

Scaling Up Low Barrier Wound Care for People who Use Drugs

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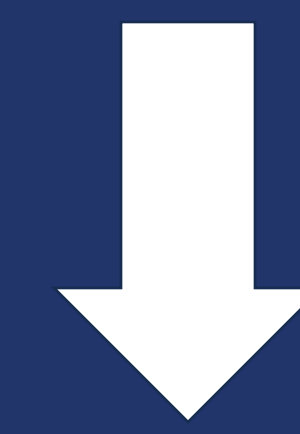
INTRO

- There is high demand for wound care among people who use drugs (PWUD), which has increased with the rise of xylazine in the opioid supply (1).
- PWUD experience stigma, discrimination, and limited pain and withdrawal management in hospitals (2).
- Low barrier settings are community-based, with flexible scheduling and harm reduction approaches.
 - Associated with increased engagement and satisfaction with care among PWUD (3).
- The current supply of low barrier wound care services does not meet the demand (4).
- This study aims to identify determinants of and implementation strategies for scaling up low barrier wound care for PWUD.

METHODS

- This was a prospective sequential exploratory mixed methods study that included qualitative 1:1 interviews and community advisory board (CAB) meetings with an online survey.
- Participants were wound care administrators, providers, or recovery specialists from Philadelphia, Pennsylvania or surrounding regions.
- Guided by Consolidated Framework for Implementation Research 2.0 (CFIR).
- Qualitative data was analyzed in Dedoose software by two independent coders, using deductive CFIR and inductive codes.
- CAB survey results were analyzed in Excel, and descriptive statistics were provided.

Barrier: *“The problem still is, they're unhoused. We can meet one demand [wound care], but the housing situation is still an issue.”*



Solution: Offering social services within low barrier wound care sites to address social needs

Exemplar Quotations

“Oftentimes, I've noticed if I have a patient that comes in and their wound doesn't smell great, the nurses, they'll make them feel bad about it. They'll say it openly in front of people.”

“Yeah, and I think just additional funding. We run off of this grant and community funding. And I don't even know if we've considered what we would look like if we doubled funding tomorrow because we're just trying really hard to keep where we're at, funding and supplies-wise.”

“We'll see someone once and never see them again. We'll see someone once and then not see them for three weeks, and by the time we've seen them, they've had an amputation, or something has happened.”

RESULTS

- Common barriers were stigma, social needs, local policies, unstable funding, lack of specialized wound care knowledge, and unstandardized evidence.
- Promising strategies were using mass media, developing resource sharing agreements, revising professional roles, and working with academic institutions.
- In terms of acceptability, feasibility, and appropriateness, offering social services at low barrier sites scored highest and billing for wound care at methadone clinics scored lowest.

DISCUSSION

- Limitations include limited generalization outside of the Northeast and the lack of patient perspective.
- Future research is needed to assess the impact of implementation strategies on both implementation outcomes such as reach and equity, as well as effectiveness outcomes such as wound healing and engagement in substance use treatment.
- Future implementation efforts to scale up low barrier wound care should include a local needs assessment to identify context.

DISCLOSURES & FUNDING

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