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FAST-TRACK CITIES 2024

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Piloting a Collaborative Care Model to Improve Substance Use Disorder Care for People with HIV

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Background

- HIV and SUD: a deadly syndemic
  - SUD is a risk factor for HIV acquisition. Living with HIV is a risk factor for SUD acquisition
  - Combination of social stigma and structural barriers
  - SUD affects nearly half of PLWH
  - Alcohol (30%), Cannabis (31%), Amphetamines (13%), Cocaine (11%), and Opioids (6%)
- Synergistic negative effects
  - Comorbid SUD: Reduced engagement in HIV care, lower ART adherence, less viral suppression, frequent drug use before sex, high rate of condomless sex
  - Positive feedback loop → increased transmission in comorbid SUD, increased burden of both diseases

Duko et al.
Hartzler et al.
Firkey et al.
Sacamano et al.

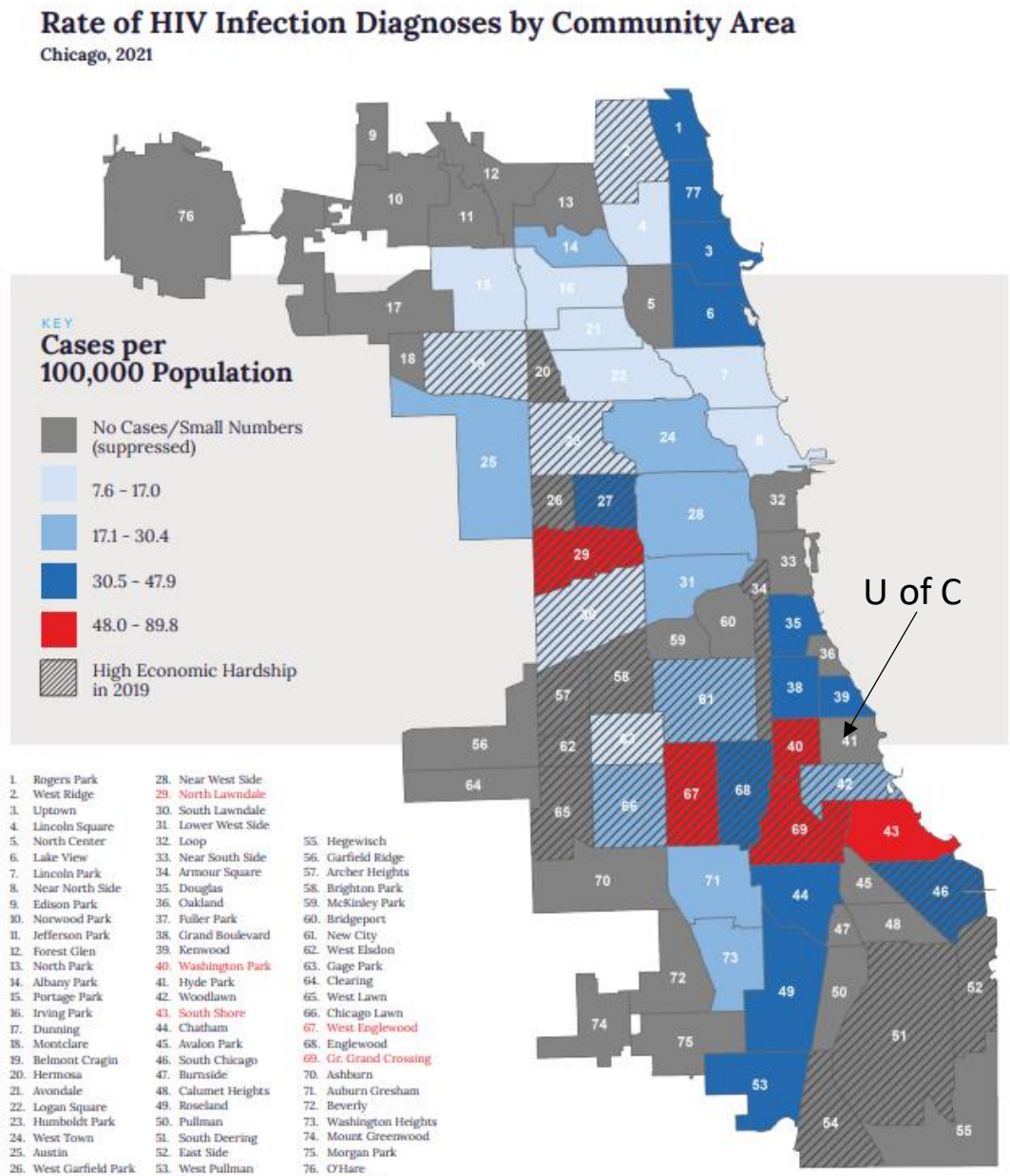
Underdiagnosed and Undertreated

