

Building the Capacity of Four Drug Treatment Programs in NYC for HIV/HCV Screening and Linkage to Care

NASTAD National HIV and Hepatitis Technical Assistance – October 11-14, 2022

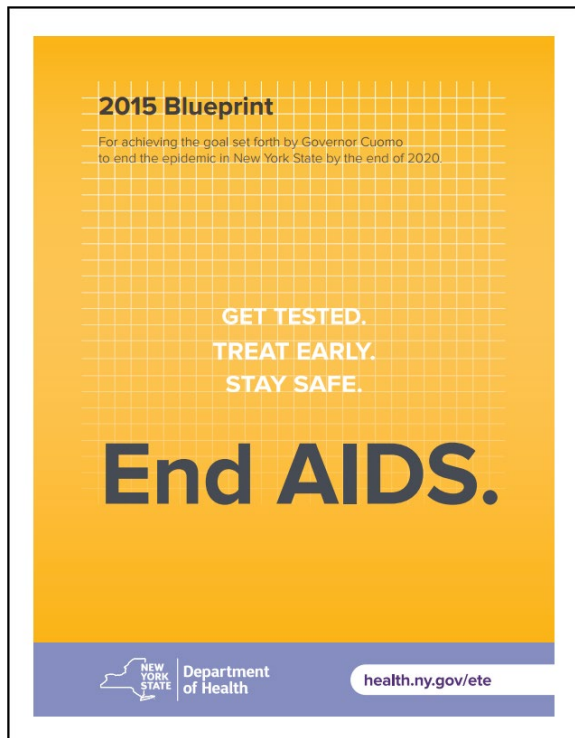
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A New York City without transmission or illness related to viral hepatitis, HIV, and sexually transmitted infections

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Improve the lives of New Yorkers by ending transmission, illness, stigma, and inequities related to viral hepatitis, HIV and sexually transmitted infections

Ending the Epidemic in New York



New York's 3-Point Plan

- Identifying persons with HIV who remain undiagnosed and linking them to health care
- Linking and retaining persons with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing Pre-Exposure Prophylaxis (PrEP) to high-risk persons to keep them HIV-negative.

NYC 2020 Ending the HIV Epidemic Plan

In March 2021, NYC DOHMH released the **NYC 2020 Ending the HIV Epidemic Plan (NYC 2020 EHE Plan)**. The plan builds on the NYS Blueprint for Ending the Epidemic and the NYC Ending the Epidemic Plan, and is organized around the four EHE strategies and two cross-cutting issues:



