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Co-Locating Evidence-Based Treatment for OUD and Hepatitis C with Local Harm Reduction Programs

Advancing Equity in Rural Maryland

Center for Substance Use and Infectious Disease Care Integration

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Acknowledgement:
Center Director Dr. Seun Falade-Nwulia for her leadership. I have used several of her slides here.

With gratitude for the collaboration of the people who work so hard and share their skills so generously. We have a common goal: to make care for OUD and HCV available and accessible to all.

AMERSA, November 2023

Learning Objectives

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- Describe how the twin epidemics of opioid overdose deaths and hepatitis C (HCV) infections are related
- Identify key barriers and facilitators for people who use drugs to access care for opioid use disorder (OUD) and HCV in rural Maryland
- Describe key ways local Peer Recovery Specialists (PRS) engage and retain people in care for OUD and HCV

DISCLOSURES: Tracy Agee, Alicia Lebon - none

Our Approach

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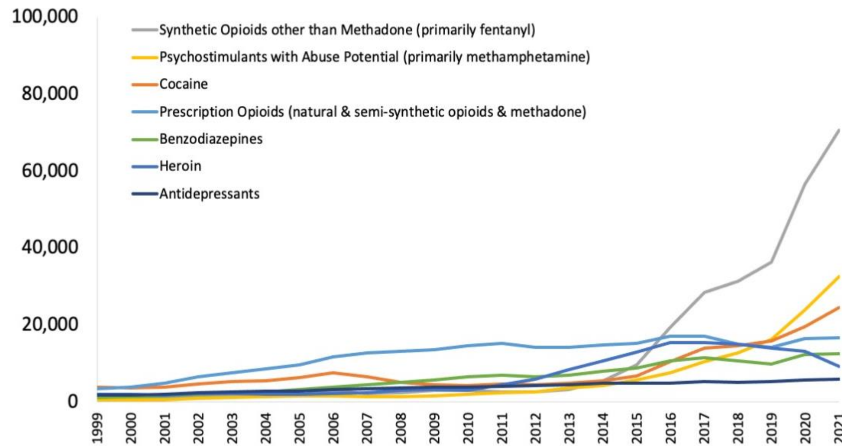
Mission: Improve health and well-being for people who use drugs, with a focus on preventing and treating infectious disease and providing low-barrier access to MOUD

Vision: Universally accessible treatment for OUD and HCV for people who use drugs

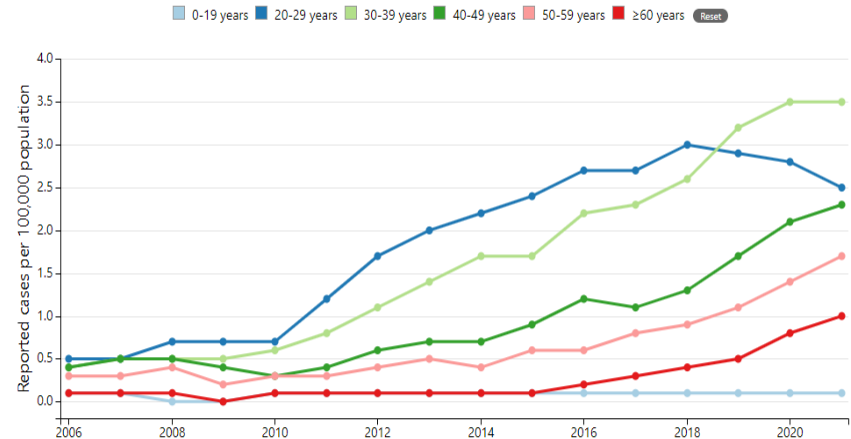
Framework: *Harm Reduction Principles for Healthcare Settings*: humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination

