

# ADVANCING EQUITABLE ACCESS TO HIV & HCV TESTING AMONG PEOPLE WHO INJECT DRUGS:

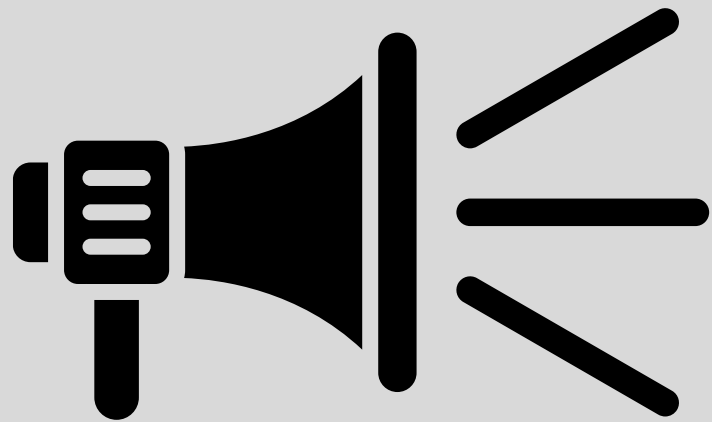
A mixed-methods study of a multicomponent implementation strategy to increase adoption & implementation of opt-out testing at syringe services programs



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# DISCLOSURES



## Financial Relationships

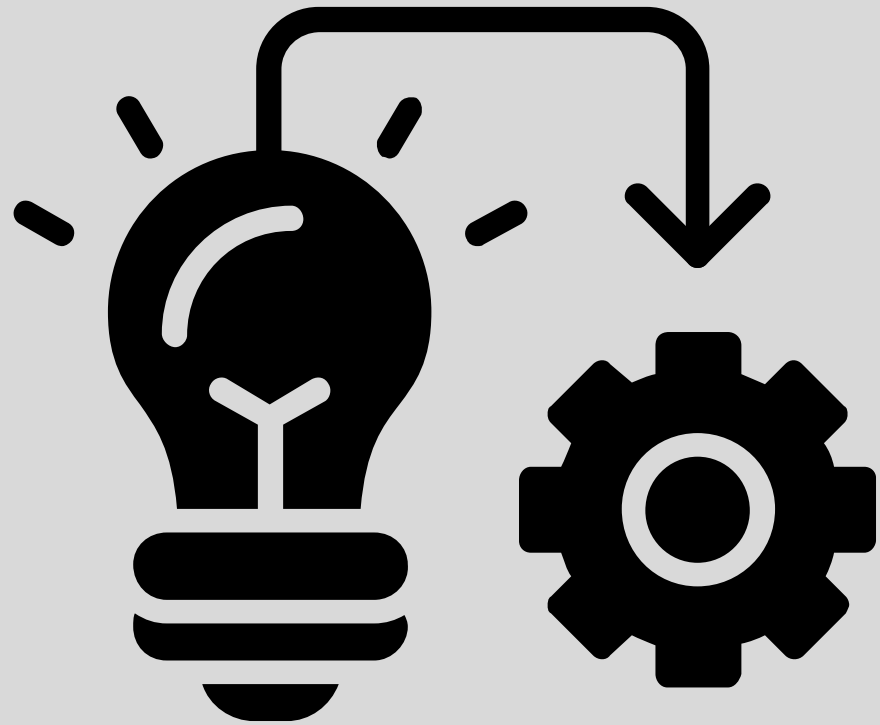
- Drs. Tookes & Bartholomew receive grant funding from the U.S. National Institute on Drug Abuse (NIDA).
- Drs. Tookes & Bartholomew receives grant funding from Gilead Sciences and ViiV Healthcare.
- The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, and HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments.
- FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first appointment.

