

Implementation Determinants of Harm Reduction Integration in Outpatient Clinical Settings

Austen Markus MPH¹, Margaret Shang MD, MS¹, Gary McMurtrie BA¹, Olivia Studnicki BS¹, Megan Hamm PhD¹, José G. Luiggi-Hernández PhD, MPH¹, Jane M Liebschutz MD, MPH¹, Raagini Jawa MD, MPH, FASAM¹

¹Division of General Internal Medicine, Center for Research on Healthcare, University of Pittsburgh School of Medicine, Pittsburgh, PA

INTRODUCTION

- Harm reduction services (HRS) mitigate substance use-related risks.
- Increasing polysubstance use and overdose deaths highlight the importance of integrating HRS into clinical settings.
- Addition treatment clinics such as Pennsylvania Centers of Excellence for Opioid Use Disorder (COE) are well-positioned for HRS implementation.

Evaluate pre- and post-implementation barriers and facilitators to HRS integration at 3 COEs.



METHODS

- **Jul 2023: Partner with 3 COEs in Western PA**
1) Peripartum clinic 2) Primary care clinic 3) Dual diagnosis clinic
- **Sep 2023: Pre-implementation Qualitative Work**
Two virtual one-hour focus groups and one individual interview, using guide based on Consolidated Framework for Implementation Research 2.0 (CFIR 2.0)
» Anticipated barriers/facilitators for onsite HRS
» Providers (n=5), staff (n=6)
- **Feb 2024: COE HRS Integration**
Kits distributed: safer injection, smoking, snorting, boofing (per rectum), fentanyl/xylazine test strips, wound care, naloxone
- **May-Jun 2024: Post-Implementation Focus Groups**
Two virtual one-hour focus groups and one group (n=2) interview, using guide based on CFIR 2.0
» Discussed barriers/facilitators for onsite HRS experienced
» Providers (n=7), staff (n=4)
Content analysis with inductive and deductive coding



Barriers

"I think stigma is a huge [barrier]. At the women's hospital in particular, especially when you're talking about women who are pregnant or potentially becoming pregnant, I think this idea is not well-received by the community at large. That it's still seen, very unfortunately, as sort of enabling patients to have ongoing use. We see that a lot in the work that we do, unfortunately."

Facilitators

"It helps create therapeutic relationships... Patients feel less judged and more open."

RESULTS

Pre-Implementation Post-Implementation

Physical & work infrastructure
Provider/staff knowledge of HRS

External stigma
Abstinence-based culture
Punitive policies

Funding for HRS

"Unfortunately, it just kind of goes back down to the funding of where is it going to come from... But I think we've received a lot of support. It's more just... how do we make it work?"

Prior experience with HRS (e.g., naloxone distribution)

HRS alignment with clinic priorities
Enthusiasm for HRS
Engages patients

Patient advocacy by staff & providers
Leadership support

"For patients that are inconsistent with their bup[renorphine] use, or have returned to use, instead of discharging them from the clinic... we're able to just still see them and offer harm reduction... that's been pivotal at keeping people engaged."

CONCLUSION

- ✓ HRS integration was well-received by staff, providers, and patients.
- ✓ Pre-implementation barriers addressed via site-specific workflows and education.
- ✓ External stigma and funding sustainability remain as primary challenges.

Outpatient clinics play a vital role in HRS integration into clinical practice to enhance patient care and safety. Future efforts should prioritize securing financial resources and promoting community education.

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