



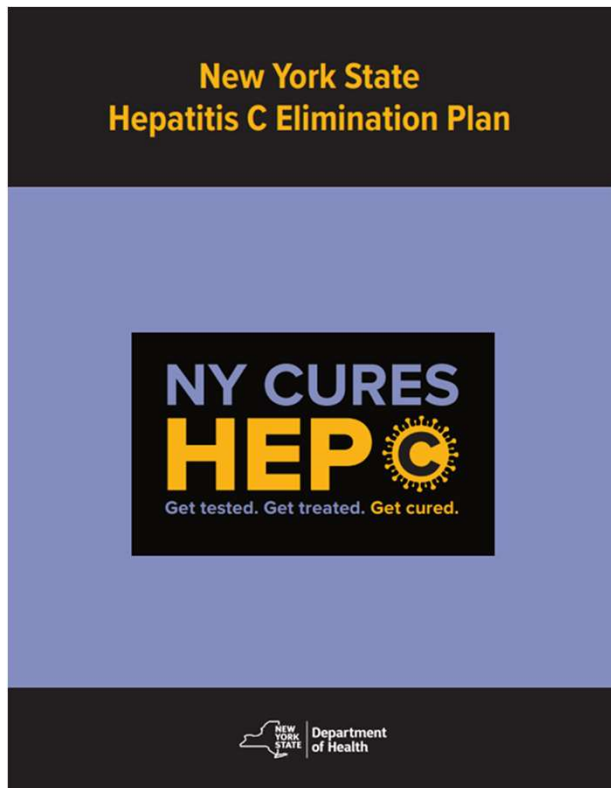
Department
of Health

Opioid treatment programs, an opportunity to increase access to hepatitis C services

Innovative and Promising Practices for Hepatitis C Elimination

May 15, 2024

New York State Hepatitis C Elimination Plan



- **People who use drugs** are a priority population and **substance use disorder treatment programs** are priority settings for successful implementation of the plan.
- Elimination recommendations related to **Opioid treatment programs** include:
 - Design screening, linkage to care and treatment delivery models to better engage complex patient populations (TLC8)
 - Expand patient navigation and outreach programs (TLC10)
 - Increase clinical education resources and supports for providers on hepatitis C diagnosis and management in settings of high prevalence.
 - Encourage involvement of non physician health care providers throughout the care cascade (CTA3)
 - Increases resources for vulnerable population and address patient barriers to treatment (CTA2, CTA5)

Opioid treatment programs, an opportunity to increase access to hepatitis C services

Innovative and Promising Practices

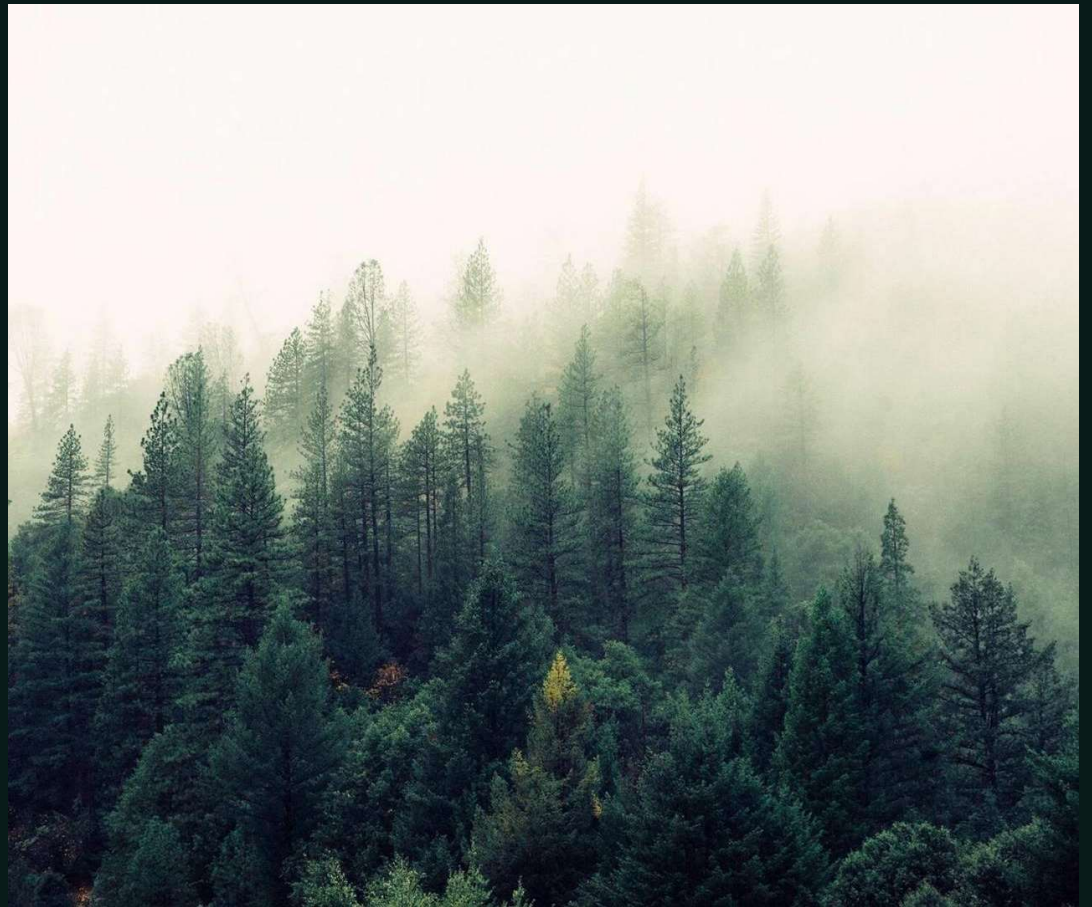
- **Hepatitis C Elimination Campaign in a Hospital-Based Opioid Treatment Program**
Julia Hunter, MD, MPH, FASAM and Jennifer Hatton, United Health Services
- **Universal Access to Hepatitis C Treatment in an Opioid Treatment Program**
Sara Lorenz Taki, MD and Ashley Magnussen, CRPA, CASAC-T, Greenwich House
- **Building Capacities in Opioid Treatment Programs for Hepatitis C Treatment Services and Care Management Supports**
Ana Ventuneac, PhD and Anthony Mcleod, START Treatment and Recovery Centers