Diagnose



Treat



Prevent



Respond



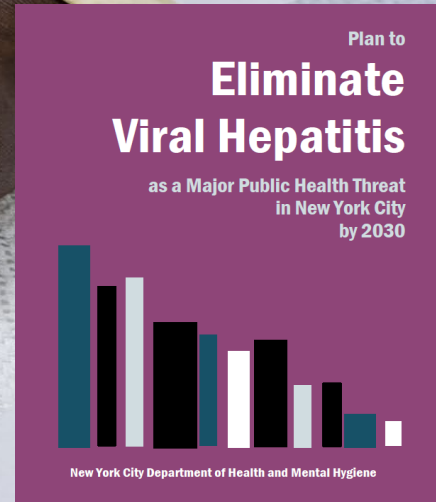
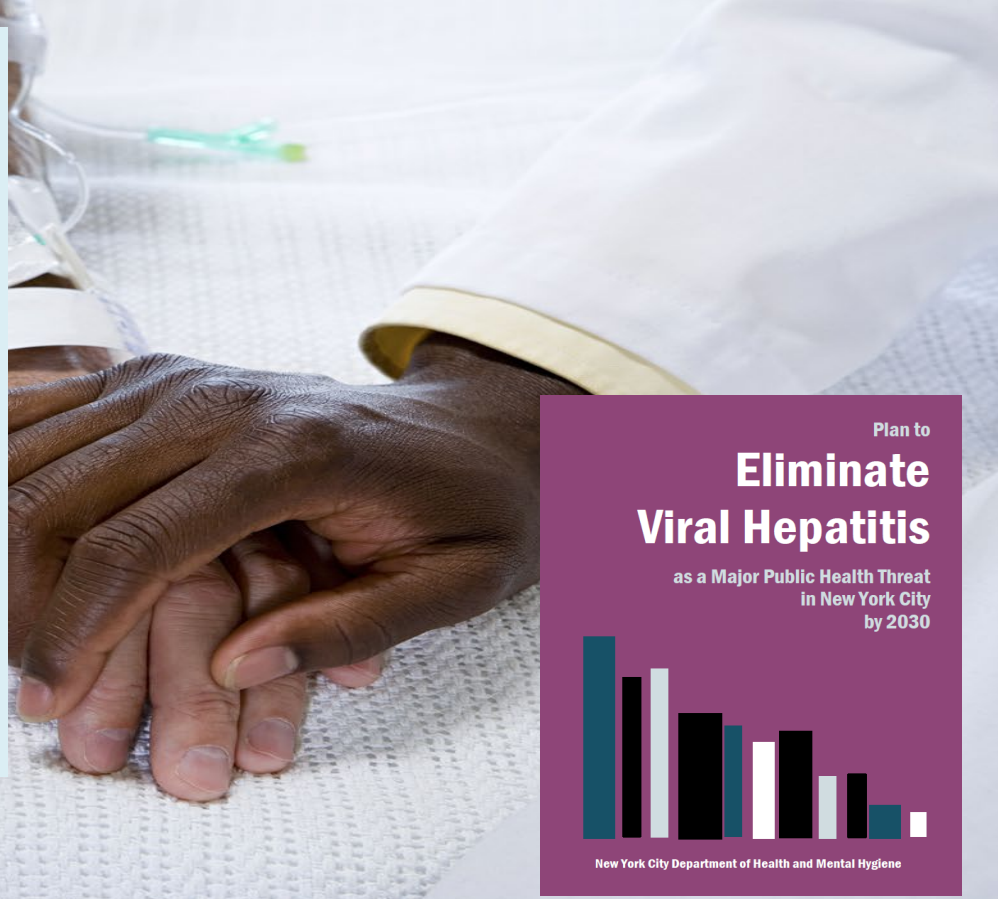
Social and Structural Determinants
of HIV-Related Health Inequities



HIV Service Delivery System

NYC and NYS Viral Hepatitis Elimination Plans

- Built in partnership with community stakeholders, the plan includes a set of strategies outlining the coordinated approach needed to reduce the number of hepatitis C infections, improve the health of people with hepatitis B and C, and reduce health inequities related to viral hepatitis infection.



NYS and NYC Viral Hepatitis Elimination Plans

- Built in partnership with community stakeholders, the plan includes a set of strategies outlining the coordinated approach needed to reduce the number of hepatitis C infections, improve the health of people with hepatitis B and C, and reduce health inequities related to viral hepatitis infection.
- The plan aligns with and supplements the New York State Hepatitis C Elimination Plan and specifically includes efforts to reduce hepatitis B inequities and increase healthcare access based on disease prevalence.

<https://www1.nyc.gov/assets/doh/downloads/pdf/cd/viral-hepatitis-elimination-plan.pdf>

https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/docs/hepatitis_c_elimination_plan.pdf

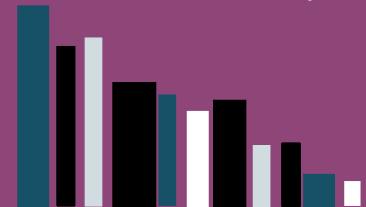
New York State Hepatitis C Elimination Plan

**NY CURES
HEP** 
Get tested. Get treated. **Get cured.**




Plan to Eliminate Viral Hepatitis

as a Major Public Health Threat
in New York City
by 2030



New York City Department of Health and Mental Hygiene

An aerial photograph of the New York City skyline, featuring numerous skyscrapers and buildings. The image is overlaid with a dark, semi-transparent rectangular area in the center, which contains white text. The overall color palette is dominated by dark blues and purples, giving it a professional and serious appearance.

