



Central City Concern Elimination Project

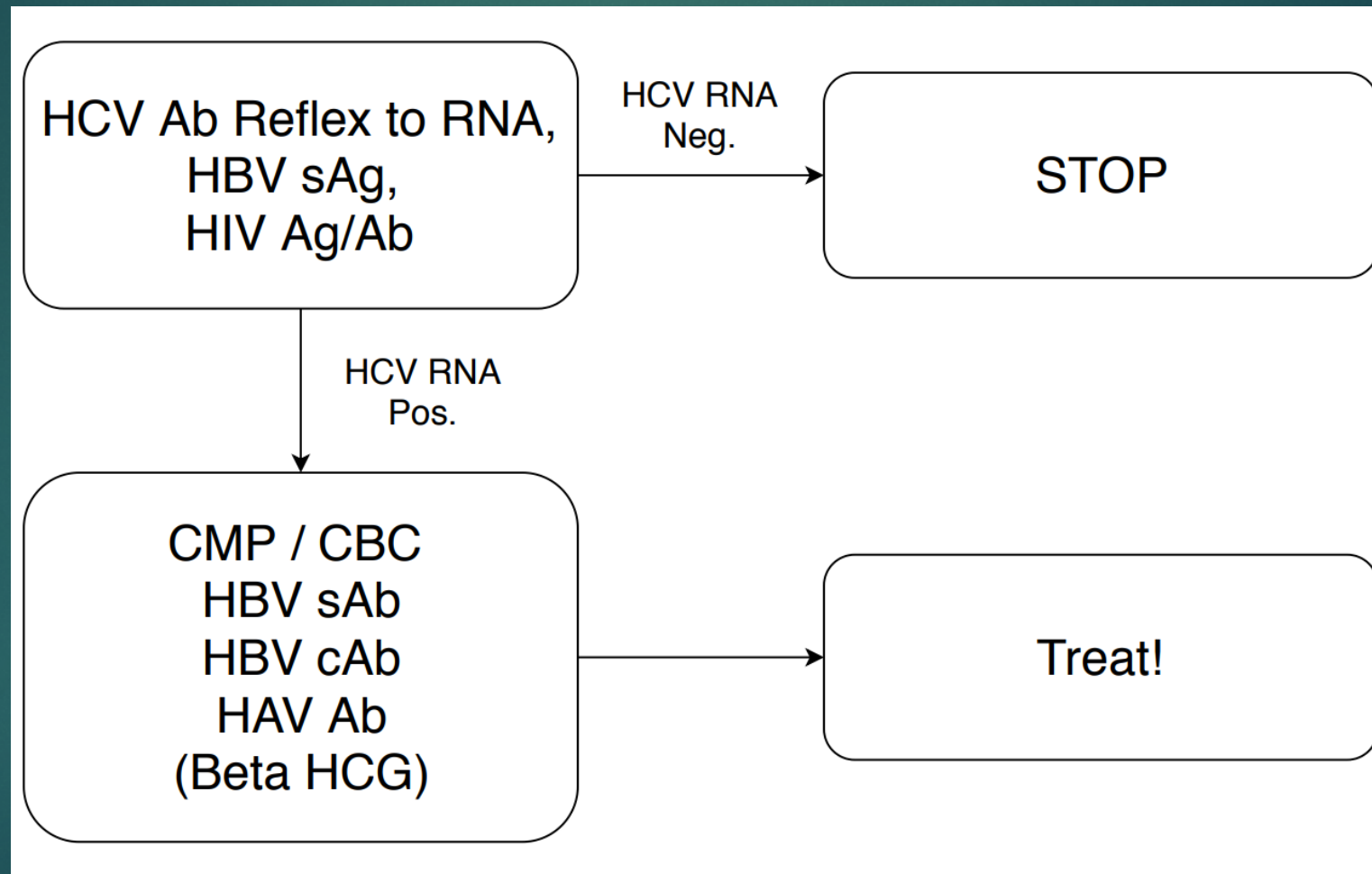
Andy Seaman, MD, OHSU and CCC

CCC Team: Chris Kinyon, DPh; Lisa Nelson DPh; Robert Martini DPh; Brianna Sustersic, MD; Lauren Land, NP; Taylor Kaser, Linda Nguyen, Wren Ronan, Anna Geduldig