Twin Epidemics: Overdose Deaths and HCV

Rising # of overdose deaths 1999-2021

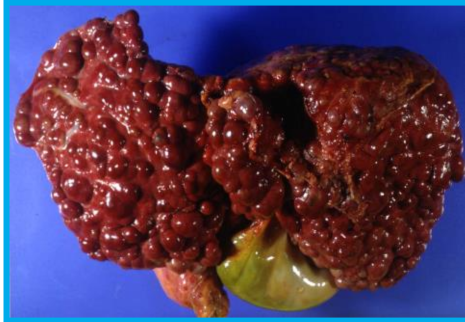


Rising rates of incident HCV 2006-2021, by age

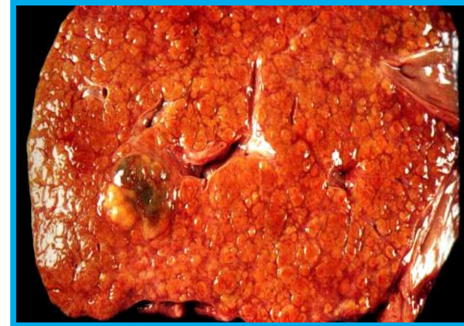


CDC Viral hepatitis surveillance report, US 2021, Drug Overdose Death Rates | National Institute on Drug Abuse (NIDA) (nih.gov)National Center for Health Statistics CDC

Chronic HCV
Risk for cirrhosis, liver failure, HCC, death



Cirrhosis



Hepatocellular Carconoma

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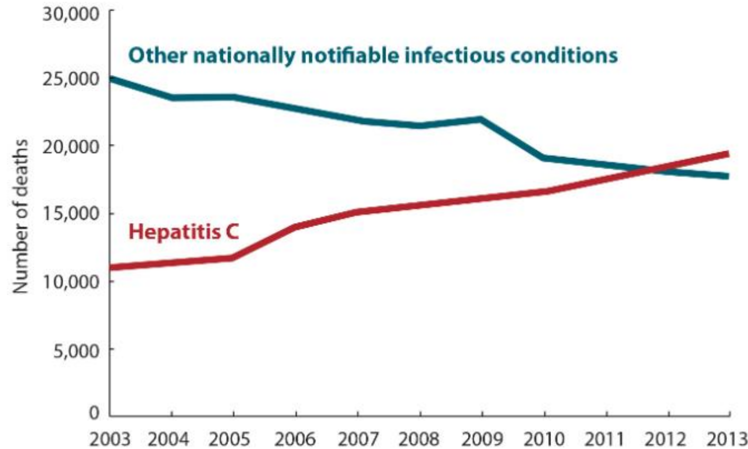
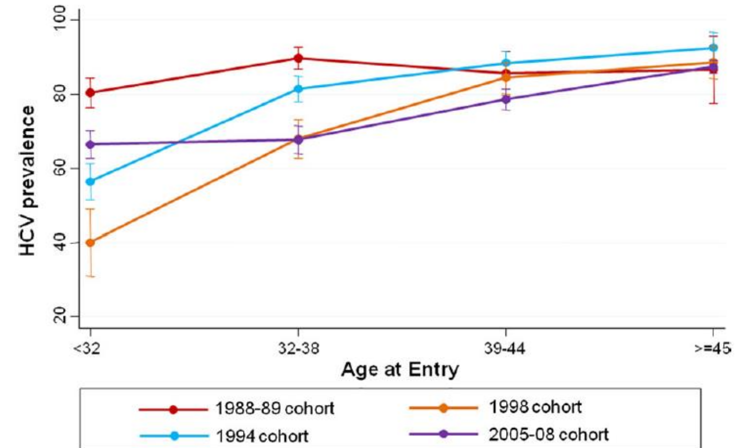
HCV: Leading infectious disease killer in US
High prevalence among PWID





