

An Innovative Healthcare Delivery System: First Mobile Retail Pharmacy and Clinic in the United States

Adati Tarfa, PharmD, MS, PhD^a, Cynthia A. Frank, PhD, RN^a, Osama Abdelghany, PharmD, MHA, BCOP^b, Alysse M. Schultheis, MA^a, Heather Goodwin, PharmD, MS, BCPP^{a,c}, Stacey Cannon, BS^a, Marinelly Ventura, MS^a, Tahirah Armstrong, BS^a, Sheela Shenoi, MD, MPH^a, Sandra A. Springer, MD^{a,d}

^aDepartment of Internal Medicine, Section of Infectious Disease, Yale School of Medicine, New Haven, CT; ^bOncology Pharmacy Services, Smilow Cancer Hospital, Yale New Haven, CT; ^cYale New Haven, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington VA Medical Center, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment of Internal Medicine, Division of Infectious Diseases, Newington, CT; ^dDepartment Disease, Newington, CT; ^dDepartment Disease,

1. Mobile Retail Pharmacy and Clinic Model

- The Integrated Mobile Opioid Treatment and Infectious disease cOordinated care in your Neighborhood (InMOTION) Mobile Pharmacy and Clinic is a novel mobile huband-spokes model that includes mobile retail pharmacy services and clinic
- Rapid response multidisciplinary teams of community health workers (CHW),

3. Pre-Implementation Community Needs Assessment

- CHWs conducted a needs assessment of 158 community members in Waterbury, Connecticut from August 2023 to October 2023
- The assessment characterized barriers to accessing care and the acceptability of health screenings, including rapid HIV and Hepatitis C testing



Yale school of medicine

pharmacists & healthcare providers go to where people live and provide integrated HIV and Substance Use Disorder (SUD) treatment

A Mobile Hub and Spoke Healthcare System

Aims to overcome barriers for People Who Use Drugs (PWUD) by BRINGING healthcare to them wherever they live (housed or unhoused):

1. <u>Mobile Pharmacy and the Pharmacist:</u> **dispense all types of medications**, including pre-exposure Prophylaxis (PrEP), antiretroviral therapy (ART), medication for opioid use (MOUD), and Naloxone

2. <u>Community Health Workers:</u> perform rapid HIV/HCV testing, SUD screening, blood pressure checks, glucose checks, link to telehealth/in-person clinicians; assist with social needs (housing, transportation, insurance, food)

3. <u>Clinicians & Clinic (in-person/ telehealth)</u>: provide clinical care for all conditions and electronically prescribes to mobile pharmacy

4. Mobile Health Assistant: phlebotomy, financial navigation, and function as CHW





Figure 2: Pharmacy interior of

the mobile pharmacy and clinic

Table 1: Community needs assessment	
Assessment	N=158 (N,%)
Are you willing to accept Free Health screens?	131 (83%)
How would you like to receive HIV testing?	
 Self test 	12 (8%)
 Community Health Worker Administer Rapid Test 	87 (57%)
 Mobile Pharmacy clinic 	15 (10%)
NO preference	20 (13%)
 Does NOT want HIV testing 	18 (12%)
How would you like to access a clinician?	
 Telehealth 	32 (21%)
 In-Person 	122 (79%)

 <u>Health/social needs identified by community members</u>: mental health (19.38%), primary care (18.60%), substance use treatment (8.53%), housing (41.09%), transportation (50.82%)

If there was a pharmacy that could drive to where you live (mobile pharmacy), would you use it?

