



A Low Threshold, Harm Reduction Integrated Medical Practice

AIDS INSTITUTE
MARCH 14, 2019

We Are Health Equity

We believe that all individuals have a right to: **R**espectful - **E**quitable - **A**ccess to - **C**ompassionate - **H**ealthcare. We exist to serve vulnerable individuals who typically face stigma in the healthcare setting. We serve all individuals without regard for their ability to pay for services, with dignity and respect; we meet patients where they are.

- Formed legal entities (501c3 and PLLC) in 2017
 - Opened for business on February 26, 2018



REACH Memorial Wall

Each postcard
represents a life
lost to drug
overdose

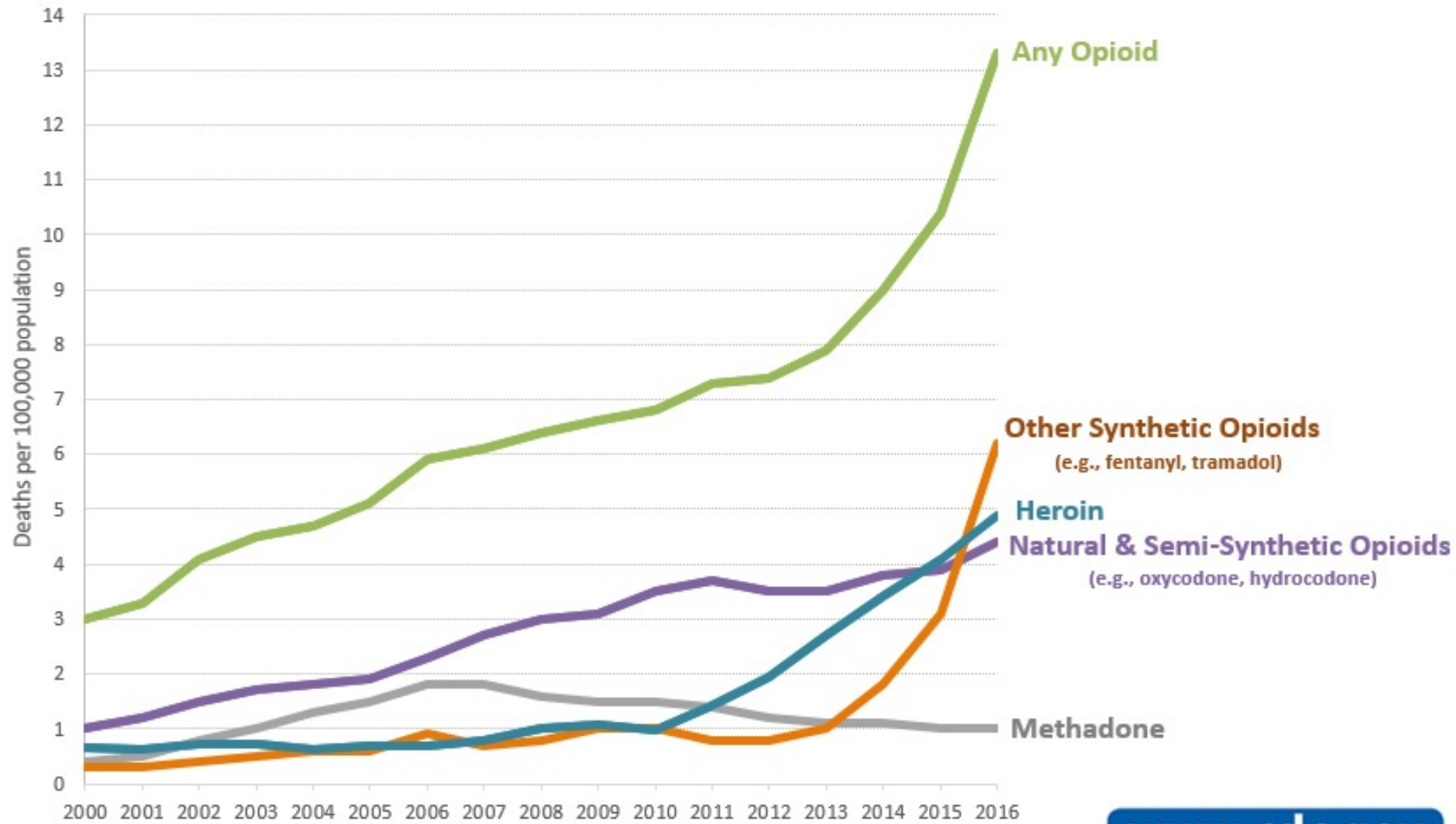


National Statistics

- 72,000 drug overdose deaths in US
- 10% increase from 2016
- Number one cause of death under age of 50
- 2.1 million Americans estimated to have Opioid Use Disorder (OUD) in 2016



