Integrated care for IDUs in practice:

Results of an assessment of implementation experience in 7 recently created Integrated Care centers in Ukraine

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Why: Barriers to service utilization for IDUs in Ukraine

- High disease burden
- Insufficient financing of health care
- Stigma in the society and health system
- Limited access to effective treatment of Drug Dependence
- Health care system is not quality/performance oriented
- Understaffing of health facilities
- Inconvenient working hours, discoordination with other services
- Bad experiences with health care (low satisfaction)
- Decreased probability of follow-up visit
- Vertical nature of the health system (separate HIV, TB, Substance Abuse services)
- Need to attend multiple facilities to receive all needed services
- Chaotic lifestyle of IDUs
- Spread of HIV, Hepatitis, TB
- Poor treatment adherence
- Low treatment effectiveness
- Bad quality of life

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What: Components of IC package

- Diagnostics and treatment of mental disorders, of **DRUG DEPENDENCE** in the first place, including **MAT**
- Diagnostics, treatment, and prevention of **HIV/AIDS**
- Diagnostics, treatment, and prevention of **VIRAL HEPATITIS B** and **C**
- Diagnostics, treatment, and prevention of **TB**
- Diagnostics, treatment, and prevention of **STIs**
- **Reproductive health** services
- Diagnostics and treatment of **OTHER** commonly occurring diseases
- **IDU HARM REDUCTION**
- Socio-psychological **SUPPORT**, including psychological and legal counseling, assistance in employment, and social reintegration
What: Characteristics of the IC

- A basic package of essential services
- A multidisciplinary team model linked through individual patient case management
- Efforts to build trust with patients, and a collaborative approach to their healthcare
- Inclusion of harm reduction principles across care
- An appropriate location for the site and main services
- Collaboration between government and nongovernmental agencies
How: Integrated Care projects

- Funded by external donors (Global Fund, USAID, Clinton Foundation)
- Centered around existing MAT sites at various types of facilities
- MAT with buprenorphine launched in 2005, IC added on with introduction of methadone in mid-2008
- 9 pilot sites; ~700 clients

Project goals were to expand the range and quality of provided services using the IC approach and demonstrate feasible and sustainable models.
Assessment methods

- Baseline assessment conducted in Sep-Oct 2008, using the Integrated Care Capacity Assessment Checklist

- Follow-up assessment of 7 centers working > 6 months in different regions of Ukraine, using:
  - Client survey, covering 50-80% of all clients
    - total number of respondents - 266
  - Focus group with staff (MDT);
  - Focus group with clients;

- Instruments assessed availability, utilization, barriers, and priority of IC components
## Results: service availability at f/up

<table>
<thead>
<tr>
<th>Service</th>
<th>Narcological facilities (3)</th>
<th>AIDS centers (2)</th>
<th>Multifunctional hospitals (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug dependence treatment (MAT)</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>HIV diagnostics</td>
<td>S (added)</td>
<td>S</td>
<td>S (added)</td>
</tr>
<tr>
<td>HIV treatment</td>
<td>R</td>
<td>S</td>
<td>R</td>
</tr>
<tr>
<td>Consultation by an infectionist</td>
<td>S/R</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>TB diagnostics</td>
<td>S/R</td>
<td>S</td>
<td>S (added)</td>
</tr>
<tr>
<td>TB treatment</td>
<td>R</td>
<td>R</td>
<td>S/R</td>
</tr>
<tr>
<td>Diagnostics of viral hepatitis</td>
<td>R</td>
<td>S</td>
<td>R (added)</td>
</tr>
<tr>
<td>Diagnostics/treatment of mental disorders</td>
<td>S/R</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Examination by a gynecologist/urologist</td>
<td>R</td>
<td>S (added)</td>
<td>S/R</td>
</tr>
<tr>
<td>Management of pregnancy</td>
<td>R</td>
<td>S</td>
<td>S/R</td>
</tr>
<tr>
<td>STI diagnostics</td>
<td>S/R (added)</td>
<td>S/R (added)</td>
<td>S (added)</td>
</tr>
<tr>
<td>STI treatment</td>
<td>R</td>
<td>S/R</td>
<td>R</td>
</tr>
<tr>
<td>General laboratory tests</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Consultation by an internist/surgeon</td>
<td>S/R</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Treatment for somatic pathology</td>
<td>S (added)</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Harm reduction, PSS counseling</td>
<td>S</td>
<td>S</td>
<td>S (added)</td>
</tr>
<tr>
<td>Consultation by a lawyer</td>
<td>S/R (added)</td>
<td>R</td>
<td>S</td>
</tr>
</tbody>
</table>

S=on site; R=referral; added=service was introduced during the project period
Results: priority services (clients)

- consultation by an infectionist
- consultation by a TB specialist
- consultation by a psychiatrist
- administration and dispensing of HAART
- testing for HIV, CD4 count, viral load
- X-ray
- dental care
- consultation by a surgeon
- socio-psychological services
- consultation by a lawyer and legal support
## Results: coordination mechanism

<table>
<thead>
<tr>
<th></th>
<th>PND1</th>
<th>PND2</th>
<th>OOND</th>
<th>DpAC</th>
<th>Kiev</th>
<th>DpCP</th>
<th>NCRH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>formal case manager</strong></td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td><strong>actual case manager</strong></td>
<td>S/P</td>
<td>S/P</td>
<td>S/P</td>
<td>S</td>
<td>P</td>
<td>S/P</td>
<td>S/P</td>
</tr>
<tr>
<td><strong>preferred case manager</strong></td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td><strong>frequency of meetings</strong></td>
<td>daily</td>
<td>daily</td>
<td>daily</td>
<td>weekly</td>
<td>weekly</td>
<td>weekly</td>
<td>daily</td>
</tr>
<tr>
<td>with a case manager**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is an infectionist part of</strong></td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td><strong>MDT?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*S = social worker; P = physician*
Results: main barriers to service provision (clients and staff)

- MAT-related:
  - Dispensing hours are not flexible
  - Take-home dispensing is not possible
  - No opportunity to transfer of medication to inpatient facilities in case of hospitalization
  - Limited number of dispensing sites, commuting time/cost may be prohibitive

- Stigma towards IDUs is prevalent among health care workers

- Lab tests other than very basic are not free of charge
  - Wider range of tests is available for HIV+ at AIDS centers

- Conflicting schedules of MAT sites and AIDS centers
Conclusions

1. Availability of services varied across sites, depending on the facility’s profile

2. Although some important services were implemented, none of the sites succeeded to add a ‘major’ service (HIV, TB treatment)

3. Multidisciplinary (case-) management lacks common understanding and approach within and across sites
Conclusions: causes

- Funding of Health Care system in Ukraine implies NO incentives for facilities to reach more clients, expand the range of services or improve quality
  - Donors’ funding takes into account only # of clients

- Vertical nature of HC system limits opportunities to integrate services
  - Although some loophole mechanisms exist, managers are often unaware of them
High disease burden

Insufficient financing of health care

Understaffing of health facilities

Stigma in the society and health system

Health care system is not quality/performance oriented

Inconvenient working hours, discoordination with other services

Bad experiences with health care (low satisfaction)

Decreased probability of follow-up visit

Need to attend multiple facilities to receive all needed services

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Spread of HIV, Hepatitis, TB

Bad quality of life

Vertical nature of the health system (separate HIV, TB, Substance Abuse services)

If the fundamental barriers are not addressed, the progress in IC scale-up will remain limited
Thank you!

Questions, comments are welcome
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