Community respondents reportedBarriers to Picking up Prescriptions attheir Pharmacies:1. Transportation*2. Disability3. Cost/Co-pays

Figure 1: The mobile pharmacy and clinic

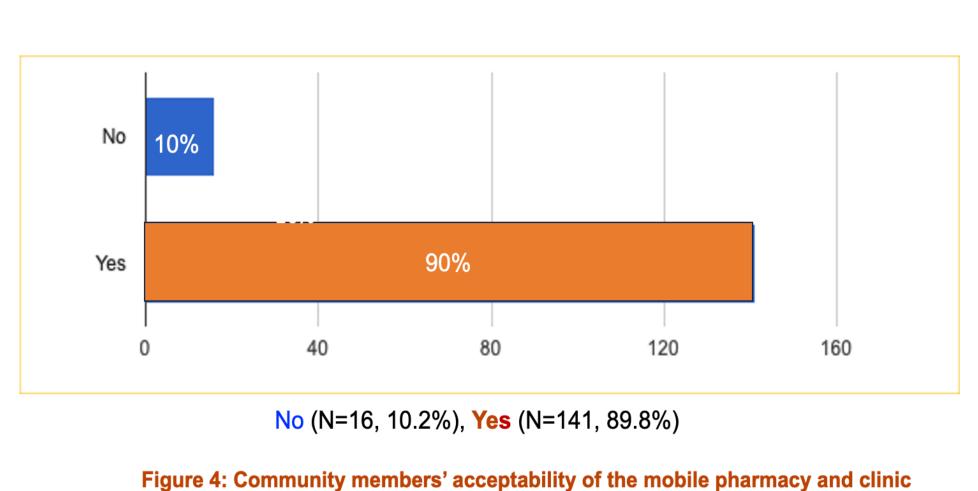
Using data from the Connecticut
 Department of Public Health (DPH) and
 input from community partners, the mobile
 pharmacy and clinic operates four days a
 week in underserved areas that have the
 state's highest rate of fatal drug overdoses



Scan the QR Code for the Mobile Pharmacy and Clinic locations and hours, request our services, and/or schedule a visit

2. Legalizing Mobile Pharmacy

• Upon conceptualizing a mobile pharmacy/clinic, we discovered retail mobile pharmacies were illegal in the US



Following the needs assessment, the InMOTION Mobile Pharmacy and Clinic launched on December 11, 2023 4. Unhoused

5. No shoes

6. Wait times/have to work

7. Distance

8. No Insurance

9. Too busy/crowded

10.Reading the prescriptions/education barrier

8 months after implementation, the mobile pharmacy has seen 375 patients and dispensed 830 medications

• We collaborated with state legislators to introduce Connecticut Substitute Senate Bill No. 1102, legalizing mobile pharmacies, which was enacted on July 1, 2023

