Integrating ID in OUD Care: *A Tale of Two Settings*

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Disclosure Information

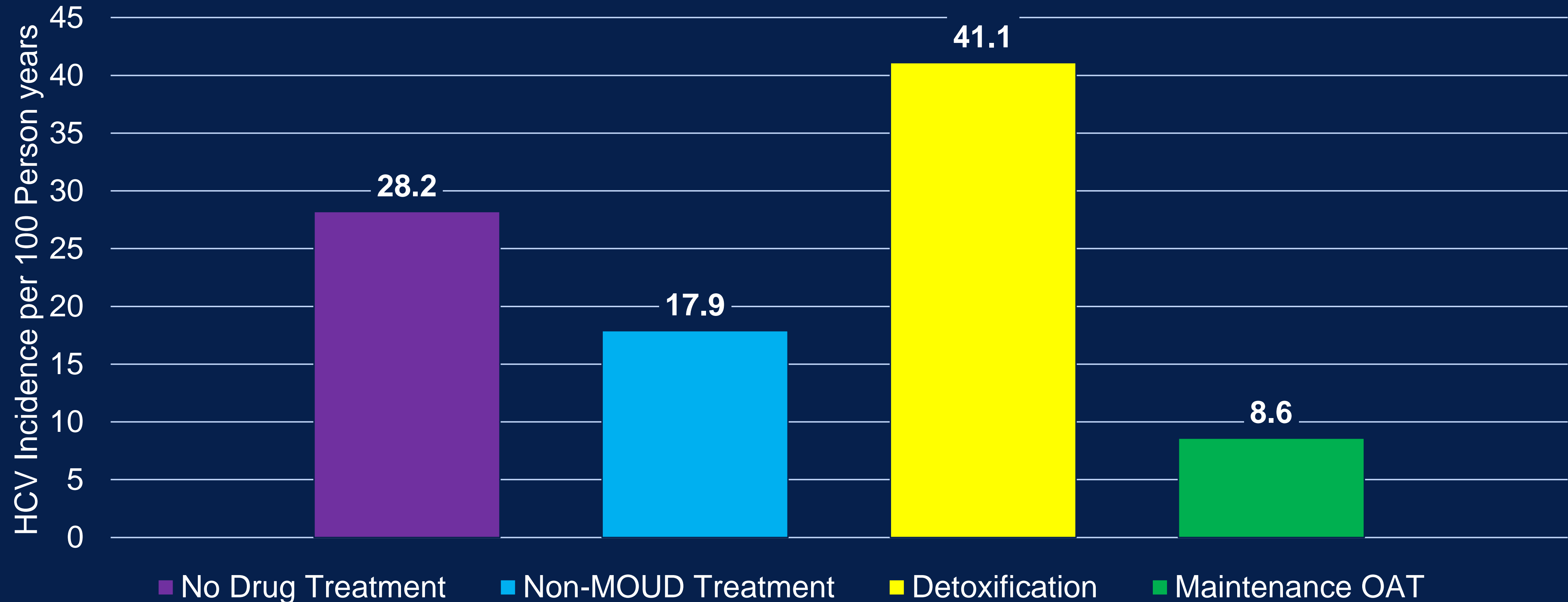
- Sarah Kattakuzhy, MD
  - Principal investigator on investigator-initiated grant with Gilead Sciences, paid to the institution
- Aaron Greenblatt, MD
  - No Disclosures
- David Sternberg, MHA
  - No Disclosures
- Elana Rosenthal, MD
  - Principal investigator on investigator-initiated grant with Gilead Sciences, Merck, and the John Martin Foundation, paid to the institution

Learning Objectives

- To review the evidence-base around integration of infectious disease and opioid use disorder care
- To understand real-world perspectives of care integration across the treatment landscape, from harm reduction to traditional OTP settings
- To discuss barriers and facilitators to care integration across a variety of practice settings

