

Quick Tips: Subpopulations

Modified July 2020

Purpose: Identifying and understanding subpopulations of patients suffering from substance use disorders can help us provide better care and make appropriate referrals. All SUD patients can benefit from care coordination. However, certain subpopulations may need additional coordination across other medical providers.

- Pregnant and postpartum women
- Comorbid chronic medical conditions
- Patient with Hepatitis C (HCV) or HIV
- Note: for co-morbid mental health disorders, see behavioral health referrals

Considerations

- Helping patients prioritize, schedule, and manage appointments is an important consideration for these subpopulations. Because patients may be balancing many obligations, it is important to have conversations about how many appointments they can realistically keep to manage both their MAT engagement as well as visits for other conditions.
 - If possible, we recommend working to align services for patients at one facility for ease of co-scheduling appointments.
 - It may not be realistic to tackle everything at once, so have honest conversations with patients about what makes sense for an immediate plan of care given your medical recommendations and patients' priorities.
 - Both the provider and the OBAT Navigator can play important roles in supporting patients with other medical needs. The provider can help the patient understand what is urgent medically and help prioritize appointments, while the navigator can work with the patient to develop a schedule and plan for engaging in the prioritized care.

Specific Recommendations

- A pregnant woman with opioid use disorder (OUD) should be on medication-assisted treatment consisting of pharmacotherapy with buprenorphine or methadone. Patients should be educated that the benefits of pharmacotherapy during pregnancy outweigh the risks of untreated OUD.
 - Is the patient's OB/GYN willing and able to do this? If not, services must be coordinated so the patient receives both MAT and routine prenatal care. It is worth setting up a case conference with the patient's OB office to explain the MAT treatment plan and ensure that the OB office is supportive of MAT.
 - When the patient delivers, it is important to verify that the hospital has DATA-waivered prescribers who are willing to continue the patient's medications. If the hospital cannot provide these services, work with the patient to create a plan for her to bring in her own medication.
 - Pregnant women should be informed about the risks of neonatal abstinence syndrome (NAS) and counseled on its diagnosis, management, and consequences.



- See the Centers of Excellence learning collaborative on managing opioid use disorder in pregnant patients for additional information:
<https://www.youtube.com/watch?v=Wg9VRLUKTf0&t=27s>
- Comorbid chronic conditions
 - Patients' other chronic conditions may not have been managed previously. Providers and navigators will need to work with patients to prioritize health care referrals and what to address.
 - If you are a primary care provider, you are already in the position to manage this.
 - If you are another specialty, you (and your navigator) should work to connect the patient to a primary care provider. If that PCP does not prescribe MAT, have a conversation to determine which site will serve as the patient's medical home for coordination of care.
 - Depending on the complexity of the patient's conditions it may make sense to set up a case conference (ideally with the patient's participation) to align on a plan of care with the entire team of medical providers.
 - Connection to Behavioral Health (see behavioral health referrals)
- Hepatitis C & HIV
 - The [CDC recommends](#) periodically testing individuals with a history of IV drug use for HIV and HCV. Providers should implement screening procedures for all patients.
 - Provision of MAT has been linked to decreased transmission of HIV and HCV among people who inject drugs by reducing risky behavior as well as providing an opportunity for testing and linkage to care.
 - MAT providers should consider implementing universal screening for all patients entering care and/or providing periodic screens for your site. When offering screening, it is important to message to patients that they will be supported and connected to treatment if positive. During these conversations, it is worth educating the patient on the improvements to HCV and HIV treatment in recent years.
 - If a patient is positive for HIV and/or HCV you can take the following steps:
 - If you don't have a relationship with an HIV treatment provider, you can locate one at: <https://findhivcare.hrsa.gov/>
 - Hepatitis C treatment is covered by Medicaid when prescribed by a hepatologist, gastroenterologist, infectious disease specialist or a liver transplant specialist. Work with the patient's MCO to identify an in-network specialist who can assess the patient and work with the MCO to complete the prior authorization to begin treatment. (Medicaid Newsletter Vol 28, No. 11 published July 2018)



- Either diagnosis can be difficult to process. If the patient is not already connected to a behavioral health provider, the OBAT Navigator can refer the patient to a therapist for additional support. The state also has created a guide of resources including HCV support groups.
https://www.state.nj.us/health/cd/documents/2018_hepatitis_resourceguide_NJDOH.pdf



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