The IDEA Lab: Developing, Testing and Scaling Evidence-Based HIV Prevention and Treatment Strategies for People Who Inject Drugs

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Disclosures

- Financial Relationships:

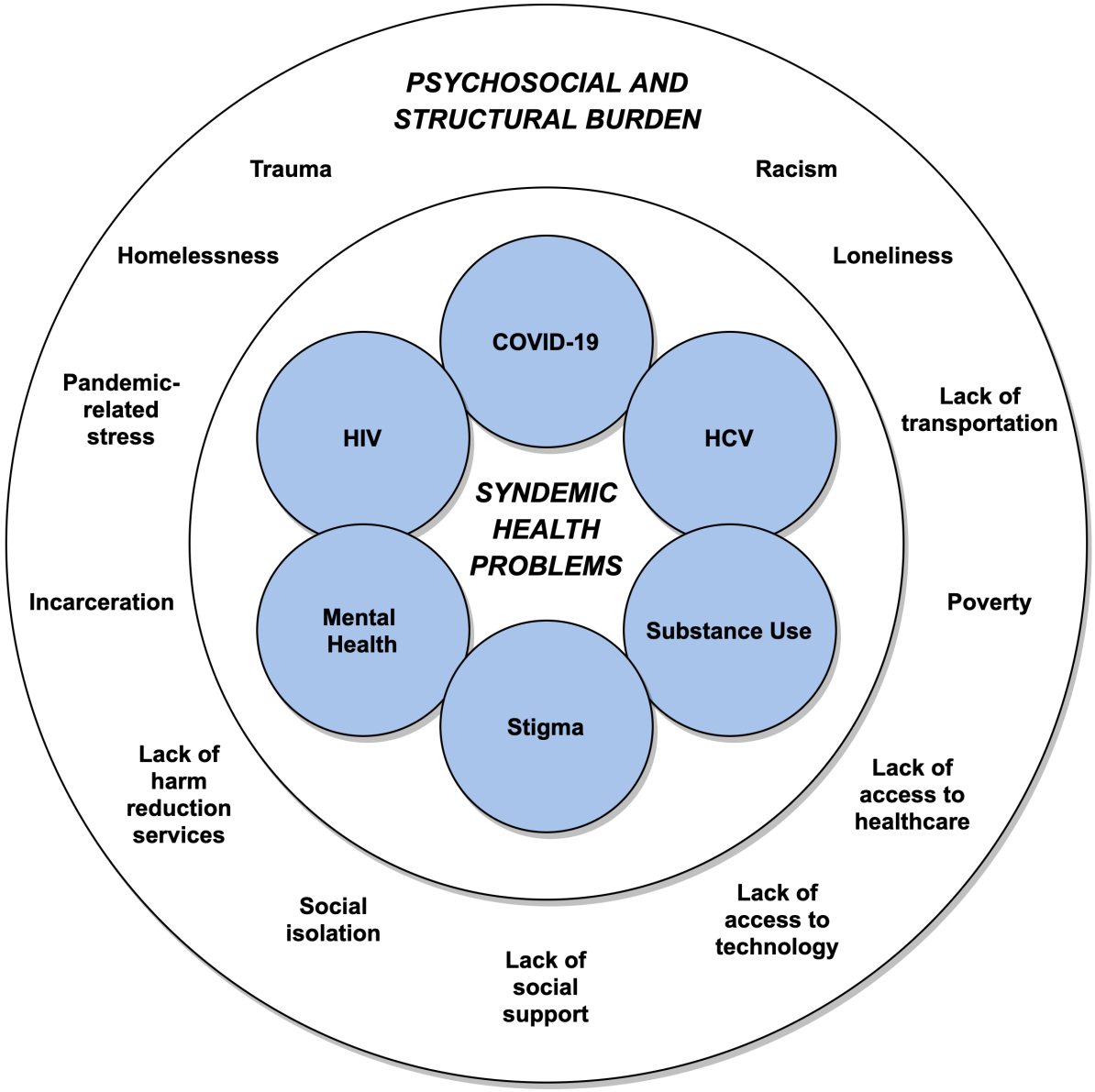
- Dr. Tookes receives grant funding from Gilead Sciences and ViiV Healthcare.

