ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

How to Join:
https://iecho.org/public/program/PRGM1708646970665RHK0C7J5TR

For attendance, purposes please text the following code: VAWYED to 608-260-7097

Session Date: Friday, December 20, 2024

Didactic Topic and Presenter:
Creating and implementing a low barrier model of care for people who use drugs

Elizabeth Salisbury-Afshar, MD, MPH

Content Experts: Sheila Weix and Joe Galey

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
    - Presenter: Jordan Vold PA-C, CAQ-Psy - UIC
- 1 PM: Didactic Presentation
    - Presenter: Elizabeth Salisbury-Afshar, MD, MPH
- 1:15 PM End of Session

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CONTINUING EDUCATION INFORMATION:

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2024 Universal Activity Number (UAN): JA0000358-0000-24-009-L01-P; JA0000358-0000-24-009-L01-T

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This session is designed to meet the requirements outlined in the Medication Access and Training Expansion (MATE) Act. (Click here for more information.) Number of hours: 1

Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON
School of Medicine and Public Health
School of Nursing
School of Pharmacy

Project ECHO
University of Wisconsin

ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2024-2025
Creating and implementing a low barrier model of care for people who use drugs
12/20/2024

Didactic Presenter: Elizabeth Salisbury Afshar, MD
Case Presenter: Jordan Vold, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

- Describe barriers that led to clinic need
- Describe steps taken to open clinic
- List early lessons

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

** **Ineligible companies** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies.*

Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	Usona Institute (Grant / Contract), multi-disciplinary association for psychedelic studies (Grant / Contract)	Yes	1/29/2024
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/5/2024
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	2/6/2024
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/8/2024
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	1/29/2024
Susan Mindock	Planner	No relevant financial relationships to disclose	No	1/29/2024
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/9/2024
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	1/29/2024
Joseph Galey	Planner	No relevant financial relationships to disclose	No	2/13/2024
David Leinweber	Planner	No relevant financial relationships to disclose	Yes	1/20/2024
Elizabeth Salisbury Afshar	Presenter	No relevant financial relationships to disclose	No	11/8/2024
Jordan Vold	Presenter	No relevant financial relationships to disclose	No	12/11/2024

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Case Presentation

Jordan Vold PA-C, CAQ-Psy
Mile Square Health Center, Behavioral Health and Addiction

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For this educational activity there are no reported conflicts of interest

Case Introduction

- One-liner (including age/sex):
  - 46 y/o female with opioid use disorder, stimulant use disorder (rock cocaine), benzodiazepine use disorder in remission, bipolar disorder, and ongoing justice involvement.

- Primary question for discussion:
  - How to best utilize LAI Buprenorphine considering multiple LAI Buprenorphine formulations available (Brixadi, Sublocade)
  - Approaches for justice involved patients with BH/SUD concerns

Medical & Behavioral Health Diagnosis:	Current Medications:
• Opioid use disorder, severe • Stimulant use disorder, severe (rock cocaine, methamphetamine) • Hx of delusional parasitosis 2/2 stimulants, resolved with decreased stimulant use • Benzodiazepine use disorder, in remission (history of seizures related to BZD withdrawal) • Bipolar disorder, most recently with symptoms of depression. Previous episodes of mania with psychosis but no recent psychosis with remission of stimulant use • Anxiety	• Sublocade 300 mg q 28 days • Gabapentin 300 mg TID • Aripiprazole 15 mg daily • Naloxone nasal spray • Atorvastatin 10 mg daily

Substance Use

- History:
  - Opioid: Fentanyl use, primarily insufflation, past IDU. Last intentional opioid use approximately 12 months ago (UDS consistent with patient report)
  - Stimulants: Intermittent rock cocaine, last use 2 weeks ago. No intentional methamphetamine use for >12 months
  - Benzodiazepines: No use for >12 months

Substance Use

- Consequences of Substance Use:
  - Social/occupational/educational:
    - Mood disturbances, delusional parasitosis, psychosis
    - Justice involvement, multiple incarcerations (jail), concerns for future prison time
    - Limited family involvement
  - Physical (including evidence of tolerance/withdrawal):
    - BZDs – hx of seizure 2/2 withdrawal