# BACKGROUND



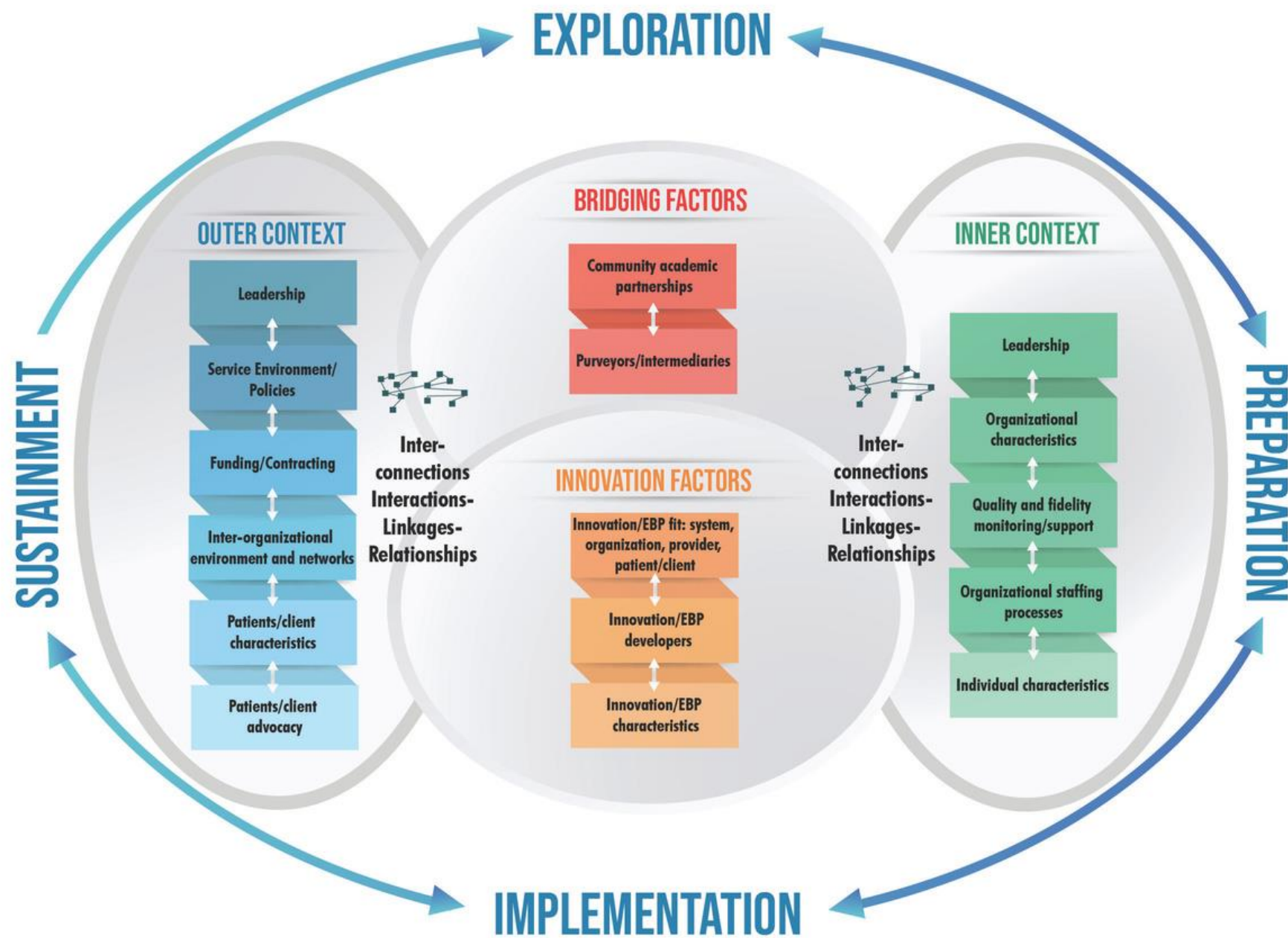
- **Improving HIV and Hepatitis C (HCV) testing among people who inject drugs (PWID)** remains fundamental to attaining the UNAIDS and WHO goals for 2030.
- **Syringe services programs (SSPs)** are essential to reach PWID and are ideal venues for comprehensive testing services (1).
- In 2023, The U.S. Center for Disease Control and Prevention (CDC) endorsed **opt-out testing** for HIV and HCV in the SSP setting (2). This approach has been shown to **increase testing uptake to over 90%** in this context (1).

# OBJECTIVE



**To examine the impact of a multiphase, multicomponent implementation strategy – ACCESS – on adoption, implementation, and sustainment of opt-out HIV/HCV testing at 4 newly sanctioned SSPs in Florida, U.S.**

