

## **LOW-BARRIER INTEGRATIVE HCV CARE: OPT-OUT TESTING IN AN OPIOID USE TREATMENT PROGRAM WITHIN SYRINGE SERVICE PROGRAMMING**

Bedrosian A<sup>1</sup>, McPadden M<sup>1</sup>

<sup>1</sup> Hepatitis Education Project, Seattle, WA

The authors of this abstract have no disclosures to report.

**Background:** People who use drugs (PWUD) represent most new hepatitis C (HCV) infections, yet many PWUD face significant barriers to HCV care, including homelessness, transportation, and stigmatization. Syringe services programs (SSPs) reduce the harms of substance use and build trust with PWUD. Due to their deep ties in the community, SSPs may be better positioned to provide substance use disorder and HCV treatment than traditional medical settings.

**Description of model of care/intervention:** Hepatitis Education Project (HEP) operates an SSP with integrated viral hepatitis testing, vaccinations, and medical case management (MCM). In February 2019, in partnership with local medical providers, HEP's SSP expanded to include low-barrier opioid use disorder treatment (OUDT) with opt-out HCV testing. Among 28 SSPs in Washington State, HEP is one of four offering OUDT.

**Effectiveness:** Following SSP implementation in July 2017, HCV screening increased from two clients per month to 32 clients per month. 60% of all antibody-positive SSP participants completed HCV confirmatory testing.

HEP's OUDT program enrolled 29 clients in 8 weeks; of those, 55% were HEP SSP clients. 97% of OUDT clients received HCV screening, of which 80% were exposed to HCV. Ninety-five percent of those exposed received confirmatory testing, of which 86% were diagnosed with HCV.

67% percent of diagnosed OUDT clients enrolled in MCM for HCV treatment support, compared to 47% of SSP clients. 17% of OUDT and SSP clients have been linked to HCV care.

**Conclusion:** The increase in HCV testing and MCM enrollment in HEP SSP and OUDT programs highlights the importance of co-locating services to provide multiple entry points for client engagement. Considering the prevalence of HCV among SSP and OUDT clients, opt-out testing should be considered a critical component of substance use treatment and syringe access programs. To improve linkage to care, HEP aims to implement on-site HCV treatment.