Substance Use

- Past treatments:
  - Opioid
    - Current: Sublocade 300 mg q 28 days. Recent adverse outcome from Sublocade injection (see picture on future slide)
    - Past: Various formulations of Bup-Naloxone
  - Cocaine/Methamphetaine
    - Past: Bupropion 300 mg – unclear if prescribed for mood vs. off-label for StUD. Contraindicated due to seizure history
  - Benzodiazepines
    - Gabapentin 300 mg tid
  - Behavioral
    - Current: court-mandated IOP and individual counseling
    - Past: multiple residential SUD, multiple psychiatric hospitalizations for bipolar depression, bipolar mania with psychosis

Social History:	Family History:
• Social Factors/History: • Lives in rural town outside of WI, limited access to MOUD, limited transportation • Boyfriend with SUD hx (opioid, stimulant), currently receives Methadone at OTP • Income source: • Works full time, house cleaning	• Father with bipolar disorder

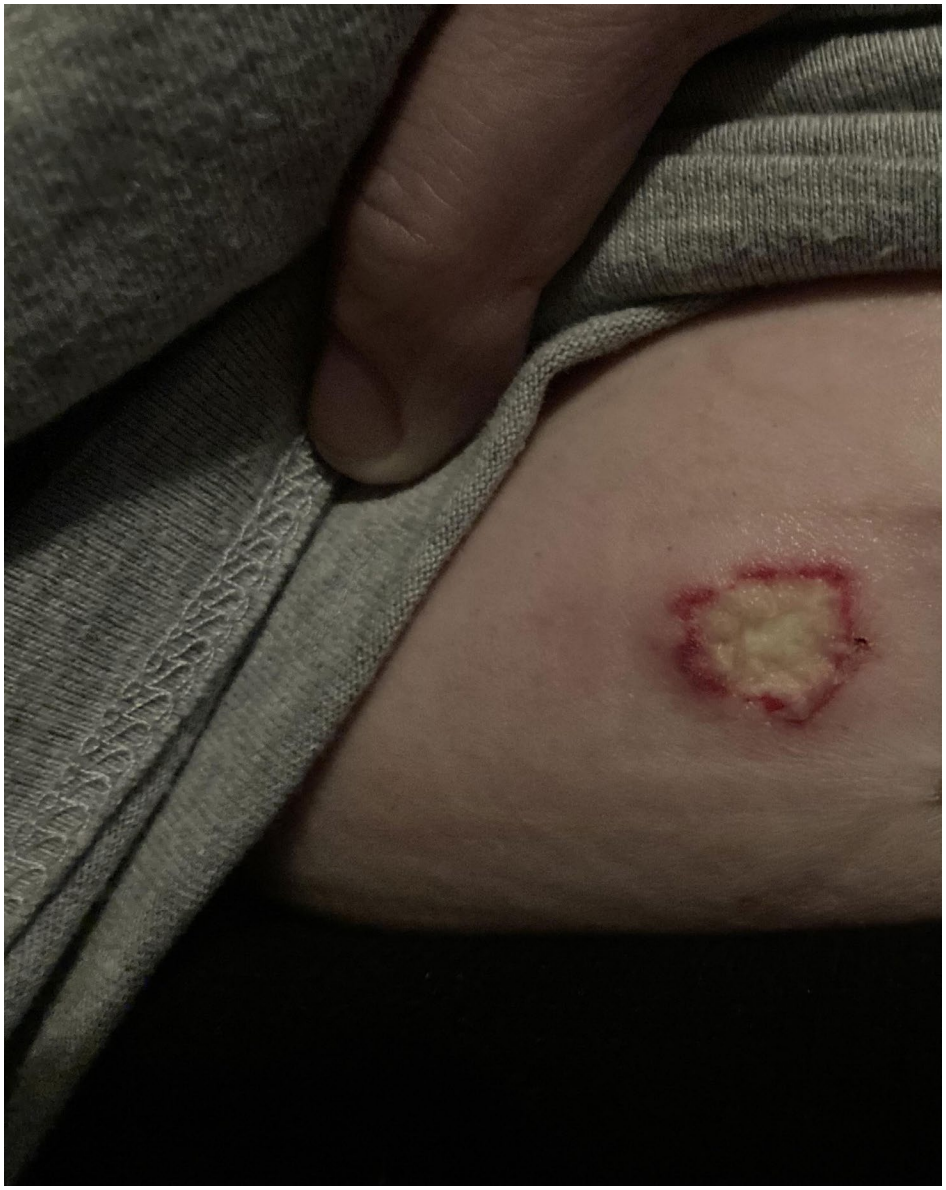
Patient strengths & protective factors:	Risk factors:
• Engaged in care, both with IOP in her community and with MOUD/BH care despite transportation barriers • Has positive relationship with probation officer • Receiving LAI Buprenorphine already • Some involvement with local 12 step program	• Minimal positive social/family relationships • Boyfriend with SUD history and unclear recovery, also with justice involvement; lives with boyfriend • Rural setting with limited resources

