

## BACKGROUND

While there have been decreases in chronic hepatitis C (HCV) infection in New York City since 2016, it is estimated that 40% of cases with chronic infection were undiagnosed in 2019. Despite willingness to start treatment among a majority (~70%) of people who inject drugs (PWID) diagnosed with chronic HCV, treatment gaps remain:

- Stigma related to both drug use and infectious disease
- Cost and complex process to get medication covered
- Limited availability of screening and treatment at opioid treatment programs (OTPs) where patients could benefit most

Given that HCV is most commonly acquired through sharing injection drug use supplies, OTPs could support screening and provide treatment for HCV. A recent study found that patients enrolled in OTPs reported comfort with and sense of support from OTPs as well as trust in OTP providers and care staff.

### OTPs as Sites for HCV Prevention, Screening and Treatment

- Integration of infectious disease and opioid use disorder (OUD) treatment
- Non-judgmental and non-stigmatizing context
- Increase patient awareness and decrease barriers that limit access to and engagement in care

**Goal:** To evaluate the implementation of an HCV program at an OTP in increasing the number of patients receiving MAT who are enrolled and initiate HCV treatment.

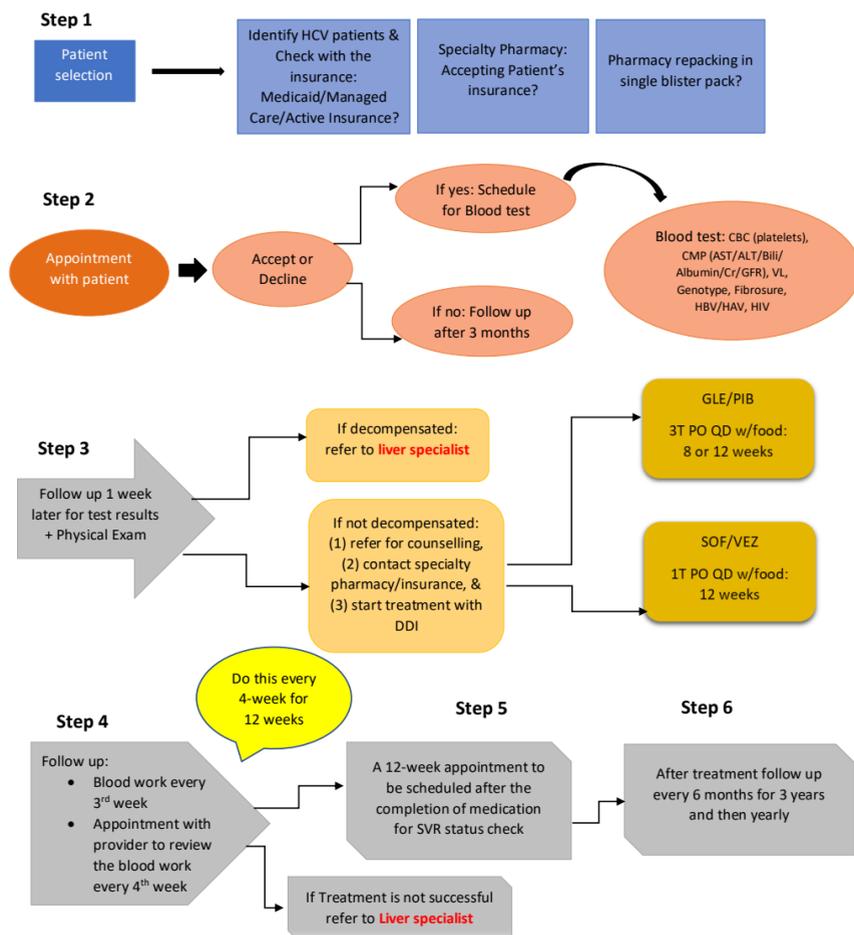
**Methodology:** Through a partnership with the NYC Department of Health Viral Hepatitis Program via a CDC grant (January 2020 – April 2021), START Treatment and Recovery Centers, an NYC-based OTP, trained clinical providers and case management staff in HCV treatment and patient navigation. We conducted an electronic health record data review to assess hepatitis C screening rates and the number of antibody and RNA positive patients receiving MAT. We identified 362 hepatitis C RNA positive patients in need of treatment and established a 2-phase enrollment goal of 30 patients per phase. Patients were offered hepatitis C treatment onsite, via telemedicine, or off-site by referral according to the clinical workflow.