Ly et al CID 2016, Mehta et al JID 2011

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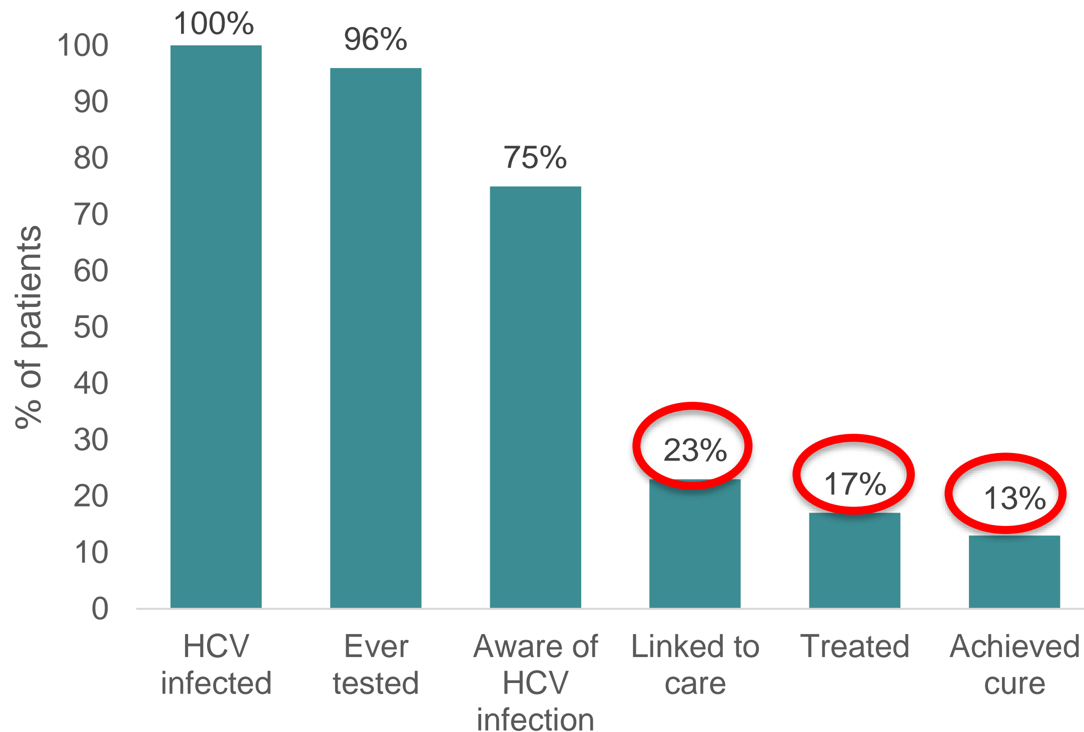
Limited uptake of effective HCV therapies

Barriers to care

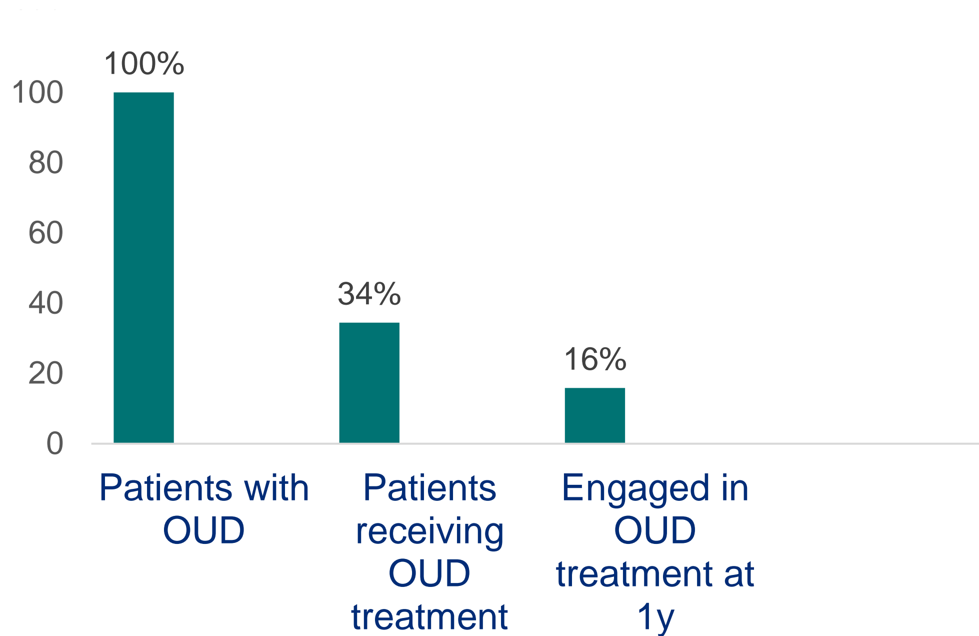
- Misinformation
- Fragmented health care system
- Stigma
- Drug use
- Competing priorities
- Risk of reinfection
- Availability of providers