Labs

- Last confirmatory UDS (Oct 2024)
  - Bup presumably + due to LAI Buprenorphine (no UDS completed for Bup)
  - Neg Fentanyl, BZDs, cocaine, amphetamine/methamphetamine
- Hep C Ab+, negative viral load
- HIV, syphilis screenings negative
- Normal A1c, lipids, CBC, CMP, TSH, B12/folate

Patient Goals & Motivations for Treatment

- Motivated to improve:
  - Justice involvement – fears future incarcerations, potential prison time
  - Behavioral health – particularly challenges with depression
  - Family relations – daughter recently had child, so patient is new grandmother
- Desires to maintain MOUD, concerns about interruptions in this care if/when incarcerated
  - Some concerns about Sublocade due to recent “reaction” (picture on next slide)



Proposed Diagnoses

- OUD, severe in sustained remission
- Stimulant use disorder, intermittent cocaine use, previous methamphetamine use
- Benzodiazepine use disorder in sustained remission
- Bipolar disorder, currently depressed
- Anxiety

Proposed Treatment Plan

- Transition to alternative LAI Buprenorphine (Brixadi). Sublocade “reaction” likely due to dermal administration however this has changed patient perception of Sublocade
- Complete ROIs with rest of treatment team (IOP, probation, etc)
- Consider LAI Abilify to help with adherence to behavioral health treatments
- Unclear what effective treatments available to assist with intermittent rock cocaine use

Discussion:

- Primary question:
  - How to best transition from one LAI Bup formulation to another (in this case Sublocade → Brixadi)
  - Other approaches to help minimize interruptions in care around justice-involvement

DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} **Physical Dependence ≠ Use Disorder**

- Larger amts/longer periods than intended
- Persistent desire/failed attempts to quit/control use
- Much time obtaining/using/recovering
- Important activities sacrificed
- Continued use despite known adverse effects
- Failure to fulfill major obligations
- Recurrent hazardous use
- Craving
- Ongoing use despite interpersonal problems

