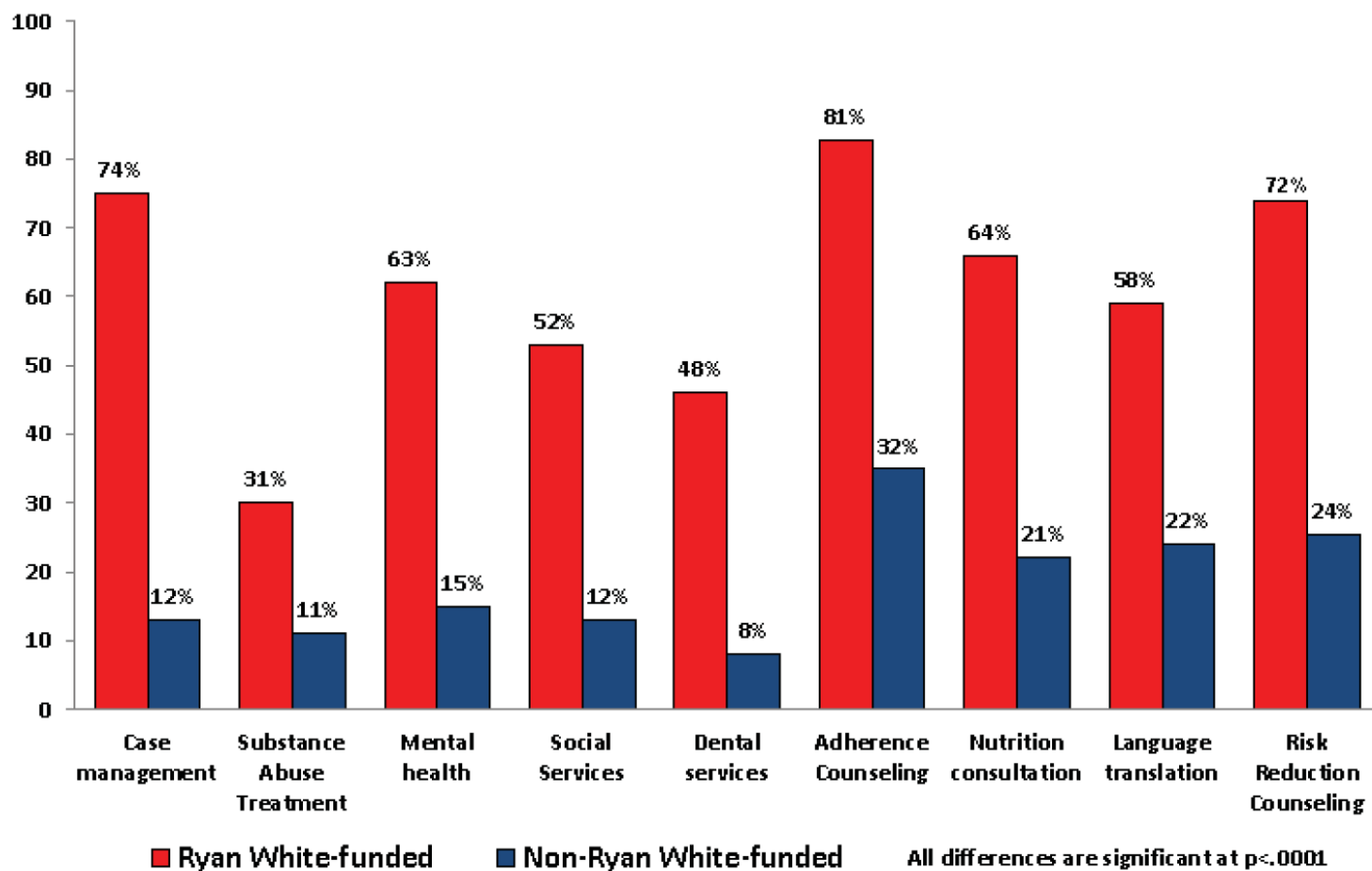
Total HIV Funding : \$26 Billion

RWHAP Budget: \$2.6 Billion



Service Delivery and Patient Outcomes in Ryan White HIV/AIDS Program-Funded and -Nonfunded Health Care Facilities in the United States

John Weiser, MD, MPH; Linda Beer, PhD; Emma L. Frazier, PhD; Roshni Patel, MPH; Antigone Dempsey, MEd; Heather Hauck, MSW; Jacek Skarbinski, MD

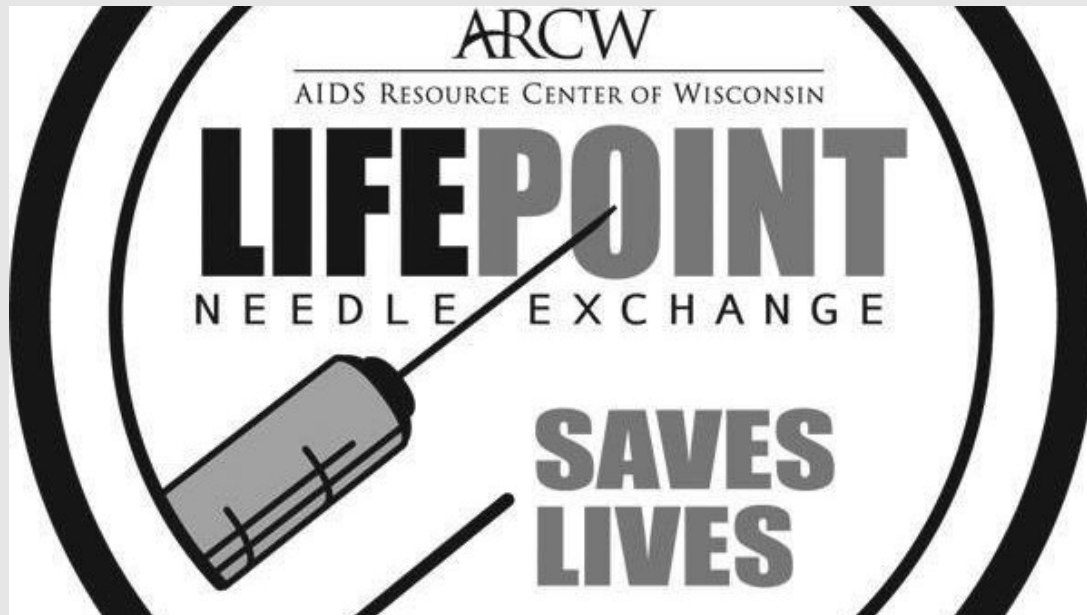


Analysis of 8,093 patients receiving care at 989 clinics in the U.S.

- 90.6% of patients were prescribed ART in past 12 months
- 75.6 % of patients had viral suppression

	RWHAP-funded clinics	Non-RWHAP-funded clinics
<i>Overall population</i>		
Viral suppression	74%	79%
<i>People living in poverty</i>		
Viral suppression	73%	67%

Prevention services



“A set of practical strategies and ideas aimed at **reducing negative consequences** associated with drug use.”

