

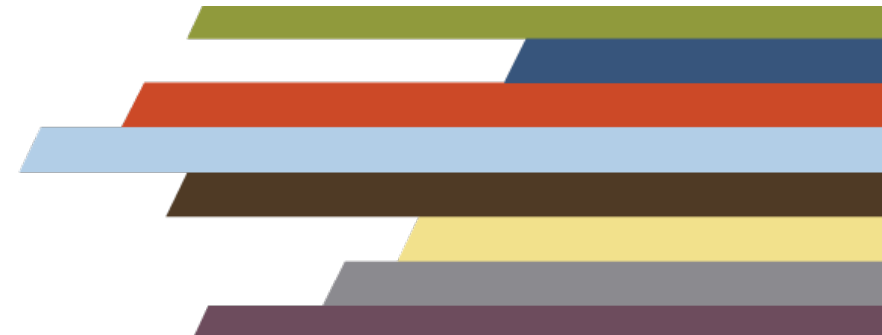


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# The Learning Community Model for Integrating Hepatitis C Services into Opioid Treatment Programs

Kelly Reinhardt



# ATTC NCO Project Team



**Holly Hagle, PhD**  
Learning Community Project Oversight  
Co-Director  
ATTC NCO



**Nick Szubiak, MSW, LCSW**  
Learning Community Facilitator  
Integrated Healthcare Consultant  
NSI Strategies



**Laurie Krom, MS**  
Learning Community Project Oversight  
Co-Director  
ATTC NCO



**Erin Winstanley, PhD**  
Learning Community Evaluator  
Associate Professor &  
Vice Chair of Research  
West Virginia University



**Kelly Reinhardt, PMP**  
Learning Community Project Director  
ATTC NCO

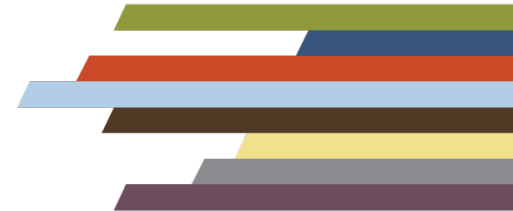


**Kristen Zucht, MA**  
Learning Community Project Manager  
Senior Project Manager  
ATTC NCO



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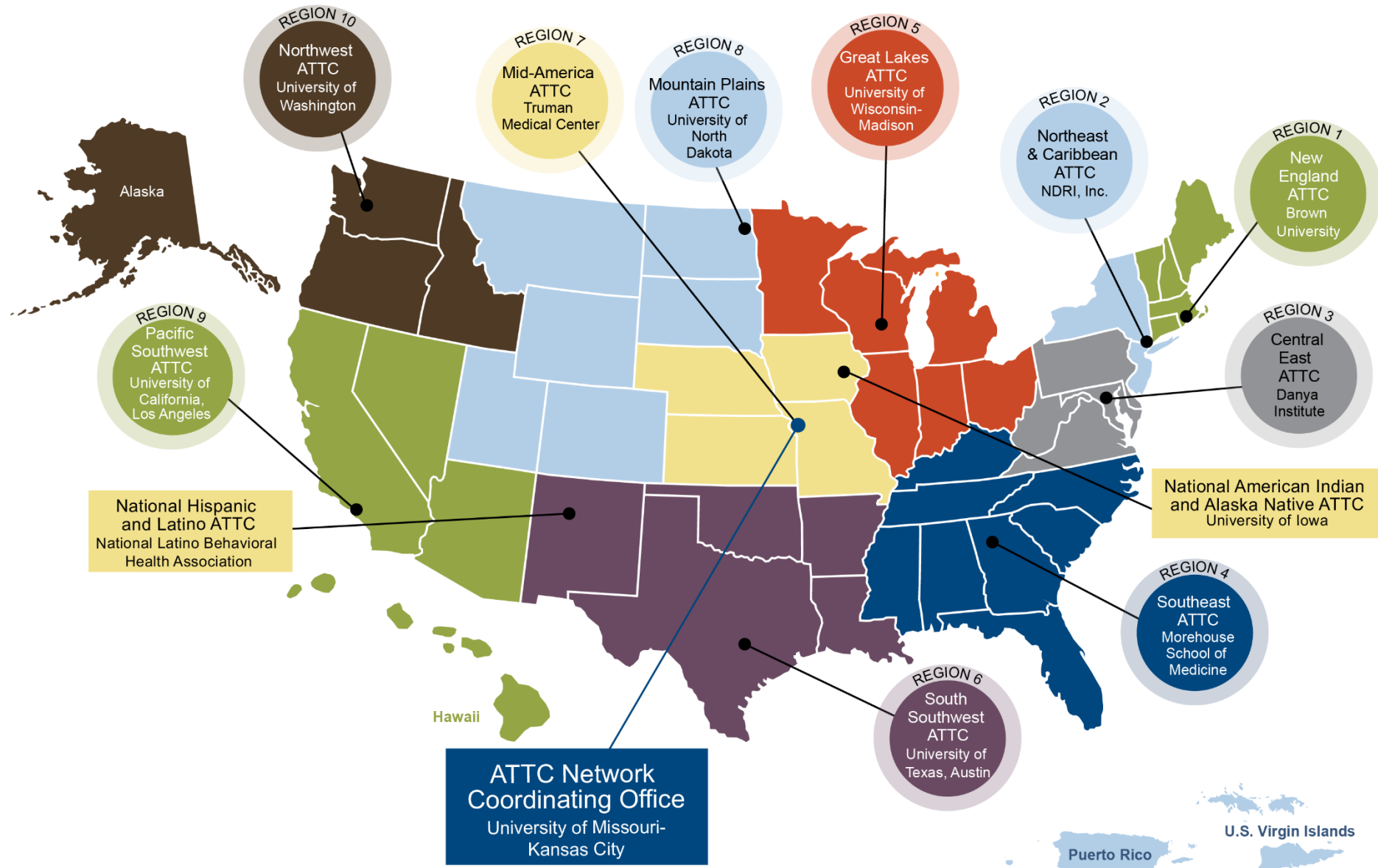