2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

Project ECHO University of Wisconsin

CREATING AND IMPLEMENTING A LOW BARRIER MODEL OF CARE FOR PEOPLE WHO USE DRUGS

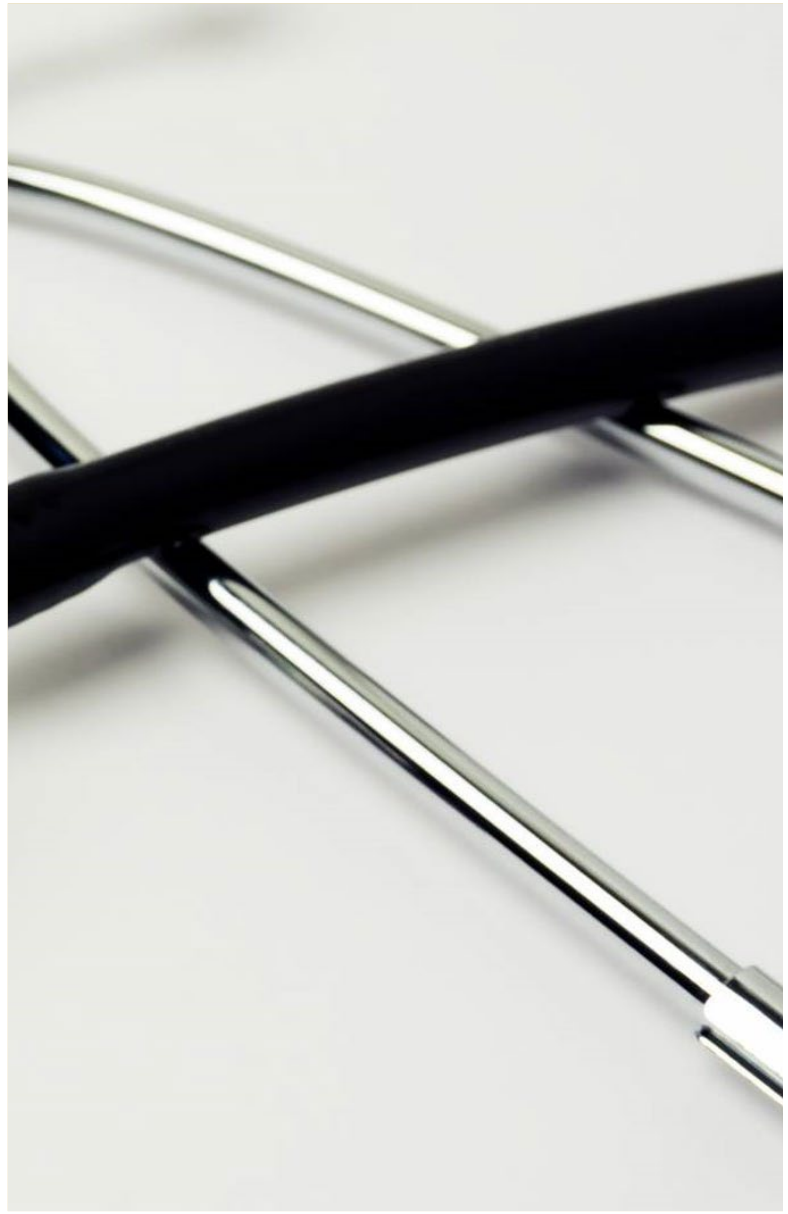
ELIZABETH SALISBURY-AFSHAR, MD, MPH

LEARNING OBJECTIVES

Describe barriers that led to clinic need

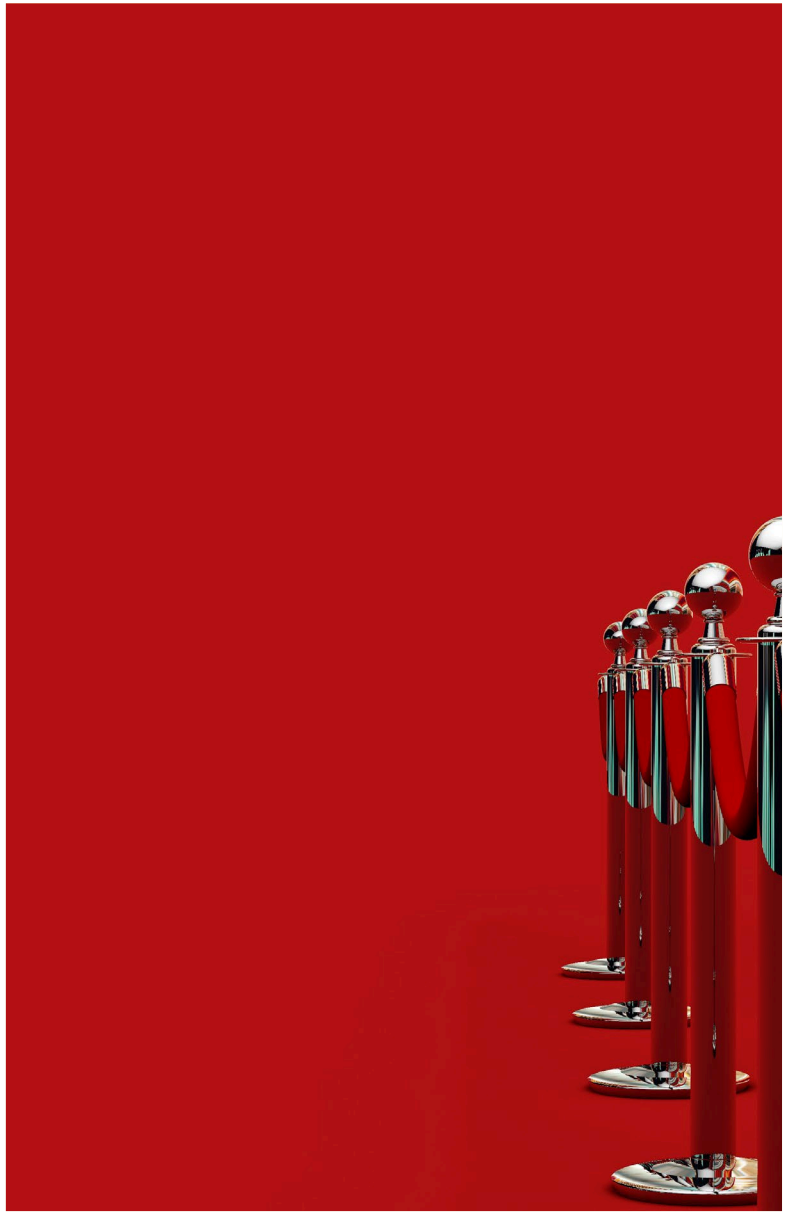
Describe steps taken to open clinic

List early lessons



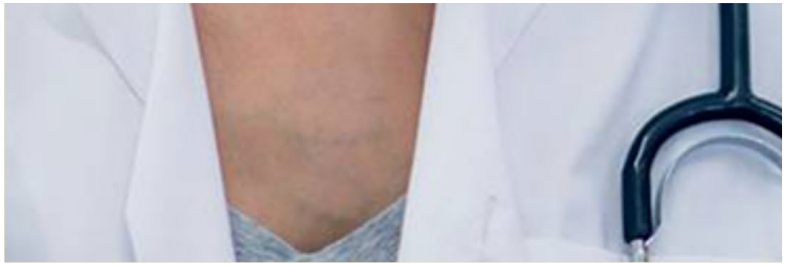
BARRIERS TO ACCESSING CARE FOR PWUD IN MADISON/ CENTRAL WI

- Access to MOUD
  - Many PCPs are not prescribing MOUD
  - Access challenges - closed panels and limited availability in existing panels
  - Payer network limitations: where you can go dictated by payer (Medicaid and Private)
  - Lack of insurance
  - Most programs offer only high barrier care
- PWUD often afraid to access care for fear of stigma, making people less likely to access:
  - Wound care
  - HCV treatment
  - Reproductive health care



GOALS:

- Low barrier clinic where PWUD can walk in to receive same-day care
- Ability to provide care regardless of insurance status
- Offer services that PWUD often need & have trouble accessing:
  - MOUD
  - HCV treatment
  - Wound care
  - Harm reduction ed and naloxone
  - STI testing/Tx
  - Family planning/contraceptive access
  - Peer support services
  - Transportation assistance
  - Housing assistance
  - Medical case management



