Effectively integrating hepatitis C (HCV) care into HIV care in urban HIV clinics in South Texas, USA: Targeted Access to Community Knowledge, Linkage to treatment and Education for HIV/HCV (TACKLE HIV/HCV) in people of color

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Background

• Approximately 25% of people living with HIV (PLWHIV) in the US are co-infected with HCV

• Plasma HCV RNA levels are higher in matched HIV+ and HIV negative controls and are inversely correlated with CD4+ T lymphocyte counts

• Co-infected individuals develop histological and clinical features of HCV liver disease more rapidly than those with HCV alone

• Coinfected PLWHIV are therefore a priority population for HCV care and treatment

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<thead>
<tr>
<th>GOAL 1 - Establishment of a model of integration of HCV services into HIV services and support of substance use disorder/mental health services</th>
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<tbody>
<tr>
<td>Clinic HIV/HCV care model</td>
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<tr>
<td>Fibroscan</td>
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<tr>
<td>SUD/Depression screening and linkage to support/treatment) Pilot opioid overdose program</td>
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<tr>
<th>GOAL 2 - Provision of provider support including non specialist provider support for HIV/HCV co-infection management and treatment</th>
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<tbody>
<tr>
<td>(AETC) National HIV/HCV curriculum dissemination</td>
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<tr>
<td>ECHO (Extension of Community Health Outcomes) model</td>
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<tr>
<th>GOAL 3 - Education about and screening for HIV/HCV in communities predominantly composed of people of color</th>
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<tr>
<td>Community education and screening events</td>
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<td>HIV/HCV Education App</td>
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<tr>
<th>GOAL 4 - Sentinel surveillance for acute and chronic HCV in people living with HIV (including people of color)</th>
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<tr>
<td>Enhance TX DSHS acute HCV surveillance</td>
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<td>Pilot chronic HCV sentinel surveillance program</td>
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<td>Pilot data to care</td>
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**EVALUATION – FOCUS ON PROCESS EVALUATION (vs. IMPACT/OUTCOME EVALUATION)**
TACKLE HIV/HCV Partnerships
Timeline and processes

- Established in San Antonio, a Fast-Track City, in September 2017
- Standardized protocols/procedures for HCV screening, diagnosis and treatment were developed in year 1 (planning phase)
- Biweekly meeting with partnering sites occurred with feedback to reach a consensus
- Implementation of a model of integration of HCV services into HIV services began October 2018
- Besides integration of HCV care into HIV care the program also integrates substance use disorder (SUD) and mental health (MH) services
- ECHO (Extension for Community Healthcare Outcomes) telementoring model is used to educate/support HIV providers in treating HCV infection
HCV care integration into HIV care

Standardized protocols/procedures for HCV screening, diagnosis and treatment:

- Fibroscan reporting guidelines & pricing
- Acute HCV provider reporting procedure
- HIV/HCV drug access protocol
- HIV/HCV treatment - HCV drug decision tree
- Data collection forms
- Outcome and process evaluation plans
- SUD/MH referral process
- HIV/HCV ECHO protocol for telementoring
ECHO model is not “traditional telemedicine”
Treating physician retains responsibility for managing patient
Results: TACKLE HIV/HCV

• 764 PLWHIV screened for HCV infection
• 87 HIV/HCV co-infected individuals identified
  • 44 awaiting treatment updates
  • 18 prescribed HCV treatment
  • 8 completed treatment
  • 17 achieved SVR

• SUD/ MH/ risk factor identification
  • 50% history of mental health disorder
  • 30% history of injection drug use
  • 29% history of incarceration

Characteristics of HIV/HCV co-infected clients (N=84)

<table>
<thead>
<tr>
<th>Age</th>
<th>N (%)</th>
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<tbody>
<tr>
<td>18-35</td>
<td>10 (12)</td>
</tr>
<tr>
<td>36-45</td>
<td>26 (31)</td>
</tr>
<tr>
<td>46+</td>
<td>48 (57)</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>N (%)</th>
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<tbody>
<tr>
<td>Male</td>
<td>62 (74)</td>
</tr>
<tr>
<td>Female</td>
<td>18 (21)</td>
</tr>
<tr>
<td>Transgender</td>
<td>4 (5)</td>
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<tr>
<th>Race/ethnicity</th>
<th>N (%)</th>
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<tr>
<td>Hispanic</td>
<td>58 (69)</td>
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<tr>
<td>N-H White</td>
<td>19 (20)</td>
</tr>
<tr>
<td>N-H Black</td>
<td>7 (8)</td>
</tr>
<tr>
<td>N-H Other</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Uninsured</td>
<td>52 (62)</td>
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Lessons Learned: TACKLE HIV/HCV

• Including stakeholders in the planning phase facilitates implementation processes
• Consistent and constant communication with partnering sites is crucial
• HIV/HCV coinfected patients require additional support including SUD/ MH services while undergoing HCV treatment – important to have resources and processes in place to address psychosocial patient needs
• With adequate education/support non-specialist primary care HIV providers treat HCV infection
• Addressing HCV infection in PLWHIV can effectively be achieved with an integrated approach to delivering both HIV and HCV care and treatment in one clinic setting
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Look for TACKLE at IDWeek Oct. 2-6, 2019