

Starting a Free Abscess Clinic in Worcester

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University of Massachusetts Medical School Summer Assistantship Program

AIDS Project Worcester

Syringe Service Program

- Exchange for injection drug users to drop off old syringes and pick up clean ones, provide condoms, bleach kits, and snacks
- Started March 1, 2016
- As of April 2017, 887 people enrolled
- Average 50 new clients per month
- 350 encounters per month, mostly ages 25-34

Education

- Friday afternoon sessions
- 10-20 people per session
- Rotating schedule discussing HIV prevention (PrEP), wound care, HIV/HCV, STIs, CORI checks

STI Testing

- HIV/HCV
- Gonorrhea and chlamydia
- Syphilis

Insurance

- Case workers enroll clients
- 76.5% MassHealth
- 8.9% uninsured

Clinics Across the Country

San Francisco Integrated Soft Tissue Infection Services

- Walk-in clinic for abscess treatment, substance abuse counseling and treatment, and social services
- 34% decrease in annual ED visits
- Decreased admissions and inpatient bed use for SSTIs
- >70% decrease in SSTIs treated in the OR
- 86% of patients had a positive view of the clinic
- \$8,675,200 saved in the first year

Baltimore Needle Exchange Program Mobile Wound Clinic

- Mobile clinic for wound treatment, counseling, and antibiotic prescription
- 172 visits over the first 16 months
- Average \$200-600 saved per visit compared to local wound clinic

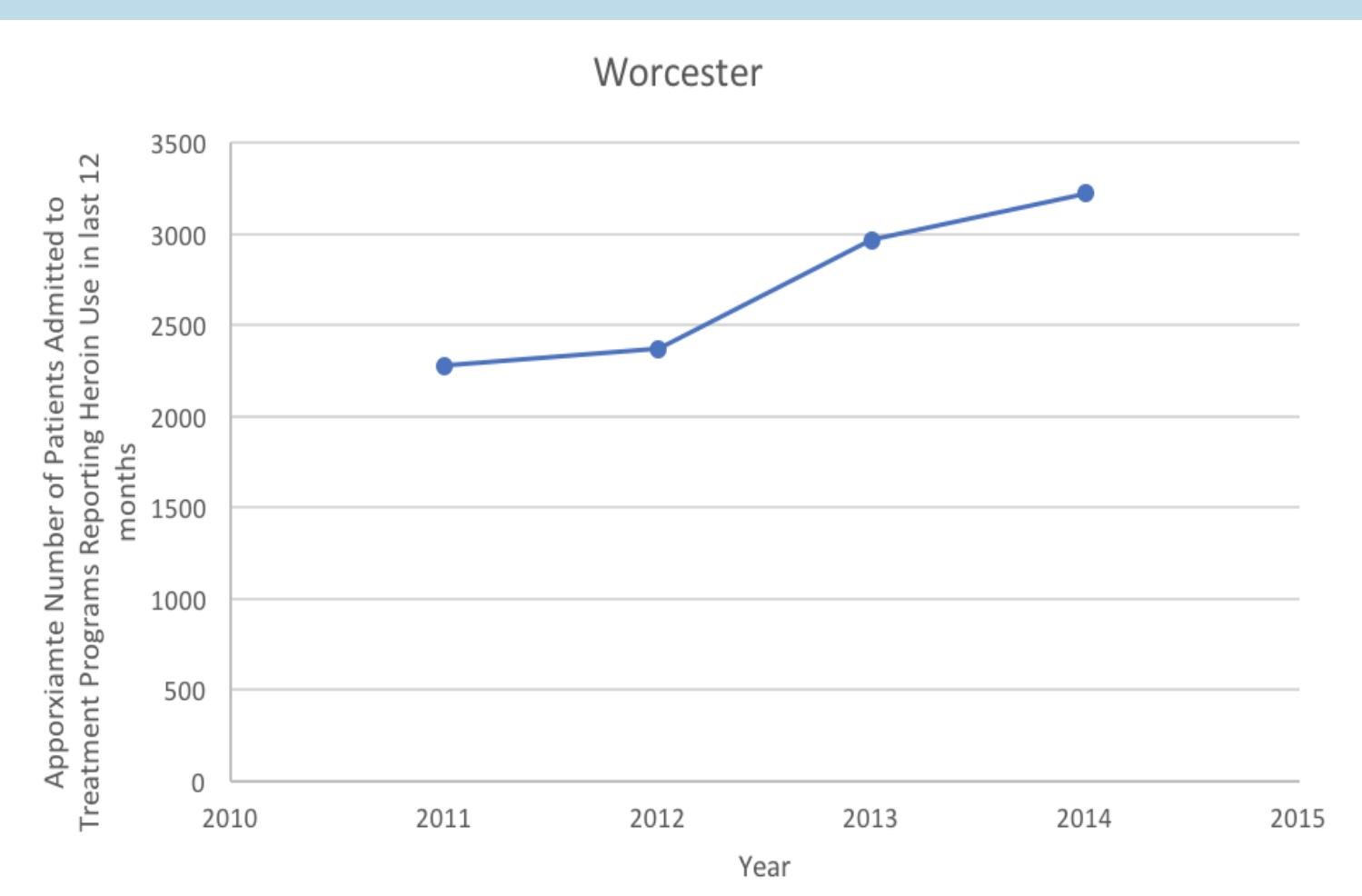
Wound and Abscess Clinic at Casa Segura/Safehouse in Oakland, CA

