

Drug User Health Learning Series

Supporting Client Engagement with HCV Testing & Treatment

Session 1



Navigating Zoom



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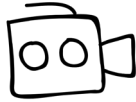
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Navigating Zoom



Audio



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Chat



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Introductions

Please
chat in...

- Your name
- If you'd like to share, your pronouns (e.g., she, he, they)
- Your organization
- Your role at your SSP
- What is something that brought you joy over the weekend?

a moment to enter the space



Welcome to the Drug User Health Learning Series!

Linda R. Goldman, LCSW
Director of Health Promotion & Disease Prevention Services
Office of HIV/AIDS





Learning Objectives

By the end of today's session, you will be able to:

- Distinguish necessary components of SSP-based HCV testing and linkage to care programs
- Compare SSP-based models for HCV testing and linkage to care
- Identify components of SSP-based HCV testing and linkage to care programs that can be adapted for your SSP program

Today's Agenda

- Introductions
- Integrated Services for Drug User Health
- AIDS Project Worcester/ UMass Medical Center
- Hepatitis C Continuum of Care
- Green Street / Fenway Health Center
- Group Discussion
- Closing & Next Session



Adelaide Murray

- ★ JSI Consultant
- ★ SSP Volunteer (*shout out Queen City Exchange in Manchester, NH!*)
- ★ Overall fun person





Molly Higgins-Biddle



Mira Levinson



Sophie Lewis



Molly Rafferty



Dr. Alexander Walley, MD, MSc



- Professor of Medicine at Boston University School of Medicine
- HIV and OUD clinical, research, policy work
- Provides primary care and addiction care for people with HIV at Boston Medical Center
- Medical Director for MA state Opioid Overdose Prevention Pilot Program

Integrated Services for Drug User Health



What are integrated services for drug user health?

Please chat
in your
thoughts...





Comprehensive Integrated Services - CDC

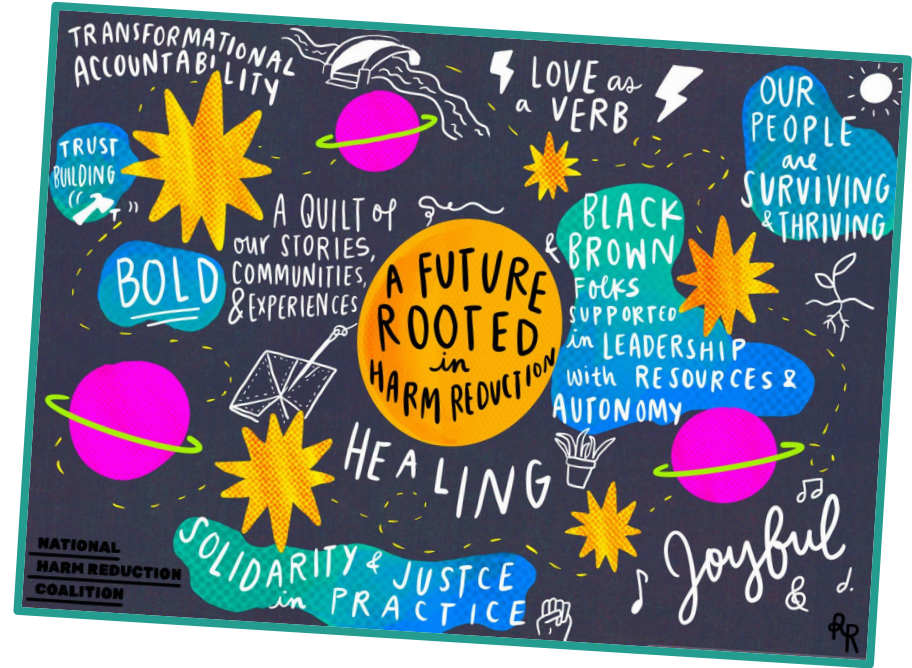
- HIV, Hepatitis C (HCV), STI testing and linkage to treatment
- Vaccination for Hepatitis A (HAV) and Hepatitis B (HBV)
- Linkage to HIV PrEP
- Overdose prevention / naloxone distribution
- Linkage to substance use disorder (SUD) treatment & medication-assisted treatment (MAT) when requested

