Assessing Need for Primary Care Services at a Needle Exchange program: Safe Recovery

Dr. Catherine Hinojosa DNP, FNP-C





Introduction – The Problem our Nation Faces



Nature and significance of global problem

- Individuals who misuse intravenous drugs are:
 - Less likely to obtain primary care services
 - At higher risk for injuries and disease (Larney et al. 2017)
 - At higher risk of death mortality rate is 15 times higher for those who inject drugs than the general population (Mathers et al. 2013).

Nature and significance of problem at the local level

- In the state of Vermont, 6 out of 10,000 people aged 12 years and older reported opioid misuse or dependence.
- 14 people out of 100,000 died of an heroin overdose in 2016.

Available knowledge



What do we know

- Current estimates suggest that more than 15 million people worldwide regularly inject drugs. (Mathers et al.)
- People who inject drugs (PWID) suffer from high levels of HIV/AIDS and hepatitis C infection, high rates of non-fatal overdose and injection-related skin infections. (McNeil, Small, Wood, & Kerr, 2014).
- Although PWIDs have increased healthcare needs, their poor access and utilization of primary health care services is well
 documented (Morgan, Lee, & Sebar, 2015)
- Primary healthcare is made more accessible and acceptable to PWID if it is delivered within a harm reduction framework.
 (Morgan et al., 2015)
- Utilizing syringe exchange programs (SEPs) to deliver health and social services have been major strategies in the growth of SEPs in the United States. (Des Jarlais et al., 2009).

What is yet to be known

 Anecdotal evidence exists that primary care services are desirable by both clients and staff at Safe Recovery, but no formal assessment has been done

Rationale – Purpose and Aims



Rationale

- Safe Recovery is an syringe exchange programs (SEPs) located in Burlington VT.
- Given harm reduction environment of the Safe Recovery Program, clients feel safe in seeking out health care.
- Based on evidence, providing primary care services within a harm reduction program, holds the potential to increase healthcare access and retention.

Purpose and Aims

- To determine the feasibility of integrating primary care services into the Safe Recovery Program by performing a needs assessment of:
 - Clients' perceptions of need for onsite primary care services.
 - Administrator/staff's perceptions of need for onsite primary care services

Interventions and Analysis



Interventions

- Pencil and paper survey, either self-administered or administered in interview format
 - Completion of 35 item written survey or interview in private room at Safe Recovery.
 - o Thank you \$20 Rite Aid gift cards.
- Pencil and paper survey administered to entire staff.
 - Completion of 6 item written survey

Study of interventions

- Approach chosen to assess impact of the intervention
 - Survey & interview methodology

Measures

Process and outcome measures

- Outcomes
 - Survey and interview results
 - Analysis of data & recommendation

Analysis

- Qualitative & quantitative methods used to draw inferences from data
 - Content analysis of qualitative responses from clients' and staff and administration

Results and Interpretation



Results

- 65 clients between the ages of 18-65 were invited to participate. 50 completed the survey.
- 8 staff members were invited to participate. 6 members completed the survey
- 82% of clients were willing to see a PCP if one were available at Safe Recovery. Out of these clients, only 66% had seen a PCP for a routine examination in recent years.
- 52% of clients had visited the emergency room in the past 12 months for acute illness care (i.e skin infection, respiratory infection, stomach flu, other).
- 100% of staff members believe that Safe Recovery would be an ideal location for primary care services.
- 100% of staff members said the impact on client's life will be extremely beneficial.

Interpretation

- Positive results from health needs survey point to desired implementation of primary care services on-site.
- Outcomes of this project are consistent with those of other published studies.

References



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