- Walk-in clinic at a syringe exchange program
- Estimated cost per patient is \$5

The Opioid Crisis

Location	Opioid-Related EMS Incidents 2015	Opioid-Related EMS Incidents 2016	Percent Increase 2015-2016
Worcester	1204	1322	9.8%
Massachusetts	19572	23499	20%

Heroin Use in Worcester 2011-2014



Skin and Soft Tissue Infections (SSTI)

What are SSTIs?

- Cellulitis, abscesses, and related skin and soft tissue infections
- May or may not be due to drug use
- If left untreated, can lead to sepsis, endocarditis, gangrene, death

Statistics

- #1 non-psychiatric reason for hospital admission
- As of 2016, 9 in every 100,000 people have an opiate-related SSTI
- Approximately 1/3 of injection drug users (IDUs) have an active abscess at any given time
- 46-68% national lifetime prevalence in IDUs
- Common reason for ED visits
- Per AIDS Project Worcester, 80% of syringe service program clients have some form of SSTI

Cost

- \$9.9 million** for inpatient abscess incision and drainage in 1999 at San Francisco General Hospital (#1 inpatient primary procedure)
- \$20 million** combined ED and inpatient costs for SSTIs in 1999 at San Francisco General Hospital
- \$19 million** nationally in 2001 for SSTI hospitalization in non-federal hospitals
- \$11.4 million** for drug-related SSTI treatment at Jackson Memorial Hospital July 2013- June 2014

Treatment Options in Worcester

- Wound clinics at Heywood Hospital in Gardner and Harrington Hospital in Southbridge
- All other clinics are privately-owned or hospital-based
- Many IDUs use ED as a regular source of care

The Missing Link: An Abscess Clinic

GOAL: Provide free or low-cost treatment of SSTIs for IDUs in Worcester as an alternative to using the ED or self-care practices

PROPOSAL:

At AIDS Project Worcester and/or with the Worcester Free Clinic Coalition

AIDS Project Worcester

- Case management, phlebotomy, insurance enrollment, pharmacy on site
- Existing relationship with IDUs
- Large clientele for syringe service program who would benefit directly
- Less loss to follow-up if services offered at the same time as syringe exchange

Worcester Free Clinic Coalition

- Network of sites open on different days allows for follow-up wound care, dressing changes, etc.
- Physicians and volunteers are already staffed on-site
- Clinics open 4 days a week, so there is little wait time between developing SSTI and being able to seek care
- Malpractice insurance provided

NEXT STEPS:

- Bring this proposal to the WFCC to see if they are interested in partnering
- Decide on a location (APW vs. existing WFCC sites, or both)
- Apply for grants to fund use of space, materials, antibiotics, etc.
- Community outreach

Barriers to Treatment

Stigma

- Injection drug users (IDUs) frequently perceive their treatment as harsh or dehumanizing
- Stigmatization leads to non-adherence to medical care
- IDUs may be reluctant to seek medical care for fear of punitive or negative interactions with health care providers
- Can result in self-care practices, such as self-lancing abscesses

Logistics

- Many IDUs lack accessible primary care services or the means to attend set appointment times
- Compared with non-drug using populations, IDUs are less likely to receive medical care
- Many IDUs with SSTIs never reach the health care system
- Most community-based clinics don't perform incision and drainage

Insurance

- As of 2010, most IDUs hospitalized with SSTIs lack private insurance
- Many relied on Medicare/Medicaid or were self-paying
- Many IDUs lack financial resources for hospital-based treatment
- 92% of IDUs at Jackson Memorial Hospital were uninsured or relied on public insurance from 2013 to 2014

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Please see printed list for references.

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