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RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# It Takes A Village: Assisting Our Patients With Opioid Use Disorders

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University of Virginia, Ryan White Clinic

# Objectives



- Understand the importance of a clinic as a village in delivering care to people living with HIV (PLWH) and opiate use disorders (OUD).
- Understand the use of an interactive patient centered application for patients with opioid use disorders.
- Understand the importance of all members in a clinical setting in having a voice and contributing their skill set to patients with opiate use disorder.



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<https://uvahealth.com/services/infectious-diseases/ryan-white-hiv-program>

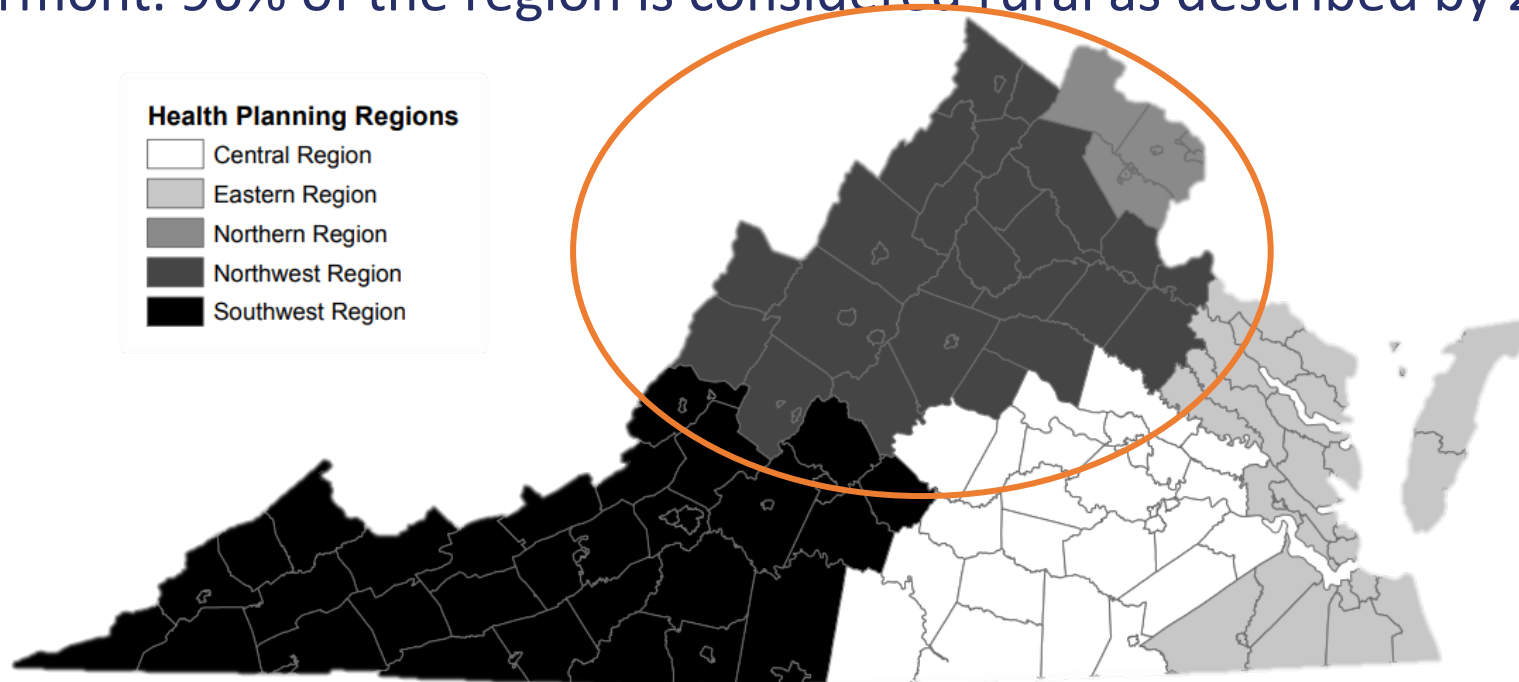
# About UVARWC's Population

(University of Virginia Ryan White Clinic)