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## U.S.-based ATTC Network



# Who We Are

## The ATTC Network Mission

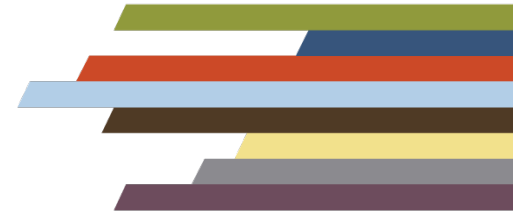
- Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

**SAMHSA Project Officer:** Humberto Carvalho, MPH



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# Opioid Treatment Programs in the United States

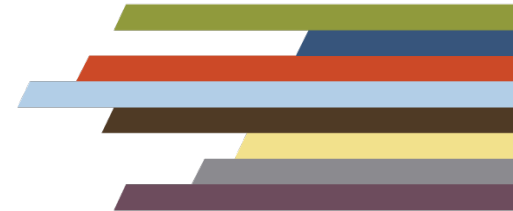
- Federally regulated by the Substance Use and Mental Health Services Administration (SAMHSA)
- Often called “methadone clinics”
  - Some OTPs also provide other FDA-approved medications for opioid use disorder, such as buprenorphine
- SAMHSA requires that OTPs provide counseling on HIV prevention and recommends that they also screen and educate patients on other infectious diseases, such as HCV

More information on OTPs: <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program>



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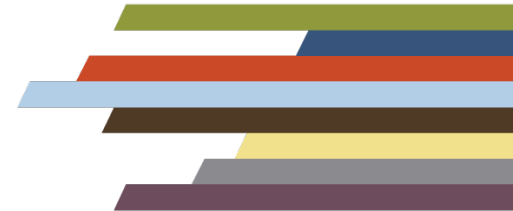
# Why Integrated Care?

- The key outcome of integrated care models is to improve healthcare outcomes for all individuals by removing traditional silos and barriers to care.
- Integrated services can lead to improved access to prevention, treatment and care; build stronger patient centered relationships; increase adherence to treatment plans; and ultimately, enhance health, recovery and quality of life for persons receiving services for a variety of healthcare issues.
- There is no single evidence-based model for how service integration should work in OTPs or any clear steps for making this organizational change.