- *The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments.*

- *FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first appointment.*

What barriers do people who inject drugs face?

Figure 1. Adapted syndemic conceptualization of HIV, HCV, and COVID-19 among people who inject drugs



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Adapted from Shiau S et al. AIDS Behav (2020). Singer M. (John Wiley & Sons, 2009).

Implementing Opt-Out Testing for HIV/HCV

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Impact of routine opt-out HIV/HCV screening on testing uptake at a syringe services program: An interrupted time series analysis

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ARTICLE INFO

Keywords:
Syringe Services Programs
HIV/HCV Testing
Opt-out Testing

ABSTRACT

Background: Hepatitis C (HCV) is the most common infectious disease among people who inject drugs (PWID). Engaging PWID in harm reduction services, such as syringe service programs (SSPs), is critical to reduce HCV and HIV transmiss... linkage to care. O... enrollment. We ... plementation of th...
Methods: Multivar... for opt-in and opt-... both were generat... uptake and trend ...
Results: The total ... 15 months prior a... Significant predict... positive status (aO... was a significant ... mediately after th...
Conclusion: Bundl... HIV and HCV rap... post opt-out testin... examine whether ... status.

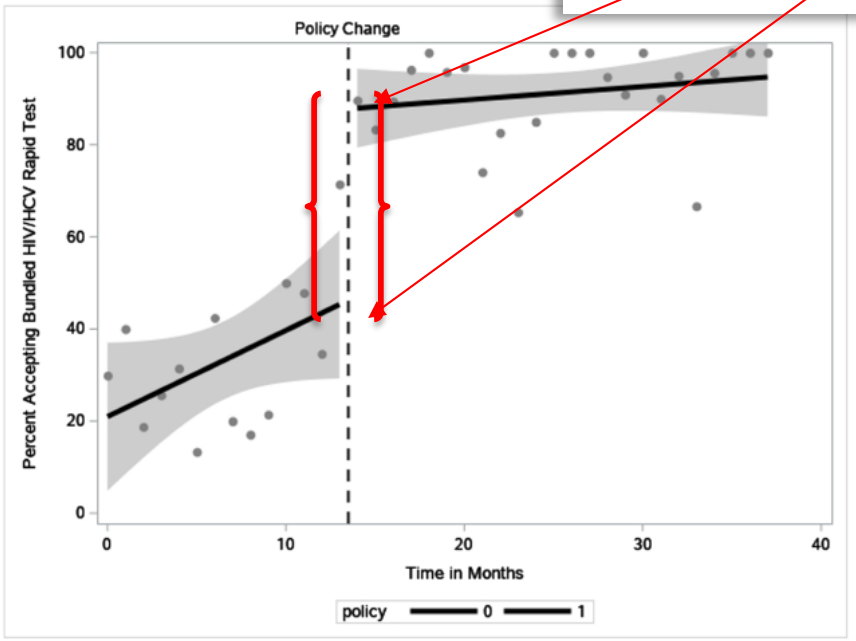

Fig. 1. Percent uptake of bundled HIV/HCV testing by policy period.

Table 4
Results of Segmented Regression Analysis on Uptake of HIV/HCV tests

Durbin-Watson Tests	**Order**	**DW**	**Pr < DW**	**Pr > DW**
	1	1.772	0.108	0.892
	2	1.883	0.261	0.739
	3	2.068	0.568	0.432
	4	2.331	0.889	0.111
Engle-Granger Test	**Type**	**Lags**	**Tau**	**Pr < Tau**
	Single mean	0	-5.437	0.001
Regression	**Coefficients**	**95% CI**	***t*-value**	***p*-value**
Intercept	20.96	8.55, 33.38	3.43	0.002
Opt-in testing policy trend	1.87	0.25, 3.50	2.34	0.030
Immediate effect of opt-out testing policy	42.35	26.21, 58.49	5.33	< 0.001
Change in trend during opt-out testing	-1.58	-3.35, 0.20	-1.81	0.080

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HIV Outbreak Identification and Response

