

Viral hepatitis testing and linkage to care for individuals enrolled in opioid treatment programs in Denver, Colorado

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Background

- In the US, <30% of substance use treatment facilities offer hepatitis C (HCV) testing
- At our institution, only 52% of individuals at our Opioid Treatment Program (OTP) had been tested for HCV in 2016
- Only 8% of individuals with HCV in our OTP had been seen by an HCV specialist

Objectives

We integrated an opt-out viral hepatitis (VH) testing and linkage-to-care program within our OTP.

Intervention

SCREENING

- Hepatitis C (HCV) and hepatitis B (HBV) included in intake screening labs
- “Catch-up testing” offered to individuals enrolled in OTP and not previously screened
- Retesting offered at annual follow-up medical visits



RECORD REVIEW

- All lab results reviewed by Patient Navigator
- Medical records queried for list of individuals previously diagnosed with HCV and HBV
- Records reviewed for evidence of treatment



NAVIGATION

- Charts of individuals newly diagnosed or previously diagnosed but out of care flagged for counseling at the time of MAT dosing
- Educational counseling and motivational interviewing offered
- Clients assisted with scheduling VH appointments and all follow-up care throughout the HCV treatment process.



Results

Testing

Table 1. HCV Testing Results, March 1, 2018-February 28, 2019

Hepatitis C		N (%)
Tested for HCV Ab		532
HCV Ab+		181 (34%)
HCV RNA+		111 (21%)
Not tested, known HCV RNA+, out of care		61
TOTAL HCV RNA+		172
HCV RNA Genotype		
1		87 (51%)
2		21 (12%)
3		38 (22%)
4		2 (1%)
Unknown, mixed, or indeterminate		24 (14%)

Hepatitis B

Three individuals were newly-diagnosed with HBV, and five individuals were linked to HBV care.

Treatment

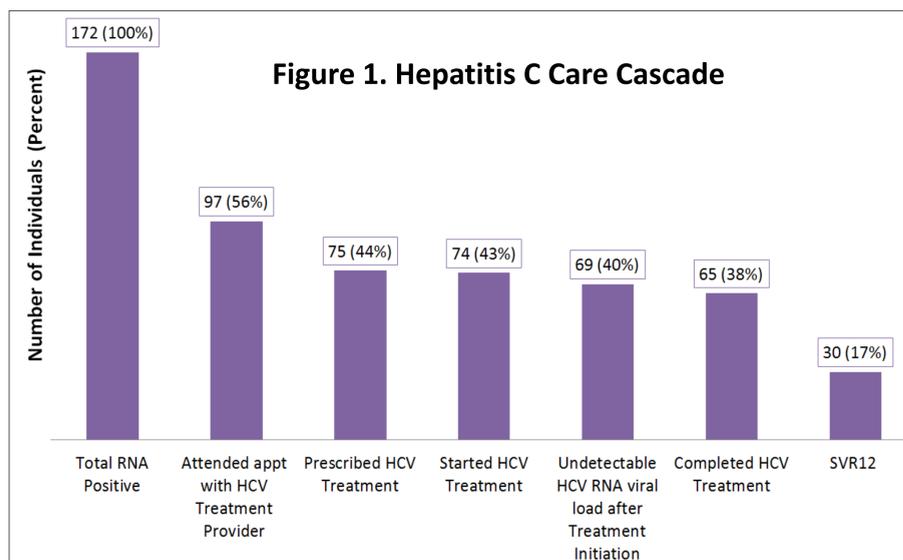


Figure 1. Reasons not treated include loss to follow-up (n=11), currently in treatment initiation process (n=5), insurance barriers (n=3), spontaneous clearance (n=3), and competing comorbidities (n=1). Reasons for having no documented SVR12 among individuals who have completed treatment or have had an undetectable viral post treatment initiation include being lost to follow-up (n=11) or too soon for SVR12 at the time of chart review (n=28).

Table 2. Characteristics of Individuals Positive for HCV RNA, March 1, 2018 - February 28, 2019

CHARACTERISTIC	TOTAL (N%)	Started on HCV Treatment (N, %)*	Not started on HCV Treatment (N, %)	P-value
Age				<0.01
Median (IQR)	41 (33-53)	44 (37-55)	36 (31-48)	
Has Primary Care Provider				<0.01
Yes	77 (45%)	51 (68%)	26 (27%)	
No	95 (55%)	24 (32%)	71 (73%)	
Housing Status				0.05
Permanent Housing	77 (45%)	42 (56%)	35 (36%)	
Non-permanent housing	20 (12%)	7 (9%)	13 (13%)	
Institution	37 (22%)	15 (20%)	22 (23%)	
Homeless	38 (22%)	11 (15%)	27 (28%)	
Criminal Justice System Involvement in Past 18 months				<0.01
No	101 (59%)	53 (72%)	48 (50%)	
Yes	69 (41%)	21 (28%)	48 (50%)	
Prison	8 (5%)	1 (3%)	7 (12%)	
Jail	42 (24%)	10 (34%)	32 (55%)	
Parole	6 (3%)	3 (10%)	3 (5%)	
Probation	31 (18%)	15 (52%)	16 (28%)	
Current Substance Use				<0.01
None	52 (30%)	31 (41%)	21 (22%)	
Single substance Use	27 (16%)	15 (20%)	12 (12%)	
Poly-substance Use	93 (54%)	29 (39%)	64 (66%)	
Injection Drug Use				<0.01
Never	4 (2%)	2 (3%)	2 (2%)	
Yes, but only in past	85 (49%)	52 (69%)	33 (34%)	
Yes, currently	83 (48%)	21 (28%)	62 (64%)	
Patient Testing				<0.01
Intake	109 (64%)	37 (49%)	72 (74%)	
Catch-up	40 (23%)	28 (37%)	12 (12%)	
Annual medical visit	18 (21%)	6 (7%)	12 (12%)	
Other	4 (2%)	4 (5%)	0 (0%)	
Dosing Phase				0.04
Daily dosing	133 (78%)	52 (70%)	81 (84%)	
Phased	38 (22%)	22 (30%)	16 (16%)	
Diagnosis of major mood disorder				0.02
No	86 (50%)	30 (40%)	56 (58%)	
Yes	85 (50%)	45 (60%)	40 (42%)	

Table 2. Factors that were *not* associated with initiation of HCV treatment included gender, race/ethnicity, health insurance coverage, primary mode of transportation, marital status, employment status, type of medication-assisted therapy, number of MAT starts, and current alcohol use.

Two individuals (2.7%) of the 74 clients who started HCV treatment had evidence of recurrent hepatitis C during the follow-up period.

Conclusions and Next Steps

- By incorporating a standardized VH screening protocol with the MAT intake process, we tested 532 individuals for HCV, and newly diagnosed 111 individuals with active HCV (RNA+) (21%)
- Through chart review, we identified an additional 61 individuals with untreated HCV among the clients enrolled in MAT
- Of the 172 individuals with active HCV in our MAT program, 38% have already completed HCV treatment
- Embedded within the OTP, our Patient Navigator leveraged the MAT dosing system to contact patients when they presented for MAT, and provided education, counseling, and navigation support
- The patient navigator directly provided post test counseling to 72% of clients identified with VH through our program, and this ongoing level of support will be critical to optimizing engagement in care for individuals in the OTP with untreated VH
- The standardized screening and linkage to care protocols will be expanded to FQHCs and other community MAT settings