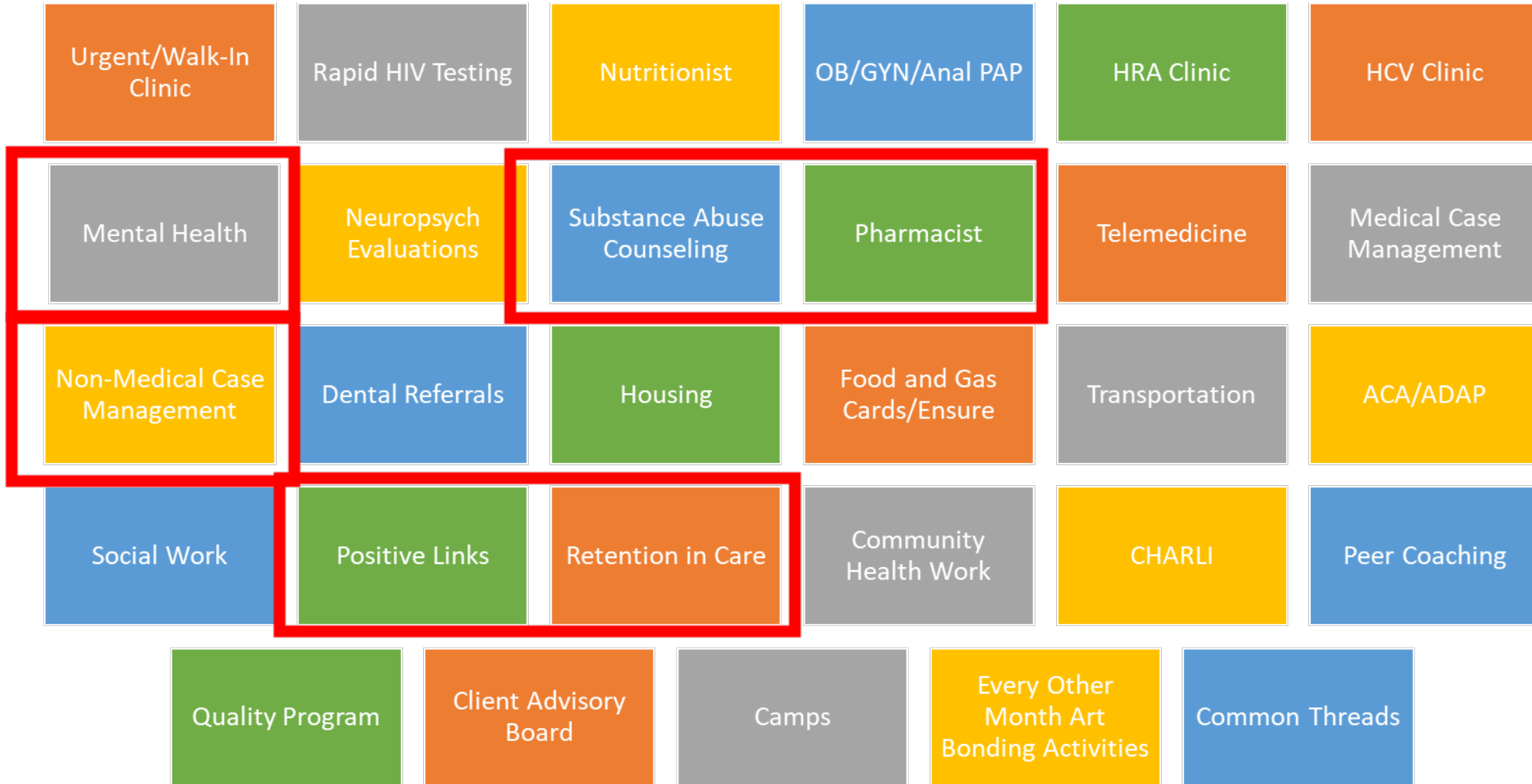
# About UVARWC



The target population that the UVARWC serves consists of the Virginia Department of Health (VDH) Northwest Health Region. This largely rural area comprises 23 counties and 8 small cities under 50,000, covering an area approximately 9685 square miles, which is larger than the state of Vermont. 96% of the region is considered rural as described by 2010 U.S. Census.