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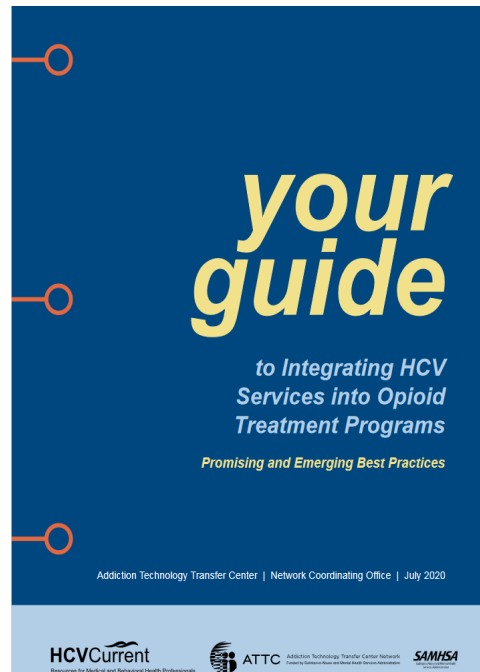




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## An Evidenced-Based Resource to Assist OTPs with Service Integration



Download here: <https://attcnetwork.org/centers/network-coordinating-office/product/your-guide-integrating-hcv-services-opioid-treatment> (Updated version coming Spring 2022)

# Development of the Guide



HCV/OUN Thought Leader Panel



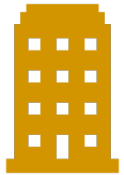
OTP Review &  
Table-Top Exercise



Environmental Scan



Pilot Test – Learning Labs



Site Visits



Revisions



Draft



Guide Completion

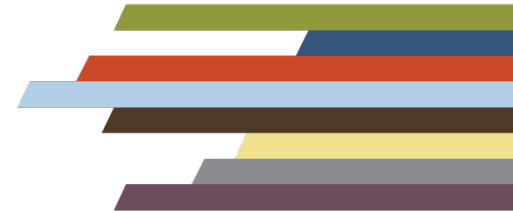
# Created Curriculum for Learning Community

- Nine sessions based on content from the Guide
  - Tenth session was Closing Ceremony featuring presentations from each OTP
- Interactive experience held over Zoom from November 2020 – April 2021
- Professionally facilitated by Nick Szubiak, MSW, LCSW
- Combination of didactic and peer-to-peer learning
  - Six SMEs presented on various topics related to service integration
  - Nick offered one individualized coaching call to each OTP and additional calls by request
- Each OTP created and began implementing an Action Plan for service integration based on team-identified SMART goals
  - Desired and realistic level of integration varied by organization



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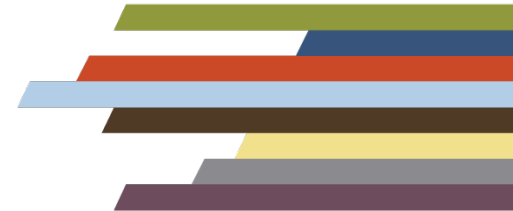
# Participating OTPs

- 17 OTPs applied to participate; 10 were selected based on a set of readiness criteria
- A total of 62 interdisciplinary staff were involved in the Core Implementation Teams leading the integration efforts at respective OTPs
- Located in AZ (2), CA, IA, NC (2), NJ, OH, PA, and WA
- Various sizes of organizations
  - OTPs served between 94 – 15,000 patients a year (2019)
  - 7/10 served fewer than 1,000