# THE ACCESS STRATEGY



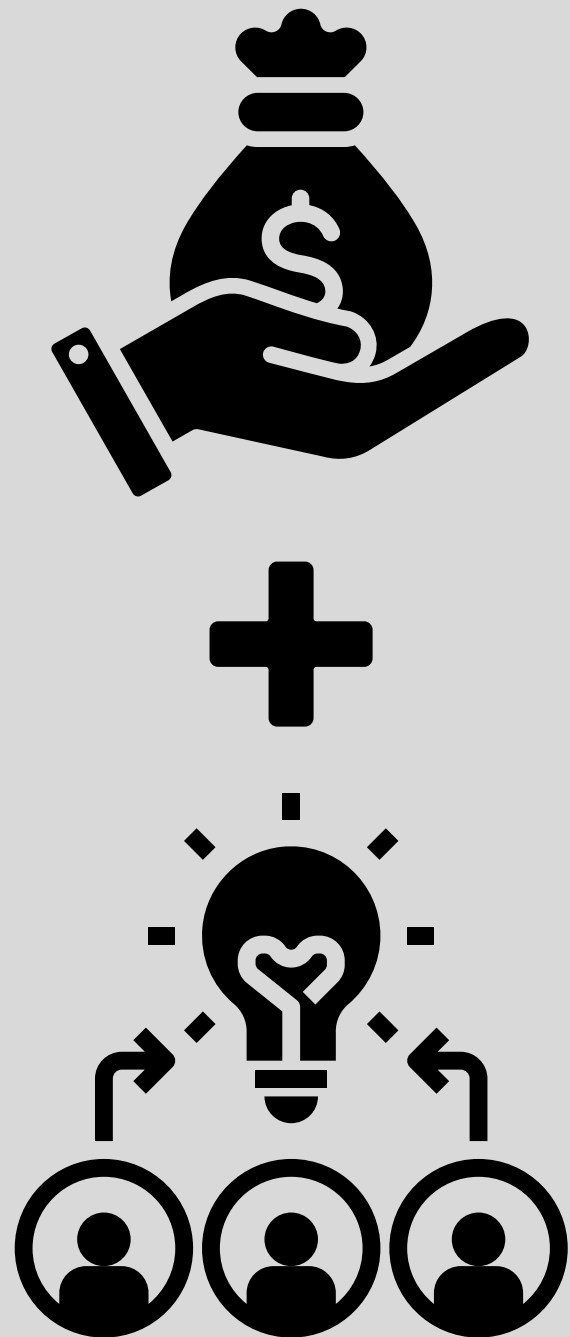
Utilized a **community-driven implementation mapping approach**,

guided by the **Exploration, Preparation, Implementation, and Sustainment (EPIS)** implementation framework,

to identify the **most significant barriers** to HIV and HCV testing at SSPs:

- Financial resources
- Organizational capacity, specifically for testing and data systems

# THE ACCESS STRATEGY



- Identified two discrete implementation strategies: **low-threshold funding** and **practice facilitation**.
- Bundled together to create the **ACCESS strategy** to support the **adoption, implementation, and sustainment of opt-out HIV/HCV testing within SSPs**.
- With support from the Gilead FOCUS program, organizational incentives (i.e., grants) were tailored to each SSP's needs.

# METHODS



## Setting

- This mixed-methods pilot study was conducted at **4 sanctioned SSPs in Florida, USA** from **December 2016 - August 2024**.

## Quantitative analysis

- Quantitative data on participant-level demographics, HIV/HCV testing uptake, and testing outcomes were obtained through **SSP administrative records** at **12 and 24 months post-baseline**.

## Qualitative analysis

- **Semi-structured interviews** with SSP directors/staff were conducted post opt-out testing implementation to ascertain strategy **acceptability, feasibility, and sustainability** of opt-out testing.