Evidence Base on Integration of ID and OUD Care

MOUD Reduces HIV and HCV Incidence



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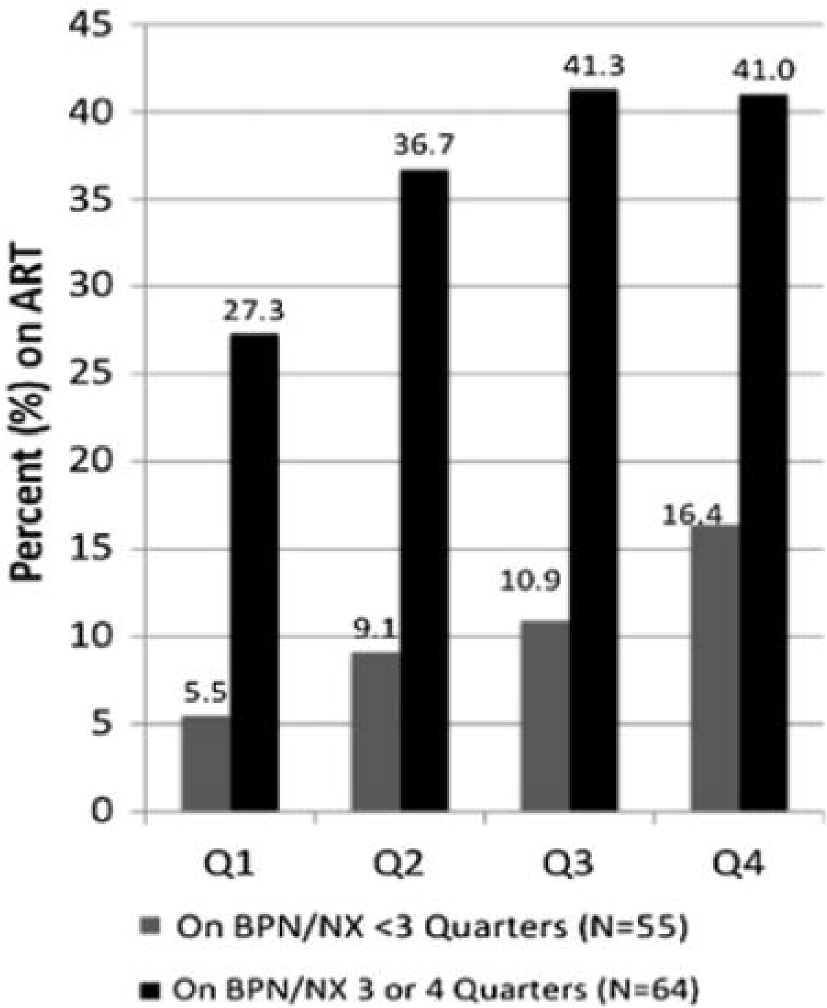
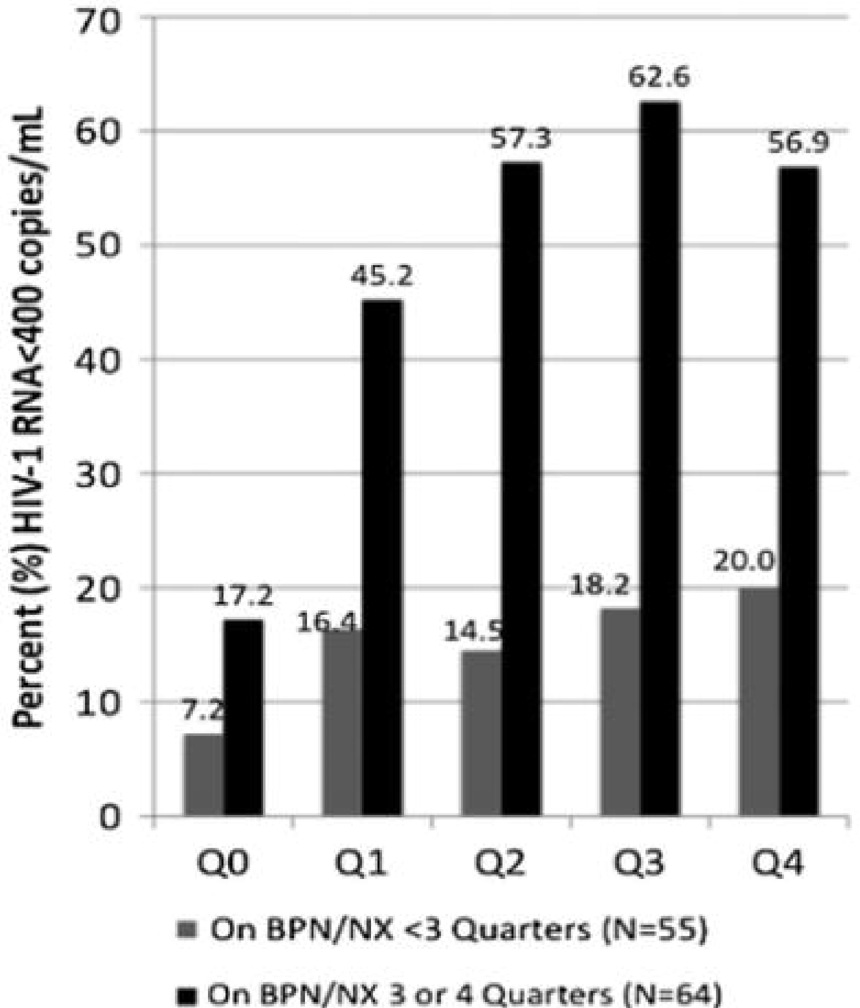
Tsui, JAMA IM 2014

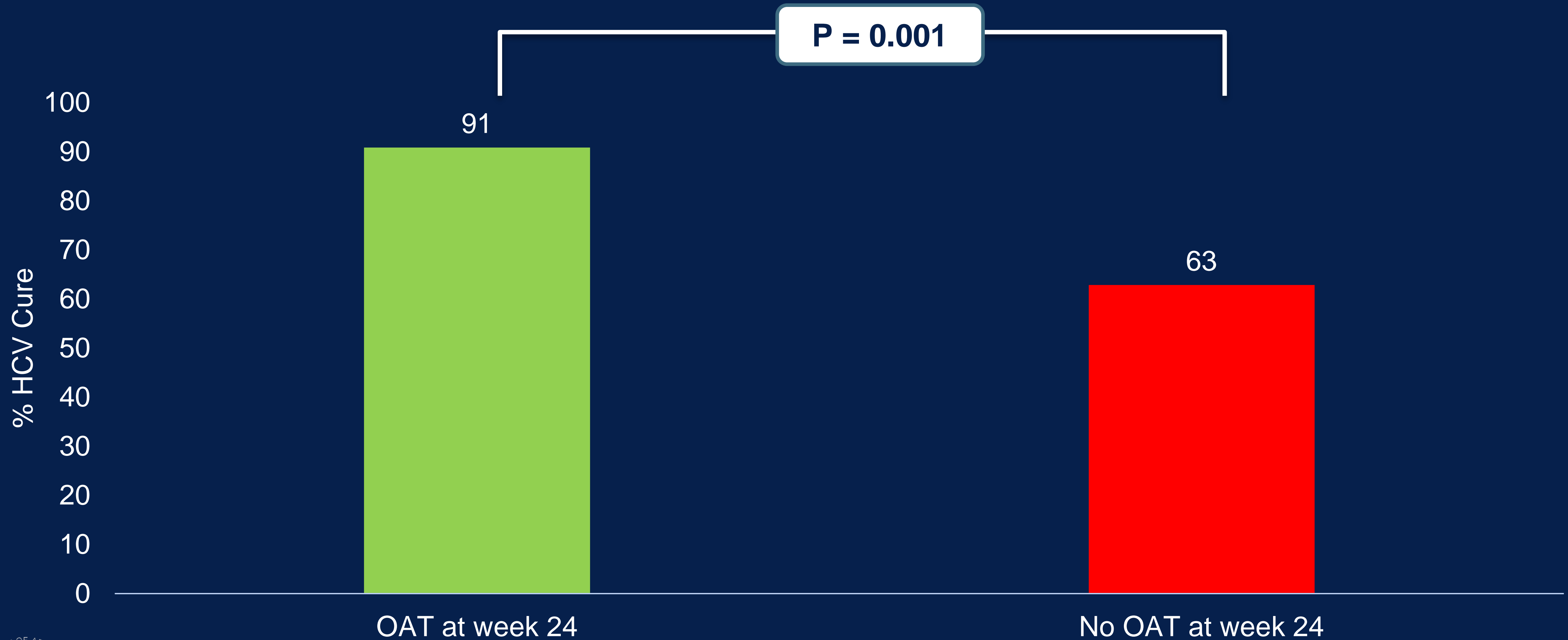
Engagement in MOUD Improves HIV Outcomes





