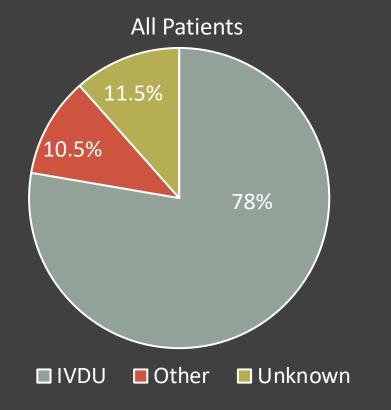
Cass Lake IHS Harm Reduction

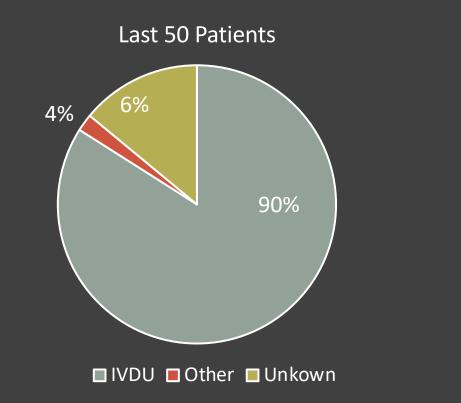
WHITNEY DICKSON, PHARMD, BCPS

5.16.23

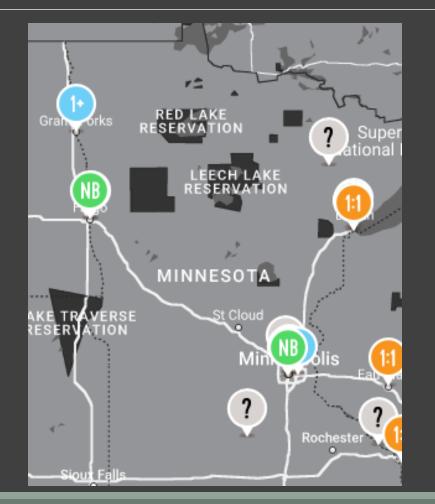
Need for Local Harm Reduction Services

Risk Factors for Hepatitis C at Cass Lake





Need for syringe services



ER visits for STD testing

• Need for quick and easy access to testing outside of the ER

Association between our syphilis cases and IVDU

Increase in ER overdose visits
 Need for additional access to naloxone

Patients accessing ER for services not empaneled with primary care provider

Getting Started

- Meetings with Tribal counterparts

 What services we can both provide
 What gaps can we fill for each other
 Meeting with Tribal Police Department
- Pharmacy leadership and staff buy in oSurvey staff
- Presentation to medical staff
- Word of mouth advertising
 - One Facebook post after ~ 3 months

Harm Reduction at CLIHS

- Within CLIHS pharmacy provides harm reduction services which include
 - Syringe services
 - Sharps containers/syringe disposal
 - Naloxone
 - STI testing
 - Condom distribution
 - Education on safer use
 - Resources for mental health and addiction



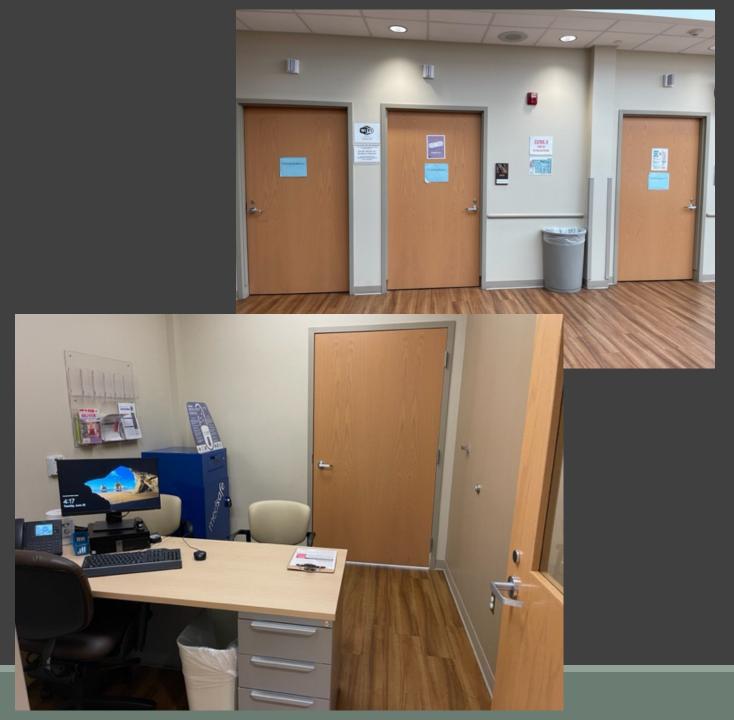


Harm Reduction Supplies

Harm Reduction at CLIHS

- Patients complete a voluntary intake form
 - \odot Provided a participant card with an ID number
 - Encounter is not documented in medical record
 - Naloxone prescription and STD testing is entered in EHR, but not linked to harm reduction visit
- Pharmacist or student pharmacist provides information on what is available
 Handouts on safer use and mental health and addiction resources
 Participant can request items they would like
- Return visit participants can show their participant card to request services or ask to speak with a pharmacist
- Pharmacy tracks visits based on ID number





Harm reduction through Tribal Health

- 2 registered nurses and 1 community health worker
- All of the same services provided at Cass Lake IHS
- Ability to meet people where they are at
- Abscess and wound care
- Rapid HCV and HIV testing
- Visit 3 different communities one day each week
- Disease intervention services
 - Syphilis, HCV, other STIs

Participant Demographics

- First participant 10/24/22
- Currently have 31 participants
- Median age 32
 - Age range 22-67
- 24 participants with no primary care provider (77%)
- 138 visits
- ~7,000 syringes and 106 naloxone provided

Participant Demographics

- STD panel ordered at 8 visits (6 patients)
 - o 3 positive HCV
 - 3 reactive RPR
 - o 1 late latent case in need of treatment
 - o 2 with history of treated syphilis
- 7 participants with known HCV in need of treatment

Difficult to Reach Patients

Tribal Disease Intervention Specialist Consult

- Utilized if unable to reach patient by phone
- Consult placed in EHR
- Can assist with getting patient into clinic, obtaining labs, or providing treatment

Follow up Flag

- Placed and removed by one pharmacist
- Only used as a last resort if patient unable to be contacted after multiple attempts
- Education needed for staff to ensure action when patient presents
- Need to proactively remove flag as soon as action is taken

CASS LAKE IHS EHR DICKSON, WHITNEY	– 🗆 🗙
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Key Takeaways

- It is ok to start small
- Be flexible
- Alternate forms of communication are needed
- We are always learning

Questions?