Improving Access to Care and Treatment for Veterans through an Innovative Clinical Partnership

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Objectives

1. Learn how to apply harm reduction approaches to form trust with Veterans to engage and retain them in medical and behavioral health care as well as substance use disorder and hepatitis C treatment.

2. Gain an understanding of strategies and tools to form effective interagency partnerships.

3. Through case studies, gain a better understanding of how you can improve health and quality of life outcomes while reducing healthcare costs.
New England Center and Home for Veterans

The New England Center and Home for Veterans (NECHV) is a multi-dimension service and care provider dedicated to assisting Veterans who are facing or are at-risk of homelessness.

- Founded in 1989 by Vietnam Veterans
- NECHV offers a broad array of programs and services that enable success, reintegration, meaningful employment and independent living.
- Over 100 employees
- About 277 residents reside at NECHV each night
  - 97 in permanent apartments and 180 in transitional housing
The final piece of the Permanent Supportive Housing and Recapitalization Project is in place.

For almost three years, the New England Center and Home for Veterans (NECHV) has been undergoing extensive renovations as part of the Permanent Supportive Housing and Recapitalization Project to update the 110 year-old 10-story building in order to better serve Veterans. The project has added 37 new permanent apartments and renovated 60 existing units; renovated transitional housing for 180 Veterans, including a separate and secure female dormitory; and updated 65,000 square feet of service spaces for education and employment services, clinical services, housing services, and critical support.

In May of 2017, the Center held a ribbon cutting to celebrate the updated facilities.
Veteran 360 Behavioral Health Programs

- A team of Master’s level clinicians and case managers provide case management and counseling to Veterans who reside in NECHV’s transitional and permanent housing units.
  - GPD “Clinical Treatment”
  - Safe Haven
- Majority of Veterans have a mental health and/or substance use diagnosis
  - Many struggle with active substance use
- Able to provide and bill for behavioral health services through BHCHP
Boston Health Care for the Homeless Program

Respect, Compassion, Teamwork, Integrity

- Founded in 1985
- FQHC
- 12,000+ patient visits annually
- Clinics in 50 sites across the city
- Over 500 employees
Onsite BHCHP Clinic

- BHCHP operates a full service clinic onsite at NECHV
  - Health intake
  - Primary care
  - Urgent care
  - Office based addiction treatment
  - HCV treatment
- Works in partnership with NECHV case managers and clinicians
- Medical support for emergencies
Service Delivery Framework

Trauma Informed Approach

- “Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.”

https://www.samhsa.gov/nctic/trauma-interventions
Harm Reduction

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

http://harmreduction.org/about-us/principles-of-harm-reduction
Nontraditional Models of Care

*Meeting Veterans “where they are at”*

- Many Veterans, particularly those with complex medical and behavioral health needs, distrust provider
  - Poor experiences with providers
  - Challenges navigating complex systems
  - Often view as “non-compliant”
- We aim to provide low barrier, nonjudgmental and compassionate care
NECHV and BHCHP Partnership in Action

Photos that speak on Veterans Day and every day

Ribbon Cut For Newly Renovated Veteran’s Home

May 12, 2017 at 5:30 pm  Filed Under: Boston Mayor Marty Walsh, Governor Charlie Baker, New England Center and Home for Veterans

Ribbon cutting at renovated New England Center and Home for Veterans. (Photo credit: WBZ NewsRadio/Lara Jones)
National: Veterans and Substance Use

Opioid Related Deaths Massachusetts

The Boston Globe

Apparent opioid deaths roil veterans center

By Brian MacQuarrie | GLOBE STAFF OCTOBER 31, 2015
Background—Office Based Addiction Treatment

- BHCHP proposal to NECHV leadership
- NECHV sends letter to Mayor’s office for approval
Background—Office Based Addiction Treatment
Background—Office Based Addiction Treatment

• BHCHP proposal to NECHV leadership
• NECHV sends letter to Mayor’s office for approval
• Mayor appoints his Veteran Liaison to review
• State’s Veteran Liaison asked for input
• NECHV had 3 fatal overdose episodes within 2-week period
• City’s Chief Medical Officer asked for input
• Meeting held with all parties – BHCHP CMO presents statistics on number of statewide overdose deaths and how suboxone as a prescribed medication is used
• Approval granted by Mayor’s office
Office Based Addiction Treatment (OBAT)

- Launched BHCHP-NECHV OBAT Program (2015)
- 1st collaborative model with outside agency – team approach
- Prescribed medications
  - Buprenorphine/Naloxone (Suboxone) – Opioid Use
  - Naltrexone (Vivitrol) – Opioid and Alcohol Use
  - Acamprosate calcium (Campral) – Alcohol Use
- BHCHP and NECHV weekly team meetings to discuss and coordinate care plans
Office Based Addiction Treatment (OBAT)

- 75 patients treated since program initiation
  - 69 men, 5 women, 1 male-to-female/female
- 26 patients currently in treatment
  - All men
  - Median duration on treatment 39 weeks
  - 2 initiated in last month, 11 on treatment >1 yr, 5 on treatment >2 yrs
- 4 deaths attributed to patients on treatment currently/previously
1. This is most likely illicitly produced and sold, not prescription fentanyl.
2. Prescription opioids include: hydrocodone, hydromorphone, oxycodone, oxymorphone, and tramadol.

