



Routine HCV Screening and Linkage to Care in a Community Based Methadone Treatment Facility

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BACKGROUND

History: Pilot Study for the GILEAD Pharmaceutical FOUCS Grant. The focus of the grant is to test individuals who are clients of Outpatient Methadone treatment facilities (OMT) throughout the Greater Chicago area.

OMT: High risk/IV drug users are a stable population, therefore it is more advantageous to test clients who frequent treatment clinics at least three times per week

Stability: Captured Methadone Population. Methadone treatment can increase client contact with health care and social service systems. This gives treatment providers regular opportunities to offer medical care, counseling and case management to marginalized people who would not otherwise seek out these services. In general, opioid use puts people at a higher than average risk of injury, infections and other diseases. Psychiatric disorders are common among people who use opioids, as are histories of physical, emotional and sexual abuse.

Rapport: Relationship between client and navigators. The navigator's rapport-building skills are critical to break through the many defensive behaviors and protective attitudes that clients develop to survive within an adverse environment.

CASE STUDY

Following one of the first needle pricking and subsequent confirmatory testing; we discovered one client's views towards the results:

1. Shocked when discovered they had tested positive for HCV.
2. Immediate denial of results. Even fabricated a story regarding his primary care physician stating that he in fact did NOT have HCV.
3. Ascertained information of the horror people went through with the interferon treatments, and opted out immediately.
4. Discovered the benefits and ease of new treatments like Harvoni and was open to it.

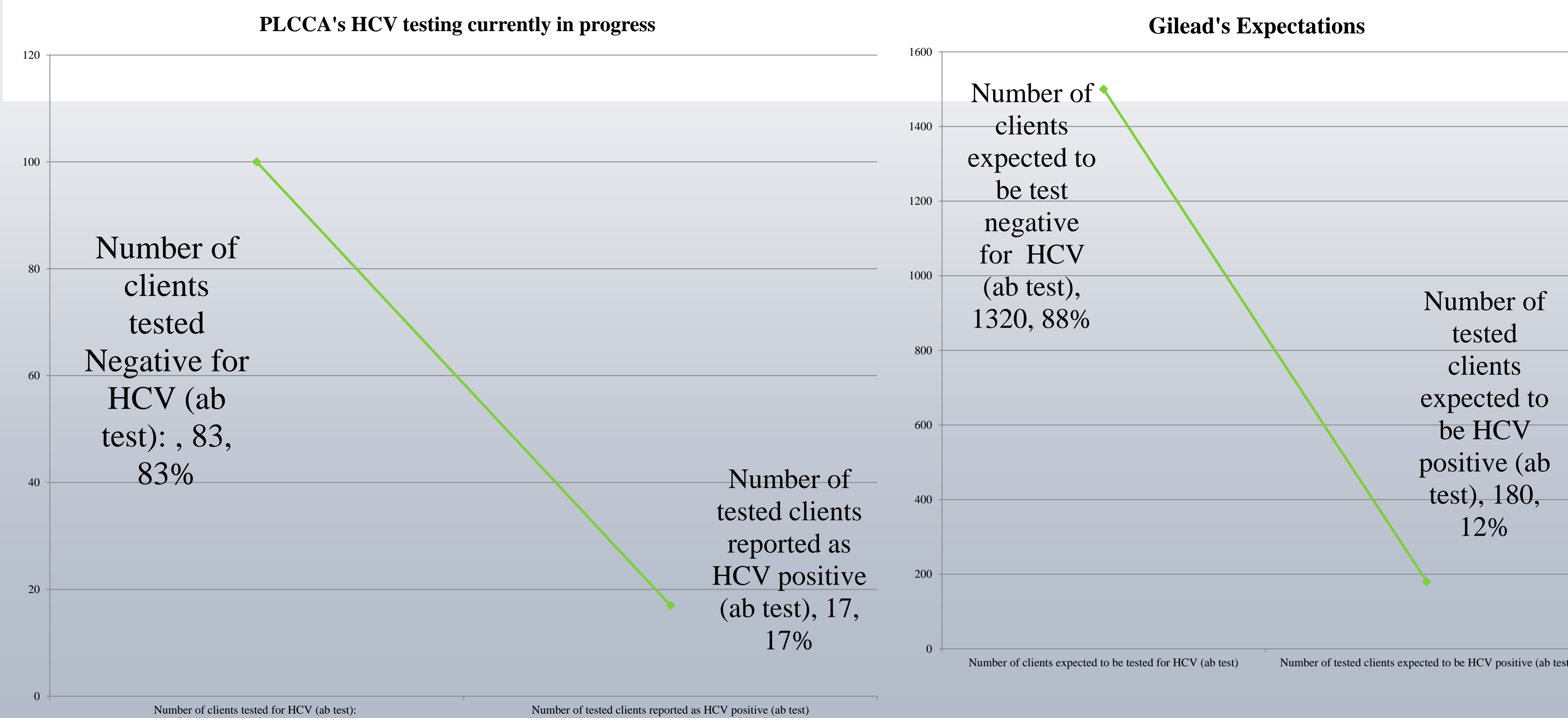
SCREENING and LINKING

Intravenous drug users are the most susceptible to acquire the Hepatitis C virus. The PLCCA testing model calls for routine screening of 1500 intravenous drug user within methadone clinics throughout the Chicago area, plus the testing of intravenous drug users within identified populous area for IV drug users. Of those 1500, we estimated 180 of 12% will be confirmed positive.

