

CDUHR FACT SHEET

Hepatitis Care Coordination:

Effective Hepatitis Intervention can be Integrated into Drug Treatment Settings

Purpose of this Study

Drug users are at high risk of infection with viral hepatitis. There have been advances in treatment for hepatitis C (HCV), and vaccinations are available for hepatitis A and hepatitis B (HAV and HBV). However, drug users face individual and structural barriers to viral hepatitis prevention and treatment, starting from the first steps of the continuum of hepatitis care (testing and care engagement). New models are needed to coordinate hepatitis care.

How was the Study Conducted?

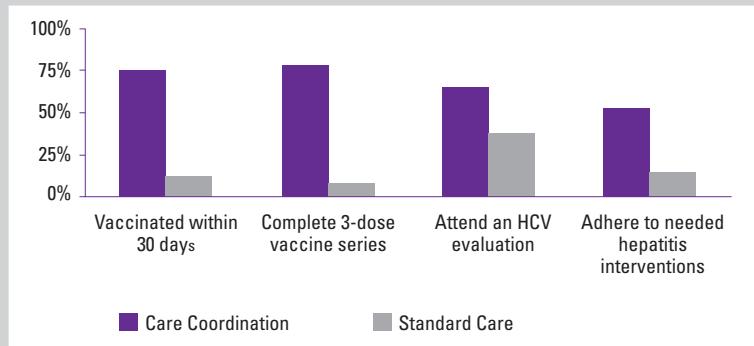
This randomized controlled trial recruited 489 participants from methadone maintenance treatment programs in New York City and San Francisco and compared two groups: Group 1 (Care Coordination model) received on site HAV, HBV and HCV antibody testing, 2 Motivational Interviewing-enhanced education and counseling sessions, on-site HAV/HBV vaccination, and were offered case management sessions to support clinical engagement with HCV care and treatment (up to 1 hour weekly for up to 6 months); and Group 2 (the control group) received on site HAV, HBV and HCV antibody testing, standard 2 session hepatitis education and counseling, and HAV/HBV vaccination and HCV clinical follow-up through referral.

Participant Demographics	
Male	68%
Female	32%
White	36%
Hispanic	32%
African American	28%
Ever injected drugs	73%
HCV antibody positive	61%

What were the key findings of the study?

Participants who were in the Care Coordination group were significantly:

- more likely to be vaccinated for HAV/HBV within 30 days (76% vs. 12%)
- more likely to complete the 3-dose HAV/HBV vaccine series (78% vs. 9%)
- more likely to attend an HCV evaluation during the 6 month case management period (65% vs. 37%)
- more likely to adhere to needed hepatitis interventions, i.e., vaccination and or HCV evaluations as indicated (54% vs. 16%)



What other findings came out of this study?

- Participants who were both HIV and HCV positive were more likely to receive HCV evaluation than those only HCV positive.
- Stably housed persons were more likely to receive HCV evaluation than those who were not.
- Participants who were in the Care Coordination group received HCV evaluations significantly (and much) earlier than those in the standard care group (on average, 84 days vs. 337 days).
- Participants reported an unclear understanding of HCV at baseline; a 2-session hepatitis education intervention increased HCV knowledge.

What might this mean for organizations and institutions working with drug users at risk for hepatitis?

- A 2-session education intervention that promotes hepatitis knowledge can be effective and can be integrated into drug treatment settings.
- This Care Coordination model may fill the gaps in the continuum of hepatitis care for drug treatment programs by facilitating testing and by promoting linkages to HCV clinical evaluations for HCV care and treatment.
- Offering on-site HAV/HBV vaccination results in a higher number of at-risk individuals receiving needed immunologic protection, suggesting that onsite vaccination should become standard of care and be built into reimbursement mechanisms for drug treatment programs.

For more information about this study, see the references on page 2 or contact David C. Perlman at DPerlman@chpnet.org.

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This CDUHR Fact Sheet is based on the following articles:

Masson CL, Delucchi KL, McKnight C, Hettema J, Khalili M, Min A, Jordan AE, Pepper N, Hall J, Hengl NS, Young C, Shopshire MS, Sorensen JL, Des Jarlais DC, & Perlman DC. (2013) A randomized trial of a hepatitis C care coordination model in methadone maintenance treatment. *American Journal of Public Health*, 103(10), e81-e88.
<http://www.ncbi.nlm.nih.gov/pubmed/23947319>

Jordan AE, Masson CL, Mateu-Gelabert P, McKnight C, Pepper N, Bouche K, Guzman L, Kletter E, Seewald RM, Des Jarlais DC, Sorensen JL, Perlman DC. (2013) Perceptions of drug users regarding hepatitis C screening and care: A qualitative study. *Harm Reduction Journal*, 10, 10.

<http://www.ncbi.nlm.nih.gov/pubmed/23786800>

Larios SE, Masson CL, Shopshire MS, Hettema J, Jordan AE, McKnight C, Young C, Khalili M, Seewald RM, Min A, Hengl N, Sorensen JL, Des Jarlais DC, Perlman DC. (2013) Education and counseling in the methadone treatment setting improves knowledge of viral hepatitis. *Journal of Substance Abuse Treatment*. doi: 10.1016/j.jsat.2013.10.012.

<http://dx.doi.org/10.1016/j.jsat.2013.10.012>