Please note that previous estimates may change slightly as DPH routinely receives updated toxicology data from the Office of the Chief Medical Examiner and the Massachusetts State Police.
Opioid Overdoses

• NECHV staff are trained in recognizing and responding to an overdose
  • Administering Intranasal Naloxone (Narcan)
• About 1 onsite overdose per month, sometimes in clusters
• Majority of overdoses attributed to fentanyl
• Protocol to connect Veterans to BHCHP onsite clinic for office based addiction treatment
• Onsite clinic able to provide ongoing medical observation and monitoring during clinic hours
Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009

Robert P. Schwartz MD, Jan Gryczynski PhD, Kevin E. O’Grady PhD, Joshua M. Sharfstein MD, Gregory Warren MA, MBA, Yngvild Olsen MD, Shannon G. Mitchell ... (show all authors)

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Abstract

Objectives. We examined the association between the expansion of methadone and buprenorphine treatment and the prevalence of heroin overdose deaths in Baltimore, Maryland from 1995 to 2009.

Methods. We conducted a longitudinal time series analysis of archival data using linear regression with the Newey-West method to correct SEs for heteroscedasticity and autocorrelation, adjusting for average heroin purity.

Results. Overdose deaths attributed to heroin ranged from a high of 312 in 1999 to a low of 106 in 2008. While mean heroin purity rose sharply (1995–1999), the increasing number of patients treated with methadone was not associated with a change in the number of overdose deaths, but starting in 2000 expansion of opioid agonist treatment was associated with a decline in overdose deaths. Adjusting for heroin purity and the number of methadone patients, there was a statistically significant inverse relationship between heroin overdose deaths and patients treated with buprenorphine (P = .002).

Conclusions. Increased access to opioid agonist treatment was associated with a reduction in heroin overdose deaths. Implementing policies that support evidence-based medication treatment of opiate dependence may decrease heroin overdose deaths.
Medication-Assisted Treatment: Buprenorphine in the HCH Community

May 2016

Heroin and prescription drug overdoses have reached epidemic levels, spurred in part by the large number of opioids prescribed for pain. In 2012, 259 million prescriptions were written for opioids in the U.S., enough to supply every American adult with their own bottle of pills. An estimated 4.5 million people were non-medical users of prescription opioids in 2013, and an estimated 289,000 were heroin users. Misuse of prescription opioids is a pathway to heroin use; four in five new heroin users started out misusing prescription painkillers, resulting in the rate of heroin overdose deaths nearly quadrupling from 2000 to 2013. A 2014 survey of people in treatment for opioid addiction found that 94% of respondents had moved to heroin because prescription opioids were more expensive and harder to obtain. The result is that drug overdose deaths have surpassed car accidents and firearms as the leading cause of injury and death in the U.S. In 2014, 47,000 Americans died of drug overdoses, more than any other year on record, and opiate overdoses accounted for more than half of those deaths, with prescription painkillers causing 18,900 deaths and heroin causing 10,600, as detailed in Figure 1. At the same time non-lethal complications related to opioid use have resulted in increased hospitalizations. One study found that hospitalizations related to opioid abuse increased from over 301,000 in 2002 to over 520,000 in 2012, and another study found that from 2005 to 2011, emergency department visits involving the nonmedical use of prescription opioids increased by 117%, up from just over 168,000 in 2005 to more than 365,000 in 2011.
Overdoses is the leading cause of death among people served by BHCHP and alarming. Opioids were implicated in three of overdose deaths in a study of mortality among homeless people served between 2013 and 2015.

In response to the city's increase in opioid overdoses, which is being felt among people experiencing homelessness, Boston Health Care for the Homeless Program (BHCHP) has implemented a program called Supportive Place for Observation and Treatment (SPOT). The SPOT offers engagement, support, medical monitoring, and access to an emergency room, primary care and treatment on demand for BHCHP clients who are over-funded from the use of substances and would otherwise be outside in a street corner, alleyway, or alone in a public bathroom, at high risk of overdose. In the first few months of SPOT opening, the program has cared for nearly 300 individuals in over 800 different encounters.

The immediate goal is to reduce the harm associated with use of opioids and other substances in a population which lacks stable housing and supports. Our ultimate goal is to help medically complex individuals access treatment for substance use disorders on demand, including medication-assisted therapies or detoxification. BHCHP will continuously evaluate the positive effect of the SPOT on these individuals and the surrounding community.

BHCHP observes Overdose Awareness Day on August 31. Learn more about BHCHP's Overdose Awareness Day efforts here.