The Viral Hepatitis Program's Clinical Practice Facilitation team oversees clinical capacity building projects at hospitals and community health centers to expand viral hepatitis and HIV testing and treatment services.

Four substance use treatment programs selected based on RFP applications:

- Minimum 400 discharges per year and serve marginalized populations
- OASAS certified Article 32 facility
- Not-for-profit 501c3
- Brick and mortar in NYC

Goal: Build capacity to screen for HCV/HIV and link to care

BROOKLYN

START

TREATMENT & RECOVERY CENTERS

The right way to treat people.®

Goal: Build capacity to screen for HCV/HIV and link to care

BROOKLYN



BRONX



Goal: Build capacity to screen for HCV/HIV and link to care

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BRONX



MANHATTAN



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BROOKLYN



BRONX



MANHATTAN



QUEENS



BROOKLYN: START Treatment and Recovery Centers

- 7 sites outpatient opioid treatment program
- Article 28 licensure: onsite primary care services
- Adult mental health program - Reach
- Adolescent mental health program - Teen START
- 340B Program for rebates on medications
- Participated in study of Patient-Centered Outcomes Research Institute (PCORI) with Dr. Andrew Talal, SUNY Research Foundation on hepatitis C treatment via telemedicine



BRONX: La Casa De Salud/Promesa

- 5 clinics and federally qualified health centers
- Substance abuse treatment program
- Behavioral health services
- Adult primary and preventive care
- Offering a large array of medical, social and mental health services for PWUD, Homeless Population, Children, LGBTQ+ and Seniors



MANHATTAN: Project Renewal

- 2 sites lower Manhattan and 1 in East Harlem
- Crisis center primarily serving people experiencing homelessness
- Collocated with an article 28 providing primary care and HCV/HIV treatment
- Combined stabilization and rehab program with 60 beds
- Client centered trauma informed care

