



**BUILDING BRIDGES TO  
REACH PEOPLE WHO  
INJECT DRUGS WITH THE  
GOAL TO ELIMINATE HCV**

## **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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## **DISCLOSURES OF INTEREST**

- Supported by educational grants from Gilead Sciences, Inc., and Merck & Co., Inc., to Purdue University College of Pharmacy, with Integritas Communications, LLC, as an educational partner
- Jody Gilmore, MSN, CRNP, has been a speakers bureau participant and has received honoraria from AbbVie, Inc., and Gilead Sciences, Inc.
- Stacey Trooskin, MD, has received grants/research support from Gilead Sciences, Inc.
- Jeanette Ruby, MD, and Becky Carney, MSPT, are employed by Integritas Communications, LLC



## BACKGROUND

- Current knowledge deficits and practice gaps impact the engagement, referral, and treatment of HCV-positive people who inject drugs (PWID)
- **BRIDGE HCV GOALS:**  
Build local networks of addiction services providers (ASPs) and HCV treaters to support HCV micro-elimination



## THE INTERVENTION *BRIDGE HCV*

Parallel education tracks designed to

Increase HCV screening/referral by addiction services providers

Prepare treaters to provide DAA therapy for HCV-positive PWID

Promote harm-reduction practices to prevent HCV reinfection

- **Content developed for**

- 1-hour training meetings for ASPs
- Small group training sessions (2 parts, 1 hour each) for HCV treaters

DAA, direct-acting antiviral.





# BRIDGE HCV RESOURCES

[www.BridgeHCV.com](http://www.BridgeHCV.com)



## ENGAGEMENT

*Participants and Locations*

**162** ADDICTION SERVICES PARTICIPANTS

**174** TREATER PARTICIPANTS

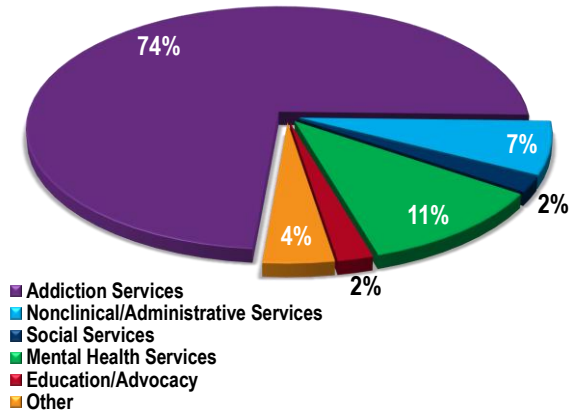
**8** ADDICTION TREATMENT CENTERS

**5** COMMUNITY CLINICS

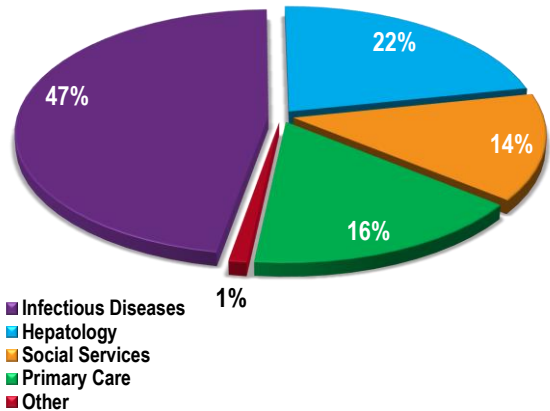


# SPECIALTY DISTRIBUTION

## ADDICTION SERVICES PROVIDERS



## HCV TREATERS

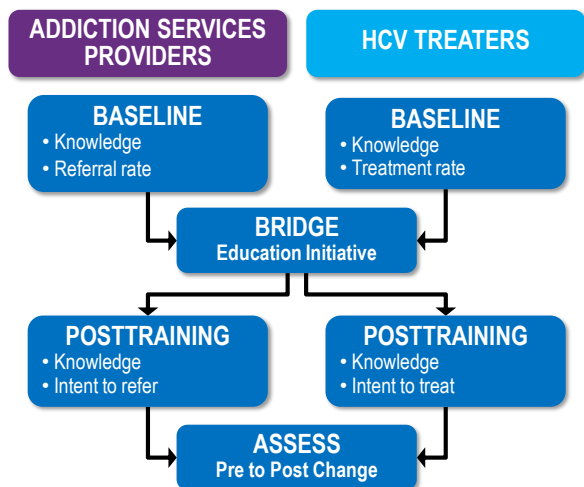


Treaters, n=50 (from evaluation form); addiction services providers, n=155 (from preactivity questionnaire).



# PILOT-INITIATIVE ASSESSMENT METHODS

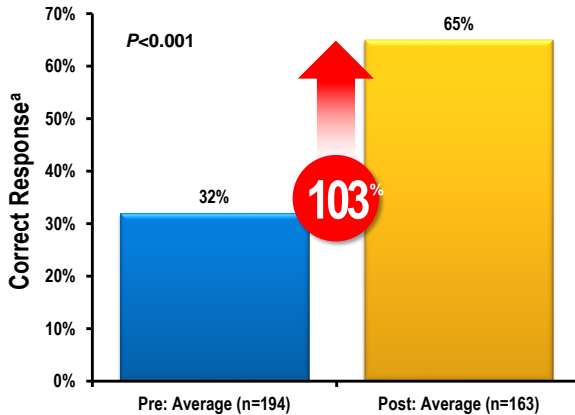
- Baseline and post-training multiple-choice and rating-scale questions assessed change in knowledge and intention to refer/treat patients with HCV
- Statistical significance level, or *alpha level*, set at 0.05
- Unpaired statistical analysis: chi-square test



