Integration of HCV and buprenorphine treatment in a Bronx community clinic

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Setting the stage for HCV treatment
Setting the stage for HCV treatment

Establish Buprenorphine Program

HIV program

2003 2005 2007 2009 2011 2013 2015
Setting the stage for HCV treatment

Establish Buprenorphine Program

Establish Transitions Clinic

HIV program
Integrating Services for Injection Drug Users Infected with Hepatitis C Virus with Methadone Maintenance Treatment: Challenges and Opportunities

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Setting the stage for HCV treatment

- Establish Buprenorphine Program
- Establish Transitions Clinic
- Establish HCV Program
- Hire ID physician

HIV program
HCV program established in MMTP
HCV Treatment Program Components

On-site support:
- Mental health treatment
- HIV treatment
- Buprenorphine treatment
- Transitions Clinic
- Ancillary Services

Off-site support:
- Hepatology
- Radiology

Pharmacologist

HCV Expert

HCV Provider

HCV Patient

HCV Coordinator

NYHRE
NEW YORK HARM REDUCTION EDUCATORS
Patients’ HCV Treatment Experience

- All patients’ visits are with the HCV provider & HCV Coordinator
- Reminder calls from HCV Coordinator prior to all appointments
- Weekly supportive calls from HCV Coordinator
HCV cascade among patients receiving buprenorphine treatment between 2011-2014
HCV treatment over time among buprenorphine-treated patients

- Referred for treatment
- Evaluated for treatment
- Offered treatment
- Initiated treatment

Note: 1 patient with unknown date of evaluation and initiation of treatment
Characteristics of 91 buprenorphine-treated patients with chronic HCV infection

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
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<tbody>
<tr>
<td>Male</td>
<td>73 (80.2)</td>
</tr>
<tr>
<td>Age (median years, IQR)</td>
<td>52 (42, 61)</td>
</tr>
<tr>
<td>Race/Ethnicity: Hispanic</td>
<td>70 (76.9)</td>
</tr>
<tr>
<td>Black</td>
<td>15 (16.5)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (6.6)</td>
</tr>
<tr>
<td>HIV+</td>
<td>19 (24.4)</td>
</tr>
<tr>
<td>Psychiatric Disorder</td>
<td>57 (62.6)</td>
</tr>
<tr>
<td>Substance use: Alcohol</td>
<td>49 (53.8)</td>
</tr>
<tr>
<td>Cocaine*</td>
<td>42 (51.2)</td>
</tr>
<tr>
<td>Benzodiazepines*</td>
<td>21 (25.6)</td>
</tr>
<tr>
<td>HCV Genotype 1</td>
<td>56 (81.2)</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>11 (12.1)</td>
</tr>
</tbody>
</table>

*9 missing urine toxicology data
HCV outcomes by buprenorphine treatment retention, 2011-2014

- Referred: 31%
- Evaluated: 27%
- Offered treatment: 31%
- Initiated treatment: 8%

- Retained in buprenorphine treatment > 6 mos
- Not retained in buprenorphine treatment

HCV cascade outcomes
Key features of integrating HCV and buprenorphine treatment

• Great fit with setting, programs, providers
  – HIV, buprenorphine, recently-incarcerated
  – Cadre of patients who can benefit from all programs
  – Cadre of providers who are invested in improving health of marginalized populations
  – Retention in other program is associated with HCV treatment

• Partnerships
  – With other providers and programs
  – With community-based organizations

• Evaluate and refine the program

• Takes time
Next steps

• Formally evaluate and refine HCV program
• Develop and test interventions to improve patients’ interest in HCV treatment
• Expand HCV treatment in 8 Bronx community clinics
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  – NYHRE

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