

BUILDING BRIDGES TO ELIMINATE HCV IN PWID: KNOWLEDGE AND PLANNED PERFORMANCE CHANGE AMONG HCV TREATERS AND ADDICTION-SERVICES PROVIDERS ENGAGED IN A PILOT EDUCATION INITIATIVE

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Background:

Addiction-services providers (ASPs) and community-based hepatitis C virus (HCV) treaters have knowledge deficits and practices that impact the engagement, referral, and treatment of HCV-positive people who inject drugs (PWID). The BRIDGE HCV pilot created parallel education tracks designed to (1) increase HCV testing/referral by ASPs; (2) prepare treaters to provide treatment for HCV-positive PWID; and (3) promote harm-reduction principles to prevent HCV reinfection. The goal of the BRIDGE HCV initiative is to build local networks of ASPs and HCV treaters to support HCV microelimination.

Description of model of care/intervention:

BRIDGE HCV launched in 2017 with 8 1-hour training meetings for ASPs and 5 2-part, small-group, training sessions (1 hour each) for HCV treaters. 162 ASPs at 8 addiction-treatment centers and 174 HCV treaters at 5 community clinics participated. Pre-/post-training multiple-choice and rating-scale questions assessed change in knowledge and intention to refer/treat patients with HCV.

Effectiveness:

HCV knowledge scores increased 103% from baseline for ASPs (4 questions; 32% correct pre-training [n=194], 65% correct post-training [n=163]; $P<.001$). ASPs' frequency of referring HCV-antibody-positive PWID for confirmatory testing/treatment increased 380.0% (15% referred clients pre-training [n=111], 72% planned to refer clients post-training [n=111]; $P<.001$). Knowledge increased 40.4% from baseline for HCV treaters (5 questions; 47% correct pre-training [n=162], 66% correct post-training [n=48]; $P=.021$). HCV treaters' frequency of prescribing DAA therapy to PWID increased 151.6% from baseline (31% of providers treated PWID pre-training [n=165], 78% of providers planned to treat PWID post training [n=53]; $P<.001$).

Conclusion and next steps:

Increased knowledge and intention to refer/treat PWID with HCV were found in ASPs and HCV treaters who completed BRIDGE HCV small-group training sessions. Based on these results, the initiative will expand to Baltimore, MD, and The Bronx, NY, in 2018. Future analyses will compare BRIDGE vs non-BRIDGE sites' rates of testing, referral, and sustained virologic response.

Disclosure of Interest Statement:

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