CareZONE – The Kraft Center’s
Innovative Response to the Opioid Crisis

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Mobile Health Clinics Forum
September 16, 2018
OVERVIEW

- What is the Kraft Center?
- Summary of opioid epidemic
  - How did we get here?
  - Treatment options
- Kraft Center mobile health program
  - Program design
  - Most recent statistics
Identify and incubate solutions to the most difficult, real-world community health problems; execute solutions locally; then scale and spread the best solutions with local and national partners.
Roughly the same number of people died of opioid-related causes in 2016 as died from HIV/AIDS in 1995, the height of the HIV/AIDS epidemic.

More people died from opioid-related causes than from motor vehicle accidents in 2016 (40,327).

Driven by the opioid epidemic, more Americans died from drug overdoses in 2016 than the number of Americans who died fighting in the entire Vietnam War.
During the 1990s, prescription opioid pain relievers became increasingly available, and many healthcare providers saw them as a crucial and welcome solution to alleviate both chronic and acute pain experienced by their patients.

The medical community underestimated the addictive nature of these prescription opioids.

As prescription rates increased, so did:

- Rates of misuse and diversion
- Rates of opioid overdose

Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.

Between 8 and 12 percent develop an opioid use disorder.

An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.

About 80 percent of people who use heroin first misused prescription opioids.

Opioid overdoses increased 30 percent from July 2016 through September 2017 in 52 areas in 45 states.

The Midwestern region saw opioid overdoses increase 70 percent from July 2016 through September 2017.

Opioid overdoses in large cities increase by 54 percent in 16 states.


Quarterly rate of suspected opioid overdose, by US region
Source: Centers for Disease Control and Prevention

Facts About Opioid Addiction

- Opioid use disorder (OUD) is indiscriminate and affects people of all sexes, races, religions, ages, & regions.
- Addiction is a disease of the brain that has many similarities to other chronic diseases.
- Opioid addiction is NOT any of the following:
  - A moral failing
  - The result of a lack of willpower or principles
  - A conscious choice people make every day
- There is effective treatment!
There are certain classes of drugs (opioid agonists and antagonists) that are effective in treating OUD.

All work in slightly different ways, but all interact with receptors on the brain where opioids bind to either reduce withdrawal symptoms or prevent the euphoric effects when illicit opioids are used:

- Methadone
- Buprenorphine
- Naltrexone

Studies have repeatedly demonstrated that the above medications for OUD (MOUD) both increase survival and decrease illicit drug use.

**Question:** If there is effective treatment for opioid use disorder, why do we see so many overdose deaths?

**Answer:** While there are effective treatments for OUD, as many as 80% individuals living with OUD do not receive treatment.

Barriers to care include
- Access to health insurance
- Regulations limiting healthcare providers’ ability to prescribe medication
- Stigma

Access is a major factor in Boston preventing people from receiving addiction treatment
- Even with many hospitals and health centers, many people at highest risk of overdose are not accessing services
- Homeless population at particularly high risk

Source: SAMHSA – Medication Assisted Treatment of Opioid Use Disorder (Pocket Guide); https://store.samhsa.gov/shin/content/SMA16-4892PG/SMA16-4892PG.pdf
If people are unable or unwilling to access effective treatment, let’s bring the treatment directly to them!

The Formula:

- Clinical Partners
  - Community Health Centers
- Harm Reduction Partners
  - Needle Exchange Programs, Nonprofits
- Mobility
  - Customized Medical Vans
- Hotspotting
  - Target areas with largest number of opioid overdose deaths
In January 2018, the Kraft Center launched CareZONE* in partnership with Boston Health Care for the Homeless Program, the Boston Public Health Commission’s AHOPE program, and the GE Foundation.

With support from Ford Motor Company, the Hearst Foundation, Partners Healthcare, and the Massachusetts Department of Public Health.

*Note: The name “CareZONE” is being used only for the pilot phase of the program and will be phased out upon program expansion.
Boston Health Care for the Homeless (BHCHP)

Local health center that serves homeless individuals and families in Boston with primary care needs

Substance use disorder is very prevalent in the homeless community, and BHCHP has years of experience treating addiction

Serve as the medical provider on the van

One MD with a buprenorphine waiver (a required license to prescribe buprenorphine) will staff the van at all times
Harm reduction - strategies aimed at reducing negative consequences of drug use
- The goal is to save lives and maintain the health of people living with addiction while helping to facilitate connections to care

Access Harm reduction Overdose Prevention Education (AHOPE)
- A program of the Boston Public Health Commission (the city's health department)
- Largest needle exchange in the state
- Decades of experience providing harm reduction services to people with addiction in Boston