AIDS and Behavior (2020) 24:246–256
https://doi.org/10.1007/s10461-019-02680-9

ORIGINAL PAPER

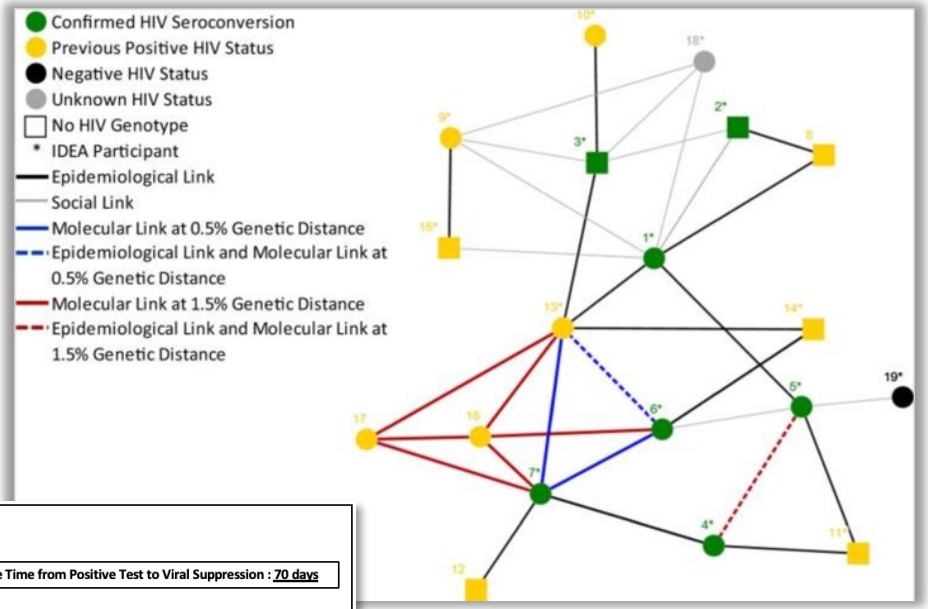
Rapid Identification and Investigation of an HIV Risk Network Among People Who Inject Drugs –Miami, FL, 2018

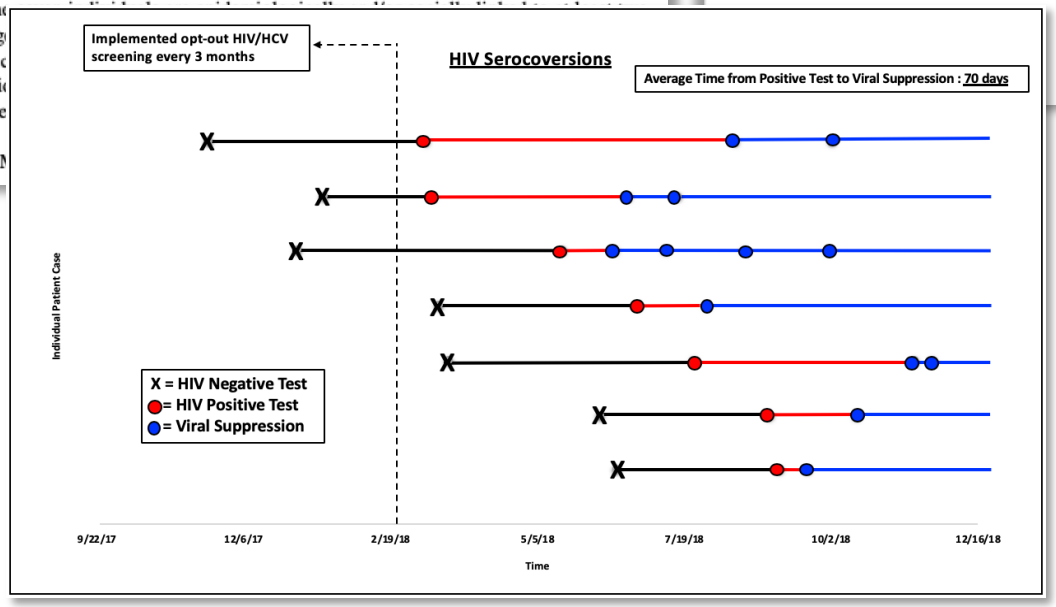
Hansel Tookes[1] · Tyler S. Bartholomew[1] · Shana Geary[2] · James Matthias[3,2] · Karalee Poschman[4,2] · Carina Blackmore[2] · Celeste Philip[2] · Edward Suarez[1] · David W. Forrest[1] · Allan E. Rodriguez[1] · Michael A. Kolber[1] · Felicia Knaul[1] · Leah Colucci[1] · Emma Spencer[2]