-- *Harm Reduction Coalition*

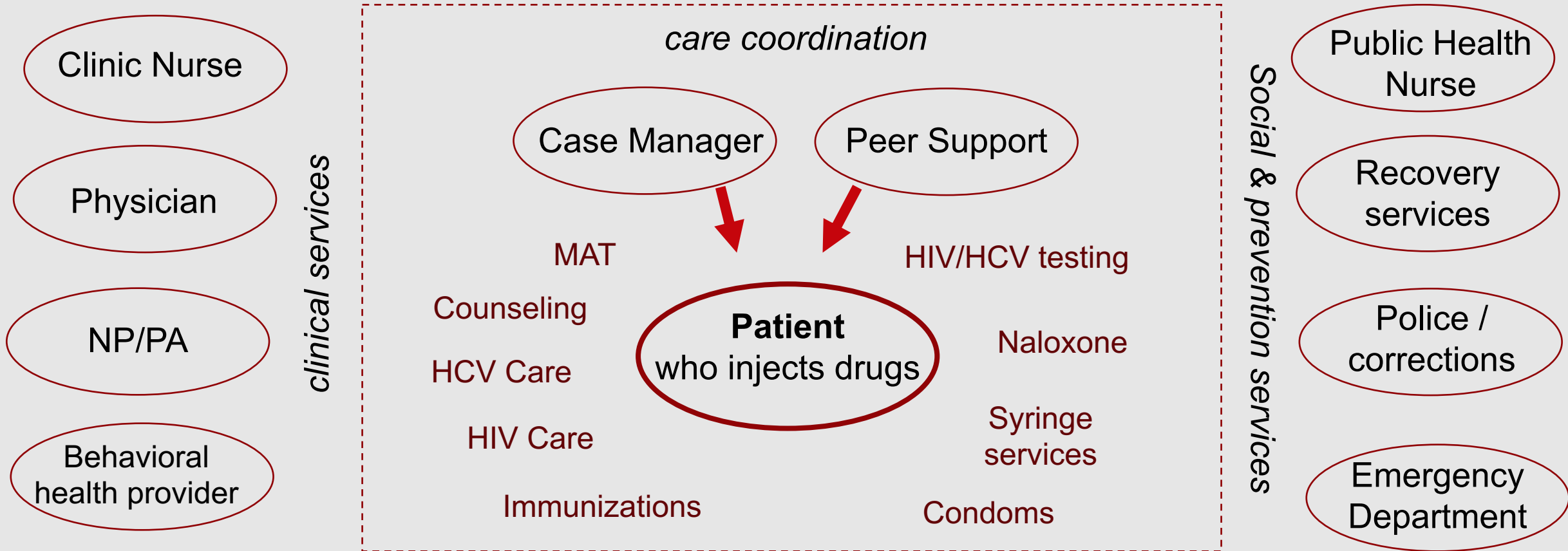
Key Concepts of PCMH

- Patient-centered
- Comprehensive Care
- Coordinated Care
- Accessible Services
- Quality and Safety

Needed: A new model of care for PWID



Preventive Health Home Model



Wisconsin Rural Opioid Initiative



Phase 1 (UG3): Sep 2017-Aug 2018

- HIV/HCV seroprevalence study
- Community needs assessment through stakeholder interviews
- Client survey assessing health behaviors and health care access

Phase 2 (UH3): Sep 2019-Aug 2022

- Implementation of Client Centered Prevention Home Model at ARCW office in 3 rural communities

Qualitative Data ↔ Qualitative Data

Eligibility Criteria

1. 15 years or older
2. Injected drugs the past 30 days
3. Reside in a rural community

Enrollment

1. Rapid HIV, HCV, and syphilis test
2. 25-30 minutes ACASI survey
3. Confirmatory testing (if needed)

Respondent Driven Sampling

1. Participants receive three coupons to recruit their peers
2. Receive **\$10** for each eligible recruit that enrolls into the study

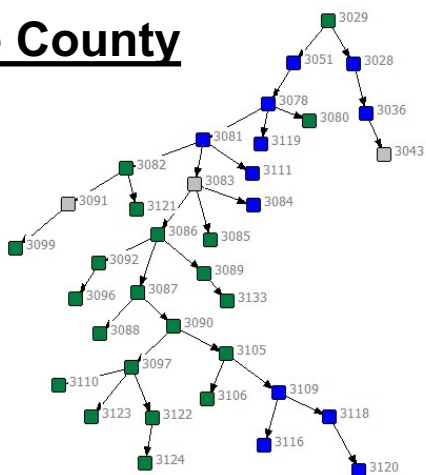
Participant Interviews

1. Enrolled participants may be asked to participate in an interview
2. Receive **\$30** for their time (1-2 hours).



Participant recruitment using respondent-driven sampling (RDS)

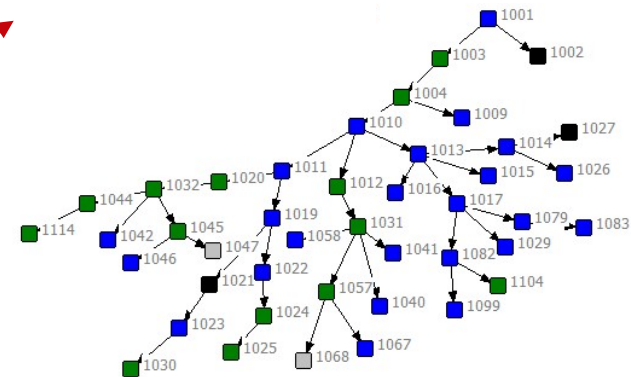
La Crosse County



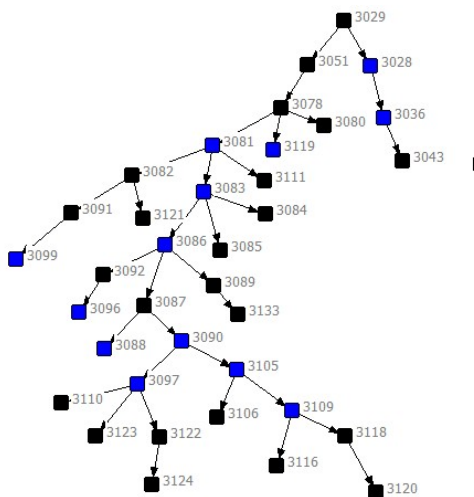
Drug of choice:
 ■ Heroin
 ■ Prescription opioids
 ■ Methamphetamine
 ■ Other



Brown County



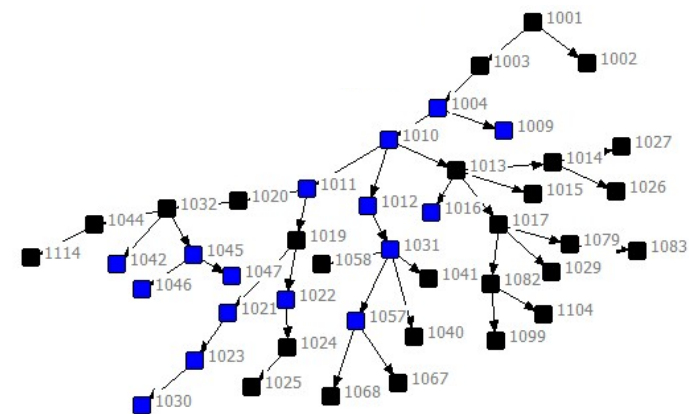
Drug of choice:
 ■ Heroin
 ■ Prescription opioids
 ■ Methamphetamine
 ■ Other



