

Viral Hepatitis Prevention for IDU What Should We Be Doing?

Designing and Implementing a Comprehensive
Hepatitis Prevention Strategy for Injection Drug Users

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Principles Behind New York's Approach: Building on a Strong Foundation of:

★ Collaboration

- ★ Among governmental agencies, providers and CBOs
- ★ Involvement of affected communities

★ HIV prevention and health care program experience

- ★ Clinical and community-based program experience
- ★ Clinical guidelines
- ★ Quality of care programs
- ★ Reimbursement mechanisms

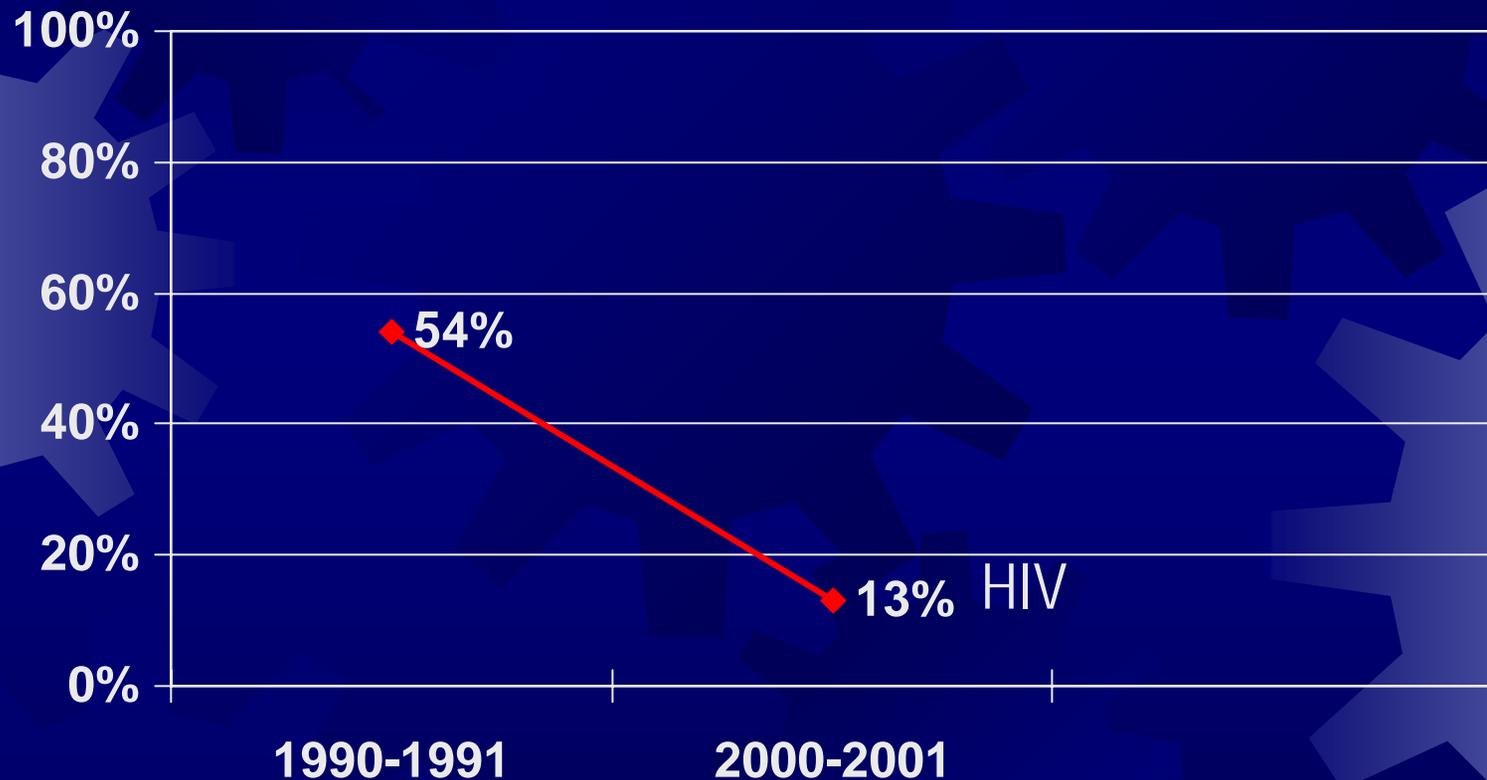
Reductions in HCV and HIV Among IDUs in NYC, 1990 to 2001, New York

- ☀ Assessed trends in HIV, HCV and HIV/HCV infection among IDUs from 1990 to 2001 in New York City;
- ☀ Cross-sectional seroprevalence surveys of IDUs entering drug treatment in NYC;
- ☀ Structured risk behavior questionnaire administered and HIV and HCV testing conducted;
- ☀ From 1990-1991 to 2000-2001:
 - **HIV prevalence declined from 54% to 13%;**
 - **HCV prevalence declined from 90% to 63%,**

