

Providing A Resource: Telemedicine at Needle Exchanges to Reach Underserved People (PARTNER UP)



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BACKGROUND

- People who inject drugs (PWID) are at high risk for a range of adverse health outcomes, including opioid use disorder and HIV infection.
- In North Carolina, there are alarmingly high rates of opioid misuse and new HIV infections.^{1,2}
- Pre-exposure prophylaxis (PrEP) and Medication for Opioid Use Disorder (MOUD) are effective strategies for HIV prevention and harm reduction, but can be difficult to access.^{1, 3, 4, 5, 6, 7, 8}
- Our preliminary study in New Hanover County suggested that syringe services programs (SSPs) are trusted sources among PWID for resources and information, and that individuals accessing SSPs are interested in taking PrEP and prefer to access PrEP at a SSP.⁹
- To reduce harms from opioids and address barriers experienced by PWID interested in accessing PrEP and buprenorphine for MOUD, we are providing combined treatment through SSP sites in New Hanover (Wilmington) and Mecklenburg (Charlotte) counties, with follow up visits provided via telemedicine.

METHODS

Study Population

Participants were recruited from two SSPs including the NC Reduction Coalition (NCHRC) in Wilmington and Queen City Needle Exchange (QCNE) in Charlotte

Eligibility Criteria

- 18 years or older
- Self-reported history of injection opioid use
- HIV negative (HIV Antigen/Antibody test)
 - Not currently be taking PrEP and not consistently be taking any form of MOUD
- Willing to take MOUD and PrEP for six months
- No medical contraindications for these medications (e.g. history of renal failure or bone diseases)
- Not pregnant
- History of sharing injection or drug preparation equipment or risk of sexual acquisition of HIV such as engaging in sex work or being a man who has sex with men

Process

In-person visits were conducted for enrollment, during which participants were set up to access the telemedicine platform. Medications were distributed at a local pharmacy. Follow-up visits were conducted via telemedicine and labs were collected over a six month period (below).

Table 1. Schedule of study activities									
Activity	Enrollment	<1 Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Visit with Study Physician	✓	✓	✓	✓	✓	✓	✓	✓	
HIV	✓				✓			✓	
CMP*	✓				✓			✓	
Hepatitis B	✓				✓			✓	
Hepatitis C	✓				✓			✓	
Urine pregnancy	✓	✓	✓	✓	✓	✓	✓	✓	
Urine buprenorphine	✓	✓	✓	✓	✓	✓	✓	✓	
Questionnaire	✓				✓			✓	
Interviews			✓			✓			
Referral check in									✓

PRELIMINARY RESULTS

Participant Characteristics

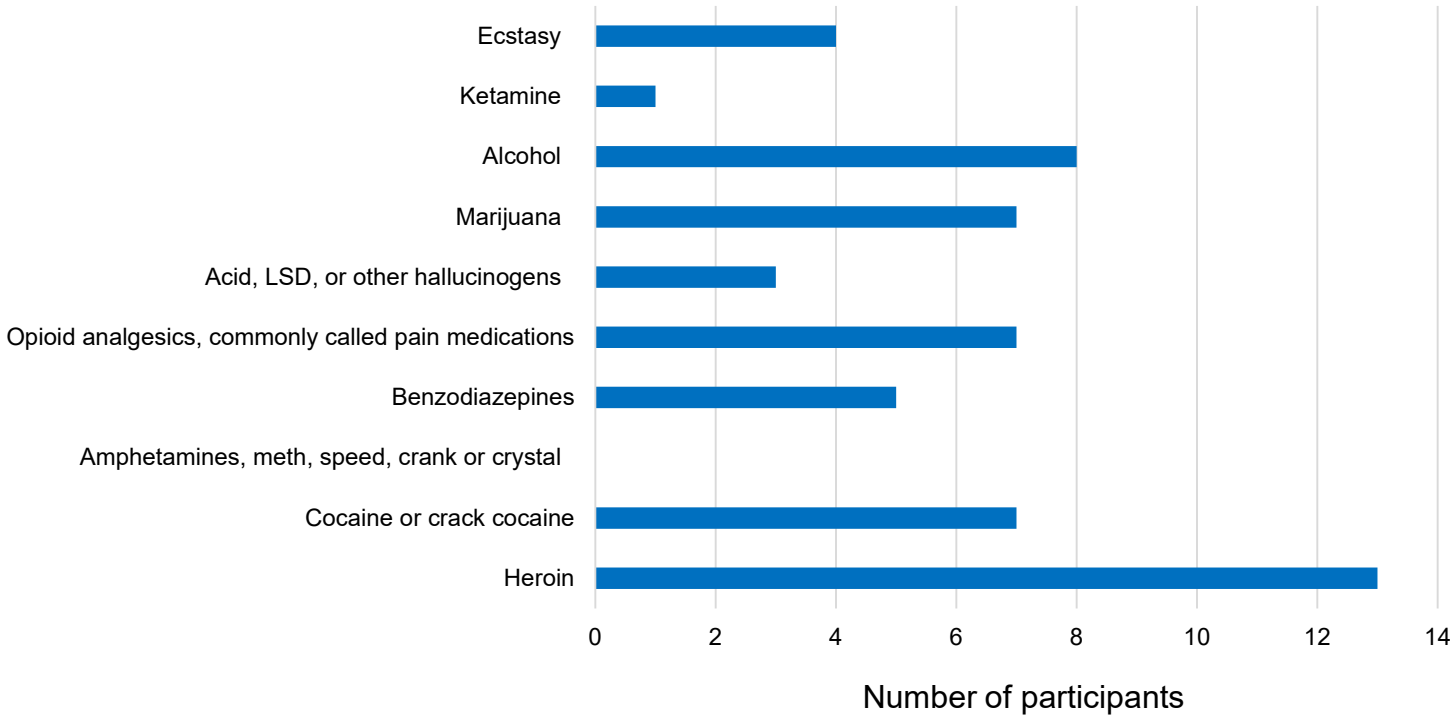
17 participants have been enrolled at the two sites. Three additional participants withdrew from the study due to incarceration (Charlotte), loss to follow up (Charlotte), and desire to seek methadone treatment outside of the study (Wilmington).