# UVARWC Services and Programs



# The Critical Importance of Each Team Member Having a Voice



- Culture is created.
- Actions speak louder than words.
- The responsiveness of each person sends a message.
- The patient is at the center of all activity.
- The staff and providers need to feel comfortable sharing information, asking for help and communicating issues.
- Each person has a voice and is empowered to speak.
- Each person's voice is heard and valued.
- This provides the safest and the highest quality of care.



# Mental Health Services



- Senior Psychiatrist – Gabrielle Marzani, MD
  - Embedded in UVA Ryan White Clinic since 1999
  - Authorized prescriber of Buprenorphine/naloxone (Suboxone)
- Three clinical psychologists – Amit Shahane, PhD, Karen Ingersoll, PhD and Virginia Andersen, PhD
- Substance abuse counselor – Jim Clark
- Psychiatry residents – one year elective service
- Psychology fellows – longitudinal elective service
- Financial support for inpatient & outpatient substance use treatment facilities

# UVARWC Mental Health Service Demographics



- Services at a glance, 2019-2020 Grant Year (4/1/2019-3/31/2020)

<b>Actively Enrolled Ryan White Patients During Service Year</b>	<b>863</b>
# RW Patients Receiving at least 1 Psych service (Psychiatry and Psychology)	275
# RW Patients Receiving at least 1 Psychiatry service	195
# RW Patients Receiving at least 1 Psychology service	184
# RW Patients Receiving at least 1 Substance Abuse-Outpatient service	31
# RW Patients Receiving at least 1 Substance Abuse-Inpatient/Residential service	12

