

THE LEARNING COMMUNITY MODEL FOR INTEGRATING HEPATITIS C SERVICES INTO OPIOID TREATMENT PROGRAMS

Authors:

Zucht K¹, Krom L¹, Reinhardt K¹, Szubiak N², Winstanley E³, Hagle H¹.

¹The University of Missouri – Kansas City, ²NSI Strategies ³West Virginia University

Background:

Over 2.4 million Americans are living with Hepatitis C virus (HCV), with numbers continuing to rise. HCV prevalence among people who inject drugs is estimated at 40% globally, with injection drug use accounting for 23% of new infections. Opioid Treatment Programs (OTPs), which offer medications to treat opioid use disorder (OUD), play an integral role in comprehensive approaches to addressing the syndemic of OUD, HCV, HIV, and sexually transmitted infections.

Description of model of care/intervention:

The Addiction Technology Transfer Center Network developed two technical assistance (TA) tools to aid OTPs in integrating, expanding, and enhancing HCV services into their current practices. 1) “Your Guide to Integrating HCV Services into Opioid Treatment Programs” (“the Guide”) and 2) a ten-session Learning Community (LC) based on content from the Guide.

Interprofessional teams from seven OTPs (serving 94-10,007 patients annually) completed the collaborative LC, which ran from October 2020 - April 2021. The OTPs’ goals for level of HCV-service integration varied from increasing referrals to community partners to implementing on-site testing and treatment.

Effectiveness:

Participating OTPs submitted a series of change indicators at three timepoints, each encompassing two months’ worth of data. 71% (n= 5) increased the number of patients tested for HCV and the number of patients linked to treatment following HCV detection at the final timepoint when compared to baseline. The two OTPs that did not show an increase encountered procedural and financial obstacles to testing and treatment that they worked to address.

Conclusion and next steps:

The key after-effect of integrated care models is improved healthcare outcomes for all individuals aided by the removal of traditional silos and barriers to care. Delivering integration-related TA to OTPs through a LC structure is a model that can be replicated to improve outcomes for the individuals most affected by this syndemic.

Disclosure of Interest Statement:

The authors have no financial relationships or conflicts of interest with industry partners to disclose.