## METHODOLOGY

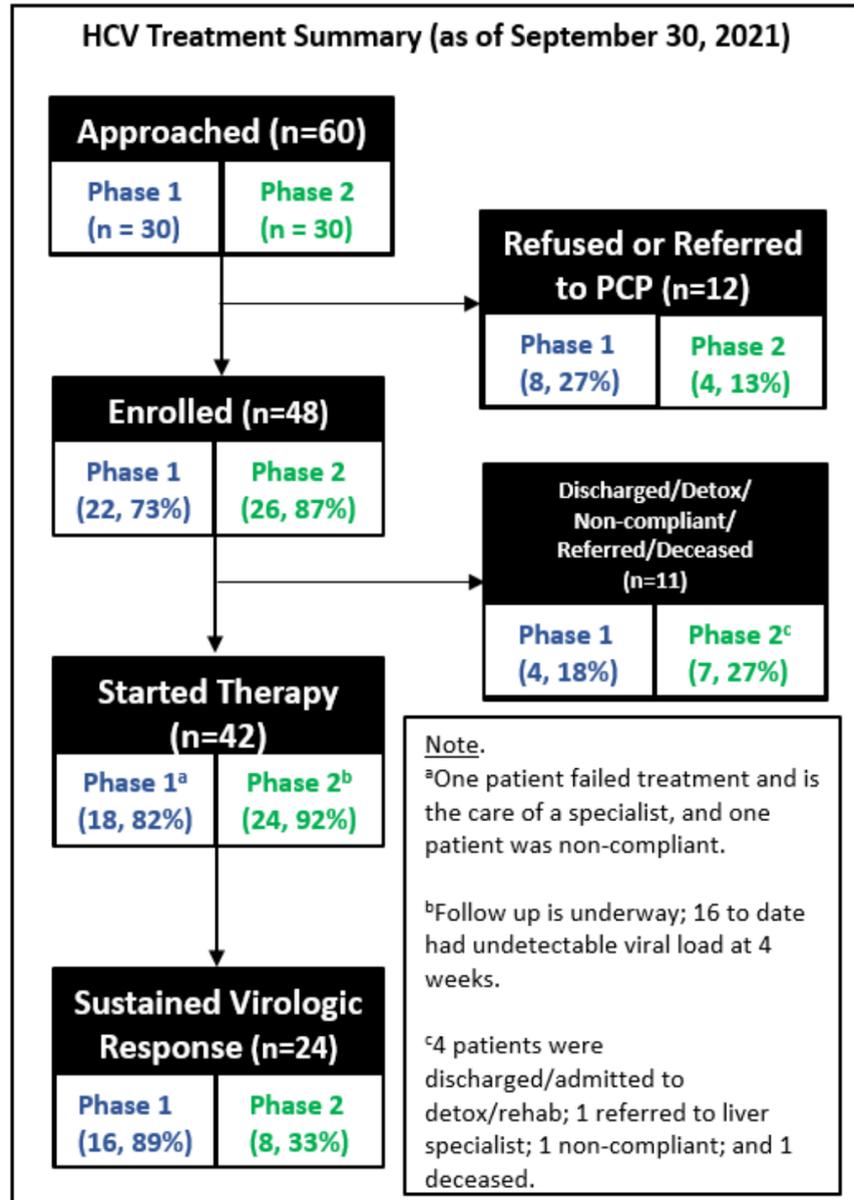
### Case Management Planning and Implementation

Approaches to Treatment		
<b>Onsite Treatment</b> Criteria: • Patient choice • Insurance type	<b>Off-Site Treatment (by referral)</b> Criteria: • Patient choice • Insurance type	<b>Treatment via Telemedicine</b> Criteria: • Advanced liver disease

### START Hepatitis C Clinical Workflow



## RESULTS



## CONCLUSIONS

We sought to evaluate the impact of an HCV treatment program within an OTP in increasing the number of patients receiving MAT who are enrolled and initiate treatment. Results found that:

- It was feasible to screen patients for and treat hepatitis C at a stand-alone OTP (onsite, referral, telemedicine), after training of clinical and non-clinical staff, even as we adjusted to the COVID-19 pandemic
- More patients were enrolled in phase 2 and a larger proportion of those enrolled started treatment.
- To date, sustained virologic response was achieved in almost all patients who started the medication course in Phase 1 and is continuing to increase among Phase 2 patients
- Not every patient approached about HCV treatment started therapy
- Challenges in reaching all patients

### Future directions:

- Examine patient data (e.g., discharges) and ways to prioritize subgroups of patients at risk of not enrolling or returning
- Review cases with health coverage problems to identify best practices for maximizing enrollment and treatment initiation

### Summary

- Hepatitis C treatment can be provided at standalone OTPs onsite, by referral, or via-telemedicine.
- Multiple benefits:
  - Reduce morbidity (hepatic fibrosis, cancer) and associated healthcare-related costs
  - Reduce mortality (premature death)
  - Reduce transmission rates

### References

Centers for Disease Control and Prevention. Viral Hepatitis Surveillance 2019. Atlanta: U.S. Department of Health and Human Services; 2021. NYC DOHMH, Hep A, B, and C in NYC: 2019 Annual Report; Talal AH, Jaanimägi U, Davis K, Bailey J, Bauer BM, Dharia A, George S, McLeod A, Morton K, Nugent A, Zeremski M. Facilitating engagement of persons with opioid use disorder in treatment for hepatitis C virus infection via telemedicine: Stories of onsite case managers. Journal of Substance Abuse Treatment. 2021 Aug 1;127:108421.