

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



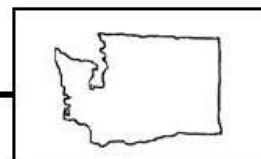
Chelsie Porter, Prevention and Outreach Program Manager
Kevin Nooney, Medical Case Manager

HCV Treatment Access in WA

Hepatitis C: State of Medicaid Access Report Card

Washington

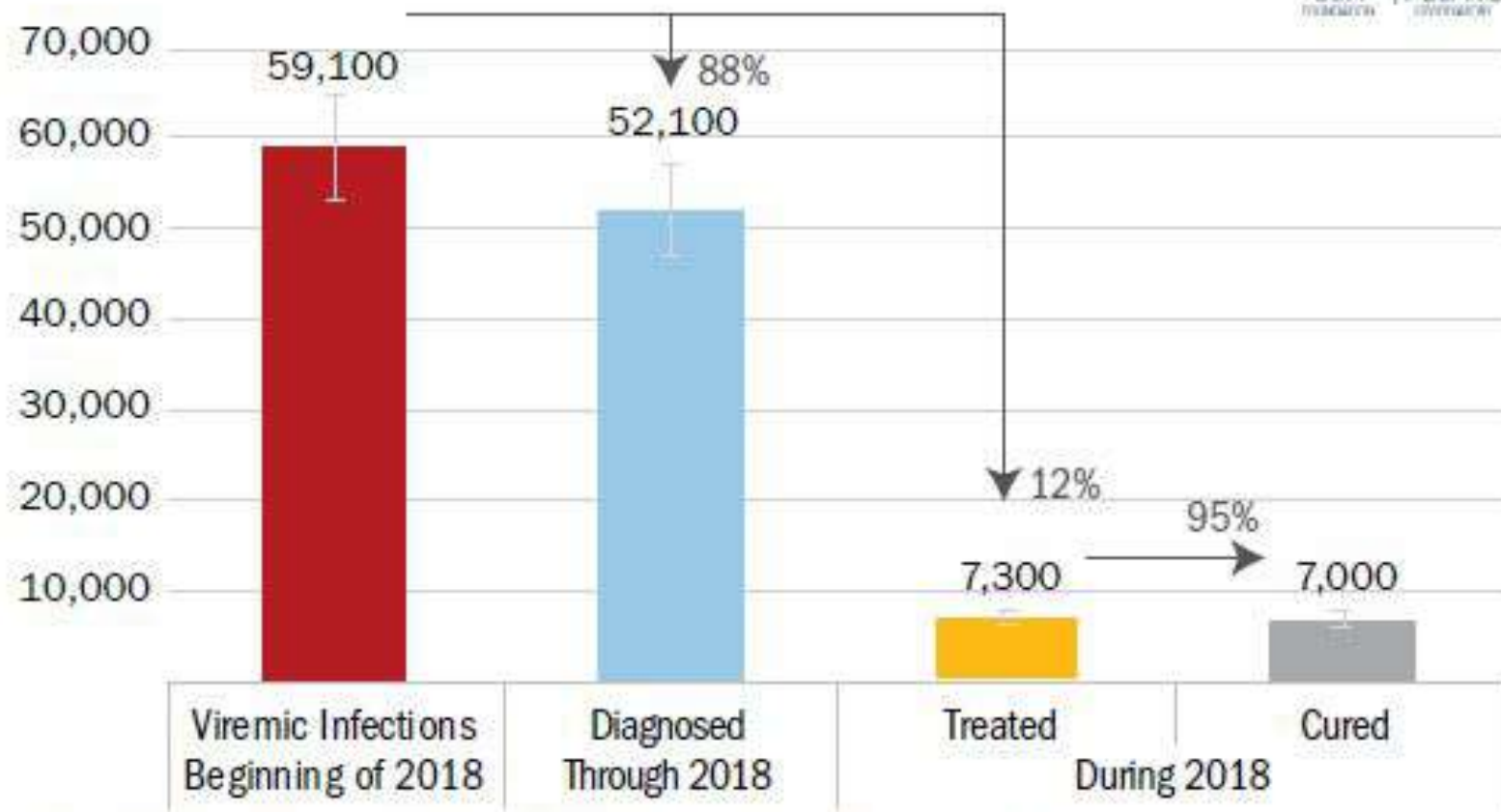
Estimated Number of Individuals Living with Hepatitis C: 54,600¹



Grade	Summary
A	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) and Managed Care Organizations (MCOs) do not have any liver damage restrictions.</p> <p>Sobriety Restrictions: FFS and MCOs do not have any sobriety restrictions.</p> <p>Prescriber Restrictions: FFS and MCOs do not impose prescriber restrictions.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> Continue to provide access to hepatitis C treatment to all beneficiaries. Maintain coverage parity across the Medicaid program and transparency regarding coverage requirements. <p><i>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.</i></p>

