Building Capacities in Opioid Treatment Programs for Hepatitis C Treatment Services & Care Management Supports
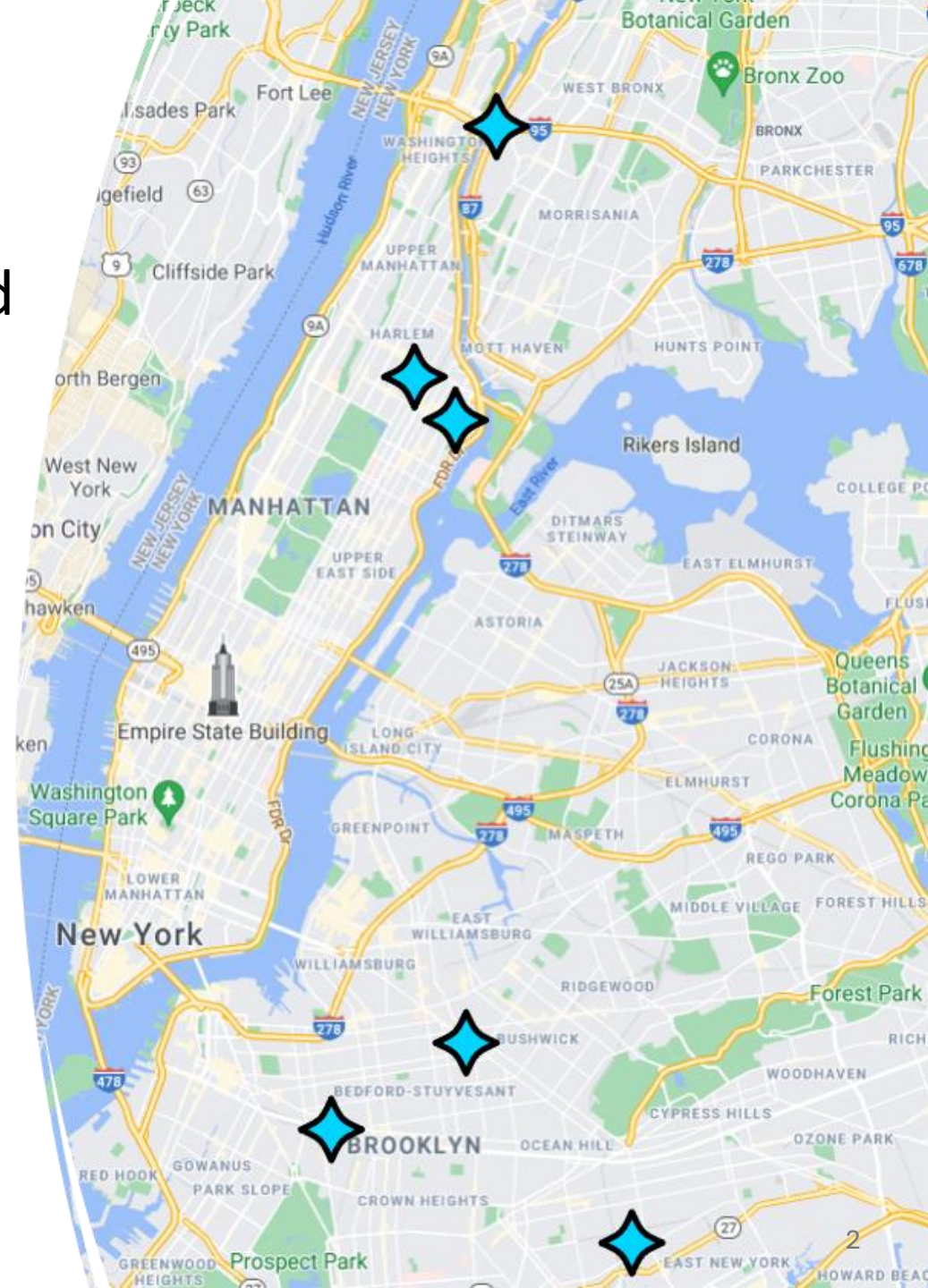
Anthony McLeod,[1] Vinodini Kumaravelu, MD,[1] Natasha Casanova,[1] Sharon Williamson,[1] Versalle Shelton, MPH,[2] Ana Ventuneac, PhD[1]