418 HCV infected PWID recruited from Baltimore 2016-2018

Falade-Nwulia et al Liver Int 2020

OUD: a treatable chronic condition



Barriers to care
- Misinformation
- Fragmented health care system
- Stigma
- Competing priorities
- Availability of providers

SAMHSA National Drug Surv 2016, Knudsen J. Addict Med 2011, Manhapra Psych Services 2018

Benefits of HCV cure

Individual benefits

- Reduce progression of liver disease to cirrhosis, HCC, and death
- Viral eradication improves quality of life
- Freedom from a highly stigmatizing disease

Population benefits

- Reduce spread of HCV
- Meet WHO goal of elimination of HCV by 2030

Stigma is powerful
So is treatment

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[When first diagnosed in 2014] *"finding out fueled my use. It killed my aunt – she had hep C cirrhosis. I want to handle it before it becomes a problem. It was an awful thing for her. Getting rid of this virus will help me maintain my sobriety."*

"I'm finally in treatment and on bup for 3 months now." "I've been wanting to do this for a while. I hate having this virus, couldn't find anywhere to go to get rid of it. Doing this is for me, for my recovery."

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Background
HCV and OUD integrated care

2017 Viral Hepatitis Center Telemedicine Program partnership with Allegany County HD

John Gerwig III PA-C, AAHIVS
Johns Hopkins AIDS Service County Program Manager

Trisha Tichnell, RN
Johns Hopkins AIDS County Program Nurse

Sherilyn Brinkley, NP
Johns Hopkins Viral Hepatitis Center

AMERSA, November 2023

Background
HCV and OUD integrated care

2019 **RESTORE**: Low threshold SUD treatment integrated into JHU outpatient infectious diseases service including HCV care

- Buprenorphine waiver training
- Protocols to facilitating buprenorphine initiation
- Peer Recovery Support for patient engagement and retention
- Buprenorphine treatment provided effectively via telemedicine

Contact Tracker RESTORE.xlsx

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ACCESS Telehealth: HCV, OUD care co-located with rural SSPs

- MDH’s Center for Harm Reduction Services (CHRS) funding
- Reduce and address unintended consequences of drug use
- Save lives
- Improve overall health and wellbeing
- Low-barrier access to care
- Create and maintain a stigma-free environment
- Partner with SSP staff

HCV Care Outcomes
July 2022 to October 25 2023

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Stage	Value
Referred	190
Initial labs completed	128 (67%)
Medication prescribed	120 (63%)
Treatment completed	96 (51%)

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Nuts and Bolts of Collaboration

At the SSPs:

- Services tailored to PWUD
- Peer Recovery Specialists
- Secure (private) telemedicine equipped location
- Appointments facilitated by on-site SSP staff

Off-site Hopkins team:

- Nurse with HCV and OUD care knowledge
- Specialty Pharmacy
- NP or MD to evaluate and treat HCV, OUD via telemed
- NP or MD identifies additional medical needs

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Peer Recovery Specialists: Partners in Equity

- Mentoring and support
- Power of personal narrative
- Navigation of health systems
- Extend reach of treatment beyond clinical setting
- Understanding, respect, mutual empowerment
- Adhere to core competencies in ethical responsibility, advocacy, mentoring, education, recovery and wellness
- Collaborate with medical providers: partners in clinical care

