

Federally Qualified Health Center in Partnership with Recovery Centers: Linking criminal justice involved adults with dual diagnosis to HCV care continuum

Laura Bush, FNP-BC, Yvonne Moghadam, LMHC, Jessica Monthan, MD
First Choice Community Healthcare

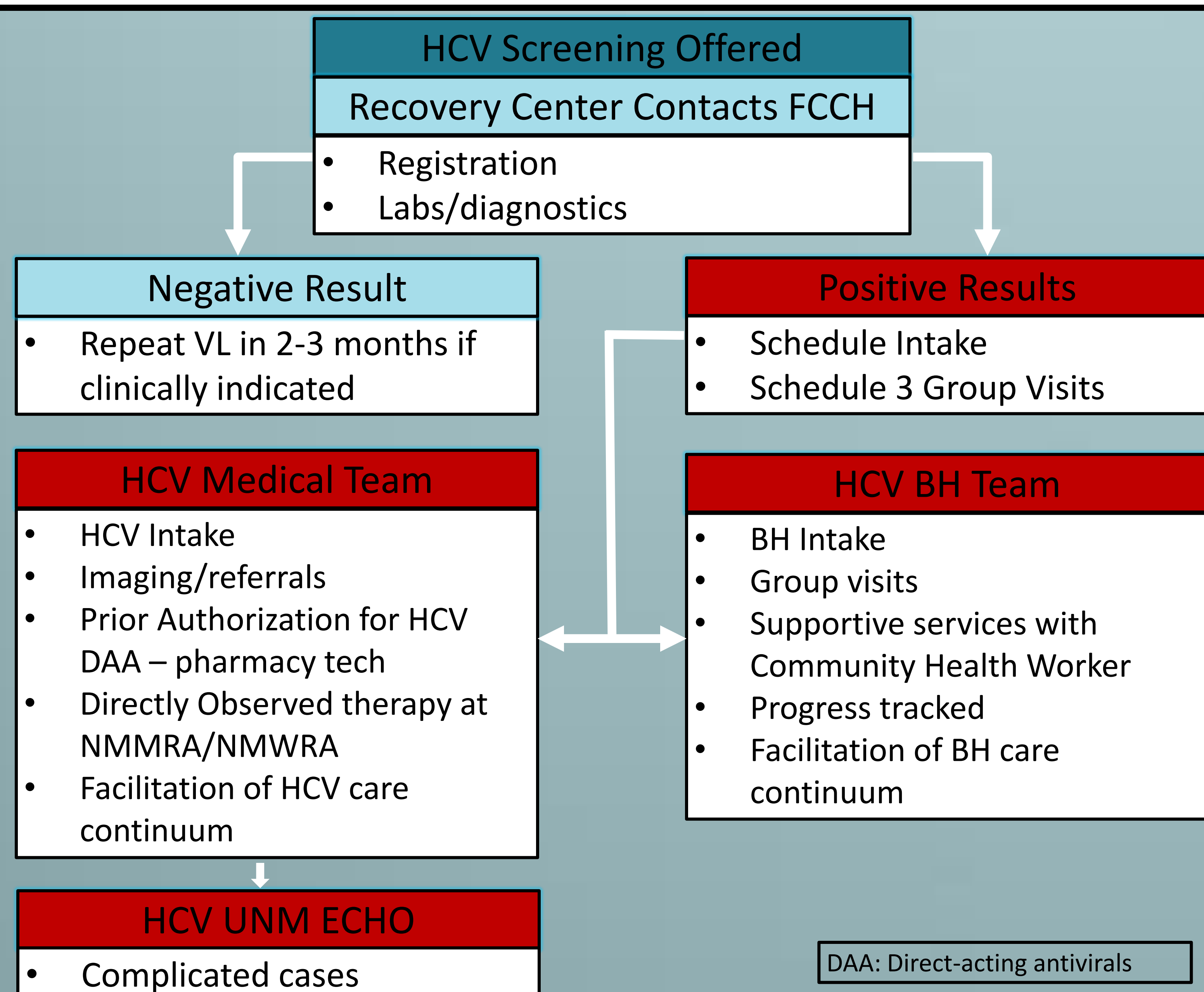
Introduction

- New cases of Hepatitis C viral (HCV) infections are highest in adults ages 20-29 years in the US.¹
- New Mexico (NM) has the 4th highest HCV prevalence in the US.²
- The majority of new cases in NM are among those who inject drugs; those who were incarcerated accounted for 35% of the new cases.³
- Educational programs targeting adults with substance use disorder (SUD) and HCV are associated with increased awareness and linkage to care.⁴
- Despite increased national screening efforts, vulnerable populations have significant gaps in the HCV care continuum.⁵
- A Wisconsin study found that 82% of HCV infected patients released from prison did not receive treatment evaluation; only 9% were estimated to be engaged in care within the community.⁶