HCV Status:
 ■ Reactive
 ■ Non-reactive

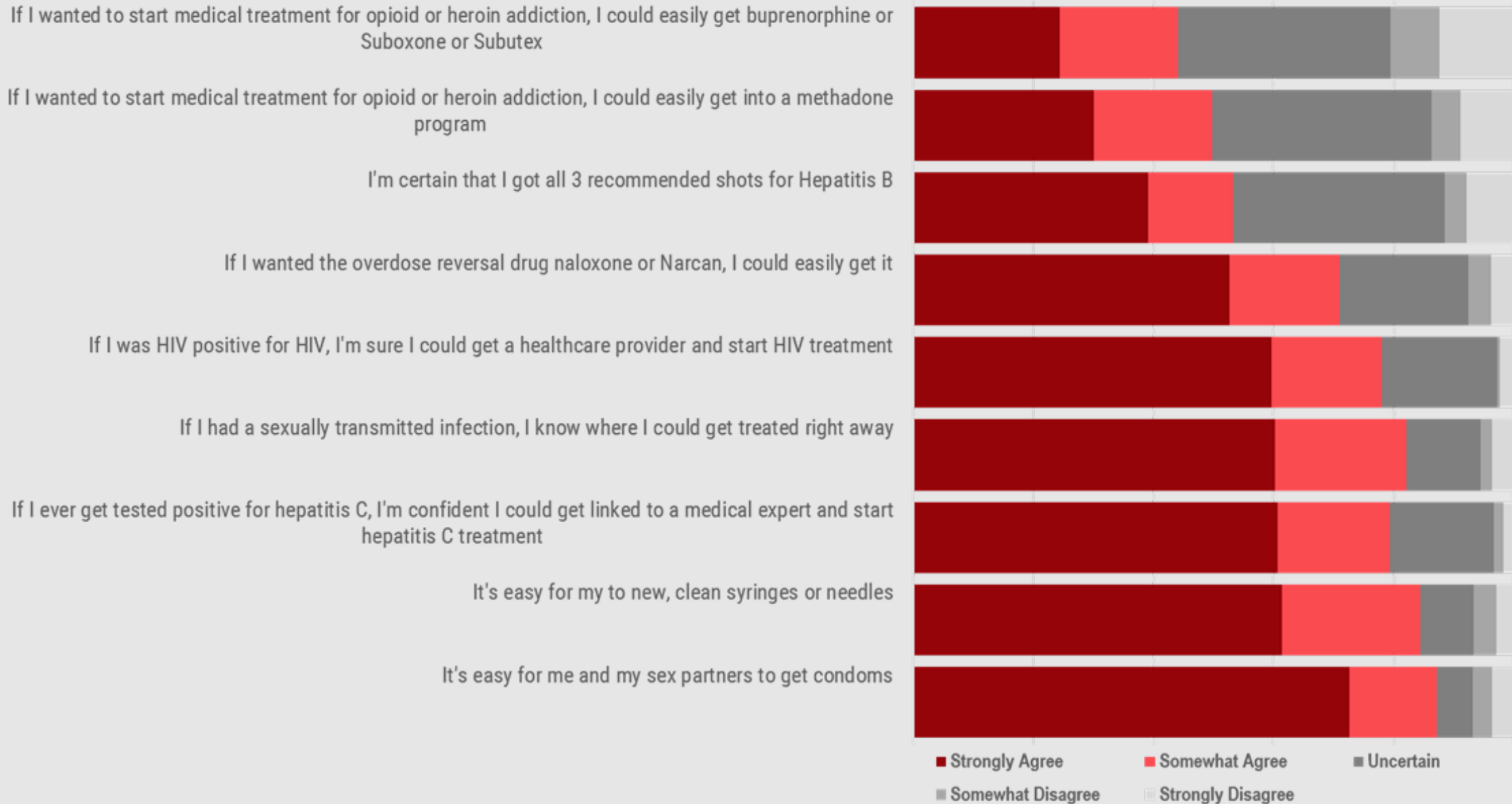
Preliminary findings, overall

- N = 611
- 49% “Secondary exchangers”
- 3 reactive HIV tests (0.5%)
- 205 reactive HCV tests (34%)
- 272 had prior overdose (45%)
- 48% Meth = “Drug of Choice”



HCV Status:
 ■ Reactive
 ■ Non-reactive

Access to treatment & prevention services



Qualitative research findings



Q: “Tell me what it’s like for you to receive health care in the area where you live”

You go to doctors and they look down on you. My god, that’s the most ridiculous thing. It’s the most embarrassing—it’s embarrassing, it makes you feel worthless, less than, when you got a doctor going “why are your veins so knotty?”

... You have to tell them you’re an IV drug user, and then that just destroys any relationship you have with certain doctors because if you tell them that you’re sick or you need this or you need that, that’s the first thing they jump back to is “oh, well, you’re an IV drug user and you’re just gonna come in here looking for pills-”

Q: “What’s it like to get services here (ARCW syringe exchange program)?”

What’s it like? Wonderful. They don’t make me feel like I’m a [expletive] piece of [expletive] drug user. It’s kinda weird to be honest with you.

All the ladies here, the guy, they’re all awesome. They make you feel like-“what can I do for you? What do you need? Do you need anything else? Can I help you with anything? Do you wanna get educated?” That’s awesome, you know.”

Qualitative research findings



Stigma & Marginalization

I was supposed to bring like 5 people [to participate in the study] but no one would come today. They are just scared to come here because they feel like they are going to get arrested because of being a user. We shouldn't have to feel scared -- I know it's illegal to do the drugs but wouldn't they rather us be doing them the safe way then fricken dying and getting diseases and infections?

(Discussing why people do not call 911 after using Naloxone for overdose)

I've been in that situation and only once did they call 911 for me. But I always told them if I overdose and I don't come back, just go drop my body in the alley, don't say nothing. If anything, call my mom or sister. I just don't want the stigma attached to me that they got a junkie overdosing in their house



Objectives

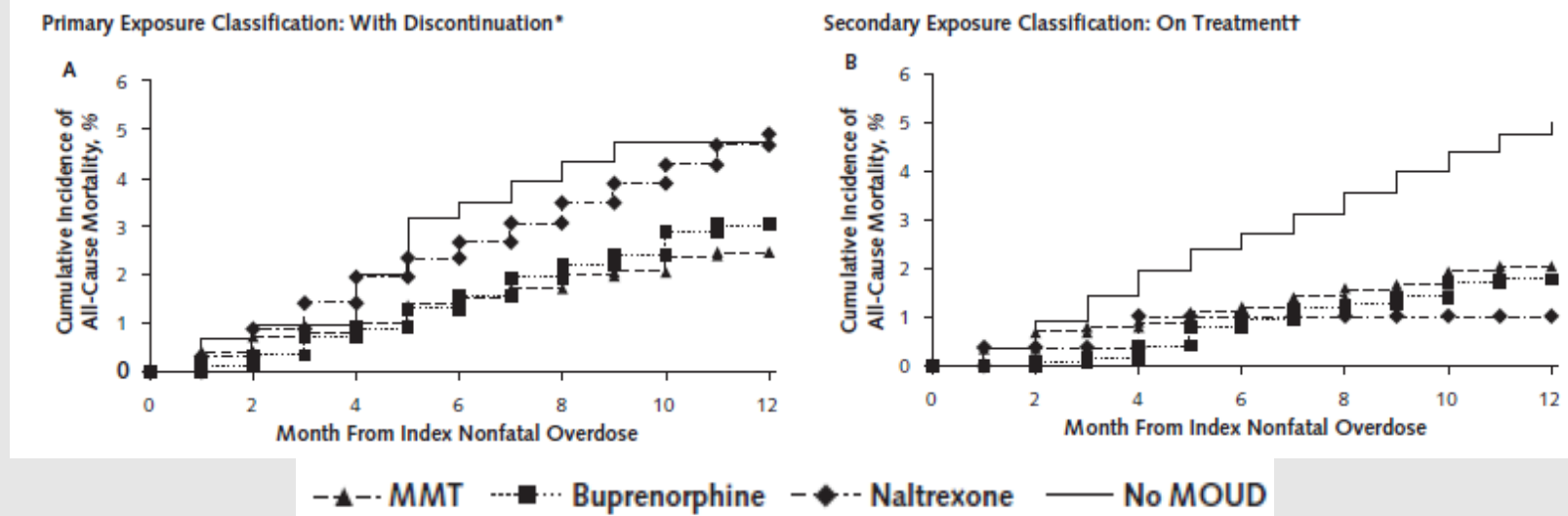
- Identify waived providers who actively prescribe buprenorphine and examine primary barriers to treat
- Evaluate the willingness of rural primary care providers to provide treatment for opioid use disorder as primary prescribers
- Evaluate negative provider attitudes towards PWID that may serve as a barrier to effective primary care in rural communities

Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality

A Cohort Study

Marc R. Larochelle, MD, MPH; Dana Bernson, MPH; Thomas Land, PhD; Thomas J. Stopka, PhD, MHS; Na Wang, MA; Ziming Xuan, ScD, SM; Sarah M. Bagley, MD, MSc; Jane M. Liebschutz, MD, MPH; and Alexander Y. Walley, MD, MSc

Figure 3. Extended Kaplan-Meier cumulative incidence of all-cause mortality (A and B) and opioid-related mortality (C and D), by monthly exposure to MOUD after index overdose.