Published online: 25 September 2019

Abstract
Prevention of HIV outbreaks among people who inject drugs remains a challenge to ending the HIV epidemic in the United States. The first legal syringe services program (SSP) in Florida implemented routine screening in 2018 leading to the identification of ten anonymous HIV seroconversions. The SSP collaborated with the Department of Health to conduct an epidemiologic investigation. All seven acute HIV seroconversions were linked to care (86% within 30 days) and achieved viral suppression (mean 70 days). Six of the
other seroconversions. Analysis of the HIV g
distance. We identified a risk network with
methods or molecular analyses alone. Provi
sive linkage and patient navigation, could be

Keywords People who inject drugs · HIV · M





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Tookes et al., 2020

> Drug Alcohol Depend. 2021 Oct 27;229(Pt A):109124. doi: 10.1016/j.drugalcdep.2021.109124.
Online ahead of print.

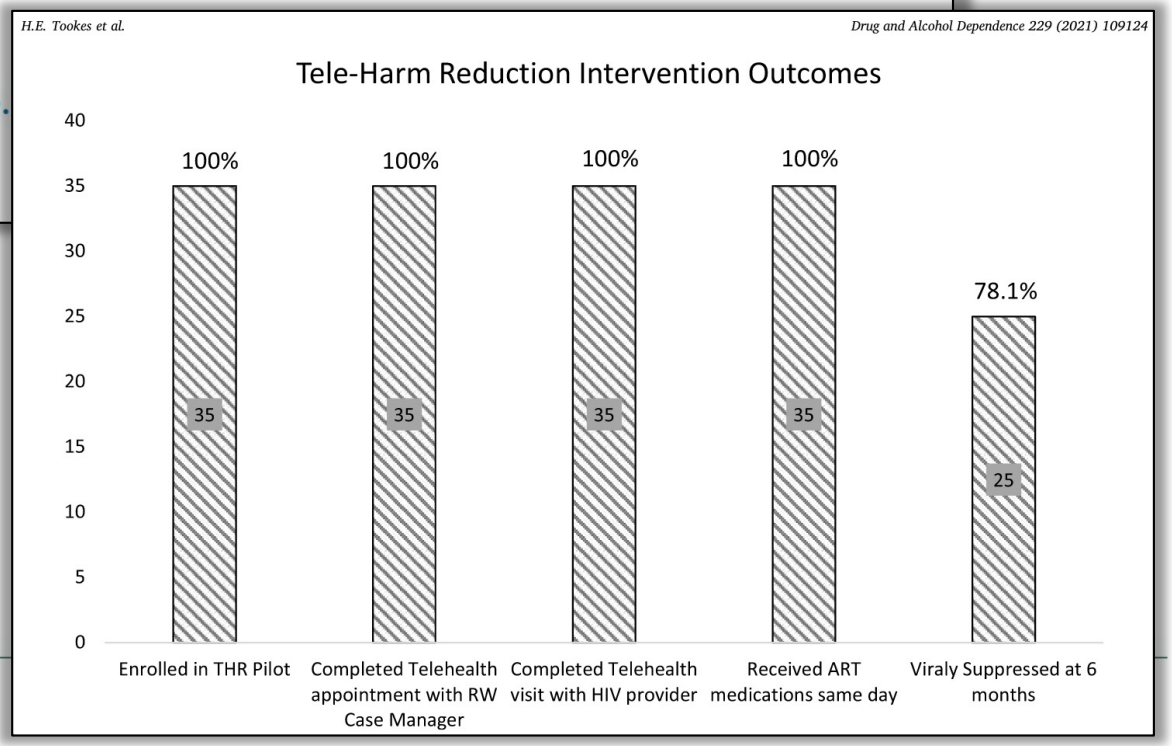
Acceptability, feasibility, and pilot results of the tele-harm reduction intervention for rapid initiation of antiretrovirals among people who inject drugs

Hansel E Tookes [1], Tyler S Bartholomew [2], Edward Suarez [3], Elisha Ekowo [1], Margaret Ginoza [1], David W Forrest [4], David P Serota [1], Allan Rodriguez [1], Michael A Kolber [1], Daniel J Feaster [5], Angela Mooss [6], Derek Boyd [6], Candice Sternberg [1], Lisa R Metsch [7]

Affiliations + expand

PMID: 34781096 DOI: 10.1016/j.drugalcdep.