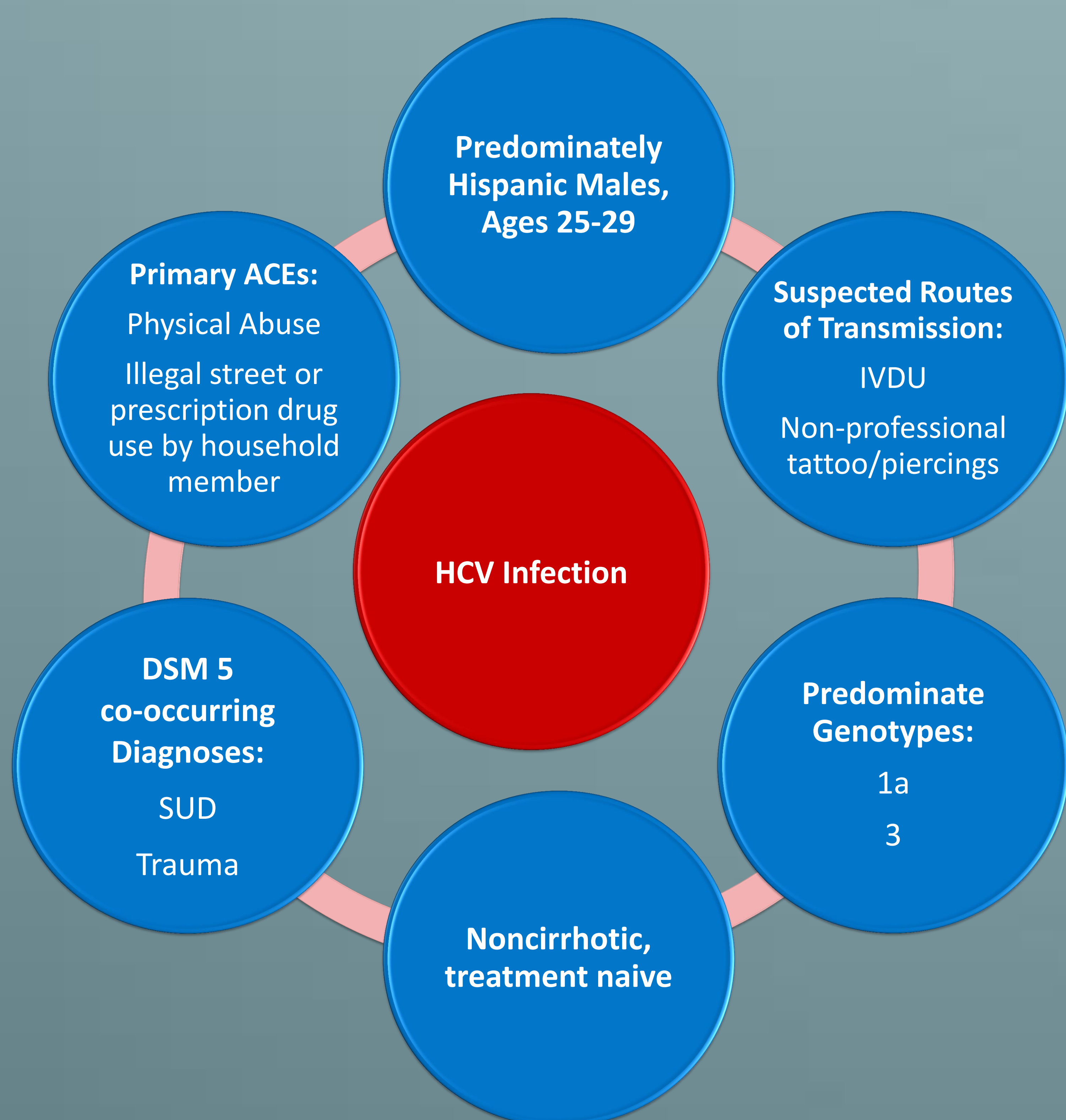
Program Description

- First Choice Community Healthcare (FCCH) is a Federally Qualified Healthcare Center (FQHC) in a resource poor state.
- Project ECHO is a telemedicine model established in NM to train primary care clinicians to provide specialty care services.
- NM Men's & Women's Recovery Academies (NMMRA/NMWRA) are residential reentry centers contracted by the Department of Corrections.
- All residents (currently on parole/probation) receive transitional services and complete a mandatory 6 month long residential drug abuse program.
- FCCH and NMMRA/NMWRA collaborated to link criminal justice involved adults to community HCV Project ECHO providers – implemented in March 2018.
- Goals: bridge the gap in the care continuum, educate patients to prevent relapse, provide behavioral health access, and prevent reinfection of HCV.
- Behavioral Health (BH) guided the group visit curriculum design: *HCV Basics, Treatment, Maintaining liver health & Prevention of re-infection.*