# FINDINGS



**\$93,785**

Average funding provided per site for each 12-month period



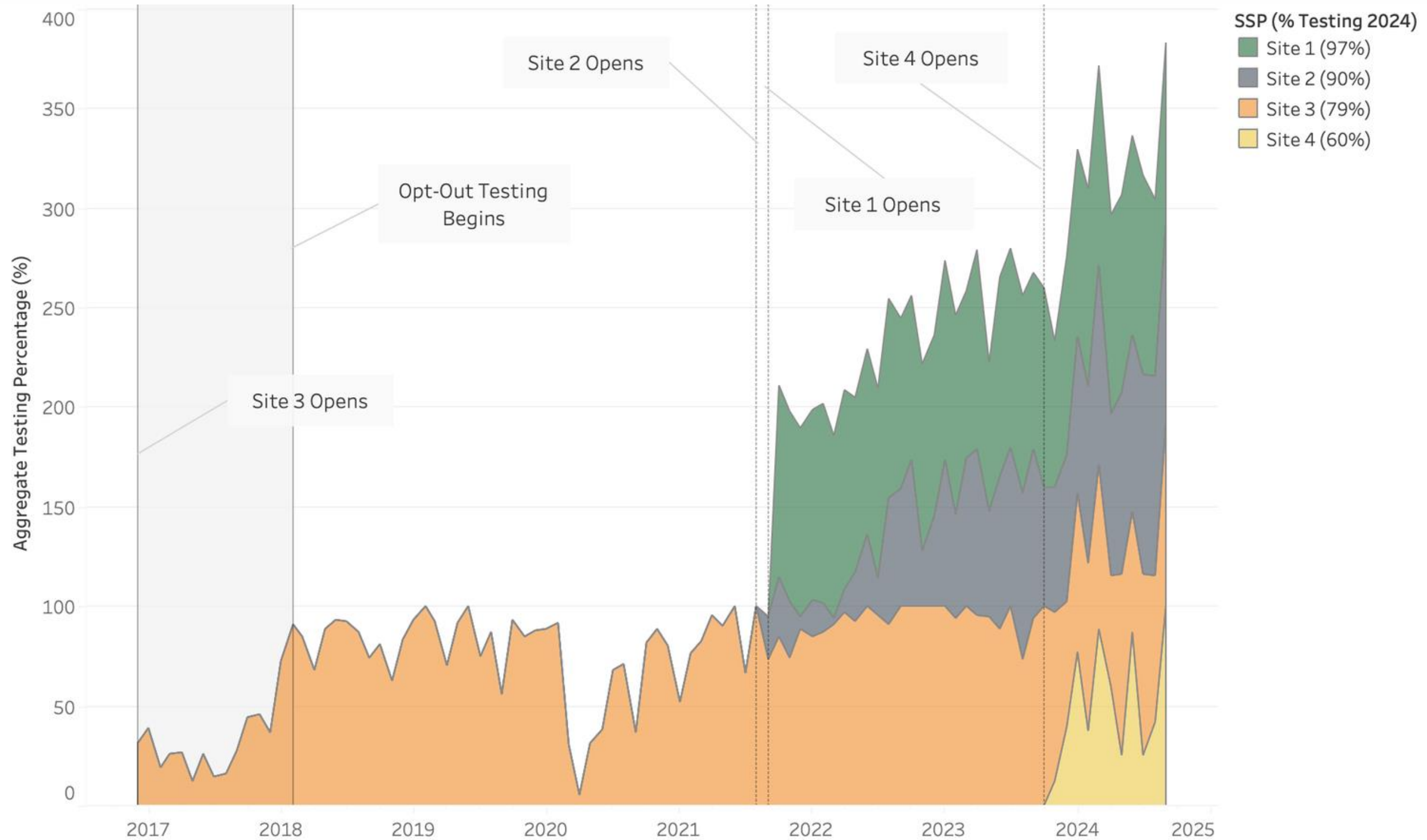
**82.9%**

HIV/HCV testing uptake among all SSP participants (n=3,935)

- Significant **variation between sites**
  - E.g., Site 1 tested 99.5% and 99.1% of participants for HIV and HCV, respectively, compared to 44.3% and 43.1% at Site 2.
- Interviews elucidated **implementation fidelity** issues
  - E.g., Site 2 experienced significant staff turnover
- **Strategy adaptations** (i.e., monthly check-in meetings and real-time data reports) were applied
  - HIV and HCV testing uptake at Site 2 increased to 74.8% and 64.8%, respectively, at 24 months.



# FINDINGS



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“ [ACCESS] has assisted our SSP with technical training and assistance that we were unable to receive through traditional sources, such as the health department. This has allowed us to improve the processes and services for testing with PWUD. ”

“ FOCUS funding has allowed our program to concentrate more readily on participant services, care, and linkage. [It] ensures that we have the necessary supplies, tests, and staffing to provide quality services. Rather than struggling to secure funding for infectious disease testing and linkage, our program has the ability to direct our resources to expanding SSP services and improving quality of services. ”

“ The incorporation of opt-out testing during a service encounter has been an opportunity for us to demonstrate compassionate care by offering support for the health and wellbeing of our participants in an already familiar environment. ”

# CONCLUSIONS

## Key takeaway



## Future directions

- The ACCESS strategy (i.e., low threshold funding + practice facilitation) was **acceptable**, **feasible**, and showed **preliminary efficacy** on influencing the adoption implementation, and sustainment of opt-out HIV/HCV testing in the SSP context.
- **Hybrid type 2 effectiveness-implementation cluster randomized trial of 32 SSPs across the United States** to evaluate the effectiveness of the ACCESS strategy on participant-level uptake of HIV/HCV testing across 12 months.

# THANK YOU QUESTIONS?

## Acknowledgements

We would like to thank the participants of the 4 SSPs involved in this study for trusting the SSPs to be their home for harm-reduction.

In addition, we would like to thank the staff of the IDEA Miami SSP and the 4 SSPs for their dedication and support for this study.



## REFERENCES

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Images courtesy of Canva, Dr Greg Aarons, and the IDEA Miami SSP.