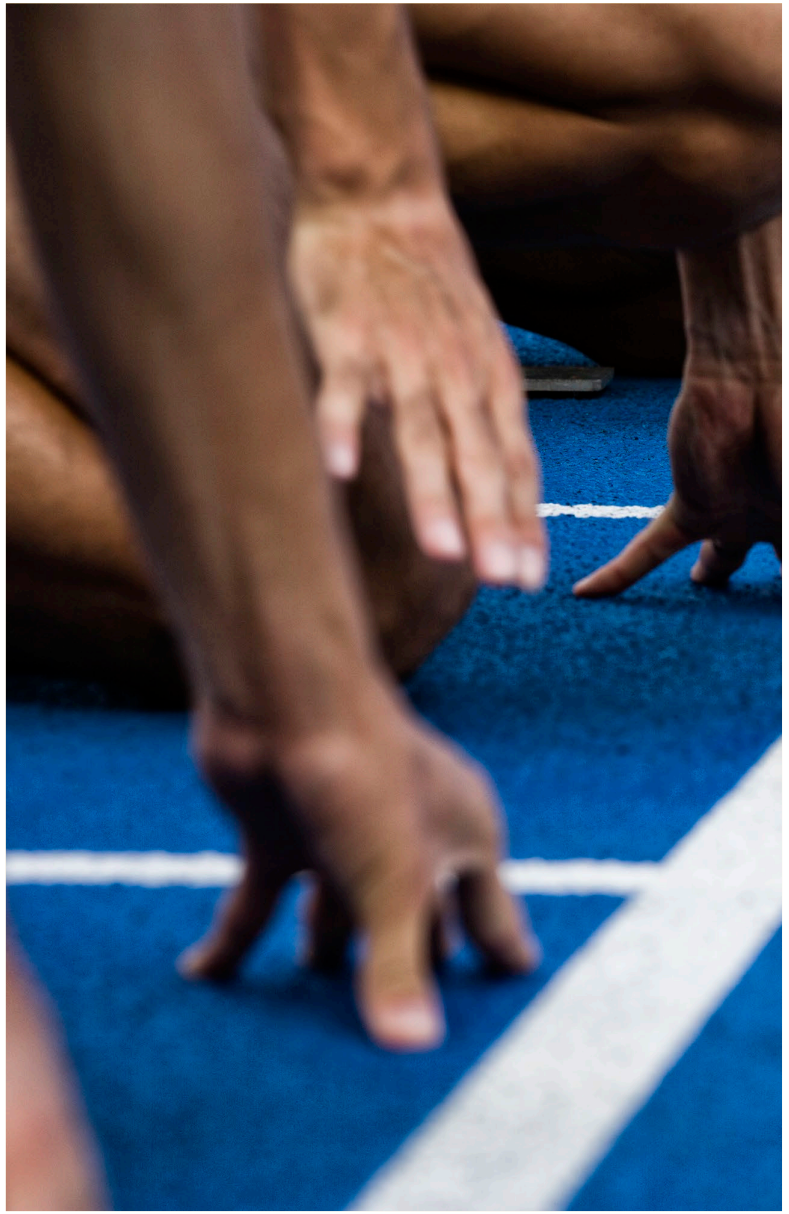
CHALLENGES IN BUILDING A CLINIC LIKE THIS

- SUD care typically has a heavy Medicaid payer base = low reimbursement
- Walk-in models are generally not as efficient as clinics using scheduled visit structures (lower volume = less money)
- No ability to provide care at no cost for individuals without insurance in existing models (charity care not set up for this service line at this time)
- Patients needing this model of care often have higher medical acuity and need greater (with lower reimbursement).
- Existing space and staffing challenges
- Health system typically has gr… providing care for patients who are…

Difficult to make a business case

WHERE AND HOW WE STARTED

- DHS call for proposals for "low barrier MOUD"
- Grant proposal said we would open low-barrier walk-in clinic that would offer walk-in care for:
  - MOUD
  - Wound care
  - HCV treatment
  - Contraceptive access
  - STI testing and treatment