Sources: Des Jarlais, et al. AIDS 2005, 19 (suppl 3): S20-S25

Changes in HIV and Hepatitis C Prevalence Among IDU

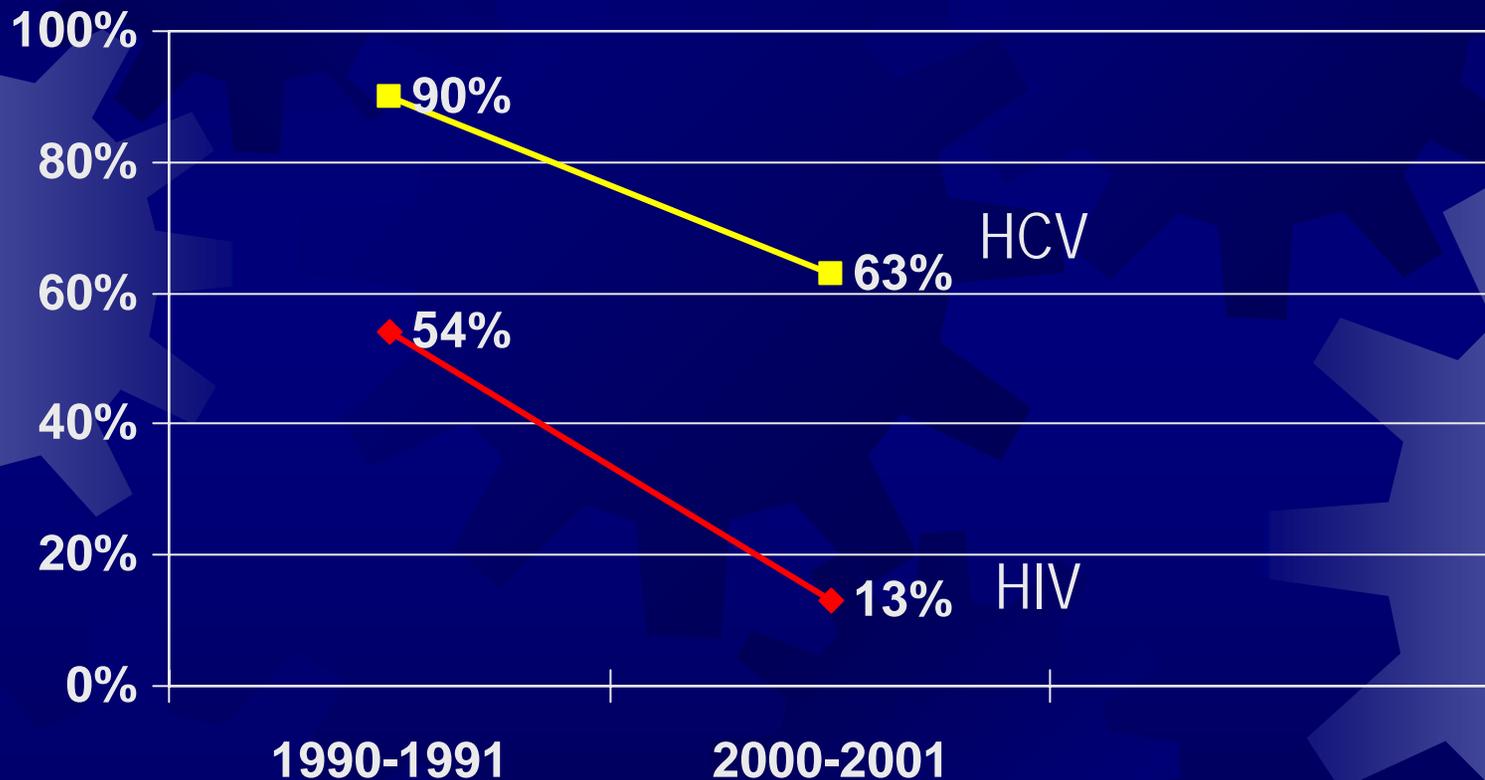
New York, 1999 – 2001, Des Jarlais 2005.



Source: Des Jarlais DC et al, AIDS 2005, 19 (suppl 3):S20-S25.

Changes in HIV and Hepatitis C Prevalence Among IDU

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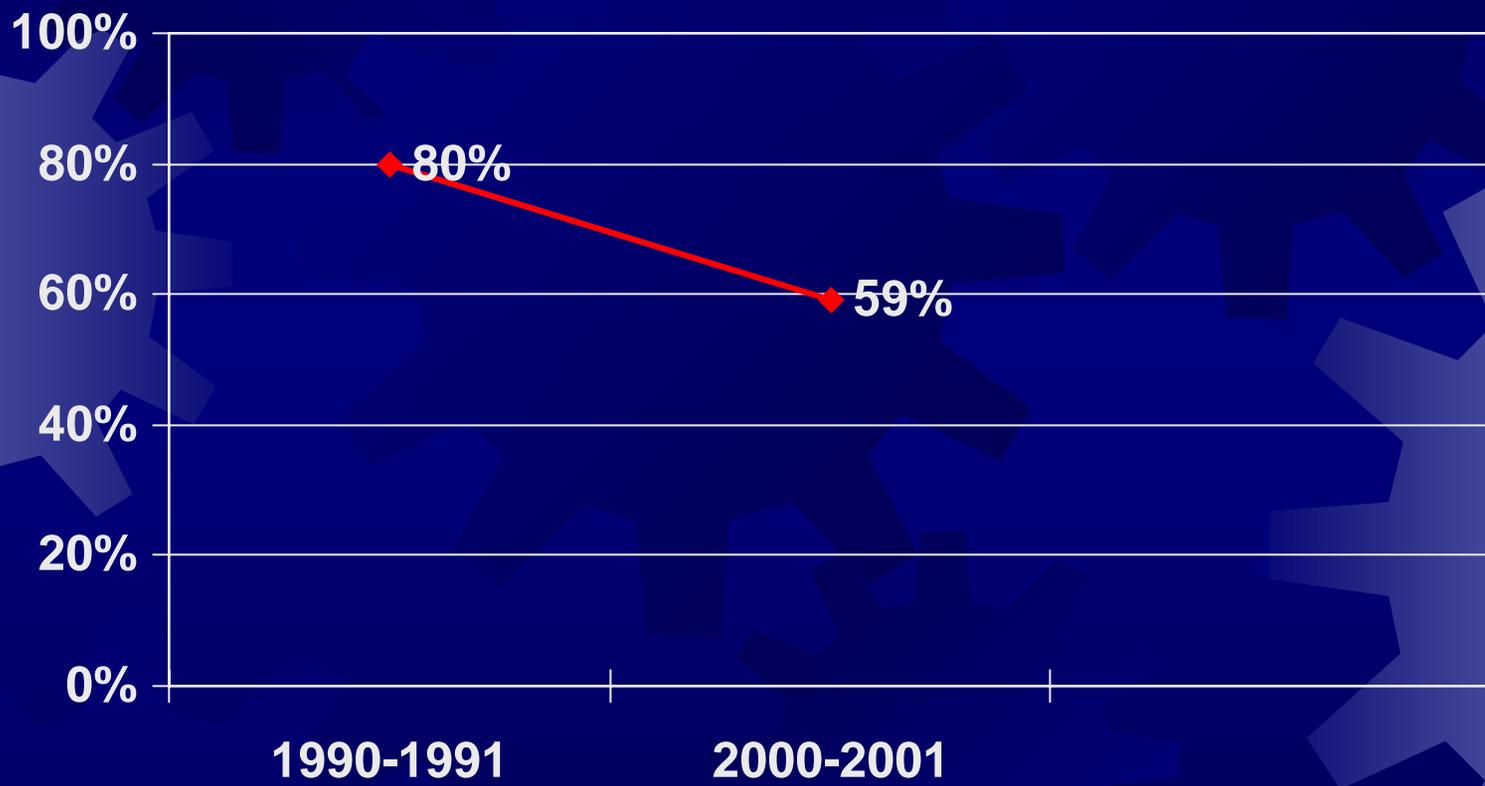
Source: Des Jarlais DC et al, AIDS 2005, 19 (suppl 3):S20-S25.