Serve as the harm reduction specialists and outreach workers on the van
Chassis was generously donated by Ford Motor Company

Custom outfitting by Winnebago

Mobility is crucial to the program design for two reasons:

1) The van can be regularly deployed to high risk neighborhoods to host weekly medical sessions, and locations/hours can change as overdose data evolves

2) The van can help facilitate a rapid public health response to areas in the city where data indicate emergent need
THE VAN

- 24 feet long – smaller than most medical units
  - Less conspicuous, more nimble for Boston streets
  - No commercial license required!
- Volta System - Lithium battery powers the electricity in the back
  - No generator required!
  - Plugs in at night, and recharges when motor on
  - Motor can actually turn itself on if the battery is running low during clinic
- See a “reception area” when you enter (with a TV!)
  - Seating for patients – bench + passenger seat turns around to make an additional chair
- Clinical room in back with a medical chair
  - Pocket door separates from reception area for privacy
  - Laptop, wifi, and printer in lockable cupboard – can log into EMR and print prescriptions on site!
  - Sink
  - No bathroom (by design)
- Two refrigerators
  - One for food, and a lockable one for vaccines
- Wheelchair lift makes van handicap accessible
- Awning
  - Electric powered
The mobile nature of our program allows us to be responsive to the real-time needs of the community.

Primarily using data on narcotics-related incidents (NRI), the team understands where the most overdoses occur and is able to readily recognize emerging trends.

Established weekly clinics in 4 neighborhoods at high risk that don’t have existing street outreach programs.
Before deploying the mobile unit into any neighborhood, the Kraft Center and its partners conduct extensive outreach to community partners and stakeholders to…

- Explain the services offered on the van
- Solicit input on van location and crucial partnerships
- Offer opportunity to ask questions or express concerns
- Open an ongoing dialogue to provide program updates to partners/stakeholders and ensure community feedback is heard

Community partners involved:

- Boston City Hall
- Local community health centers
- Law enforcement
- Local merchants and business associations
- Neighborhood associations
- Public schools
- Public housing
- Other organizations focused on addiction or healthcare
A DAY ON THE VAN

During a typical day in the van, the clinical and medical team convene at the vehicle and drive to the clinic location.

The staff park the van in the same spot each week, and disperse out into the Boston streets to engage with potential patients.

- Offer clean syringes and naloxone

Interested clients are brought back to the van to meet the clinician.

- Try to target individuals not already connected with care
- Can receive primary care (e.g. physical exam, vaccinations, HIV/STI testing, etc.), or addiction treatment
- Can prescribe and print prescriptions for MOUD on the spot (usually buprenorphine)

Outreach workers walk patients to nearby clinic to fill prescription immediately.
The Kraft Center’s mobile health program played a crucial role in a special, time-sensitive initiative to find and treat new cases of HIV infection among a network of people who inject drugs.

- 20 screened for HIV
- 11 screened for Hepatitis C
- 7 patients prescribed buprenorphine

Other services offered include:

- HIV prophylaxis (PrEP & PEP)
- Vaccines for Hepatitis A, Hepatitis B, & meningitis
- Treatment for STIs
- Needle distribution
- Naloxone kits offered
- Connections to medical respite care
KRAFT CENTER MOBILE HEALTH INITIATIVE
EVALUATION PERIOD: JAN. 16 – AUG. 10

Number of Contacts
Van staff made 2,640 contacts with people who inject drugs. Our expert outreach team from AHOPE engages with individuals known to have opioid use disorder as well as those exhibiting signs of addiction.

Patient Encounters
Van clinicians had 163 total patient encounters. Some patients have accessed clinical services multiple times. Follow-up visits from patients represented 55% of the total encounters on the van.

Buprenorphine Prescriptions
Van clinicians provided 87 buprenorphine prescriptions. 66% of these prescriptions represent patients returning for refills.

Syringe Exchange
Van staff distributed 26,750 syringes and collected an estimated 32,100. Syringe exchange is an important harm reduction practice to reduce the spread of HIV & Hepatitis, reduce the risk of soft tissue infection, encourage safe disposal, and provide risk reduction counseling.

Naloxone Kits Distributed
Van staff distributed 961 overdose reversing naloxone kits. Kits are distributed to those coping with opioid addiction as well as family and friends of those with addiction.

Weekly Clinical Sites
Downtown – The program has two clinical sites in Downtown Boston, one in the West End on Haverhill Street and the other in Downtown Crossing on Chauncy Street.
Roxbury – The van holds clinics in Dudley Square.
Fenway – The van holds clinics in The Fens.
Future Site – AHOPE currently conducts weekly outreach in Upham’s Corner and plans to establish weekly clinics there in the future.
QUESTIONS?
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