Hepatitis C Elimination Campaign in a Hospital-Based Opioid Treatment Program

Julia Hunter, MD, MPH, FASAM
Medical Director of Addiction Medicine

Jennifer Hatton, BSN, RN, CARN, CN IV
Outpatient Behavioral Health Nursing
Coordinator

United Health Services Hospitals, Inc.



We aim to
eradicate
hepatitis C from
our methadone
clinic.



WE CREATED OUR
TREATMENT
INFRASTRUCTURE
AROUND THIS GOAL.



Our Hepatitis C Treatment Team



Melissa Barker, MSW
HCV Program
Team Lead

- Supervises program operations
- Ensures compliance with hepatitis C grant deliverables, including reporting
- Manages hepatitis C program staff



Sarah Buono
HCV Program
Community Health
Outreach Specialist

- Teaches community members about hepatitis C at tabling events and health fairs
- Runs hepatitis C educational groups in substance use disorder treatment programs



Allison Coughlin, PharmD,
Trellis Rx Clinical
Pharmacist

- Completes prior authorizations
- Monitors medication adherence
- Ensures timely refills



Patrick Davis
HCV Program
Peer Support
Specialist

- Provides support throughout treatment
- Conducts outreach to patients not yet in treatment
- Educates patients about hepatitis C and its treatment



Jennifer Hatton, BSN, RN, CARN, CN IV
Outpatient
Behavioral Health
Nursing
Coordinator

- Created and manages a system to track program data
- Runs the weekly team meetings for the OTP's hepatitis C program



Julia Hunter, MD, MPH, FASAM
Medical Director of
Addiction Medicine

- Developed and oversees the OTP's hepatitis C program
- Gives weekly updates to clinic staff about patients in our treatment pipeline
- Treats hepatitis C



Shannon McDonald
HCV Program
Care Coordinator

- Manages program enrollment
- Reminds patients about upcoming appointments and labs
- Provides support throughout treatment

Programmatic Backbone: Data Tracking. We use data to:



Define Patient Status: no viral load, detectable viral load, viral load unknown

Hepatitis C Ab result & date
Hepatitis C RNA result & date
No data



Determine if Patients are in Treatment

Treatment labs ordered: yes & date/no
Treatment labs completed: yes & date/no
Initial treatment appointment completed: yes & date/no
DAA ordered: yes & date & medication/no



Monitor Treatment Progress

DAA dispensed: yes & date/no
Follow-up appointment completed: yes & date/no
More follow-up appointments needed: yes/no
Date DAA refill is due
DAA refill dispensed: yes & date/no
Date labs are due (in-treatment, end-of-treatment, SVR)

Programmatic Backbone: Weekly Team Meetings



We Run Our Treatment List Every Meeting

Clinic appointments: upcoming appointments, missed appointments, appointments that need to be (re)scheduled

Outside appointments: referral, ultrasound, transient elastography

Outreach: which patients need outreach, which staff member should do the outreach