[1]Research and Evaluation, START Treatment & Recovery Centers, Inc.
[2]Viral Hepatitis Program, Bureau of Hepatitis, HIV and STI, NYC Department of Health and Mental Hygiene

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2024 Annual New York State Hepatitis C Elimination Progress Report Meeting
May 15, 2024

HEP FREE NYC

NYC Health

About START

- Oldest and largest Black-founded and operated behavioral healthcare agency nationally

- Six locations across Manhattan and Brooklyn

- Behavioral and physical health supports
  - Integrated, person-centered care
  - Lifespan approach

- Outpatient prevention & treatment services
  - Article 28 – Primary and Specialty Health Care
  - Article 31 – Mental Health Care
  - Article 32 – Opioid Treatment Programs (OTPs)

2

START Participants

3,362 participants were enrolled in START's treatment services in 2023

- **43%** were Black and **40%** were Hispanic

- **71%** male

- **54%** over age 56 (*M* = 53.9 years)

- **42%** resided in Brooklyn, 25% in Manhattan, 15% in Bronx, 10% in Queens, 1% in Staten Island, and 7% outside of NYC

- **76%** were in treatment for one year or more

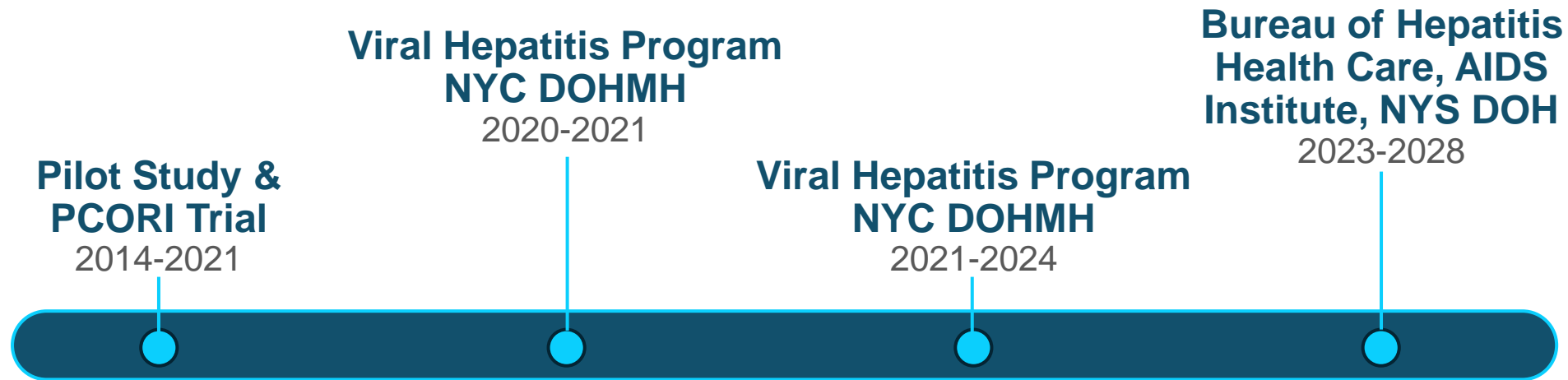Among 569 newly admitted participants in 2023
- 42% reported a psychiatric disorder
- 53% reported receiving treatment for mental health disorder
- 23% reported having been hospitalized for a mental health disorder
- 23% had HIV and/or HCV infection

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Development and Implementation of Integrated Hepatitis C Services at START's Opioid Treatment Programs

