

Integrating Viral Hepatitis Services For People Who Use Drugs Into Inpatient Substance Use Treatment Programs Via Telehealth

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Background

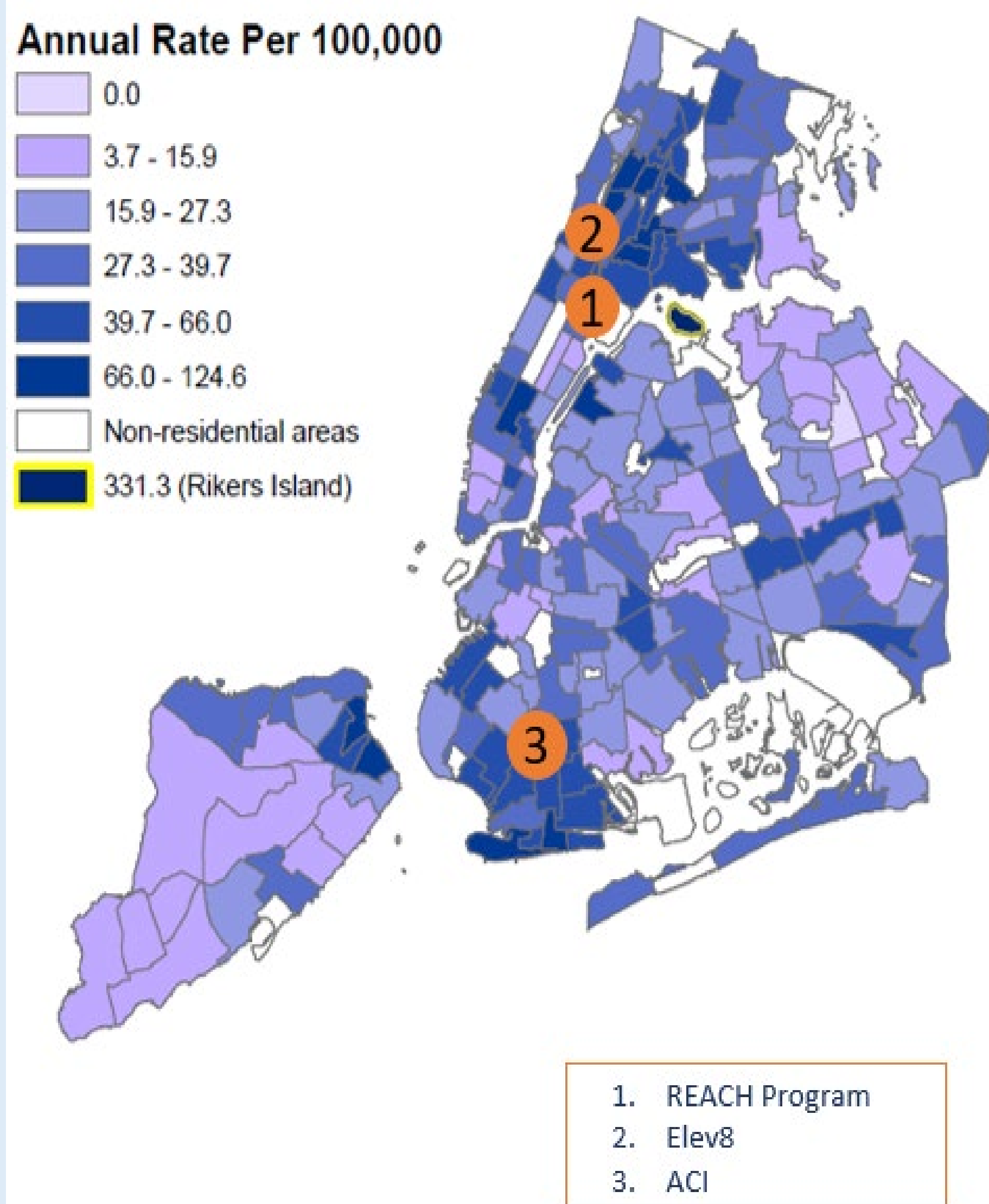
- People who use drugs (PWUD) are a priority population in efforts to achieve hepatitis C virus (HCV) elimination.
- Inpatient substance use treatment programs (ISUTPs) in the United States screen PWUD for HCV infection, yet often do not provide HCV treatment onsite.
- The REACH (Respectful & Equitable Access to Comprehensive Healthcare) Program is a multidisciplinary primary care program for PWUD in New York City (NYC) that implements telehealth to support access to HCV care and treatment for PWUD in these ISUTPs.