Labs: who needs labs ordered, who needs labs drawn and when

Refills: who needs refills and when

Medication issues: start/end dates, adherence, side effects

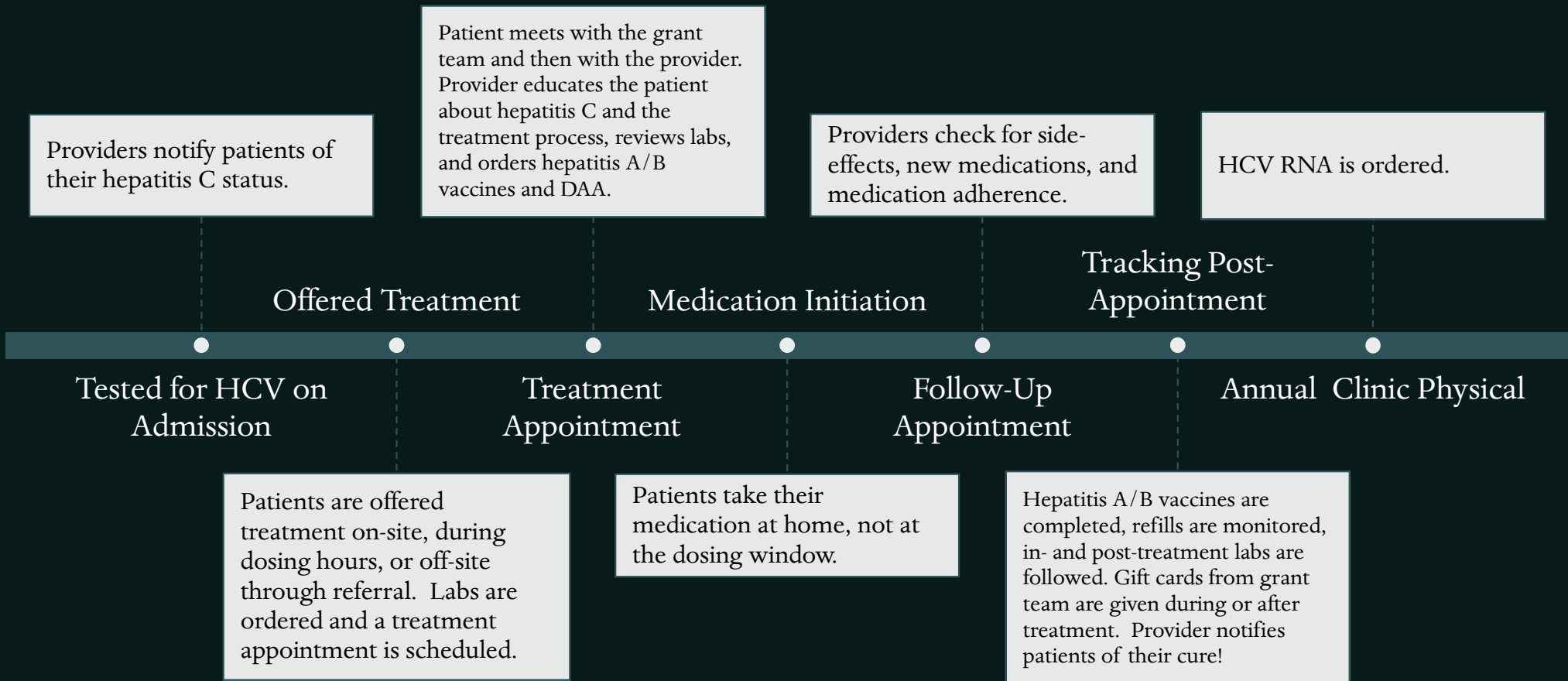


We Periodically Discuss Program Structure and Data

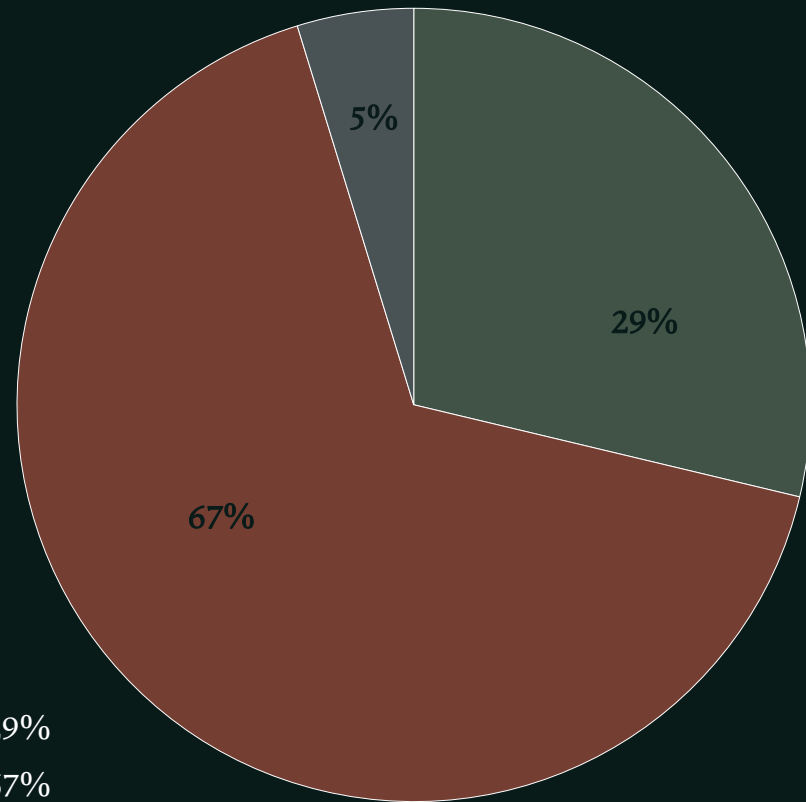
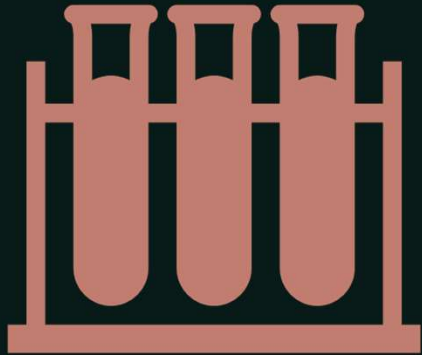
Programmatic issues: what issues are challenging our workflow? Past hurdles include getting grant consents signed, patients not calling to get their DAA refills, and patients not attending intake appointments with the grant team.