Continuing Challenges in Reducing HCV Among IDUs

- ★ HCV prevalence is still 63% among IDU
- ★ Estimated HCV rates in “new injectors” (≤ 6 years) in New York City, 2000-2001:
 - **Incidence:** 18 per 100 person-years at risk
 - **Prevalence:** 38%
- ★ New IDUs still becoming infected at substantial rate
- ★ Opportunities remain for preventing HCV infection among new injectors

Source: Des Jarlais, et al. AIDS 2005, 19 (suppl 3): S20-S25

Hepatitis C Prevalence Among HIV- New Injectors (≤ 6 Years) New York, 1999 – 2001, Des Jarlais 2005.



Source: Des Jarlais DC et al, AIDS 2005, 19 (suppl 3):S20-S25.

Elements of New York State's Comprehensive Approach

- ✦ Comprehensive Strategic Plan
- ✦ Hepatitis Integration Project: Integrate hepatitis prevention and treatment into existing services for IDUs
 - Community settings – syringe exchange programs, syringe access, community outreach
 - Medical settings – substance use and HIV treatment sites
 - Correctional settings
- ✦ Adult Hepatitis Vaccination Program
- ✦ Reimbursement
- ✦ Training for clinical and non-clinical providers
- ✦ Clinical Guidelines and Quality of Care monitoring

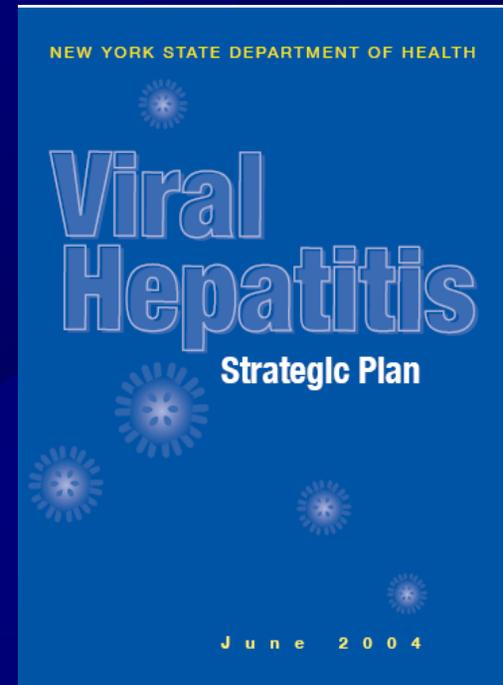
New York State Viral Hepatitis Strategic Plan

☀ Developed with state-wide input:

- Government: State health, substance use treatment, corrections, laboratory, county health departments, VA;
- Providers: HIV, substance use treatment;
- State-wide associations: medical society, managed care;
- Consumers

☀ Prevention priorities:

- Increase awareness and knowledge of viral hepatitis;
- Develop standard protocols for screening, testing, counseling, vaccination, referral and treatment;
- Integrate viral hepatitis prevention into existing programs serving IDUs.



Syringe Exchange Programs, 1992- present.

- ☀ Comprehensive approach targeting IDUs
- ☀ 15 approved Harm Reduction/Syringe Exchange Programs (SEPs) in New York State
 - 11 in NYC with 38 sites
 - 1 in Buffalo, Rochester, Ithaca and Mount Vernon (1 site each)
- ☀ Cumulative enrollment: 115,492 (7/92 – 3/05);
- ☀ Program models:
 - street-side services, mobile vans, storefronts, walking teams, hospital programs and visits to single room occupancy hotels;
- ☀ 3 million syringes exchanged annually
- ☀ Over 123,000 referrals
 - for detox and substance use treatment, health care, HIV C&T and social services.

Syringe Exchange Programs Hepatitis C Harm Reduction Project

- ★ Harm Reduction Coalition in collaboration with SEPs in NYC;
 - Funded by NY City Dept of Health and Mental Hygiene;
 - AIDS Institute provided initial technical support;
- ★ Goal is to provide education and access to treatment;
 - Point person at each exchange
 - Educational conference
 - 50 training and technical assistance sessions
 - Social marketing campaign

Expanded Syringe Access Demonstration Program (ESAP)

- ★ Legislation effective January 2001 - September 2007
- ★ Permits sale or provision syringes
 - Up to 10 per transaction,
 - To persons age 18 years and older
 - By registered pharmacies, clinics, doctors
- ★ Current registration data, n= 2,882 (10/05):
 - 2,819 pharmacies (97.8%)
 - 14 hospitals, 9 nursing homes, 24 clinics, 16 practitioners
- ★ Estimated 1.9 million syringes supplied in 2004
- ★ Safe syringe disposal also a priority:
 - 930 hospitals/nursing homes mandated to accept household sharps, 62 other collection sites.

Community Outreach to Active Users: “Safety Counts”*

- ☀ Targeted Population: Active injection drug and crack cocaine users
- ☀ Intervention Type: Group level, aimed at reducing both high-risk drug use and sexual behaviors
- ☀ Process:
 - Behaviorally focused
 - 7 sessions including both structured and unstructured psycho-educational activities in group and individual settings
 - Strongly encourages HIV testing as precursor
 - Clients can be recruited from testing programs
 - Sessions include discussion of importance of testing to client
 - Addresses needs of both HIV- and HIV+ clients

* A “DEBI” – diffusion of effective behavioral interventions.

Project Street Beat*, Planned Parenthood of NYC

- ☀ “Safety Counts” delivered from a mobile medical unit with medical provider and outreach workers providing HCV testing and referrals
- ☀ Team also makes regular rounds of neighborhoods in Bronx, Brooklyn, Queens and Manhattan in mini-vans
- ☀ Case management provides IDUs with counseling and support
- ☀ Substance use support groups
- ☀ Diverse staff with experience working with IDUs

* Directly funded by CDC.



Substance Use Treatment Settings

New York Co-located HIV and Substance Use Treatment Initiative

★ Agencies

- 26 drug treatment programs
- 4 CBOs serving substance users including mobile units targeting sex workers, syringe exchange

★ Substance Use Treatment Modalities

- Methadone Maintenance Treatment Programs (MMTP)
- MTA
- Drug Free residential & outpatient
- Detoxification

★ 1990: co-located HIV Counseling and Testing

★ 1992: co-located HIV Primary Care Clinic

Substance Use Treatment Settings

New York Co-located HIV and Substance Use Treatment Initiative

- ★ 18,000 HIV tests (2002); 5.2% positivity
- ★ 3500 HIV primary care caseload
- ★ Ideal set up to offer hepatitis related services.
- ★ Example: Albert Einstein College of Medicine program

