Substance Use, HCV, Sexually Transmitted Infections and HIV

Providers have the Power

Presenter Bio

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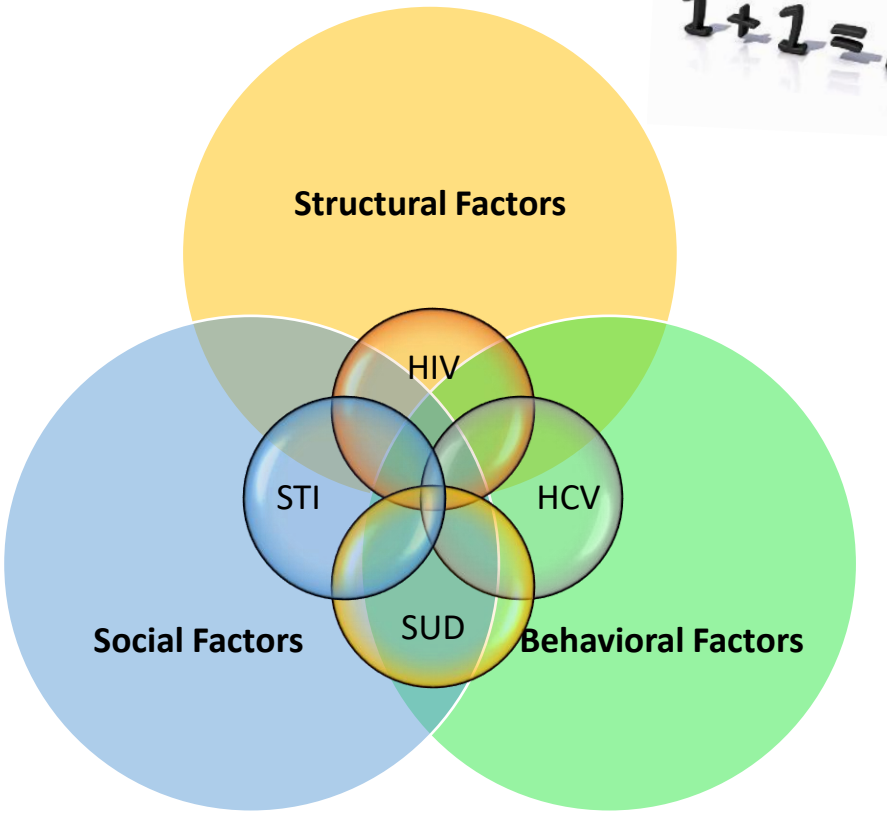
Syndemic Theory

Core principles:

- Clustering of two or more conditions in a population
- Synergism produces an excess burden of disease
- Precipitation and propagation by large scale behavioral, structural, and social forces



Singer, M. and Clair, S. (2003), Syndemics and Public Health: Reconceptualizing Disease in Bio-Social Context. Medical Anthropology Quarterly, 17: 423-441. https://doi.org/10.1525/maq.2003.17.4.423

HIV: Human Immunodeficiency Virus
HCV: Hepatitis C virus
SUD: Substance Use Disorder

HIV, HCV, STIs, Drug Use Among AI/AN

- Rates of HIV diagnoses have been largely stable:
- Syphilis rates rapidly increasing
  - Exacerbates HIV transmission
- Drug use is increasing nationwide and in Indian Country
- AI/AN have greatest rates of new HCV diagnoses
  - Over 2x national rate of HCV-related mortality
  - Rates are decreasing with greater availability of treatment

Primary care providers should be at the forefront of harm reduction, STI, PrEP, HIV, and HCV treatment.

IF THEY ARE NOT, NOBODY WILL BE.