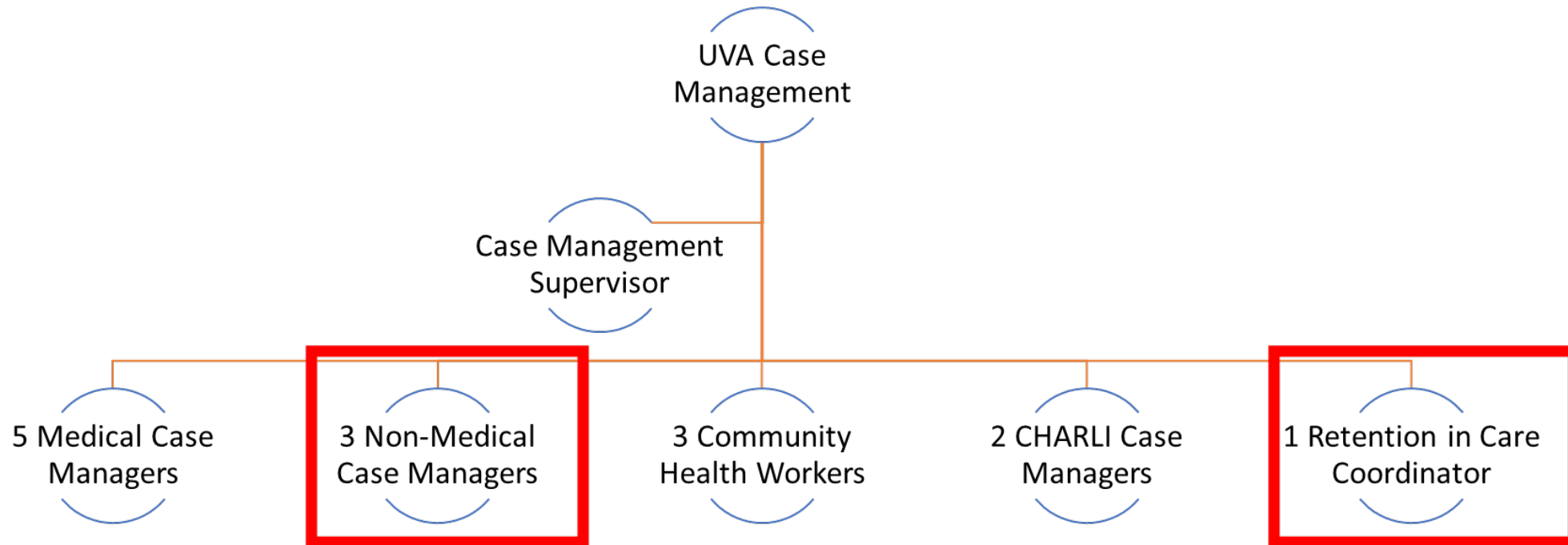


# Patient Access Associate (Front Desk): Andrea Lewis



- Member of Patient Access Associate team
- Well established in clinic.
- Is part of the Charlottesville community.
- Is first contact for many patients—face to face or on the phone
- Has a rapport with and is a trusted person for patients.
- Understands the inner workings of the clinic and also who the next point of contact should be for most likely continuation of success
- Acts as a connector for the team – not a one size fits all approach

# UVARWC Case Management



# Non-Medical Case Manager: Morgan Blevins



- Member of non-medical case management team
- Previous experience as an access associate and has held many roles in the clinic – patients often reach out as first point of contact for any issue they experience
- Trusted source for many of our patients
- Roles include:
  - Eligibility for Ryan White Programs
  - New patient intakes/screening for eligibility
    - Patients may disclose substance use during intake
  - Dental referrals and coordination
  - Housing assistance
  - Food cards and assistance

# Retention In Care Coordinator: Veronica Ross



- Long history of being a part of clinic working as a PCA, non-medical case manager, community health worker
  - 20-year experience at UVARWC
  - Familiar with patients from this and other perspectives
- Is a trusted source and individual
- Has institutional knowledge, is creative and an optimist
- Helps to move clients through the stages of change model, getting them from pre-contemplative to contemplative to action
- Does this by meeting them where they are, celebrating the wins and helps to strategize when goals aren't where client wants them to be

# HIV Clinic Pharmacist: Lindsey Buscemi, PharmD, BCPS, AAHIVP



- Infectious Diseases Clinical Pharmacist
- Residency-trained in Infectious Diseases, AAHIVP Credentialed
- Established pharmacy services in the UVARWC in 2013
  
- Goals of embedded pharmacist
  - To be proactive vs. reactive: identify interactions, contraindications, and other barriers and ensure patient/provider are on board with plan before the patient reaches the outpatient pharmacy
  - To extend the reach of the providers and the other clinical support team members

# Pharmacist Roles



- Medication reconciliation
- Regimen selection
- Interaction screening
- Toxicity monitoring, management, and mitigation
- Drug information questions
- Patient and provider education
- Adherence support: fill pill boxes and manage refills for select patients, make picture lists, partner w/case management and other providers to work with high-needs patients
- Assist with medication access and transitions of care issues
- Providing oversight of projects and policies, participating in Ryan White Quality Committee and other institutional committees



# How does this relate to opiate use disorder?



- Any of the previously described roles can be applied to this patient population
- Even if you are not an expert in substance use or psychiatry, pharmacist skill sets can still be applied

# Medication Histories & Reconciliation



- Identify prescribed opiates and controlled substances
- Utilizing prescription monitoring program (PMP) data can be mutually beneficial
  - Can evaluate dispense history of opiates, over-prescribing, “pharmacy and/or doctor shopping”
  - Can also gain insight to pharmacies utilized that weren’t previously on medical record → perform more thorough medication histories!
- Review dispense records for non-controlled substances
  - Can help identify risk for additive toxicity, drug interactions
  - Can help quantify adherence
- Inpatient & outpatient centers often require complete medication list

