

Expanding Hepatitis C Services at a NYC Drug Treatment Program

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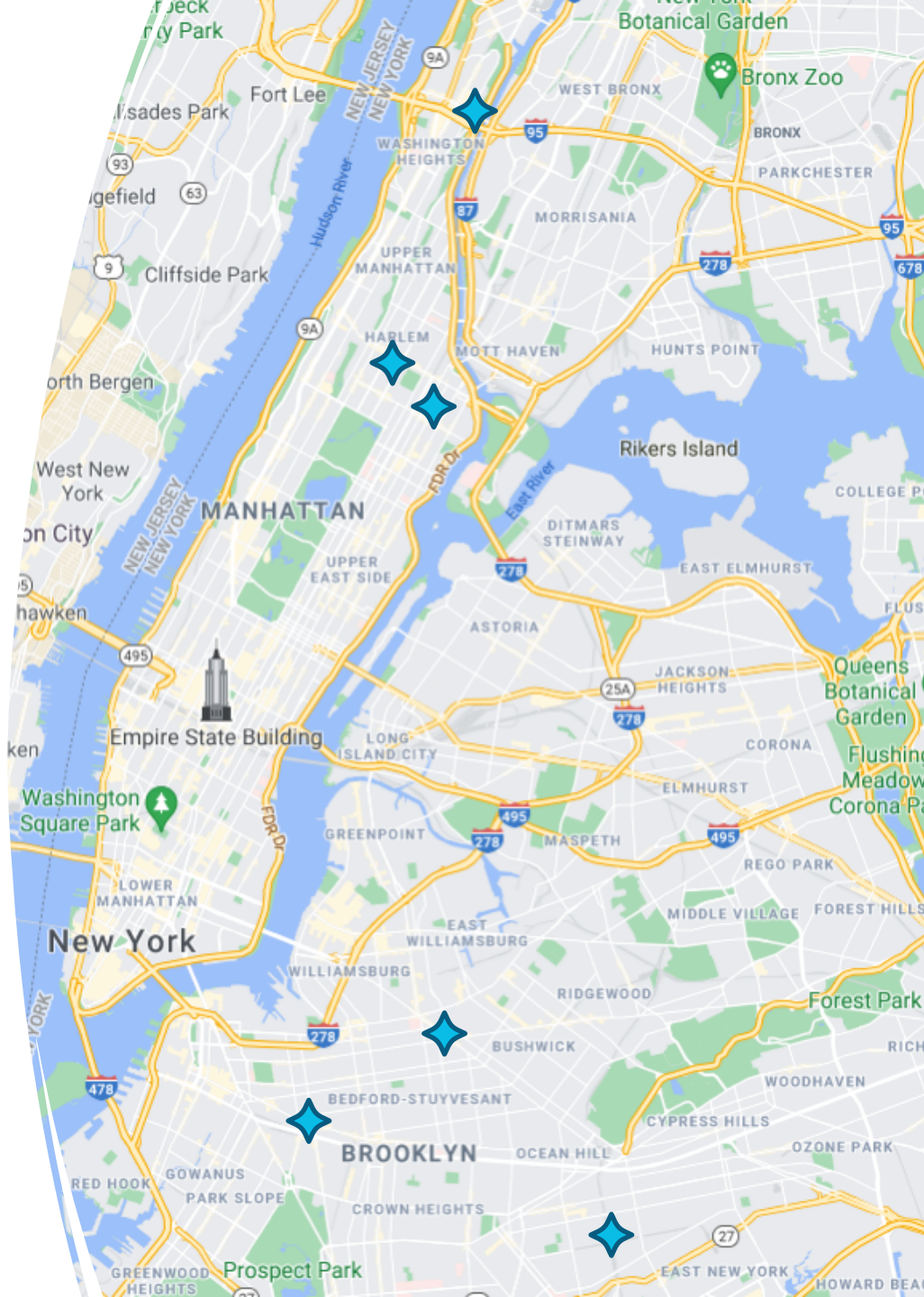


START

TREATMENT & RECOVERY CENTERS

The right way to treat people.®

- Founded in 1969 as the Addiction Research and Treatment Corporation (ARTC)
- Largest minority-led substance use treatment program in US
- 7 MAT programs
- On-site medical care
- Adult mental health program
- Adolescent mental health program - Teen START



START Treatment & Recovery Centers

Mission

To provide the highest quality of compassionate, comprehensive, evidence-based healthcare and social services; education of the public concerning maintenance of healthy lifestyles; and cutting-edge behavioral, biomedical and healthcare services research.