Free article



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Tookes et al., 2021

R01-DA058352-01 (MPI Tookes & Bartholomew)

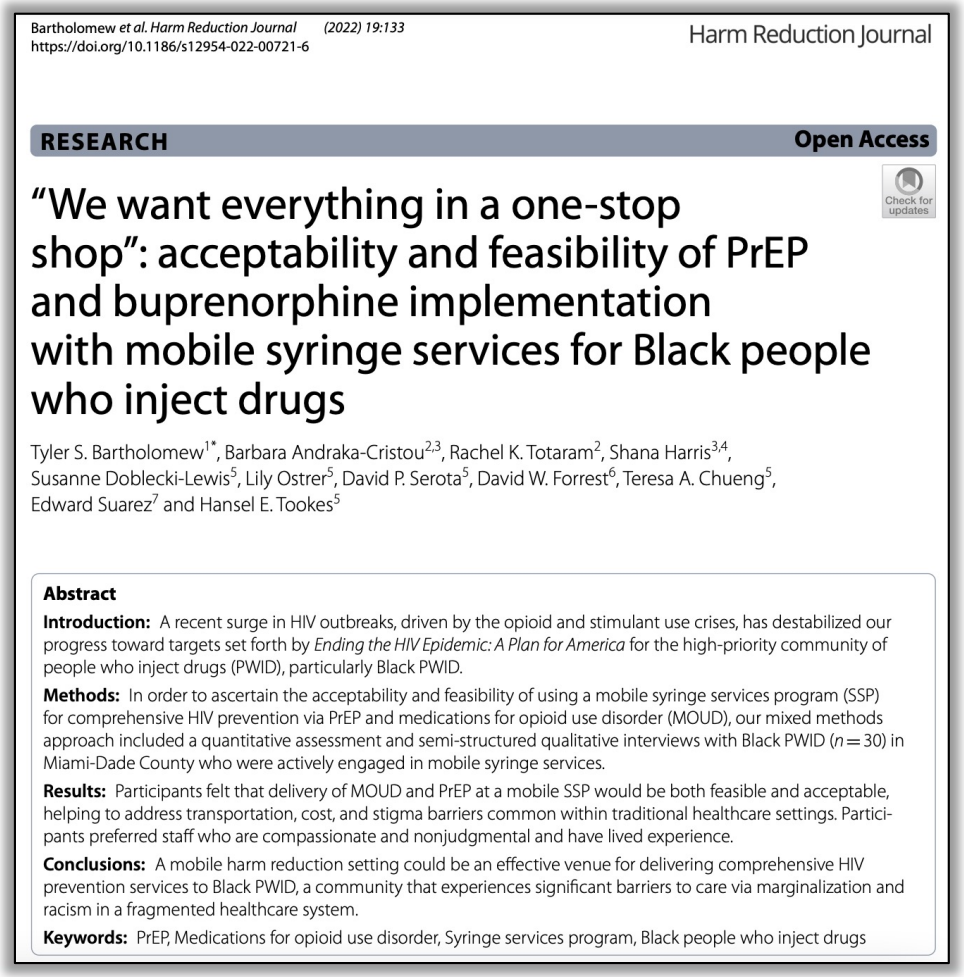
Title: *In pursuit of a one-stop shop: a hybrid type 1 effectiveness-implementation trial of comprehensive tele-harm reduction for people who inject drugs*

Setting: IDEA Miami SSP (fixed and mobile)

Primary Aim: Evaluate the effectiveness of C-THR on PrEP and MOUD initiation and retention

Secondary Aim: Cost, cost-effectiveness and long-term clinical impact of C-THR

Secondary Aim: Assess implementation process and scalability of C-THR



Bartholomew *et al. Harm Reduction Journal* (2022) 19:133
https://doi.org/10.1186/s12954-022-00721-6

Harm Reduction Journal

RESEARCH Open Access

"We want everything in a one-stop shop": acceptability and feasibility of PrEP and buprenorphine implementation with mobile syringe services for Black people who inject drugs