# Pharmacotherapy Management



- Medication-assisted treatment (MAT) combines behavioral therapy and medications to treat substance use disorders
  - Buprenorphine/naloxone (Suboxone)
  - Methadone
  - Naltrexone
- Dosage and therapy recommendations
- Interaction management – ART and non-ART
- Toxicity monitoring, management, mitigation
- Review UDS results – review time of positivity, agents that create false positives
- Thorough literature reviews

# Adherence and Access



- Assist with prior authorization support/insurance rejections
  - Can work in conjunction with case management team to navigate insurance issues
- Inpatient centers often request patient enter with 30 day supply of medications
  - May have to transfer pharmacies, arrange delivery, obtain insurance override
  - Can partner with case management team/RIC to help coordinate pickup/delivery
- Coordinate pill box visits with prescription pickup and/or clinic visits
- Can utilize emergency medication funding to cover MAT
  - UVA Ryan White clinic has budgeted emergency funding to cover medications when no alternative access solutions exist

- Patient education
- Provider education about new products, administration of long-acting injectables, Revive! Training, state laws regarding controlled substances
- Providing compassionate, empathetic care can be encouraging to patients
- While not always related to OUD, many patients claimed that the special time and attention dedicated to their care is encouraging and “makes them want to do good”



## What is PositiveLinks?

- Clinic-based mobile phone app designed to support engagement and retention in HIV care

## How does PositiveLinks engage patients?

- Daily self-monitoring of mood, stress, and medication adherence
- Appointment reminders and direct provider messaging
- Community board for anonymous support

<https://www.positivelinks4ric.com>



# UVARWC Clinic Team Utilizes Positive Links



- Positive Links was invented by Dr.'s Rebecca Dillingham and Karen Ingersoll (awarded the Innovators of the Year in 2020 by UVA).
- Clients are able to access us through a texting system. The app has the ability to have in-office and out-of-office messages, so the client is aware of the availability of the staff or provider.
- Now able to videoconference with patients through the app through a secure HIPAA compliant platform.
- Clients can also upload photos and images (insurance cards, mail received, prescription bottles, etc.)
- This allows clients to give us notice and trouble shoot issues that inevitability arise at visits, pharmacies, or with paperwork issues required for rehab for example.

# Benefits of Integrated Cell Phone App



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## Benefits of Integrated Cell Phone App



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### Member Benefits

*PositiveLinks provides:*

- ✓ Improved adherence & appointment attendance
- ✓ Self-monitoring
- ✓ Greater engagement in care
- ✓ Social support
- ✓ Goal achievement
- ✓ Positive health behavior
- ✓ Secure, trusted communication with providers and peers