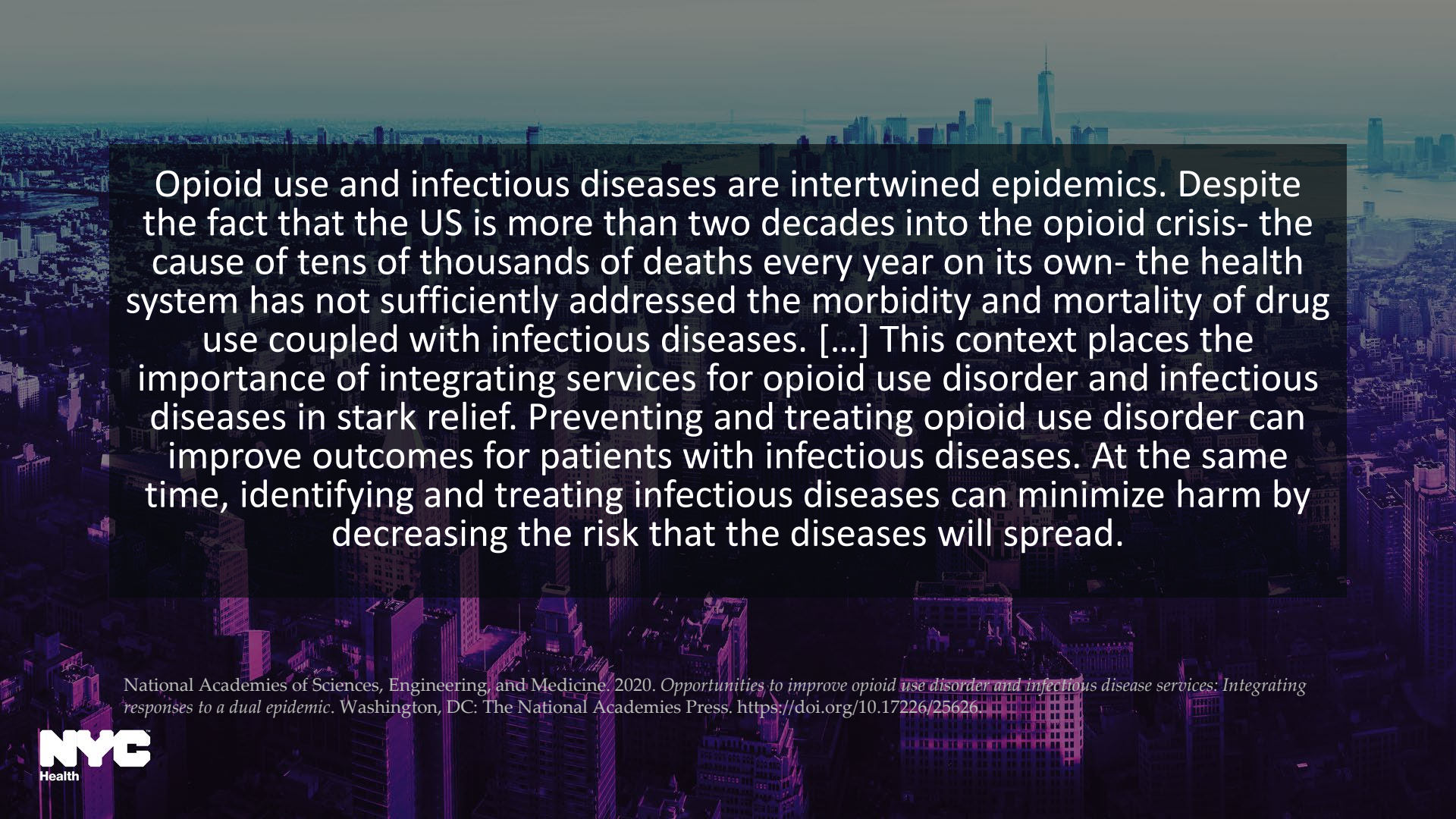


Renewing lives. Reclaiming hope.

QUEENS: Community Services of East District New York

- 1 site in Jamaica, 2 sites in Brooklyn and 1 in Long Island
- Outpatient substance use treatment program
- Primarily serves people who are mandated by the criminal justice system
- Offers comprehensive services: medically assisted treatment, outpatient detox, group therapy sessions and peer services, psychiatric and medical services





Opioid use and infectious diseases are intertwined epidemics. Despite the fact that the US is more than two decades into the opioid crisis- the cause of tens of thousands of deaths every year on its own- the health system has not sufficiently addressed the morbidity and mortality of drug use coupled with infectious diseases. [...] This context places the importance of integrating services for opioid use disorder and infectious diseases in stark relief. Preventing and treating opioid use disorder can improve outcomes for patients with infectious diseases. At the same time, identifying and treating infectious diseases can minimize harm by decreasing the risk that the diseases will spread.

National Academies of Sciences, Engineering, and Medicine. 2020. *Opportunities to improve opioid use disorder and infectious disease services: Integrating responses to a dual epidemic*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25626>

Four main deliverables

TRAINING

Clinical providers and support staff at each site

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Clinical providers and support staff at each site

WORKFLOW DEVELOPMENT

Documented description of patient flow from intake to testing and treatment engagement



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Clinical providers and support staff at each site

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Documented description of patient flow from intake to testing and treatment engagement

MONTHLY REDCap Reports

Enter aggregate and patient level data in secure webportal

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Clinical providers and support staff at each site

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Documented description of patient flow from intake to testing and treatment engagement

MONTHLY REDCap Reports

Enter aggregate and patient level data in secure webportal

QUARTERLY NARRATIVE REPORTS

Documented description of successes and challenges

Clinical Providers

- Hepatitis C Clinical Training Series
 - Epidemiology, Natural History and Diagnosis
 - Hepatitis C Treatment
 - Hepatitis C Complications
 - Hepatitis C Treatment in People who Inject Drugs (PWID)
- HIV Treatment Update

