

# Starting an Effective PHN/PCMH Model to End the Syndemic

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# Objectives



Summarize Steps Taken to Establish an Effective PHN/PCMH Clinic Model



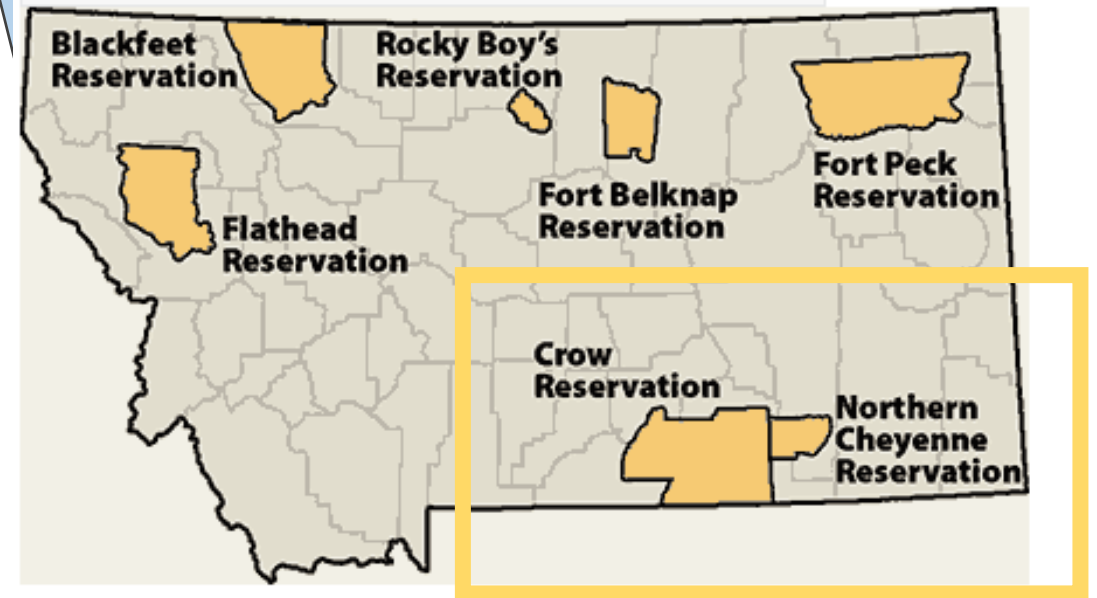
Explain Team Member Roles and Workflow



Describe Current Clinic Status and Future Goals

# Our Facility

- Located on the Crow Reservation
- Main hospital in Crow Agency, MT
- Two field clinics in Lodge Grass and Pryor, MT
- Crow: ~11,200 enrolled with ~8,000 living on reservation
- Northern Cheyenne: ~11,266 enrolled and ~5,000 on reservation



# The Journey

# Prior to HCV Clinic

- Hepatitis C positive patients were being referred to Billings for care
  - High Cost to facility and patients
  - No patient transportation was a common issue
  - Many patients were lost to follow-up
- Patients without insurance had limited options to obtain medication
- Low screening rate at facility

# Beginning Steps to Establish HCV Clinic

- Attended Hepatitis C Clinical Training Hosted by Project ECHO
- Completed Online Training Modules
  - Hepatitis C Online by University of Washington
    - [www.hepatitisc.uw.edu](http://www.hepatitisc.uw.edu)
- Created Protocol and Collaborative Practice Agreement for facility
- Presented at Med Staff and clinic was approved in November 2017
- All Hepatitis C Medications approved for use with restriction to HCV Clinic December 2017 by P&T Committee
- Approved as non-specialist site by MT Medicaid in May 2018
- Began seeing and treating patients in collaboration with primary care provider, PHNs, and pharmacist
  - Clinic Visits, House Visits, Detention Center Visits, etc.