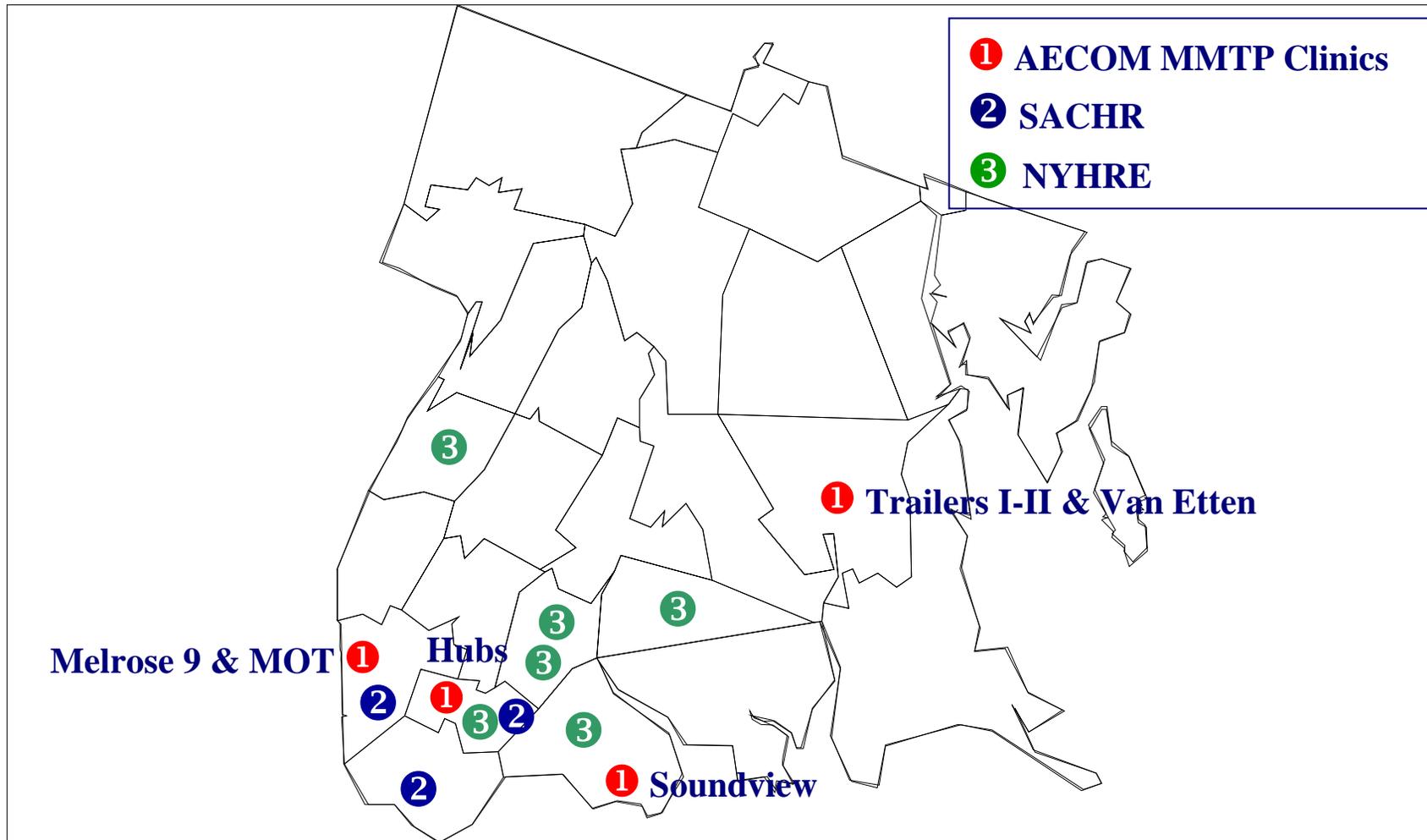
(Alain Litwin and Irene Soloway, Abstract #91).