Program data: how can we use our data to adapt our program to meet our goal of eliminating hepatitis C from our clinic?

Sample Patient Workflow



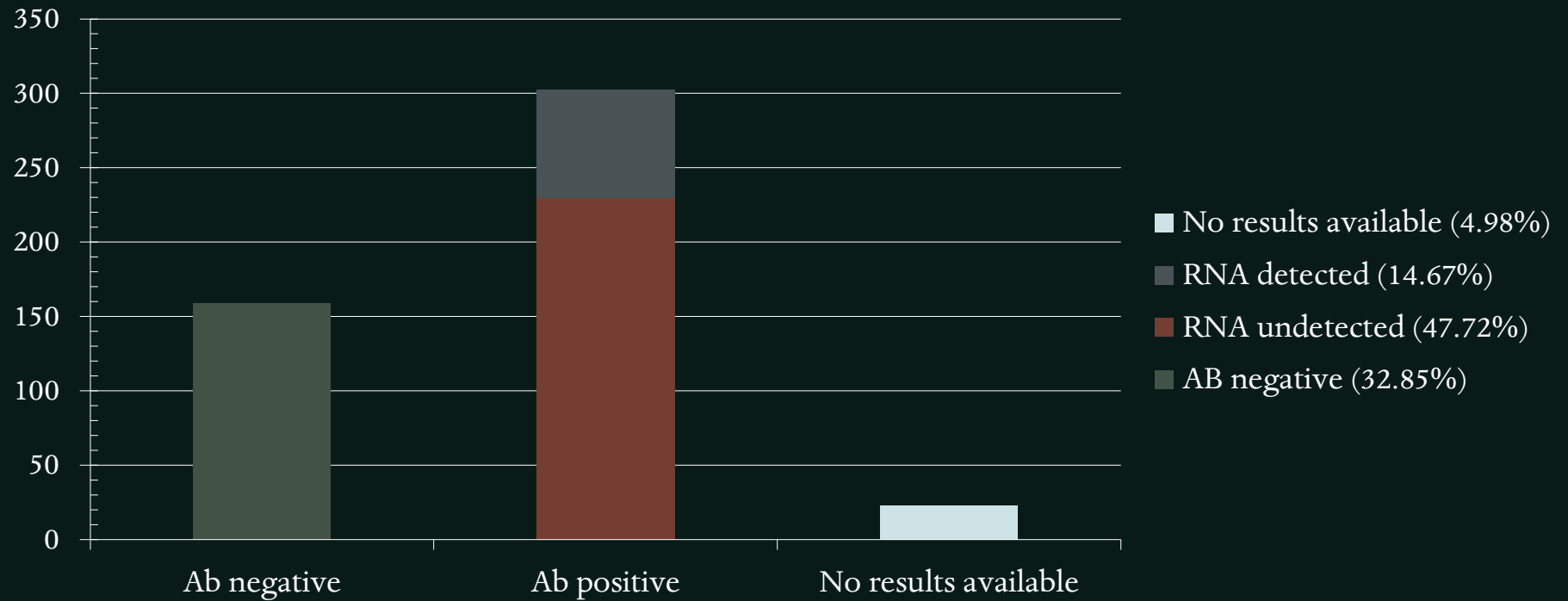
Outcomes: Hepatitis C Testing Completed



- < 12 months - 29%
- > 12 months - 67%
- No results available - 5%

Outcomes: Hepatitis C Prevalence

- Hepatitis C Ab+ Total: 62.39%
- Hepatitis C Ab+ with Detected RNA: 23.51%



Outcomes: Treatment Pipeline, Patients with Viral Load

Status	Number of Patients
Need repeat viral load (last HCV RNA > 12 months ago and/or last HCV RNA < 10)	27
Treatment pending (waiting for completion of labs and/or treatment appointment)	12
Treatment in progress (taking medication)	3
Treatment stopped/on hold	2
Referred to outside treatment provider	10
Treatment completed, SVR pending	10
HCV RNA < 12 months ago, treatment indicated but not started	13
<i>Declined treatment</i>	1
<i>Patient unavailable</i>	1
<i>Patients not yet engaged in treatment</i>	11
Total	77

