Meeting People Where they Are: Hepatitis C, Wound care and Syringe Access

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Hawai‘i Health & Harm Reduction Center (H3RC)

Reducing harm, promoting health, creating wellness and fighting stigma in Hawai‘i and the Pacific.

Hawai‘i Health & Harm Reduction Center serves Hawai‘i’s communities by reducing the harm and fighting the stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty in our community. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, drug use, and the transgender, LGBQ and the Native Hawaiian communities. We foster health, wellness, and systemic change in Hawai‘i and the Pacific through care services, advocacy, training, prevention, education, and capacity building.
Hawaiʻi Health & Harm Reduction Center (H3RC)

OUR VALUES

• **HARM REDUCTION**: A non-judgmental approach to public health that meets people where they are and celebrates positive change, with the goal of minimizing the harms of actions that pose adverse social and health outcomes.

• **RESPECT**: To honor the dignity of others by recognizing difference and fostering peaceful coexistence.

• **ADVOCACY**: An uncompromising dedication to eliminating the stigmas and systemic injustices impacting the communities we serve and represent.

• **QUALITY CARE**: Individualized health care and social services that demonstrate best practices and improve desired health outcomes. In order to achieve this, services must be evidence-based, safe, effective, timely, efficient, equitable, and people-centered.

• **COMPASSION**: The motivation to alleviate suffering from a place of empathy, kindness, and receptiveness to the lived experience of others.

• **INTEGRITY**: Commitment to building relationships founded in honesty, trust, accountability, and transparency.
H3RC Services

- Syringe access services
- HIV and Hepatitis care coordination
- Transgender health services
- Overdose education and prevention
- Substance use outreach and linkage
- Hygiene kits, safer sex supplies, other harm reduction supplies
- Housing navigation and case management
- Wound care
- Referrals
- Policy
- Trainings
Drug Overdoses and Hepatitis C: *Interconnected Epidemics*

**Drug Overdose Death Rates**

**Reported New HCV Infections**

SOURCE: CDC/NCHS Data Visualization Gallery 2015

SOURCE: CDC National Notifiable Disease Surveillance System 2013-14
Opioid Use and Wounds

Hospitalizations (2002-2012) due to opioid use and...

- Endocarditis ↑46%
- Septic arthritis ↑166%
- Epidural abscess ↑164%
- Osteomyelitis ↑115%

Source: CDC
H3RC Hepatitis, Wound and Syringe Services

- Statewide syringe exchange since 1989
  - All SEP is street or vehicle based
  - Naloxone training and distribution
- H3RC is fiscal sponsor of Hep Free Hawaii
  - Coalition of 80 partners fighting to ending hep in HI
  - Hepatitis C testing (antibody and RNA)
  - Hepatitis Care Coordination
- Wound care
  - Two days a week street-based wound care
  - In-house clinic
1,068,621 syringes exchanged in 2017!!

12,543 participant visits

1,274 unique individuals
SEP Demographics

Average age: 41 years

2 in 3 identify as male
Injection Drug Usage

- Heroin: 41.5%
- Meth: 27.8%
- Opioid: 20.5%

A high proportion of SEP clients report polydrug use.
Needs Assessment

Annual Evaluation Survey: ED Use

- **86/100 participants reported visiting the ED in the two years prior to interview**
  - 14 people reported 10 or more ED visits in the last two years
  - 4 people reported 20 or more ED visits in the last two years
- **42/86 people reported abscesses/wounds or infections as one of the reasons they visited the ED**
  - 29 people reported having a wound or open sore that did not heal within a month in the year prior to interview
  - 23/29 visited the ED for these wounds
  - 8/29 had been hospitalized for these wounds

CHOW Wound Care Needs Assessment

- **46/55 participated in survey**
  - 85% sought wound care 0-5 times in the past 3 months
  - 13% sought wound care over 20 times in the past 3 months
  - 96% reported they needed help with wound care
Wound Care at H3RC

IDUs are at, “significant risk for numerous serious, high morbidity and mortality infections, [and] disproportionately use the emergency department (ED) for health care needs” (Kievlan, Gukasyan, Gesch, & Rodrigues, 2015).

