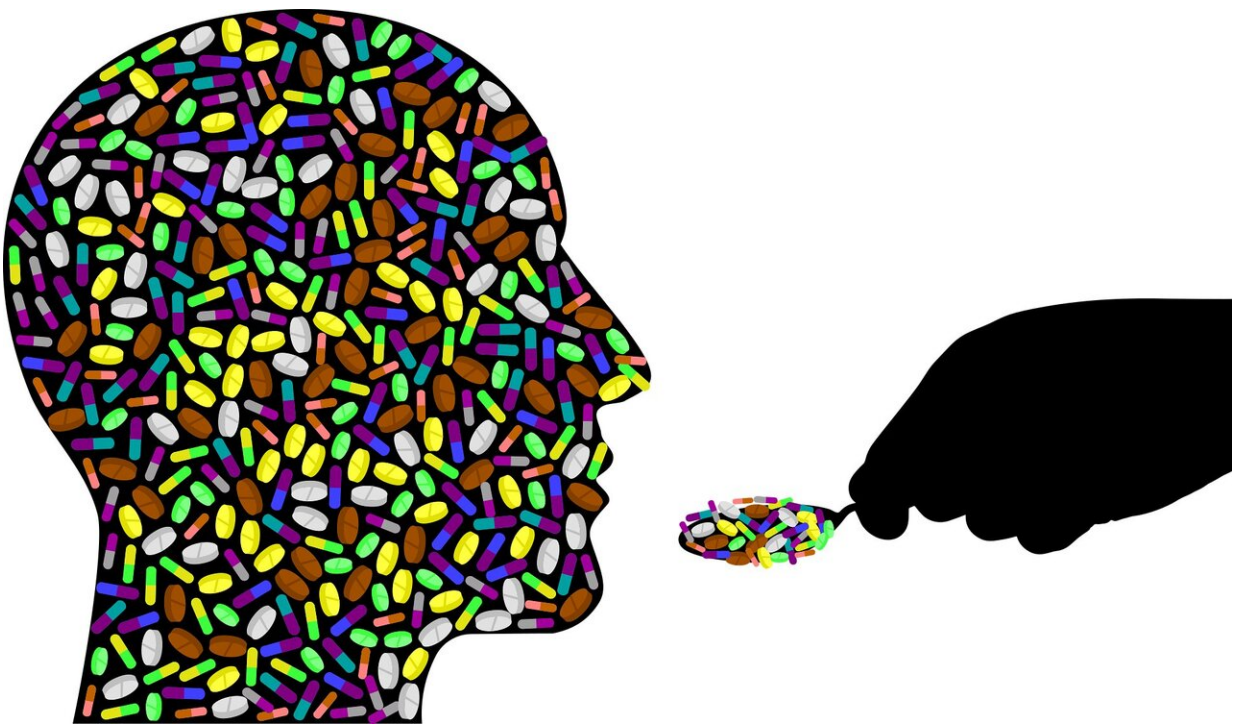


# New study highlights success of a mobile clinical and outreach van in helping people on the street with opioid addiction

September 25 2020

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A novel mobile health program created in early 2018 by the Kraft Center for Community Health at Massachusetts General Hospital (MGH) has proven to be an effective model for bringing opioid addiction treatment services directly to marginalized individuals, particularly the homeless, a

population that faces the highest risk of near-term death from drug overdose. The early success of the program, known as Community Care in Reach, in breaking down traditional barriers of care and serving as an entry point for people disconnected from the healthcare system was detailed in a community case study published in *Frontiers in Public Health*. The program, made possible by contributions from Robert K. Kraft and family, brings together the resources of the Kraft Center, the Boston Health Care for the Homeless Program (BHCHP) and the Boston Public Health Commission's (BPHC) syringe access program, AHOPE.

"Through a non-traditional combination of clinical care and harm reduction services, the program's clinical van and street outreach have produced a model that flips the notion of 'the doctor will see you now' on its head," says Craig Regis, MPH, investigator with the Kraft Center for Community Health and lead author of the study. "Community Care in Reach has shown a unique ability to improve access to evidence-based services among a vulnerable population that must cope routinely with barriers to essential healthcare."

By the end of 2019, the program's 24-foot mobile medical unit had recorded 9,098 contacts with people living with addiction in areas identified as overdose hot spots in and around Boston, distributing 96,600 syringes and 2,956 naloxone kits to rapidly reverse opioid overdose. Addiction care medications prescribed and administered on the van by primary care physicians from BHCHP include buprenorphine, used to reduce substance craving, and naltrexone, a synthetic opioid antagonist taken orally or through injection. Other services offered to people with opioid use disorders are naloxone training, disposal of used syringes, HIV/HCV testing, education around safe injection practices, wound care management and referrals to various substance use treatment facilities. Outreach and harm reduction work are conducted by BPHC's Access Harm Reduction, Overdose Prevention and Education (AHOPE) program.

"Our analyses of Community Care in Reach showed a high demand for addiction services among people with opioid use disorders, particularly as the program became more established and built trust within the community," reports Elsie Taveras, MD, MPH, executive director of the Kraft Center for Community Health and senior author of the study.

"Patients said they appreciated the convenience and ease of accessing the program, along with the compassionate care and proactive street outreach initiated by our team of experienced clinicians." Helping to confirm the success of the model was the recent decision by the Massachusetts Department of Public Health to expand mobile addiction services, including the Kraft Center's program, as well as a report in March 2019 by the state's Harm Reduction Commission that praised Community Care in Reach as a best practice program for addressing opioid addiction.

A major contributor to the success of the mobile treatment program, according to its organizers, is a data-driven approach that ensures its addiction care services are reaching areas of the city where they are most needed. "We constantly monitor EMS and population health data to determine where sustained high levels of overdose exist in the Greater Boston area," explains Regis. "This gives us the flexibility to rapidly deploy the van to opioid hot spots. Just as importantly, it allows us to develop data to demonstrate to others that this model can be just as effective as a brick-and-mortar setting for treating individuals with opioid use disorder."

If the [healthcare system](#) is truly committed to helping some of society's most vulnerable members—statistics show the rate of death from [opioid](#) overuse among the homeless is 20 times higher than the general population—then it must create innovative approaches that leapfrog the traditional models of healthcare delivery, maintains Taveras. "As we've shown, one potential solution to this massive challenge is to shift some addiction care services to a mobile health setting," she says. "That way,

we're able to not only increase access to these essential services, but customize them to the needs of patients most critically in need."

**More information:** Craig Regis et al. Community Care in Reach: Mobilizing Harm Reduction and Addiction Treatment Services for Vulnerable Populations, *Frontiers in Public Health* (2020). [DOI: 10.3389/fpubh.2020.00501](https://doi.org/10.3389/fpubh.2020.00501)

Provided by Massachusetts General Hospital

Citation: New study highlights success of a mobile clinical and outreach van in helping people on the street with opioid addiction (2020, September 25) retrieved 23 April 2024 from <https://medicalxpress.com/news/2020-09-highlights-success-mobile-clinical-outreach.html>

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