Viral Hepatitis Program NYC DOHMH
2020-2021

Bureau of Hepatitis Health Care, AIDS Institute, NYS DOH
2023-2028

Pilot Study & PCORI Trial
2014-2021

Viral Hepatitis Program NYC DOHMH
2021-2024

Phases of Program Best Practices

Development	Preparation	Implementation	Sustain & Scale
Developed and tested model for telemedicine services to offer integrated care onsite	Developed clinician capacities to deliver integrated treatment services onsite	Implemented clinical workflow for HCV treatment services at START's OTPs	Refine care coordination capacities to tailor and expand services for community impact

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Capacity-Building Supports for Hepatitis C Treatment

Surveillance Data

NYC DOHMH Viral Hepatitis Program – Data to Care Clinical Practice Facilitation Program
- Surveillance data – patient lists
- Electronic medical record query tools
- Training and technical assistance on leveraging data-driven approaches

Education & Training

Empire Liver Foundation – NYS Network of specialists to deliver clinical education
- Supported NY Hepatitis Telehealth Workgroup
- Clinical Education Initiative (CEI) training for clinicians
- Supported peer-to-peer mentoring

Patient Health Navigation

HepFreeNYC & NYC DOHMH Viral Hepatitis Prgm
- Training for patient health navigators
- Supported workgroup outreach, resource and information dissemination
- Website, email list, social media, events to promote awareness

Care Coordination

NYS DOH AIDS Institute
- CEI training and technical assistance
- Best practices for care coordination to comprehensively address social determinants of health and barriers to treatment access
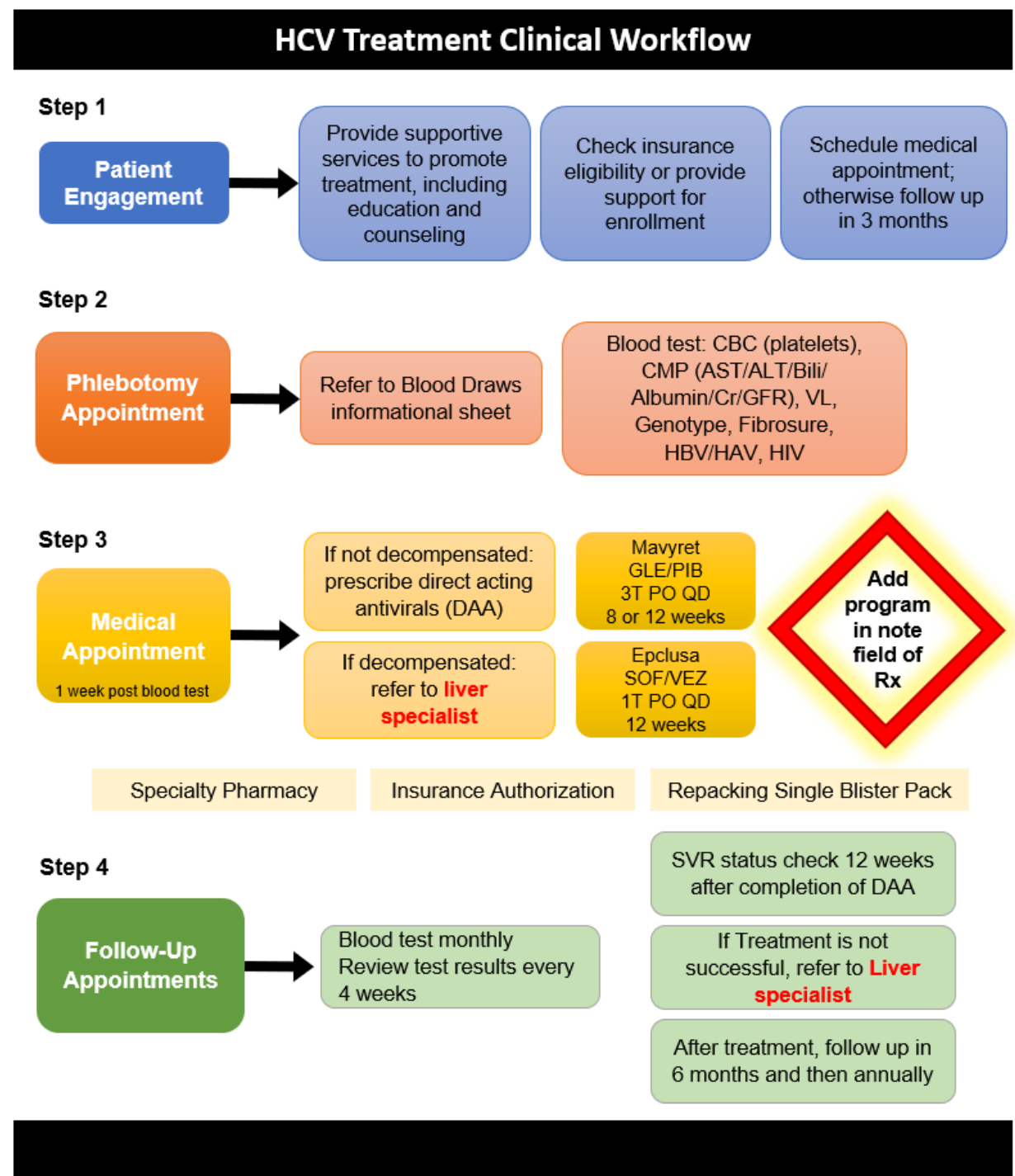- Expand services at each step of care continuum