# October 2018 HCV ECHO Training in Billings



# Milestone Steps



- Facility wide reminder to screen ALL patients age 17 years and older, instead of baby boomers only
  - Prior to HCV Clinic (Jan. 2018) 2,225 patients (all ages) had been screened for HCV
    - To date 5,760 patients (all ages) have been screened for HCV
  - With baby boomer reminder only, screening was at an average of 181 patients per year
  - Since expanding screening age to 17 years or older in January 2019 screening has increased to an average of 586 patients per year (224% annual increase)
- Montana Medicaid requirement changed in February 2020
  - Previous requirements for reimbursement
  - Letter from Project ECHO to Montana Medicaid
  - New requirements for reimbursement
- December 2020 integrated HCV Care into the Pharmacy Primary Care Clinic
- April 2022 integrated HCV Care into PHN/PCMH Model for more integrative/comprehensive patient care



# Integration into PHN/PCMH Model

- Detention Center Visits
- Park Visits
- Day to Day Schedule & Tasks



# Detention Center Visits

- PHN staff make regular visits for STI and infectious disease screening and treatment
- Provider visits/medical clearances for transfer
- Pharmacists accompany weekly or as needed
- HCV ECHO interviews, lab draws, vaccinations, etc.
- Medications are delivered to the facility
- Detention Center medical staff is eager to assist with getting treatment to the inmates
- Immunization Administration

# Park Visits

- PHN staff and pharmacists make visits to a local park to provide care to people experiencing homelessness
  - Lab draws
  - POC testing (HCV, HIV, Syphilis)
  - Narcan distribution
  - Condom distribution
  - Education



# Day to Day Schedule and Tasks

- Checking and updating MIDIS for new cases or ongoing cases
- HCV excel sheet tracking and patient contact attempts
- Jail, Detention, Park, and Home Visits

Patient Name	ECHO ID	Chart Number	Patient Status	Additional Monitoring	Incarcerated
Demo #1	1	1	Treatment Started	Needs Hep A Vaccination	RMRDF
Demo #2	2	2	Ready to Present to ECHO	Needs Hep A & B Vaccination	N/A

Patient Name	ECHO ID	Chart Number	SUD Status	Contact Established By	ECHO Presentation	Genotype	Medication
Demo #1	1	1	Has SUD - Declines Referral	MIDIS/Letter Sent	Complete	1a	Mavyret
Demo #2	2	2	No SUD	CSU Provider Consult/Phone Call	Pending	2a	Epclusa

Patient Name	ECHO ID	Chart Number	Dispensed From	Treatment Start Date	Treatment Duration (weeks)	4 Week Follow-Up	8 Week Follow-Up
Demo #1	1	1	Crow	6/6/2022	8	7/4/2022	8/1/2022
Demo #2	2	2	Lame Deer	10/24/2022	12	11/21/2022	12/19/2022

Patient Name	ECHO ID	Chart Number	12 Week Follow-Up	16 Week Follow-Up	20 Week Follow-Up	24 Week Follow-Up	End of Treatment Date	SVR Labs Due
Demo #1	1	1					8/1/2022	10/24/2022
Demo #2	2	2	1/16/2023				1/16/2023	4/10/2023

# Collaborative Impact Thus Far

- Tracking 135 Hepatitis C consults
  - 42 documented cures
  - 10 MT Medicaid Prior Authorizations completed since April 2022 (start of PHN pharmacist pilot)
- Increased the amount of Narcan (naloxone) in the community:
  - 60 doses dispensed in all of 2021
  - 78 doses dispensed from April through August 16, 2022
- Increased access to Vivitrol (naltrexone) for SUD
  - Doubled utilization of naltrexone compared to calendar year 2021
- Created/implemented STI standing order to increase timeliness to STI treatment:
  - 53 patients received treatment under standing order since May 2022.

