

Barriers and Facilitators to Integrating MOUD and HIV PrEP for Adolescents

and Young Adults



LEADERSHIP

Maria Herrera, MD, MSHP¹; Kaja Darien, BA¹; Sarah Wood, MD, MSHP¹,²; Scott E. Hadland, MD, MPH, MS³; David Metzger, PhD,²; Nadia Dowshen, MD, MSHP¹,²

Children's Hospital of Philadelphia¹; University of Pennsylvania², MassGeneral Hospital for Children / Harvard Medical School³

INTRODUCTION

- The syndemic of substance use and HIV threatens to undermine the priorities outlined by the National Institutes of Health "Ending the HIV Epidemic" initiative.
- However, few studies have explored integrated PrEP and MOUD for young people who face a disproportionate burden of HIV and preventable overdose deaths.

METHODS

- Qualitative study consisting of individual interviews of healthcare providers who prescribed MOUD and/or PrEP for youth ages 16-29, recruited from urban academic, private and community-based clinics.
- We conducted semi-structured interviews that used chart-stimulated recall technique.
- Interview guide was designed based on implementation science framework.
- Data were coded by 2 investigators employing modified grounded theory.

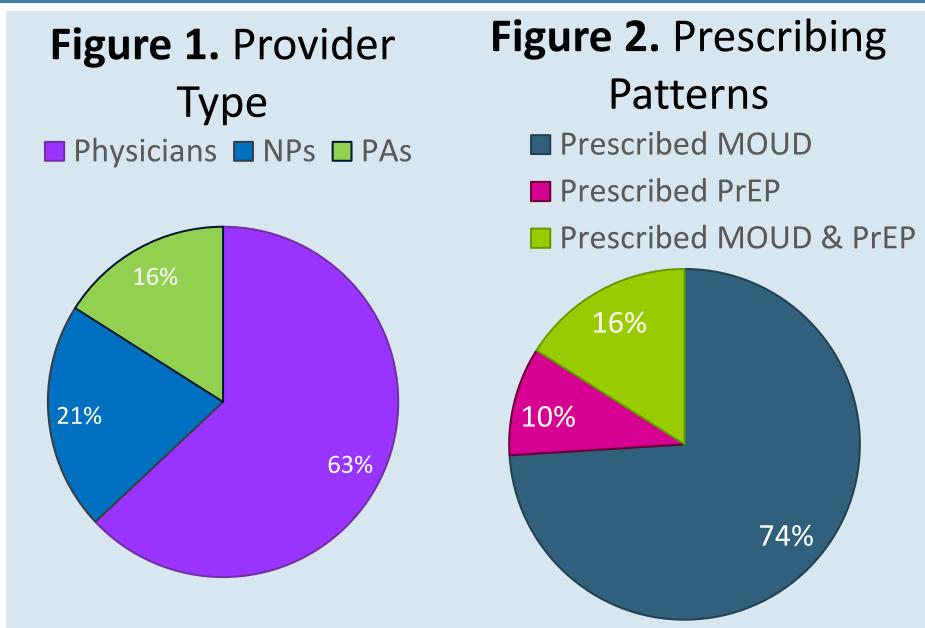


Table 1. Provider Characteristics

Demographics	Participant # (N=19)
Pediatrics	4
Internal Medicine	7
Med-Peds	1
Fam Medicine	5
Primary Care	2
Community Clinic	2
Academic Center	11
Private Practice	2

	Table 2. Themes & Sample Quotes from Interviews		
	Themes	Quotes	
	Stigma	"People still think that HIV is only for gay people."	
)	Adherence Challenges	"You want me to take this pill that makes me feel worse for the next week?"	
	Need for Labs	"It could take many discussions to agree for a lab draw."	
	Mental Health Needs	"Probably our major hurdle is linkage to psychiatry."	
	Low Risk Perception	"When they're no longer doing IV drugs, and if their HIV is negative, they no longer have a current risk factor."	
	Lack of Training	"I don't do it often enough to have a comfort level with it."	
	Restricted Visit	"Often we view PrEP is more of the primary care	

purview, rather than part of the MOUD clinic."

"It could be interesting to have a question about PrEP

in our sexual history template."

"The navigators help the patient picking up

prescriptions."

CONCLUSIONS

Type

Electronic

Health Record

Support Staff

RESULTS

- Our findings confirm that discussions about HIV prevention and PrEP prescriptions may be rare for AYA patients receiving MOUD.
- Further research is needed to develop interventions that increase the integration of PrEP delivery within the context of OUD care among this key AYA population.

ACKNOWLEDGMENTS/FUNDING/DISCLOSURES: The authors gratefully acknowledge the participants for sharing their candid and invaluable perspectives. This research was funded by the NIMH via the Penn Mental Health AIDS Research Center (P30 MH097488) while Dr. Herrera was a LEAH trainee. None of the authors have any disclosures.