

Healthcare on The Spot



Presented by Jaeson Smith, MPH

*“Addressing the Syndemic through Improved Program Coordination and
Service Integration”*

May 23rd 2022



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Mayor, Baltimore City
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The Spot's Mission

To meet people where they are at by offering integrated, streamlined, PWUD-centered services to communities in Baltimore affected by drug use



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History

- Syndemic of opioid use and related morbidities
- Harnessed expertise from two well-established BCHD programs
 - Syringe services program
 - Sexual health clinics
- Added new services for PWUD - buprenorphine and wound care



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Integrated Care: Low Threshold Access to Services

- POC testing, phlebotomy on-site
- Treatment
 - Opioid use disorder treatment with buprenorphine
 - Rapid Start ART
 - HCV evaluation and treatment
 - Syphilis, gonorrhea, chlamydia, trichomonas treatment
 - PrEP
 - Wound Care
- Naloxone education and distribution
- Vaccinations (hepatitis A, influenza, COVID)
- Case management



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Sites & Partnerships

Sites

- 8 different locations
- 6 of these are offered drug treatment program added
- 2 are directly co-located with the syringe exchange
- All other times that they are at places where the syringe exchange goes to their locations

Partnerships

- Harm Reduction (2)
- Opioid Treatment (1)



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Spot Patient Engagement 9/4/18-11/23/19

- 569 total patients served, range 1-45 visits per person (mean 6.5 visits)
- Opioid use disorder
 - 74% (n=420) with OUD prescribed buprenorphine
- 56% were retained in treatment at one month, 27% at three months
- HCV
 - 403 people were tested for HCV
 - 183 (32% of total) were HCV+, including 90 reporting previously known diagnosis
 - 20 people were prescribed treatment, 8 had documented cure
- HIV
 - 439 people were tested for HIV;
 - 35 (6% of total) were HIV+: 3 newly diagnosed, 32 previously diagnosed
 - 23 already in care and on ART
 - 12 needed treatment - 4 engaged in care on the Spot, 2 linked to outside clinics
 - 12 people were started on PrEP for HIV prevention



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COVID-19, How to Return and Looking Forward

- Transitioned to telemedicine for buprenorphine since COVID-19
- Actively re-opening in person services with COVID-19 protocols
- Expansion to HCV specific treatment sites with partners
 - Opioid treatment programs
 - Harm reduction centers
 - Syringe services program



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Approaching Hepatitis as a SYNDEMIC

Requires the utilization of all tools, resources, and partners to achieve our goals.

- Testing
- Vaccines
- Treatment
- Providers
- Community Partnerships



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Thank you!

Questions?



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STRENGTHENING SYSTEMS OF CARE FOR PEOPLE WITH HIV & OPIOID USE DISORDER

