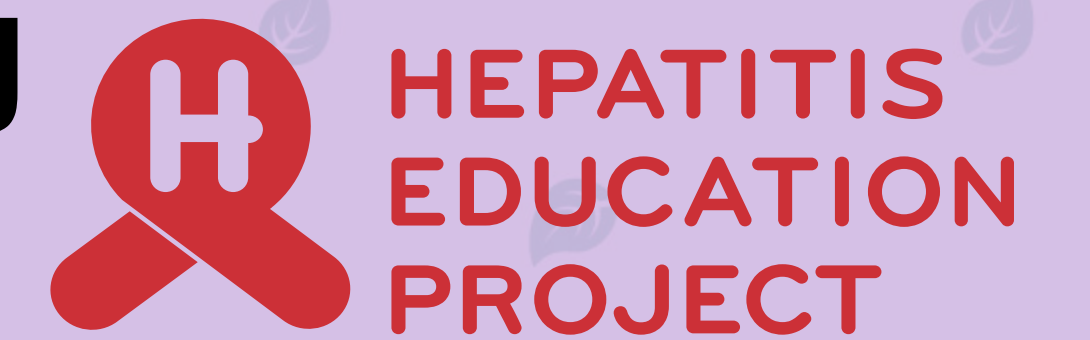


# Low-Barrier Integrative HCV Care: Opt-out Testing in an Opioid Use Disorder Treatment Program within Syringe Services Programming

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## 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 at risk for HCV.
- 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:

Hepatitis Education Project (HEP) opened an SSP in 2017 that integrates 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 at HEP increased by

**16x**

from an average of 2 clients to 32 clients tested per month.

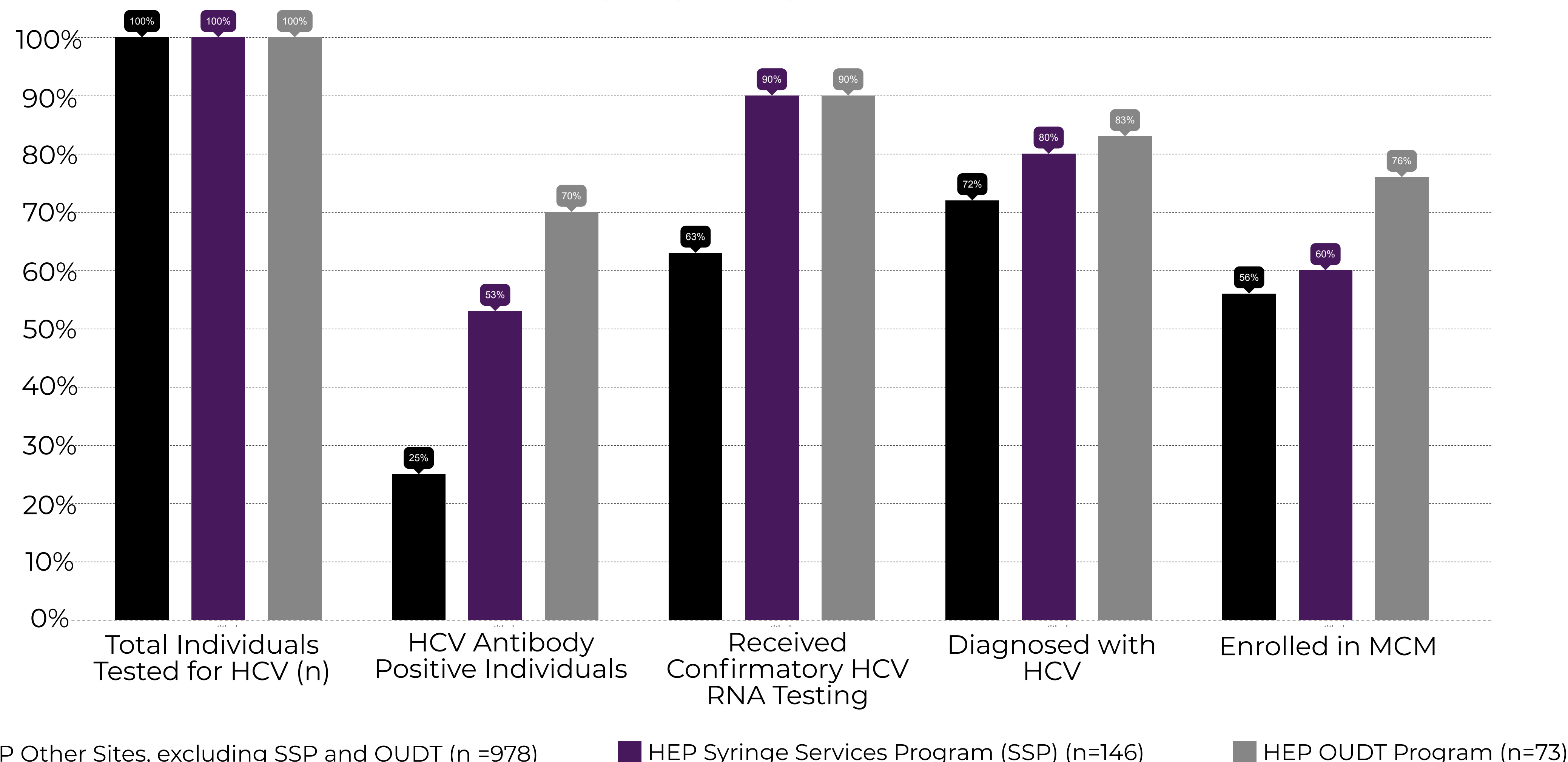
Of the 76 participants enrolled in HEP's OUDT program in the first 6 months,

**47%**

were previous participants at HEP's syringe service program.

- **90% (69/77)** of HCV antibody-positive SSP participants screened since February 2019 completed confirmatory testing; of which **80% (55/69)** were diagnosed with HCV.
- **96% (73/76)** of OUDT clients received HCV screening, of which **70% (51/73)** were exposed to HCV. **90% (46/51)** of those exposed received confirmatory testing, of which **83% (38/46)** were diagnosed with HCV.
- **76% (29/38)** of diagnosed OUDT clients enrolled in MCM for HCV treatment support, compared to **60% (33/55)** of SSP clients; and **56% (62/110)** of clients tested at all other sites.
- **18% (14/78)** of OUDT and SSP clients diagnosed with hepatitis C have been linked to HCV care.

## HCV Care Cascade



## 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 hopes to provide supplemental transportation assistance and ultimately implement on-site HCV treatment alongside SSP and OUDT programming.