Initiation and engagement in addiction treatment integrated into primary care: the role of gender

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AHSR
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Background: Integration

- Integrating addiction treatment into primary care can improve substance use and medical outcomes
Background: Women and treatment engagement

• Women with SUDs are less likely to enter addiction treatment
• Gender does not predict retention, completion or outcome  
  – Greenfield et al. DAD 2007 Review
• Women are more likely to utilize primary care in general  
  – Carr-Hill et al. BMJ 1996
  – Scaife et al. Family Practice 2000
• The role of gender in initiating and engaging in primary-care based addiction treatment is not clear
Background: Washington Circle initiation and engagement

• WC measures of initiation and engagement have been adopted by the National Committee for Quality Assurance and the National Quality Forum as recommended process measures in addiction treatment.

• Rates for outpatient treatment in publicly funded MA programs are:
  – 42% initiation and 27% engagement
    • Garnick et al. JSAT 2009

• Rates in the AHEAD study:
  – 45% initiation and 23% engagement
  – Females: initiation OR 0.65 (0.38-1.10) and engagement OR 0.36 (0.17-0.75)
    • Kim et al. Drug Alc Dep 2011
FAST PATH

• Opened Feb, 2008 at Boston Medical Center
• Objective:
  – Integrate substance abuse treatment in primary care settings at Boston Medical Center and deliver longitudinal, coordinated care to HIV-infected and HIV-negative patients with risky behaviors
• Financing: 5-year SAMHSA targeted capacity expansion grant, about $350,000 per year

• FAST PATH
  – Facilitated Access to Substance abuse Treatment with Prevention And Treatment of HIV
FAST PATH Program Overview

**Referral sources**
- Providers
- Self Referral
- HIV Rapid Testing and Counseling Program
- In-Patient
- Residential Programs
- Detox Centers
- Local Shelters

**Screening**
- Eligibility Screening
- Referred to team based on disclosed HIV status

**Program eligibility criteria**
- Active alcohol or drug dependence
- High risk for transmitting (HIV+) or contracting (HIV-) HIV due to risky drug or sex behaviors
- Willing to receive primary medical care at Boston Medical Center

**HIV Infected**
- HIV Care Team
  - FAST PATH comprehensive assessment
  - Primary care
  - Individual/Group Counseling
  - Case Management
  - Inpatient detoxification
  - Outpatient day treatment
  - Residential treatment
  - Methadone treatment

**HIV Uninfected**
- Primary Care Team
  - FAST PATH comprehensive assessment
  - Primary care
  - Individual/Group Counseling
  - Case Management
Clinical Team

- Internist with addiction treatment experience - one session/week/clinic
  - Evaluation and stabilization
  - Ongoing consultation
  - Primary care, if needed

- Addiction nurse – 16 hours/week/clinic
  - Medication (buprenorphine, naltrexone, opioids for pain) education, management and monitoring
  - Overdose education and prevention

- Addiction clinician – 40 hrs/week/clinic
  - One on one counseling
  - Group counseling
  - Case management/ Facilitated referral
Hypothesis

Gender is associated with initiation and engagement in substance abuse treatment in an integrated substance abuse/primary care setting
Methods

Population/ Design:
- Cohort study of 216 patients enrolled in a primary care-based addiction treatment program for patients with HIV infection and at high risk for HIV infection

Date Collection:
- All FAST PATH patients were surveyed using the standard SAMHSA Government Performance and Results Act (GPRA) instrument at program entry
- Program visits were entered into the study tracking database by clinical staff and confirmed by research staff
Methods

Outcomes:

• **Initiation**
  • 2 treatment sessions within the first 14 days

• **Engagement**
  • 2 additional treatment sessions within 30 days after initiation

WC performance measures for addiction treatment programs supported by private and public payors

• Garnick et al. JSAT 2009
• *WC measure definition for outpatient and intensive outpatient has an exclusion: no other substance abuse services in the previous 60 days
Methods

Covariates (all collected at baseline):
Age, race/ethnicity, education, homelessness, HIV status, treatment with buprenorphine, 30 day alcohol, 30 day cocaine

Analyses:
Multivariable logistic regression models for initiation and engagement
# Results - Demographics

<table>
<thead>
<tr>
<th></th>
<th>Female N=70</th>
<th>Male N=146</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, yrs</strong></td>
<td>42 (32-47)</td>
<td>46 (39-52)</td>
</tr>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>21%</td>
<td>35%</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Non-Hispanic other</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Completed 12th grade</strong></td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Housed</strong></td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>Any employment</strong></td>
<td>7%</td>
<td>12%</td>
</tr>
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</table>
## Results - Descriptives

<table>
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<tr>
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<th>Female N=70</th>
<th>Male N=146</th>
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<tbody>
<tr>
<td>HIV infected</td>
<td>67%</td>
<td>55%</td>
</tr>
<tr>
<td>Treated with buprenorphine</td>
<td>64%</td>
<td>66%</td>
</tr>
<tr>
<td>Any alcohol, past 30 days</td>
<td>37%</td>
<td>46%</td>
</tr>
<tr>
<td>Alcohol intoxication, 30days</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Any cocaine, past 30 days</td>
<td>41%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Results – Initiation and Engagement

<table>
<thead>
<tr>
<th></th>
<th>Initiation</th>
<th>Engagement</th>
</tr>
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<tbody>
<tr>
<td>Female</td>
<td>69%</td>
<td>54%</td>
</tr>
<tr>
<td>Male</td>
<td>77%</td>
<td>64%</td>
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Initiation
2 treatment sessions within the first 14 days

Engagement
2 additional treatment sessions within 30 days after initiation
## Results – Adjusted models

<table>
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<tr>
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<th>Initiation AOR (95% CI)</th>
<th>Engagement AOR (95% CI)</th>
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<tr>
<td>Female vs Male</td>
<td>0.80 (0.39-1.65)</td>
<td>0.76 (0.39-1.50)</td>
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Adjusted for: Age, race/ethnicity, education, homelessness, HIV status, treatment with buprenorphine, 30 day alcohol, 30 day cocaine
## Results – Adjusted models

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<td>0.80 (0.39-1.65)</td>
<td>0.76 (0.39-1.50)</td>
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<tr>
<td>Bup treatment</td>
<td>3.72 (1.87-7.38)</td>
<td>4.97 (2.58-9.60)</td>
</tr>
</tbody>
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Adjusted for: Age, race/ethnicity, education, homelessness, HIV status, 30 day alcohol, 30 day cocaine
Limitations

- Medium-sized sample in one clinic
- Washington Circle definitions were developed for addiction treatment settings, not primary care settings
Summary

• Initiation and engagement was common among women and men
• While the odds of initiation and engagement were lower for women, these findings were not statistically significant
• Buprenorphine treatment is strongly associated with initiation and engagement in the program
Implications

• Programs that integrate addiction treatment into primary care can engage both men and women who are treatment seeking

• Sex specific treatment in primary care warrants consideration and further study

• Agonist medication, like buprenorphine, is a powerful tool for engaging patients in primary care clinic-based addiction treatment
Thank you!

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