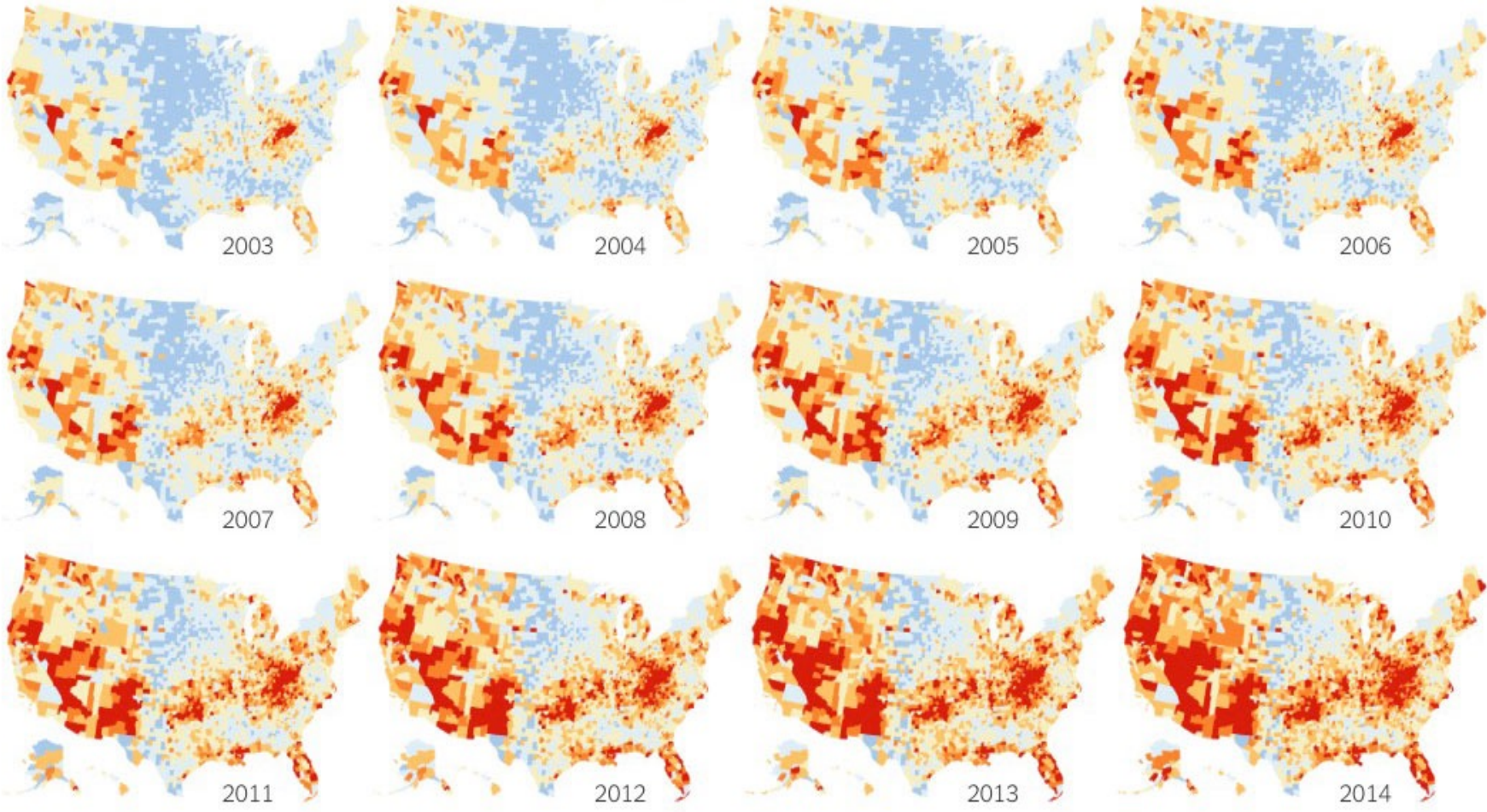
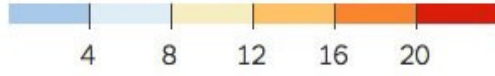
Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



