The role of a HCV Care Coordinator in providing comprehensive care to facilitate HCV Treatment among PWID

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Accessible Care AC

BACKGROUND

- People who inject drugs (PWID) are disproportionately affected with Hepatitis C (HCV).
- Many do not engage in care due to structural and social barriers, which must be addressed in order to facilitate initiation and successful completion of HCV treatment.
- This qualitative analysis examines the role of a care coordinator at a syringe exchange program (SEP) in facilitating access and retention in HCV treatment for active PWID.

DESCRIPTION OF MODEL/CARE

- Accessible Care is a strategy being studied in an on-going clinical trial to examine low-threshold HCV care for PWID delivered at a SEP compared to usual referral care. As of July 2019, 49 participants have initiated HCV treatment, and 44 have completed HCV treatment.
- Eligibility criteria includes positive HCV RNA test, reported injection drug use within 90 days prior to screening appointment.
- This program is designed specifically for PWID where they can comfortably access HCV care without fear of shame or stigma.
- The HCV care coordinator, a component of the study intervention helps to coordinate healthcare efforts with medical doctor by maintaining flexible appointment hours including walk-in availability.
- This approach innovatively supports HCV treatment within a harm reduction framework by helping clients identify and openly address barriers to initiating and completing treatment, and preventing re-infection.
- This open, stigma-free interaction with HCV care coordinator is designed to facilitate adherence to HCV treatment and retention in care.

EFFECTIVENESS

- Using content analysis conducted by two team researchers, we evaluated the HCV care coordinator notes describing 34 interactions with the first 13 participants who have started on treatment.
- Key barriers to retention and treatment addressed by HCV care coordinator:
  - **Drug use** – open discussion of drug use & its effect on treatment and reinfection.
  - **Medication management** – delivering & storing medication, addressing adherence.
  - **Social & structural barriers to treatment** – transportation, homelessness, difficult relationships with friends & family.

PARTICIPANT EXPERIENCES

Excerpts from HCV care coordinator participant interaction notes describing key barriers to treatment, and open expressions of gratitude:

Drug use: *"Today participant came in for [HCV reinfection prevention training] … When the discussion of his injection network came up, he [was] interested in sharing [with them] that he will have to be clear…that he has to take care of his health and … he would be more cautious going forward.*

"Met with participant … today. I asked her if she is truly interested in [HCV] treatment and she said she is, [but] she is juggling her [drug] habits and the money required to maintain them.

Medication management: *"Participant stated that he wants to come in every Tuesday to pick up his medications. … he lives in a shelter and doesn't trust that he has a secure place for the … meds. He seemed thankful to be engaged in treatment and to have a safe place to keep his meds."*

"Participant reported liking the system he has for his medication … Today he reported missing yesterday's dose, but as we discussed, he will not 'double up', and will instead tack the missed dose on to the end of his treatment … he was happy with the choice he made to wait to take it.

Social & structural barriers: *"Today participant came in and was struggling emotionally. He had been hospitalized for … dire kidney issues, then quickly discharged when medical staff learned of his [drug] use."*

"She stated [that] being homeless it's easy to lose medications or have them stolen."

"Participant talked extensively about his ex-wife who left him for a friend. … He also expressed frustration that she has been an absent mother to their children since leaving the participant. These things … have made the participant feeling upset and frustrated. I reminded participant of all of the work he has put into himself and his treatment.

Open expressions of gratitude: *"We had a long [meeting] where we discussed ways to ensure his reduction in risk of reinfection. Participant thanked me for supporting him and reported feeling very positive, and having a new outlook on life since beginning treatment. He expressed frustration in the past of being denied treatment."*

"Participant had labs done today and was hoping he gets good news regarding the decline of his viral load."

CONCLUSIONS / NEXT STEPS

- The HCV care coordinator fosters a non-judgmental relationship where PWID can openly address drug use and other potential treatment barriers while initiating and completing HCV treatment, and preventing reinfection. This trusting relationship allows participants a safe space to express emotional exchanges of gratitude and hope for cure.
- A HCV care coordinator may be a helpful component to facilitate initiation and retention in HCV treatment for PWID.

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