

Starting an Effective PHN/PCMH Model to End the Syndemic

KELLY PRETTYWEASEL, RN

LCDR CASEY MARLIN, PHARMD, MHA, BCGP

LT KELSEY KROON, PHARMD, BCPS

Objectives



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



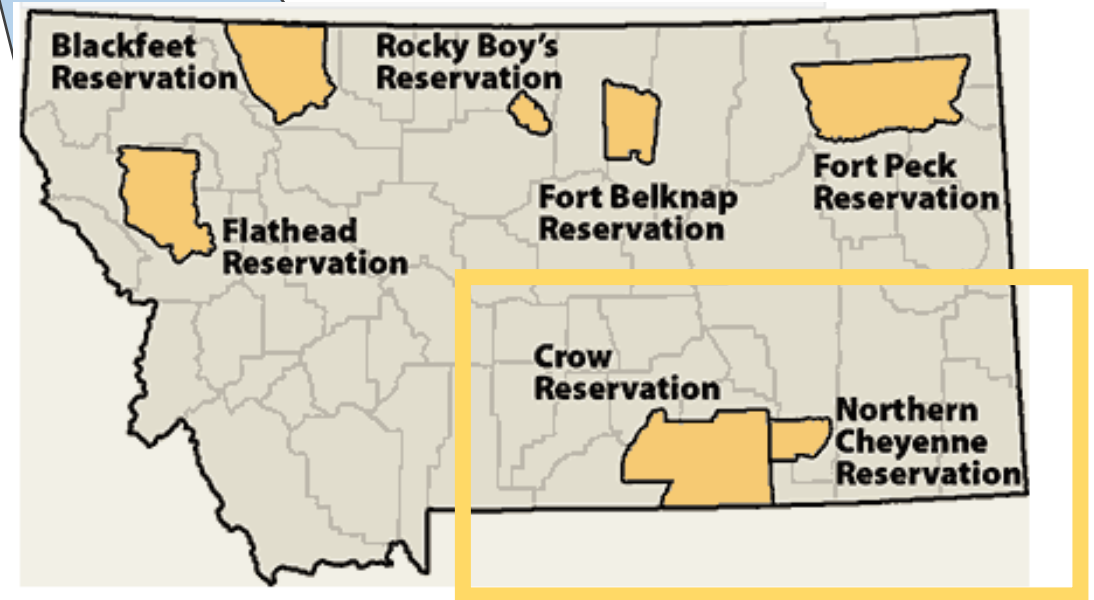
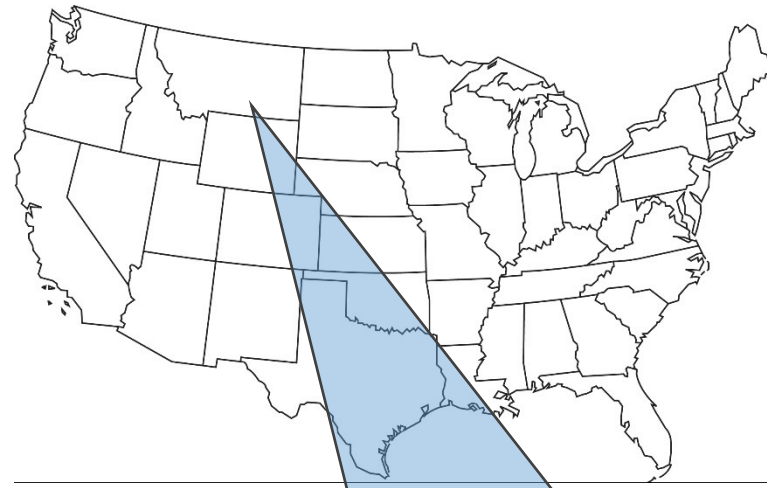
Explain Team Member Roles and Workflow



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



Public Health Nursing/Patient Centered Medical Home Model

- HCV silo clinic progression
- Chronic Disease State PCMH management
- 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
- Patient are educated on HCV status, transmission reduction, treatment options, vaccinations, etc.
- Medications are delivered to the facility
- 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



Collaborative Impact Thus Far

- Tracking 247 Hepatitis C consults
 - 49 documented cures
 - 30 pending SVR
 - 51 spontaneously cleared
- Increased the amount of Narcan (naloxone) in the community:
 - 60 doses dispensed in 2021
 - 98 doses dispensed in 2022
 - 122 doses dispensed thus far in 2023
- Created/implemented STI standing order to increase timeliness to STI treatment:
 - >400 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 AND Doxycycline 100mg PO BID x 7 Days
GC/CT Treatment with Cephalosporin Allergy	Gentamycin 240 mg IM AND 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 mid July 2023)

Testing

- 1016 tested since Nov 2021
 - 102% increase from previous year
- RPR with confirmatory Treponema
 - 2-3 weeks for results
- Treponema Crow Lab:
 - 1 hr in-house results
- Point of Care (POC) Treponema:
 - 168 tested, 20 positive (12%)
 - 10-15 minute results

Patients

- 352 confirmed cases
 - Most have received some treatment
- Several additional cases transferred to other jurisdictions
- Many cases found were incarcerated
- Contacts can be hard to locate
 - 42% have not been located
- 10 known pregnant with syphilis
 - 3 born with syphilis, one still born 34 wks

On the Spot Treatment

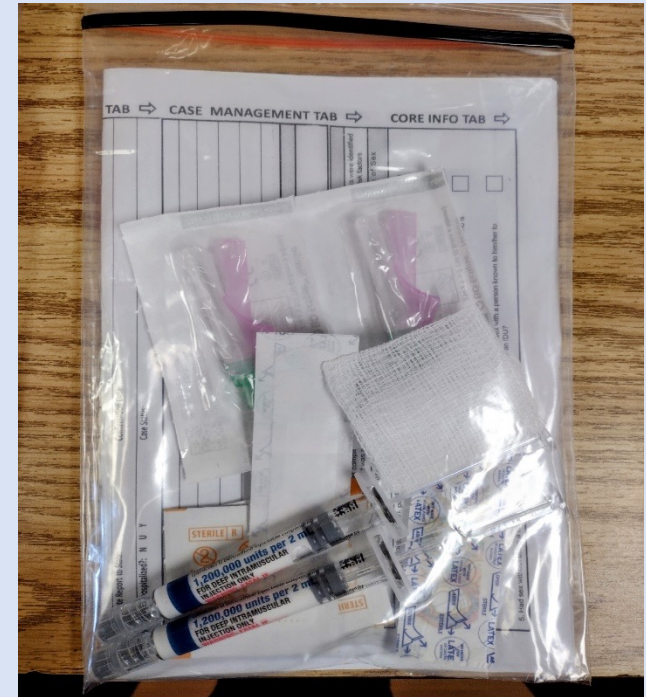
Pharmacy Partners

- 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?