Support Staff

- Patient Navigation
- Introduction to Hepatitis C

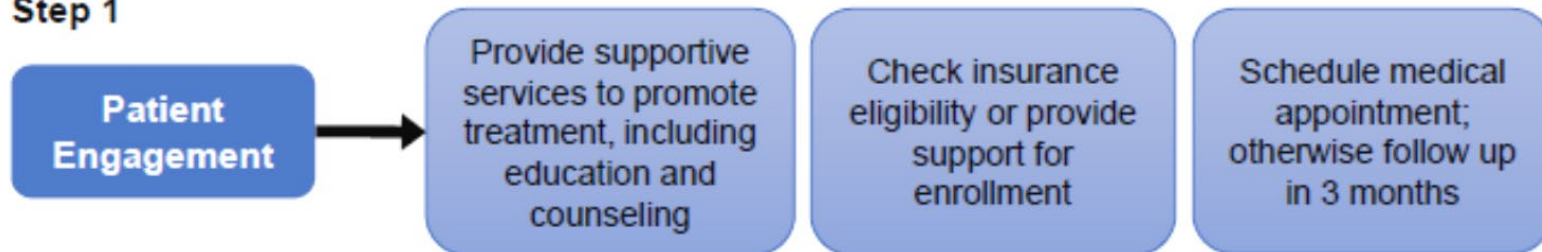
ALL STAFF

- HIV 101/201
- Harm Reduction
- Hepatitis C Treatment in People who Inject Drugs