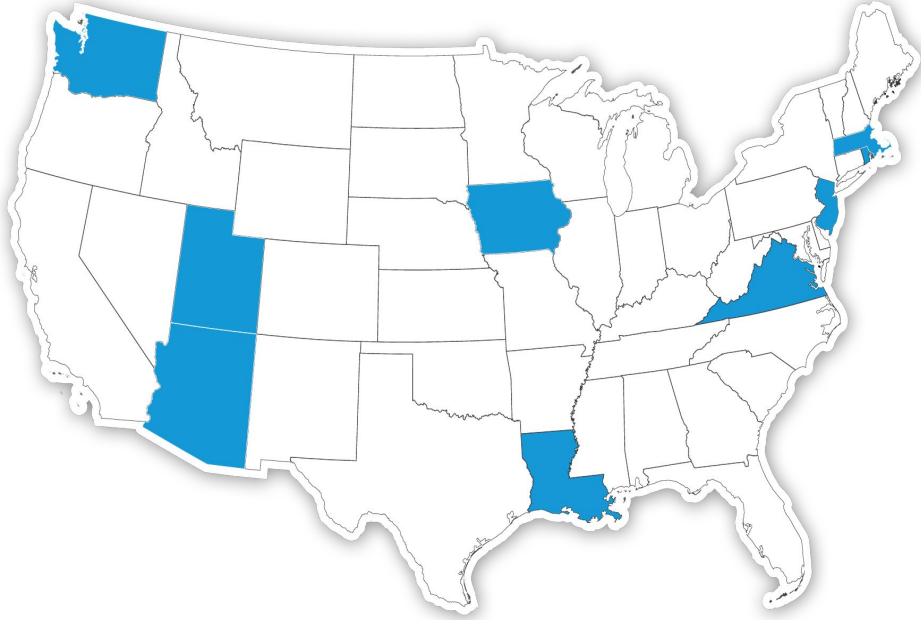
HRSA SPNS Project Overview

Kirsten Forseth, NASTAD Drug User Health

Background

- In 2018, the RWHAP served 43,129 clients who reported injection drug use (IDU) as part of their initial HIV transmission risk.
- People with HIV (PWH) and opioid use disorder (OUD) have poorer HIV-related treatment outcomes than PWH without OUD.
- Traditionally, RWHAP has been building comprehensive systems of care to address health care needs of PWH.
- These systems of care include behavioral health care for PWH. However, as the HIV epidemic changes, systems of care also need to adapt to meet the growing needs.

STRENGTHENING SYSTEMS OF CARE INITIATIVE



- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- Nine state partners
- Three year project (2019-2022) implemented by JSI, Inc. in partnership with NASTAD

APPROACH

TA Delivery modalities:

- Monthly calls
- Quarterly cross-state webinars
- Coordinate with other TA providers in the state (AETCs, ATTCs, TRCs, other)
- Identify existing TA resources and activities, develop new TA resources
- Convene collaborative work groups on clinical focus areas or subpopulations

State participants include representatives from the following programs:

- RWHAP Part B
- Behavioral health
- Viral hepatitis

LEVELS OF SYSTEMS STRENGTHENING

- Federal and state priorities and funding
- Federal and state policies
- Cross-sector partners at state level
- State data infrastructure and systems
- Consumer/client participation
- TA providers: federal- and state-funded
- Contract/procurement processes and requirements
- HIV and OUD service delivery network

PROJECT OUTCOMES

- **Strengthened systems of care** to address OUD and HIV treatment, care, and recovery needs
- **Increased cross-sector collaboration** across federal, state, and local partners
- **Improved system-level coordination** and leveraging of available resources
- **Enhanced care and treatment** services to deliver optimal patient-centered and culturally responsive care
- **Improved health outcomes** of people with HIV and OUD



ADDRESSING THE SYNDOMIC THROUGH IMPROVED PROGRAM COORDINATION AND SERVICE INTEGRATION

WASHINGTON STATE



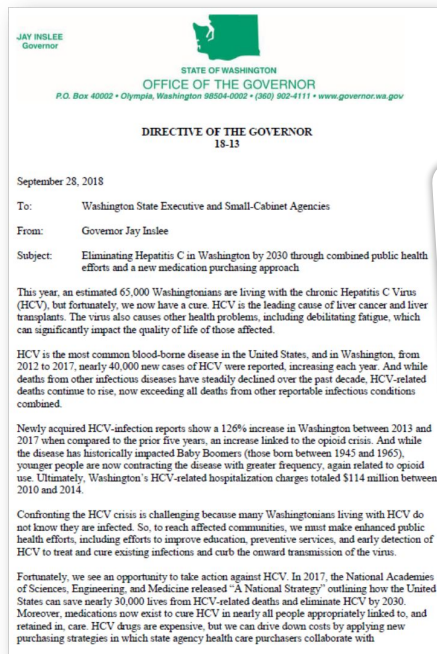
Jonathan Stockton
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Agenda

- Hep C Free WA Initiative – HCV Elimination in WA State
- Integration of infectious disease services within Behavioral Health settings
- Collaboration and Partnership between state agencies to address challenges
- Ongoing efforts to integrate HCV screening and treatment efforts into OTP and SUD settings
- Ongoing challenges

