

LOW THRESHOLD SERVICES FOR PWUD: INTEGRATING BUPRENORPHINE INTO A COMPREHENSIVE HIV, HCV AND SEXUAL HEALTH CARE AND TREATMENT PROGRAM IN NEW YORK CITY

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Background:

Colocalization of medication assisted therapy (MAT) within HCV or HIV care programs improves linkage and engagement for people who use drugs (PWUD). Since 2015, as part of multiple healthcare reform efforts and quality initiatives, our HIV program received support to expand clinical activities to include comprehensive care for HCV mono-infection, HIV prevention and sexual health services. In so doing, we recognized a growing need for embedded opiate use disorder treatment, counseling and care coordination.

Description of model of care/intervention:

Beginning in 2018 we expanded services to include integrated MAT within our large urban academic ambulatory practice, providing comprehensive HIV, HCV and Sexual Health services to over 2200 patients in Upper Manhattan.

Effectiveness:

As of 2018, five physicians of 32 total medical providers were trained and received waivers to prescribe buprenorphine. In 2018, 31 patients were treated with buprenorphine, of which 67.7% did not consistently adhere to the treatment or were no longer on therapy. A modest amount of patients (29%) were adherent, tapered or successfully switched to methadone. Of those with favorable opiate use disorder outcomes, comorbidities included HIV/HCV coinfection (4), HCV mono-infection (3) and risk for infection (2). Patients who reported injection drug use (6.5%) either inconsistently adhered to treatment or stopped taking the treatment.

Conclusion and next steps:

Our program embraced practice transformation opportunities to engage populations living with or at risk for HIV and HCV. Colocalized MAT is an important component of care among these populations. We were able to improve capacity and access to buprenorphine therapy for PWUD. Unfortunately, the number of patients served was limited compared with the need in our community and the rate of retention in care was low. Additional efforts are needed to better reach populations who would benefit from MAT in the context of comprehensive care.

Disclosure of Interest Statement:

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