# STI Treatment Integration

- In response to Syphilis outbreak that started end of 2021
- Public Health Nursing department identified delayed initiation of treatment due to provider shortage as a barrier
- Development of Sexually Transmitted Infection Treatment and Testing Standing Order to expedite treatment

# STI Standing Order

- Implemented May 2022
- Applies to individuals ages 14 and up
- Positive cases and known contacts of Gonorrhea, Chlamydia, Syphilis, and trichomoniasis vaginalis
- Patients identified and contact tracing completed by the PHN department
- Pharmacy notified and appropriate treatment is prescribed and dispensed
- PCP or Chief Medical Officer (if no PCP) co-signed to EHR note
- Patient scheduled for follow-up with a provider

Condition	Medication
Chlamydia or known contact of Chlamydia	Doxycycline 100mg PO BID x 7 Days
Uncomplicated Gonorrhea or known contact to Gonorrhea	Under 300 Pounds – 500 mg Ceftriaxone IM X1 300 Pounds and above – 1 GM Ceftriaxone IM X1 Expedited Partner Therapy – Cefixime 800mg PO once (If IM injection cannot be given)
If Chlamydia has not been excluded or co-infection of CT/GC	Under 300 Pounds – 500 mg Ceftriaxone IM X1 300 Pounds and above – 1 GM Ceftriaxone IM X1 <b>AND</b> Doxycycline 100mg PO BID x 7 Days
GC/CT Treatment with Cephalosporin Allergy	Gentamycin 240 mg IM <b>AND</b> Azithromycin 2GM PO X1
Syphilis	Penicillin G 2.4 million units IM x 1
Syphilis treatment with Penicillin Allergy (Non-pregnant)	Doxycycline 100mg PO BID x 14 Days
Syphilis treatment with Penicillin Allergy (Pregnant)	Refer to PCP for penicillin desensitization
Trichomoniasis Vaginalis	Tinidazole 2GM PO X1



# Syphilis Statistically Speaking

(Nov 2021 through Oct 2022)

## Testing

- 448 tested since Nov 2021
  - 53% increase from previous year
- RPR with confirmatory Treponema
  - 2-3 weeks for results
- Treponema Crow Lab: 388
  - 1 hr in-house results
- Point of Care (POC) Treponema:
  - 72 tested, 13 positive (18%)
  - 10-15 minute results

## Patients

- 112 confirmed cases
  - 109 have received some treatment
- 14 additional cases transferred to other jurisdictions
- 31 cases were found incarcerated
- >120 contacts have been named
  - Almost half have not been located
- 6 known pregnant dx with syphilis

# Day to Day Schedule and Tasks: Syphilis case tracking

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
	MIDIS																					
	Case in	Case	ASSIGNED						CONTACT				6 MO F/U	12 MO								
1	MIDIS	Complete	NAME	Jail?	SEX	DOB	PREG?	DATE DX	TO	TX COMPLETED?	TRACED	RATIO	S/S	STAGE	DATE	F/U DATE	Notes					
2	Y	Y	Mann, Kay	NO	F	3/4/2005	N	30-May	KELSEY	PCN 6/7/2022	YES	1:32	YES	PRIMARY	11/7/2022	6/7/2023						
3	Y	Y	Wright, Lefty	NO	M	12/11/1990	N/A	2-Jun	DAWN	7/7, 7/14, due 7/21	YES	1:16	NO	UNKNOWN	1/21/2023	7/21/2023						
4	Y	N	Miss, Little	YES	F	1/9/1999	Y	29-Nov	KELLY	No, missed 3rd dose	YES	pending	NO	UNKNOWN	11/4/2022	5/4/2023	Pregnant, missed 3rd dose, needs to be found/retreated					
5																						

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
	CONTACTS														Home Visit Needed
1	Case Status	JAIL	SEX	D.O.B.	Preg?	STI	Date + Contact	Case Manager	Tested?	Treated?	Results	Notes			
2	Complete	Bloey, Zoey	Y	M	2/20/1992	NO	Syph/GC	5/13 K. Mann	KELSEY	22-Jun	PCN 6/22	POS	Back living with sig other		YES
3	Pending	Deer, John	N	M	11/22/2000	N/A	syph	7/14 L. Wright	KELLY	18-Jul	PCN 7/18	NEG	F/U test Aug 14		No
4															
5															