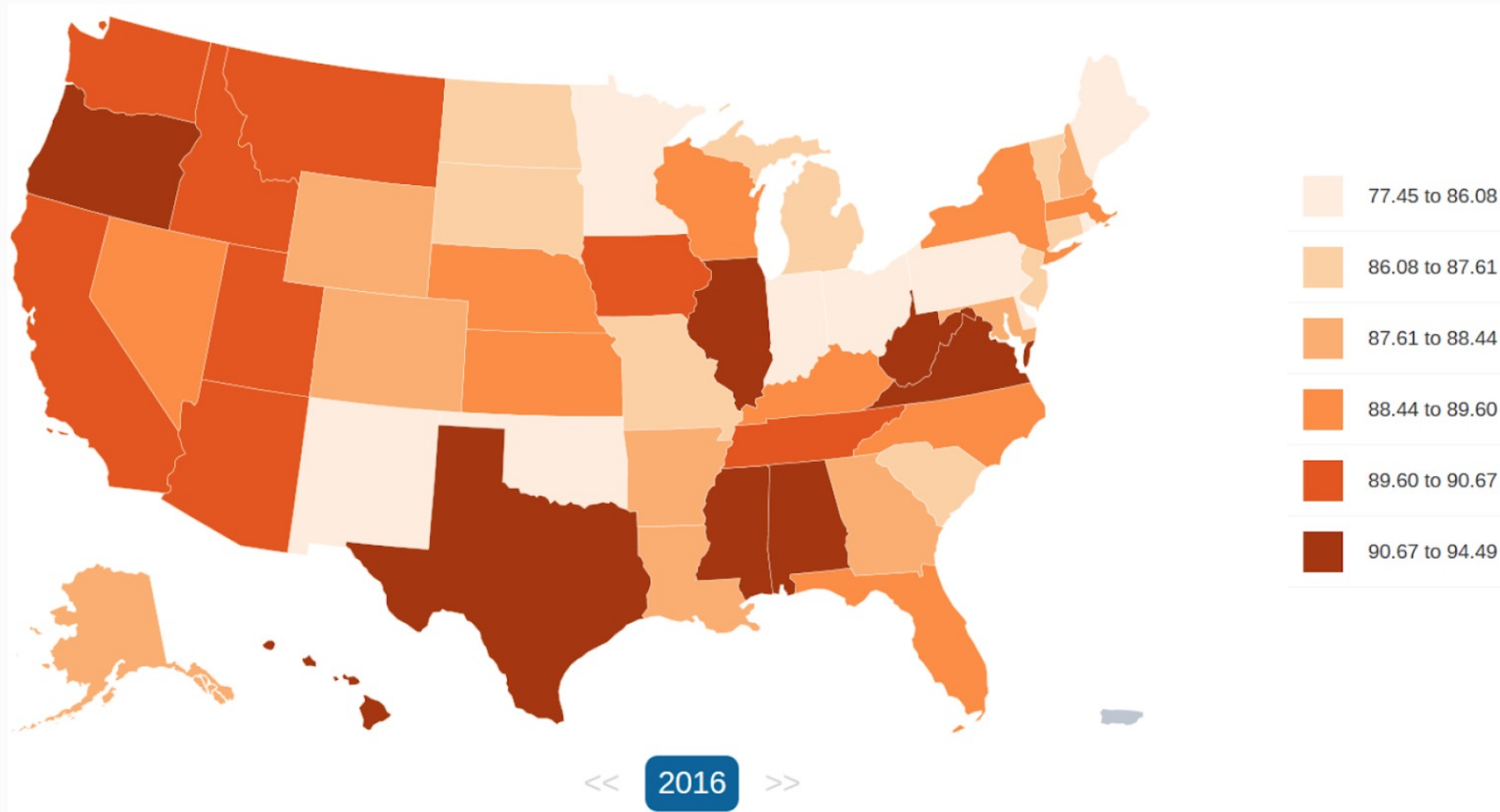
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

Overdose deaths per 100,000



Percent population needing but not receiving treatment for illicit drug use



Source: NSDUH, <http://opioid.amfar.org/indicator/pctunmetneed>

National Rate per 100,000 Population of Opioid Related ED Visits 2005-2014

Figure 1. National rate of opioid-related inpatient stays and emergency department visits, 2005–2014