Model of Care

In May 2021, The NYC Department of Health and Mental Hygiene partnered with the REACH Program and two ISUTPs on a five-year initiative to facilitate access to HCV care by:

- (1) Providing technical assistance to ISUTPs to create systems to identify currently admitted PWUD with HCV infection (i.e., positive HCV RNA test results).
- (1) Integrating HCV care into ISUTPs' workflow to link clients to HCV treatment including the option of an HCV pre-treatment evaluation via telehealth.

Figure 1: Rate of people newly reported with Chronic Hepatitis C in NYC, 2022

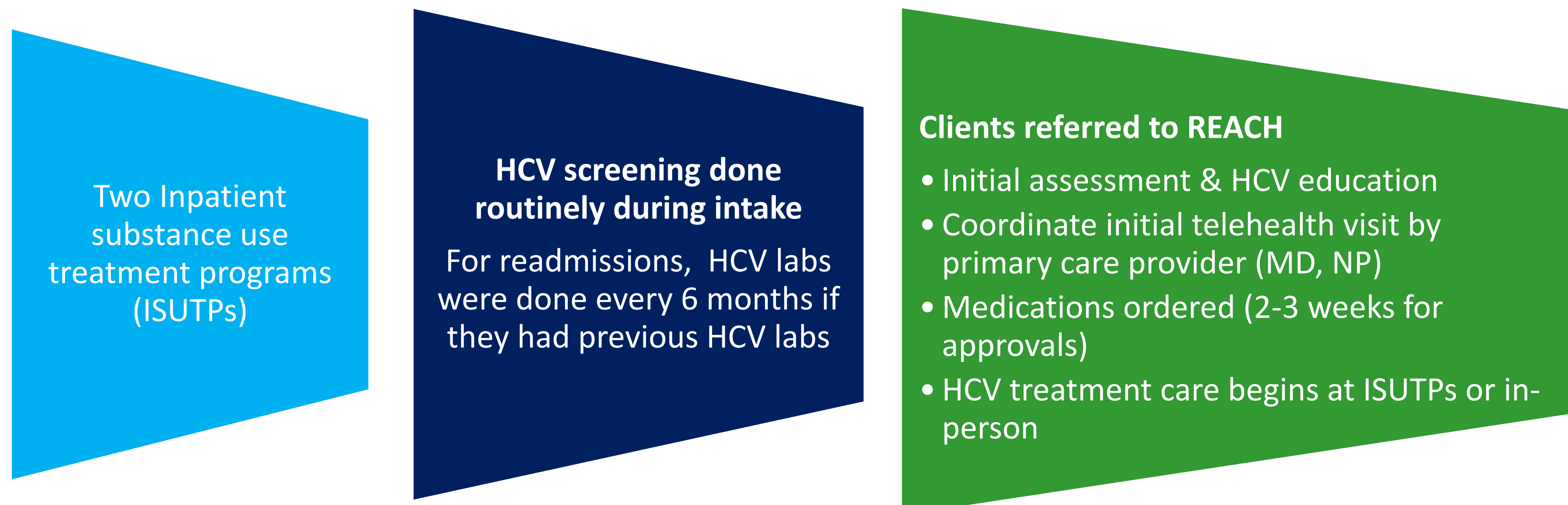


Funding

This project was funded by the Centers for Disease Control and Prevention (CDC) PS21-2103 Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments. Additional funding was provided by the New York State Department of Health AIDS Institute.

Workflow

Figure 2: Referral Process Between ISUTP & The REACH Program to Link People Who Use Drugs with Hepatitis C Treatment



Results

Figure 3: Hepatitis C Testing at ISUTPs (Year 1, May 2021 – April 2022)