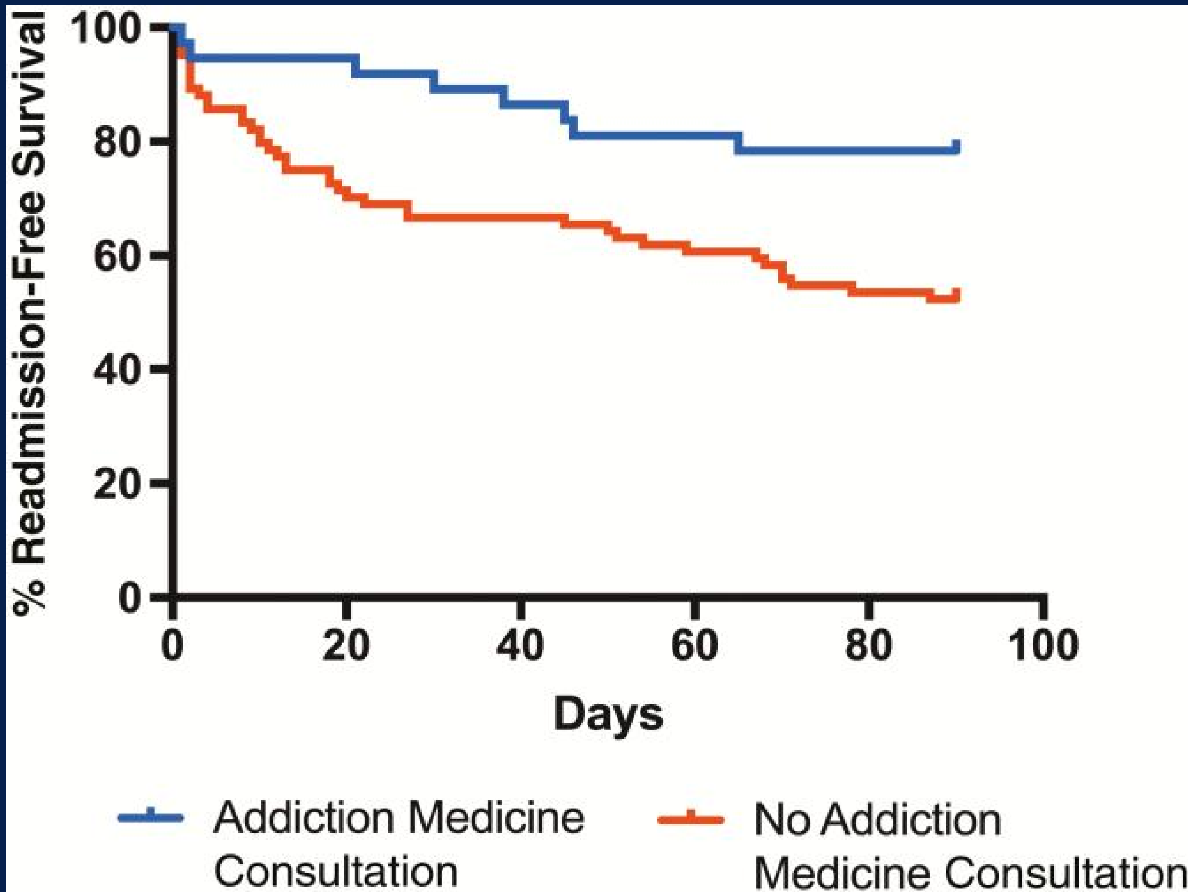
Altice, JAIDS 2011

MOUD Associated with Higher Rates of HCV Cure in PWID



Rosenthal, CID 2020

Addiction Consultation for Patients Hospitalized with Infections from OUD



- Increased treatment for OUD
- Greater likelihood of completing antibiotics
- Decreased likelihood of patients leaving AMA
- Reduced rates of readmission

Marks, CID 2018

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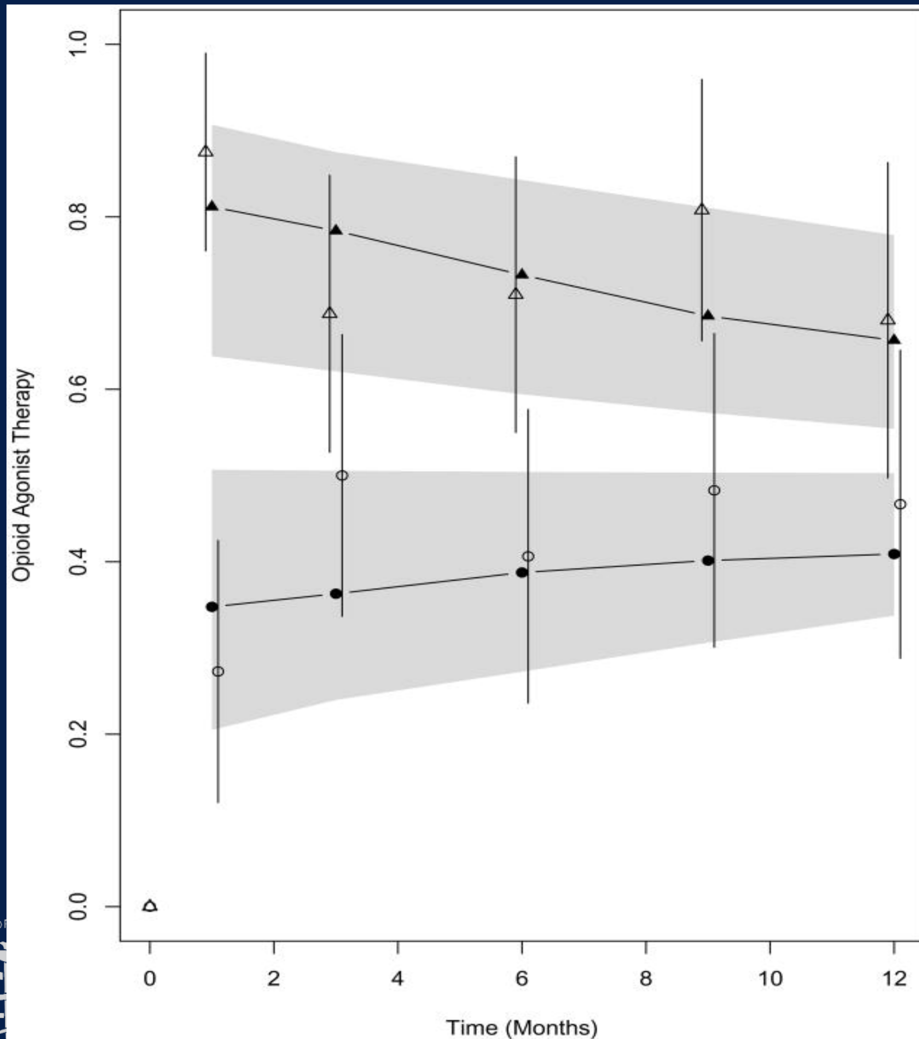
Collocation of HIV and MOUD Increases MOUD Uptake and Improves OUD Outcomes



- 93 HIV infected patients with OUD
- Randomized to:
  - Collocated buprenorphine
  - Case-management and referral to OTP