Barriers and Facilitators to Care

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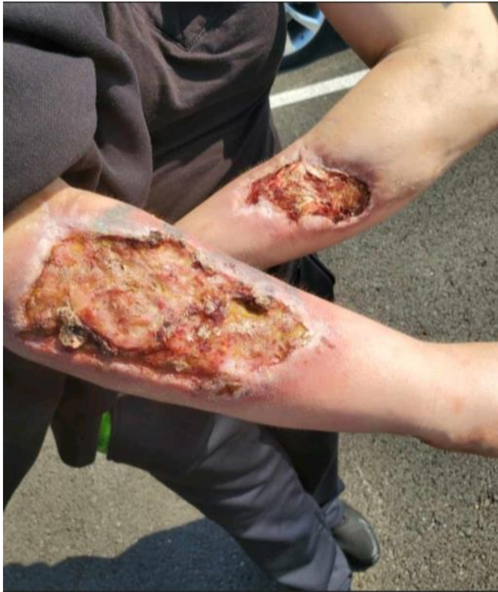
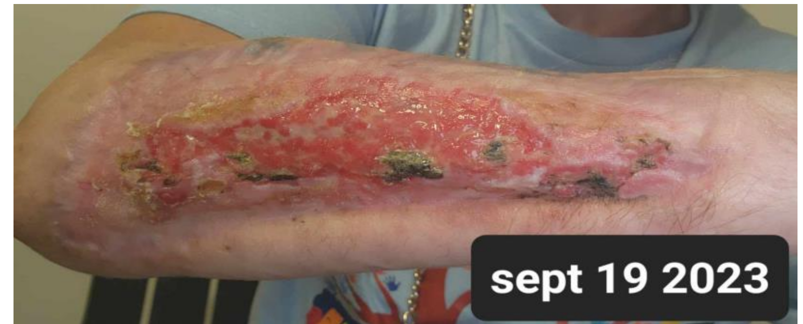
A Peer's Journey: Meeting People Where They Are

Photos and story shared with permission





A Peer's Journey: Today

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ACCESS Telehealth

THE STEPS TO A HEP C CURE

Washington County

St. Mary's County

Wicomico County

Frederick County

Cecil County

Harford County

Treatment for Opioid Use

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Table 1

Hawk M, Coulter RWS, Egan JE, Fisk S, Reuel Friedman M, Tula M, Kinsky S. Harm reduction principles for healthcare settings. Harm Reduct J. 2017 Oct 24;14(1):70. doi: 10.1186/s12954-017-0196-4. PMID: 29065896; PMCID: PMC5655864.

Harm reduction principles, definitions, and approaches for healthcare settings

Principle	Definition	Approaches
1. Humanism	• Providers value, care for, respect, and dignify patients as individuals. • It is important to recognize that people do things for a reason; harmful health behaviors provide some benefit to the individual and those benefits must be assessed and acknowledged to understand the balance between harms and benefits. • Understanding why patients make decisions is empowering for providers.	• Moral judgments made against patients do not produce positive health outcomes. • Grudges are not held against patients. • Services are user-friendly and responsive to patients' needs. • Providers accept patients' choices.
2. Pragmatism	• None of us will ever achieve perfect health behaviors. • Health behaviors and the ability to change them are influenced by social and community norms; behaviors do not occur within a vacuum.	• Abstinence is neither prioritized nor assumed to be the goal of the patient. • A range of supportive approaches is provided. • Care messages should be about actual harms to patients as opposed to moral or societal standards. • It is valuable for providers to understand that harm reduction can present experiences of moral ambiguity, since they are essentially supporting individuals in health behaviors that are likely to result in negative health outcomes.
3. Individualism	• Every person presents with his/her own needs and strengths. • People present with spectrums of harm and receptivity and therefore require a spectrum of intervention options.	• Strengths and needs are assessed for each patient, and no assumptions are made based on harmful health behaviors. • There is not a universal application of protocol or messaging for patients. Instead, providers tailor messages and interventions for each patient and maximize treatment options for each patient served.
4. Autonomy	• Though providers offer suggestions and education regarding patients' medications and treatment options, individuals ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities.	• Provider-patient partnerships are important, and these are exemplified by patient-driven care, shared decision-making, and reciprocal learning. • Care negotiations are based on the current state of the patient.
5. Incrementalism	• Any positive change is a step toward improved health, and positive change can take years. • It is important to understand and plan for backward movements.	• Providers can help patients celebrate any positive movement. • It is important to recognize that at times, all people experience plateaus or negative trajectories. • Providing positive reinforcement is valuable.
6. Accountability without termination	• Patients are responsible for their choices and health behaviors. • Patients are not "fired" for not achieving goals. • Individuals have the right to make harmful health decisions, and providers can still help them to understand that the consequences are their own.	• While helping patients to understand the impact of their choices and behaviors is valuable, backwards movement is not penalized.

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