- HIV care often the only opportunity to screen for and treat comorbid SUD
  - In US, of 1.2 million PLWH, only 66% received any HIV medical care in 2019, with only 50% retention in care
  - Highest risk for SUD = highest risk of loss to followup
  - Only half of HIV care and treatment sites screen for SUD and refer to SUD treatment
- Up to 75% PLWH meeting SUD may not receive treatment
  - Contributing factors in US: underlying fragmentation of care, limited mental health care opportunities, private insurance model → few available treatment centers → low access to treatment

Wohlfeiler et al.
Judd et al.
Korthuis et al.

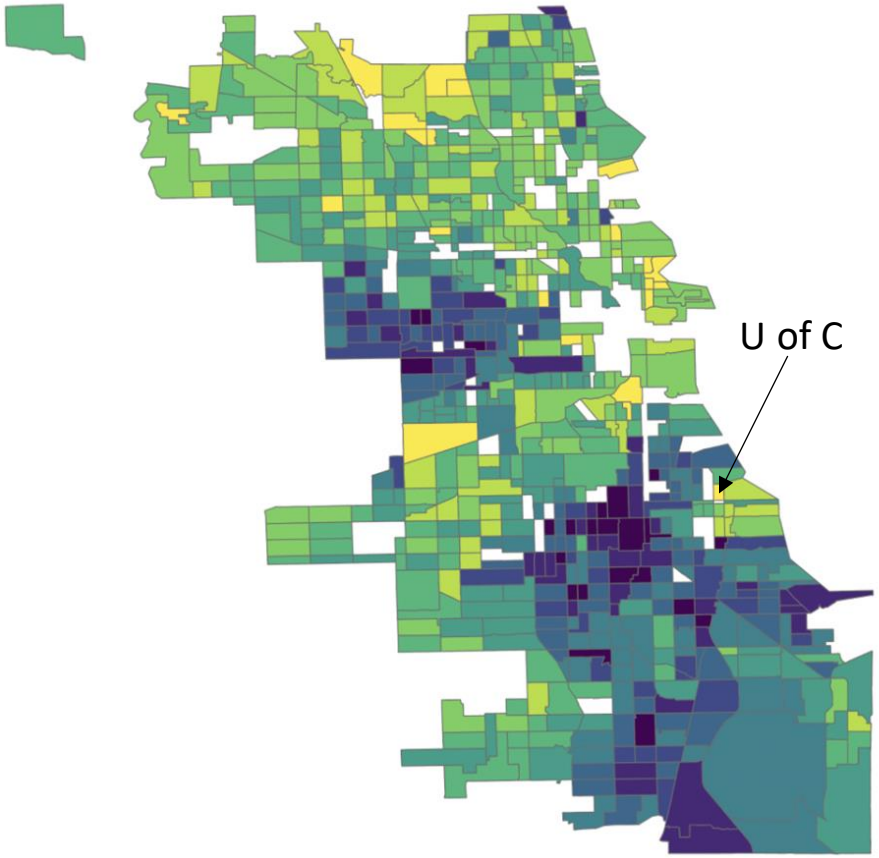
Our Context: Chicago's South Side

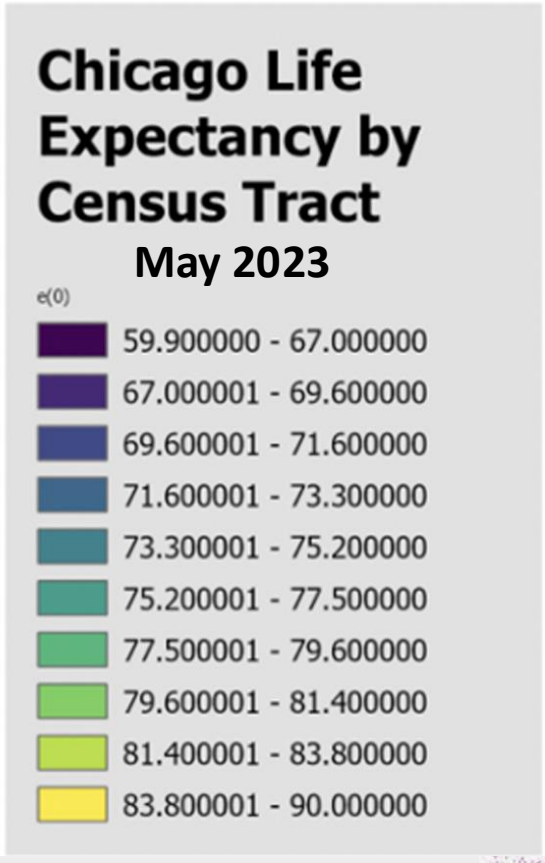
- An epicenter of US HIV epidemic
- Lead site: UCM Ryan White Adult HIV Care Program
- Patients: 87% Black, 6% Latine, 70% have public payor
- Staff: 15 physicians, 8 fellows, 1 NP, 1 LPN, 2 Pharmacists, 2 SW
- Socioeconomic status, race, HIV status, SUD prevalence all interconnected