SPOT Chair at NECHV BHCHP Clinic

Overwhelmed by overdoses, clinic offers a room for highs

By Sacha Pfeiffer | GLOBE STAFF | APRIL 26, 2016
Nontraditional Models of Care

Sarge – NECHV Cat

NECHV Veteran 360 Team

Bernie – NECHV Service Dog
Nontraditional Models of Care

Behavioral Health

• NECHV behavioral health staff are credentialed and billed through BHCHP

• Provide accessible behavioral health services – treats mental health and substance use symptoms concurrently - participates as part of the OBAT team

• Embedded into both NECHV and BHCHP teams

• Warm Referrals – assists with building therapeutic rapport

• Crisis Intervention

• Flexible appointments – Veterans aren’t penalized for missing appointments – work to reschedule them
Nontraditional Models of Care

Medical Home Visits

• 60 Veterans reside in permanent single room occupancy (SRO) units onsite at NECHV
• This is primary an aging population, with complex medical and behavioral health challenges
• Many are disconnected from care
• Weekly home visits are conducted by BHCHP medical staff, along with SRO case manager, to check in with Veterans
  • Intervene with Veterans who otherwise will not connect to care
Hepatitis C

• Veterans enrolled for care at VA have higher rates (5.4%) of HCV infection than the general U.S. population (1.8%)
  • Highest risk – Vietnam Veterans
  • Likely due to the prevalence of blood exposure in battle or medical settings

• The homeless population is disproportionately impacted by HCV, with an estimated prevalence of 22%-53% percent
  • Several factors frequently associated with homelessness (e.g. history of injection drug use, incarceration) are also associated with an increased risk for HCV infection

• There are about 2.2 million people in US jails and prisons, and 1 in 3 have HCV
  • Sharing equipment used for injection, piercing and tattooing

Hepatitis C Treatment

Recommendations for When and in Whom to Initiate Treatment

Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.

Rating: Class I, Level A
Nontraditional Models of Care

Hepatitis C Treatment

- HCV treatment provided through BHCHP’s onsite clinic
- Low barrier entry criteria
  - Treat individuals who are experiencing homelessness, are actively using substances and have other barriers
  - BHCHP works closely with NECHV case managers to creatively assist Veterans in adhering to HCV treatment
- Insurance coverage through MassHealth (Medicaid)
- 8 treated at NECHV – 5 completed treatment with SVR
  - 1 due for SVR labs
  - 2 not due for SVR labs yet
BHCHP HCV Treatment Outcomes

665 linked to care for HCV treatment evaluation

Research Letter
June 2017

Experience and Outcomes of Hepatitis C Treatment in a Cohort of Homeless and Marginally Housed Adults

Joshua A. Barocas, MD; Marguerite Beiser, NP; Casey León, MPH; et al

Author Affiliations
NECHV Case Management

• NECHV case managers provide services to the most costly BHCHP patients identified through Medicaid claims data
  • Part of a larger partnership with homelessness providers in Boston
• In pilot phase, expanding to larger cohort, targeting those with acute behavioral health needs
  • NECHV targets Veterans
  • Can live at NECHV or in the community
• Case manager works with BHCHP providers to assist Veterans in adhering to medical, behavioral health, and social services appointments
• Overall goal is to reduce costs associated with a patient’s care and improve health outcomes
Case Study – Partnership in Action

61 year old, non-VA eligible, Army Veteran and BHCHP patient, was identified as high cost based on available Medicaid claims data. “John” struggles with a variety of conditions, including opioid use disorder, hepatitis C, sleep terrors, and seizures. He has a history of falls of unclear cause, which has lead to shoulder pain.

Veteran is high cost due to repeated inpatient hospitalizations and ED visits. He has experienced homelessness since 2013, and has stayed in a number of shelters throughout the city of Boston, but had not resided at NECHV. A NECHV Case Manager was identified to work with him and she met him at BHCHP’s Barbara McInnis House (BMH), which provides respite care for individuals experiencing homelessness.
Case Study Continues

At the time of the initial meeting, it was determined by his medical providers that John needed assisted living. He was referred to a rest home for Seniors. After a short stay at the rest home, John eloped, and did not return. He later turned up at a Boston area shelter and went back to BMH. The NECHV case manager met with him again, and worked in a coordinated manner with his providers to have him discharged to NECHV. He entered NECHV’s transitional housing program, and continued to work with his NECHV case manager. He transferred his BHCHP providers to the NECHV site, and was enrolled in OBAT services. He also engaged in behavioral health care, and hepatitis C treatment.

His Case Manager provides appointment accompaniment and reminders to help him get to appointments. Overall, his health has improved, and he has had no inpatient or ER visits since he arrived at NECHV in December, 2017. We are currently working to get him into a permanent housing unit at the NECHV, to help ensure continuity of care.
Discussion Questions

1. What do you think led to increased engagement and reduced inpatient and ED visits?

2. What strategies and interventions do you think are important for a team to implement while working with John?

3. What do you think would lead to ongoing successful engagement?

4. What are some of the foreseeable challenges, and what may be proactive measures to address some of the challenges?

5. Anything else to consider in the ongoing work with John?
Final Thoughts

• Meeting Veterans “where they are at”
• Easily accessible and coordinated services and care that occur on a low barrier basis
• Well trained, knowledgeable and compassionate staff
• Creating welcoming and comfortable environments
  • “Trauma Informed Care”
• Ongoing communication among treatment providers
Final Thoughts

SUCCESS

what people think it looks like

SUCCESS

what it really looks like
Any questions?
Thank you!