# On the Spot Treatment

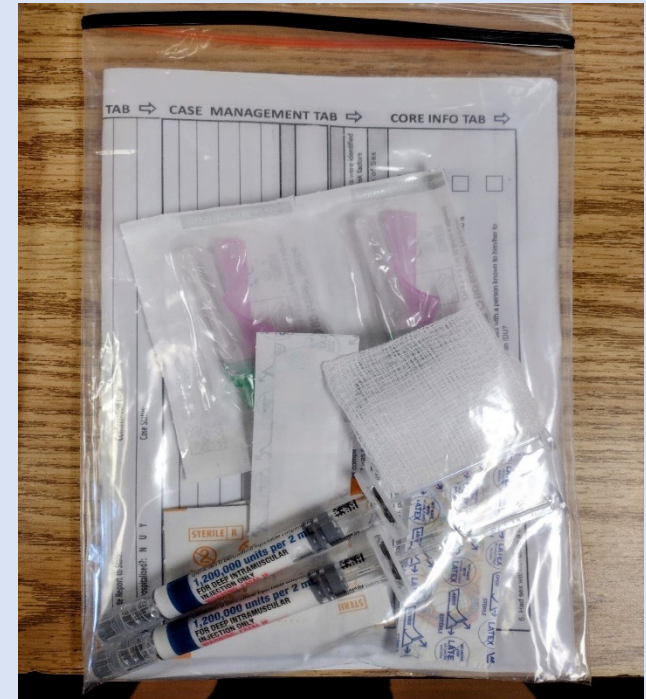
## Pharmacy Partners

- Standing orders
- Medication procurement



## Med Administration Kits

- Medication
- Needles
- Bandages
- Alcohol wipes
- Investigation forms
- Sharps containers
- Epi Pens
- Gloves



# On the Spot Testing



## STI Test KITS

- Alcohol wipes
- Tourniquets
  - Needles
- Blood tubes
- Urine cups
  - Labels

Community/Public Health Pharmacist

# What does a Community Health Pharmacist do?

- Screening and treatment for STIs, Hepatitis C and other communicable diseases
- Substance Use Disorder management and treatment
- Increased screenings and education opportunities in detention centers and school
- Patient home visits (discharge medication reconciliation, medication management, patient/family education)
- Increased access to care for homeless patients (SUD, syringe exchange program, birth control, naloxone)
- Vaccines for Children program management

# Over-the-Counter Medications

- Pharmacists are able to place orders for OTC medications in their own name per policy for acute or chronic conditions
- Patients are seen on a walk in/as needed basis. No consult required.
- Face-to-face encounters preferred; proxy visit or telephone encounters allowed at pharmacist discretion
  - APAP, capsaicin cream, menthol/methyl salicylate cream, permethrin shampoo, seasonal allergy treatment, dry/itchy skin treatment, acne, sunscreen, vitamins, etc.
  - PlanB
- Assists patients in self-management of their symptoms
- Frees up provider visits for more complex issues

# Naloxone Policy

- Provided to patients, family members, friends, or any other person who is in a position to assist a person at risk
  - Requestor must have an established chart
- Opioid overdose and naloxone training provided by dispensing pharmacist





# Harm Reduction

- Condoms
- PrEP
- Education!
- Substance use disorder treatment info/education
- Birth control policy discussion

# Next Steps & Goals

- Screen & educate 100% of incarcerated individuals at both the local detention center and county jail for HCV/HIV/STD/SUD
- Integrate substance use disorder treatment and syringe service program
- Provide mobile community screenings, education, and birth control in locations where high risk individuals congregate
- Provide HIV/HCV/STD/SUD education and resources to youth at local schools
- Pharmacy led communicable disease treatment program
- Telehealth (behavioral health) availability at detention center
- Medicaid provision of care to incarcerated inmates

Questions?