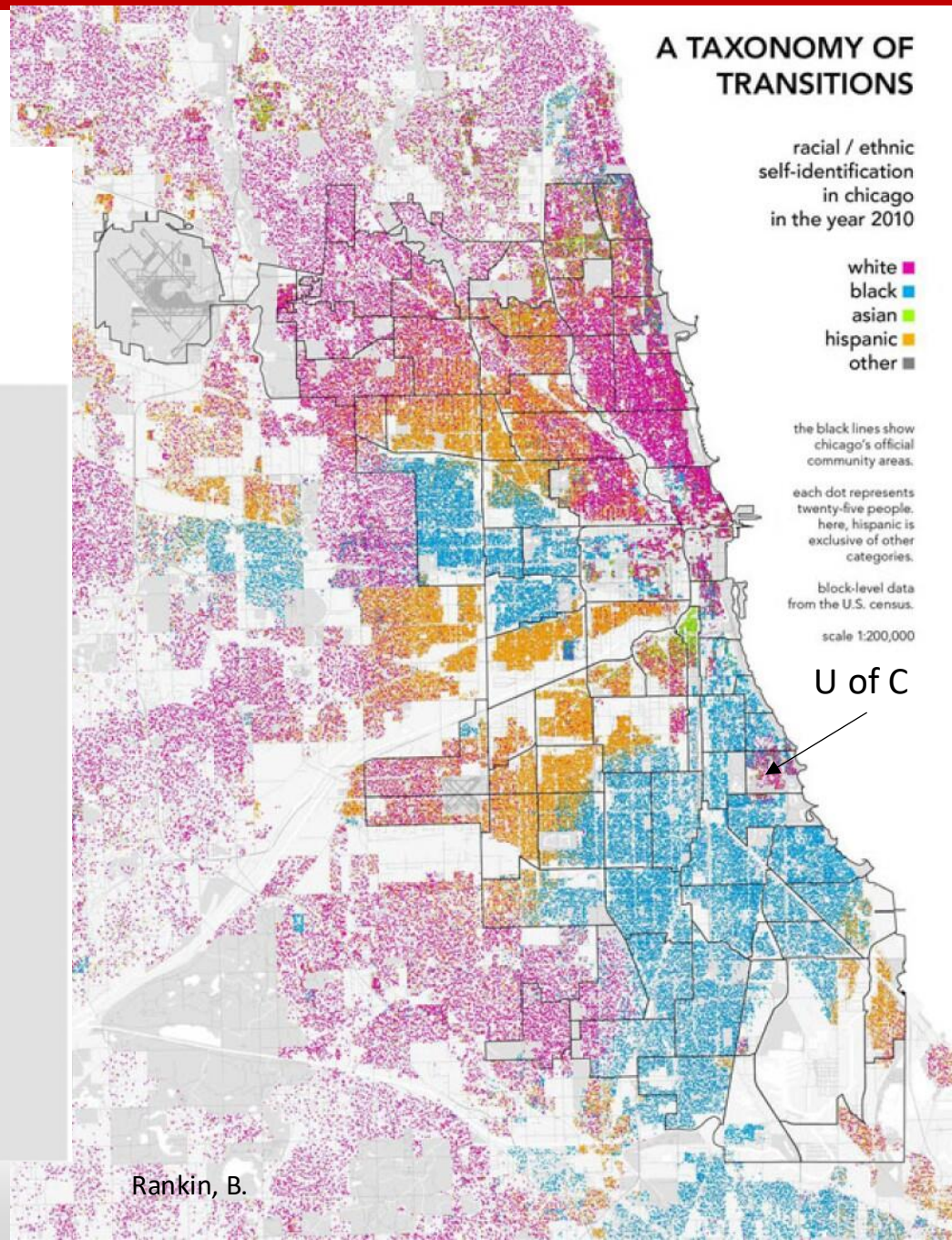
CDPH

Chicago's Life Expectancy





Gupta, S., Zomorrodi, R.



Rankin, B.

