



NASTAD's Prevention and Surveillance
Virtual Learning Collaborative

Conducting case investigation activities in
resource- and capacity-limited settings;
leveraging disease intervention specialists (DIS)

Joint Session: October 27, 2021

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Welcome!

- Participants will be placed on mute
- Feel free to use the chat box to introduce yourselves and ask questions

Background

What is a DIS and how can they be used for hepatitis work?

- Has expertise with communication, interviewing, counseling, case analysis, provider and community engagement, and network building.
 - Patient navigator
 - Support specialist
 - Focus on harm reduction
 - Linkage to care
- Can work in health departments and/or CBOs, clinics, SSPs, etc.
 - Beneficial for elimination
 - Beneficial for case investigations

How did we (Utah) get here?

- Implemented DIS to support HCV acute case investigations @ state and local health departments
 - Centralized DIS HCV SME
 - Trained LHDs
 - Supports case investigations during COVID
- Funded CBOs, SSPs, clinics to enhance HCV testing and linkage to care
 - State DIS supports training and services

Resources & Trainings

- Harm Reduction Navigator Training
 - [National Harm Reduction Coalition](#)
 - Check your state's resources!
- [CDC DIS and Partner Services](#)
 - Often used for STI intervention
 - Other DIS resources
- [NASTAD Community Navigation Toolkit](#)
- Rapid HCV testing & counseling training
- Phlebotomy training to support confirmation testing

Case Presentation

Linkage to Treatment Coordinator Program

Samantha Euraque

Linkage and Adherence Supervisor

Louisiana Office of Public Health

STD/HIV/Hep Program

Hepatitis C Elimination Plan

Multipronged approach including many partners

Office of Behavioral Health Partnership

CDC Overdose Data to Action Funding

Linkage to Treatment Program is part of a larger whole

Program Goal

- ❑ To link people confirmed to have Hepatitis C to medical treatment and substance use treatment for those experiencing a substance use disorder
- ❑ Data2Care model based on funding and collaboration with the Office of Behavioral Health
- ❑ Linkage to Treatment Coordinators receive a list from surveillance data for the following:
 - ❑ Medicaid recipients
 - ❑ With a Confirmed Hepatitis C diagnosis
 - ❑ With no record of treatment
 - ❑ Under the age of 39 (as a proxy to connect with people possibly using substances)
 - ❑ We work with providers to identify patients that are lost to follow up to assist in reengaging on a clinic by clinic basis.

Program Structure

- ❑ 7 Linkage to Treatment Coordinators
 - ❑ 2 Leads
- ❑ Monthly Case Conferences
- ❑ Data recording
 - ❑ Binder
 - ❑ Access database
 - ❑ Assessment

Event Log

Hep C Event Log

Close Undo Record New Record Save Record

*Date: *Contact Made with Referred Person? *Time Units (15-minutes = 1 Time Unit):

Encounter Type

Encounter Service

Referrals

Type	Where?	Completed?	Date Completed
Case management:		<input type="checkbox"/>	
Dental:		<input type="checkbox"/>	
Drug or Alcohol Use Treatment		<input type="checkbox"/>	
Food or Subsistence needs:		<input type="checkbox"/>	
Housing and Shelter		<input type="checkbox"/>	
Mental Health:		<input type="checkbox"/>	
Medical:		<input type="checkbox"/>	
Other:		<input type="checkbox"/>	

Hep Links, Nec:	Entered By:	Date:	Modified By:	Date:	HepCat Casenumber:	Date Case Added:
2408		2/2/2021				

2:44 PM 2/3/2021

Program Data to Date

- ❑ The LTCs have screened and provided the SAMHSA Screening, Brief Intervention and Referral to Treatment (SBIRT) to 163 clients.
- ❑ The LTCs have offered harm reduction services to approximately 528 clients.
- ❑ The LTCs have linked 151 clients to HCV care.
- ❑ The LTCs have linked approximately 14 clients to SUD treatment.
- ❑ The LTCs have provided services to 884 clients assisting them in continuing to move through the entire harm reduction care continuum.

Barriers to Treatment Adherence

- ❑ Unaware of treatment
- ❑ Few providers accepting Medicaid
- ❑ Identifying specialty pharmacies that will fill Epclusa and/or those that will fill the full 90 days
- ❑ Ensuring pharmacy receives all necessary information
- ❑ Behavior contracts
- ❑ Misinformation about MAT
- ❑ Stigma
- ❑ Competing priorities

Moving Forward

- ❑ Accepting referrals from local FQHCs, Treatment facilities etc.
- ❑ Adding a measure for type of treatment in order to identify OUD specific treatment outcomes
- ❑ Working more closely with existing and developing SSPs
- ❑ Filling two vacant positions

Discussion

Discussion Questions

- Who has DIS that are currently making calls? What is their scope? i.e. partner contacts, patient navigation, linkage to treatment
- What limitations exist in your jurisdictions?
- Success stories?
- Who has used HepTAC to connect with other departments? Was it useful?