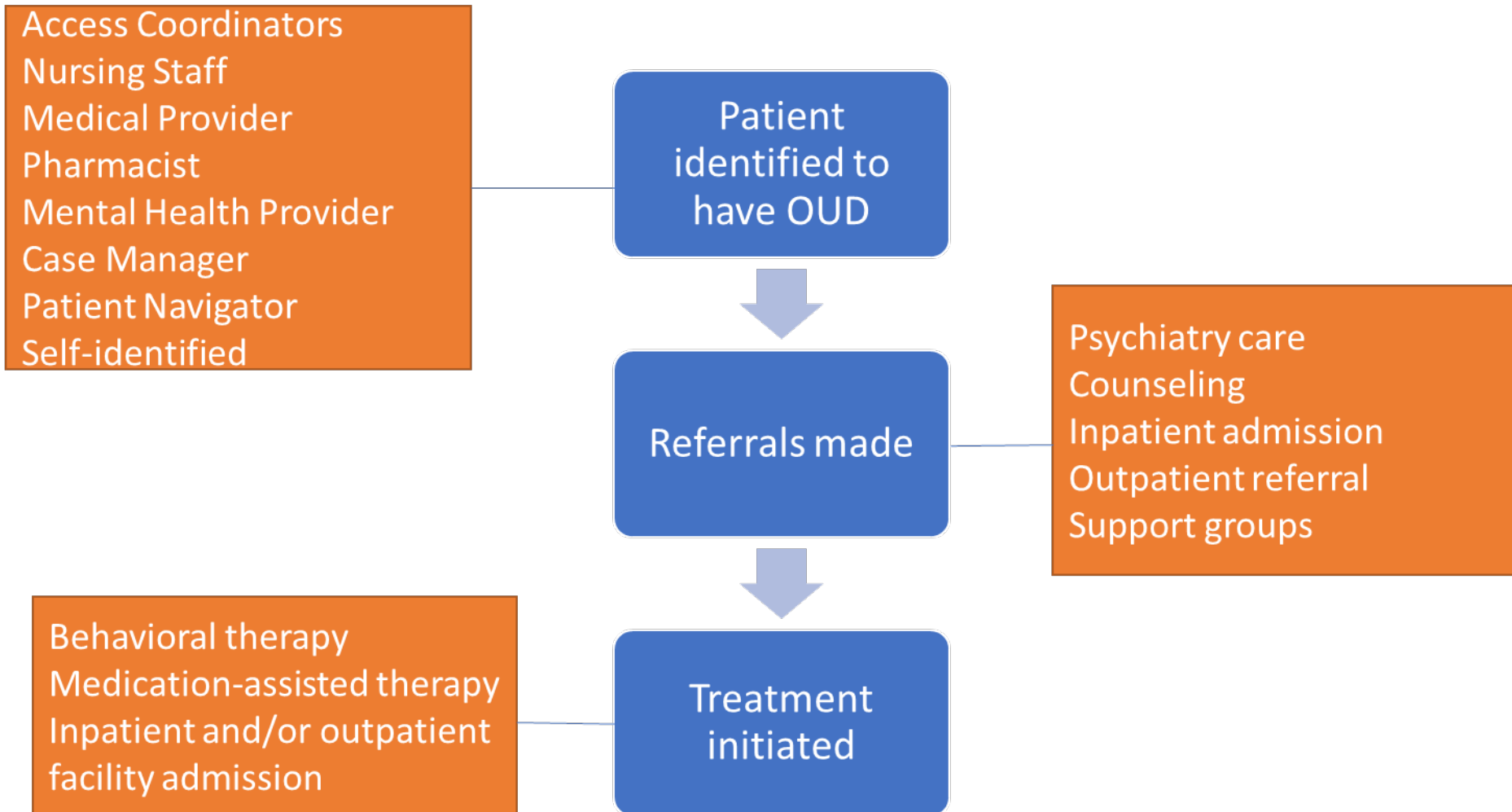


### Provider Benefits

*PositiveLinks improves:*

- ✓ Clinic reach and patient contact
- ✓ Appointment attendance and retention in care
- ✓ Provider/patient relationships
- ✓ Patient decision-making
- ✓ Patient health outcomes
- ✓ Reporting and referrals

# Teamwork Makes the Dream Work





# Case Examples

# Case 1: Ms. C.



- It all started with a letter:
  - Veronica Ross reached out to Ms. C. in May of her initial visit year. Despite multiple phone calls and mailed reminders, Ms. C did not make contact. Ultimately, Veronica sent a hand-written letter as an attempt to engage her in care.
  - Ms. C. states she kept the letter in a safe place until she was ready to get in care → October of that year
- Morgan completed Ms. C.'s intake → disclosed active substance use
- Within 5-7 days of her initial visit → 45 day residential treatment, paid for and facilitated by UVARWC
  - Morgan and Veronica went with her to the inpatient treatment facility and attended facility tour with her, helped her smoothly get admitted
- Upon discharge, Ms. C. would need Buprenorphine. Veronica wanted to give her a safe transition, but there were no buprenorphine providers in our clinic.
- Veronica approached Dr. Gabrielle Marzani and asked her if she would be willing to be waived. The clinic agreed to pay for the training (approx \$200) and Dr. Marzani was trained within 2 weeks, and waived in time for Ms. C.
- Ms. C. arrived on a steady dose of buprenorphine, but did not have the resources initially to pay for it. With much help from Morgan and the case management team, Lindsey was able to get her access to medications.

