

Project Description

There are approximately 8,000 adults living in Permanent Supportive Housing (PSH) in San Francisco. Across Single Room Occupancies (SRO) in SF, the rate of overdose death for SRO residents is 19.3 times that for non-SRO residents.¹

This project explored the need for and feasibility of a low threshold buprenorphine treatment pilot in PSH buildings with on-site nursing staff.

Problem Statement:

With significantly elevated mortality from overdose in SROs, better access and innovative models of care for residents with opioid use disorders (OUD) are needed to decrease morbidity and mortality related to untreated illness.

Discovery:

- In interviewed on-site nursing and case management staff and spoke with patients living in PSH about their experience with substance use and access to medication assisted treatment.
- I learned about low threshold treatment models for clients experiencing homelessness in San Francisco.
- I participated in a review of citywide overdose data from 2010-2017 that clearly demonstrated a need for better interventions targeting residents of SROs.¹
- I saw opportunity to partner with on-site clinical staff to bring buprenorphine treatment to PSH residents.

Goal:

Create a proposal to pilot an accessible treatment model for residents of PSH with opioid use disorders through collaboration with on-site nursing staff.

Outcome-oriented Objective:

- By October 30, 2018, offer a training for on-site nurses educating staff about buprenorphine for OUD treatment.
- By August 1, 2019, complete data collection and analysis of a Nursing Engagement Survey across 8 PSH sites.

Results

Nursing Engagement Survey Findings:

- Polysubstance use, especially including stimulants, is prevalent
- Concern regarding the lack of consistent prescribing practices for clients receiving buprenorphine exist among staff, including concern for misuse and diversion
- Client-identified barriers to buprenorphine treatment include:
 - Unawareness, belief that methadone is the only option
 - Fear of co-formulation with naloxone
 - Concern bup will not adequately treat pain
 - Client and/or provider's belief that use of stimulants or alcohol are contraindications to treatment
 - Do not want to leave methadone program where substance use counseling is offered
 - Concerns about insurance coverage
 - Lack of relationship with a primary care provider
 - Dislike of prescriber policies around urine drug testing
 - Barriers getting to medical appointments and pharmacy
 - Pre-contemplative regarding cessation of substance use

Case Study:

- One resident who had been unable to engage in a traditional primary care setting for the past 3 years was started on buprenorphine during a hospitalization for osteomyelitis (a consequence of injection opioid use). He remained on bup treatment, engaged with on-site nursing for 6 months with decreased substance use, decreased soft tissue infections, and lower concern for eviction from housing. He subsequently decided he prefers methadone and stopped bup to re-start methadone.
- This took a significant amount of care coordination by nursing staff but demonstrates that more accessible treatment can improve the overall health and wellness of highly vulnerable individuals in PSH.

Lessons Learned

- Completing a CHIP amidst pregnancy, maternity leave, family illness, EPIC EMR implementation and job changes is challenging!
- The initial project aimed to pilot a roaming on-site provider providing buprenorphine treatment, but due to unexpected events and lack of staffing, the project was scaled back to explore the need for this approach, how it would be structured to succeed and a case study of one client.
- Concerns about safety and monitoring for clients receiving buprenorphine were higher than expected from clinical staff.
- **ADVICE:** If life throws you for a loop, take care of yourself because without that you will not be present for your work, organization and patients.

Next Steps:

- Develop guidelines for PSH nursing staff to care for clients receiving buprenorphine treatment from primary care clinics.
- Explore partnerships across the health system where clients may receive low threshold buprenorphine treatment.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • SFDPH Department of Public Health • SFDPH Department of Homeless and Supportive Housing • San Francisco Health Network (SFHN) Primary Care Leadership • Community primary care providers (PCPs) 	Key Activities <ul style="list-style-type: none"> • Train RN staff • Review overdose data • Collect data for pilot planning • Pilot treatment in small group of residents 	Value Propositions <ul style="list-style-type: none"> • Increase accessibility to low threshold medication assisted treatment (buprenorphine) for residents of PSH with OUD • Demonstrate safety of PSH-based bup inductions and treatment • Improve patient satisfaction for OUD treatment options • Decrease potential risk for overdose by increasing accessibility to OUD treatment 	Buy-in & Support <ul style="list-style-type: none"> • Interviews identify need for lower threshold access to OUD treatment • Work with nursing staff to provide care coordination to clients interested in and on treatment 	Beneficiaries <ul style="list-style-type: none"> • Adult residents of Permanent Supportive Housing (PSH) with Opioid Use Disorders (OUD) • PSH staff
Key Resources <ul style="list-style-type: none"> • X-licensed NP and supervising MD • PSH RNs • Partnering specialty pharmacy • EMR accessibility 			Deployment <ul style="list-style-type: none"> • Utilize roving provider partnering with PSH RNs to identify potential clients • RNs provide ongoing on-site assessments and med adherence support 	
Mission Budget/Cost For future pilot: <ul style="list-style-type: none"> • Salary of provider during time spent treating patients in pilot • Reimbursement rate for home visits • Indirect Savings: prevented medical care for medical sequel of untreated OUD 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Increased access to OUD treatment for clients in PSH • Increased engagement in healthcare services for residents • Decrease in overdose events including death and ED/UC visits for SSTI and complications of substance use 	

¹ Rowe, CL, Riley, ED, Eagen, K, Zevin, B, Coffin, PO. Drug overdose mortality among residents of single room occupancy buildings in San Francisco, California, 2010-2017. *Drug and Alcohol Dependence*. In press.