Methods

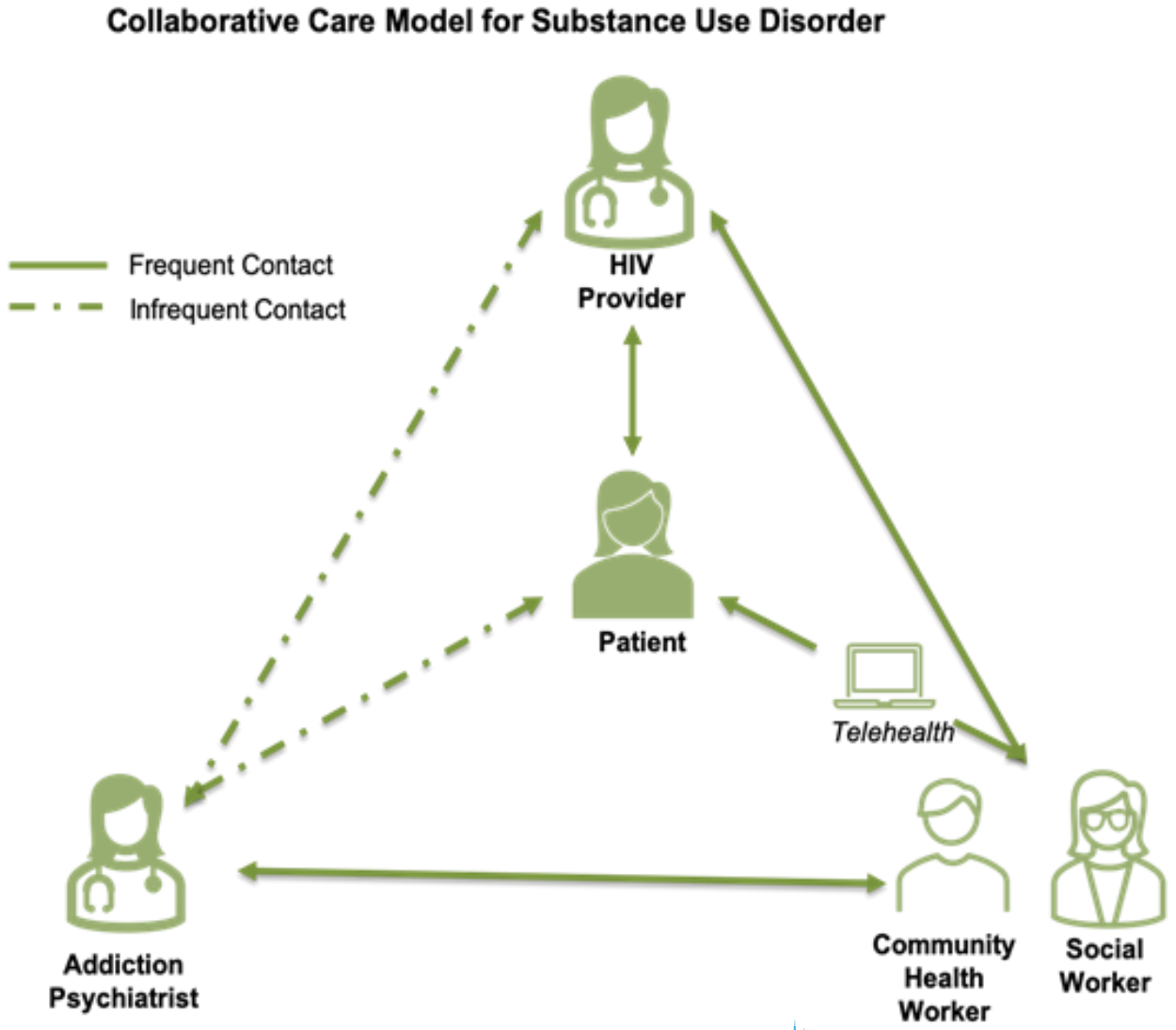
- Developed anonymous survey regarding SUD treatment among HIV clinicians
- Relied on self-assessment of abilities
- Assessed baseline comfort/ability to provide 1. counseling and 2. medical therapy for AUD, OUD, stimulant use disorder, and cannabis use disorder
- Assessed whether HIV clinicians felt would benefit from a dedicated SUD clinician

Survey Results and Next Steps

- 78% (7/9) ill-equipped to provide SUD counseling
- 89% (8/9) unable to prescribe SUD treatments
- 89% (8/9) marked would benefit from co-management with a dedicated SUD provider
- 89% (8/9) marked they had patients in their panel who used opioids, but 67% (6/9) were unaware of OUD resources (fentanyl testing strips, naloxone) present at UCM clinic, and only 11% (1/9) had disseminated these resources
- Clear need determined. Enter the Collaborate Care Model

The Collaborative Care Model (CoCM)

- Context: the 2017 SUMMIT RCT – CoCM for SUD in Primary Care
- Application of CoCM to PLWH
- Key players: Patient, Social Worker, Community Health Worker, Addiction Psychiatrist, Addiction Psychologist, and HIV Clinician
- Key principles: population-based care, measurement-based treatment to target, and team-based care



Watkins, et al.

