

FACTORS ASSOCIATED WITH IMPLEMENTATION OF INNOVATIVE MODELS OF HCV CARE AND TREATMENT IN NEW YORK STATE FOR PEOPLE WHO INJECT DRUGS

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Background:

New York State Department of Health provides funding to support three models of hepatitis C virus (HCV) treatment co-located in settings accessible to people who inject drugs (PWID). As originally designed, these programs provide services: 1) in a syringe service program (SSP); 2) via telehealth at a SSP; and 3) on a mobile van partnered with local opioid treatment providers. Programs are also required to directly provide or refer clients to services that address social determinants of health (SDOH) (e.g., food, insurance, shelter) and substance use disorder (SUD) (e.g., medication for opioid use disorder).

Methods:

A formative evaluation was conducted using semi-structured interviews with 19 program managers and staff, and 21 clients who completed HCV treatment to identify barriers and facilitators of successful program implementation. Grounded theory framework was used to identify key themes within and across programs.

Results:

Low client engagement and staff turnover were identified as barriers to program implementation, while clients' competing priorities (e.g., other medical conditions, mental illnesses, familial responsibilities) and unmet basic needs were significant barriers to treatment adherence. The substantial amount of time and effort required of staff to address client barriers before and/or during treatment is crucial to client success. Additionally, utilizing existing infrastructure within each organization and enabling flexibility in relation to adaptation of the programs' original design and treatment modalities allow staff to adequately address the highly varied needs of their clients.

Conclusion:

Our findings support the value of co-locating HCV treatment within settings where PWID feel comfortable and can access services to address SDOH. To sustain and expand such programs, more funding and resources must be dedicated to maintaining a stable workforce in these innovative settings and to address SDOH, which will improve uptake of curative HCV treatment and ultimately reduce the burden of HCV among PWID.

Disclosure of Interest Statement:

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