- Collocated buprenorphine
  - Improved uptake of MOUD (74% vs 41%)
  - Fewer opiate positive urine drug screens
  - Improved HIV primary care visit adherence

Lucas, Annals 2010

Improved HCV Visit Attendance with Collocated MOUD

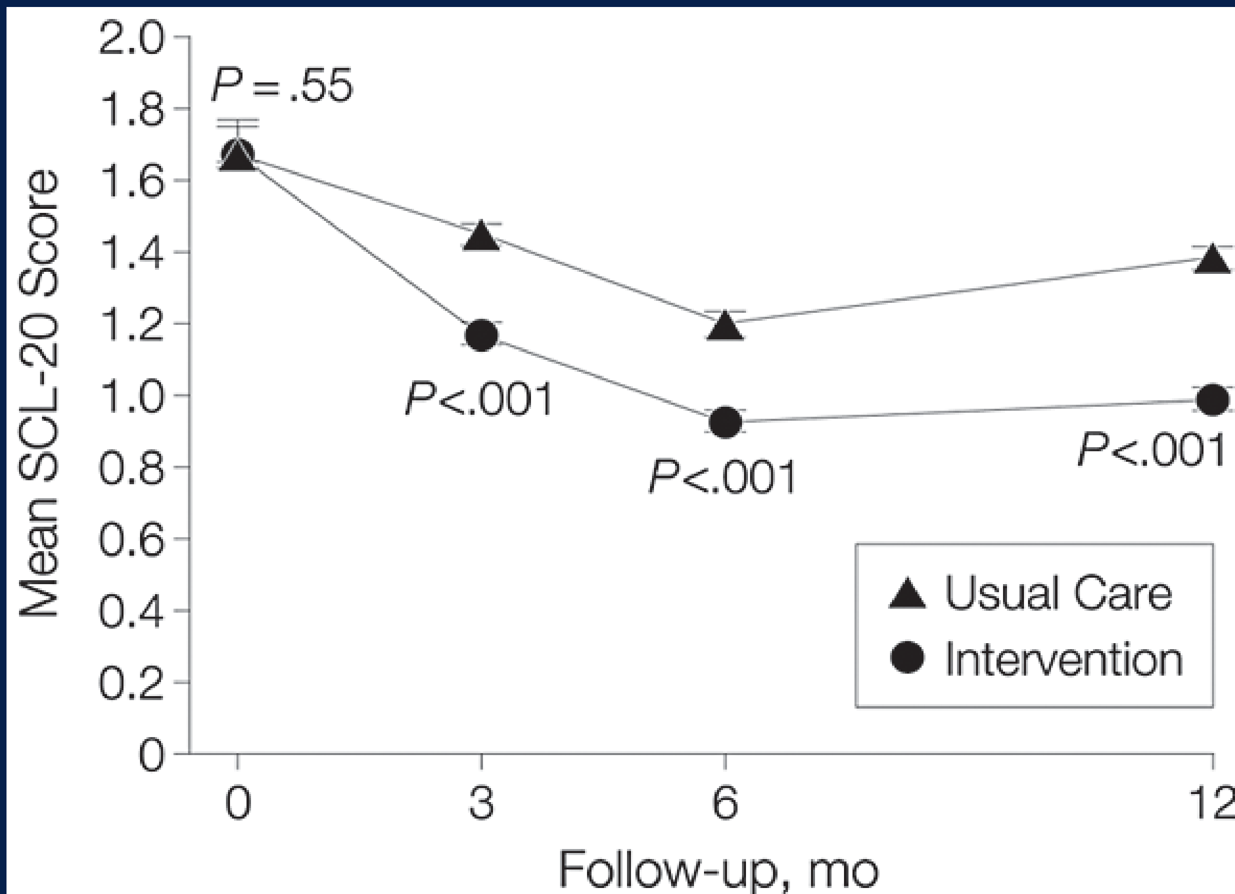
	Collocated OAT (n = 216)	Other OAT (n = 209)	No OAT (n = 209)
HCV visit attendance	99%	87%	73%

Collocated OAT vs. Other OAT: p = 0.0001

Other OAT vs. No OAT: p = 0.0005

Rosenthal, IDWeek 2019

Collaborative Care vs Collocated Care



- IMPACT study 18 PCP clinics from 8 health care organizations in 5 states

- 1801 patients >/=60 with depression
- Randomized to:
  - -Usual care
  - -IMPACT intervention

- 45% of intervention patients had a reduction in depressive symptoms from baseline compared with 19% of usual care participants

Unützer J, JAMA 2002

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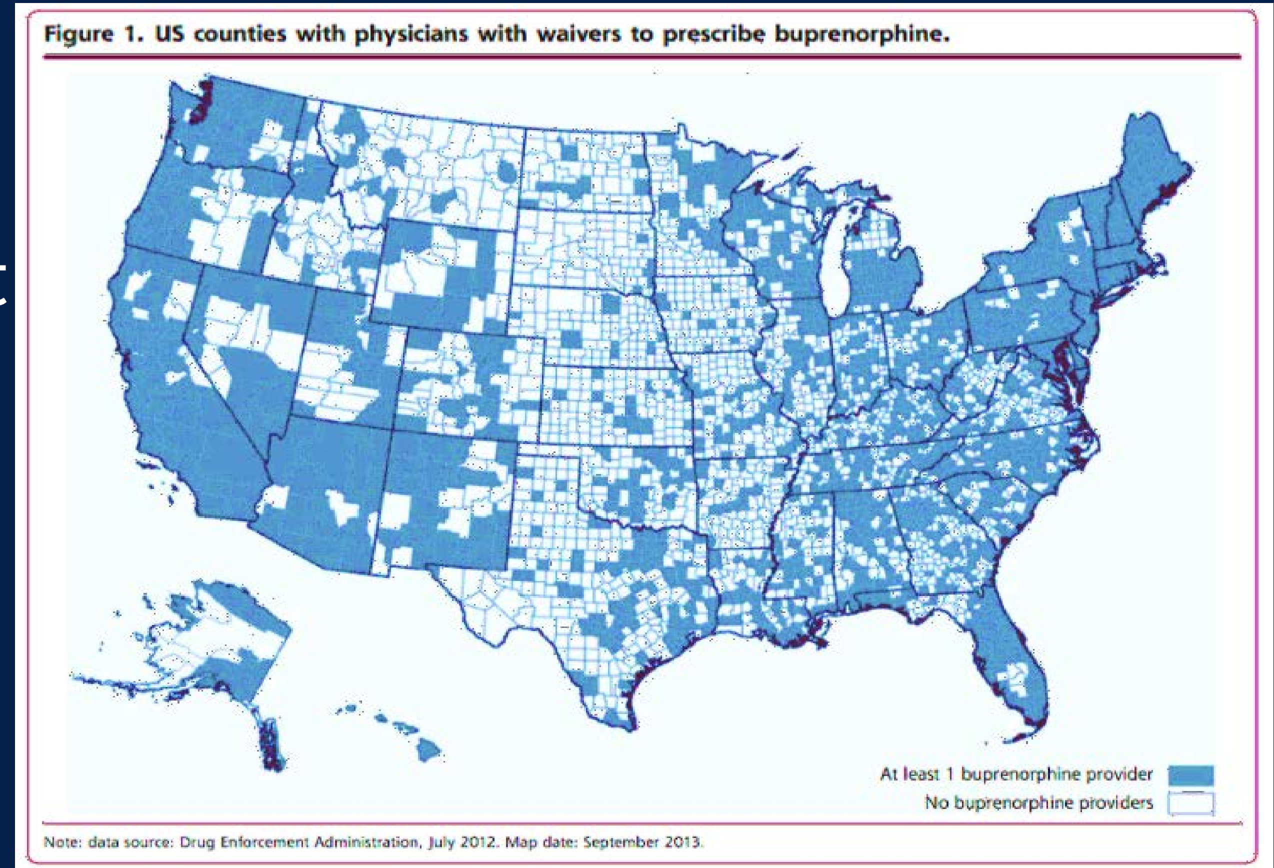
Barriers to Integration of OUD and ID Treatment