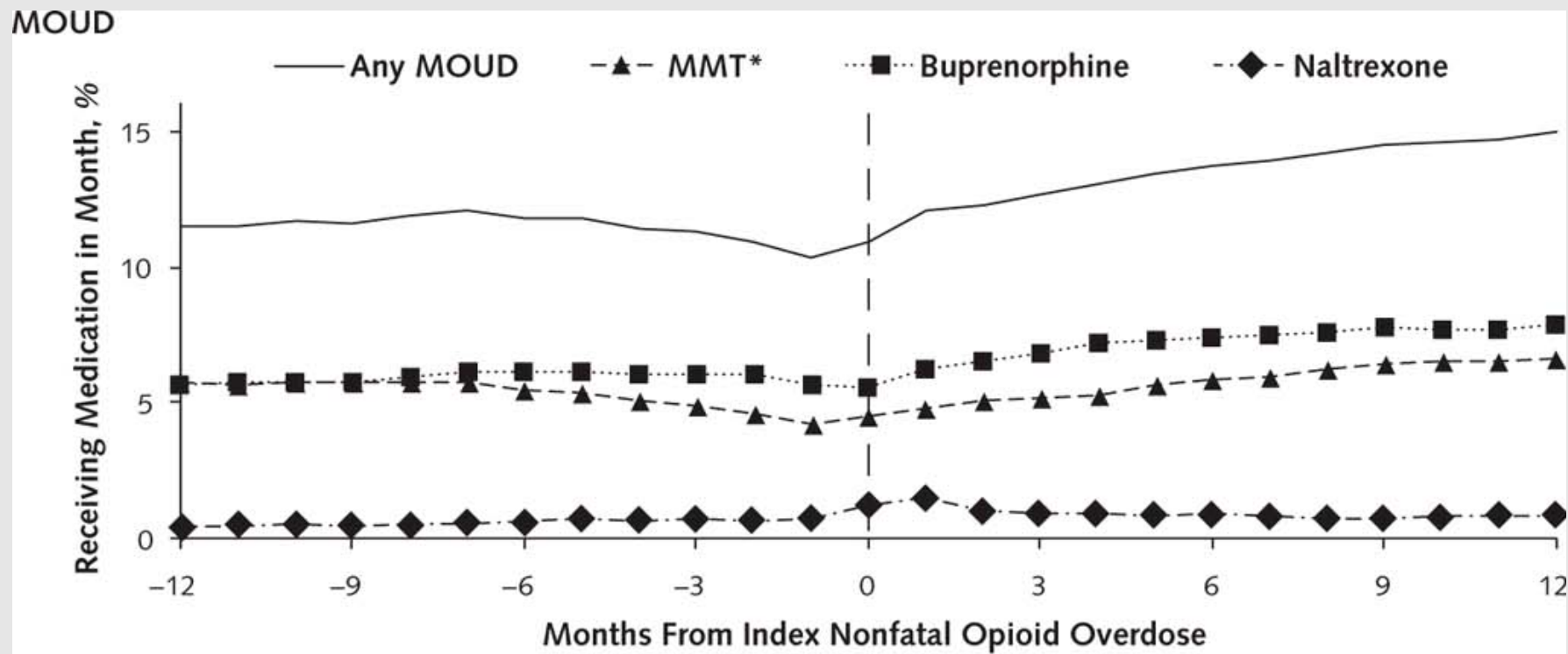
Unadjusted all-cause mortality at 12 months

No MAT:	5.0% (CI, 4.7 to 5.4%)	
MMT:	2.0% (CI, 1.2 to 2.9%)	
BUP:	1.8% (CI, 1.1 to 2.5%)	
NTX:	1.0% (CI, 0.0 to 2.7%)	(NNT=25)

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Only 10-15% of patients received any MAT during the 12 months following a non-fatal overdose

Methods



- Mail-based survey among primary care providers in Wisconsin (N=1500)
 - \$5 incentive
 - Three mailings
 - Oversampled rural providers and primary care buprenorphine providers
 - June 25 – Sept 7, 2018

Wisconsin Opioid Provider Survey

Summer 2018

As part of an NIH-funded study being conducted at the University of Wisconsin Department of Medicine, we invite you to complete a survey about the availability of services for treatment and prevention of opioid use disorder (OUD), hepatitis C virus, and HIV. This survey, which is also funded by the Wisconsin Department of Health Services, examines opinions and beliefs of prescribing treatment to opioid use disorder (OUD) and barriers providers may face in treating this population.

If you agree to participate, the survey will take you approximately 15 minutes to complete. Your participation in this research study is voluntary and you can choose to terminate the survey at any time. Research papers or study results presented in public forums that use these data will never identify individuals, clinic or hospital names, or any information that will identify you specifically; only aggregate results will be reported.

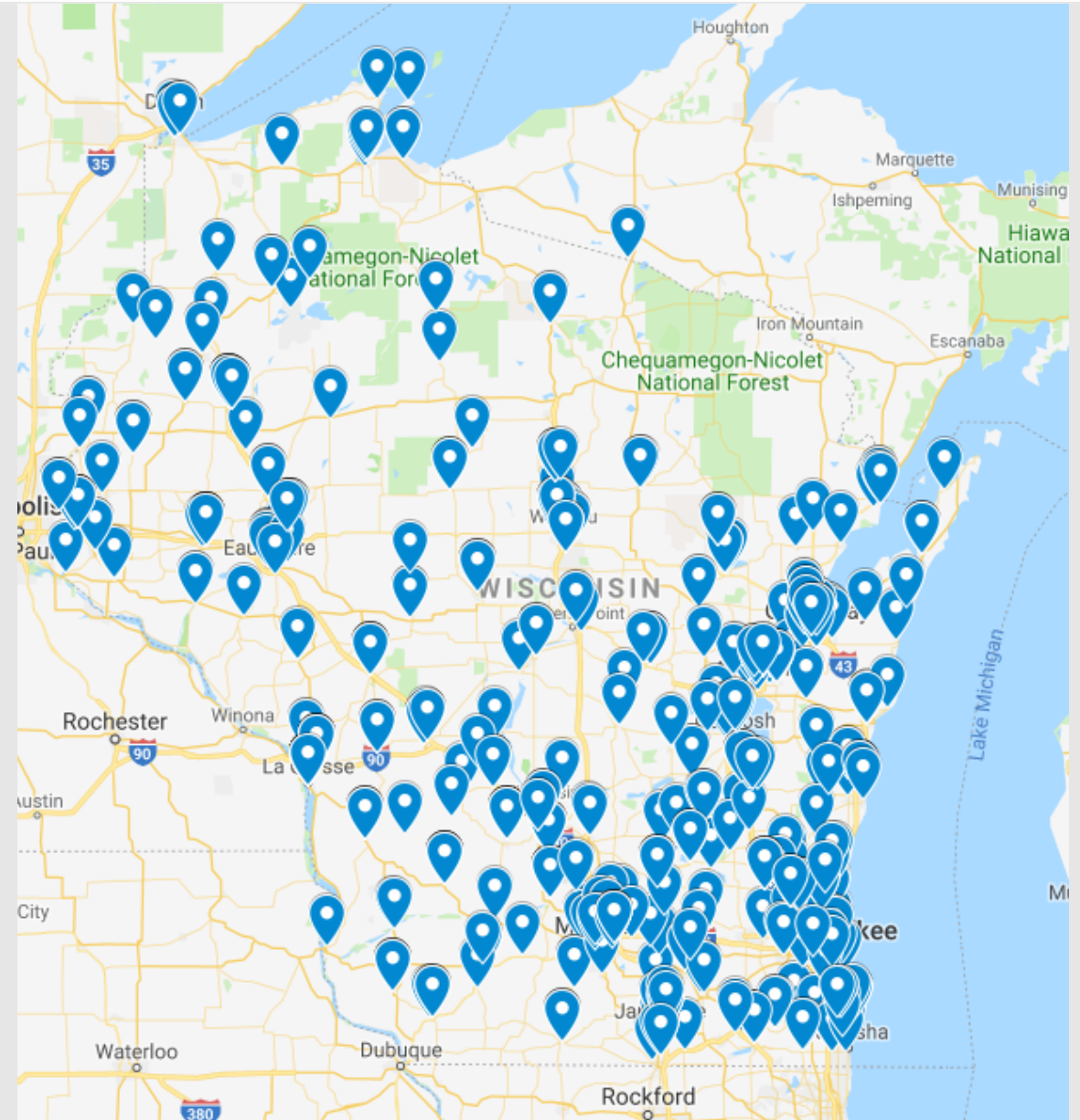
If you have questions about this survey or how the data will be used, please contact the Principal Investigator: Ryan Westergaard MD, PhD, MPH, Associate Professor of Medicine, rps@medicine.wisc.edu, (608) 265-7927. If you have any questions about your rights as a research subject, please contact UW Health Patient Relations at (608) 262-8009.

By continuing with this survey, you are indicating that you have read the informed consent statements above and agree to participate in this study.

