

Integration of long-acting injectable PrEP with MAT: A pre-implementation study

INTRODUCTION

- Long-acting injectable antiretroviral therapy (LAI-ART) is feasible in populations with high rates of substance use^{1, 2}
- Less is known regarding long-acting injectable pre-exposure prophylaxis (LAI-PrEP) though PWUD have high interest³⁻⁵
- We identified clinic-level barriers and facilitators to LAI-PrEP delivery at the **Chemical Dependency Clinic (CDC)** of PCC Community Wellness Center, a federally qualified health center serving the West and Northwest Sides of Chicago and the near west suburbs.

METHODS

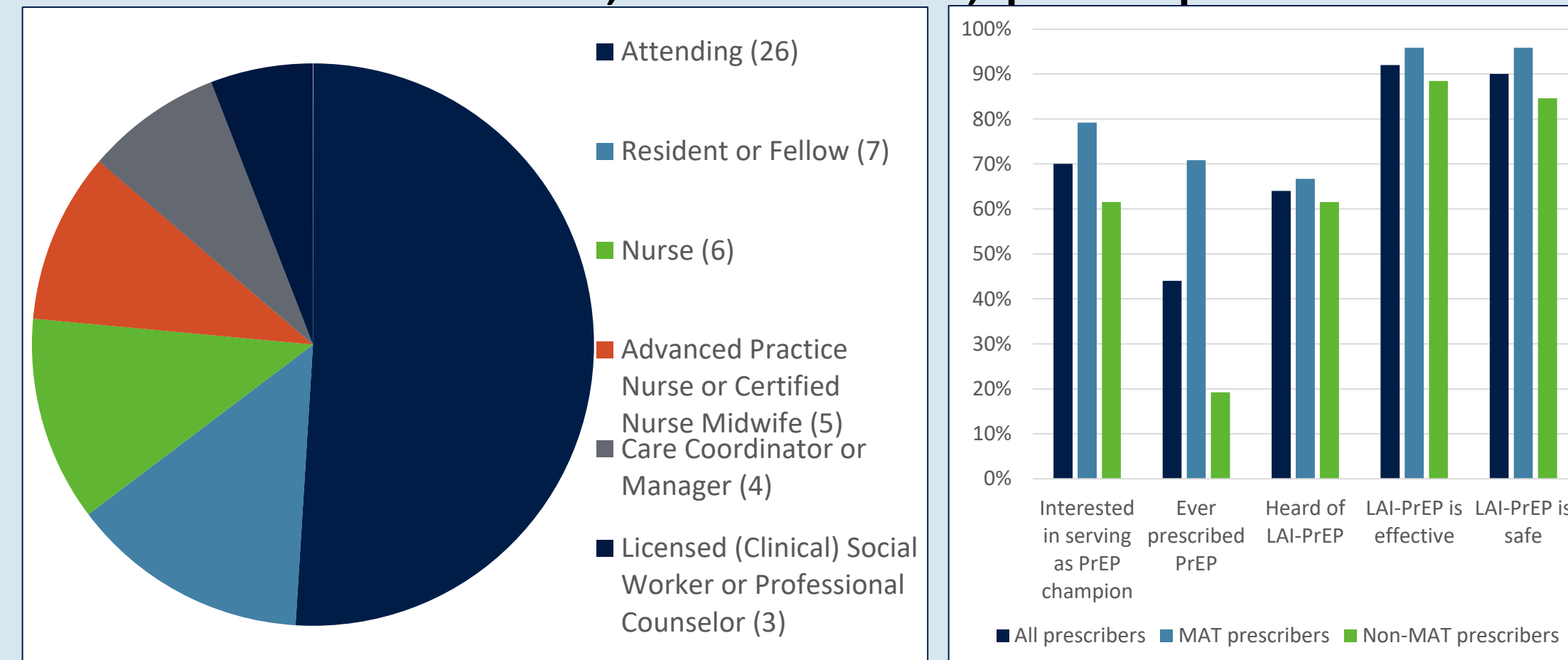
- In 2023, we surveyed providers, nurses, and behavioral health (BH) specialists (n=279) regarding LAI vs. oral PrEP awareness, perceptions, and implementation preferences.
- Two focus groups further explored barriers, facilitators, and strategies for LAI-PrEP implementation through use of process mapping, using CFIR and COM-B as theoretical frameworks

CONCLUSION

- Lack of clinical workflows (how to obtain/administer LAI-PrEP) was the greatest barrier.
 - Limited time, competing priorities, and frequent follow-up were additional barriers
- Facilitators included existing workflows for LAI-MAT and antipsychotics and HCV and STI treatment
 - Non-CDC staff reported need for provider-driven model, due to lack of resources
 - CDC staff preferred decentralized model, including clinical care coordinators and peer support specialists
- Staff members requested additional clinical guidance for use of LAI-PrEP in pregnancy and adolescents
- Our current work has identified clinic-level facilitators and barriers to LAI-PrEP implementation.
 - Efforts to improve workflows, training, guidance on taking a sexual history, messaging, and electronic health record templates for MAT staff are in development
 - Next steps include engagement of patients and community partners to support PrEP use among PWUD.