Recommendations for Screening and Treatment of HCV Infection in People Who Inject Drugs (PWID)

RECOMMENDED	RATING ⓘ
Annual HCV testing is recommended for PWID with no prior testing, or past negative testing and subsequent injection drug use. Depending on the level of risk, more frequent testing may be indicated.	Ila, C
Substance use disorder treatment programs and needle/syringe exchange programs should offer routine, opt-out HCV-antibody testing with reflexive or immediate confirmatory HCV-RNA testing and linkage to care for those who are infected.	Ila, C
PWID should be counseled about measures to reduce the risk of HCV transmission to others.	I, C
PWID should be offered linkage to harm reduction services including intranasal naloxone, needle/syringe service programs, medications for opioid use disorder, and other substance use disorder treatment programs.	I, B
Active or recent drug use or a concern for reinfection is not a contraindication to HCV treatment.	Ila, B

Maintaining the soul of our work

- **non-judgmental, non-coercive** provision of services
- **assist** PWUD in reducing attendant harm
- **recognize the realities** of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities





SSPs are ESSENTIAL to reducing HCV related harm

- **Community-based models, such as care integrated into SSPs are essential for expanding access to HCV treatment for PWID**
- PWID face challenges at many levels accessing care for HCV
 - Structural
 - Provider
 - Individual
- Expanding HCV treatment can reduce incidence, particularly when coupled with harm reduction efforts



UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER



AIDS Project Worcester/
UMass Medical Center

AIDS Project Worcester/ UMass Medical Center NOTES





Presenters

- UMass Medical Center
 - Mireya Wessolossky, Infectious Disease doctor
 - Sandi Carlson, Director of HIV Program
- AIDS Project Worcester (APW)
 - Linford Cunningham, Director of Health Promotion Services



What does the HCV service model look like?

- APW offers testing on-site on Tuesdays and Fridays.
 - Also offer off-site testing at community events.
- A medical provider is available all week for HCV treatment.
 - Also treats wound infections and provides care for other health care needs for people who use drugs.
 - Clients only need to go offsite to UMass for ultrasound services when indicated
- Navigator staff connect clients to medical treatment.
- Ongoing conversations between UMass medical providers and APW staff ensure each client is linked and treatment is discussed.
 - The medical provider has always been clear that she will treat anyone for Hepatitis C.



What are your staff roles?

APW:

- Short term health navigator - links clients to services based on needs and test results.
- Harm reduction specialists - go out into the community.
 - Also referred to as outreach workers.



How did services change during COVID?

- Pre-COVID, APW was doing a lot of Hepatitis C treatment and evaluation.
- Now that APW is at their new building, they are offering HIV/HCV/STI testing services and have seen an increase in clients engaging in testing.



How do APW/UMass facilitate engagement with HCV testing and treatment?

- APW staff start talking about treatment when they do the test so that clients are prepared and have information beforehand.
- UMass conducted focus groups with people who use drugs. All of the participants said they didn't know providers would treat someone who is actively using drugs for Hep C and had previously believed they could not receive treatment
- APW/UMass staff facilitate client engagement in Hep C testing and treatment.



How are clients linked and retained in treatment?

- The UMass medical provider sees the client once for follow-up to reduce the number of follow up visits
 - Scheduling follow up appointments can be challenging.
- Nearly all services are provided at APW to support retention.



Necessary Components of APW-based HCV testing and linkage to care program

- APW has a strong and established relationship with UMass.
- Treatment and nearly all services are available at APW rather than going to the health center.
- We communicate early and often about testing and potential treatment. This helps prepare clients for treatment.
 - There's still outreach to be done to engage more clients.
- Clients have a hierarchy of needs; APW/UMass are able to offer a variety of services to meet those needs.
- Treatment follow-up can be challenging; scheduling can be a barrier.