Methods



- Mail-based survey among primary care providers in Wisconsin (N=1500)
 - \$5 incentive
 - Three mailings
 - Oversampled rural providers and primary care buprenorphine providers
 - June 25 – Sept 7, 2018
- N=600
 - Response rate: 45.01%
 - 2 responses were removed since



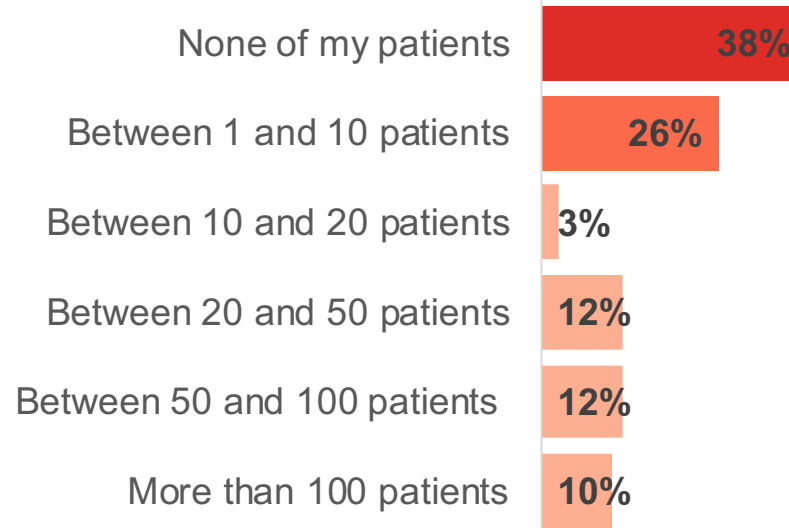


Identify waived providers who actively prescribe buprenorphine and examine primary barriers to treat

78

providers reported completing the DATA2000 Waiver

Majority of waived providers reported to prescribing buprenorphine to 0-10 patients.

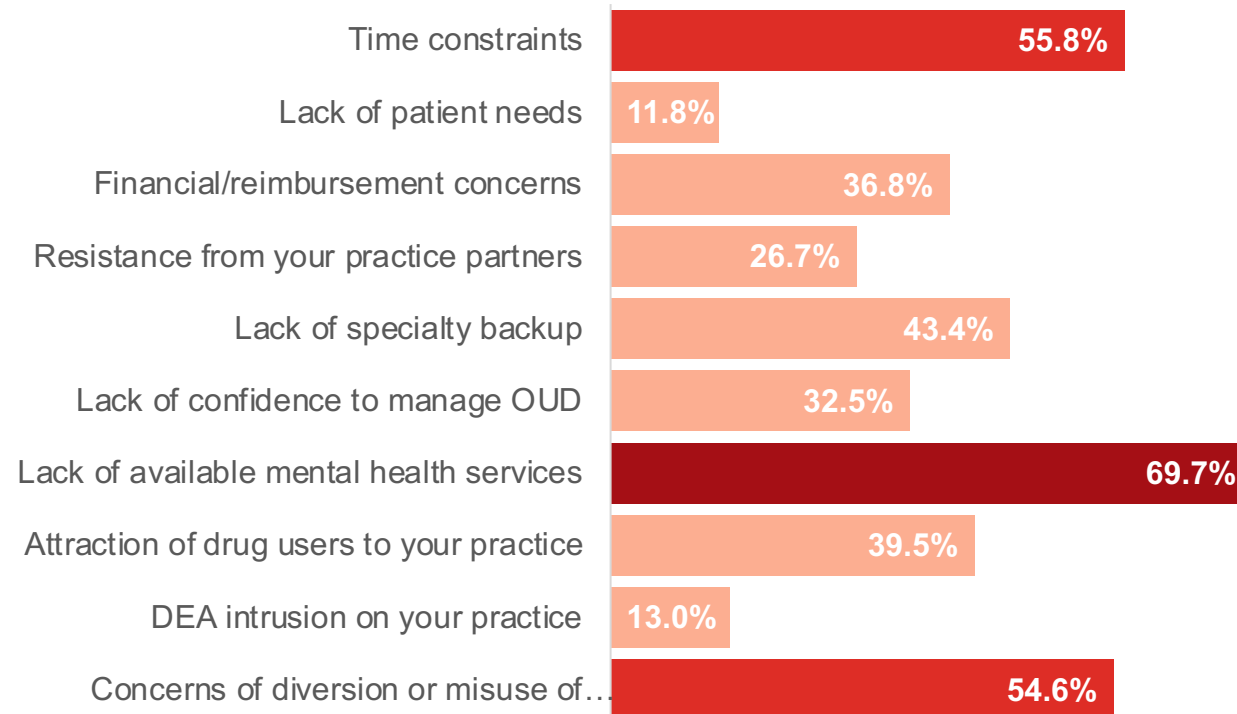


Identify waived providers who actively prescribe buprenorphine and examine primary barriers to treat



Waivered providers indicated that **lack of mental health services, time constraints, and concerns for misuse of medication** as **barriers** to incorporating buprenorphine into their practice.