Abbreviation: ED, emergency department

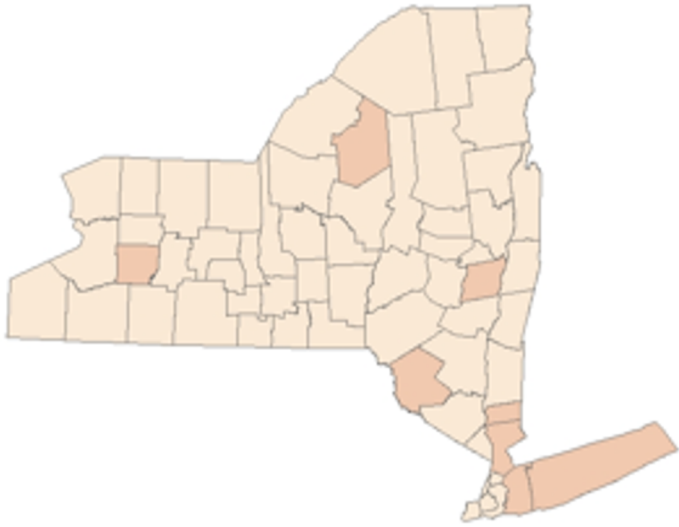
Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), HCUP Fast Stats, Opioid-Related Hospital Use (<http://www.hcup-us.ahrq.gov/faststats/landing.jsp>) based on the HCUP National (Nationwide) Inpatient Sample (NIS) and the HCUP Nationwide Emergency Department Sample (NEDS)

Local Statistics

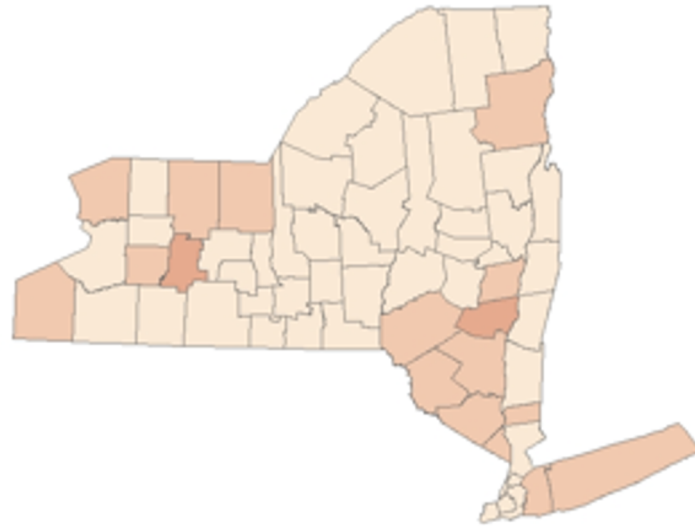
- NYS and Rural 2010-2015
 - 45% increase NYC
 - 84% increase ROS
- Southern Tier Region 2017 drug overdose deaths:
 - Tompkins 22
 - Broome 66
 - 161 people with OUD for each death
 - ~20,000 with OUD in 9 county region