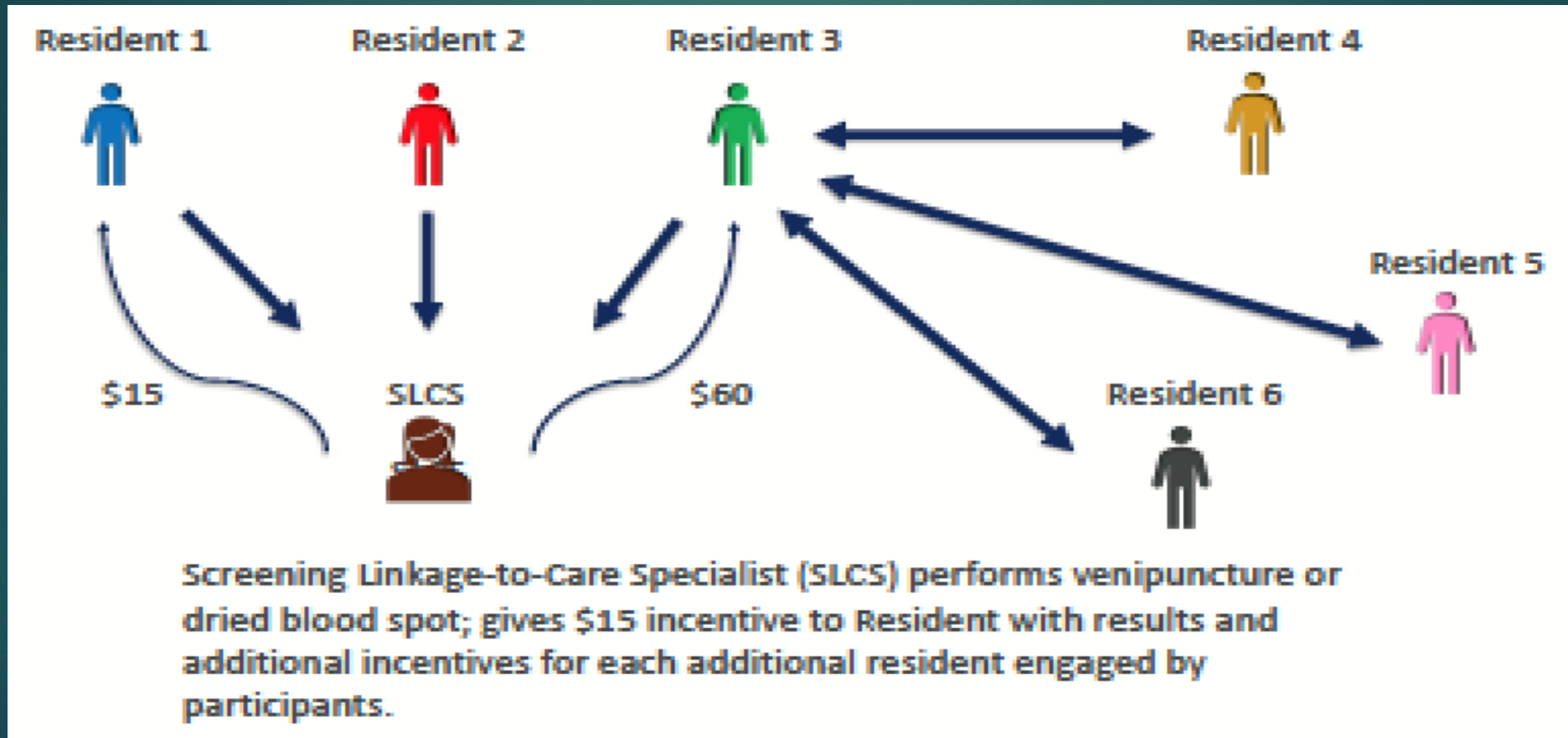
Community Partners: Allied Health Services; CODA; Portland Metro Treatment Center; Recovery Works Northwest; Multnomah County Health Department; Project Nurture; OHSU IMPACT; OHSU Hospitalist Service



