Caring for Women with Opioid Use Disorder:
Developing a Toolkit for Organization Leaders and Providers in HRSA-funded Settings of Care

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BACKGROUND

- **Opioid use disorder (OUD)** is a chronic medical disease that disproportionately affects women
- In 2018, the Ryan White HIV/AIDS Program served 138,448 women aged 13 years and older, 8.3% had HIV infection attributed to injection drug use
- The intersection of OUD and HIV can exacerbate treatment challenges
- **Care Coordination**, the "deliberate organization of patient care activities to facilitate the appropriate delivery of health care services" (AHRQ 2014) involves all of a patient's providers and the patient themselves
- The HRSA Office of Women's Health and the U.S. Department of Health and Human Services collaborated through the **Regional Opioid Consultation Initiative (ROCI)** to develop a Toolkit to encourage care coordination in HRSA-funded service settings that serve women with OUD

METHODS & ACTIVITIES

In 2019, the ROCI team:
- Completed a **literature review** of peer-reviewed manuscripts and gray literature on the impact of the opioid crisis among women and to identify key strategies facilitating care coordination
- Obtained **individual stakeholder input** through three Expert Review Workgroup (ERW) Meetings of clinical and behavioral health experts and other stakeholders across the country
- Findings were synthesized into a **conceptual model** identifying key elements of care coordination for women with OUD.

In 2020, the ROCI team:
- Use the conceptual model to guide the development of the final Toolkit by helping identify key areas of focus
- Completed two final **ERW Meetings** to obtain feedback on the format of and resources to include in the final Toolkit
- Obtained additional written feedback from additional relevant stakeholders

RESULTS

The resulting conceptual model (Figure ES. 1) illustrates key care coordination strategies to deliver coordinated care to women with OUD which overlaps with promising practices for serving women
- The model lists key elements of care coordination for **organizations and providers** while recognizing **external conditions** beyond their control that affect care coordination for women with OUD.

Figure ES.1. Care coordination model strategies for women with OUD in HRSA-funded service settings

The final Toolkit will have three **sections** containing the following *tools*:
Shifting the culture around addiction and treatment
- *Addiction as a chronic medical disease*
- *Evidence-based treatment options for OUD*

Engaging women with OUD with care
- *Strategies for organizations to provide trauma-informed care to women with OUD*
- *Navigating the first appointments with women with OUD*
- *Remembering to engage women's support systems*

Creating and maintaining partnerships that support care coordination for women with OUD
- *Identifying potential partners in your community*
- *Tips for organization leaders to strengthen partnerships in their communities*
- *Sharing information about OUD with partners in the community*
- *Building a community of support for women with OUD*

LESSONS LEARNED

The conceptual model and additional ERW feedback confirm:
- The need to identify **potential intersections** between needs among women with OUD including HIV, anxiety and depression, other substance use, experience with violence, trauma, and other social service needs
- The need for **patient-centered compassionate care** emphasizes the importance of moving at patients' desired pace, acknowledging the order of their priorities, and treating each other as partners in a process
- The need to identify and key organization- and provider-level strategies to meaningfully implement care coordination that accounts for women's overall needs and are not limited by focus on a single health issue
- Care coordination is made up of shared principles regardless of the key condition or population of focus

CHALLENGES/LIMITATIONS

- The final Toolkit and its components assume baseline familiarity with OUD and treatment infrastructure among its intended audience
- The ERW model of stakeholder input does not account for all potential differences between individual patients
- While composed of adapted evidence-based resources, the final Toolkit itself has not yet been tested in the health care setting
- While care coordination shares key elements, the Toolkit was not specifically designed for serving with people living with HIV