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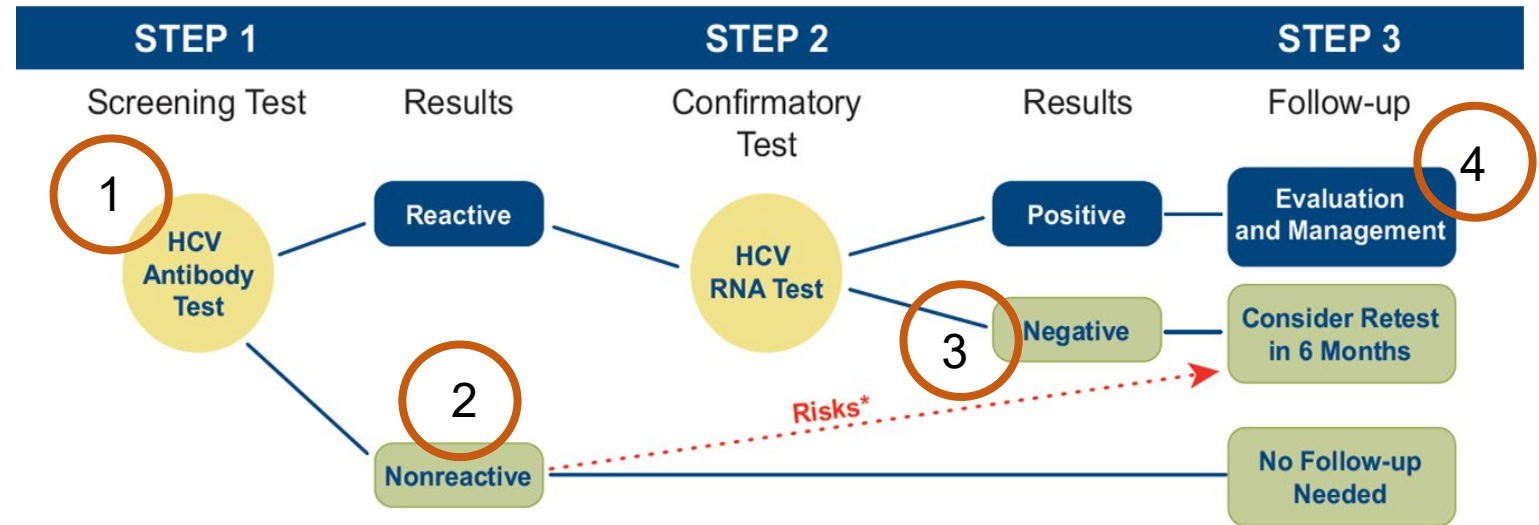
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# Change Indicators

Number of patients who:

1. Were tested for HCV antibodies
2. Had no HCV antibodies detected (nonreactive to antibody test)
3. Had HCV antibodies (reactive to antibody test) and who had no HCV RNA (RNA not detected)
4. Had HCV RNA detected and who were linked to care



\*Retest if the person has engaged in risky behavior within 6 months or if risky behavior occurs.



# Results

- 70% (n=7) of OTPs completed the Learning Community
- 71% (n=5) increased the number of patients receiving antibody tests
- 57% (n=4) increased the number of RNA-positive patients linked to care
- Context
  - OTP B paused HCV testing during an overhaul of their COVID and blood borne pathogens safety protocols
  - OTP C did not have access to linked to care data at baseline
  - OTP E only had annual data (not monthly) to submit for baseline and did not offer RNA testing

OTP	Change Indicator	Change from Baseline to Final
A	Antibody Tests	1600%
	Linked to Care	125%
B	Antibody Tests	NA
	Linked to Care	NA
C	Antibody Tests	126%
	Linked to Care	unk
D	Antibody Tests	16%
	Linked to Care	1040%
E	Antibody Tests	-89%
	Linked to Care	NA
F	Antibody Tests	125%
	Linked to Care	50%
G	Antibody Tests	44%
	Linked to Care	40%



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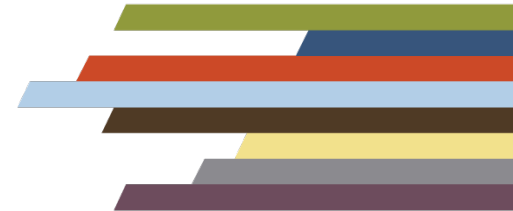
# Lessons Learned

- Change initiatives in the OTP setting take a significant investment of time and staff energy.
- COVID-19 had an impact on participating OTPs and their ability to dedicate resources over the course of the LC.
  - OTP treatment settings were significantly impacted by the virus.
- Demonstrating flexibility with participants and facilitating peer-to-peer sharing throughout was critical to creating feelings of success.
- State regulations greatly impacted what OTPs were able to do
  - e.g., some states require three months of negative urine drug screens before treating a patient for HCV



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Kelly Reinhardt – [reinhardtk@umkc.edu](mailto:reinhardtk@umkc.edu)

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