Challenges of OUD Care

- Regulations of OUD treatment
- Limited treatment facilities
- Limited providers
- Prior authorization



Parks, J Addiction Medicine 2019
Jones, AJPH 2015

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Payment and Financing Limitations

- Services helpful to patients seeking integrated care for OUD and ID are difficult to obtain or sustain financially
- Same-day billing restrictions
  - As of 2019, 13 states do not allow providers to bill for a physical and a behavioral health visits in the same day

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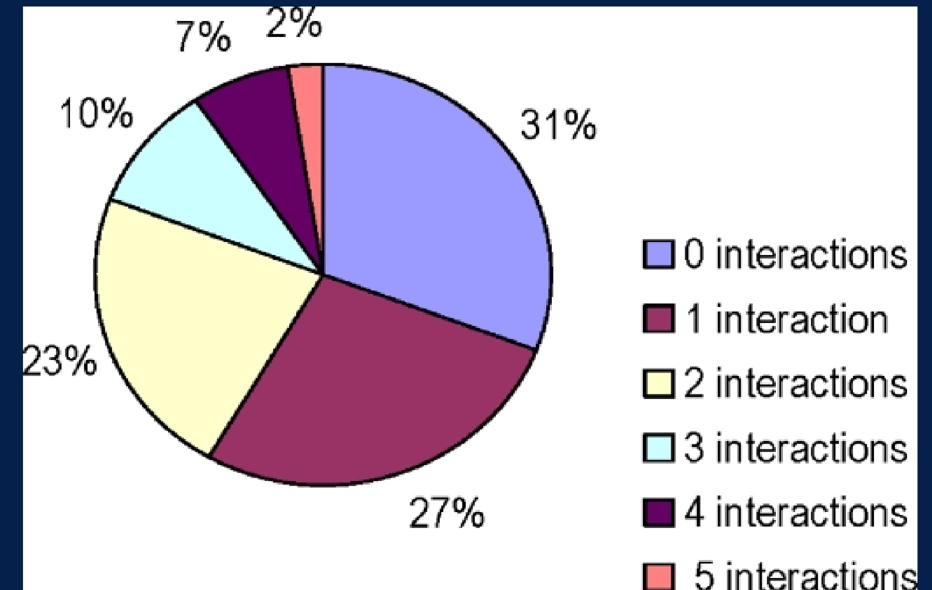
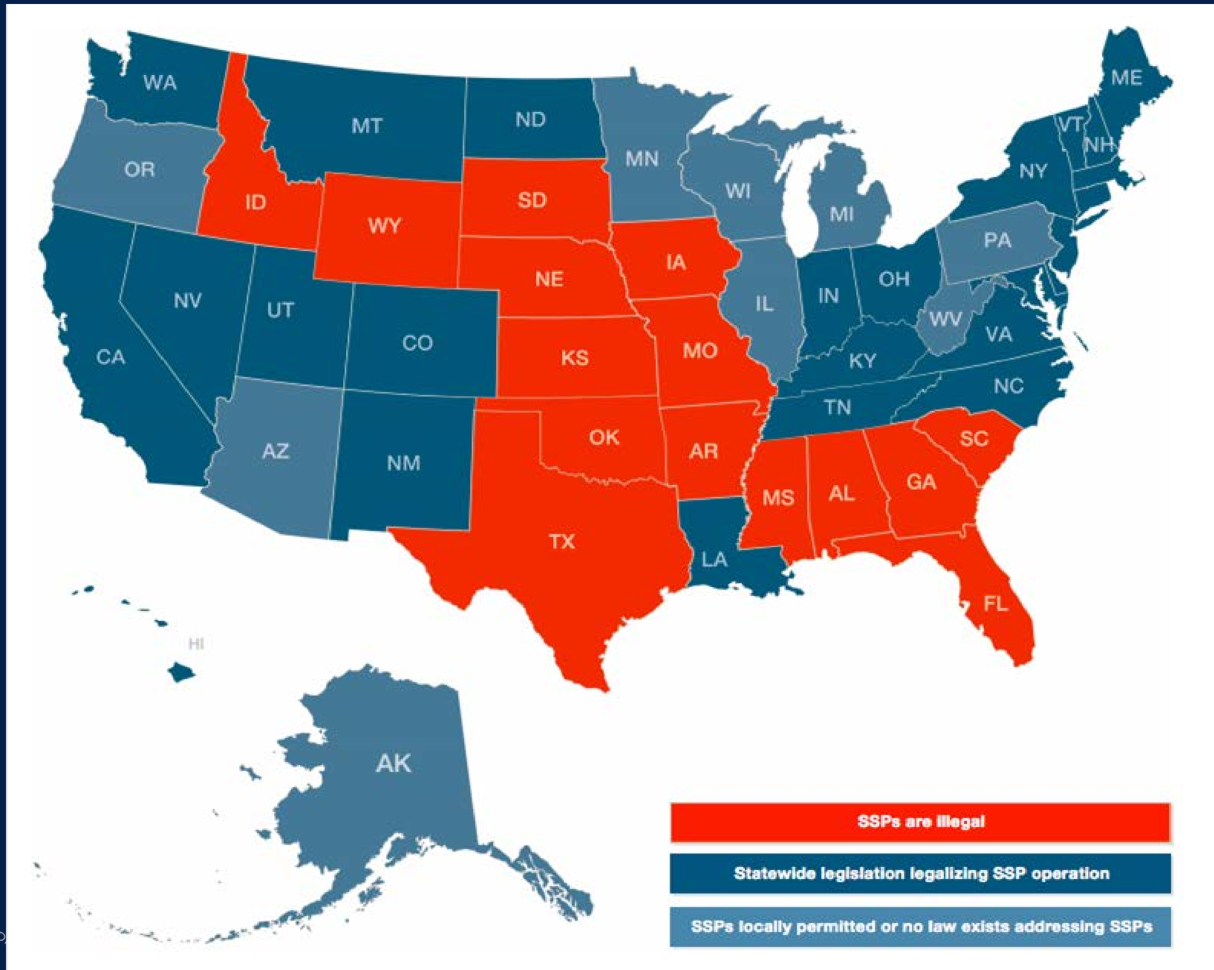
Lack of Data Integration and Sharing