Tyler S. Bartholomew[1*], Barbara Andraka-Cristou[2,3], Rachel K. Totaram[2], Shana Harris[3,4], Susanne Doblecki-Lewis[5], Lily Ostrer[5], David P. Serota[5], David W. Forrest[6], Teresa A. Chueng[5], Edward Suarez[7] and Hansel E. Tookes[5]

Abstract

Introduction: A recent surge in HIV outbreaks, driven by the opioid and stimulant use crises, has destabilized our progress toward targets set forth by *Ending the HIV Epidemic: A Plan for America* for the high-priority community of people who inject drugs (PWID), particularly Black PWID.

Methods: In order to ascertain the acceptability and feasibility of using a mobile syringe services program (SSP) for comprehensive HIV prevention via PrEP and medications for opioid use disorder (MOUD), our mixed methods approach included a quantitative assessment and semi-structured qualitative interviews with Black PWID ($n = 30$) in Miami-Dade County who were actively engaged in mobile syringe services.

Results: Participants felt that delivery of MOUD and PrEP at a mobile SSP would be both feasible and acceptable, helping to address transportation, cost, and stigma barriers common within traditional healthcare settings. Participants preferred staff who are compassionate and nonjudgmental and have lived experience.

Conclusions: A mobile harm reduction setting could be an effective venue for delivering comprehensive HIV prevention services to Black PWID, a community that experiences significant barriers to care via marginalization and racism in a fragmented healthcare system.

Keywords: PrEP, Medications for opioid use disorder, Syringe services program, Black people who inject drugs

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RESEARCH Open Access

Availability of telehealth-based services at syringe services programs under the COVID-19 Public Health Emergency

Tyler S. Bartholomew[1], Hansel E. Tookes[1*], Teresa A. Chueng[1], Ricky N. Bluthenthal[2], Lynn D. Wenger[3], Alex H. Kral[3] and Barrot H. Lambdin[3]

Abstract

Introduction The expanded capacity of syringe services programs (SSPs) in the USA to integrate telehealth services was largely related to flexibility of buprenorphine prescription in response to the COVID-19 pandemic. SSPs demonstrated the potential of using telehealth to reach participants with both medical and non-medical services. The present study examines the implementation of medical and non-medical telehealth-based health services in 2020 at SSPs in the USA and organizational characteristics associated with adopting specific telehealth services.

Methods We administered a cross-sectional survey among all known SSPs operating in the USA as of 2021. The two primary study outcomes were (1) implementation of medical telehealth and (2) implementation of non-medical telehealth in 2020. Medical services included HIV counseling/care, hepatitis C virus (HCV) counseling/care, and buprenorphine. Non-medical services included wellbeing/check-ins, overdose prevention training, health navigation, harm reduction and psychological counseling. Bivariate and multivariable mixed effects logistic regression models were used to directly estimate the odds ratio associated with organizational characteristics on the implementation of telehealth-based health services.