Less # visits, less lab draws



Incentivized RDS in Housing



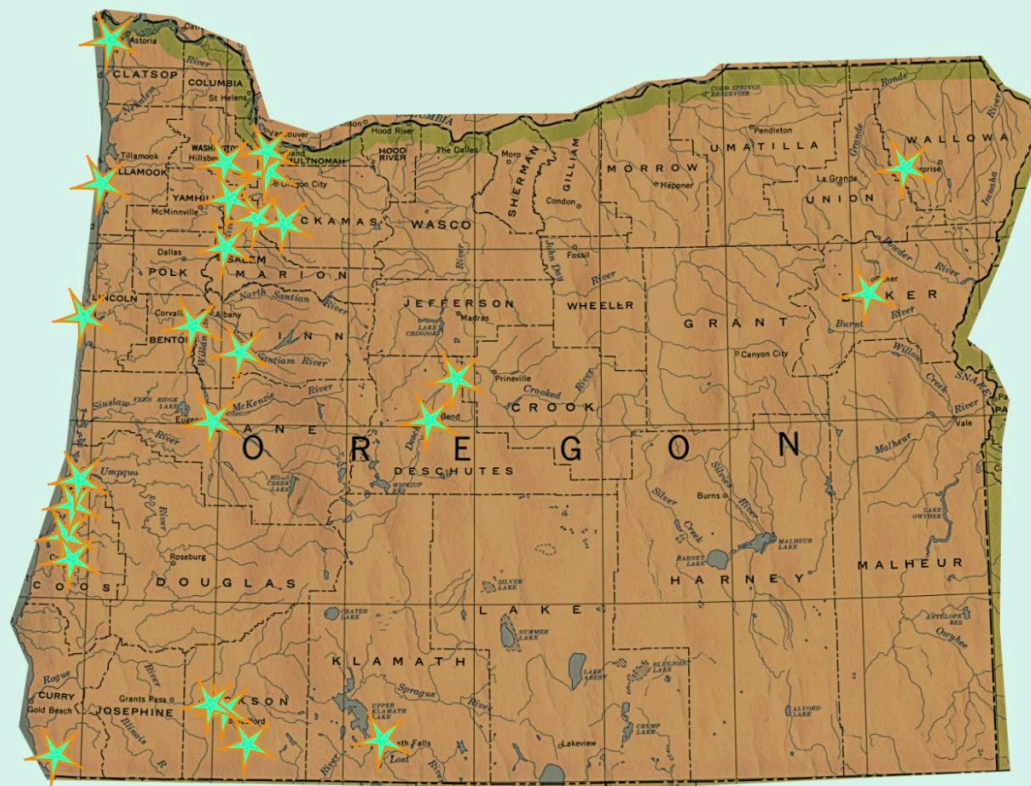
CCC Elimination program projected 1 year impact

Proposed Reach (10/2019 – 10/2020)	Organization Total	Health Services Sites	Housing Sites (24 unique buildings)
Unique # patients eligible for HCV testing	10,002	8,462	1,540
# HCV tests to be conducted / % of eligible to be reached	3,848/38.5%	3,337/39.4%	511/40%
# HCV antibody positive	1,655/43%	1435/43%	220/43%
# / % HCV RNA positive	1231/32%	1068/32%	163/32%
# / % linked to medical care (first medical appointment kept)	1,034/85%	908/85%	114/70%





Oregon HCV Elimination ECHO



Andy Seaman, MD, OR HCV Elimination Echo Facilitator
Oregon ECHO Network: Co-Facilitator Lauren Myers PA; Lisa Nelson DPh; Tuesday
Graham; Maggie MacDonnell; Jessica Gregg, MD

Elimination by ECHO: Next Steps

- ▶ Continue to develop elimination nodes AND THEN LINK!
- ▶ Mentor nodes in developing community referral partnerships
- ▶ Complex Liver disease ECHO?
- ▶ HCV treatment in incarceration ECHO?
- ▶ ...What are your thoughts on next steps?

Oregon-HOPE

Oregon HIV/Hepatitis and Opioid Prevention and Engagement

11



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HIV



OR-HOPE Multi-level Interventions

12

Community Level

- County level data analysis
- Community action teams

Provider Level

- Buprenorphine waiver trainings
- Addiction Medicine and HCV ECHO
- HOPE curriculum with AETC

Patient/Individual Level

- Syringe exchange, mobile outreach
- Peer support specialists providing HCV/HIV testing, naloxone, fentanyl test strips, sterile syringes, linkage to treatment

Gaps:

- Rural areas lack HCV prescribers
- HCV elimination requires reaching people who use drugs

Opportunities:

- Telemedicine can expand services to rural areas
- Community-based peer support specialists can engage and retain

Tele-HCV Criteria & Study Design

13

Inclusion /Exclusion

Inclusion Criteria:

- ▶ Age > 18
- ▶ Past 90 day injection drug use
- ▶ Hepatitis C RNA positive
- ▶ Seeking treatment for HCV

Exclusion criteria:

- ▶ Laboratory evidence of decompensated cirrhosis (Childs Pugh B or greater)
- ▶ History of hepatic decompensation, ascites, or encephalopathy
- ▶ Pregnant/breastfeeding

Study Design

- ▶ Participants with HCV randomized to peer-facilitated telehealth vs. referral to local HCV prescribers
- ▶ Data collection
 - ▶ Survey & UDS: baseline, 4, 8, and 12 weeks post tx
 - ▶ HCV labs: baseline and 12 weeks post tx
- ▶ Outcomes
 - ▶ Primary: HCV sustained viral response 12 weeks post tx
 - ▶ Secondary: 1) HCV treatment initiation; 2) HCV treatment completion 3) Perceived stigma; 5) Harm reduction engagement, and 6) Substance use.

Tele-HCV Process

14

- ▶ Participants enrolled with local CCO
- ▶ Peer facilitate confirmatory HCV screening and evaluation labs (standing order)
- ▶ Peer link participants to tele-HC provider session to review labs and assess for decompensated cirrhosis
- ▶ Telemedicine provider sends prescription for HCV directing acting antivirals (DAA) to local pharmacy
- ▶ Peers assist participant in picking up medication and encourage treatment adherence.