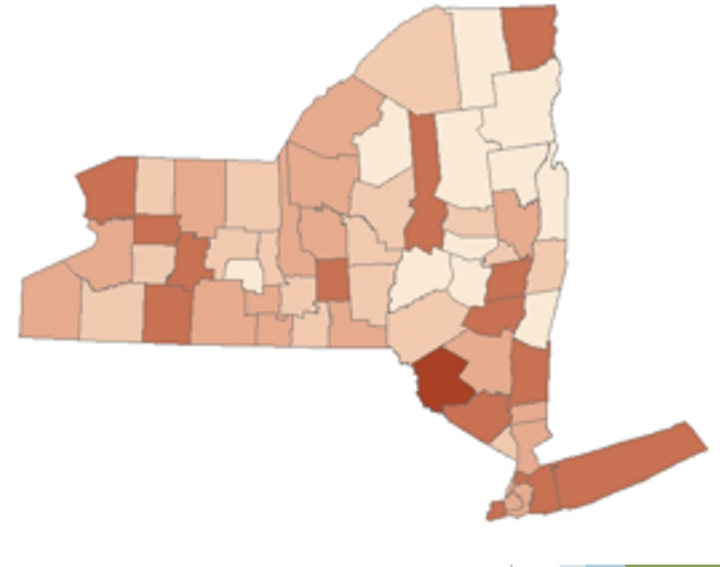
1999



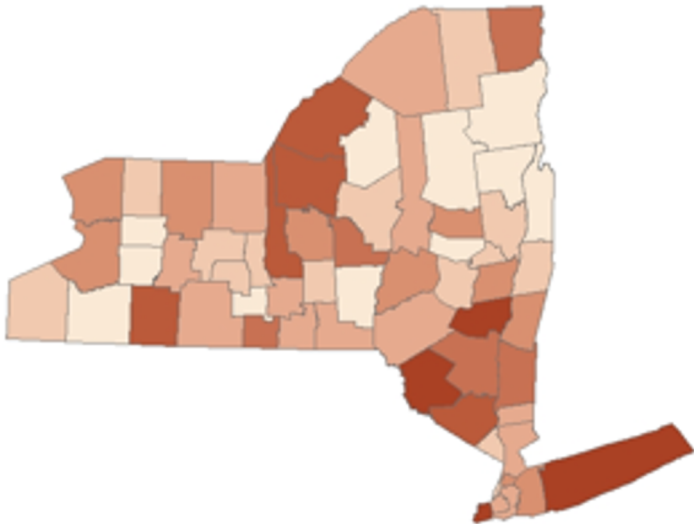
2002



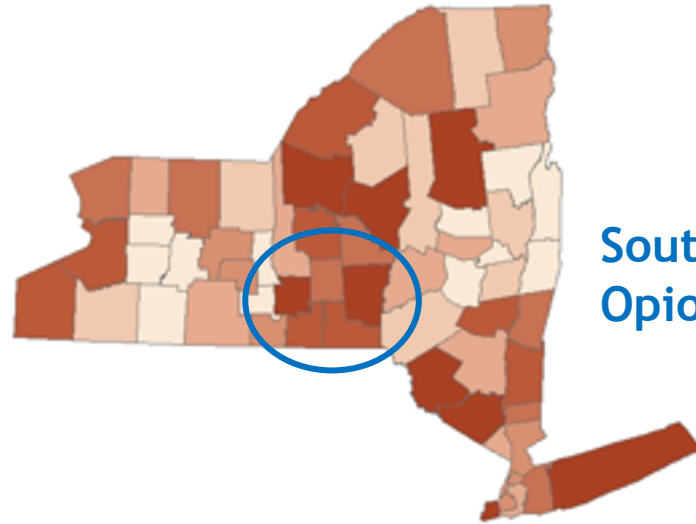
2008



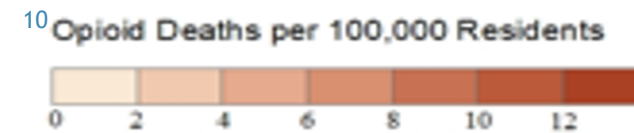
2011



2014



Southern Tier Region
Opioid Deaths



Opiate Use Disorder Facts

- OUD is a Chronic Relapsing Disorder
- Abstinence increases risk of death
- No other physical or psychiatric disorder is met with as much social disapproval

Choice?



- No one would choose addiction
- Even if first use is a choice, repeated use leads to brain changes that reduce the capacity to stop
- Multifactorial genetic and environmental etiologies
- We treat the consequences of other choices (ex. cardiac disease, emphysema, diabetes, obesity)

Words Matter

Words are powerful... They can contribute to stigma and create barriers to accessing effective treatment

Use person-first language; focus on the person, not the disorder

When Discussing Opioid or Other Substance Use Disorders...

Avoid These Terms:

Addict, user, drug abuser, junkie

Addicted baby

Opioid abuse or opioid dependence

Problem

Habit

Clean or dirty urine test

Opioid substitution or replacement therapy

Relapse

Treatment failure

Being clean

Use These Instead:

Person with opioid use disorder or person with opioid addiction, patient

Baby born with neonatal abstinence syndrome

Opioid use disorder

Disease

Drug addiction

Negative or positive urine drug test

Opioid agonist treatment

Return to use

Treatment attempt

Being in remission or recovery

OUD can be Managed not Cured

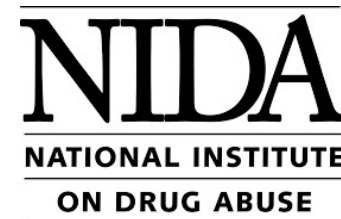
- Every overdose is preventable through use of Narcan
- Since 2012, the WHO has recommended Medication Assisted Treatment (MAT)
- NIDA, WHO and IM all say long term vs life long treatment
- These drugs decrease infection, crime and use substantially:
 - Suboxone and Methadone (MAT)
 - Naloxone (Narcan) prevents overdose

Broad Support for Community Naloxone Distribution

Surgeon General's Advisory on Naloxone and Opioid Overdose

*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, **knowing how to use naloxone and keeping it within reach can save a life.***

BE PREPARED. GET NALOXONE. SAVE A LIFE.