Vision

To transform the perception of addiction and behavioral health disorders by bringing dignity and respect to the lives, families and communities we serve.

Overview

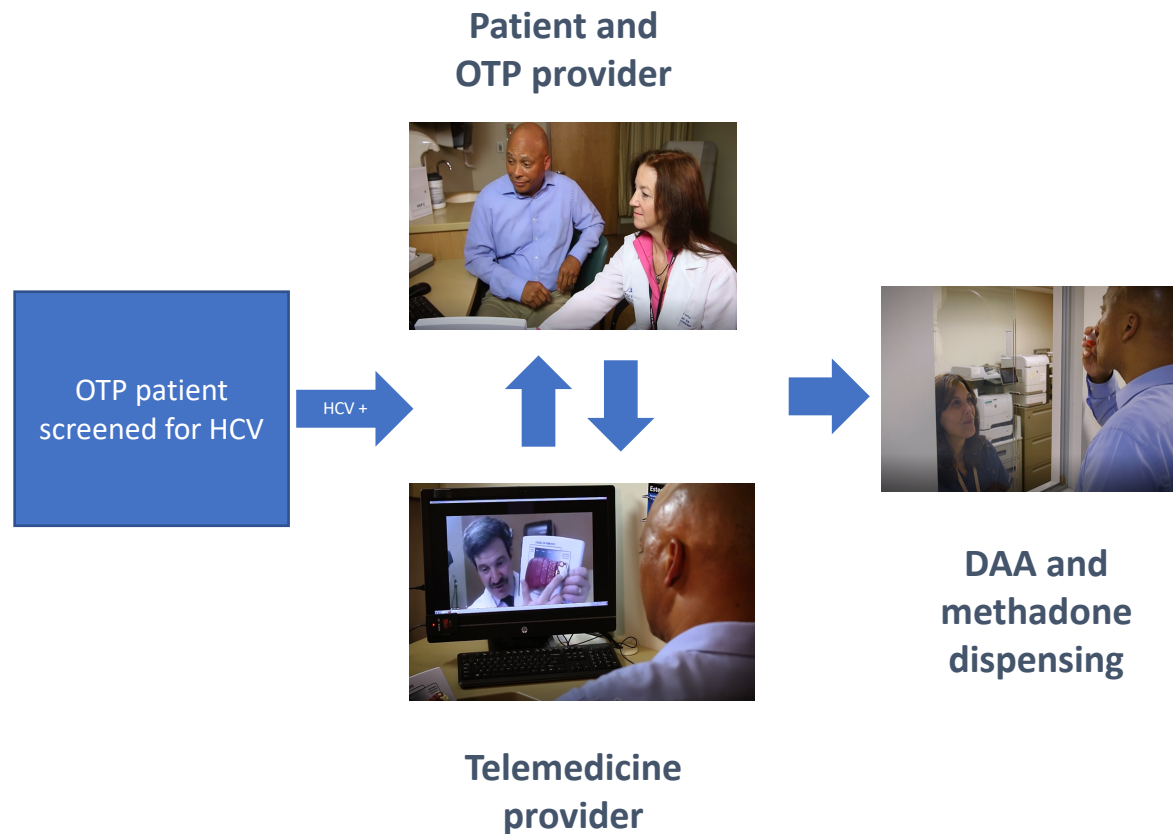
- Overview of Hepatitis C Treatment Services in Opioid Treatment Programs
- Case Management Implementation
- Project Implementation, Provider Perspectives and Sustainability

HCV Treatment Services within Opioid Treatment Programs (OTPs)

- OTPs as sites for HCV prevention, screening and treatment
 - integration of infectious disease and OUD care
 - non-judgmental and non-stigmatizing context
 - Increase patient awareness and decrease barriers that limit patient access to and engagement in care
- Recent study found that patients enrolled in OTPs
 - Reported comfort with and sense of support from OTPs
 - Reported trust in OTP providers and care staff

Sources: NYC DOHMH, Hep A, B, and C in NYC: 2019 Annual Report; Talal, 2021.