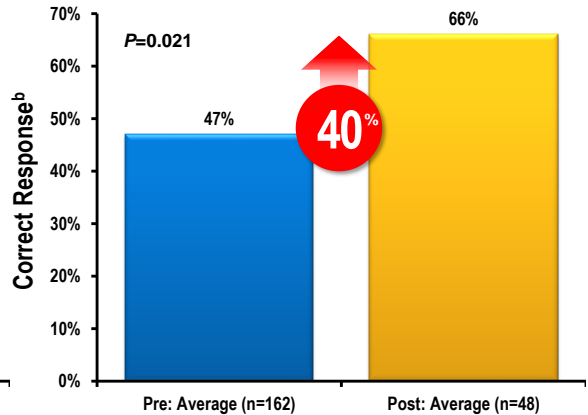
# EFFECTIVENESS

## Increased Knowledge

### ADDICTION SERVICES PROVIDERS



### HCV TREATERS



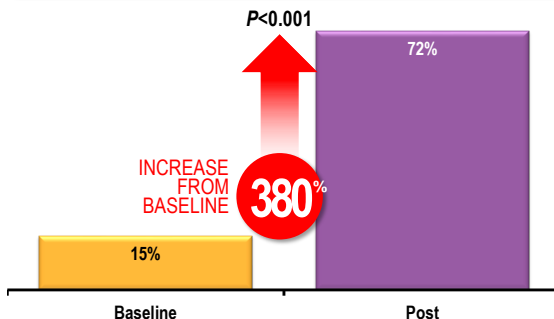
<sup>a</sup>Reflects averages of 4 knowledge questions measured; standard deviation: pre, 11%, post, 18%; <sup>b</sup>Reflects averages of 5 knowledge questions measured; standard deviation: pre, 14%, post, 20%.



# EFFECTIVENESS

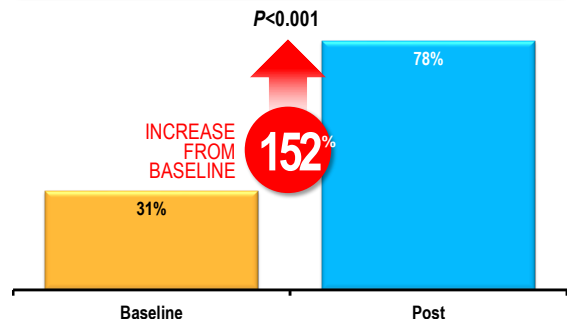
## Planned Practice Change

### ADDICTION SERVICES PROVIDERS



**72% NOW PLAN TO REFER 75%–100% OF HCV-ANTIBODY-POSITIVE PWID FOR CONFIRMATORY TESTING AND TREATMENT<sup>a</sup>**

### HCV TREATERS



**78% NOW PLAN TO PRESCRIBE DIRECT-ACTING ANTIVIRAL THERAPY TO 75%–100% OF HCV-INFECTED PWID<sup>b</sup>**

<sup>a</sup>Baseline n=111, post n=111; <sup>b</sup>Baseline n=165, post n=53.



## CHALLENGES AND LESSONS LEARNED

### *HCV Treaters*

#### **CHALLENGE 1: Preexisting misinformation and biases against people who inject drugs**

- **Lesson:** A combined and balanced emphasis on the feasibility and efficacy of HCV cure in PWID plus harm-reduction principles is necessary

#### **CHALLENGE 2: Appropriate context for HCV treaters' effective uptake and implementation of clinical guidelines on HCV treatment in PWID**

- **Lesson:** Providing real-world perspectives for HCV treaters is critical
  - Emphasis on drug addiction as a chronic illness
  - Demonstration of harm-reduction measures



## CHALLENGES AND LESSONS LEARNED

### *Addiction Services Providers*

#### **CHALLENGE 1: Motivating addiction services providers to take action on behalf of their HCV-infected clients**

- **Lesson:** Local epidemiologic data plus education on the natural history of HCV disease progression and outcomes is effective

#### **CHALLENGE 2: Real-world obstacles to patient referral for HCV confirmatory testing and treatment**

- **Lesson:** Demonstrating the feasibility of linking patients to existing HCV-care providers is essential



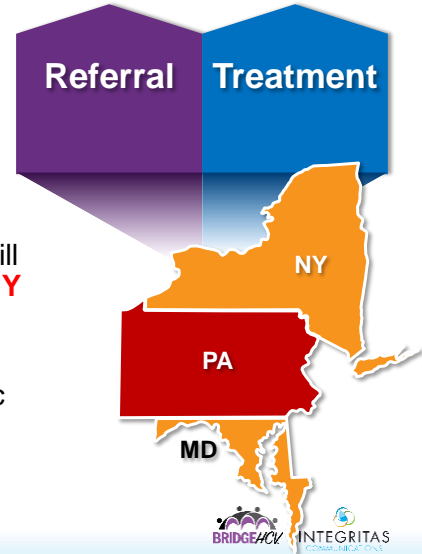
## CONCLUSION AND NEXT STEPS

### • Conclusion

- Addiction services providers and HCV treaters who completed the **BRIDGE HCV** small group training sessions demonstrated increased knowledge and intention to refer/treat PWID with HCV

### • Next Steps

- Based on these results, the **BRIDGE HCV** initiative will **expand in 2018** to **Baltimore, MD**, and the **Bronx, NY**
- Future analyses will compare changes in **BRIDGE vs non-BRIDGE** sites' rates of screening-based referral (addiction services providers), and sustained virologic response (HCV treaters)



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