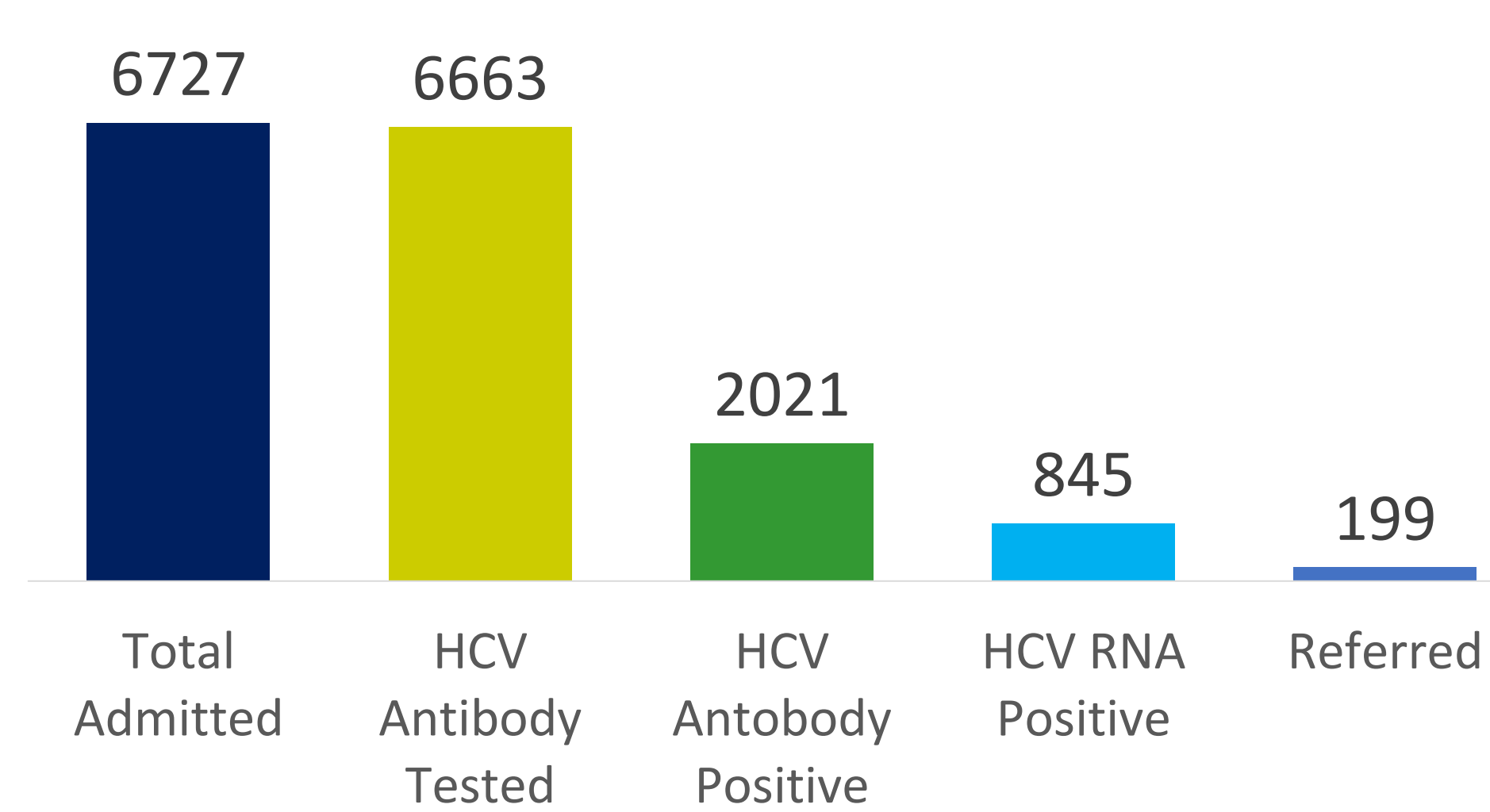
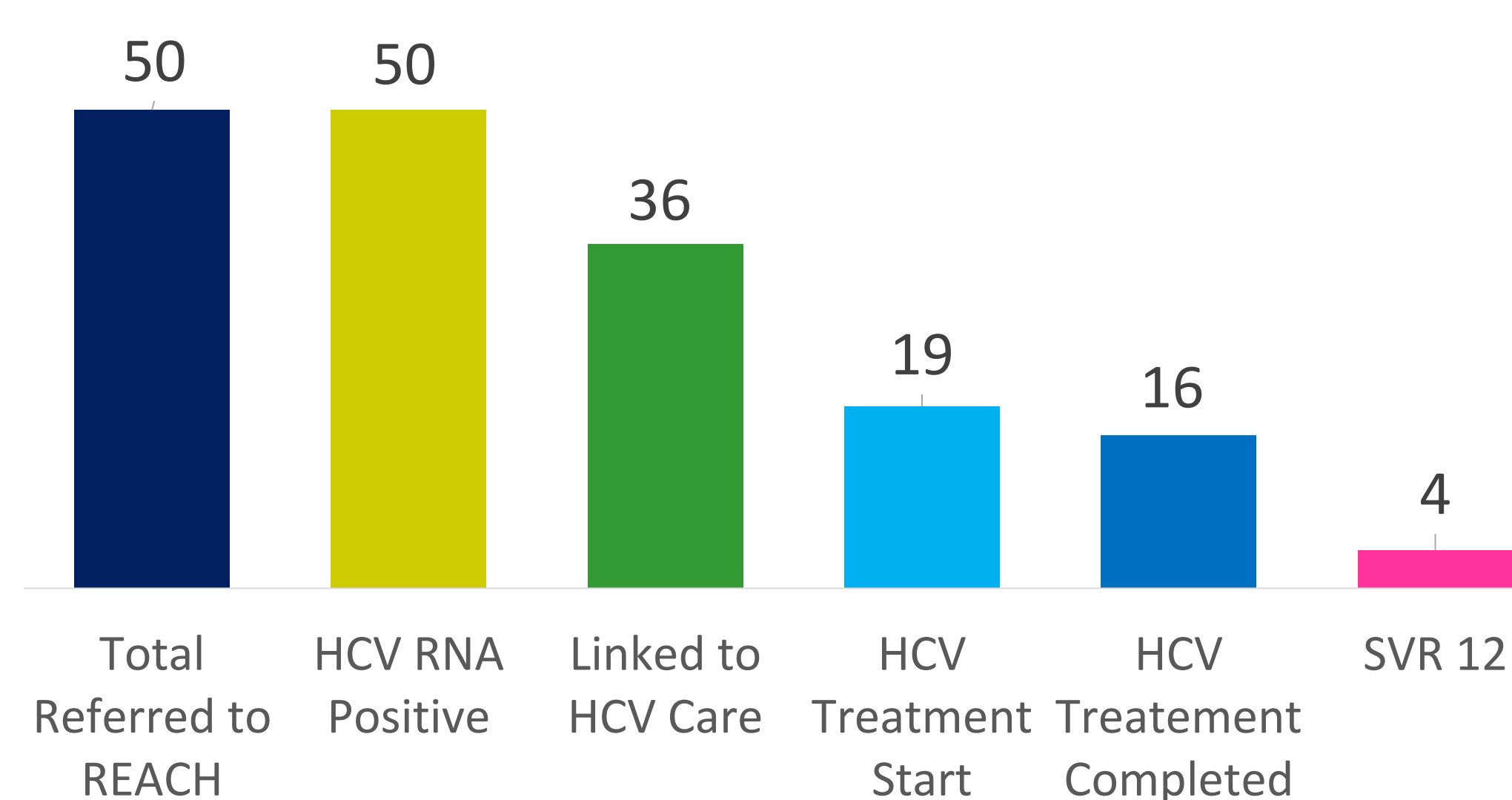


