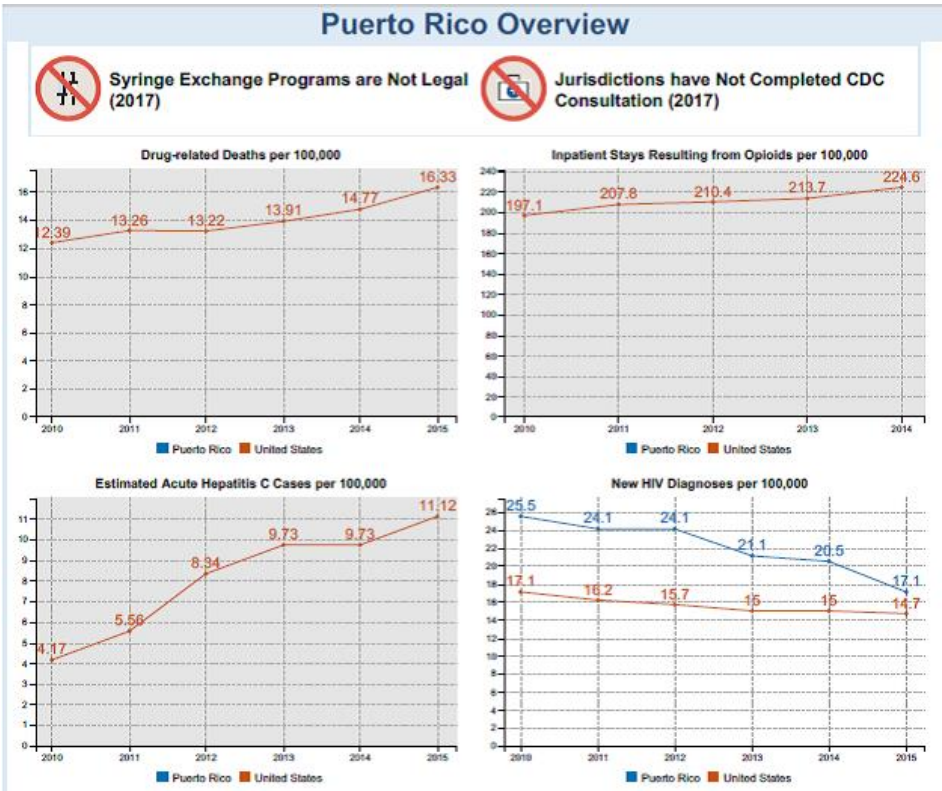
Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

What is the Intervention? An HIV primary care intervention that aligns with the medical home model and follows principles of harm reduction.
Why is the Intervention Needed? Dramatic increases in opioid related fatal overdoses and acute hepatitis C infections in recent years underscore the urgent need to identify and treat opioid use disorder in PLWH. Buprenorphine treatment delivered in HIV clinics is associated with decreased opioid use, increased ART use, higher quality of HIV care, and higher quality of life.
Who Can Deliver the Intervention? HIV primary care providers
Where Can I Access the Intervention? https://nextlevel.careacttarget.org/intervention/buprenorphine

Centro Ararat, Ponce, Puerto Rico



United States Comparison Data

HIV		
Number of People Living with HIV	17,072	U.S. 952,604
HIV Prevalence per 100,000		
State Rank: 48	567.3	357.8
Hepatitis C (HCV)		
Number of People with Hepatitis C	NA	U.S. 3,862,600
Estimated Acute Hepatitis C Cases per 100,000		
State Rank: 1	NA	11.12
Drug-related Deaths		
Drug-related Deaths	NA	U.S. 52,404
Drug-related Deaths per 100,000		
State Rank: 1	NA	16.33

Source: amfAR, Opioid & Health Indicators Database, Accessed Oct 31, 2017

Barriers and Facilitators to Implementation

Barrier	Facilitator
Participants have not come in for follow-up appointments	Access to ancillary services such as transportation and counseling.
Low enrollment. In order to address this, the team has increased participation in activities in high-risk communities such as Community Health Fairs and Community Alliances, established agreements with non-profit agencies that serve the people living with HIV, and with Substance Use Disorders	Staffing plan for the intervention (especially the support of the case manager) has created a strong clinical team.

Many potential candidates did not meet the eligibility criteria. New strategies to identify eligible candidates includes implementing counseling services to all primary care patients who are in opioid therapy to confirm opioids use disorders.	Use of the electronic medical record to communicate about patients including changes to the templates to document all the activities in the distinct stages of the treatment and to minimize time spent documenting.
Some of the organizations that make referrals to treatment confronted reductions or loss of funds. The team has identified new and additional organizations/agencies as source of referrals and memorandums of agreements are being prepared.	Establishing agreements with One Stop Career Program to receive referrals of potential candidates at the time of release from the prison system.
For those possible candidates who are in methadone treatment, reductions in methadone doses are monitored by state agencies which creates a prolonged process. The team established a direct referral line with the agency and guided the candidates about the process.	

Intervention in Action: Case Study

Case of 56 year old male with history of HIV positive since 2000. The patient is an active Speedball (heroin & cocaine IV) user. At 21 years of age, patient started using Tussionex (codeine) and later experimented with heroin. After 2 years of abstinence, patient began using 3 "bags" of heroin and 1 of cocaine, he felt disappointment and frustration about his relapse. History of residential treatment. He was homeless for several years and is currently in a permanent residential program. He continues to be adherent to his ART Tx, and has no mental health history reported.

Patient was induced and stabilized at suboxone 8/2mg Film bid. After being stable for a month, the patient relapsed and had a positive urine screen to heroin and cocaine. On further analysis, sexual contact (relation, encounter) was identified as a trigger for his relapse. As a result, the frequency of the appointment increased to weekly basis. He was also referred to counseling to address sexual issues that triggered his relapsed. The last two urine screens are negative to heroin and cocaine and positive to buprenorphine.

Lessons Learned Through Implementation

- Expectation about treatment is different in each participant and it is very important to assess them before treatment initiation. These allows the interventionist to clarify any doubts and explain the treatment process.
- The integration of Opioid Use Disorder (OUD) treatment allow us to better engage participants, by addressing needs that otherwise would go unattended and hamper HIV treatment compliance.
- Agreements made with other agencies have been key to appropriately deal and aid with the multiple factors affecting patient recovery.

For More Information, Contact:

- Dr. Maribel Acevedo, Principle Investigator, Centro Ararat, macevedo@centroararat.org
- Jane Fox, Principle Investigator, Boston University, janefox@bu.edu
- Alexis Marbach, Senior Program Manager, Boston University, amarbach@bu.edu