Patient Navigator is vital to success of screening. Patient navigators cannot only facilitate improved health care access and quality for underserved populations through advocacy and care coordination, but they can also address deep-rooted issues related to distrust in providers and the health system that often lead to avoidance of health problems and non-compliance with treatment recommendations.

Linking patients to care is the most important factor when measuring the success of the program. Those with health insurance are immediately linked to care, and those without are referred to public hospitals and hospitals operating under funding which allows to treat uninsured HCV patients, though the care is not immediate nor treatment if not a specific fibrotic levels set by the State of Illinois.

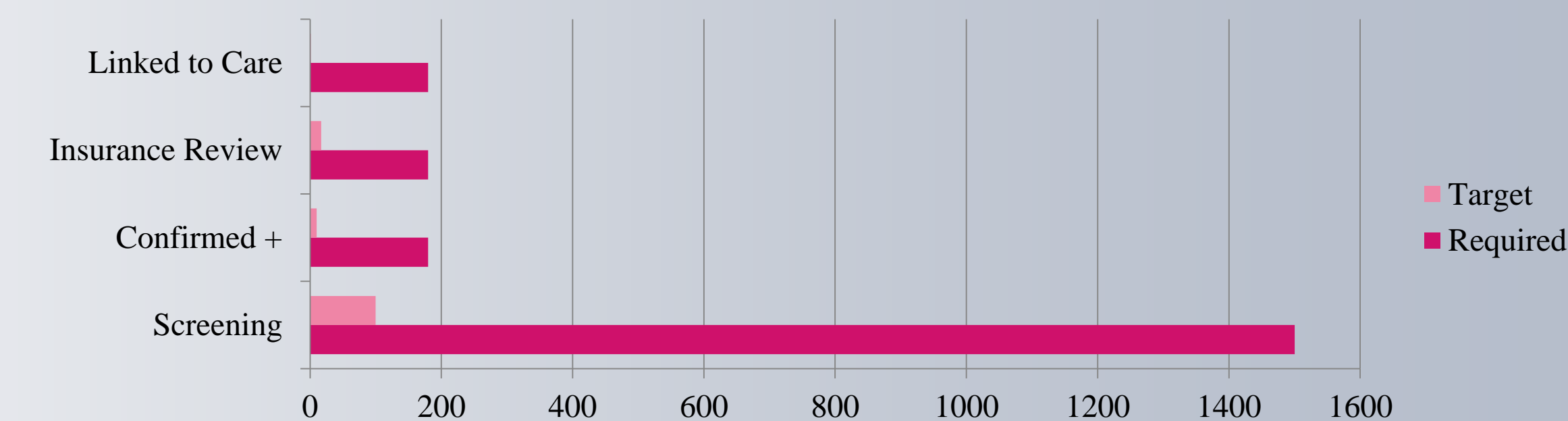
The PLCCA model works because of the built in client based being high risk for HCV preceding methadone treatment. Our model can be and is currently being duplicated at other OMT's.



RESULTS

The four categories we concentrate on during the early stages of the program centers around:

1. Screening of at least 90 people per month
2. Send confirmatory test within 24 hours of first positive result
3. Review insurance of confirmed positives
4. 100% of all conformed positives must be linked to a treatment facility.



Screening from 3/1/2015- 4/30/2015

CONCLUSIONS

- PLCCA's HCV screening and linkage to care program must test 1500 intravenous drug user with a 12% positive rate. We take no more 48 hours to provide a second conformity result.
- Linkage to care will happen within 2 weeks of second confirmed test. In order to accomplishment our goals, we must continue to learn and engage partners within the FOCUS network, and hospitals, researched and healthcare personnel throughout our service area.

REFERENCES

1. Brands, J., Brands, B. & Marsh, D.C. (2000). The expansion of methadone prescribing in Ontario, 1996–1998. *Addiction Research* 8(5): 485–498. Second reference
2. Manuel Franco, Usama Bilal, Ana V Diez-Roux *J Epidemiol Community Health* 2015;**69**:509-511 Published Online First: 13 November 2014doi:10.1136/jech-2014-203865