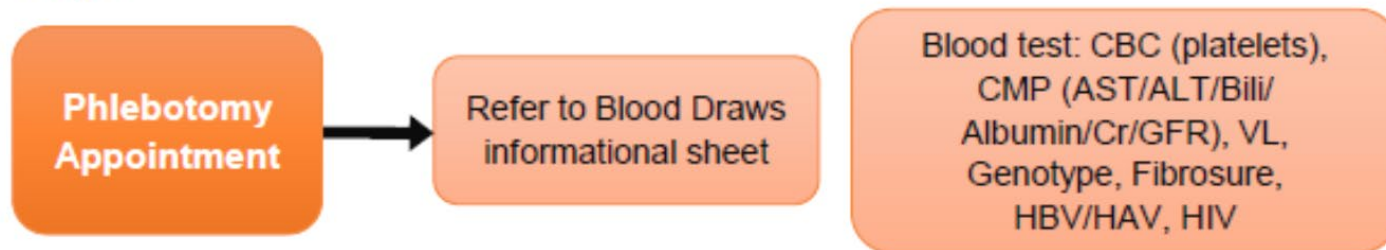
Workflow Development

HCV Treatment Clinical Workflow

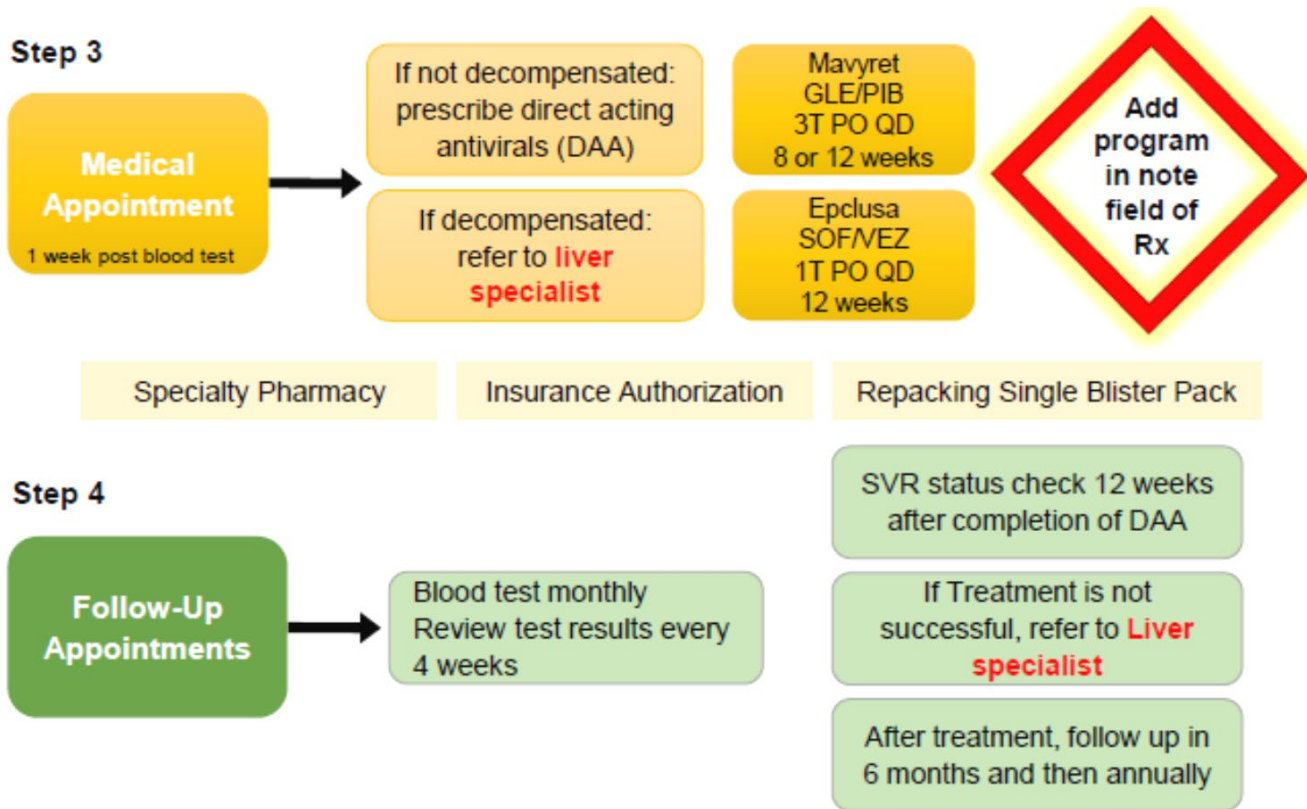
Step 1



Step 2



Workflow Development



Workflow Development

HIV and Hep C Testing and Referral to Treatment Protocol

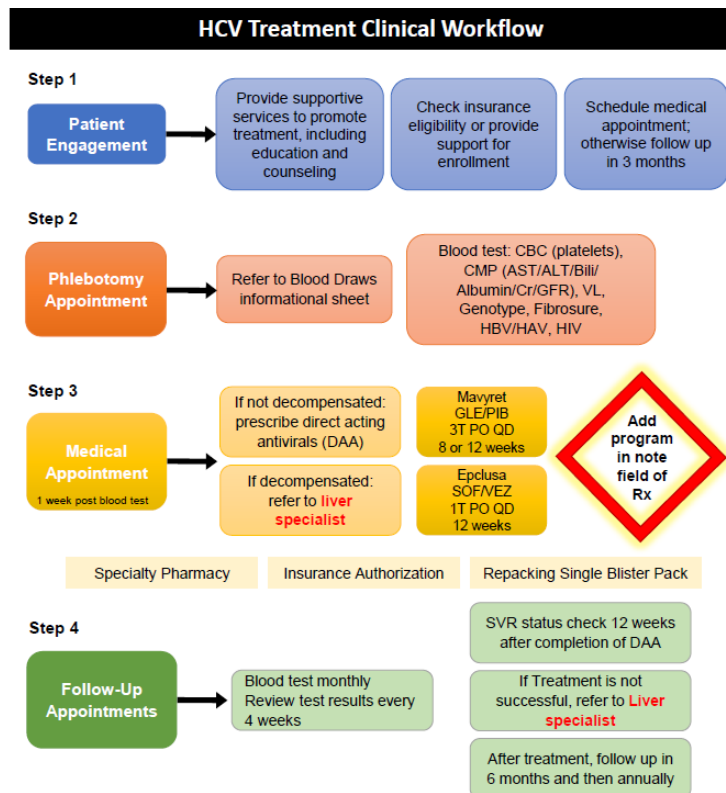
We will be offering point-of-care (POC) testing for HIV and Hepatitis C to all new admission to our OASAS-licensed, Article 32 programs (TRC, MSOWS and CDCS), with subsequent care coordination and linkage to treatment as needed. The protocol is noted below:

1. New admissions to our Article 32 programs will be identified by program staff and placed on a Nurse Care Manager (NCM) resource panel (ie, schedule) for a counseling and testing visit. Some clients may choose to bypass this appointment, and instead schedule a full evaluation that includes HIV and Hep C testing in our co-located medical clinic.
2. Project Renewal Nurse Care Managers will be onsite in the Article 32 programs on Monday, Tuesday, Wednesday and Friday each week to offer counseling and point of care testing to all newly admitted clients. Testing will be performed in a confidential space.
3. During the counseling and testing visit, the NCM will counsel patients that these are screening tests and that the results are preliminary. PRI has onsite expertise in the treatment of HIV and Hepatitis C that can be accessed as needed.
 - a. Clients who test positive for HIV will be seen immediately in our co-located medical clinic for further evaluation and discussion around initiation of treatment.
 - b. Clients who test positive for HCV antibody will be offered an appointment in clinic for further evaluation, including verifying chronic infection, staging and discussing timing of treatment if interested.
 - c. Clients who test negative for HIV or Hep C will be counseled on risk factors, connected to harm reduction resources, and offered future testing as needed.

Workflow Development

4. NCMs will document the encounter in a template in our electronic health record, noting whether the client consented to testing, the initial test results, and the follow-up plan if necessary.
5. POC HIV and Hep C tests will be stored in our 2nd floor medical clinic at appropriate temperature. Controls will be performed weekly by medical clinic nursing staff.
6. Project Renewal's NCM for Drug User Health and our Nurse Care Manager for HIV Services will follow patients over time to support engagement with care and treatment. Our HIV medical case manager will also support patients with HIV who need to access benefits, and additional services.

Workflow Development



Source: START Treatment and Recovery Centers

HIV and Hep C Testing and Referral to Treatment Protocol

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Source: Project Renewal

Monthly REDCap Reports

Aggregate Report

- New monthly admissions
- Demographics
- Socio-economic indicators
- Hepatitis antibody and RNA tests
- HIV tests
- Hepatitis A and B vaccinations

Patient Navigation Report

- HIV/HCV positive patients
- Linkage to care: 1st appointment date
- Treatment initiation
- Treatment adherence
- HCV SVR



[Log In](#)

YEAR 1 OUTCOMES



Training Attendance: 48

Training	Clinical Staff	Non-Clinical Staff	Total per training
REDCap	2	10	12
Patient Navigation	4	7	11
Hep C Treatment in PWID	3	6	9
HIV 101	1	6	7
HCV Clinical & HIV Treatment Updates	5	2	7
HIV 201	4	2	6
Intro to HCV	1	4	5
Harm Reduction	1	2	3

HIV/HCV Testing from November 1, 2021-June 30,2022

Indicator	Count
Average monthly admissions	30 (range 8-73)
Hepatitis C Antibody tests performed	477
Hepatitis C RNA tests performed	229
HIV Tests performed	510

Patient Navigation

Patients served	# Patients served	Linked to Care	Started Treatment	Undetected HIV VL/ Completed HCV Treatment
HIV Positive	48	48	48	36
HCV RNA Positive	33	29	10	7
HIV/HCV coinfectd	5	4/4	3/0	0/0

Narrative reports: Common Challenges and Achievements

Offering point of
care testing

Identifying patients
with HIV/HCV

Ongoing treatment
and follow up

Availability of a patient navigator

Resistance to
testing

Staffing and staff turnaround

Year 2 Goals: Follow through on Year 1 Accomplishments

TRAINING

Motivational Interviewing, Exchange of best practices, Hepatitis C and HIV

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Continued description of successes and challenges

Clinical Practice Facilitation Team, Viral Hepatitis Program – Bureau of Hepatitis, HIV and Sexual Transmitted Infections (BHHS)

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Resources: <https://hepfree.nyc/hepcx/>



An aerial photograph of the New York City skyline, featuring numerous skyscrapers and dense urban development. The image is overlaid with a semi-transparent purple filter. A dark horizontal band across the middle contains the text "THANK YOU!".

THANK YOU!