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Innovations to CoCM

- First study to implement and evaluate CoCM for SUD in an HIV population
  - Existing standard of care requires access to external SUD treatment facilities → often insurmountable barrier
- Cognitive based therapy for SUD *in concert with* MAUD/MOUD
- Social needs assessment to address material and psychological needs
- Community health worker-led intervention
  - Trained layperson, shares similar background and identity with patient population
  - CHW from, and resides on Chicago's South Side

Implementation Outcomes

- Primary outcome: effectiveness
  - Measured by receipt or use of any evidence-based SUD treatment
  - Defined by receipt of psychotherapy, MAUD, or MOUD
- Secondary outcome: changes in 30-day recall of substance use (Timeline Follow-Back) and changes in social needs (serial needs assessments)
- Reach: measuring number of patients enrolled vs referred to CoCM
- Adoption: number of HIV clinicians who referred a patient to CoCM for SUD divided by number of HIV clinicians with eligible patients

Recommendations

- Importance of meeting patients where they are
  - Dedicated, longitudinal followup
  - Comprehensive care, frequent followups with opportunities to update assessments and individualized treatment plans
- CoCM is a promising strategy to incorporate SUD into an HIV clinic, particularly in contexts where healthcare is fragmented and access to mental health services are limited
- Consider CoCM in diverse contexts—including dedicated SUD clinics—to decrease patients' barriers to care and advance health equity

References

- Duko B, Ayalew M, Ayano G. The prevalence of alcohol use disorders among people living with HIV/AIDS: a systematic review and meta-analysis. *Substance abuse treatment, prevention, and policy.* 2019;14(1):52.
- Hartzler B, Dombrowski JC, Crane HM, et al. Prevalence and Predictors of Substance Use Disorders Among HIV Care Enrollees in the United States. *AIDS Behav.* 2017;21(4):1138-1148.
- Firkey M, Sheinfil A, Ramos J, Woolf-King SE. Cannabis and Alcohol Co-Use and Condomless Anal Sex Among Men Who have Sex with Men Living with HIV: An Event-Level Analysis. *AIDS Behav.* 2021.
- Sacamano PL, Farley JE. Behavioral and Other Characteristics Associated with HIV Viral Load in an Outpatient Clinic. *PLoS One.* 2016;11(11):e0166016.
- Wohlfeiler MB, Weber RP, Brunet L, Fusco JS, Uranaka C, Cochran Q, Palma M, Evans T, Millner C, Fusco GP. HIV retention in care: results and lessons learned from the Positive Pathways Implementation Trial. BMC Prim Care. 2022 Nov 23;23(1):297. doi: 10.1186/s12875-022-01909-2. PMID: 36424550; PMCID: PMC9685944.
- Judd R, Friedman E, Schmitt J, Ridgway J. Association between Patient-Reported Barriers and HIV Clinic Appointment Attendance: A Prospective Cohort Study. *AIDS Care.* 2021.
- Gupta, S, Zomorrodi, R. “Chicago’s Life Expectancy Map_6x4.” *Chicago’s Life Expectancy Map_6x4* | *UIC Today*, University of Illinois Chicago, 1 May 2023, today.uic.edu/chicagos-life-expectancy-map_6x4/.
- Rankin, B. “Where We Are: Mapping Chicago’s Racial Divisions.” *WBEZ*, WBEZ, 9 May 2012, www.wbez.org/race-out-loud/2012/05/09/where-we-are-mapping-chicagos-racial-divisions.
- CDPH, Syndemic Infectious Disease Bureau. “2021 HIV+STI Data Brief.” *City of Chicago*, Dec. 2022, www.chicago.gov/content/dam/city/depts/cdph/statistics_and_reports/CDPH_2021HIVSTI_DataBrief_20221201_FINALFINAL.pdf
- Watkins KE, Ober AJ, Lamp K, et al. Collaborative Care for Opioid and Alcohol Use Disorders in Primary Care: The SUMMIT Randomized Clinical Trial. *JAMA Intern Med.* 2017;177(10):1480–1488. doi:10.1001/jamainternmed.2017.3947.

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