- 42 CFR Part 2
  - Prescription medication interaction
  - Prescriptions of medications with significant risk of abuse/diversion/misuse in patients on MOUD
  - Social determinants of health affecting treatment success
  - Screening/immunization for conditions related to OUD



Walley, JGIM 2009

Limits on Harm-Reduction Services



- <400 SSP in the US
- Federal ban lifted in 2016
- Ongoing barriers
  - Federal funding does not cover injection equipment
  - Must be in a region with or at risk of increase in HIV and viral hepatitis

https://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2017/15.pdf

~~Stigma~~ Discrimination

Disregard for the disease model of addiction

Misconceptions about OAT

“Replacing one addiction with another”

Criminalization of substance use disorder

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Case Studies: Integration of ID and OUD Care in Baltimore and Washington DC

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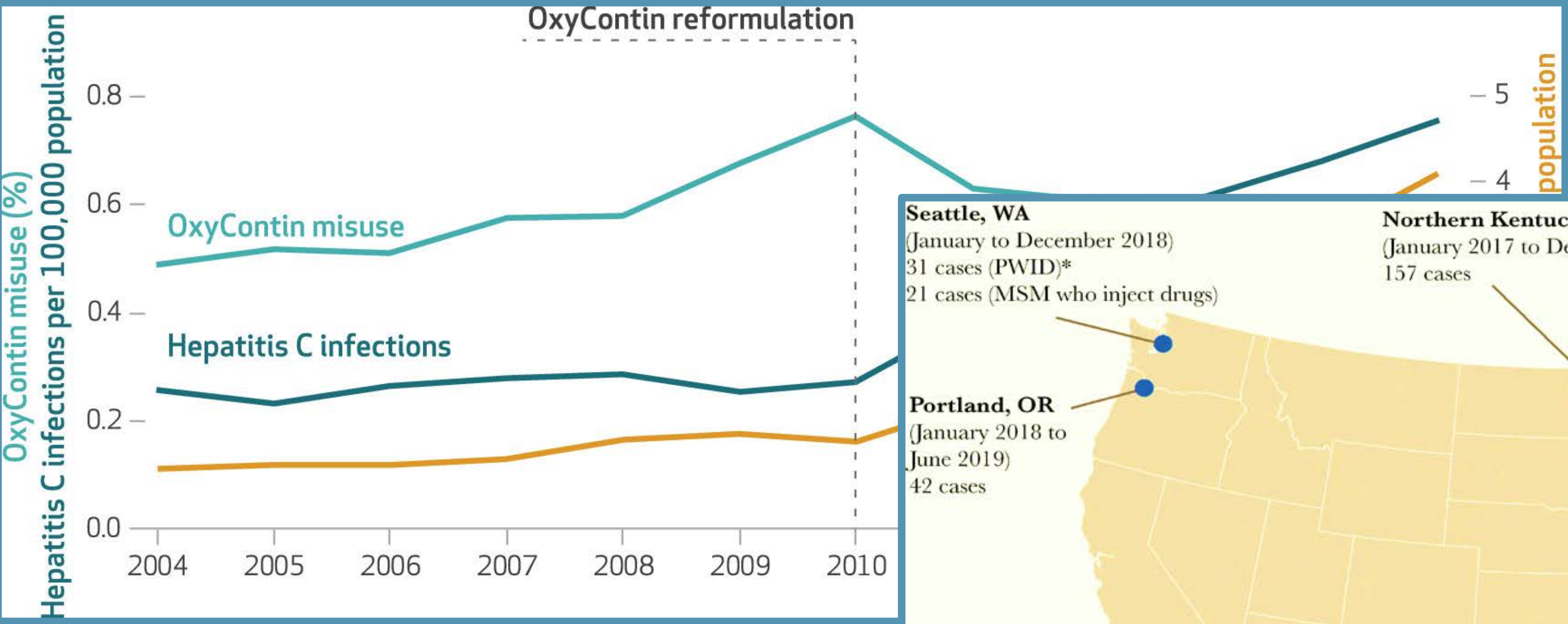
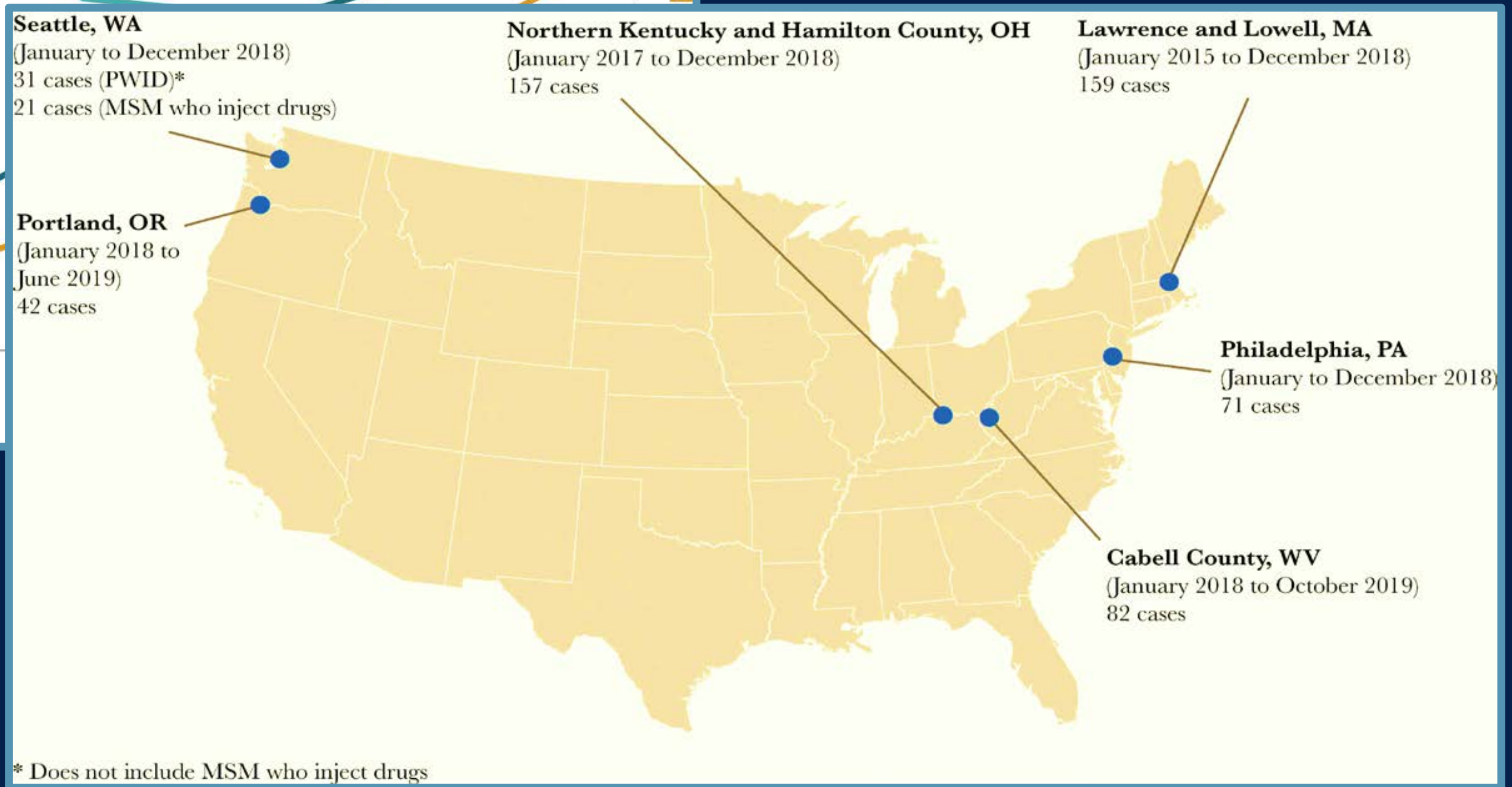
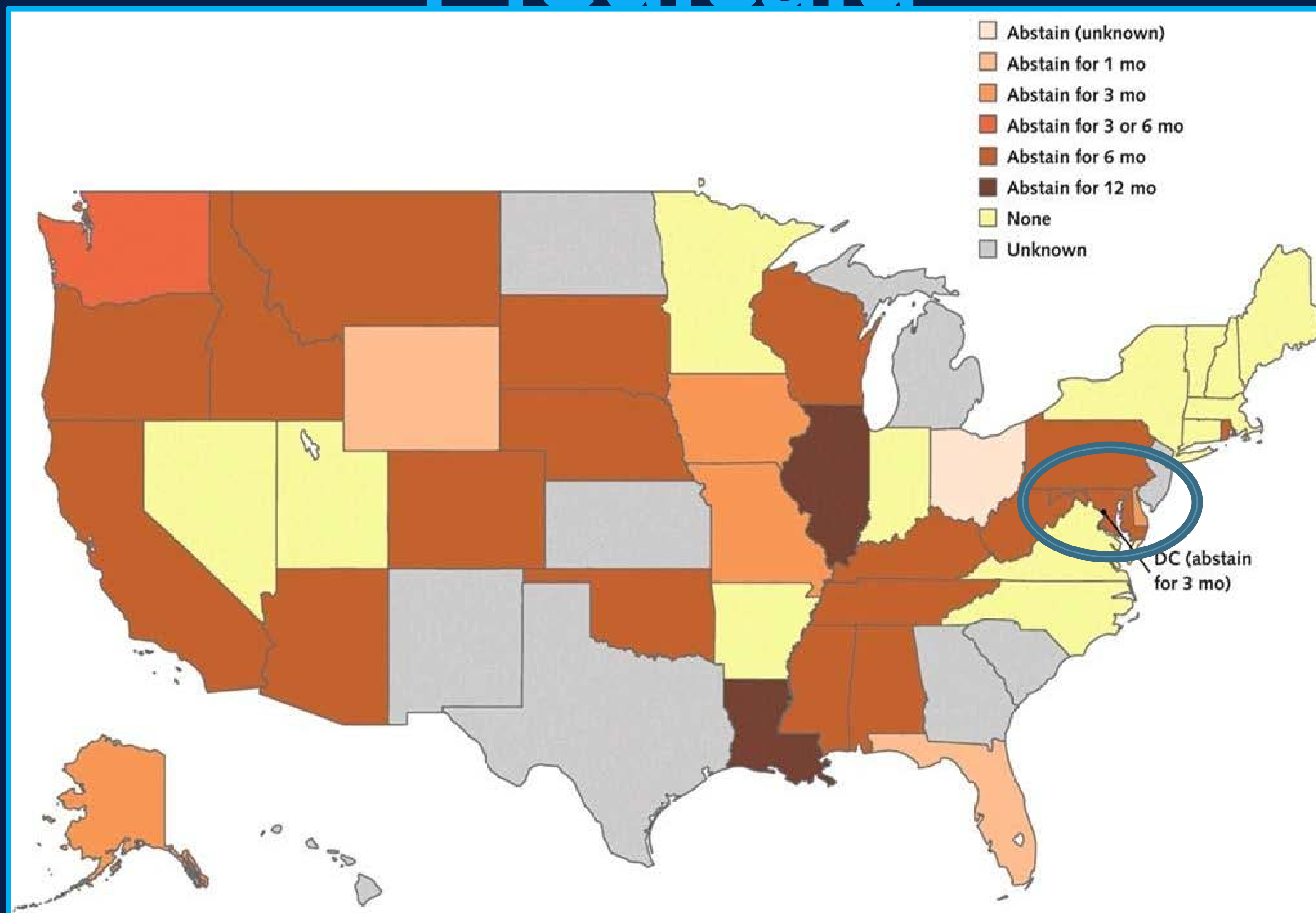
Rising Rates of Infections in PWID