Proof-of-Concept Study: HCV Treatment via Telemedicine Integrated into OTP



PI: Andrew Talal, MD, SUNY Research Foundation

NYC Department of Health Viral Hepatitis Project (January 2020 – April 2021)

- CDC Care Cascades Funding
- Goal

Build capacity at START to deliver hepatitis C treatment onsite, via telemedicine and by referral after research project



Project Collaborators

- NYC Health Department – Data to Care Clinical Practice Facilitation Program
 - Surveillance data – hepatitis C patient lists
 - Electronic health record query tools
 - Training and technical assistance
- Empire Liver Foundation – NY State Network of liver specialists, funded by NYC Council to deliver clinical education
 - Supported NY Hepatitis Telehealth Workgroup start-up and meetings
 - Trained START clinical providers in hepatitis C treatment
 - Supported Peer-to-Peer mentoring on hepatitis C reimbursement issues
- Hep Free NYC – NYC-based community coalition
 - Supported NY Hepatitis Telehealth Workgroup recruitment, resource and information dissemination
 - Website, email list, social media, contact management system (PHPC/SalesForce)

START Hepatitis C Project Support

- Project kick-off meeting and monthly meetings with project leads from the NYC Department of Health and Mental Hygiene
- Training for clinical providers and case management staff in hepatitis C and its treatment
- Additional training on patient navigation to effectively engage patients about treatment

START Enrollment

- START electronic health record data review
 - Reviewed hepatitis C screening rates, number of antibody and RNA positive patients
 - Reviewed Health Department surveillance-based patient lists
- Developed a list of hepatitis C RNA positive patients in need of treatment (Jan 2019 – Mar 2020)
 - Approximately 360 patients
- Enrollment goal (2 phases) = **30** patients per phase

Case Management Planning and Implementation

Anthony McLeod
Patient Navigator and
Research Associate

Case Management Planning and Implementation

Approaches to Treatment

Onsite Treatment

Criteria:

- Patient choice
- Insurance type

Off-Site Treatment (by referral)

Criteria:

- Patient choice
- Insurance type

Treatment via telemedicine

Criteria:

- Advanced liver disease

START Hepatitis C Clinical Workflow

Step 1: Patient Selection

Step 1

Patient
selection



Identify HCV patients &
Check with the
insurance:
Medicaid/Managed
Care/Active Insurance?

Specialty Pharmacy:
Accepting Patient's
insurance?

Pharmacy repacking in
single blister pack?