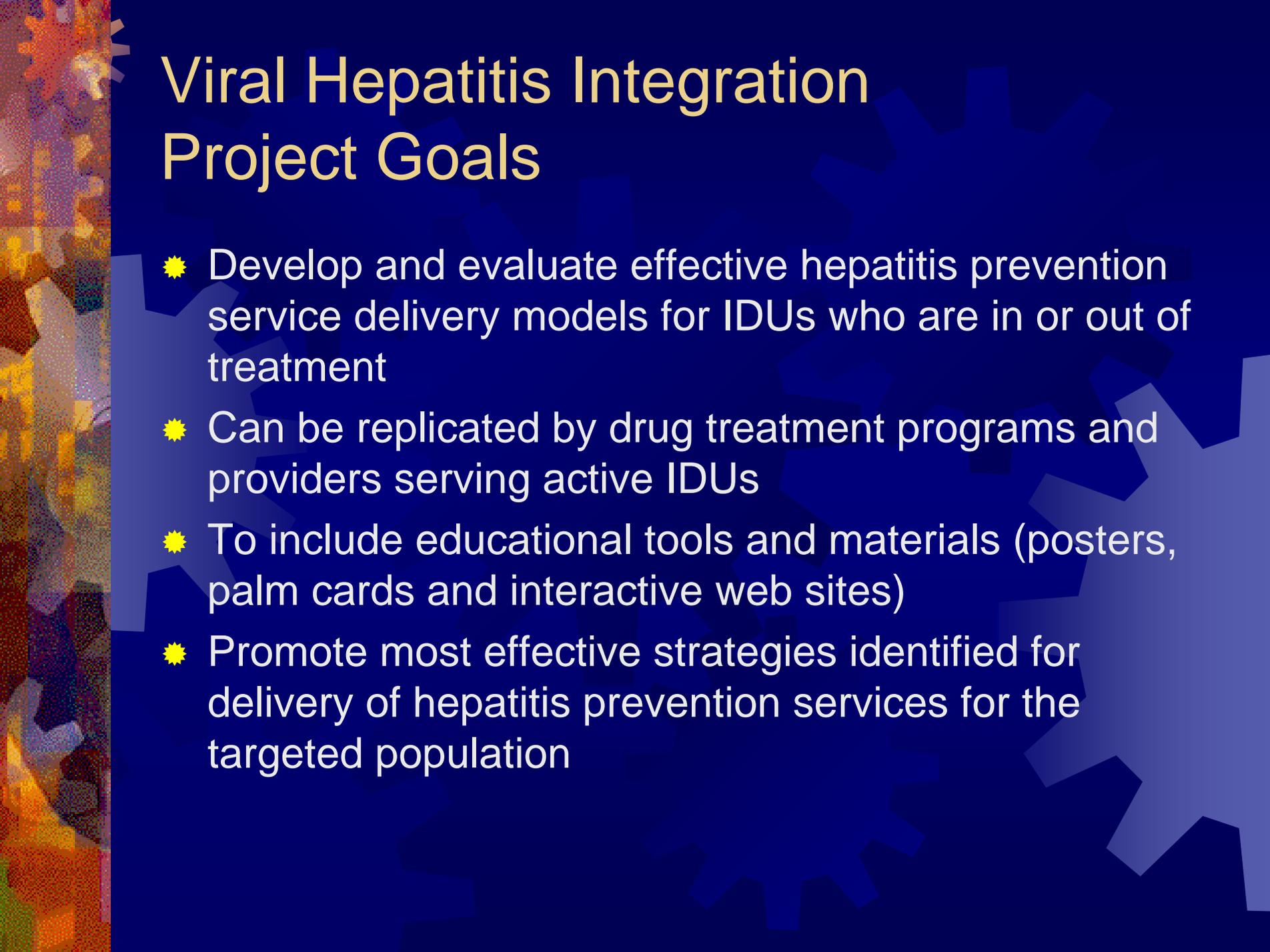
Viral Hepatitis Integration Project

Integrating Hepatitis Prevention and Treatment into Existing Services for IDUs

- Currently completing the first year of a 5-year CDC grant, in collaboration with the NYC Dept of Health and mental Hygiene and other collaborators
- Provide hepatitis prevention and support services for IDUs who are in or out of treatment at:
 - Albert Einstein College of Medicine (AECOM)
 - 9 MMTPs in the Bronx
 - 3,400 clients
 - 2 syringe exchange programs:
 - New York Harm Reduction Educators (NYHRE) (Manhattan and the Bronx)
 - St. Ann's Corner of Harm Reduction (SACHR) (Bronx)

Viral Hepatitis Integration Project Sites Bronx, New York





Viral Hepatitis Integration Project Goals

- ✦ Develop and evaluate effective hepatitis prevention service delivery models for IDUs who are in or out of treatment
- ✦ Can be replicated by drug treatment programs and providers serving active IDUs
- ✦ To include educational tools and materials (posters, palm cards and interactive web sites)
- ✦ Promote most effective strategies identified for delivery of hepatitis prevention services for the targeted population

Viral Hepatitis Integration Project: Syringe Exchange Sites

- ✦ Includes HAV, HBV and HCV
- ✦ Train staff who in turn educate the clients
- ✦ Establish strong linkages with treatment and evaluative services in the community
- ✦ Case manage clients for access to hepatitis and drug treatment services
- ✦ Screen for HAV, HBV and HCV
- ✦ Vaccinate for HAV and HBV
- ✦ Evaluate

Viral Hepatitis Integration Project: Methadone Treatment Programs

- ✦ Focus is on HCV
- ✦ Evaluate effectiveness of current assessment and referral services
- ✦ Train non-medical staff (esp. Substance Abuse Counselors - SACs) to educate and counsel clients
- ✦ Evaluate training of medical staff and revise as indicated
- ✦ Integrate SACs into interdisciplinary service teams
- ✦ Case management to ensure persons with HCV have access to appropriate level of care
- ✦ Evaluation: Compare clinics with varying levels of hepatitis-related services

Viral Hepatitis Prevention Strategies for the Criminal Justice System:

- ★ Outreach to Inmates: “Communicable Diseases: Are You at Risk?” video and animated pamphlet.
- ★ Adult Hepatitis Vaccination Program administered ~11,000 doses of hepatitis B vaccine in county jails
- ★ NYS Department of Correctional Services (DOCS):
 - ★ Risk based screening for Hep B&C on admission
 - ★ Hepatitis B vaccination – 28,000 doses delivered to date. Goal is 50,000 doses per year.
 - ★ Hepatitis C Continuity Program

Hepatitis C Continuity Program*: NYS Department of Correctional Services

- ✦ Treatment initiated during incarceration can continue after release
- ✦ Operational for inmates released to NYC in October 2004, in collaboration with NYC Health and Hospitals Corporation
- ✦ Becoming operational for inmates released statewide
- ✦ Designated AIDS Centers and other health care facilities accept referrals
- ✦ NYS Department of Correctional Services provides 2-week supply of medications to receiving facility
- ✦ NYS Division of Parole assists with linkage to services in the community

*Lester Wright, Abstract #84

Adult Hepatitis Vaccination Program Expanding Access to Vaccine for IDUs

- ★ Began in 1995
- ★ Provides NYS-funded vaccines to local health departments for those at high-risk
- ★ Sites include substance abuse providers, STD/HIV clinics, county jails, homeless shelters, etc.
- ★ ~125,000 doses administered since 1995
 - ★ HAV: ~3,600
 - ★ HBV: ~99,000
 - ★ Twinrix®: ~23,000 (since 2002)
- ★ ~11,000 doses have been administered in county jails