Outcomes: Cures

Hepatitis C Treatment Completed		SVR Confirmed	
Year	Patients Completing Treatment	Year	Patients with Confirmed SVR
2019	13	2019	4
2020	12	2020	11
2021	13	2021	12
2022	16	2022	14
2023	28	2023	22
2024	5	2024	5
Total	87	Total	68

Next Steps

Education

- Tabling in the clinic, hepatitis C education group for clinic patients

Treatment

- Focus on engaging patients who have not yet started treatment

Vaccination

- Tracking and improving hepatitis A/B vaccination rates

Labs


- Cafeteria gift cards to incentivize off-site phlebotomy, launch on-site phlebotomy

Celebration

- Cure party



Take Aways



Prevention is Critical: educate patients about hepatitis C transmission, link patients to syringe exchange programs and services that deliver clean works

Plan for Treatment Hurdles: patient ambivalence, admission to areas with challenged access to DAAs (inpatient SUD/medical/psychiatric treatment, jail, etc.), refills, SVR labs

Form a Treatment Team and Track Data: to monitor patients' progress as they move through the care cascade and help them overcome treatment-related obstacles

We LOVE treating hepatitis C and are confident you will too!



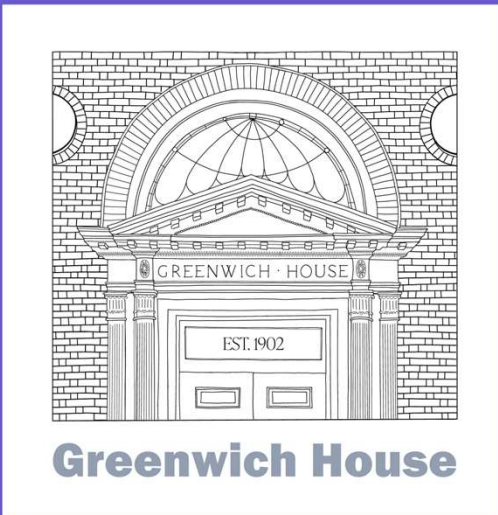
Thank You!

New York State Department of Health:
Grant Funding

Anthony Martinez, MD, AAHIVS, FAASLD:
Mentoring

UMass Project ECHO[®]: Education





**CENTER FOR
HEALING**

Universal Hepatitis C Treatment in an Opioid Treatment Program

Sara Lorenz Taki, MD
Ashley Magnussen, CRPA

NYS Hepatitis C Elimination
Annual Progress Report Conference
May 15th, 2024

Objectives

- Describe integrated HCV treatment in an opioid treatment program
- Outline steps for implementing universal HCV treatment
- Describe impact of certified recovery peer advocates on engagement and capacity to treat HCV



Greenwich House Goals



- Develop capacity to evaluate and treat all new patients with HCV within **2 weeks** of admission
- Co-dispense HCV medication with methadone/buprenorphine
- Develop HAV/HBV vaccination program
- Educate all patients on HCV prevention, transmission, treatment, reinfection, and harm reduction
- Address social determinants of health
- Eliminate HCV in our OTP

Treatment Protocol



Admission/Annual physical labs include HCV ab with reflex to viral load and pretreatment labs. Labs are decoupled from medical visit.

Patient returns for pre-treatment evaluation and education. Consent and prescription sent to specialty pharmacy.

HCV medication delivered to clinic.

Pt receives HCV medication co-dispensed with methadone/buprenorphine.

Patient returns for follow up and 12-week SVR labs. HCV peer and care coordination nurse support pt through treatment.



Clinic Composition

- ~1000 patients receiving MOUD (>95% methadone)
- 3 providers (MD, NP, PA)
- 1 HCV Care Coordination Nurse
- 1 Certified Recovery Peer Advocate
- 1 Medical Assistant
- 6 Dispensing Nurses

Outcomes

- Total number of patients treated – 34
- Patients with 12-week viral load drawn – 26
- 24 cured, 1 reinfection, 1 treatment failure
- 4 pts left treatment prior to completion of HCV treatment

Cure Rate - 96%

*No HCV treatment was initiated between 2020-2022 due to COVID-19 pandemic.

Effect of CRPA on Treatment Engagement

- Rate of HCV treatment initiation without CRPA – 0.6 pts/month/provider
- Enrollment rate with CRPA – 2.6 pts/month/provider
- The addition of a Certified Recovery Peer Advocate **quadrupled** capacity to treat patients (4.3x initiation rate without CRPA).

The addition of HCV CRPAs and Care Coordination Nurses drastically increased the capacity of providers to treat HCV.

Interventions to Increase Treatment



- Proximity - Peer/Nurse office close to medication area or front desk for easy access and frequent contact
- Include HCV education in admission process
- Decouple HCV labs from medical visits
- Medication co-dispensing with methadone/buprenorphine.
- Utilize OASAS HCV DOT billing
- Specialty pharmacy delivery of meds to clinic
- Prescribe full course at once. No refills
- Integrate all recovery goals with HCV treatment and address social determinants of health



Strategies for Effective Peer Engagement

G.R.A.C.E.