Hepatitis C Continuum of Care





The Care Continuum

Testing

Inform participants of the benefits of HCV testing with open dialogue

Linkage to Care

Support individuals in understanding treatment and finding a safe and supportive environment to receive care

Completion of Treatment

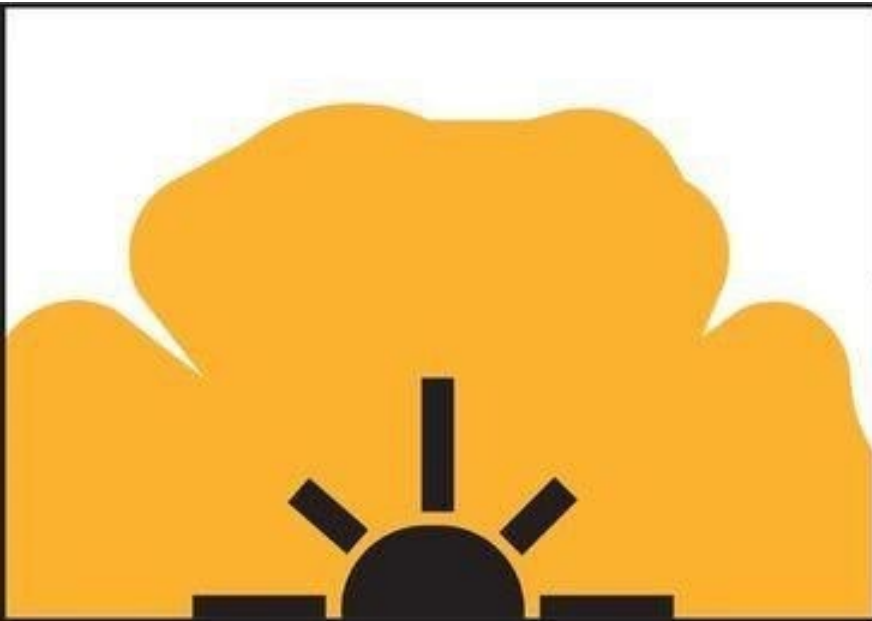
Ensure individuals complete DAA treatment in order to **achieve cure** from HCV!

Continue to provide harm reduction services to prevent re-infection



But what are the benefits?

1. Knowing for sure if you have Hepatitis C
2. Preventing transmission to friends and family
3. Receiving treatment before you start to feel sick
- 4. Getting cured!**
5. Avoiding serious liver disease that could result in a liver transplant



ACCESS

Drug User Health Program

Green Street /
Fenway Health Center

Fenway Health Green Street NOTES





Presenter

- Access Drug User Health program in Cambridge and Jamaica Plain (part of Fenway Health)
 - Cassidy Ockene, Program Manager




What does the HCV service model look like at Fenway/Green Street?

- Testing is offered Mon-Fri 9 to 4 (all open hours), available on demand - including the expanded lab panel for HCV treatment.
 - Client can receive HIV/HCV/STI testing together.
- Medical provider is on site twice a week.
- Staff provide education about treatment if test result is positive.
- All treatment services can happen on site at Green Street.
- Navigators are trained to get prior authorization for insurance.
- Medications can be stored on site.



Who can give the test result?

- Everyone on staff is trained to give results.
- For continuity of care, the person who does the initial test will give the results; if they can't, anyone can step in.
 - Then there is linkage to the medical provider/nurses to discuss treatment further.
- We let the client decide how they want their results delivered; most of the time it's in person because clients may not have access to a phone.
 - Follow up appointment for treatment can be challenging; will provide clients with a phone if they start treatment in case they need to be able to call the pharmacy or specialty care.
- We also have an outreach van that can be used to help locate someone in case a client doesn't come back



What did you have to change about your workflows in order to integrate these services?