- Street-based
- Partnerships with student nurses
- Costs are .05 for every dollar spent at Queens
- Hepatitis testing while dressing changed
Street-based Wound care

- 300+ visits
- ~ 150 unique individuals treated
- Referrals from Queens Medical Center, Castle, Straub
- Collaboration & Referral from IHS
- Wound care as the engagement for
  - Primary Care
  - Birth Control and Women’s Preventative Services
  - Housing
  - Care coordination - i.e. Hepatitis Management
- Enhanced partnerships, fighting stigma
Hepatitis Care Coordination (HCC)

- Design and implement a HCV registry for care coordination
  - Track HCV-negative and HCV-Positive participants along HCV continuum of care
- HCV-negative participants:
  - Provide education and support for prevention
- HCV-participants:
  - Provide support for HCV and getting treatment
  - Case management assessment
  - Medical action plan
  - Care coordination around:
    - Establishing medical care
    - Drug treatment
    - Housing
    - Food assistance
    - Mental health care
HCV Registry

- Registry pre-populated with CHOW Project participant ID numbers, demographics and will provide simple indicators to track progress along the continuum of care, such as:
  - Date and result of HCV antibody test
  - Date and result of HCV RNA test
  - Date of first medical appointment
  - Treatment start date
  - Treatment end date
  - Treatment outcome
# HCV Registry

## CHOW Registry

<table>
<thead>
<tr>
<th>Updated</th>
<th>CHOW ID</th>
<th>Other ID</th>
<th>First Name</th>
<th>Nickname</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Description</th>
<th>Date of Test (Self-Report)</th>
<th>Test Result (Self-Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>########</td>
<td>123456</td>
<td>N/A</td>
<td>John</td>
<td>Kainoa</td>
<td>1/1/1991</td>
<td>Male</td>
<td>Hawaiian</td>
<td>lion tattoo on R arm</td>
<td>7/6/1905</td>
<td>Positive</td>
</tr>
</tbody>
</table>

## HCV Ab Test Results

<table>
<thead>
<tr>
<th>HCV Ab Test Date</th>
<th>HCV Ab Test Result</th>
<th>HCV Ab Result Given</th>
<th>Neg Status Reminder</th>
<th>HCV RNA Test Date</th>
<th>HCV RNA Test Result</th>
<th>HCV RNA Result Given</th>
<th>1st Care Coordinator</th>
<th>1st Medical Appt.</th>
<th>Start Treatment</th>
</tr>
</thead>
</table>

## End Treatment

<table>
<thead>
<tr>
<th>End Treatment</th>
<th>SVR</th>
<th>Fibrosis/Cancer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>pending</td>
<td>pending</td>
<td>F3 Fibrosis</td>
<td></td>
</tr>
</tbody>
</table>

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HAWAI'I HEALTH & HARM REDUCTION CENTER
The New Chapter for Life Foundation and The CHOW Project

HepFree HAWAI'I
Pros and Cons of Registry

- Helps participants know where they are in continuum
- Supports staff in finding participants
  - Focuses HCC efforts on those with some motivation
- Supports motivational enhancement

- Non-name based
  - Hard to link to electronic medical record
- Participants forget unique ID
- Logistics of access to registry on street
Case Study: DB

- 62 year old homeless Caucasian male living with HCV.
  - Wound Care participant
  - Syringe exchange participant (heroin use)
  - Formerly Incarcerated
  - Homeless
  - Other issues around mental health, trauma, physical limitations, dental needs, etc.

- Referred to HCC through the wound care program.
- HCC arranged and transported D.B. to his first doctors appointment at Waikiki Health (Local FQHC)
- The medical provider informed HCC that D.B. was not a good applicant for HCV treatment due to clients past IDU and current drug use.
HCC worked with D.B. to attend all his doctors appointments and lab work.

- Enrolled client in a methadone program.
- D.B. was referred to their Waikiki Health’s mental health services, dental services, and he obtained a primary care provider.
- HCC referred D.B. to our housing first specialist. D.B. eventually received a voucher for housing.
- D.B. now has his own apartment.
- D.B. continues to go to his HCV appointments and started HCV treatment in August.
Lessons Learned

• No wrong door for entry into hepatitis services
  • Wound care is urgent need can bridge to longer term relationship with HCC
  • Flexibility to match services with motivation
• Compassionate wound care heals PWIDs relationship with the healthcare system
  • While ending human suffering is our goal, cost effectiveness has brought partnerships to table
  • HCP relationship helps with HCV treatment
• Street and peer-based services work!
  • Adapting to street medicine
Mahalo!

www.hhhrc.org

www.hepfreehawaii.org