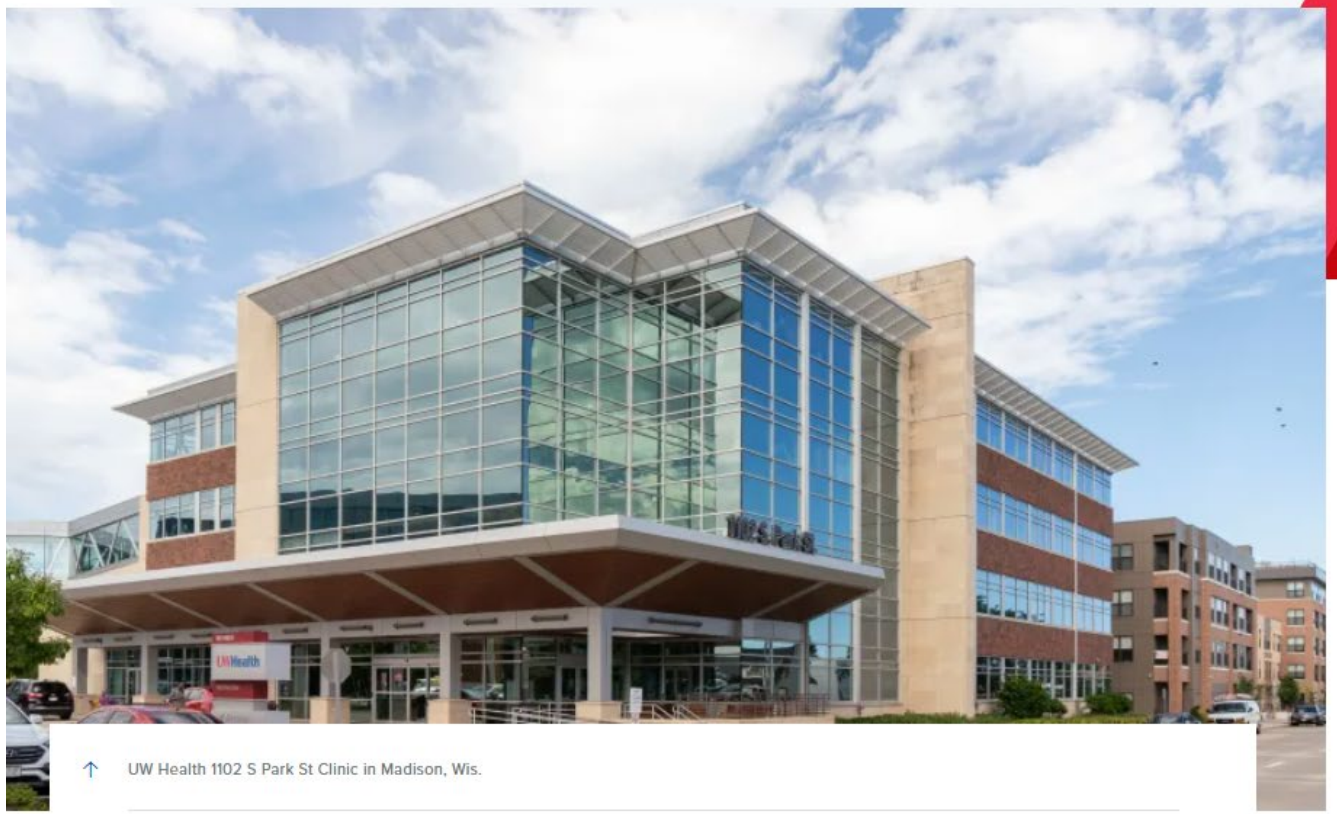
LONG PATH TO OPENING

- Identifying space
- Legal interpretation of service line and 42CFR compliance
- Setting up new cost centers:
  - "Compass insurance"
  - Lab
  - Pharmacy
- IS Build
- Staffing
  - Posting
  - Hiring
  - Onboarding
- Change management