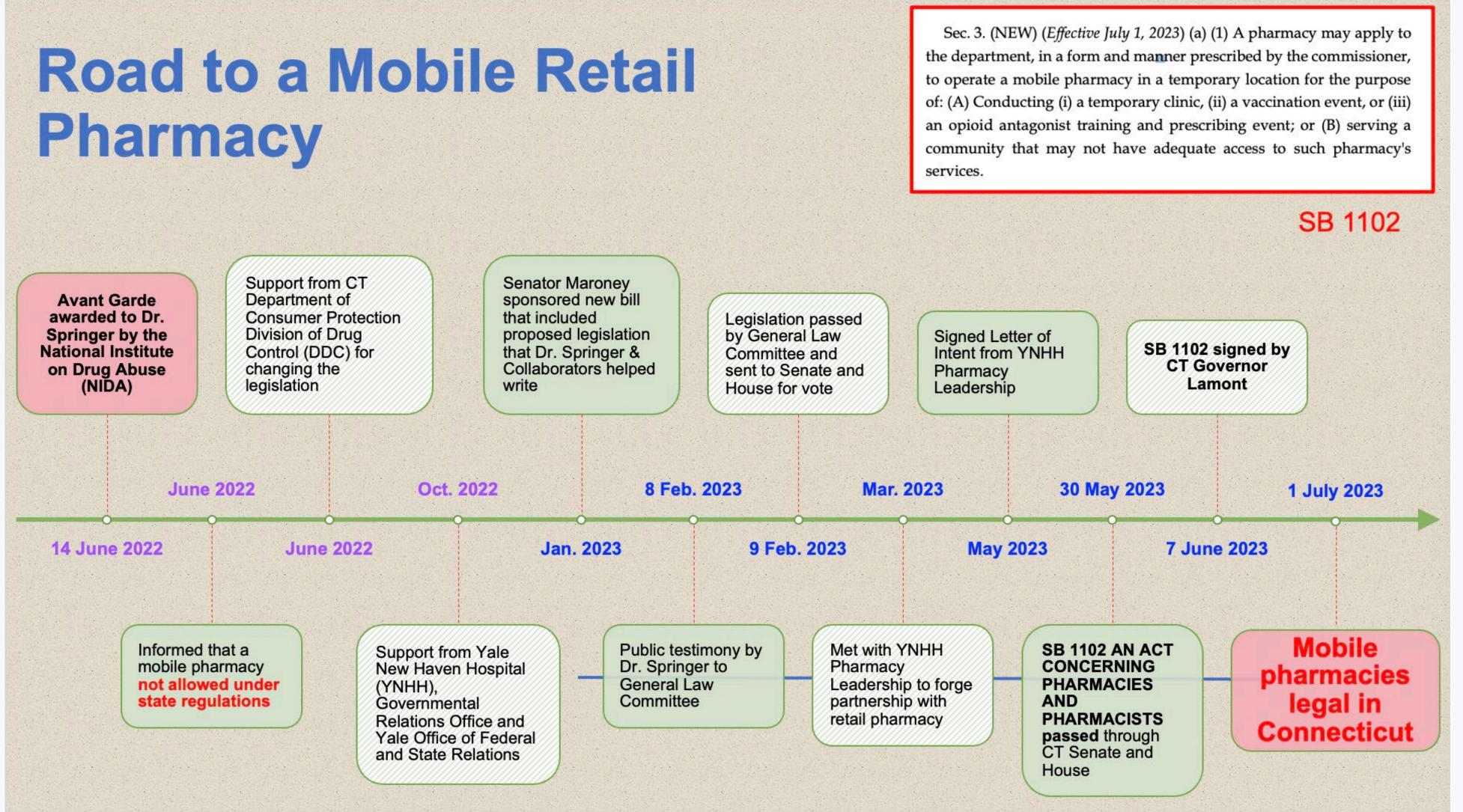


Figure 3: Timeline of activities needed to legalize the mobile pharmacy and clinic

4. Challenges to Mobile Pharmacy Implementation

<u>1. Policy:</u> Although the SB 1102 legislation marks a significant step forward, further policy changes are still necessary to support an expanded scope of pharmacy practice that allows pharmacists to work collaboratively and effectively to reach communities of PWUD

2. Statutes and Regulations: We planned to stock and dispense buprenorphine in the mobile pharmacy to provide immediate treatment for opioid use disorder (OUD) but found it was not allowed by **Drug Enforcement Administration** (**DEA**) statutes. We are in ongoing discussions with the DEA, the Connecticut Drug Control division, and our funder, NIDA, to find a way to stock and dispense this medication

3. Outreach: to community organizations to find "hidden populations" is time-intensive, given the siloes that exist. As a mobile entity, we have an opportunity to be a unifying force, bringing these organizations together to find people in need, identify gaps in access to care, and try to fill the gaps

Acknowledgment The InMOTION Mobile Pharmacy and Clinic is funded by the National Institute on Drug Abuse Avant-Garde Award Idea (NIDA DP1DA056106), awarded to Dr. Sandra Springer, MD.

Presenter Contact Information

Adati Tarfa, PharmD, MS, PhD | Postdoctoral Associate, Yale School of Medicine | Section of Infectious Diseases Springer Lab: InSTRIDE (Integrating Substance Use Treatment Research with Infectious Disease for Everyone) Email: Adati.tarfa@yale.edu Website: https://medicine.yale.edu/lab/springer/ X (Formerly Twitter): @AATarfa_ | @InSTRIDE_Yale

Citation: Springer, S. A. (2023). Ending the HIV epidemic for persons who use drugs: the practical challenges of meeting people where they are. Journal of General Internal Medicine, 38(12), 2816-2818.