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A Model for PrEP Linkage to Care Expansion for Low-Resource Drug Treatment Centers

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Introduction: There is limited research aimed at developing a model for linking Substance Use Disorder (SUD) patients to pre-exposure prophylaxis (PrEP) services. In summer 2017, it was noted at a drug treatment center in Baltimore City that many patients with SUD had indications for PrEP therapy. Findings from a review of current literature indicated a lack of any existing models for linking eligible SUD patients to PrEP services.

Purpose: This project strives to create an effective model for linking eligible SUD patients to PrEP services in low-resource SUD treatment centers with limited capacity for structural change.

Methods: Management at the drug treatment center in Baltimore City expressed strong interest in expanding access to PrEP among its patient population. Management was presented with a step ladder schematic, depicting potential levels of involvement in the linkage to care process and decided to endorse raising PrEP awareness, screening for eligibility and referring to an outside community organization, specializing in PrEP linkage to care. Project R.E.A.C.H. at Johns Hopkins University School of Nursing was chosen to assist in the linkage to care process. A screening tool and linkage to care protocol were developed based on the CDC's current PrEP guidelines and was revised based on feedback from multiple experts in this field.

Results: Results at this phase of the project include a systematic review of current literature on PrEP in the context of SUD, a step ladder schematic to assist management in determining the organization's level of involvement in the PrEP linkage to care process, a screening tool for PrEP eligibility, the HIV Acquisition Risk Screening (HIVARS) tool, and a PrEP linkage to care protocol for use at SUD treatment centers. The implementation phase is currently underway and preliminary data is encouraging.

Conclusion: PrEP is an approved method of HIV prevention in those who inject drugs and in populations that have SUD. There is significant need for increased access to PrEP in the SUD community. The screening tool for PrEP eligibility and Health Care Provider algorithm for linkage to care can be generalizable to other SUD treatment centers. Program implementation that link eligible persons to PrEP services should be implemented and evaluated for efficacy in other SUD treatment centers for engaging the SUD population in PrEP uptake. This will assist in the achievement of central components of the HIV care continuum.

Title:

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Keywords:

HIV risk screening, Pre-exposure Prophylaxis services and Substance Use Disorders

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Abstract Summary:

Findings from a review of current literature indicated a lack of any existing models for linking eligible SUD patients to PrEP services. A model including a screening tool, algorithm, and protocol was developed to standardize provider assessment of high risk SUD population with the linkage to care process.

Content Outline:**Introduction:**

1. Limited research aimed at developing a model for linking Substance Use Disorder (SUD) patients to pre-exposure prophylaxis (PrEP) services
2. Review of current literature indicated lack of existing models for linking eligible SUD patients to PrEP services
3. Clinic based needs assessment performed and revealed at least 39% of patients eligible for PrEP

Purpose:

1. Develop an effective model for linking eligible SUD patients to PrEP services in low-resource SUD treatment centers

Methods:

1. Program Goal and Objective Development
2. Management meeting- Levels of Organizational Participation

3. Initial Intervention implementation, results analysis, and revision
4. Development and revision of HIVARS tool and PrEP Eligibility Protocol based on current PrEP Guidelines and expert feedback
5. Collaboration with Johns Hopkins R.E.A.C.H. initiative
6. Provider preparation, training, and HIVARS tool integration
7. Implementation & initial observations

Results:

1. Need for immediate eligibility recognition and referral upon patient intake recognized early in program development
2. Screening tool identifies eligible SUD patients and allows for standardized screening across all intake providers
3. PrEP Eligibility Protocol allows for consistent and standardized continuity of care across all providers and collaborators
4. Both screening tool and PrEP Eligibility Protocol allow for patient, provider, and clinic accountability
5. Preliminary data for program identifies PrEP eligible patients and referrals

Conclusion:

1. PrEP approved method of HIV prevention in those who inject drugs and in populations that have SUD.
2. Significant need for increased access to PrEP in the SUD community
3. Development of model (algorithm, protocol, and screening tool) used in a variety of drug treatment settings,
4. Program implementation link eligible persons to PrEP services
5. Model generalizable to other SUD treatment centers
6. Helping achieve central care components in the HIV care continuum.

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Author Summary: Nancy Goldstein, a member of STTI, Nu Beta Chapter, has been a practicing nurse and nurse practitioner combined for over 38 years in the Johns Hopkins Medical Institutions and University. Her main areas of focus in practice, research, and nursing education have been women's and adult health and substance use disorders. In addition, over the past several years, Dr. Goldstein has coordinated the pre-licensure nursing student practicum placements for their program.

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