Targeted HCV Screening & Treatment Algorithm

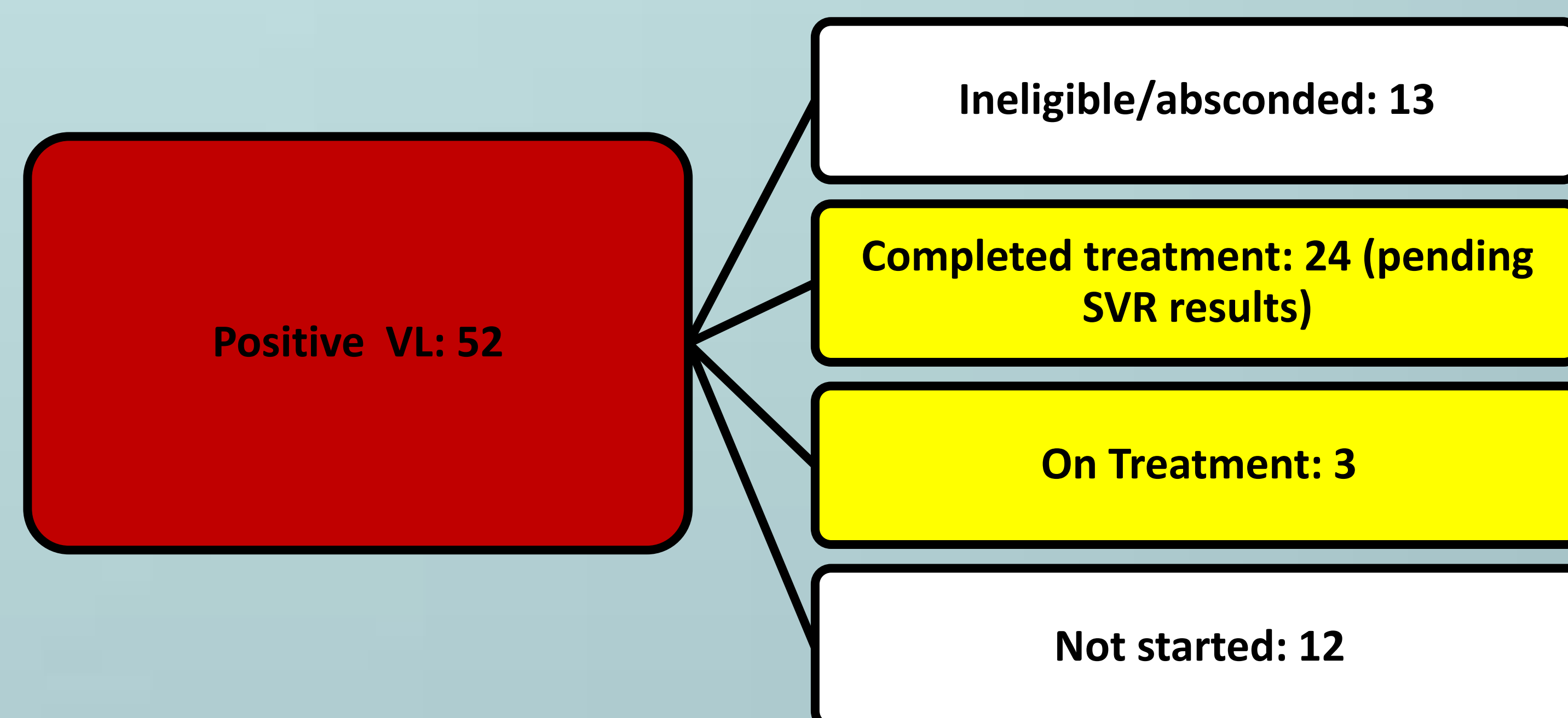
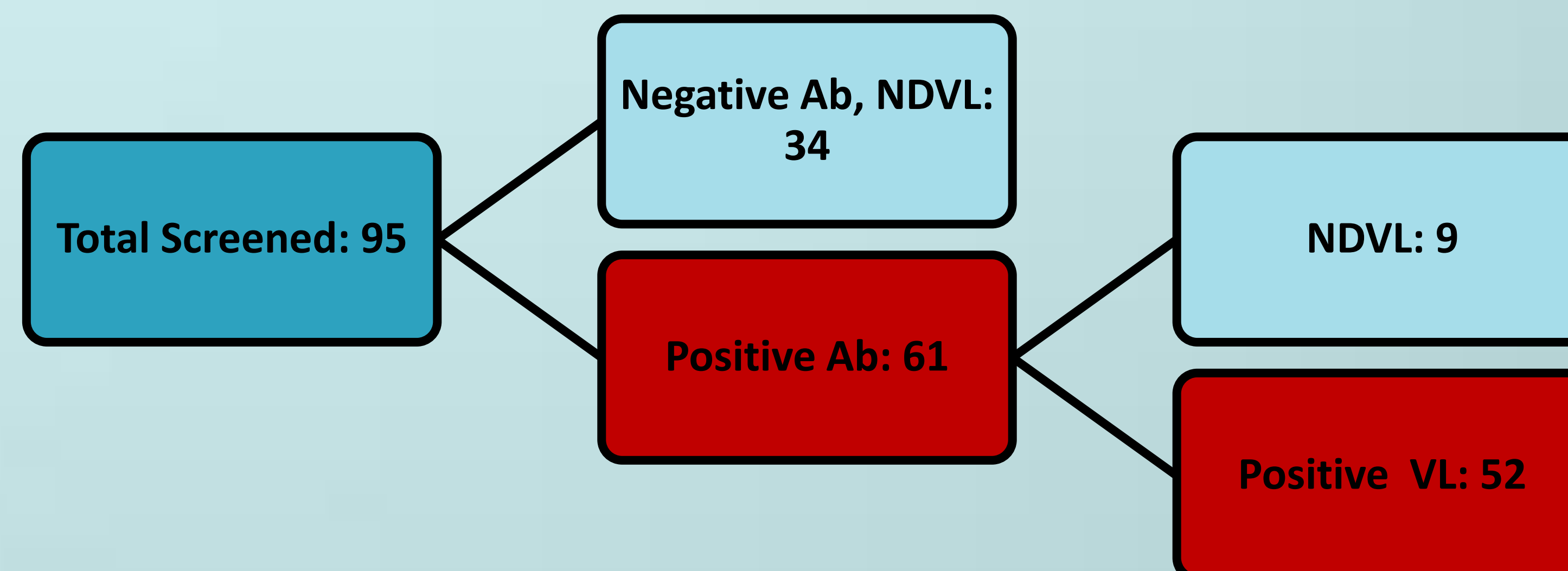


