

# Integrated Care Model for HIV/STI Prevention and HCV Treatment Initiation in a Residential SUD Treatment Program: Current Practices and Challenges

Octaviana Hemmy Asamsama, PsyD, DrPH<sup>1</sup>; Shannon Miller, MD<sup>2</sup>; Adam Peterson, PsyD<sup>1</sup>; Anna Nobbe, NP<sup>1</sup>; Molly McElfresh, NP<sup>1</sup>; Anna Glendon, RN<sup>1</sup>  
<sup>1</sup>Cincinnati VA Medical Center, <sup>2</sup>Dayton VA Medical Center

## Background

- In 2015, the Cincinnati VA Medical Center's (CVAMC) Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) admitted 246 unique veterans and 23.6% were positive for HCV.
- Nearly half diagnosed with Opioid Use Disorder.
- Rates of HCV treatment initiation and completion were low (37.9%) despite access to medications and they also varied based on primary substance of choice (0-66.7%) and ethnicity (Blacks – 0%).
- In 2016, the interdisciplinary residential treatment program started providing a more comprehensive integrated HIV/STI prevention and HCV treatment initiation in order to reduce risk of transmission and improve HCV treatment completion, especially in light of the heroin epidemic and increased rates of injection drug use.

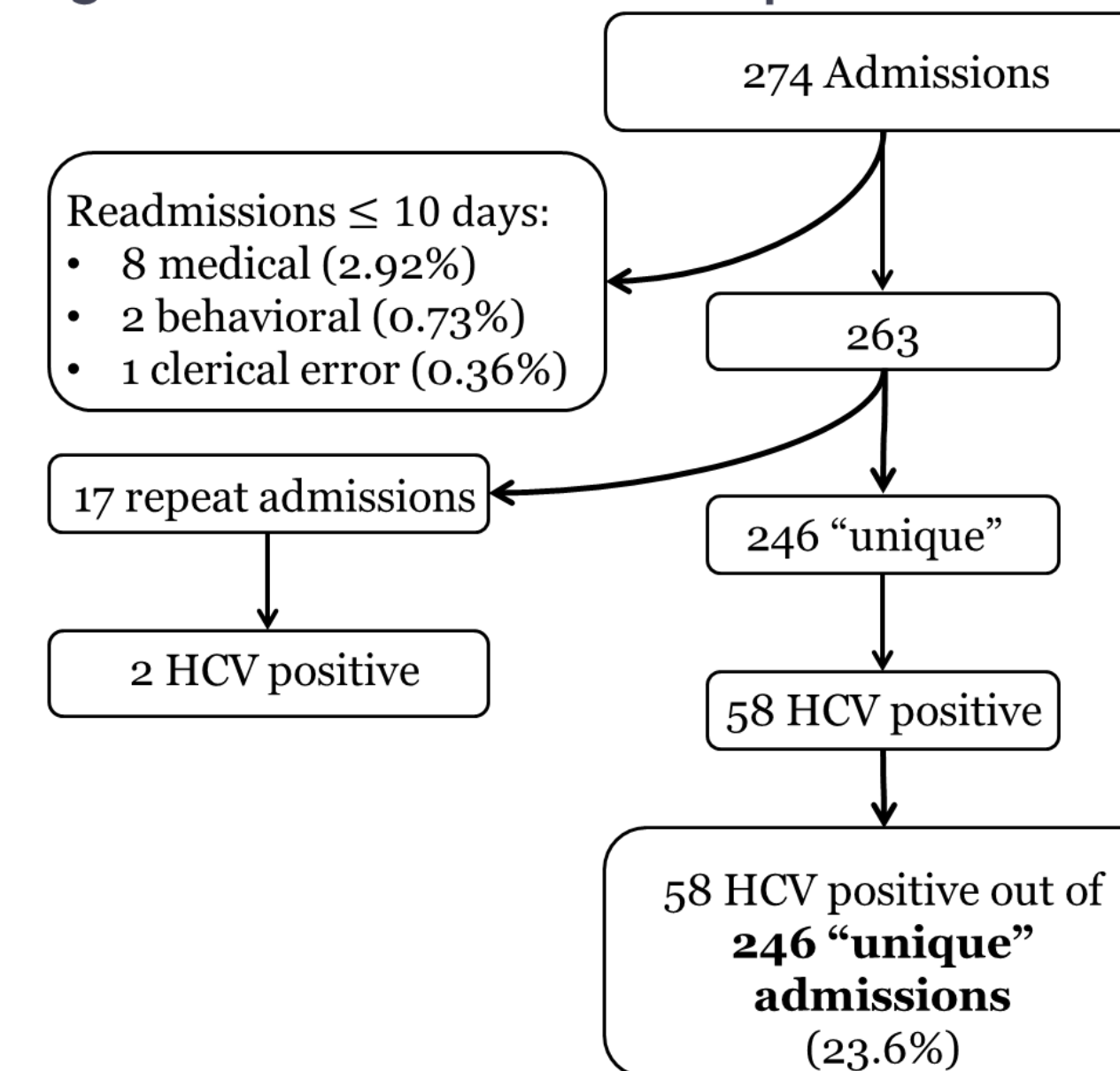
## Purpose

- To highlight current practices and challenges of providing integrated HIV/STI prevention & HCV treatment initiation for veterans enrolled in residential SUD program.

## Patient Population

- The HCV rates for veterans who completed SARRTP is approximately four times higher than the general veteran population.
- This clearly indicates a difference between SARRTP residents and other veterans, and an increased need for HCV screening and treatment for this population.

Figure 1. HCV outcomes for patient enrolled in SARRPT in 2015



## Current Practices

- Added several staff psychologists with expertise in HIV, liver disease, and harm reduction.
- Increased collaboration between infectious disease clinic, HCV clinic, liver clinic, and the Hamilton County Department of Health.
- Complete comprehensive history and physical at intake, assessment and treatment initiation for HCV and HIV.
- STI screening and education.
- Access to a health psychologist.
- Free male and female condoms along with lubricants.
- Other harm reduction resources like PrEP.
- Veterans will also receive additional support through specialty clinics .
- Efforts were made to destigmatize harm reduction measures including leaving condoms in discrete areas (ex. bathrooms) and literature on the importance of harm reduction were visible throughout the residential unit.

- Over 16,000+ free condoms and lubricants have been distributed throughout the medical center.
- Increase in HCV and PrEP treatment initiation during residential program.

## Challenges

- Complex population with comorbid psychosocial and medical conditions.
  - Homelessness
  - Legal history
- Duration of program: ~ 21 days.

## Conclusion

- Despite the challenges related to the complexity of treatment population and the brevity of the program, the integrated care resulted in veterans initiating PrEP and HCV treatment during residential program and utilizing harm reduction practices.
- SUDEP and ID team in collaboration with Hamilton County of Department of Public Health are now creating a sterile syringe program.

## Acknowledgements

- The authors would like to thank the staff of the Cincinnati VAMC for contributing to the development of this project.
- The VA had no other role in study design; in the collection analysis and interpretation of data; in the writing of the report; nor does the views expressed in this poster necessarily reflect those of the US government or the VA.