RESULTS

Baseline characteristics, awareness, perceptions



Themes

Capability, opportunity, and motivation: Provider-level barriers

- “I don't know how to start it. With what time are you going to learn about it?”
- “I sort of have faith that if someone else has done it, then... the research is there. I'll say, this is a new drug for me, but it's very exciting because it's available to us now. I have colleagues who are experts that I can call. Having templates or order sets pre-populated and references available really helps me feel confident about prescribing, even if I may not be super familiar with the medication.”

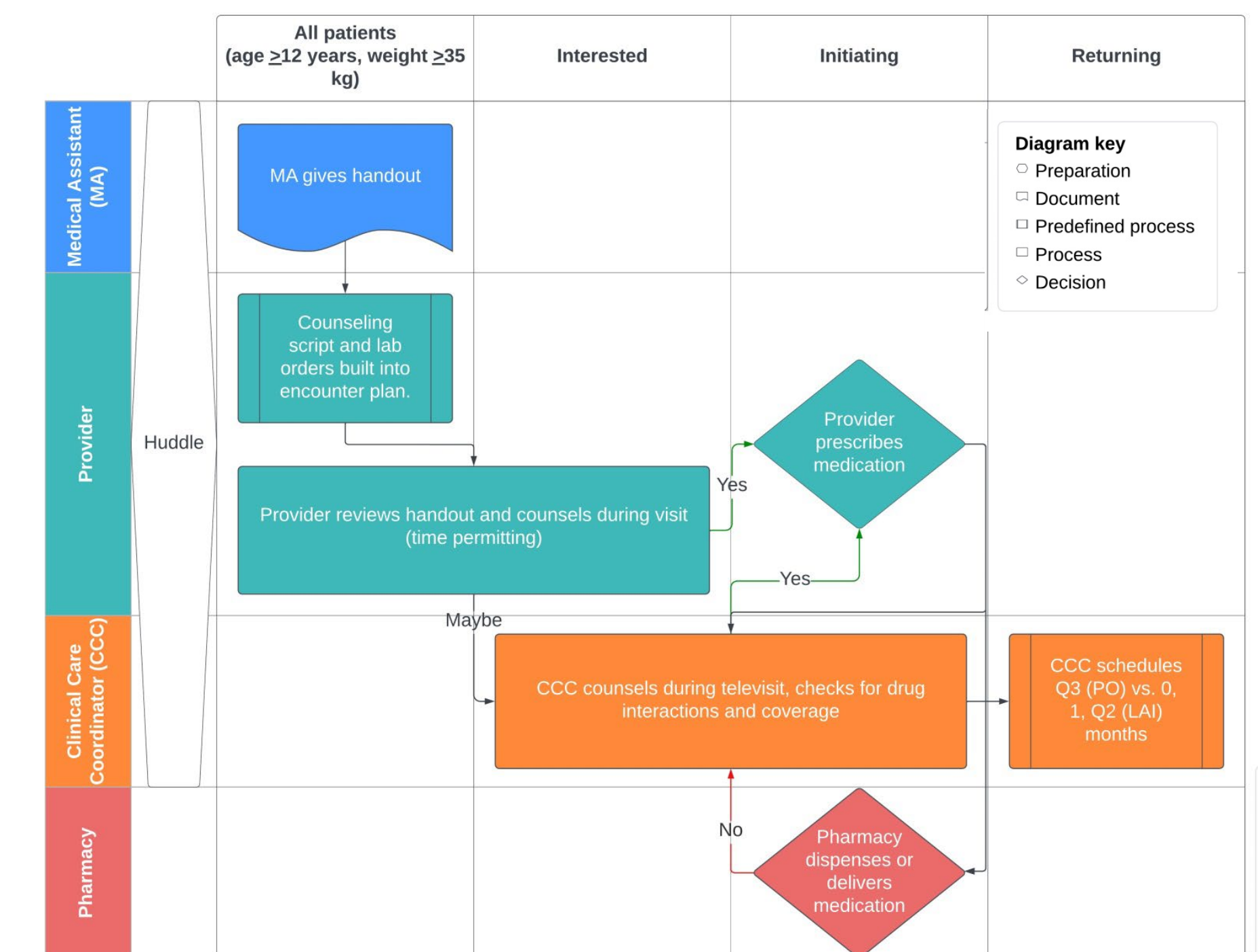
Inner setting: Existing strengths

- “A lot of it's just the general atmosphere. Coming here and having an open space to talk to people, like the Peers—so much of that translates into the community. For Sublocade, a lot of patients come in and are like, ‘I want this’ because they're talking about it, right? So, part of that, too, is trying to break the stigma of HIV.”
- “One of the reasons why [Hep C treatment] is successful is because there is a lot of communication between myself and the patient throughout the whole thing.”
- “All the time people come in just for STD testing, and if in that order set there's one for PrEP counseling, then you would naturally have time to talk about PrEP.”

Workflow: Team-based care

- “For all those in the back part of clinic, could there be some training for them on PrEP?”
- “What's missing from this is the huddle. We'll do a huddle at the beginning of each clinic so that we're communicating: I'm in clinic today, I'm going to be giving injections today, this person is MA, these are the people who we've identified who may benefit from this.”

Proposed Workflow Developed from Surveys & Focus Groups



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