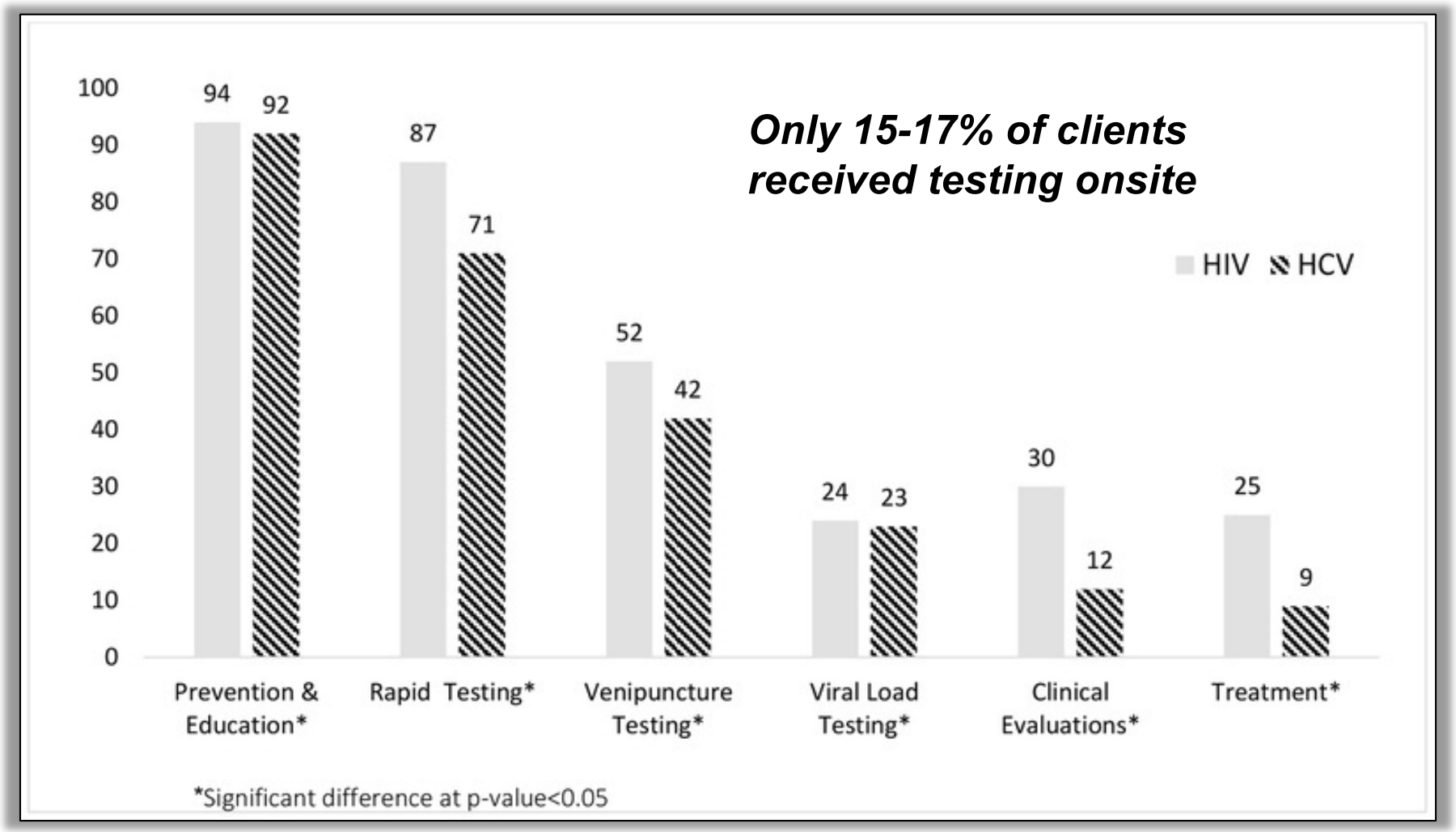
Results Thirty percent of programs ($n=290$) reported implementing telehealth-based health services. In multivariable logistic regression models, community-based organization SSPs had higher odds of implementing medical (aOR=4.69, 95% CI [1.96, 11.19]) and non-medical (aOR=2.18, 95% CI [1.10, 4.31]) health services compared to public health department SSPs. SSPs that received governmental funding had higher odds of implementing medical services via telehealth (aOR=2.45, 95% CI [1.35, 4.47]) compared to programs without governmental funding.

Conclusion Community-based organization SSPs and those with government funding had the highest odds of telehealth implementation in response to the COVID-19 Public Health Emergency. Federal, state, and local governments must increase funding for low-barrier venues like SSPs to support telehealth implementation to serve the needs of people who use drugs.