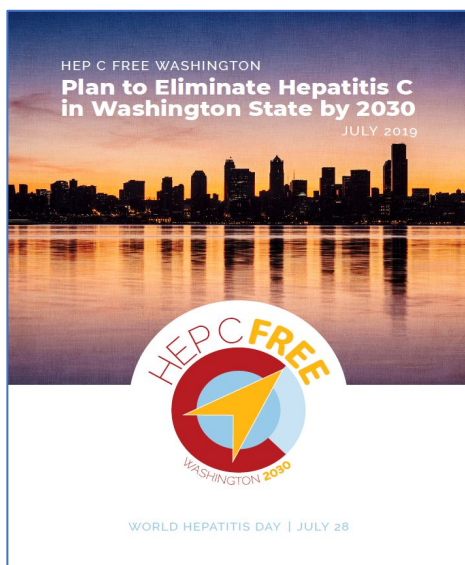
Governor Inslee issued directive on September 28, 2018 to eliminate Hepatitis C in Washington by 2030



Photos from Seattle Times, September 28, 2018.
"Inslee: Erase hepatitis C in Washington by 2030"

<https://www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf>

Hep C Free Washington's Plan



- Elimination plan released in July 2019
- Plan comprised of 15 goals and 90 recommendations
- Goal 6: Improve access to and use of preventive and health care services in non-clinical settings through expansion and co-location of services.

Expand the provision of clinical services, including HCV and other infectious disease screening and diagnostic testing (e.g., HIV testing, HBV testing, testing for sexually transmitted infections), linkage to care services, HCV treatment, vaccination (e.g., against HAV and HBV), wound care, overdose education and naloxone distribution in high-impact settings (settings that serve a high proportion of clientele who inject drugs, such as syringe service programs, **substance use disorder treatment facilities, opioid treatment programs,** organizations serving people experiencing homelessness).

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf>

Integration of Infectious Disease Services in SUD/OTP Settings

- *2020 HHS Affinity Group – supporting state-generated solutions to eliminating HCV*
 - Exploring opportunities to co-locate HCV screening and treatment with treatment for substance use disorder.
 - In partnership with WA Health Care Authority and University of WA – developed a survey for OTP program administrators and Medical directors for all 28 OTPs in WA State.
 - Survey findings (barriers to OTP and HCV integration):
 - Adequate staffing
 - Laboratory capacity
 - Client related barriers
 - Sufficient space to deliver clinical care
 - **Program reimbursement for HCV clinical services**

Integration of Infectious Disease Services in SUD/OTP Settings

- Surveyed OTP Program Administrators
 - Most frequent response to Apple Health reimbursement levels for HCV clinical services were “not offered” or “do not know”
 - Reimbursement amounts for clinical services are “unknown” (31.3%)
 - Reimbursement rates are “least satisfactory” (12.5%)
- Discussions with OTP sites through monthly calls indicated –
 - Reimbursement rates are low for those who do offer services
 - Billing for physical services vs. behavioral services is a challenge

Table 3 Apple Health Reimbursement Levels for Hepatitis C Clinical and Behavioral Services Reported by Program Administrators (n = 16 administrators representing 16 programs)

HCV Clinical Service	Level of Apple Health Reimbursement for the Service				Not Offering the Service or Not Sure	
	None n (%)	Very Poor or Poor n (%)	Satisfactory or Good n (%)	Excellent n (%)	Do Not Know n (%)	Not offered n (%)
Hepatitis A Immunization	1 (6.3)	0 (0.0)	1 (6.3)	0 (0.0)	3 (18.8)	11 (68.8)
Hepatitis B Immunization	1 (6.3)	0 (0.0)	1 (6.3)	0 (0.0)	3 (18.8)	11 (68.8)
Hepatitis C Rapid Screen	1 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)	5 (31.3)	10 (62.5)
Hepatitis C RNA Test	1 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)	5 (31.3)	10 (62.5)
Provider Visit for Hepatitis C Care	1 (6.3)	0 (0.0)	2 (12.5)	0 (0.0)	4 (25.0)	9 (56.3)
Hepatitis C Medication	1 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)	3 (18.8)	12 (75.0)
Directly Observed Medication Therapy	2 (12.5)	1 (6.3)	0 (0.0)	1 (6.3)	4 (25.0)	8 (50.0)
Hepatitis C Education	1 (6.3)	0 (0.0)	4 (25.0)	0 (0.0)	4 (25.0)	7 (43.8)
Care Management	4 (25.0)	0 (0.0)	3 (18.8)	1 (6.3)	3 (18.8)	5 (31.3)
Peer Support	2 (12.5)	0 (0.0)	2 (12.5)	1 (6.3)	4 (25.0)	7 (43.8)