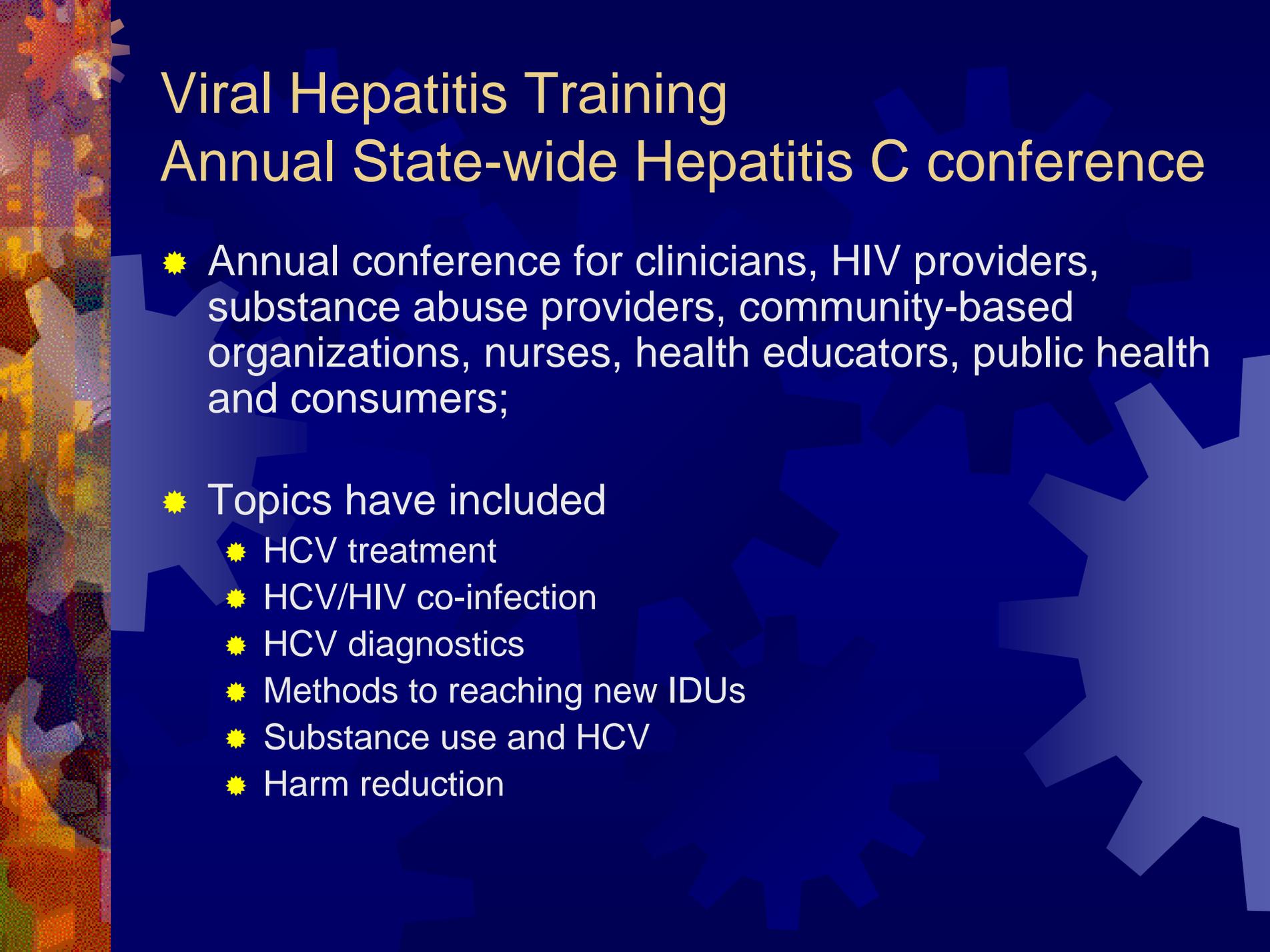
Elizabeth Herlihy, Abstract #66

Approved Medicaid Reimbursement for HCV Laboratory Tests

HCV Lab Test	Old Medicaid Reimbursement	New Medicaid Reimbursement	Billing Threshold
Qualitative Viral Load	\$21.43	\$48.00	1 test per 12 month period/per patient
Quantitative Viral Load	None	\$59.20	3 tests per 12 month period/per patient
Genotype "Homebrew" Assays	None	\$355.00	1 test per 12 month period/per patient

Reimbursement: Use of Medicaid Enhanced HIV/AIDS Treatment Rates for HCV Treatment of Co-Infected Persons

- ★ New York has a system of enhanced Medicaid reimbursement for outpatient HIV care in approved hospitals.
- ★ Policy decision to allow the hospital HIV enhanced rates to be billed for outpatient HCV care of HIV/HCV co-infected patients.
 - Routine visit - \$122.00 - For routine management of patient's HCV that is uncomplicated.
 - Intermediate visit - \$320.36 - Initial identification and evaluation HCV infection, as well as for worsening HCV.
 - Compares to basic hospital clinic rate of \$67.50m (+capital).



Viral Hepatitis Training

Annual State-wide Hepatitis C conference

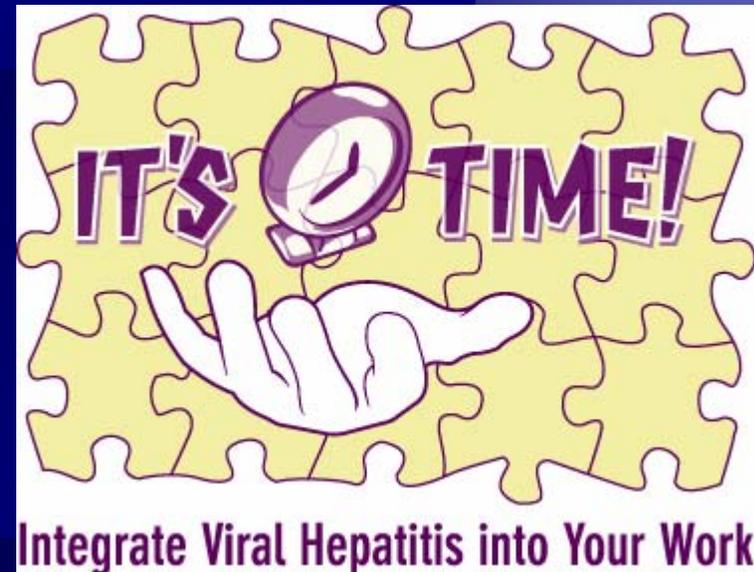
- ✦ Annual conference for clinicians, HIV providers, substance abuse providers, community-based organizations, nurses, health educators, public health and consumers;
- ✦ Topics have included
 - ✦ HCV treatment
 - ✦ HCV/HIV co-infection
 - ✦ HCV diagnostics
 - ✦ Methods to reaching new IDUs
 - ✦ Substance use and HCV
 - ✦ Harm reduction

Viral Hepatitis Training

National Viral Hepatitis Training Center

- ★ New York State is the recipient of a 3-year cooperative agreement from CDC
- ★ Goal is to develop a National Hepatitis A, B, C Training Curriculum for workers in substance use treatment, corrections and community-based settings.
- ★ Year 1: training needs assessment
- ★ Year 2: Training development and piloting
- ★ Year 3: National role out: training of trainers (TOT)

Richard Cotroneo and Rachel Iverson
Abstract #57 and Booth 17



National Viral Hepatitis Training Center

- ☀ To date, 16 pilot trainings provided nationally.
- ☀ 10 Train the Trainer (TOT) sessions planned:
 - Austin, TX March 8-9
 - Atlanta, GA March 22-23
 - San Juan, PR March 29-30
 - Los Angeles, CA April 5-6
 - Springfield, MA April 26-27
 - Columbus, OH May 3-4
 - Salt Lake City, UT May 10-11
 - Oklahoma City, OK May 23-24
 - Portland OR, June 7-8
 - Chicago, IL, June 14-15

More information:

Booth 17

www.health.state.ny.us/diseases/aids/training/currentevents.htm

Hepatitis C Clinical Guidelines

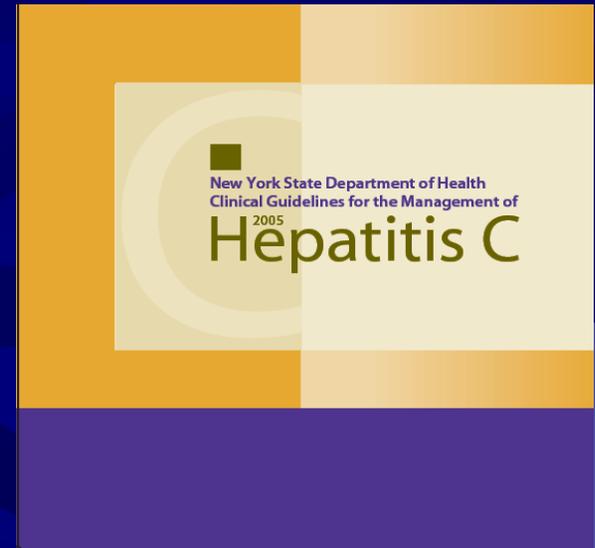
New York State Department of Health

☀ Focus areas

- Risk assessment
- Diagnosis
- Treatment
- Medical management
- Prevention and counseling

☀ Recommendations

- Medical management of patients with unstable drug use
- Prevention and counseling for IDUs



Available at:

www.health.state.ny.us/diseases/communicable/hepatitis/guidelines

AIDS Institute Quality of Care Program

- ✦ Requires quality of care committees at funded sites
- ✦ Developed in conjunction with NYS Quality of Care Clinical Advisory Committee (panel of HIV experts)
- ✦ Indicators focuses on:
 - HIV+ patients with HCV status documented in medical record
 - HCV+ patients for whom alcohol counseling and HCV education was provided
 - Number of patients for whom HAV status was documented
 - Number of HCV+ patients to whom basic HCV education was provided
- ✦ Based on random chart review of patients with at least two visits during the year.

AIDS Institute Quality of Care Program

- ★ Measurement of HCV indicator in over 130 HIV programs in NYS
- ★ Number of HIV+ patients for whom HCV status was documented in medical record
 - Overall 2004: 97.4% (based on 2,570 chart reviews)
 - Co-located substance use/HIV treatment - 98.0% (n=711)
 - Community Health Centers - 91.6% (n=856)
 - Designated AIDS Center Hospitals - 99.6% (n=265)
 - Other hospitals - 94.4% (n=738)

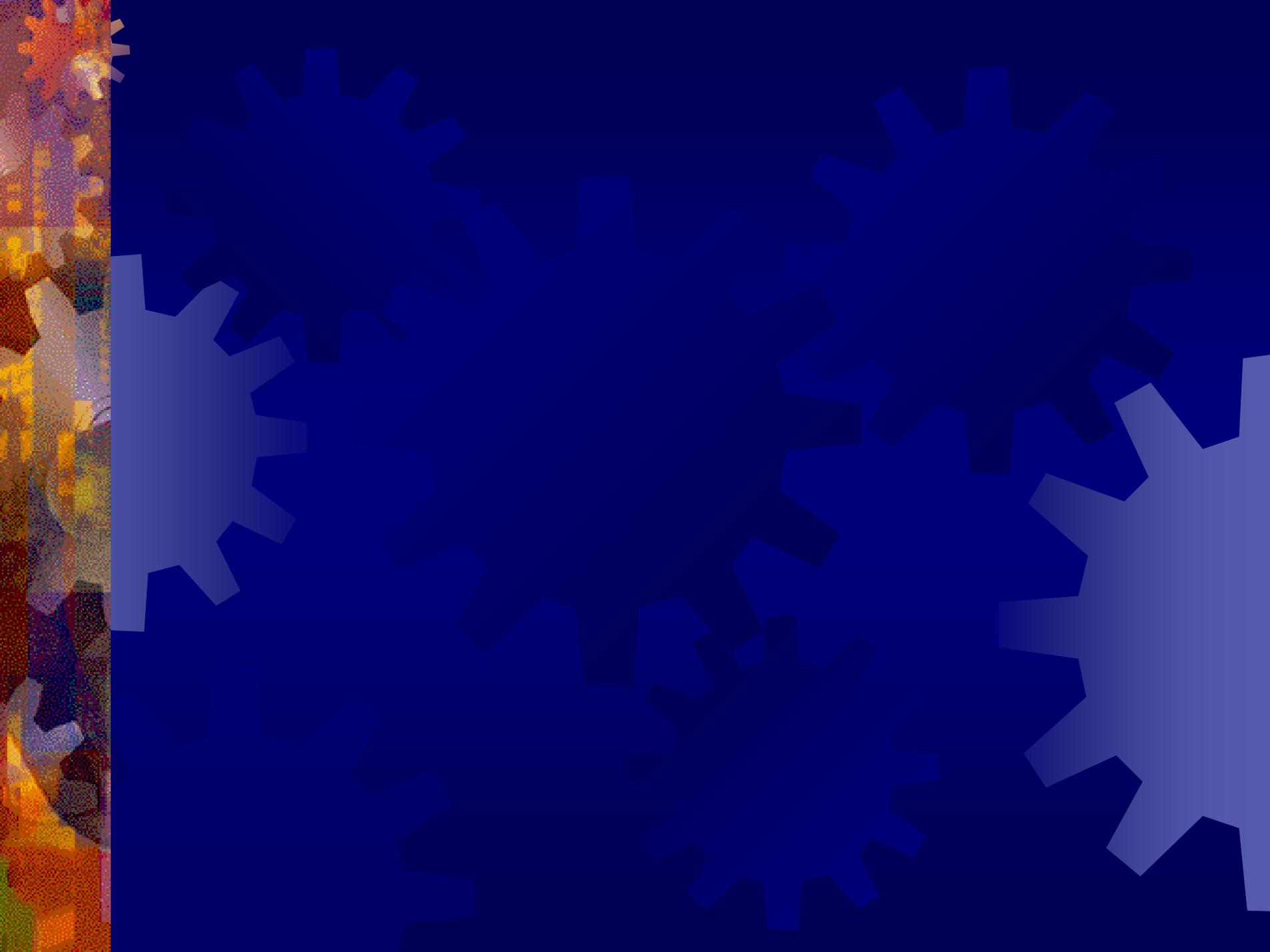
Next Steps/Future Directions

- ✱ Tracking progress against objectives set forth in Viral Hepatitis Strategic Plan
- ✱ Enhanced access to vaccine for those served by NYS OASAS system of drug treatment programs
- ✱ ACIP recommendations provide added impetus to reach adults at high risk
- ✱ Continued integration of HIV, STD and hepatitis services in sites and programs that reach IDUs
- ✱ Improved reimbursement mechanisms including for uninsured
- ✱ Hepatitis program dollars for supportive services