# Case 1 Continued



- Veronica would initially pick Ms. C. up for appointments and bring her medications to facilitate adherence. She had a clinic phone that Ms. C. could text or call.
- There is an addiction medicine clinic within the Department of Psychiatry and Dr. Marzani consulted with them regularly.
- Veronica and Ms. C. are very bonded. Ms. C. is thriving, working full time and has not relapsed since her inpatient stay. She also remains virologically suppressed.
- From this case, we learned about the process for admitting patients to this particular treatment facility
  - Screening and intake, tours, learning about the various aspects of the treatment program
  - Initially not allowed to access phones, but with roll-out of PL, could use app to do daily check-ins



# Case 2: Ms. L.



- Ms. L. has a long history of dependence and had an undiagnosed bipolar disorder causing tremendous upheaval.
- Veronica Ross has been working with her for years, through relapses, rehab with poor results, homelessness, incarcerations.
- She was placed on buprenorphine while incarcerated or during an inpatient rehab stay and needed someone to take over the care.
- During her 15-month incarceration, she stayed in touch with Veronica, who picked her up from jail and brought her back into care immediately upon release.
- The case management team has been critical in bringing her to her appointments by picking her up and facilitating her medication access, required urine screenings, and follow-up.
- On more than one occasion, Ms. L. has been able to reach us through Positive Links and tell us that a pharmacy doesn't have the medication she needs, so that we can connect with the pharmacy and direct it elsewhere.
- In this time, she has been homeless and has through Ryan White services been able to have housing assistance and employment. She has been able to regain physical custody of her daughter, who is doing well.
- She has become empowered to advocate for herself and her care. She will now text through Positive Links to alert us of an upcoming refill need. She remains virologically suppressed and has also been cured of Hepatitis C.

# Case 3: Mr. H.



- Mr. H. arrived to our clinic for an appt with his partner. They are both HIV positive.
- His partner was getting an initial psychiatric evaluation. He was with her and it was clear that they were both in acute opioid withdrawal. They were unaware that we were able to provide buprenorphine. We were able to start them on it in clinic, with the assistance of Lindsey.
- They were homeless and had no working phones. The phones given through positive links provided them with a lifeline to us as their lives were in chronic chaos.
- Typically with no notice, they would arrive in clinic or arrive hours after a scheduled appt.
- Through Andrea Lewis, a main connection to them, and later Positive Links, we were able to coordinate their care in the moment.
- In more recent months, Mr. H was incarcerated for driving on a suspended license. He had been clean for a year when he was incarcerated. All drug screens have been negative for opioids and positive for buprenorphine. He is scheduled to be released in the next month or so.
- His partner continues to be in contact with us through Positive Links and has remained clean.

# Conclusions



- The treatment of individuals with OUD began organically, with Veronica creating the window.
- Starting with an established patient on a stable dose was a reassuring way to enter into the treatment of patients with opioid use disorders.
- Having a pharmacist available and peers to assist with more complex cases has created the confidence to care for more patients.
- We still refer patients to an outpatient based opioid treatment program (OBOT), but have a low threshold to take them back into our clinic as they stabilize.
- Having a team of engaged and supportive case managers as well as a welcoming front staff team is critical to the successful care of our patients.
- Having a way to remove barriers to care is critical to the successful maintenance of patients on these types of treatments.

# Acknowledgements



- Brooke Williams – UVARWC Data Manager
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