Integration of Infectious Disease Services in SUD/OTP Settings

Collaboration to Address Challenges

- Key partnerships between behavioral health agencies, Medicaid, and Office of Infectious Disease (WA DOH)
 - Behavioral Health Agencies
 - Majority of programs (OTP/SUD) programs indicated a strong desire to integrate HCV screening and treatment services.
 - Policy change to the WAC/RCW to mandate HCV services would not be feasible due to funding.
 - Reimbursement rates for the delivery of physical services was too low for programs to sustain services and/or lack of understanding how to bill for physical services.
 - Care coordination was highlighted as a major need among programs.
 - Identifying providers to treat and manage care for clients is a barrier for programs who do not have a clinician on-site.

Integration of Infectious Disease Services in SUD/OTP Settings

Ongoing Efforts

Partnership between HCA/SOTA/DOH staff setting up meaningful planning on this topic

- ***A legislative ask for funding (HCA and DOH)***
 - *530 legislative ask in Governor's Opioid Legislation from 2019*
 - *Lead to legislative/Governor's report in 2021 "Complex Treatment Needs of Individuals with OTP" for standardizing services in OTP settings, above and beyond requirements in state and federal law.*
 - *Recommendations in report around infectious disease*
- ***Proposed rates and proposed Medicaid budget changes (HCA)***
 - *Enhancing OTP to Medicare Rates*
 - *HCA attempt at a decision package in 2022 Legislative session*
 - *Outcome- not successful, but we are going to keep going*
- ***Strategies within Medicaid's normal authority/book of business (HCA and DOH)***
 - *Clarifying with MCO that OTP should be able to do infectious disease work fee-for-service*
 - *Working on a billing guide for Viral Hep work for OTP*
- ***Proposed changes in OTP standards and development of a COE- Phase 2 (HCA)***
 - *Planning for the future*
 - *Alternative payment model*
 - *Helping OTP to become patient centered medical home*

Challenges and Observations

- Partnership between Behavioral Health, Medicaid, and DOH is essential. Specifically, working with HCA's Treatment Authority.
- OTP/SUD “buy-in” for integrating HCV screening/treatment services among programs was leveraged by HCV elimination efforts.
- Understanding state agency roles vs. Governors and Legislature's role
- Integrating physical services within behavioral health agencies is complex – it involves; staff training, clinic flow development, established referral system, billing infrastructure, etc..
- Appropriate sustainable funding is critical for programs to integrate HCV services. Public Health funding is not enough.

Strengthening Systems of Care

Integrating HIV and viral hepatitis services into SUD treatment settings

Randy Mayer, Chief, Bureau of HIV, STD, and Hepatitis
Iowa Department of Public Health



Systems Integration Coordinator (2017)

- Shared staff member between Bureau of Substance Abuse & Bureau of HIV, STD, and Hepatitis - embedded in both bureaus
- Serves as a liaison between the two bureaus and coordinates collaborative work
- Identifies opportunities for collaboration and integration using a syndemic approach
- Assesses needs and develops training/educational materials for the workforce
- Braided funding to support the position - State Opioid Response (SOR), Opioid Data to Action (OD2A) and Viral Hepatitis Component 3

Health Initiatives for People Who Use Drugs (HIPWUD)

- Facilitated/coordinated by the Systems Integration Coordinator
- Group of multi-sector professionals and people with lived experience
- Serves as an advisory body for the Bureau of Substance Abuse and the Bureau of HIV, STD, and Hepatitis
- Works to develop and disseminate evidence-based recommendations for public health policies and practices grounded in harm reduction and social justice principles



JSI-SSC Technical Assistance Plan Goals

1. Develop the internal infrastructure to support coordinated HIV and SUD care.
2. Develop mechanisms to improve cross-sector relationships and coordination.
3. Increase knowledge and skills of HIV and SUD providers to provide integrated services.
4. Use available funding that contributes to shared program goals (between HIV and SUD).
5. Strengthen community engagement to inform policies and practices that enhance access to HIV and SUD prevention, care, and treatment services for all populations.
6. Improve data coordination and sharing across HIV and SUD sectors to foster shared planning, resource allocation, and integrated implementation.

