Opioid Use Treatment Programs: Critical Pathways to HCV Treatment for People Who Inject Drugs

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HCV Treatment Access in WA

Hepatitis C: State of Medicaid Access Report Card

Washington

**Estimated Number of Individuals Living with Hepatitis C**: 54,600

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<th>Grade</th>
<th>Summary</th>
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| A     | **Liver Damage (Fibrosis) Restrictions**: Fee-For-Service (FFS) and Managed Care Organizations (MCOs) do not have any liver damage restrictions.  
**Sobriety Restrictions**: FFS and MCOs do not have any sobriety restrictions.  
**Prescriber Restrictions**: FFS and MCOs do not impose prescriber restrictions.  
**Recommendations to Improve Patient Access**:  
- Continue to provide access to hepatitis C treatment to all beneficiaries.  
- Maintain coverage parity across the Medicaid program and transparency regarding coverage requirements. |

*Grade Rationale*: Washington Medicaid excludes hepatitis C medications from MCO contracts and FFS requirements apply across the Medicaid program. As a result of legal action and patient advocacy, the state has no liver damage or sobriety requirements, and has recently removed prescriber specialty requirements. Due to the prescriber restrictions, a “minus” has been added to the state’s “A” grade.
HCV Treatment Access in WA

Figure 1: HCV Care Cascade, Washington, 2018

Viremic Infections Beginning of 2018: 59,100
Diagnosed Through 2018: 52,100

- 88% decrease

Treated During 2018: 7,300
Cured: 7,000

12% decrease
95%

Source: Center for Disease Analysis Foundation report, 2019 (Appendix A)
Who We Are
HEP’s Syringe Services Program
Opioid Use Treatment Access

Medications for Opioid Use Disorder (MOUD) Locator

Use our resource locator below to find local clinics and programs that use evidence-based treatments to treat opioid use disorder.

Powered by HealthBridge.care

Enter City or Zip: 98144
Enter County (optional): king
Select Search Radius: 10 miles

94 Results Found

Check your eligibility and narrow your search

Sort By: Geographic

Pacific Medical Centers - Beacon Hill
What Is Buprenorphine?

Medication Assisted Treatment

Buprenorphine is...

... A medication designed to treat opioid use disorder.

... A partial opioid agonist and antagonist.

... Is often combined with naloxone, a full opioid antagonist.
Why Buprenorphine?

• Buprenorphine alleviates the symptoms of opioid withdrawal.

• Dramatically reduces the effects of opioids taken subsequently.

• Combined with Naloxone to prevent abuse if taken other than sublingually.

• Helps provide stability for patients as they work to improve their lives.
What is a Low-Barrier Clinic?

**Traditional**

- Set appointments with little flexibility
- Missed appointments are counted towards discharge
- Positive drug test results can prevent prescription and are counted against clients
- SUD/MH counseling and/or 12-step program attendance required

**Low Barrier**

- Appointments are walk in and first come first served
- Missed appointments not a problem, clients can return when ready
- Non-punitive drug testing, ongoing use is not a reason to withhold medication
- Counseling offered on site but not required
Why the Low-Barrier Model?

• Access for clients who have had difficulty being successful in other programs

• Prioritizes positive progress and continued engagement over total abstinence

• Does not stipulate a certain treatment approach; respects client choice and client voice.

• Increased uptake of HCV testing and other services
STEP Clinic: Low-Barrier Care

• Rapid access
• Comprehensive support, including patient care navigation
• Serves marginalized and stigmatized community
  • 84% homeless or unstably housed

**Key features**
• Opt-out hepatitis C testing
• Peer counselor

FREE Low-Barrier Opioid Use Treatment Medication Program
AT THE HEPATITIS EDUCATION PROJECT
TUESDAYS & THURSDAYS, 1PM-5PM
NO APPOINTMENT NEEDED
FIRST COME, FIRST SERVE

Licensed staff can provide:
• bupe (Suboxone) prescriptions
• naltrexone prescriptions
• drug and alcohol assessments
• individual counseling
• short-term therapy
• ongoing therapy referrals
HCV testing and linkage to care

Opt-out hepatitis C testing

• 96% received HCV screening
  • 70% HCV Ab+

• 90% HCV Ab+ received confirmatory testing
  • Compared to 60% of clients at other sites

• 76% HCV+ enrolled with HCV case manager
  • compared to 25% of HCV+ patients at other sites

• 21% linked to HCV care
Peer Counselor vs. Peer Support

- Anyone with a personal understanding of OUD can provide peer support.
- A peer counselor also has long term stable recovery and training.
Peer Counselors

• Formal involvement of people with lived experience strengthens engagement and builds trust
  • Share personal stories
  • Intimate understanding of substance use and recovery
  • Resolve challenges, overcome barriers
Sharing Personal Struggles Productively

• Practical Safer Use Education

• Relapse and Re-engagement

• What Success Looks Like

• Clients ask for staff with experience with bupe and OUD

Technique for increased control during injection
Conclusions

• OUTP are critical opportunities for HCV screening and linkage to care
• Low-barrier programs are needed to serve more people and the most disadvantaged people
• Peer counselors with lived experience improve engagement in services, including HCV care and treatment
• Community-based HCV screening and linkage to care programs are critical to reaching more people who use drugs (not just those in recovery)
Thank you!

HEP receives funding from Gilead’s FOCUS Program. FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first medical appointment after diagnosis.