Step 2: Appointment & Blood Test

Step 2

Appointment
with patient



Accept or
Decline



If yes: Schedule
for Blood test

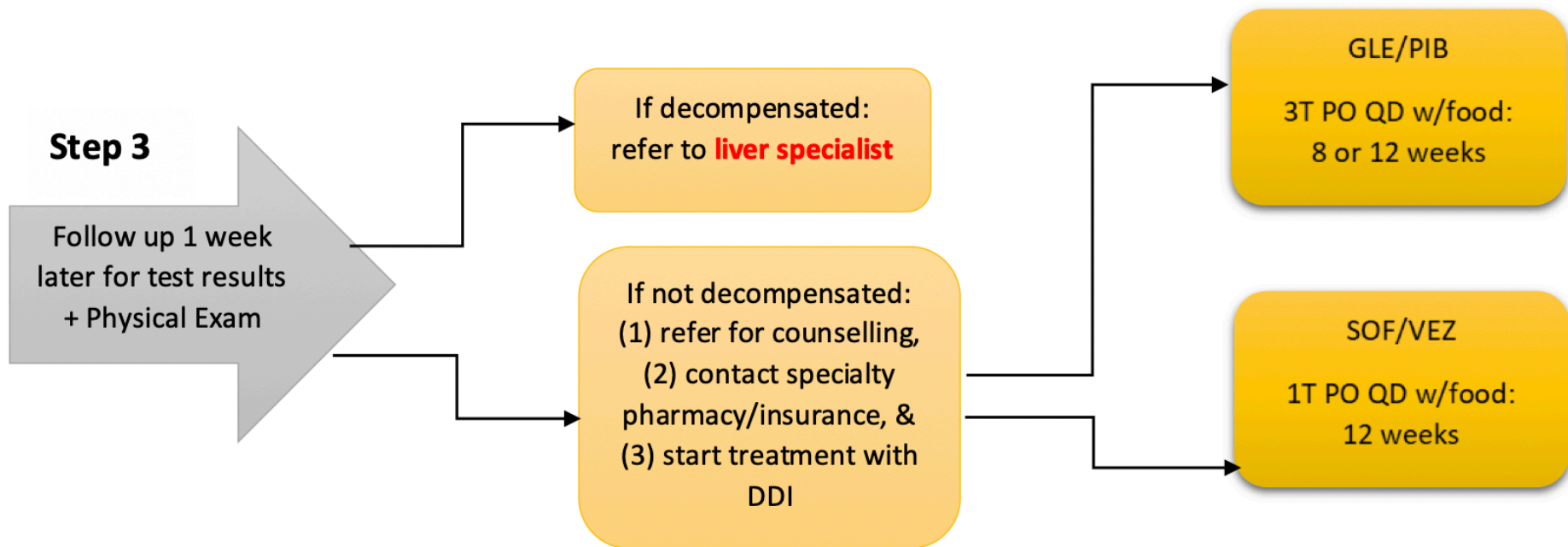


If no: Follow up
after 3 months



Blood test: CBC (platelets),
CMP (AST/ALT/Bili/
Albumin/Cr/GFR), VL,
Genotype, Fibrosure,
HBV/HAV, HIV

Step 3: Linkage to care



Step 4: Follow up

Step 4

Follow up:

- Blood work every 3rd week
- Appointment with provider to review the blood work every 4th week

Do this every
4-week for
12 weeks

Step 5

A 12-week appointment to be scheduled after the completion of medication for SVR status check

Step 6

After treatment follow up every 6 months for 3 years and then yearly

If Treatment is not successful
refer to **Liver specialist**

Treatment counseling

- What to expect during the treatment (Tx) process
- How HCV Tx has evolved
- HCV Tx effectiveness > cure infection
- HCV Tx safety and what to expect in terms of side effects
- Importance of adherence
- Cost of treatment, and what to expect during the health coverage authorization process
- What to expect during the monitoring and follow up Tx process
- Minimizing risk of infection/reinfection

Eliminating Barriers

- Approach needs to be non-judgmental and non-stigmatizing to minimize mistrust in medical community and/or therapies
- Inquiring about and addressing perceptions and any assumptions patients are making based on HCV treatment in the past
- Highlighting experiences of patients who found Tx at START, very convenient as a one-stop shop
- Liaison work with specialty pharmacy by case manager was critical in taking burden off of patients and clinic staff
 - After initial set up of routine, the authorization process could be completed in just 5 days

Adherence Support

- Directly observed therapy was helpful and convenient to some patients, especially when combined with medication for opioid use disorders
- Flexibility with medication dispensing was needed throughout the COVID pandemic to minimize in-person contact
 - Take homes of DAA medication were providing similar to procedures and eligibility criteria for methadone dispensing for use at home
- For many, seeing changes in viral load with updated lab results served to motivate