- Took 3-4 months to get this program set up initially
- We really tried to understand the barriers to starting treatment.
- We got training from Quest to be able to do the expanded diagnostic panel (for HCV treatment) on site.
 - Previously, we had on demand testing for HIV/STI/HCV
 - Now we can also do on-demand testing, using an extended diagnostic panel, after the client has decided to start treatment
- Medication storage: the MAVYRET medication is in a huge box and it doesn't fit in a small safe. We built a medication room to store it and built lockers for clients.



How do clients learn about available services?

- We promote available services when people come in to see the doctor for other reasons (e.g., suboxone, abscess). The provider is then able to have the conversation.
- Navigators have the conversation anytime they see a client.
- The hardest part is getting people tested in the first place, due to not wanting their blood drawn. Once they have the result and see the provider, people often do take the step to treatment.
- People sometimes leave for a few months and they have to be re-engaged
- Now that people are starting to understand what it means to get treatment for Hepatitis C (short treatment), and that they can keep using while getting treatment, we are starting to see more uptake. The numbers are still low.



Do clients have to be Fenway Health Center patients to access clinical services?

- No, the client doesn't have to see the provider for primary care or be a Fenway Health Center patient.



How do clients without insurance access HCV treatment?

- All navigators are trained in connecting people to insurance and start the prior authorization process.
- Some of this is facilitated by being part of the Fenway system.
- It can commonly take up to a month for prior authorizations.
- Insurance companies sometimes require a conversation with the client directly via phone, which is challenging when the client doesn't have access to a phone.
- Clients are sometimes denied coverage and then we have to re-apply.
- There is some work being done at the state level to address these insurance challenges related to Hep C treatment



What services are clients most commonly coming into the SSP for?

- Most people who engage in testing are coming in for a general health care check-in and/or acute health issues.
- They are then able to see the provider for HCV care.
- Once on HCV treatment, they can come in for a follow up if they want to, but not required.
- We have had:
 - 4 clients complete treatment
 - 10-12 currently on treatment
 - 30+ have had first lab panel but are waiting for prior authorization



Necessary Components of Fenway-based HCV testing and linkage to care program

- People who use drugs are the priority for Hepatitis C treatment, but they may not think they're eligible for it and/or think about it as asymptomatic illness. Engaging clients for testing while they're on-site for other services can be helpful.
- Once testing is completed, discussions with providers, on-site treatment at Fenway, and providing cell phones and med storage better facilitate engagement in treatment
- After treatment, people may feel better and healthier overall.
- It's a long haul project to set up access to HIV/HCV/STI testing and linkage to care on site at an SSP. Don't be discouraged! It's also very rewarding to be able to offer on site that people don't have access to elsewhere.



Discussion

- **What's the most important next step your agency can take to...**
 - ◆ Engage with clients about their understanding of the appropriateness and importance of Hepatitis C testing, linkage to care, and/or retention in care?
 - ◆ Identify and address barriers to Hepatitis C *testing* within your agency?
 - How about for *linkage to care*?



Questions?

Resources

- [Coverage of Hepatitis C Treatment at a Glance, 2021](#) (available on mass.gov)
- [End Hep C MA Coalition](#)
(maintains list of providers who are willing to treat Hep C)



New Connecting Care Podcast: Holistic Care for Hepatitis C

- **Episode 8:** Prevention, Treatment, and Policy Considerations
- **Episode 9:** Experiences from Boston Health Care for the Homeless Program
- **Go to:**

<https://ssc.jsi.com/resources/podcast>

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or listen on Spotify, Apple, Google Podcasts



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Upcoming Sessions



#2 - next! Street Outreach, Mobile, and Telehealth Services: Innovations in Service Delivery

December 6, 2021; 1:00 PM

#3: Supporting Client Engagement with SUD Treatment

December 20, 2021; 1:00 PM

#4: Vaccinations at SSPs

January 12, 2022; 2:00 PM



Please Complete the Evaluation!

- Your feedback in the evaluation helps us plan future sessions and address your TA needs.
- Your feedback is appreciated!



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in the follow-up email



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