Workforce Capacity & Development

Goal: Increase knowledge and skills of HIV and SUD providers to provide integrated service.

Workforce Assessment: Knowledge, Attitudes, and Practices (KAP)


- HIV prevention workforce (N=35)
- Ryan White/HIV care workforce (N=33)
- Peer recovery coaches at SUD treatment facilities (N=25)

Technical assistance and capacity building plan developed to address needs identified in the assessment.

Integrating HIV, HCV, and STI Testing in State Opioid Response (SOR) Services (18 agencies)

Organizational Technical Assistance & Capacity Building

- Implementation Technical Assistance (developed and provided by Bureau of HIV, STD, and Hepatitis staff)
 - Implementation Checklist
 - Consent Guidance
 - Training Videos
 - Testing Implementation
 - Rapid Testing Technology
 - Third Party Billing
 - Additional Resources
 - Screening Guidelines Quick Reference
 - Additional Training Reference
 - Individual Technical Assistance

**IDPH**
IOWA Department
of PUBLIC HEALTH

Protecting and Improving
the Health of Iowans

Kim Reynolds, GovernorAdam Grigg, Lt. GovernorKelly Garcia, Interim Director

HIV and HCV Rapid Testing Implementation Checklist
UPDATED: October 04, 2021

This checklist is designed to act as a tool in assessing your readiness to implement rapid HIV and HCV screening services with SOR2 clients. This list may not include internal policies or procedures that need to be considered, but is meant to act as a reference starting point as you work towards implementation.

Required Certification Steps
*Any agency conducting testing must obtain a CLIA waiver or update existing certificates to name the newly included testing technologies**

- ☐ Apply for CLIA certificate or
- ☐ Update existing CLIA certificate

Agency Capacity Development Steps

- ☐ Clarify and document who will be tested under the SOR requirement.
- ☐ Identify who will be responsible for administering testing services.
- ☐ Identify how the administration of tests will be documented.

Inventory Acquisition and Management Steps

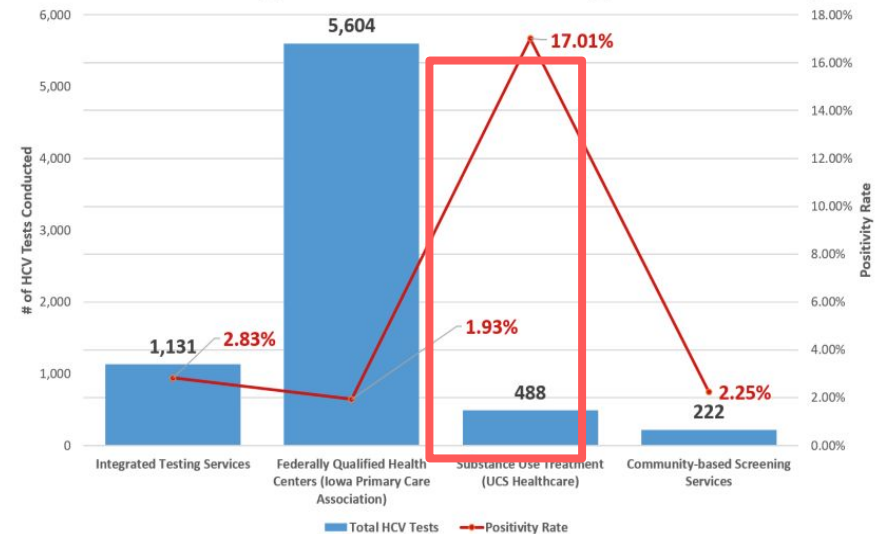
- ☐ Acquire a thermometer to monitor test kit storage temperatures.
- ☐ Identify how test kits will be acquired.
- ☐ Identify where test kits will be stored.
- ☐ Identify when controls will be run and where this will be documented.
- ☐ Acquire test kits and controls.