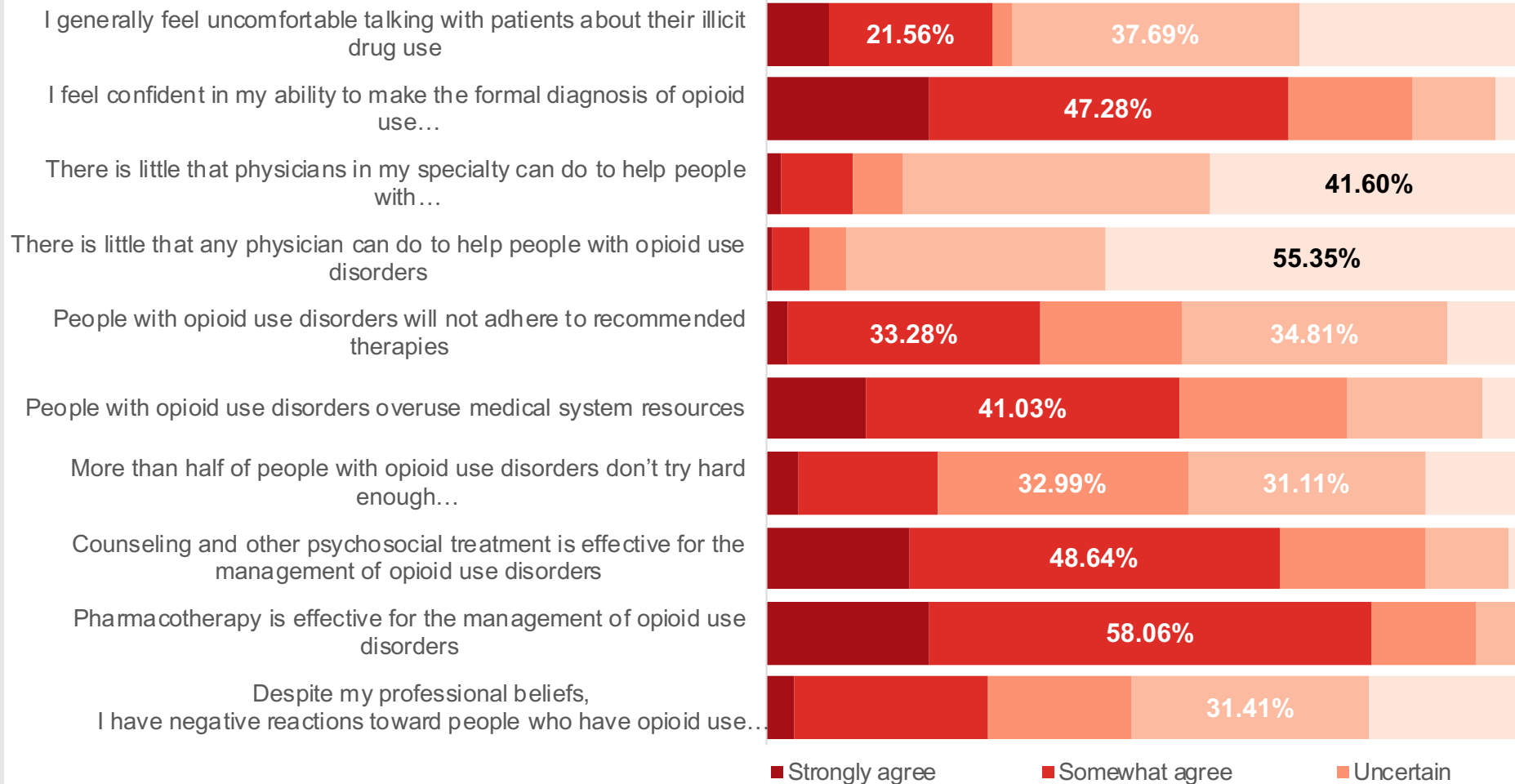
78
providers reported
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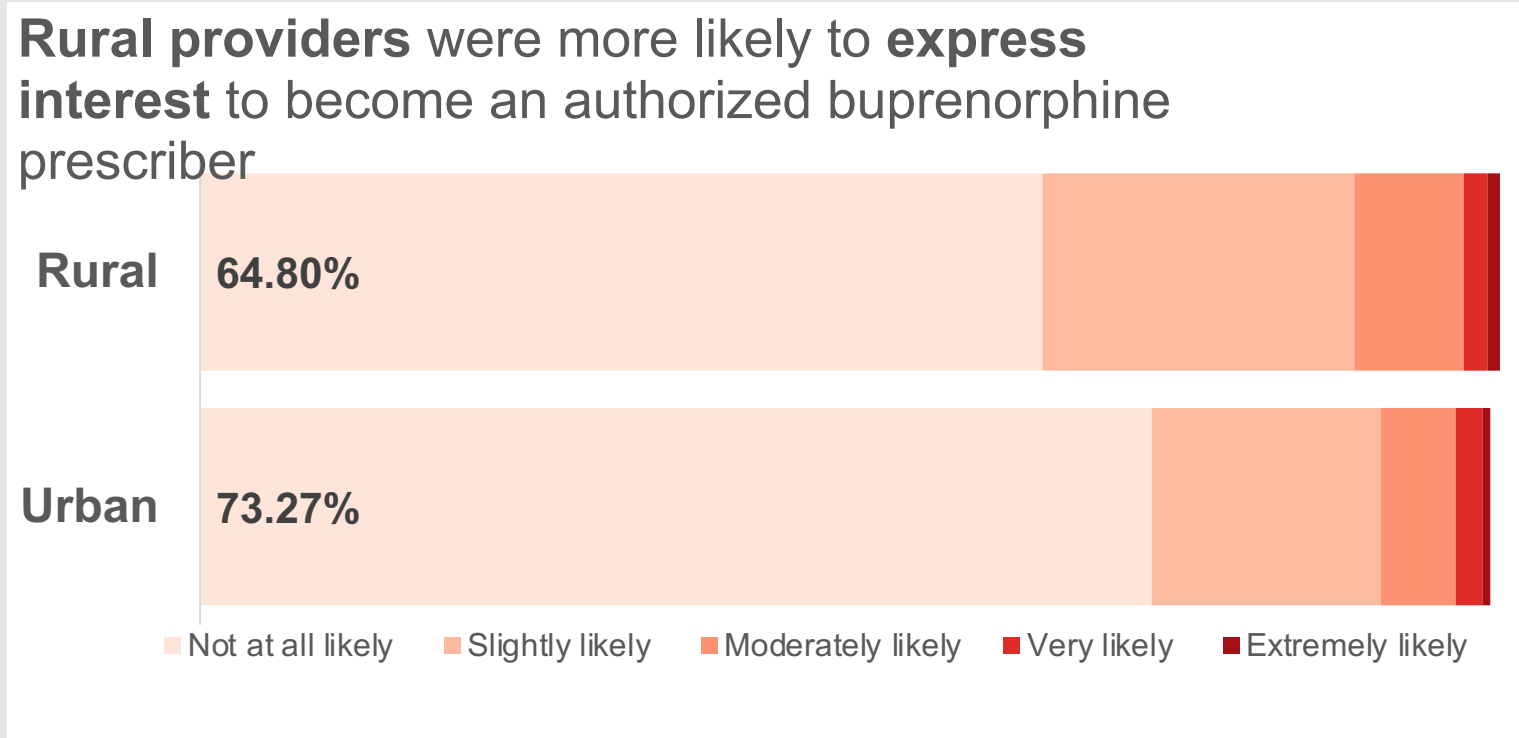
Provider attitudes towards PWID that may serve as a barrier to effective primary care in rural communities

Providers are somewhat confident that **pharmacotherapy is effective** for the management of OUD but believe that people with OUD may **overuse medical system resources** and **do not try hard enough** to get better





Willingness of rural primary care providers to provide treatment for opioid use disorder as primary prescribers





What would make primary care providers more likely to prescribe MAT?

...your employer provided financial compensation and protected time to complete buprenorphine prescriber...

...you had one or more colleagues at your practice site who were knowledgeable about buprenorphine?

...the evidence that buprenorphine prevents relapse for people in remission from opioid use disorder was...

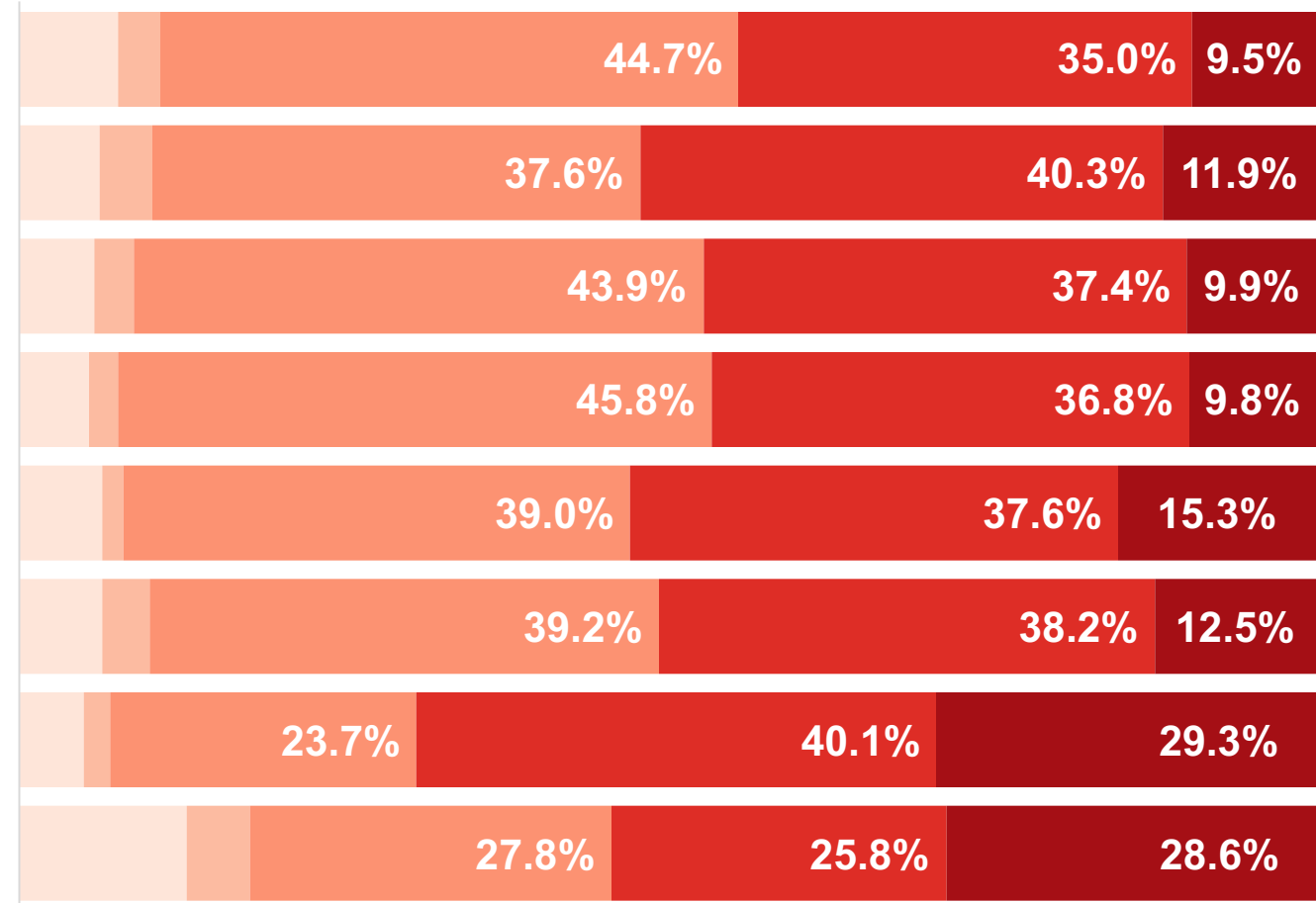
...the evidence that buprenorphine prevents fatal overdose was stronger?