Figure 4: Number of people referred to REACH Program (Year 1, May 2021 – April 2022)



Population served

Males 64%; 32% were female; and 5% transgender or other gender. 53% were aged 40-54. 60% were experiencing homelessness and 15% were justice-involved.

Challenges in Year One

- Only 199 (24%) clients who tested HCV RNA positive received a referral; 50 (25%) were referred to REACH for HCV medical care; 36 (72%) completed a telehealth visit.
- Lack of integrated health records between ISUTPs and The REACH program.
- Many clients successfully engaged in telehealth visits were lost of follow-up before starting HCV treatment.

Programmatic Changes Implemented in Year Two

- REACH Community Health Worker (CHW) hired as an in-person liaison between ISUTPs & REACH.
- CHW meets with clients, provides HCV education, completes barrier assessments, post-discharge consents, and coordinates telehealth visits.
- CHW obtained staff credentials at one ISUTP to access electronic health record and internal messaging systems to improve communication with referrals and staff.
- Collaboration with REACH in-house pharmacy to start same/next day medications.

Conclusions

- This collaboration demonstrated the feasibility of integrating viral hepatitis services at ISUTPs for PWUD using telehealth.
- To more effectively link clients at ISUTP to HCV care and treatment, the following are needed: in-person liaison between the ISUTPs and the HCV telehealth partner; more rapid receipt of medications once ordered; integration of ISUTP and HCV telehealth partner electronic health records; and technology that allows ongoing contact with clients post-ISUTP discharge.
- Further evaluation of this approach is being carried out in Years 2-5 of this project to guide integrated health services at ISUTPs to support HCV elimination efforts in New York City.

For more information on how to implement hepatitis telehealth services, check out this toolkit