| STOP HIV IOWA

Integrating HIV and HCV into MAT Services

- Partnership between Bureau of HIV, STD, and Hepatitis and MAT providers
- Routine screening integrated into 14 MAT clinics
- IDPH provides rapid HIV & HCV test-kits at no-cost for clients who are uninsured, underinsured, or have privacy concerns
- 2021
 - 0.43% HIV positivity rate
 - 17.01% HCV positivity rate
- Generating 340B revenue

Prevention Program Total HCV Testing and Positivity

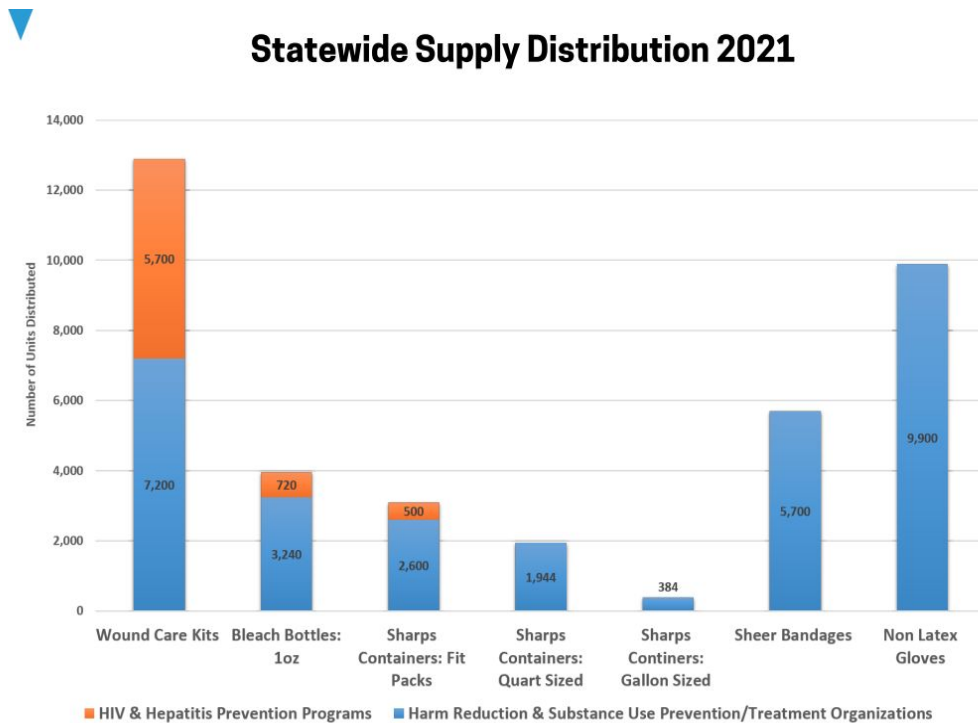


**Data are not de-duplicated. Numbers represent testing instances and not unique individuals.*

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Prevention & Harm Reduction Supply Distribution

- Partnership between Bureau of HIV, STD, and Bureau of Substance Abuse
- Provide free supplies to organizations serving people who inject drugs including
 - Community-based harm reduction organizations
 - Substance use prevention and treatment agencies
 - HIV/HCV prevention and testing programs



STOP HIV IOWA

Future Efforts

- Sustainability strategic planning
- Data-sharing agreement
- Assessing the need for a cross-bureau data team
- Integrating HIV & HCV testing into peer-led programs
- Continued workforce development

| STOP HIV IOWA

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Addressing the Syndemic through Improved Program Coordination and Service Integration

Discussion and Q & A

Thank you!

**Please enjoy a break followed by a
plenary session starting at
3:00pm:**

**Making it Work: Distilling Policies
into Practical Solutions**