

The role of a HCV Care Coordinator in providing comprehensive care to facilitate HCV Treatment among PWID

Accessible
Care

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M Smith¹, P Mateu-Gelabert², L Davis², B Eckhardt³, Y Aponte-Melendez², S Kapadia¹, K Marks¹

¹ Weill Cornell Medicine, ² CUNY School of Public Health, ³ NYU School of Medicine

 Weill Cornell Medicine

 CUNY
SPH

 NYU School of Medicine

BACKGROUND

- People who inject drugs (PWID) are disproportionately affected with Hepatitis C (HCV).
- Many do not engage in care due to structural and social barriers, which must be addressed in order to facilitate initiation and successful completion of HCV treatment.
- This qualitative analysis examines the role of a care coordinator at a syringe exchange program (SEP) in facilitating access and retention in HCV treatment for active PWID.

PARTICIPANT EXPERIENCES

Excerpts from HCV care coordinator participant interaction notes describing key barriers to treatment, and open expressions of gratitude:

Drug use: *"Today participant came in for [HCV reinfection prevention training] ... When the discussion of his injection network came up, he [was] interested in sharing [with them] that he will have to be clear...that he has to take care of his health and ... he would be more cautious going forward."*

"Met with participant ... today. I asked her if she is truly interested in [HCV] treatment and she said she is, [but] she is juggling her [drug] habits and the money required to maintain them."

Medication management: *"Participant stated that he wants to come in every Tuesday to pick up his medications. ... he lives in a shelter and doesn't trust that he has a secure place for the ... meds. He seemed thankful to be engaged in treatment and to have a safe place to keep his meds."*

"Participant reported liking the system he has for his medication ... Today he reported missing yesterday's dose, but as we discussed, he will not 'double up', and will instead tack the missed dose on to the end of his treatment ... he was happy with the choice he made to wait to take it."

Social & structural barriers: *"Today participant came in and was struggling emotionally. He had been hospitalized for ... dire kidney issues, then quickly discharged when medical staff learned of his [drug] use."*

"She stated [that] being homeless it's easy to lose medications or have them stolen."

"Participant talked extensively about his ex-wife who left him for a friend. ... He also expressed frustration that she has been an absent mother to their children since leaving the participant. These things ... have made the participant feeling upset and frustrated. I reminded participant of all of the work he has put into himself and his treatment."

Open expressions of gratitude: *"We had a long [meeting] where we discussed ways to ensure his reduction in risk of reinfection. Participant thanked me for supporting him and reported feeling very positive, and having a new outlook on life since beginning treatment. He expressed frustration in the past of being denied treatment."*

"Participant had labs done today and was hoping he gets good news regarding the decline of his viral load."

DESCRIPTION OF MODEL/CARE

- Accessible Care is a strategy being studied in an on-going clinical trial to examine low-threshold HCV care for PWID delivered at a SEP compared to usual referral care. As of July 2019, 49 participants have initiated HCV treatment, and 44 have completed HCV treatment.
- Eligibility criteria includes positive HCV RNA test, reported injection drug use within 90 days prior to screening appointment.
- This program is designed specifically for PWID where they can comfortably access HCV care without fear of shame or stigma.
- The HCV care coordinator, a component of the study intervention helps to coordinate healthcare efforts with medical doctor by maintaining flexible appointment hours including walk-in availability.
- This approach innovatively supports HCV treatment within a harm reduction framework by helping clients identify and openly address barriers to initiating and completing treatment, and preventing re-infection.
- This open, stigma-free interaction with HCV care coordinator is designed to facilitate adherence to HCV treatment and retention in care.

EFFECTIVENESS

- Using content analysis conducted by two team researchers, we evaluated the HCV care coordinator notes describing 34 interactions with the first 13 participants who have started on treatment.
- Key barriers to retention and treatment addressed by HCV care coordinator:
 - **Drug use** – open discussion of drug use & its effect on treatment and reinfection.
 - **Medication management** – delivering & storing medication, addressing adherence.
 - **Social & structural barriers to treatment** – transportation, homelessness, difficult relationships with friends & family.

CONCLUSIONS / NEXT STEPS

- The HCV care coordinator fosters a non-judgmental relationship where PWID can openly address drug use and other potential treatment barriers while initiating and completing HCV treatment, and preventing reinfection. This trusting relationship allows participants a safe space to express emotional exchanges of gratitude and hope for cure.
- A HCV care coordinator may be a helpful component to facilitate initiation and retention in HCV treatment for PWID.

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- Contact: mjs4001@med.cornell.edu | 525 E. 68th Street, Baker 24 New York, NY 10065 | 516-808-0865