



Establishing an Integrated Care Clinic for HCV-infected People Who Actively Inject Drugs at a Harm Reduction Center in Washington, DC (The ANCHOR Model)

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Background

People who inject drugs (PWID) have high rates of HCV acquisition but limited access to treatment

Recent studies have demonstrated high rates of SVR using direct acting antivirals (DAA) in PWID

Reduce HCV transmission and improve long-term outcomes for PWID

- Improve access to treatment
- Reduce harms associated with injecting drug use

Established Embedded Integrated Medical Care Clinic

Partnered with HIPS, a harm reduction organization/drop-in center in Washington, DC







Four Key Components to Clinic Model

- Culturally competent environment
 - Low-barrier medical care
- Collocation of services
- Community health workers

ANCHOR Study Schema



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Demographics

	Total Cohort n=100
Median Age, years (IQR)	56 (53-62)
Men, n (%)	76 (76)
Black race, n (%)	93 (93)
Unstably housed, n (%)	51 (51)
Prior incarceration, n (%)	92 (92)
Injects opioids daily or more, n (%)	59 (59)

Visit Adherence and HCV Medication Dispensation



Uptake of OAT, PrEP, and Naloxone





- Low-barrier medical clinic facilitated high uptake of HCV treatment, OAT, naloxone and moderate uptake of PrEP in a highly marginalized population
- Models of care aimed at providing culturally competent, integrated care are essential for eliminating HCV while addressing overall health in PWID

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More data on the ANCHOR Study at INHSU 2019

Posters:

#056 – HCV Reinfection not Associated with OAT Engagement, Drug Use or Sexual Risk in Persons with Opioid Use Disorder and Injection Drug Use: Data from the ANCHOR study

#067 – High Uptake of Collocated Opioid Agonist Therapy with DAA is Associated with Reduced Risk and Improved SVR in People with Active Injecting Drug use: Data from the ANCHOR Study

Oral Presentation on Friday:

Session V: High Rates of Opioid Overdose and Witnessed Overdoes in PWID Receiving HCV Treatment: Data from the ANCHOR Study