February 15, 2024

Compass Program hopes to help fill care gap amid opioid crisis

About us

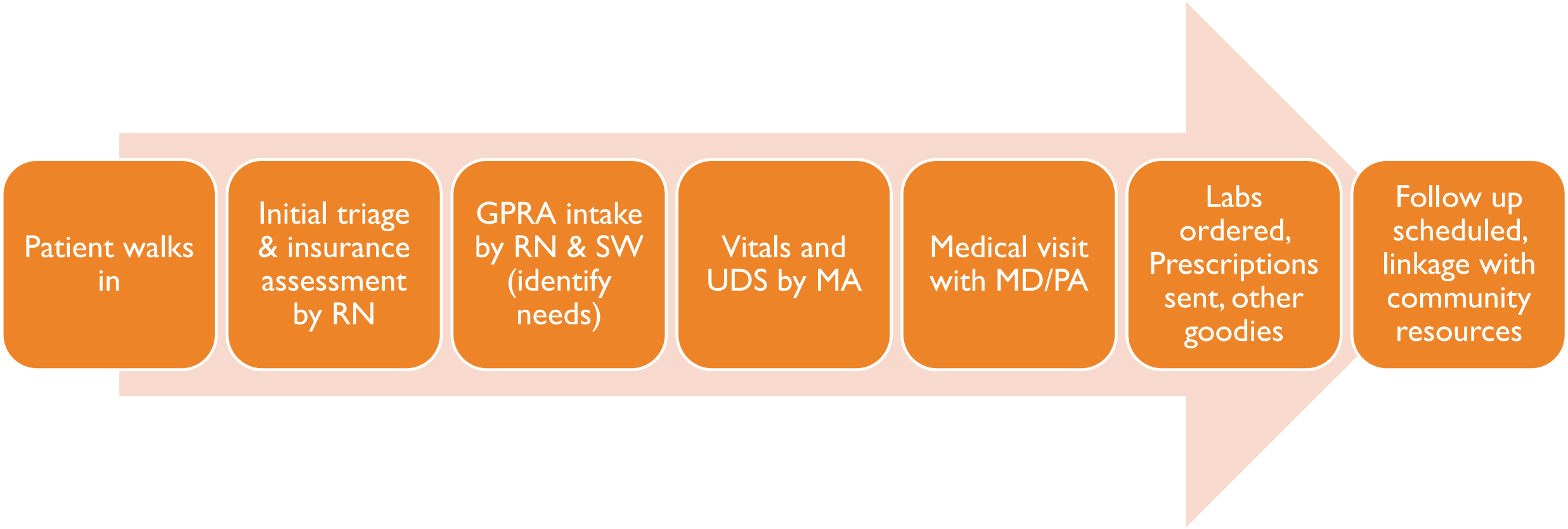


UW Health 1102 S Park St Clinic in Madison, Wis.

STAFFING MODEL

- Behavioral health nurse care manager
- Social Worker
- Peer Support Specialist
- Medical Assistant
- Prescriber (PA, NP, MD)

PATIENT EXPERIENCE



SUPPLIES

- Snacks
- Bus passes
- Back packs
- Naloxone
- Test strips
- Basic wound care supplies
- Lock boxes
- Hand warmers
- Menstruation packs
- Safer sex supplies

OUTCOMES TO DATE (10 MONTHS OF SERVICE)

OUTCOMES TO DATE (10 MONTHS OF SERVICE)

EARLY LESSONS LEARNED

- Creating a completely different service model within an existing clinic is challenging- change management is needed!
- Starting a new service line in a big system is time intensive (took us over one year to open the doors).
- If you build it…. It takes a little while before they come.
- Community partnerships are critical.
- Safety net programming typically requires grant funding (or FQHC/enhanced billing models)- start sustainability planning early.
- Understand patient needs and aim to address them:
  - Food
  - Clothing
  - Housing
  - Transportation
  - Health care navigation
- Team work makes the dream work!

FUTURE DIRECTIONS

- Look for funding sources to support care for people without insurance
- Identify funding sources for:
  - Food/snacks
  - Bus passes
  - Coats, gloves, hats, socks, etc.
- Expand hours to additional days of week, evenings and even weekends
- Continue to identify community referral sources for patients with greater stability
- Continue to build community partnerships

THANK YOU

DHS for this funding opportunity!

Randy Brown (Grant PI)

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Kristen Brey

Cailey Clam

Tom Carroll

Nicole Riechers

Tyler Ho

Natalie Tischler

Casey Chizek

Madi Simpson

Maggie Williams

Wes Arnett

Andrew Mullen

Sue Wright

Lizzie LeMere

MANY, MANY community partners