Clinical and Substance Use History

59% tested positive for Hepatitis C at their initial study visit. No new HIV or Hepatitis C infections have been detected to date

53% reported they had overdosed on heroin, fentanyl or prescription pain medication

In the month prior to the study, participants reported that they used the following substances:



HIV Risk Perception

24% are willing to take PrEP because they think they are at high risk of getting HIV

Risk Behaviors

In the three months prior to study enrollment:

59% had shared syringes or works

35% had been paid money to have sex with someone at least once a month

12% had paid money to have sex with someone at least once a month

53% never used condoms when they had sex

Attitudes & Experiences Regarding MOUD

94% had taken buprenorphine prior to the study

82% were willing to take MOUD because they want to stop using drugs

The most common concern about taking buprenorphine was ability to pay (41.2%), followed by worry about side effects (35.3%) and worry about withdrawal (35.3%)

Attitudes & Experiences Regarding PrEP

71% had heard of PrEP prior to the study. One participant had previously taken PrEP.

65% are willing to take PrEP to help them protect themselves against HIV.

24% are willing to take PrEP because they think they are at high risk of getting HIV

53% reported that the cost of PrEP would be a barrier to taking PrEP.

LESSONS LEARNED TO DATE

- SSPs have established trust among individuals who use drugs and are accessing SSP services
- Participants are more interest in taking buprenorphine than PrEP
- Having the initial study visit in person helps to build rapport between the provider and study participants
- Finding transportation to the pharmacy can be a barrier, especially for participants in larger cities
- Consistent communication between SSP site staff and Duke is necessary for tracking participants and completing labs – having scheduled check-ins is useful for staying organized
- Allowing flexibility in how participants access telemedicine visits is key for getting in touch with participants
- Supporting participants through MOUD initiation requires close communication with the provider and with the local pharmacy
- The option to send private messages through the telemedicine platform is useful for study participants to communicate directly with their provider
- Identifying options for financial support and linkages to affordable care is critical to ensure participants who want to continue taking PrEP and/or MOUD have access
- Offering Hepatitis C treatment through SSP-based health hubs would be beneficial for this population given the high percent of participants who tested positive for Hep. C at first visit

NEXT STEPS

- Complete full six month follow-up period, collecting labs and conducting questionnaires
 - Last enrolled participant's final visit in August 2021
 - During visits in month four and five, study provider will identify and discuss post-study treatment options for each participant
 - Continue assessment of adherence to MOUD and PrEP at each check-in-visit
- Explore opportunities for future projects that build on PARTNER UP
 - Expand to more sites: Raleigh or Greensboro
 - Expand services to include Hepatitis C treatment

ACKNOWLEDGMENTS

- This research project was funded by the Duke Endowment. We would like to thank the community partners who greatly contributed to this work, including Sheila Schwartz & Nancy Langman from Clinic 1K, LabCorp, and Walgreens.
- This project is supported by the Duke School of Medicine's Opioid Collaboratory, administered through the Department of Population Health Sciences. The Collaboratory's mission is to save lives and reduce the harmful impact of opioids in North Carolina through the development, implementation, and/or evaluation of system-level interventions.

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