Acknowledgements

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NYS OASAS



HCV Prevention and Screening in NYCDOHMH STD Clinics

- ★ HCV counseling and testing services available at 6/10 STD clinics
 - 14 CBOs (incl. 6 SEPs) provide free HCV testing to their clients
 - Program yields average of 150 tests per month, with expansion expected to several new locations
 - With expanded knowledge of epidemic, increasingly able to target higher risk individuals
 - Data collected includes risk factors, test results and demographics
 - Data analyzed to provide snapshot of who is being tested, what put them at risk and what the results are

Primary Care Services for HIV-HCV Co-Infection

- ★ AIDS Institute-funded project to serve persons co-infected with HIV and HCV at Montefiore Medical Center ID Clinic
- ★ Addresses multiple barriers to successful HCV care
- ★ Services include prevention, supportive counseling and diagnostic and treatment services
- ★ 1,000 co-infected clients attending ID Clinic and 10 community health clinics

Primary Care Services for HIV-HCV Co-Infection

☀ Treatment team

- Medical Director and NP experienced in co-infection
- Hepatologist
- Patient Educator/Adherence Counselor
- Psychiatrist
- Substance Abuse Counselor

☀ Established staging protocol to assess readiness for HCV treatment

☀ 90% success rate obtaining liver biopsies

Primary Care Services for HIV-HCV Co-Infection

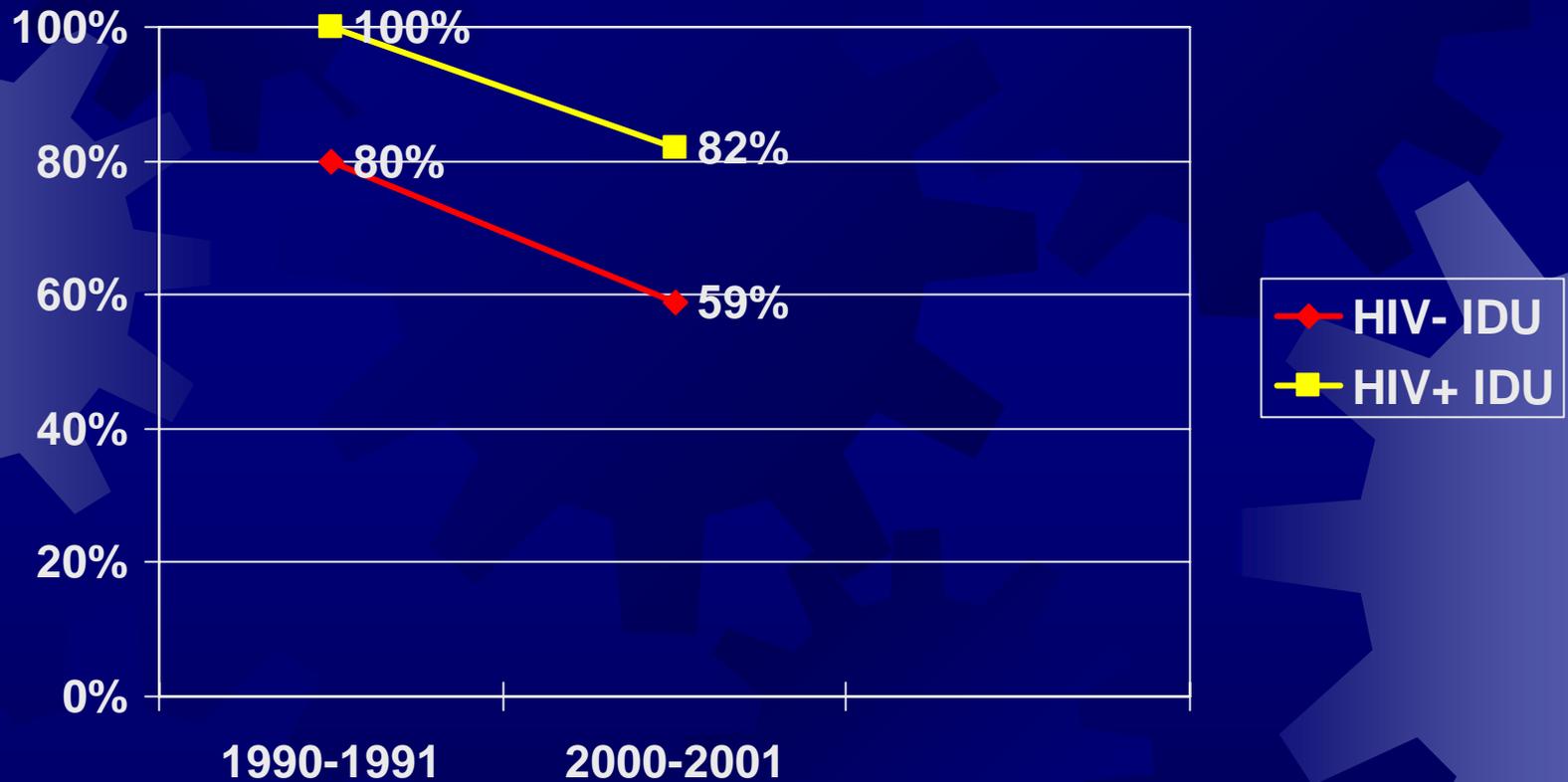
- ✦ After 18 months, 39 patients treated
 - 3 stopped Rx < 12 weeks (toxicity)
 - 15/23 on treatment at least 12 weeks had Early Virologic Response (EVR)
 - 8 without EVR remain on treatment for histologic improvement
 - 4/6 who completed Rx had End of Treatment Response
 - 3/4 had Sustained Virologic Response
- ✦ In 24 months since implementation, 70 persons entered treatment for HCV and 55 persons are currently in treatment
- ✦ Average of 5 to 6 liver biopsies per month

Integration Within HIV Case Management

☀ Project Samaritan AIDS Services, Bronx

- Serves Medicaid eligible people with HIV/AIDS and their families
- Viral hepatitis needs of clients integrated into all aspects of case management services
- Standard written service plans include all major activities in diagnosis, care and treatment of viral hepatitis
- All clients with viral hepatitis receive information about on-line resources, HCV support groups, hotline numbers, treatment information phone numbers and other resources

Hepatitis C Prevalence Among HIV+ and HIV- Injection Drug Users New York, 1999 – 2001, Des Jarlais 2005.



Source: Des Jarlais DC et al, AIDS 2005, 19 (suppl 3):S20-S25.

Viral Hepatitis Integration Project: Current Status

- ✱ All non-medical staff trained
- ✱ Oversight Committee formed and meets regularly
- ✱ Consumer Advisory Boards convening
- ✱ Vaccine and laboratory agreements arranged with New York City Department of Health and Mental Hygiene and private laboratory
- ✱ All hepatitis screening and vaccination services implemented
- ✱ Additional training on HIV/HCV co-infection to be scheduled