C CHANGE: PHILADELPHIA'S PLAN TO ELIMINATE HEPATITIS C AMONG PEOPLE WHO USE INJECTION DRUGS

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Background:
An estimated 54,000 (3.4%) Philadelphians are living with chronic hepatitis C virus (HCV); more than half are estimated to be unaware of their infection. Surveillance data from Philadelphia's Department of Public Health highlights severe drop-offs at all stages of the care continuum. These gaps are more pronounced among people who use injection drugs (PWID). PWIDs are less likely to be included in the integrated care models proven to yield better health outcomes. C Change was developed to address barriers in care for PWIDs in Philadelphia, aiming to increase HCV cure rates among PWIDs with known HCV by 20% and increase HCV testing among PWIDs by 25%.

Description of model of care/intervention:
C Change offers systems-level enhancements and client-level intervention in Philadelphia's Opioid Centers of Excellence (COE), which coordinate and co-locate behavioral and physical health services for individuals with opioid use disorder. This integrated care model is a prime intervention point for an HCV elimination strategy in PWID. C Change works in COEs across the city to enhance testing capacity and establish referral systems for linkage to care. Our strategy features health navigators located at each COE site to support integration of HCV testing and provide navigation to care for HCV+ individuals. We collect data on patient demographics, patterns of risk behavior, co-morbid conditions, and patient-centered outcomes.

Effectiveness:
Implementation of C Change has increased access to HCV antibody and confirmatory testing in the COEs, providing direct connection to care for HCV+ individuals identified in sites providing medication assisted treatment (MAT) to PWID and in primary care settings who are not currently treating HCV infection.

Conclusion and next steps:
C Change highlights best practices in developing HCV integrated care models in diverse MAT settings. We are monitoring the impact of this model on Philadelphia's care cascade and patient-centered outcomes in PWIDs.