

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

Shruti Ramachandran¹, Paul Kobrak¹, Aran Nichol², Blayne Cutler¹

¹ NYC Department of Health and Mental Hygiene, New York, NY

² University of Colorado Hospital, Aurora, CO

Contact Information:
Paul Kobrak, PhD
Bureau of HIV/AIDS
Prevention and Control
NYC Department of Health
and Mental Hygiene
pkobrak@health.nyc.gov

BACKGROUND

- Substance use treatment can be a time of healthcare reengagement. Treatment programs provide an opportunity to screen persons at-risk for HIV and hepatitis C and connect them to care.
- Rates of on-site HIV testing at treatment programs have increased slowly in recent years.^{1,2}
- Recent New York State laws require (1) the routine offer of HIV testing in settings providing primary care, including treatment programs, and (2) hepatitis C screening by methadone maintenance treatment programs (MMTP).

PURPOSE & OBJECTIVES

In 2011, the NYC Department of Health and Mental Hygiene (DOHMH) undertook an online survey to assess the extent of hepatitis C screening and HIV testing and linkage to care services at substance use treatment programs licensed by the state Office of Alcoholism and Substance Abuse Services (OASAS).

The study's primary objectives were to inform:

- Knowledge of HIV and hepatitis prevention, testing and care services at substance abuse treatment centers.
- Strategies to partner with established treatment programs to expand and improve these efforts.

METHODS

- Study Design:** Cross-sectional, online survey via Zoomerang.
- Eligibility:** 395 OASAS-certified substance abuse treatment programs located in NYC.
- Recruitment:** Invitations via a NYC DOHMH email contact list, and through follow-up phone calls.
- Sample Size:** 154 responses provided data for 225 licensed programs.
- Response Rate:** 225/395 eligible programs = 57%.
- Variables of Interest:** Offer of HIV and hepatitis C testing; aspects of linkage to care; treatment types offered; program affiliation; clients served.
- Tests of Association:** Chi-Square & Logistic Regression

RESULTS

Extent of On-Site HIV & Hepatitis C Services

- About half of all programs provided HIV testing on-site.
- 16% offered no HIV testing, neither on-site nor via off-site referral.
- 42% with on-site HIV testing did not provide on-site confirmatory testing.
- The majority of programs reported having an established method for linking clients to HIV care and staff experienced in such linkages.
- Less than half of all programs offered on-site Hepatitis C testing.

Table 1. Rates of on-site testing and linkage to care

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

*Among programs offering on-site HIV testing.

Table 2. Likelihood of on-site testing by program characteristics

Program Characteristics	N	On-Site HIV Testing			On-Site Hepatitis C Testing		
		%	(n)	p-value	%	(n)	p-value
# of Clients Served							
Up to 250	56	14%	(25)	< .0001	18%	(10)	< .0001
251 and more	98	62%	(63)		56%	(55)	
Affiliation							
Hospital/health center	35	83%	(29)	< .0001	80%	(28)	< .0001
Independent/CBO	119	40%	(47)		31%	(37)	
# of Treatment Programs							
Multiple (2-4)	47	72%	(34)	.0002	74%	(35)	< .0001
Only 1	107	39%	(42)		28%	(30)	
Treatment Type at Agencies with 1 Program							
Only Outpatient	72	25%	(18)	< .0001	15%	(11)	< .0001
Only Inpatient	11	36%	(4)		0%	(0)	
Only Methadone	18	89%	(16)		.43	72%	
Only Detox	6	67%	(4)	.04	67%	(4)	.01
Hepatitis C Testing at Programs with or without methadone maintenance							
MMTP	45			< .0001	78%	(35)	< .0001
No MMTP	109				27%	(29)	

Characteristics of Programs Offering On-Site HIV & Hepatitis C Testing

Programs more likely to offer on-site HIV and hepatitis C testing :

- Those serving more than 250 clients
- Affiliated with a hospital or community health center
- Offering two or more types of substance use treatment

Programs less likely to offer HIV and hepatitis C testing on-site:

- Those offering only outpatient treatment

Hepatitis C testing:

- Most agencies offering methadone maintenance provide on-site hepatitis C testing; among all other agencies, only 27% offered testing on-site.

CONCLUSIONS

- While only about half of NYC substance abuse treatment facilities offered on-site HIV testing, this is higher than the national rate of 30%.²
- 58% of agencies offering on-site testing provide on-site confirmatory HIV testing; new state regulations require all providers of rapid testing to confirm HIV infection on-site.
- Absence of accessible HIV testing is most acute among smaller programs, independent programs, those affiliated with community-based organizations, and the large group of agencies (72) that offer only outpatient treatment.¹
- On-site hep C testing is offered by few treatment programs beyond those providing methadone maintenance (which must offer clients a test).

DISCUSSION

- Substance use treatment programs serve persons who may be out of care or emerging from a period of HIV- and hepatitis-related risk-taking.
- On-site testing and seamless linkage to care reduce barriers to status awareness³ and prompt initiation of care.
- Study results will help the provision of technical assistance to expand on-site HIV and hepatitis C testing at treatment programs and refine linkage to care.

LIMITATIONS

- Respondents to this survey (57% of total) may not be representative of all treatment programs.
- The survey asked limited questions on hepatitis C and did not assess hepatitis linkage to care.

REFERENCES

- Pollack HA & D'Annunzio 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. 2010. The N-SSATS Report: Infectious Disease Screening. Rockville, Maryland.
- Metsch LR et al. Implementing Rapid HIV Testing With or Without Risk-Reduction Counseling in Drug Treatment Centers: Results of a Randomized Trial. *American Journal of Public Health*, 102: 1160-7.

ACKNOWLEDGEMENTS

We thank Anne Siegler and Daliah Heller of the NYC DOHMH Bureau of Alcohol and Drug Use Prevention, Care and Treatment for assistance in designing and executing this study.