Take Home Naloxone Program

- Naloxone distributed to YNHH ED patients at risk for opioid overdose:
- Naloxone provided by CT DPH and CHEFA grant
- Distributed to patients/friends/families of individuals at risk of opioid overdose by ED staff 24 hours/day
- Most kits at YNHH have been distributed to ED patients after opioid overdose
 - Patients are willing to engage in discussions about their health!



Treatment for Opioid Use Disorder is a Health Equity Issue

- Access to treatment medications
 - Highly regulated
 - Highly Stigmatized
 - High Threshold



NYS Syringe Exchange Program Health Hub

- Low Threshold Access to Medication Assisted Therapy & Acute Care
 - No stigma
 - Safe to be where/who you are
 - Nursing intensive
 - But...only one provider with 30 ongoing prescriptions



The Reach Model

- Modeled after the NYS Drug User Health Hubs
- Not licensed by DOH (independent private medical practice)
- Nursing intensive
- Fully integrated Medication-Assisted Treatment (MAT), primary care, behavioral health, Hep C treatment
- Contracted providers to maximize Buprenorphine slots
- Not a productivity-based model
- Evidence-based care delivery model



Other Components of the Model

- Peer advisory board & Program-talks, outreach, support, certification
- Staff Advisory Board
- Food pantry- Friendship Donation Network
- Clothing donations
- Research with Cornell Center for Health Equity
- NYS Opioid Overdose Prevention Program (OOPP)
- Certified Tompkins County Living Wage Employer
- Direct linkage with STAP and other community-based providers
- Street Dogs

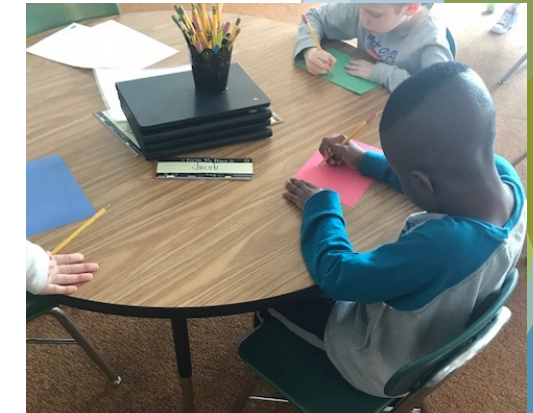
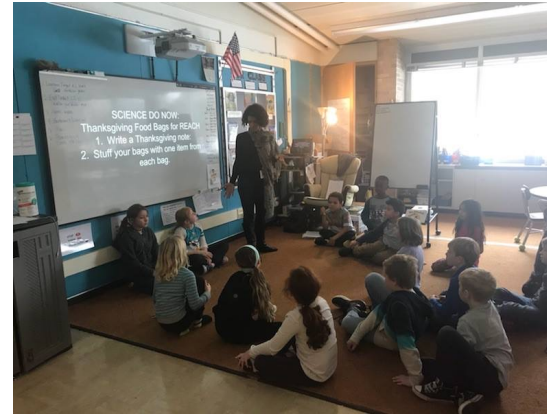


Addressing the Social Determinants of Health

Food pantry in REACH waiting area



Caroline Elementary 3rd grade
Thanksgiving Food Project



Addressing the Social Determinants of Health

Cold weather clothing drive



Donation bins around town

Programs in Progress

- Fundamental Program Elements:
 - Community Advisory Board
 - Diversity and inclusion-equity in all elements
 - Non judgmental, trauma-informed counseling