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Integrated HCV Treatment at START

- Collaborative effort among START's multidisciplinary team to develop clinical workflow

- Electronic medical record review to leverage data on screening rates (part of usual care) for treatment engagement

- Patient navigation services to engage, educate, and motivate patients about treatment options

- Ongoing communication, informational sessions and training sessions to promote awareness

HCV Treatment Clinical Workflow

Step 1

Patient Engagement → Provide supportive services to promote treatment, including education and counseling | Check insurance eligibility or provide support for enrollment | Schedule medical appointment; otherwise follow up in 3 months

Step 2

Phlebotomy Appointment → Refer to Blood Draws informational sheet | Blood test: CBC (platelets), CMP (AST/ALT/Bili/Albumin/Cr/GFR), VL, Genotype, Fibrosure, HBV/HAV, HIV

Step 3

Medical Appointment (1 week post blood test) →
- If not decompensated: prescribe direct acting antivirals (DAA) | Mavyret GLE/PIB 3T PO QD 8 or 12 weeks
- If decompensated: refer to **liver specialist** | Epclusa SOF/VEZ 1T PO QD 12 weeks

Add program in note field of Rx

Specialty Pharmacy | Insurance Authorization | Repacking Single Blister Pack

Step 4

Follow-Up Appointments → Blood test monthly Review test results every 4 weeks

- SVR status check 12 weeks after completion of DAA
- If Treatment is not successful, refer to **Liver specialist**
- After treatment, follow up in 6 months and then annually

Treatment Initiation and Follow-Up Supports

Barriers to Treatment

Patient hesitancy about starting treatment
- Drug use related stigma and misconceptions
- Eligibility for treatment given cost of medications
- Medication side effects
- Time constraints
- Visit outside healthcare facility

Supports

NYS DOH AIDS Institute
- Work with specialty pharmacy to reduce time and burden on patients and providers
- Medication dispensing coupled with medication for opioid use disorders
- Updated lab results and changes in viral load maintain motivation and medication adherence