...you had access to addiction medicine experts through a tele-consultation program at your practice?

...there were “smart sets” or other protocols built into your practice’s electronic medical record, to assist...

...your patients had improved access to addiction counseling or other behavioral health services?

... buprenorphine prescriber training was required as a condition of re-certification in your specialty?



■ Much less likely ■ Somewhat less likely ■ Neither less nor more ■ Somewhat more likely ■ Much more likely



What's next?

Phase II – Intervention of Prevention Navigation

Client-Centered Prevention Home

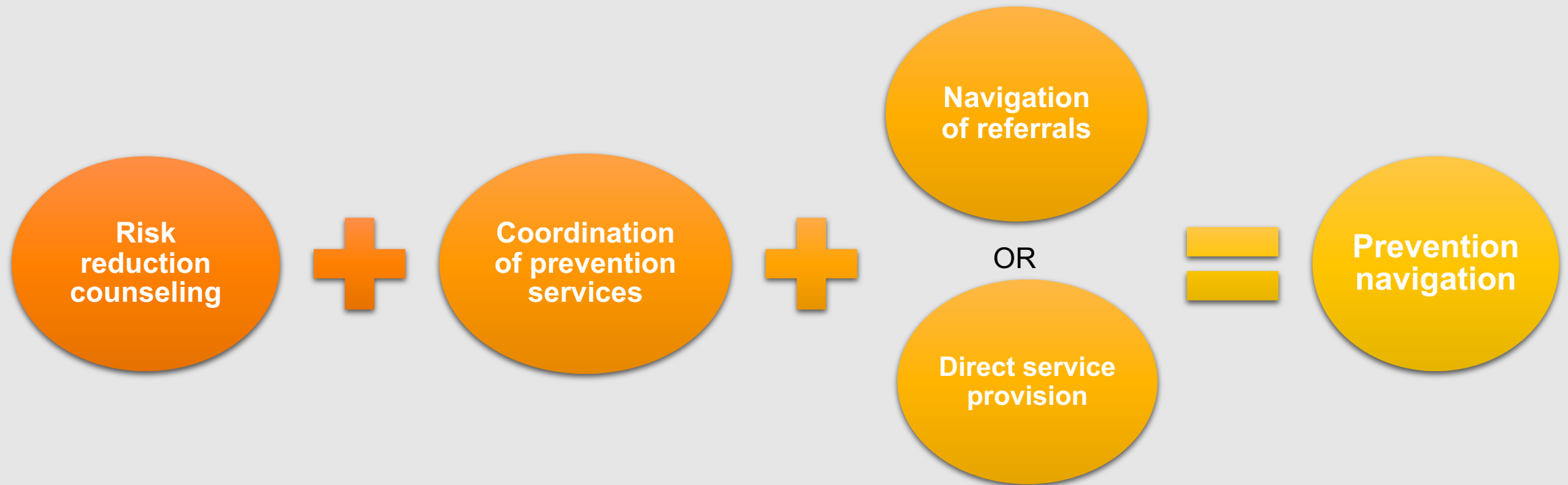
The goal of the CCPH program is to **increase** the **knowledge** of people who inject drugs on navigating prevention and treatment **services** for **HIV, HCV, and drug overdose**.

Prevention navigator

The Prevention Navigator provides intensive care coordination, support and services to HIV negative individuals who request assistance in accessing services to prevent infectious disease consequences from injection drug use.



Prevention navigation goals



Could include: HCV treatment,
HAV/HBV immunization, and MAT

Community partnerships

Local public health agencies

Advocacy groups

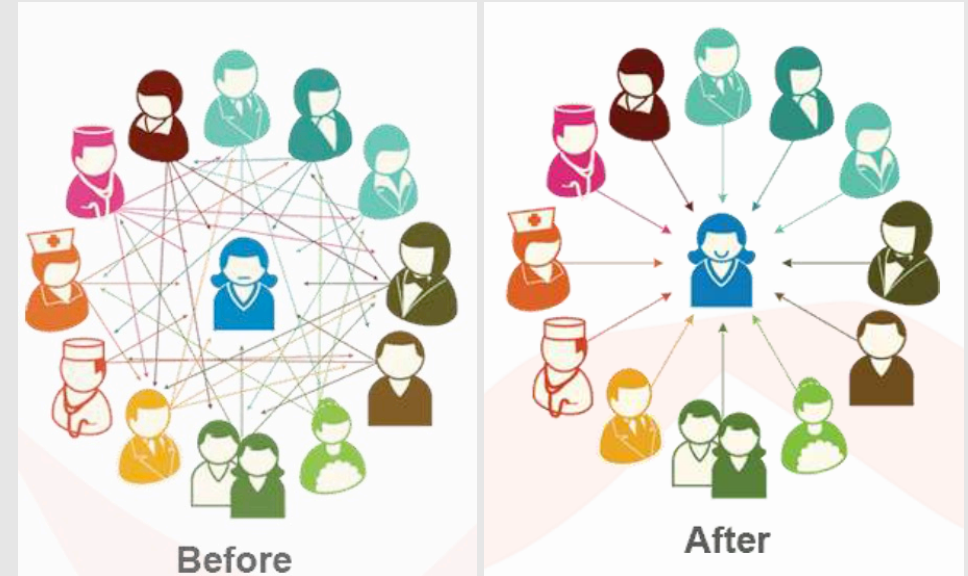
- Existing care coordination programs
- “Recovery coaching”

County & local law enforcement

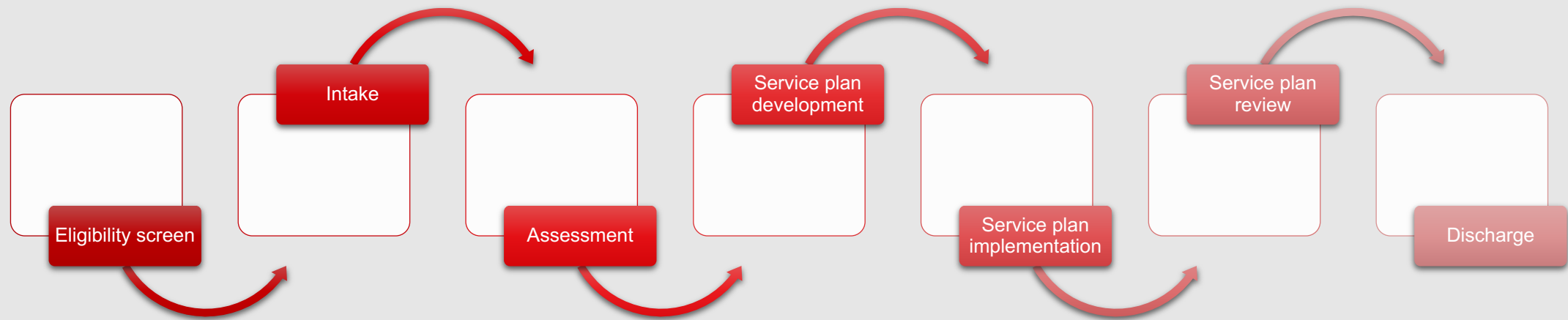
Multi-stakeholder regional task forces

Health Systems

- Addiction treatment providers
- Infectious disease providers
- Primary care providers

