Population Demographics

- Prevention Point, Philadelphia’s legal syringe exchange, is a public health organization serving:
  - Uninsured
  - Homeless
  - Sex workers
  - People who inject drugs (PWID)
- 2016-2017: Provided services to 10,200 unique individuals
- 70% male, 30% female
- 40% Caucasian, 30% Black/African American, 20% Latino, 10% unidentified
- Common age range: 23-50
- Of the insured: ~95% Medicaid-eligible
- HCV prevalence: 34%
- Upwards of 90 HIV positive individuals
HCV Program

- Co-located, bundled, opt-out HIV/HCV rapid testing at:
  - two in-building triage clinics
  - wound care clinics
  - syringe exchange program (SEP) locations
  - the Drop In Center
- On-site HCV confirmatory RNA testing every day through Philadelphia Department of Public Health
- Case management beginning with initial rapid HCV test, referral to provider, and care coordination through sustained viral response (SVR)
Treatment Landscape

- Most referrals HCV referrals are bundled with a primary care referral so that treatment is embedded in a stable, high quality primary care visit
  - Ensure that other morbidities such as hypertension, diabetes are addressed.
  - Those looking to keep their primary care provider are referred to a specialist
    - Many emergency departments and federally qualified health centers are adding reflex testing to HCV screening and adding EMR prompts specific to HCV testing and care
- Previous treatment restrictions have been lifted thus increasing access to cure
  - Urine Drug Screen
  - F4 (cirrhosis) liver staging
  - F1 as of July 2017 and F0 starting January 2018
  - ID/Gastroenterologist prescriber requirement
PPP HCV Treatment Cascade

HCV CASCADE JULY 2012 - APRIL 2017*

- Tested HCV: 3088
- AB+: 314
- Confirmatory Conducted: 1176
- Confirmed RNA+: 622
- Enrolled in HCV Care Coordination†: 442
- Kept First Appt: 364
- SVR: 244

*POS, Self-report, Total
† POS, Total
Barriers to Treatment

- HCV not as stigmatized in IDU population
  - Participants do not view HCV as a priority medical need in the same way as other medical conditions
- Priority of participants are often on more immediate needs such as housing, drug treatment, and income
  - Though our case managers refer participants to HCV treatment, they often are focused on helping participants find stability before treatment
- Many participants do not have cell phones, stable addresses, or stable living conditions and live migrate lives
  - Makes follow-up difficult since patients are often “lost to care”
Barriers to Treatment

- Lack of education regarding new treatments and cure
  - Many participants are unaware of treatment and still believe interferon is used
- Distance from PPP to HCV treatment providers
  - Most treatment providers are located 3-5 miles from PPP
  - New interest in HCV treatment has increased clinics offering care in Kensington neighborhood
- Many participants have had negative experiences in medical settings due to societal stigma around injection drug users
Harm Reduction as Prevention

- PPP operates on a harm reduction model
  - Encourage patients to always use new syringes and works for injection drug use
  - Understand that injection drug use is a disease
    - Compounding psycho/social issues
  - Evidence shows that PWID are able to adhere to prescribed medications while continuing to use injection drugs
    - Patients are able to dose themselves multiple times a day
  - Reinfection rates are unknown so counseling on safe injection practices is needed
    - Routine screening regarding reinfection and relapse
  - Co-prescribe narcan with HCV medications for anyone with history or report of active injection drugs use
Upcoming Year

- C-Change Elimination grant
  - Increased ability and capacity to educate, test, and refer participants to care
  - 2 on-site patient navigators
- Increase capacity to offer confirmatory testing
- Actively case manage/engage at least 125 individuals in care
  - **HCV specific case manager** for referrals, linkage, and follow-up
  - Strengths-based assessment
  - Psychosocial, prevention, and adherence counseling
  - **Direct patient escorts**
  - Advocate for interferon-free treatments
  - HCV screening and follow-up integrated into multiple PPP programs, including free clinics, syringe exchange program, and medication assisted treatment program
- Collaborate with community partners for referrals to care and to advocate for decreased restrictions