Project Implementation, Provider Perspectives and Sustainability

Daanish Shaikh, MD, ABPM, ABFM, AAMRO, FASAM,
Chief Medical Officer

START Provider Training and Patient Education

- Hep C Clinical Training series for providers (4 CME) – provided by Empire Liver Foundation
 - Hep C Treatment in PWUD Session
 - Hep C Treatment Reimbursement at OTPs: Peer-to-Peer mentoring Session
- Referral to Telemedicine Training for providers – provided by Andy Talal
- Hep C Patient Navigation Training for non-clinical providers (2 hour, online) – Provided by NYC Health Department
- Hep C Basics education session for patients (1 hour) – provided by Hep C Mentor and Support Group

HCV Treatment Summary

	Encountered/ Approached	Enrolled	Discharged/ Insurance Issue	Initial Treatment Visit	Started HCV antiviral therapy	HCV RNA Undetectable @ Week 4	12- Week SVR Status	% of 12- Week SVR Status
Phase 1	30	22	5 ^a	0	17 ^b	16 ^c	15	88%
Phase 2	30	20	4 ^d	8	20	10	4	20%
Total	60	42	9	13	37	24	19	51%

Note: SVR – sustained virologic response

^a3 patients were discharged from the clinic before treatment was established, 1 patient encountered insurance issues and could not start treatment, and 1 patient was discharged due to non-compliance and was in hospital/rehab.

^b1 patient failed treatment and currently is under the care of Dr. Talal with new medication.

^c1 patient is waiting for the week-12 SVR status confirmation check.

^d3 patients were discharged from the clinics and 1 encountered an issue with insurance.

Demographics of HCV Patients Who Achieved 12-Week SVR

Table 1. HCV Patients Achieved 12-Week SVR							
		HCV Project					
		Total (n=19)		Phase I (n=15, 79%)		Phase II (n=4, 21%)	
		n	(%)	n	(%)	n	(%)
Age (M, SD, min-max)		(53.4, 7.4, 35-63)		(54.3, 6.5, 39-63)		(50.0, 10.4, 35-59)	
	18-29	0	0.0%	0	0.0%	0	0.0%
	30-39	2	10.5%	1	6.7%	1	25.0%
	40-49	3	15.8%	3	20.0%	0	0.0%
	50+	14	73.7%	11	73.3%	3	75.0%
Gender							
	Male	11	57.9%	10	66.7%	1	25.0%
	Female	8	42.1%	5	33.3%	3	75.0%
Race							
	Black/African American	7	36.8%	5	33.3%	2	50.0%
	White	2	10.5%	1	6.7%	1	25.0%
	Hispanic	5	26.3%	5	33.3%	0	0.0%
	Missing/Unknown	5	26.3%	4	26.7%	1	25.0%
Ethnicity							
	Hispanic	4	21.1%	4	26.7%	0	0.0%
	Non-Hispanic	8	42.1%	5	33.3%	3	75.0%
	Missing/Unknown	7	36.8%	6	40.0%	1	25.0%

Summary

- Hepatitis C treatment can be provided at standalone OTPs onsite, by referral, or via-telemedicine.
- High likelihood that direct-acting antiviral (DAA) therapies will cure the individual of HCV infection
- Multiple benefits
 - Reduce morbidity (hepatic fibrosis, cancer) and associated healthcare-related costs
 - Reduce mortality (premature death)
 - Reduce transmission rates

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START Treatment & Recovery Centers

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- Dr. Eva Janusz, Chief of Medical Unit
- Dr. Daniel Lowe, Chief of Medical Unit
- Dr. Doreen Sweeting, Chief of Medical Unit
- Dr. Adanze Aguwa, Chief of Medical Unit-HB
- Stephanie Nazaire, Nurse Practitioner
- Morgana Toggia, Nurse Practitioner
- Melanie King, Nurse Practitioner
- Angela Daniele, Nurse Practitioner
- Cecelia Sweeney-Craver, Nurse Practitioner
- Dunia Gibson, Nurse Practitioner
- Ana Ventuneac, PhD
- Renata Baybis, City Drugs (specialty pharmacy)

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