CNHS EHE Epidemic Program Interventions

Understanding our leadership and community:

- Advisory board
- General public, PrEP patients, and HIV patient surveys

Community and provider HIV awareness:

- Public campaign and school education
- Provider workshops, ECHO, diversity training, LGBTQ training

CNHS EHE Epidemic Program Interventions

HIV screening expansion

- Lab triggered screening in ED/UC, home testing
- Electronic health care reminder
- HIV screening policy change
  - Every 3 years for age 13-54
  - Every 5 years for age 55-75

CNHS EHE Epidemic Program Interventions

HIV PrEP expansion

- Expanding capacity with pharmacists and other medical providers

HIV care improvement

- Same day treatment
- In-depth cascade of care analysis

CNHS EHE Epidemic Program Interventions

Harm reduction

- MAT
- SSPs
- Treatment as prevention

“Reflex Lab-Triggered” HCV/HVI Screening

Patient presents to lab for routine/other phlebotomy

Example: ED visit for pneumonia, sent for CBC and CMP, extra tube drawn for HCV antibody

HIV antibody is added-on post phlebotomy if criteria met for screening

- If screening is due
- If there is signed informed consent in EHR

Process completed by hand (not automated)

Results Sent Directly to HCV Program Staff

Source: Cherokee Nation Health Services, 2021

Provider Awareness and Education

PrEP and HIV screening workshops

PrEP ECHO

- 6 sessions with cases and didactics

Infectious Disease ECHO

- Weekly meetings with cases and didactics

Pharmacy-led Training and Treatment

- Patients come to pharmacy asking for PrEP
- Pharmacists are familiar with managing DM, HTN, warfarin and hepatitis C
- Training provided to 3 pharmacy clinics by 4 pharmacists

Impact of Interventions

Period	Percent of the Population Tested for HIV at Least Once	Number of PrEP Prescribers	Number of patients on PrEP
2015- 9/2019*	34%	3	25
9/2019-9/2020*	59%	13	52
Change	⬆ 73%	⬆ 433%	⬆ 208%

*** Eligible population defined as those who accessed the CNHS at a site where HIV screening offered: Primary Care, Pediatrics, Resident Clinic, Infectious Diseases Clinic, Urgent Care, Emergency Department, Inpatient Hospital Wards**

Source: Cherokee Nation Health Services, 2021

Priority Populations
People Who Inject Drugs

Actions to Address the Syndemics Among People Who Inject Drugs

- Screening patients for SUDs and mental health disorders
- Testing patients and their sexual or drug-injection partners for HIV, HCV, and STIs
  - With appropriate pre and post-test counseling
- Offering immediate treatment according to established guidelines for patients who test positive

Threading the Needle — How to Stop the HIV Outbreak in Rural Indiana Steffanie A. Strathdee, Ph.D., and Chris Beyrer, M.D., M.P.H. NEJM 373;5 nejm.org July 30, **2015**

Actions to Address the Syndemics Among People Who Inject Drugs

- Providing HBV vaccinations
  - Even one dose can be effective!
- Providing naloxone to people who use opioids and their families/partners
- Offering immediate referrals to substance use treatment programs that provide opioid-agonist therapy
- Becoming licensed to provide opioid agonist therapy

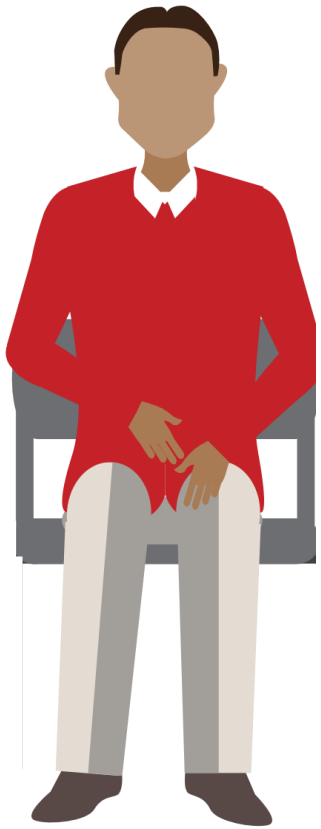
Actions to Address the Syndemics Among People Who Inject Drugs

- Supporting people who use injection drugs by providing sterile syringes or referring them to syringe service programs
- Supporting legislative reforms to expand Medicaid and allow federal funds to support SSPs
- Using PDMPs in clinical decision making involving opiate prescribing