Guidance

Provide resources based on personal navigation from lived experience. Educate and mentor.

Respect

Meet everyone where they are, even when their health decisions and personal recovery choices differ from yours.

Acknowledge

Acknowledge individual lifestyles, beliefs and strengths.

Confidentiality

Keep their matters private unless given permission to divulge. Only disclose what assists the individual.

Encouragement

Provide unwavering support and show your professional allegiance.



Benefits of Peer Engagement

- Accompany patients to locations outside of clinic (hospital, rehab, HRA, etc.).
- Shared lived experience inspire trust and connection.
- Breaks the stigma.
- Communities less aware of HCV are educated by individuals with lived experience
- Increase engagement- Completing treatment is an accomplishment. It can be a first step in a snowball of positive change. This can lay a foundation for an individual to address other physical, mental health, and substance use concerns.



Thank you!

The Greenwich House HCV Treatment Champions
Sara Taki MD, Lipi Roy MD, Ashley Magnussen CRPA, Marlene Duckoff RPA-C

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, PhD¹

¹Research and Evaluation, START Treatment & Recovery Centers, Inc.

²Viral Hepatitis Program, Bureau of Hepatitis, HIV and STI, NYC Department of Health and Mental Hygiene

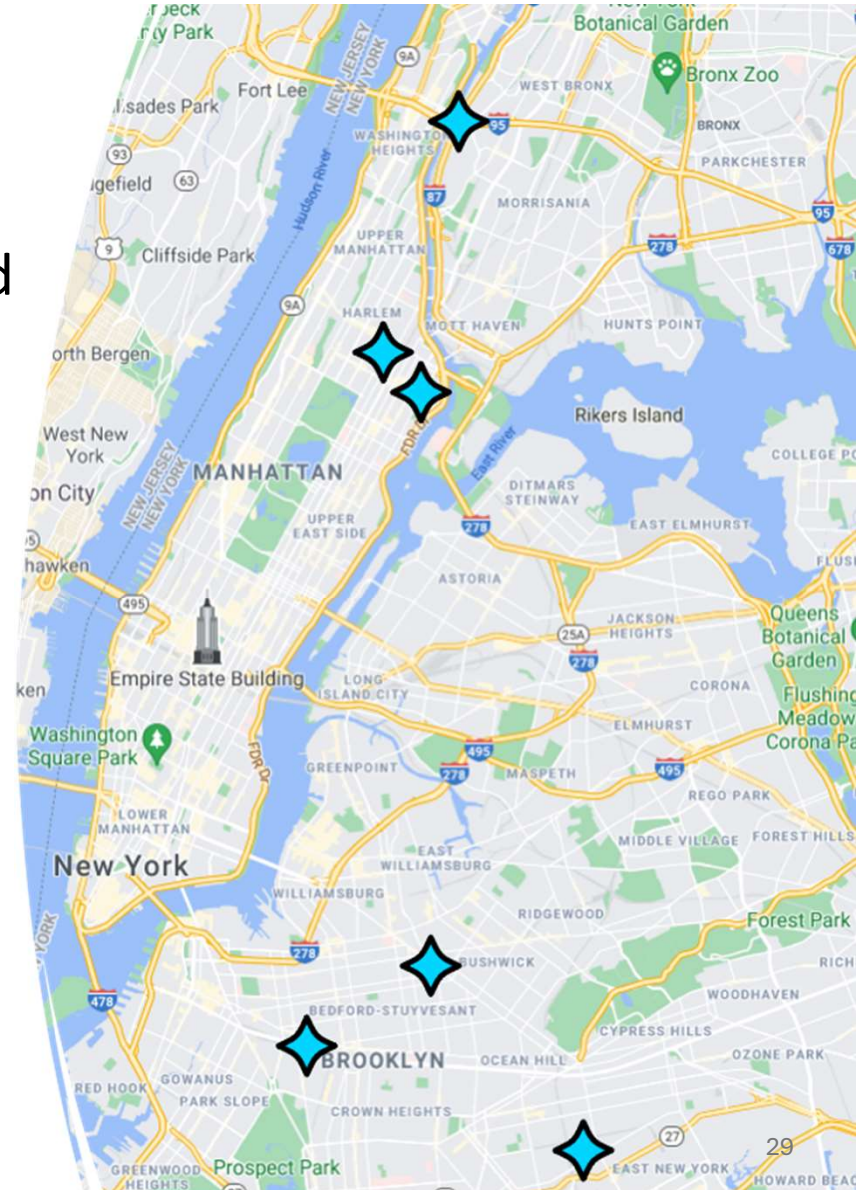


2024 Annual New York State Hepatitis C Elimination Progress Report Meeting
May 15, 2024



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)