Table 7. Other Medical Services Provided On-Site, by SSP Type

	All SSPs[2]	CBOs	DPHs	HCOs	Other
On-site medication-based infectious disease services[1]					
HIV treatment	89 (20.3%)	57 (22.6%)	14 (10.1%)	15 (46.9%)	2 (14.3%)
PrEP	167 (38.0%)	74 (29.4%)	70 (50.7%)	20 (62.5%)	1 (7.1%)
PEP	119 (27.1%)	47 (18.7%)	56 (40.6%)	15 (46.9%)	0 (0.0%)
Hepatitis C treatment	117 (26.7%)	70 (27.8%)	23 (16.7%)	20 (62.5%)	3 (21.4%)
STI treatment other than for hepatitis or HIV	182 (41.5%)	66 (26.2%)	90 (65.2%)	21 (65.6%)	3 (21.4%)
Other[3]	2 (0.5%)	1 (0.4%)	0 (0.0%)	0 (0.0%)	1 (7.1%)
Any on-site infectious disease services	225 (51.3%)	102 (40.5%)	95 (68.8%)	23 (71.9%)	3 (21.4%)
Other on-site medical services[1]					
Wound care/treatment	225 (56.8%)	138 (55.0%)	47 (48.5%)	28 (87.5%)	10 (71.4%)
Mental health services (excluding medications)	94 (23.7%)	57 (22.7%)	16 (16.5%)	19 (59.4%)	2 (14.3%)
Mental health services (including medications)	49 (12.4%)	25 (10.0%)	9 (9.3%)	14 (43.8%)	1 (7.1%)
General primary care	86 (21.7%)	46 (18.3%)	19 (19.6%)	17 (53.1%)	4 (28.6%)
Reproductive cancer screening	49 (12.4%)	14 (5.6%)	20 (20.6%)	14 (43.8%)	1 (7.1%)
Family planning/contraception	76 (19.2%)	30 (12.0%)	29 (29.9%)	14 (43.8%)	2 (14.3%)
Prenatal care and peripartum care	29 (7.3%)	11 (4.4%)	8 (8.2%)	10 (31.2%)	0 (0.0%)
Other[4]	18 (4.5%)	8 (3.2%)	4 (4.1%)	4 (12.5%)	2 (14.3%)
Any other on-site medical services	257 (64.9%)	156 (62.2%)	61 (62.9%)	28 (87.5%)	10 (71.4%)

Why Should SSPs be testing for HIV and HCV?



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Behrends et al., 2018

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

PREVENTION RESEARCH SYNTHESIS

Structural Interventions

Best practices that use structural approaches to improve HIV outcomes

OPT-OUT HIV/HCV SCREENING

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Intended Population
- People who inject drugs (PWID) participating in a syringe services program (SPP)

Goals of Intervention
- Increase HIV testing
- Increase Hepatitis C (HCV) testing

Brief Description

Opt-Out HIV/HCV Screening is a structural intervention designed to provide access to HIV/HCV testing in an acceptable venue for PWID. The intervention involves a change from an opt-in testing policy to an opt-out testing policy where participants are informed that bundled HIV/HCV testing is part of routine care upon their enrollment at the SSP. Participants can decline testing. If clients accept the testing, both results of each test are recorded. Point-of-care tests for both HIV/HCV are offered using a blood sample collected via fingerstick. Results are reported to the participant immediately with appropriate post-test counseling and education. For those who tested reactive, active linkage to care is offered.

Theoretical Basis
- None reported

Intervention Duration
- Ongoing

Intervention Settings
- Syringe services programs (SSP)

Deliverers
- SSP staff

Structural Components
- Access – HIV testing
  - Increased access to HCV/HIV testing and linkage to HIV medical care
- Policy/Procedure – Institutional policy/procedure
  - Implemented opt-out HCV/HIV testing in SSP

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Table 1. ACCESS Implementation Strategy Specification

Domain	ERIC Strategy: Access new funding	ERIC Strategy: Practice Facilitation
Define it	Implementation sites access new or existing money to facilitate implementation	A process of interactive problem solving and support that occurs in a context of a recognized need for improvement and a supportive interpersonal relationship
Actor(s)	Implementation Resource Team (IRT)	Implementation Resource Team (IRT)
Action(s)	Provides funding for testing procurement and local staff to facilitate HIV/HCV testing and linkage to care	Local barrier/facilitator identification, in-person site visits to review clinical flow, monthly virtual meetings, training, data feedback
Target(s) of the action	SSP Directors/Administration	SSP Staff
Temporality	Preparation, Implementation & Sustainment	Preparation, Implementation & Sustainment
Dose	Annually	Ongoing
Implementation Outcomes	Adoption of routine opt-out HIV/HCV testing; Organizational Capacity	Implementation Fidelity; Sustainment
Justification	Research on organizational incentives has shown to facilitate uptake of evidence-based practices	Practice facilitation has been shown to be an evidence-based strategy to improve implementation fidelity

Acknowledgements

IDEA Participants
IDEA Faculty
Lisa Metsch
Florida Department of Health
University of Miami Miller School of Medicine
Dean Henri Ford

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