Education & Counseling

1) Advancements in therapies and treatment options
   - Medication effectiveness, safety and side effects
   - Duration of treatment course
2) Benefits of early detection and treatment
   - Reduced risk of liver damage and improved outcomes
   - Misconceptions about active drug use and treatment eligibility
   - Convenience of treatment availability onsite
   - Importance of adherence to medication
   - Harm reduction counseling
3) Starting treatment
   - What to expect throughout treatment process
   - Blood Draws/Phlebotomy
   - Health coverage authorization process
4) Monitoring and follow-up
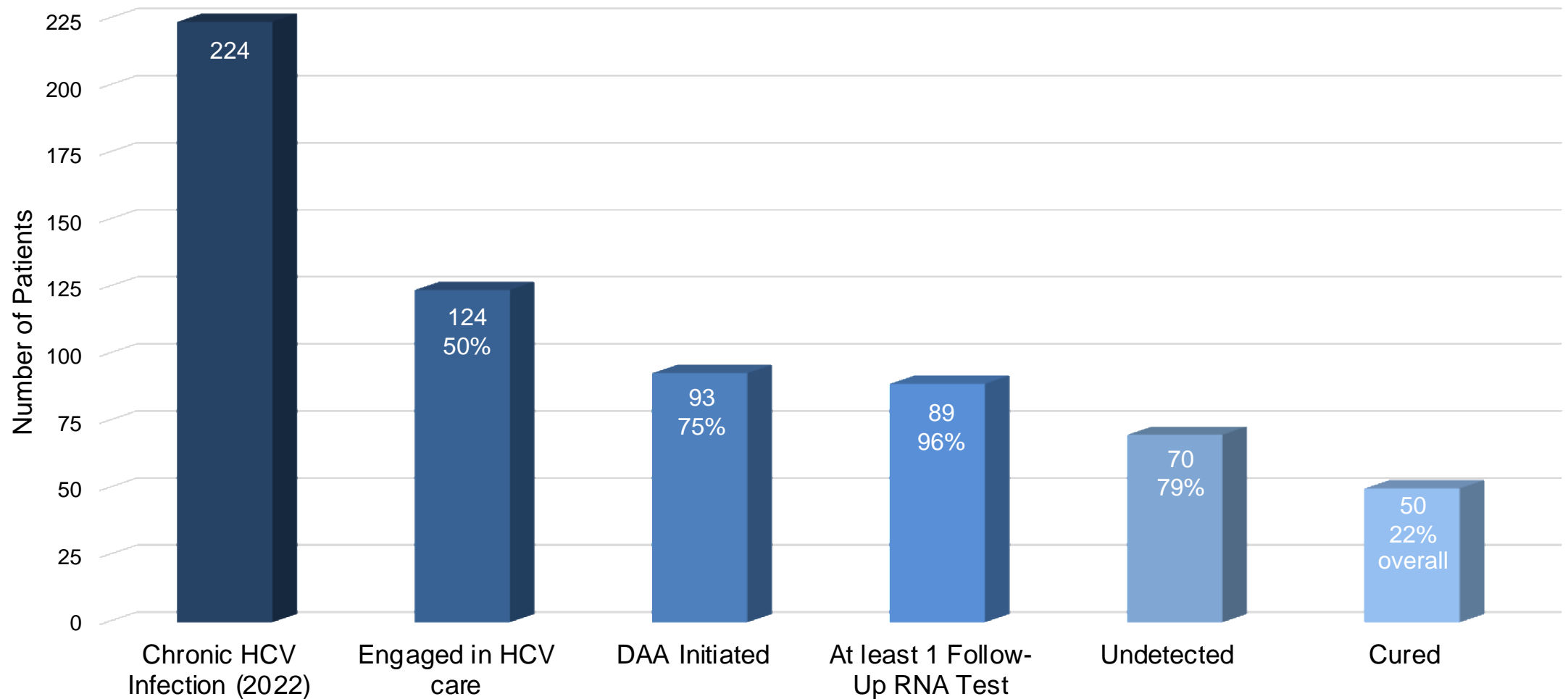   - What to expect after the treatment process

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Hepatitis C Treatment Program Outcomes

Adults Diagnosed and Cured of Hepatitis C

Program Expansion Supports:
Scaling and Sustaining Treatment Services

- Identify drop off at various steps of treatment process and implement tailored approaches
- Identify needs for subgroups of OTP participants
  - Newly admitted patients – low-barrier early initiation of treatment services
  - Established patients - follow-up monitoring phlebotomy services
- Expand partner testing
- Expand patient informational sessions
- Identify additional training opportunities for clinicians

Acknowledgements

Contact Information

Anthony McLeod
amcleod@startny.org

Ana Ventuneac
aventuneac@startny.org

Celebrate those cured of HCV.
Help others get tested and treated.
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