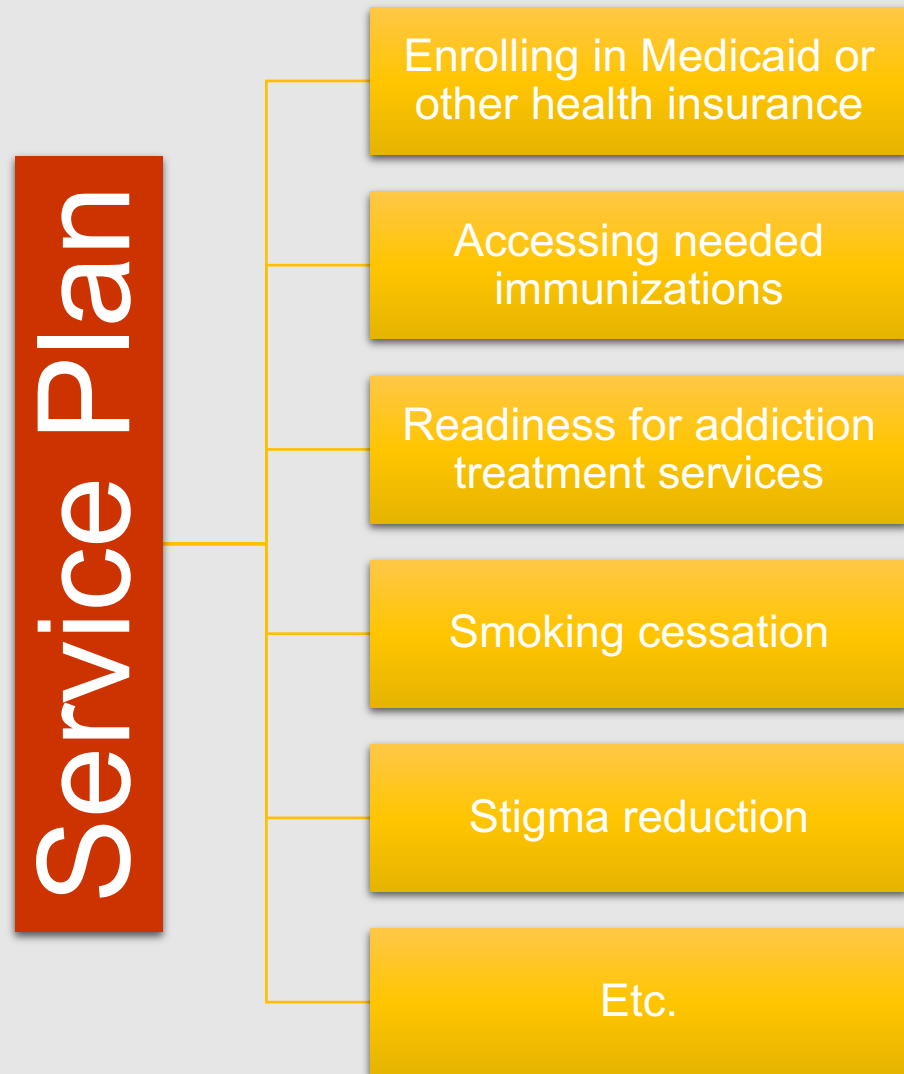


Intervention workflow

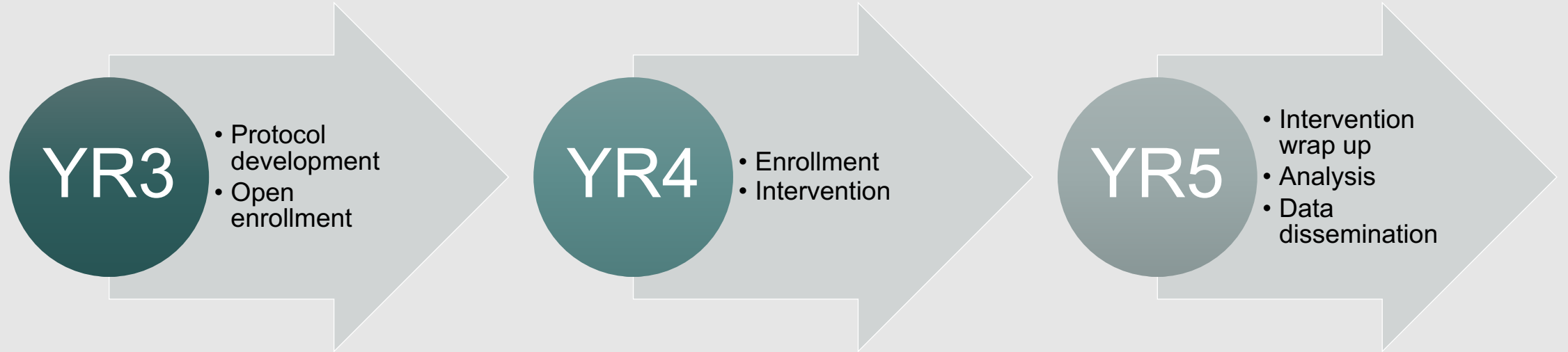


Individualized prevention service plans

Service planning provides the client and staff **concrete**, step-by-step **approach** to **address** client **barriers** to accessing and engaging in preventative and treatment services.



Project timeline



Provider-level interventions

PROJECT ECHO® SERIES

<https://www.fammed.wisc.edu/echo/>

[Project ECHO® Series](#)

[Project ECHO® Series: Session Educational Materials](#)

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[Project ECHO Case Presentation Form \(Word\)](#)

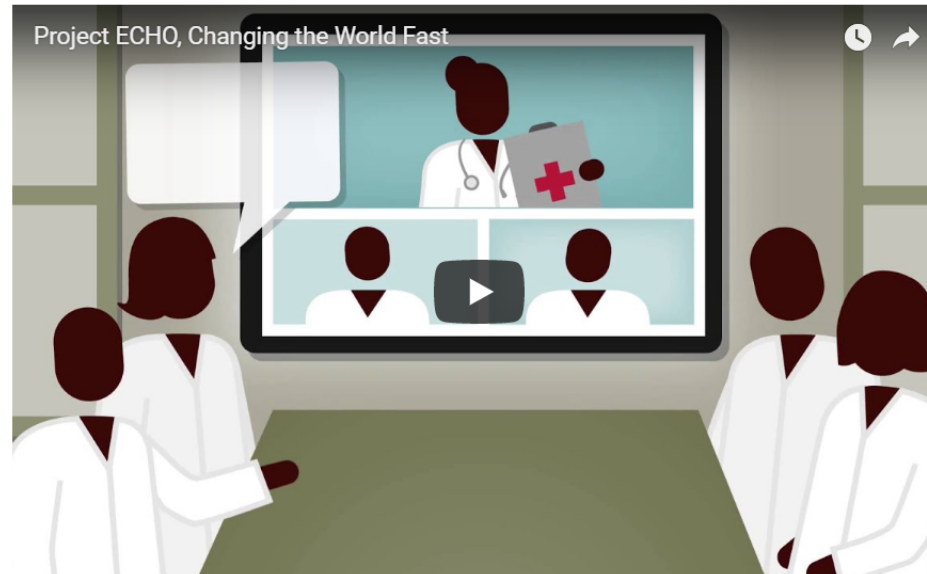
[UW Addiction Consultation Provider Hotline](#)

[UW Department of Surgery Project ECHO](#)

ACCEPT – **A**ddiction & **C**o-morbid **C**onditions: **E**nhancing **P**revention & **T**herapeutics

What is Project ECHO®?

Project ECHO® (Extension for Community Healthcare Outcomes) is a statewide educational, teleECHO initiative that connects clinical experts with primary care providers and medication assisted treatment prescribers across Wisconsin in an effort to reduce substance-related complications. Via a regularly scheduled videoconference, a multidisciplinary panel of specialists provide education and lead a collaborative discussion on submitted patient cases.



Interested in Joining?

Summary

- We have evidence-based tools to treat opioid use disorder and prevent and manage its consequences
- There is an urgent need to implement these tools more effectively and equitably
- HIV/AIDS has taught us that services are best delivered when they are patient-centered, coordinated, and free of judgement & stigma

Discussion

Please share any questions or comments about:

- Your reaction to this presentation
- Your experience working with patients & clients who face challenges navigating health systems
- Efforts taken by your organization to improve coordination of care



Acknowledgements

Rural Opioid Research Team at UW-Madison & WI DHS

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Theresa Chapman
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 Bennett Vogelmann
 Andrew Urban
 Rob Striker
 James Sosman

AIDS Resource Center of Wisconsin (ARCW)

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