

## **VIRAL HEPATITIS TESTING AND LINKAGE TO CARE FOR INDIVIDUALS ENROLLED IN OPIOID TREATMENT PROGRAMS IN DENVER, COLORADO**

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### **Models of Care Abstracts**

**Background:** In the US, studies show that <30% of substance use treatment facilities offer hepatitis C (HCV) testing. At our institution, only 52% of individuals receiving care at our Opioid Treatment Program (OTP) had been tested for HCV in 2016, and 8% of individuals with HCV had been linked-to-care. To address this gap, we integrated an opt-out viral hepatitis (VH) and HIV testing and linkage-to-care program within our OTP.

**Description of model of care/intervention:** We developed a standardized protocol in which all OTP intake patients are screened for HIV and VH, and then evaluated for rescreening at follow-up visits. A patient navigator reviews all positive tests and flags medical records for post-test counseling at the time of opiate agonist dosing. The medical record system is routinely queried for previously diagnosed cases of HIV or VH; these individuals are also flagged for counseling. Individuals are provided linkage navigation throughout treatment.

**Effectiveness:** Between March 2018 and February 2019, 532 individuals were screened for HCV, 181 tested HCV antibody-positive (34%), and 111 were HCV-RNA-positive (21%). Sixty additional individuals were identified with HCV-RNA and out-of-care. Of those positive for HCV-RNA, 48% report current injection drug use (82/171) and 50% past injection drug use (85/171). 52% of individuals positive for HCV-RNA have been seen by an HCV specialist (89/171) and 37% have started treatment (64/171). Of those not yet linked to a treatment provider, 41% have received education from a patient navigator (34/82). Three individuals were newly-diagnosed with HBV, and five individuals were linked to HBV care.

**Conclusion and next steps:** Through implementation of a standardized screening protocol, database review to identify out-of-care individuals, a linkage navigation program, and use of the OTP dosing system for patient access, significant gains have been made in the identification and treatment of HCV in this high prevalence setting.