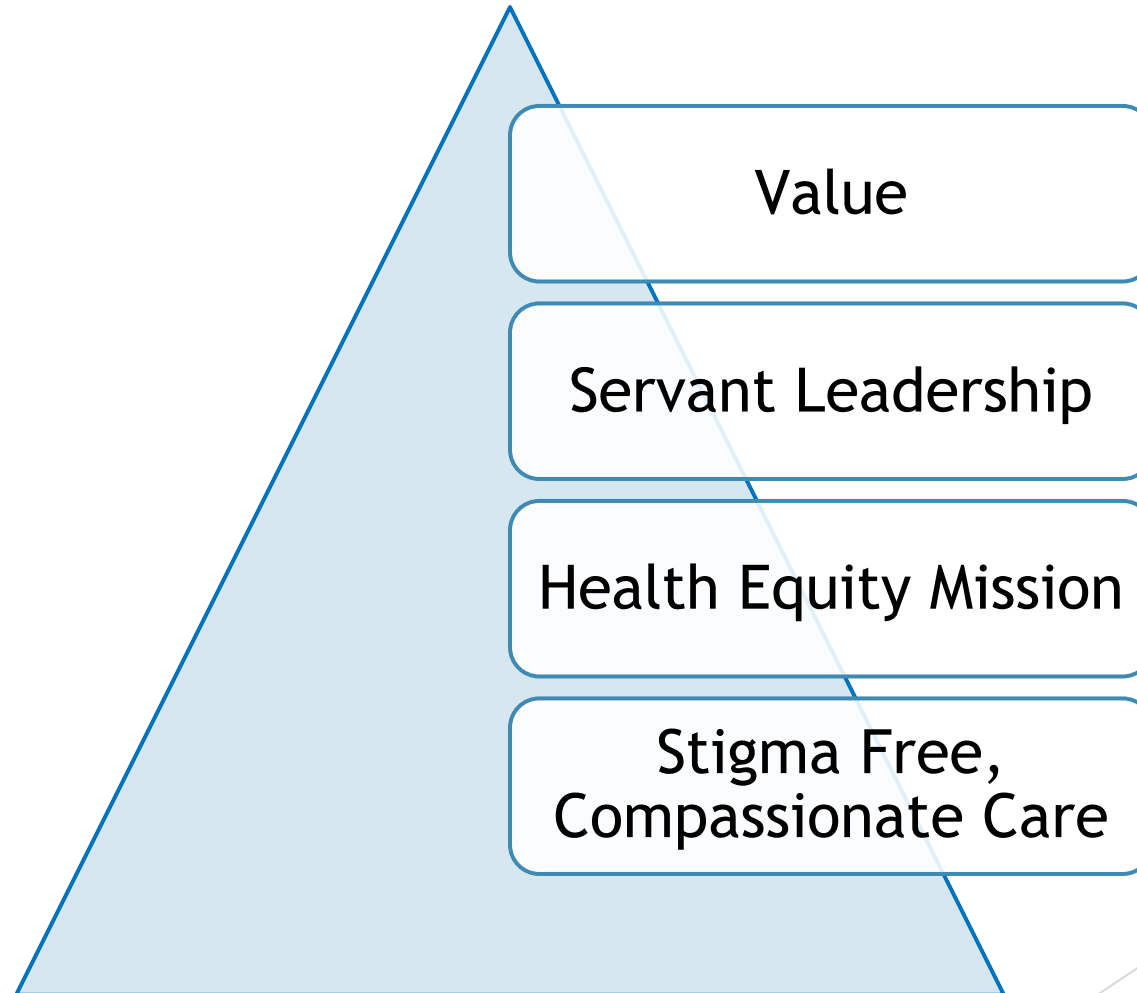


Why the Model Works

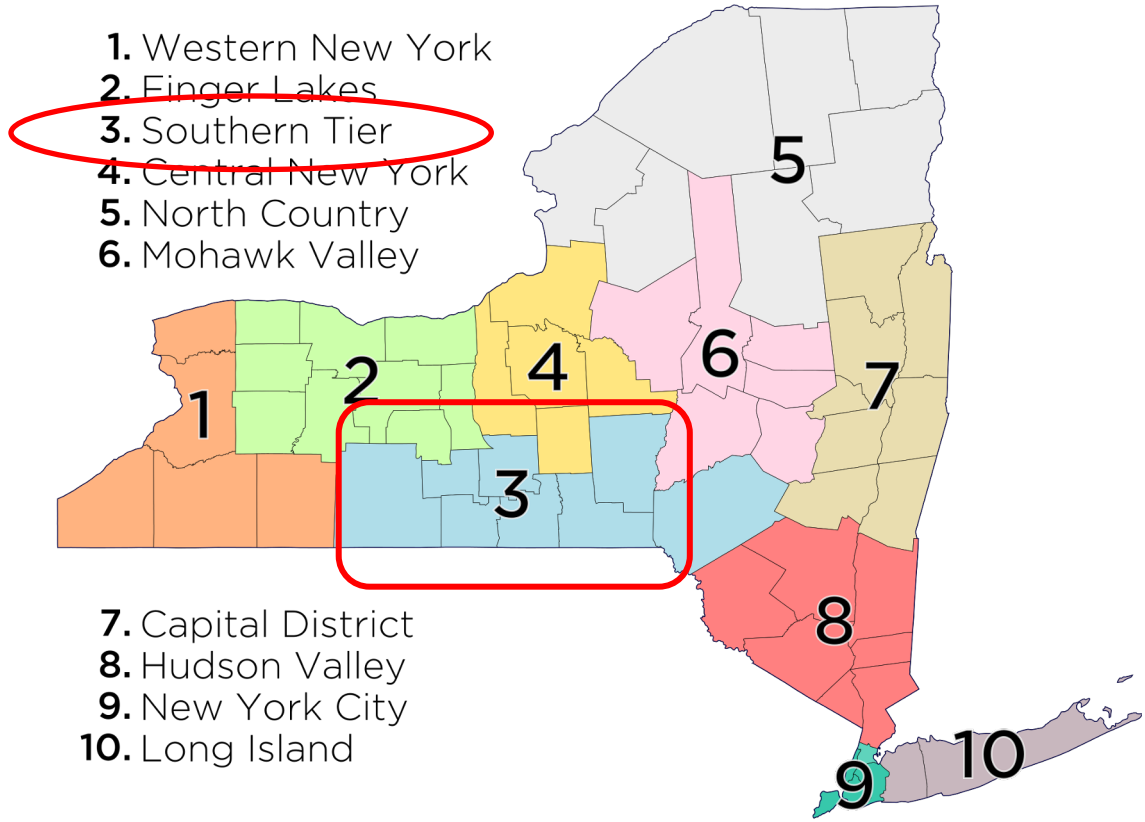
- Extremely low threshold, maximizing rapid access
- Very high patient engagement
 - Nearly 700 unique patients served in the first 8 months
 - Marketing has occurred primarily through word of mouth.
Patients at Reach trust their providers
- High interest and engagement with the provider community.
 - 10 contracted providers (IM, FM, ED & NP, NPP, PA); 3 employed providers (ED & FM) - all waived



We believe if we learn from this epidemic, it can dramatically change health care delivery



REACH Service Area



Total Visits by County (21 Counties in NYS)
 February 2018 - March 2019

County	# of Total Visits	% of Total Visits
Tompkins	2,959	58.72%
Broome	623	12.36%
Cortland	440	8.73%
Tioga	283	5.62%
Cayuga	178	3.53%
Schuyler	142	2.82%
Chenango	133	2.64%
Chemung	70	1.39%
Steuben	63	1.25%
Madison	24	0.48%
Yates	23	0.46%
Seneca	20	0.40%
Oswego	18	0.36%
Onondaga	16	0.32%
Otsego	14	0.28%
Monroe	13	0.26%
Wayne	7	0.14%
Ontario	3	0.06%
Delaware	2	0.04%
MA	2	0.04%
Allegany	2	0.04%
NYC	2	0.04%
CA	1	0.02%
NJ	1	0.02%
Total	5,039	100.00%

REACH is serving patients from 21 counties across NYS!

Patient Population

- 74% are enrolled in Medicaid
- 50% receiving primary care at REACH
- 53 engaged in Hepatitis C treatment
- 16% receiving psych services onsite at Reach
- Average patient age = 36 years
