Extent of Hepatitis C and HIV Testing & Linkage to Care Services among Substance Use Treatment Programs in New York City

2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention and Access to Care

Shruti Ramachandran, Paul Kobrak, Aran Nichol, Blayne Cutler NYC Department of Health and Mental Hygiene Bureau of HIV/AIDS Prevention & Control



Background: HIV and Hepatitis C Testing at Substance Use Treatment Programs

Testing at Substance Use Treatment Programs

- An opportunity to screen persons at-risk for HIV and hepatitis C and connect them to care.
- On-site testing leads more treatment clients to receive their results (Metsch et al. 2012).
- In New York City, and U.S., declining HIV diagnosis among injection drug users but increased concern with sexual risk for various types of substance users.

Policy context: New York State Law

- (1) HIV testing must be routinely offered in primary medical care settings, including substance use treatment programs that offer medical services
- (2) Methadone maintenance treatment programs must offer hepatitis C testing

Study Purpose and Objectives

Purpose

To assess the extent of hepatitis C screening and HIV testing and linkage to care services at substance use treatment programs in NYC

Objectives

- Determine patterns of HIV and hepatitis C prevention, testing and care services at substance abuse treatment programs.
- 2. Inform an effort by NYC Department of Health and established treatment providers to expand and improve these services.

Methods

- Study Design: Online survey of treatment programs licensed by New York State Office of Alcoholism and Substance Abuse Services (OASAS).
- Eligibility: 395 OASAS-certified treatment programs in NYC.
- Sample Size: 154 responses provided data for 225 licensed programs.
- Response Rate: 225/395 eligible programs = 57%
- Analysis: Univariate and Bivariate

Extent of HIV and Hepatitis C Services

Rates of On-Site Testing & Aspects of Linkage to Care	N = 154	
	%	(n)
On-site HIV Testing	49%	(76)
On-site Confirmatory HIV Testing*	58%	(44)
Established Method for HIV Linkage to Care	80%	(123)
Staff Experienced in HIV Linkage to Care	91%	(140)
On-site Hepatitis C Testing	42%	(65)

^{*}Among 76 programs offering on-site HIV testing

Relative Likelihood of On-Site Testing by Program Characteristics									
Program Characteristics	N	On-Site HIV Testing			On-Site Hep C Testing				
		%	(n)	p-value	%	(n)	p-value		
# of Clients Served									
Up to 250	56	14%	(25)		18%	(10)			
251 and more	98	62%	(63)	.0001	56%	(55)	.0001		
Affiliation									
Hospital/health center	35	83%	(29)		80%	(28)			
Independent/CBO	119	40%	(47)	<.0001	31%	(37)	<.0001		
# of Treatment Programs									
Multiple (2-4)	47	72%	(34)		74%	(35)			
Only 1	107	39%	(42)	<.0001	28%	(30)	<.0001		
Treatment Type at Agencies with 1 Program									
Only Outpatient (ref)	72	25%	(18)		15%	(11)			
Only Inpatient	11	36%	(4)	.65	0%	(0)	.99		
Only Methadone	18	89%	(16)	<.0001	72%	(13)	.001		
Only Detox	6	67%	(4)	.16	67%	(4)	.10		
Hepatitis C Testing at Programs with or without Methadone Maintenance									
MMTP	45				78%	(35)			
No MMTP	109				27%	(29)	<.0001		

Conclusions

- In 2011, about half of NYC substance abuse treatment facilities offered on-site HIV testing.
 - This is higher than the national rate of 30% (SAMHSA 2010).
- 58% of agencies offering on-site testing provided on-site confirmatory HIV testing.
- Accessible HIV and hep C testing is less available at:
 - Smaller programs
 - Independent programs and those affiliated with CBOs
 - Agencies that offer only outpatient treatment
- On-site hepatitis C testing offered by few programs beyond those providing methadone maintenance.

Discussion

- This study provides a baseline assessment of hepatitis C and HIV testing and HIV linkage to care at NYC substance use treatment programs.
- Results will guide NYC Department of Health efforts to expand on-site testing and refine linkage to care at treatment programs.

Limitations

- Respondents may not be representative of all treatment programs (57% response rate).
- Survey did not assess hepatitis C linkage to care services.
- Limited to bivariate analysis.

References

- Metsch LR et al. 2012. Implementing Rapid HIV Testing With or Without Risk-Reduction Counseling in Drug Treatment Centers: Results of a Randomized Trial. Am J Public Health, 102: 1160-7.
- 2. Pollack HA & D'Aunno T. 2010. HIV Testing and Counseling in the Nation's Outpatient Substance Abuse Treatment System, 1995–2005. *J Sub Abuse Treatment*, 38: 307-316.
- Substance and Mental Health Services Administration (SAMHSA). 2010. The N-SSATS Report: Infectious Disease Screening. Rockville, Maryland.

Acknowledgements

- Bureau of Alcohol and Drug Use Prevention,
 Care and Treatment, NYC DOHMH
 - Anne Siegler, MPH
 - Daliah Heller, PhD, MPH

Contact Information

- Paul Kobrak, PhD
 - pkobrak@health.nyc.gov
- Shruti Ramachandran, MPH, MID
 - sramachandran@health.nyc.gov