INTEGRATED COLLABORATIVE CARE TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF PEOPLE LIVING WITH HIV AND UNTREATED HCV

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Background: People living with HIV and untreated HCV experience increased rates of behavioral health disorders that impact treatment and cure of HCV. We identified barriers to HCV cure and HIV viral load suppression (VLS) in this co-infected population at our low threshold HIV care center via the mixed methods CHANGE (Cure HCV and Guide Engagement among People Living with HIV) study.

Description of model of care/intervention: As part of a four-year practice transformation effort, we developed a modified collaborative care model including psychotherapy delivered via Behavioral Health Clinicians (BHCs), medication assisted therapy (MAT) and psychiatric care within a team-based care framework. A CHANGE organizational assessment identified our population's rates of substance use, referral to and uptake of MAT, and linkage to BHC/psychiatric services among HIV/HCV co-infected patients.

Effectiveness: Of 3,872 unique patients seen in our center by the end of 2018, 61 (3%) were still living with HIV and untreated HCV infection. Of those with coinfection, **43** (70%) had moderate to severe depressive symptoms and/or a mental health diagnosis. **31** reported active substance use, of which opioids (53%) and crystal methamphetamine (42%) were most common. 13% of patients prescribed MAT in 2018 had coinfection, and none were adherent to treatment.

31% of co-infected patients who reported current substance use, moderate to severe depressive symptoms or a psychiatric diagnosis had at least one visit to psychiatry or a BHC. HIV VLS among the co-infected was only 29% (compared to 88% VLS in all unique patients), and only 6 coinfected patients were successfully treated for HCV and achieved sustained virologic response (SVR).

Conclusions and next steps: Linkage rates to behavioral health services were modest despite the complexity of this population's psychosocial needs. Collaborative care in its conventional format is not sufficient to deter attrition from care. Next steps will include developing on-site community reinforcement strategies via consumer-delivered groups to enhance our existing interventions. 47

Disclosure of Interest: Nothing to disclose.