Population Characteristics



ACEs: Adverse Childhood Experiences

Results



Ab: Antibody
VL: Viral load
NDVL: Non-detectable viral load
Tx: Treatment
SVR: Sustained viral response

Lessons Learned

CHALLENGES

- Re-incarceration risk & loss to follow-up
- Duplication of BH care – overlap risk with billing & contract obligations
 - Substance abuse counseling at NMMRA/NMWRA with LADACs (Licensed Alcohol & Drug Addiction Counselors)
 - BH trauma-informed care at FCCH
- Sustainability & time constraints
- Facilitation of group visits by team
- Program coordination & oversight

SUCCESSSES

- Bridged the gap in the HCV care continuum for criminal justice involved adults
- High adherence rate of DAA HCV treatment due to directly observed therapy at NMMRA/NMWRA
- NMWRA cohort:
 - Educational component well received
 - All recovery program staff and residents were invited to attend HCV group education
 - Plan to share knowledge gained with their respective communities following discharge from NMWRA

Next Steps

- Continue data collection and analysis
- Identify relationship between ACEs, early substance use & HCV acquisition
- Continue to develop sustainable program that continues to impacts this vulnerable population
- Potential program impacts:
 - Recidivism
 - Reinfection rates
 - Relapse rates

Acknowledgments

We would like to thank Michelle LaPorte for her assistance in data entry and survey management. We appreciate our administrative and medical staff at FCCH for support of this program. Special thanks to Leeann Maestas, MA for "everything" & Silvia Ramirez-Medina, PAA for medication coordination.

References

- Centers for Disease Control and Prevention. Viral Hepatitis Surveillance, United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>. Accessed 25 August 2017.
- Rosenberg ES, Hall EW, Sullivan PS, et al. Estimation of State-Level Prevalence of Hepatitis C Virus Infection, US States and District of Columbia, 2010. *Clinical Infectious Diseases*. 2017;64(11):1573-1581.
- New Mexico Department of Health. New Mexico Epidemiology. Hepatitis C in New Mexico among Persons less than 30 Years of Age, 2014-2016. <https://nmhealth.org/data/view/report/2121/>. Published 30 March 2018. Accessed 25 August 2017.
- Marinho RT, Costa A, Pires T, et al. A multidimensional education program at substance dependence treatment centers improves patient knowledge and hepatitis C care. *BMC Infectious Diseases*. 2016;16(1).
- Brown JL, Gause NK, Lewis D, Winhusen T. Examination of the Hepatitis C Virus care continuum among individuals with an opioid use disorder in substance use treatment. *Journal of Substance Abuse Treatment*. 2017;76:77-80.
- Hochstatter KR, Stockman, LJ, Holzmacher R, et al. The continual of hepatitis C care for criminal justice involved adults in the DAA era: A retrospective cohort study demonstrating limited treatment uptake and inconsistent linkage to community-based care. *Health and Justice*. 2017; 5:10.