HCV Treatment Access in WA

Figure 1: HCV Care Cascade, Washington, 2018



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

Search

Check your eligibility and narrow your search



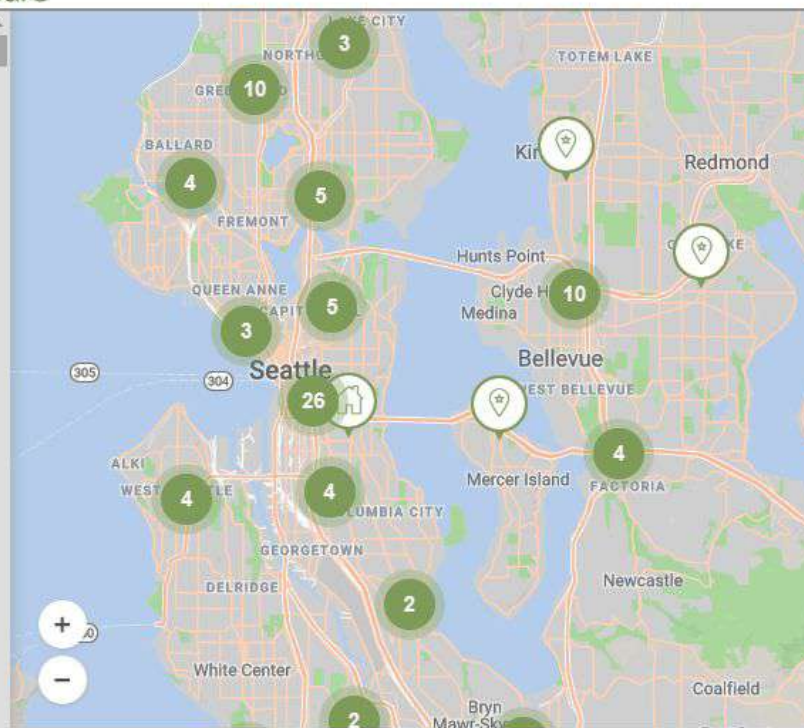
Sort By

Geographic



Pacific Medical Centers -
Beacon Hill

Now Open



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 withdraw.
- 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 appointment 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



Buprenorphine
prescriptions



Substance Use
Counseling



Mental Health
Services

Licensed staff can provide:

- bupe (Suboxone) prescriptions
- naltrexone prescriptions
- drug and alcohol assessments
- individual counseling
- short-term therapy
- ongoing therapy referrals



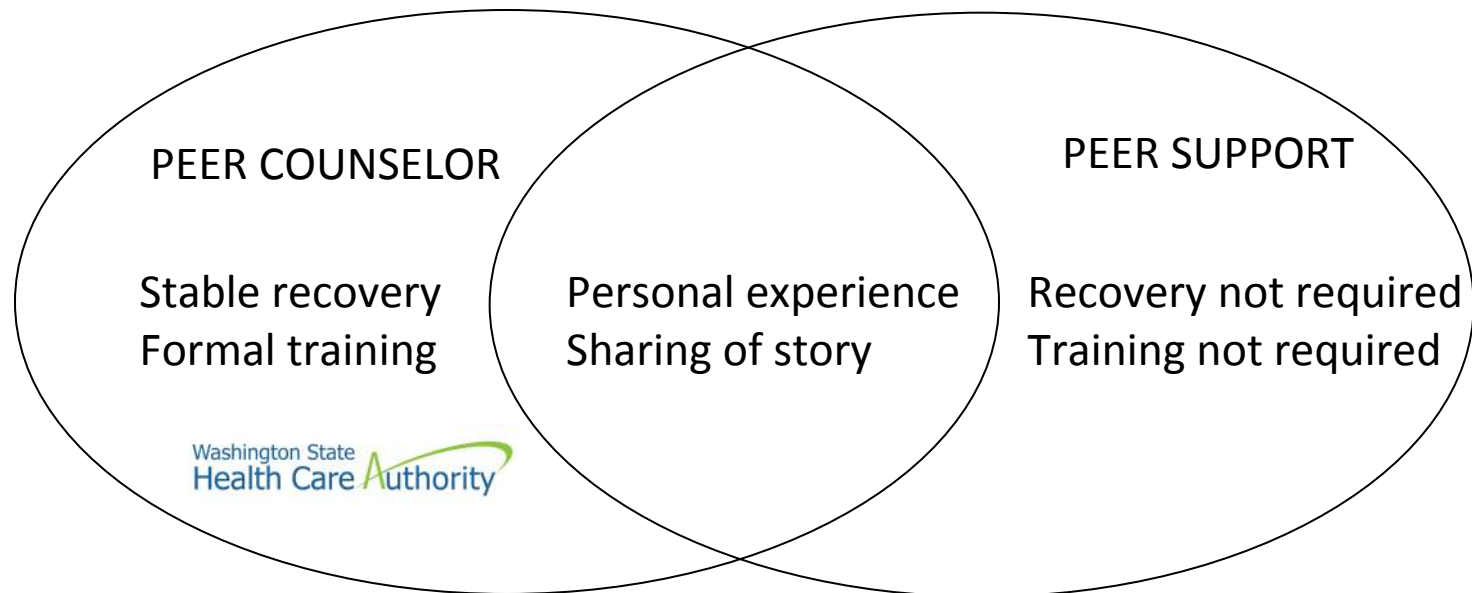
HCV testing and linkage to care

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

- OUTF 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.