Powell, Health Affairs 2019
Lyss, JID 2020

Restrictions on HCV Medications: Medicaid



Barua, Ann Intern Med. 2015

HARP: Baltimore, Maryland

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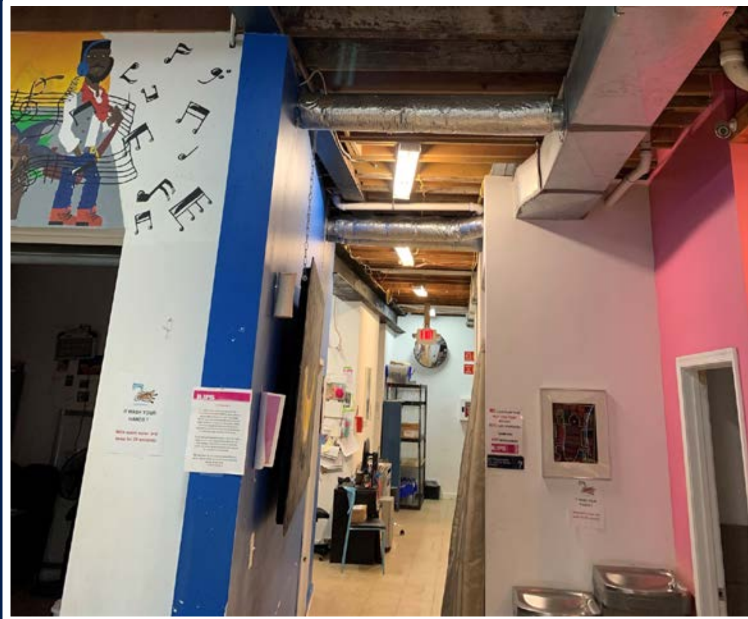
HIPS: Washington, DC



Challenges

The Rules Are Always Changing!

- Payers, Regulations, Local Rules will look different
  - Between sites
  - Over time

Billing

- Obtaining initial grant funding
- Partnering with established organization
- Creating an infrastructure for billing
- Making billing sustainable

Practice Implementation

- Creating a Medical Space
- Coordination with existing services
- Intermittent Schedule
- Phlebotomy

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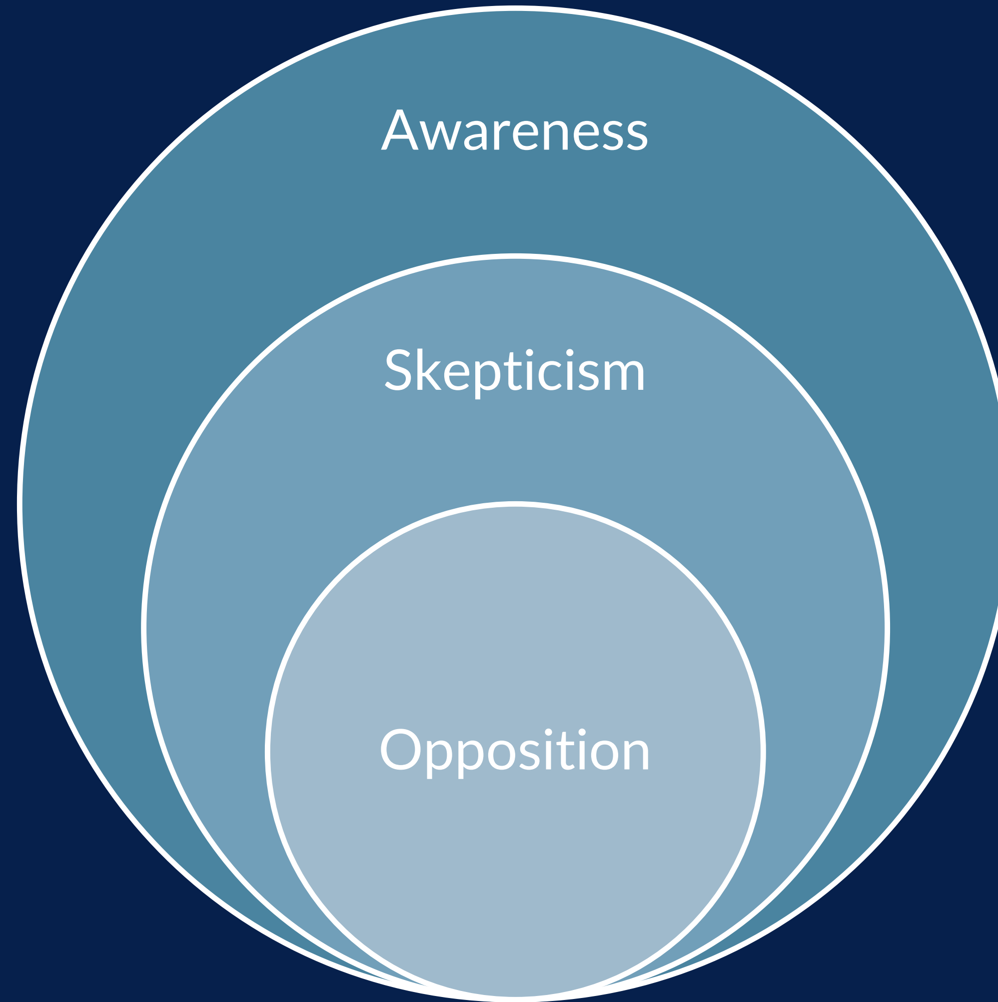
Patients and Personnel



Successes

Reliability

Longevity of Partnership

Continuity of Presence

Quality of Care

Staffing

- Community Health Worker
- Dedicated Medical Assistant

Care Coordination

HIV/HCV Testing

Syringe Exchange and Naloxone Distribution

Intake Protocol

Dosing Staff

Unique Challenges

Breakout Groups

Breakout Group Format

- You are a provider at **one** of four practice settings:
  - a syringe exchange program
  - a primary care clinic
  - a buprenorphine telemedicine clinic
  - an opioid treatment program
- Moderator will guide a discussion on barriers and facilitators of integrated care specific to your setting

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Discussion

Q&A

Summary

- There is strong evidence base to support care integration across disciplines
- There are unique challenges based on type of care integration, practice setting, and region
- Billing and practice implementation challenges can be overcome with time and planning
- Patient and practice integration challenges can be improved with high-quality, culturally competent care
- Staffing is critical
- Care integration is practical, patient-centered, and the future!

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References

- Tsui, JAMA IM 2014
- Altice, JAIDS 2011
- Rosenthal, CID 2020
- Marks, CID 2018
- Lucas, Annals 2010
- Rosenthal, ID Week 2019
- Unützer J, JAMA 2002
- www.pewtrusts.org
- Opioid.amfar.org
- Parks, J Addiction Medicine 2019
- Jones, AJPH 2015
- Barua, Ann Intern Med 2015
- Peters, N Engl J Med 2016

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