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



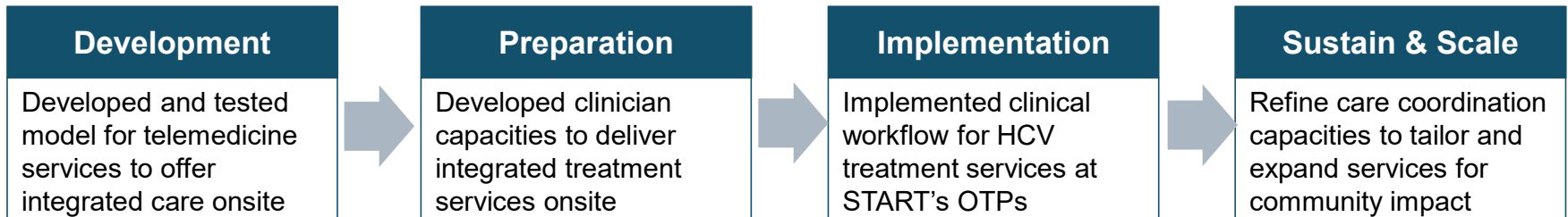
Among 569 newly admitted participants in 2023

- 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

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



Phases of Program Best Practices



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

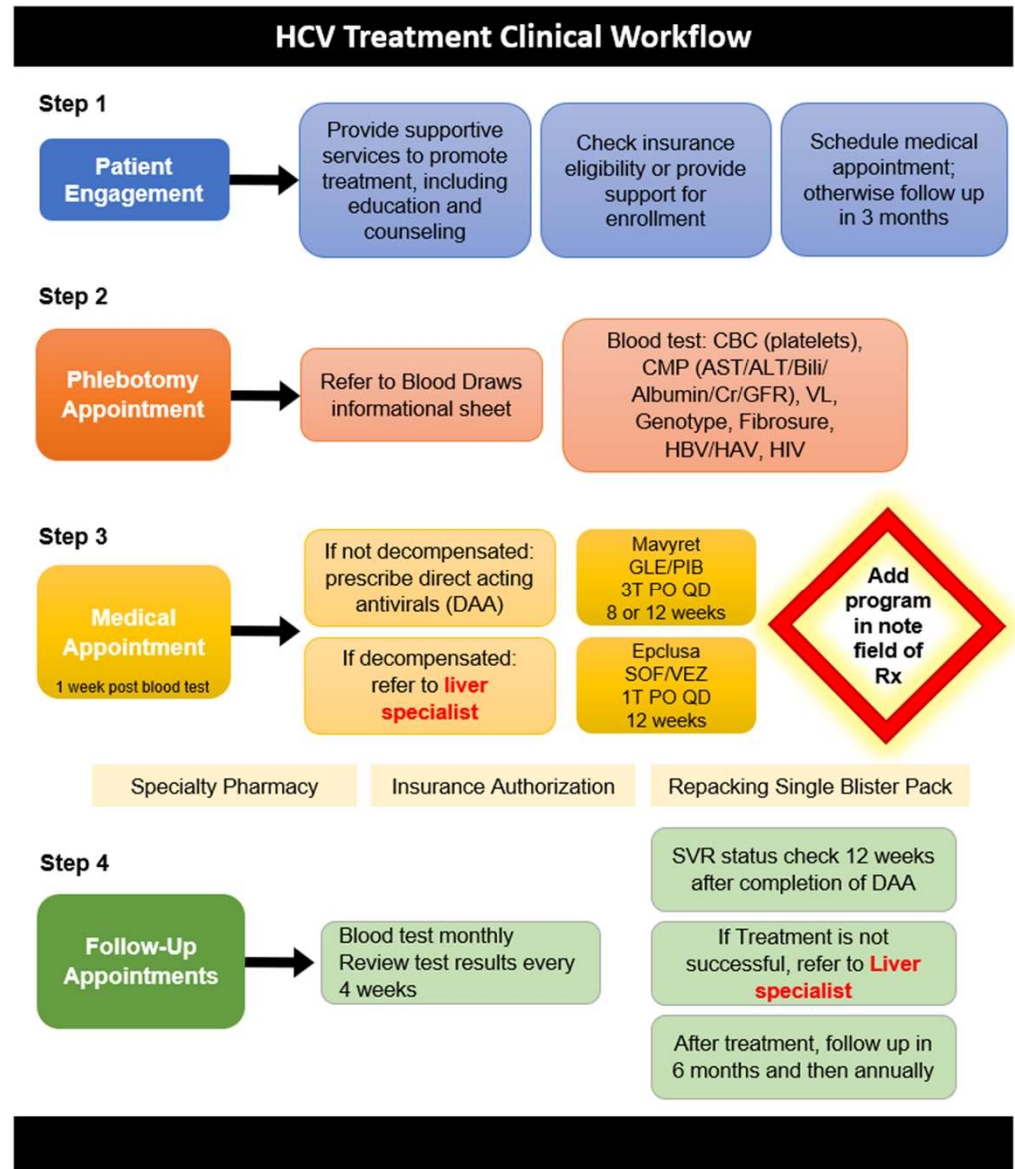
START

TREATMENT & RECOVERY CENTERS

The right way to treat people.®

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



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

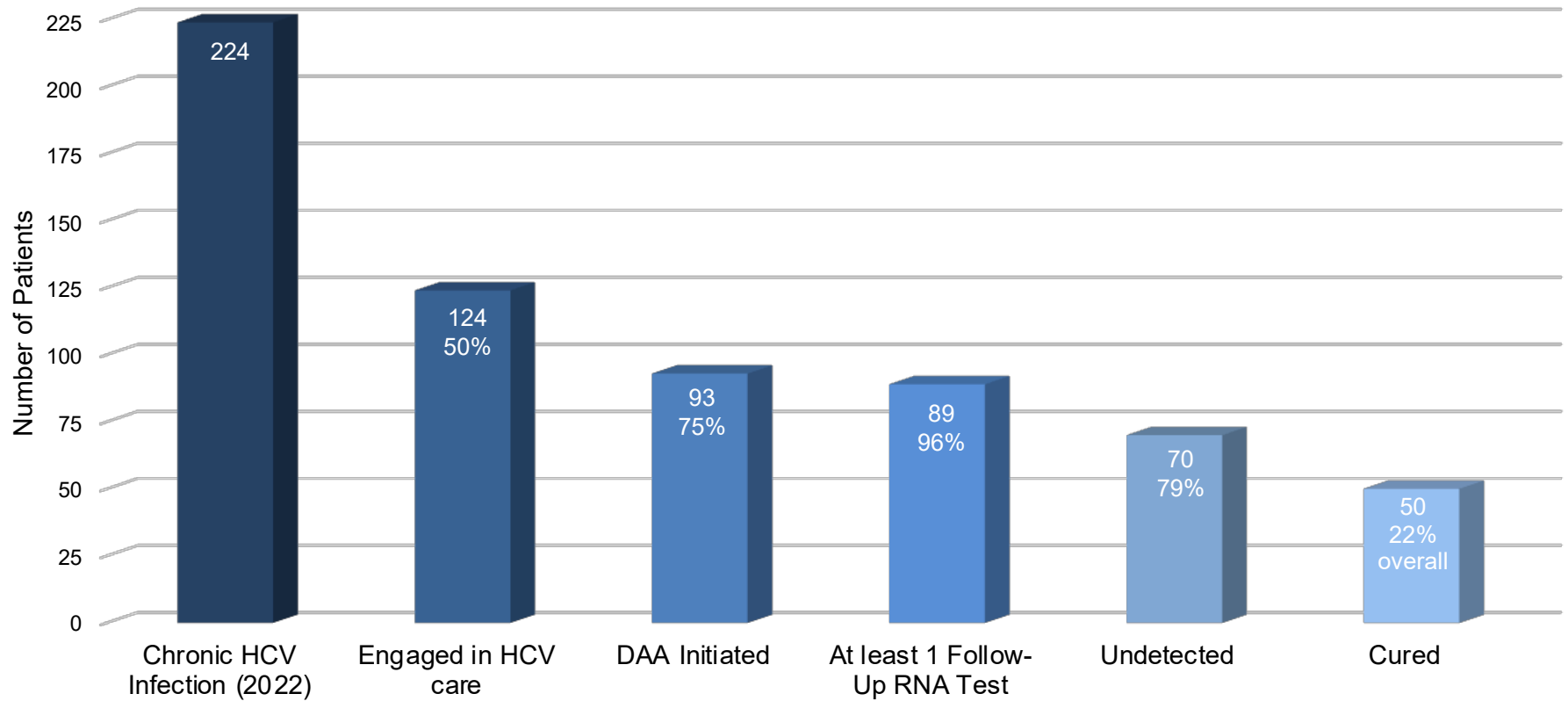
- Work with specialty pharmacy to reduce time and burden on patients and providers
- Medication dispensing coupled with medication for opioid use disorders
- Updated lab results and changes in viral load maintain motivation and medication adherence

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

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

Viral Hepatitis Program, NYC DOHMH

- Versalle Shelton, MPH
- Marie P. Bresnahan, MPH
- Diana Diaz Munoz, MPH

NYS OASAS

- Commissioner Chinazo Cunningham, MD

Key Collaborators

- Nadine Kela-Murphy, MPH
- Nirah Johnson, LCSW
- Umaima Khatun, MPH
- Pete Pecoraro, 340B, Verity Solutions
- Andrew Talal, MD

NYS DOH, Bureau of Hepatitis Health Care and Epidemiology, AIDS Institute

- Mehvish Bhatti, MPH
- Kara Burke, MPH
- Lisa B. Currin, LCSW
- Colleen Flanigan, RN, MS
- Shannon Mason, MPH

NASTAD

- Rita Isabel Lechuga, MD, MPH
- Erin Fratto, MS, CHES

A very special thank you to our colleague, Dr. Alvin Chu!

Contact Information

Anthony McLeod
amcleod@startny.org

Ana Ventuneac
aventuneac@startny.org

START

TREATMENT & RECOVERY CENTERS

The right way to treat people.®



Discussion



Thank you!

Contact:

Hepatabc@health.ny.gov