 - Min = 0 years; Max = 73 years



REACH Achievements in 12 Months

the Numbers

Type	Number
Unique patients (total)	888
Unique patients (MAT)	675 (~80% retention rate)
Total visits	5,039
MAT visits	3,338
Primary care visits	974
Behavioral health visits	410
Other visits	251
Narcan kits distributed	1,200
Patients engaged in Hepatitis C treatment	53
Waivered providers	13
Counties served	21
Employees hired (excluding contractors)	14

Challenges

- Funding
 - Fee-For-Service insurance revenue + high Medicaid payer mix
 - Shift to Value Based Payment is necessary
- Space
 - Current Ithaca location provides a total of 2,700 square feet. Minimum of 4-6 additional exam rooms plus admin space is needed to meet current demand.

Vision & Strategy

The REACH vision is to pioneer healthcare transformation for marginalized rural populations across the Southern Tier region and beyond.

REACH is working to identify partners and grant funding to solidify expansion plans

- Johnson City, NY – December 2018
- Other site considerations for the future: Norwich, Elmira, Cortland



Regulatory and Licensing

- Collaboration with OASAS:
 - Secured funding through the State Opioid Response grant
 - Applying for a specialized OASAS license at REACH (part 822)
- Primary Care Integration:
 - Article 28/Federally Qualified Health Center
 - NHSC Loan Repayment site



Questions?

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