Clinical Case: Mr. S

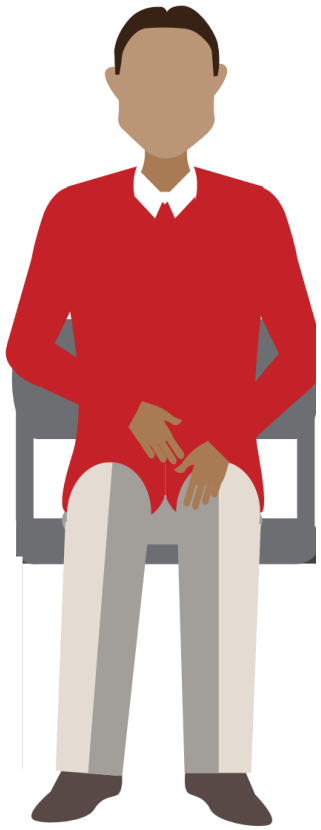
Mr. S is a 24-year-old AI/AN male who suffered a right femur fracture (MVA) 6 years ago. Unfortunately, **pain management training or policies were not available** in the institution, and he was discharged from the hospital with oxycodone hydrochloride for pain control.

Clinical Case: Mr. S



Two years ago, his new medical provider refused to refill the oxycodone. Unfortunately, **the provider was not trained in screening for SUDs. Nor did he have an MAT waiver.** The patient then turned to his friends who gave him oxycodone, but later he had to purchase it in the streets.

Clinical Case: Mr. S

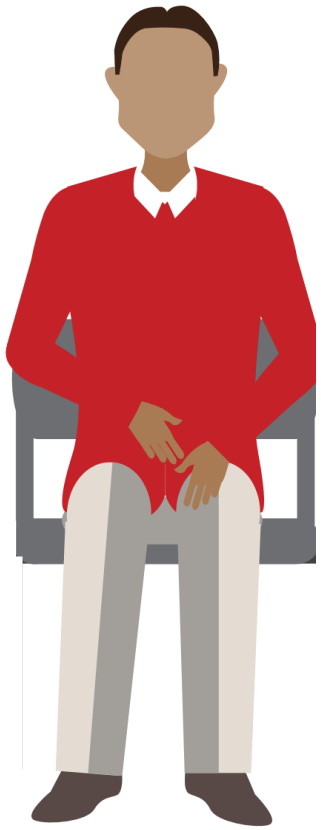


One year ago, he started injecting heroin since it was cheaper. Unfortunately, **SSPs are not available** where he lives, and he has been sharing needles and syringes.

Clinical Case: Mr. S

Three days ago, he **presented to the ED with opioid withdrawal symptoms** (nausea, vomiting, diarrhea, restlessness, abdominal pain). Fortunately, **the ED medical provider was trained in SUD management** and induced him with Buprenorphine/Naloxone and gave him a 3-day prescription, enough until he could be evaluated and placed on MAT.

Clinical Case: Mr. S



In addition, **the provider was also trained in screening for STIs, HCV, HIV, and HIV PrEP.** During the ED visit he was screened and tested positive for HIV. HCV and other STIs screens were negative, and he was referred to the Primary Care clinic for HIV evaluation and treatment.

What Can the Healthcare Worker Do for Mr. S?

- Vaccinate him for hep A & B
- Have a MAT license and continue Buprenorphine/Naloxone
- Be comfortable starting HIV treatment
- Refer patient to an expert if necessary

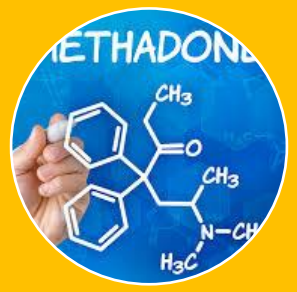
What Can the Healthcare Worker Do for Mr. S?

- Educate your patient on safe injection practices
- Refer to or advocate for syringe service programs

What Can the Healthcare Worker Do for Mr. S?

HCV/HIV Testing and Treatment

Mental Health Services



Medication Assisted Treatment

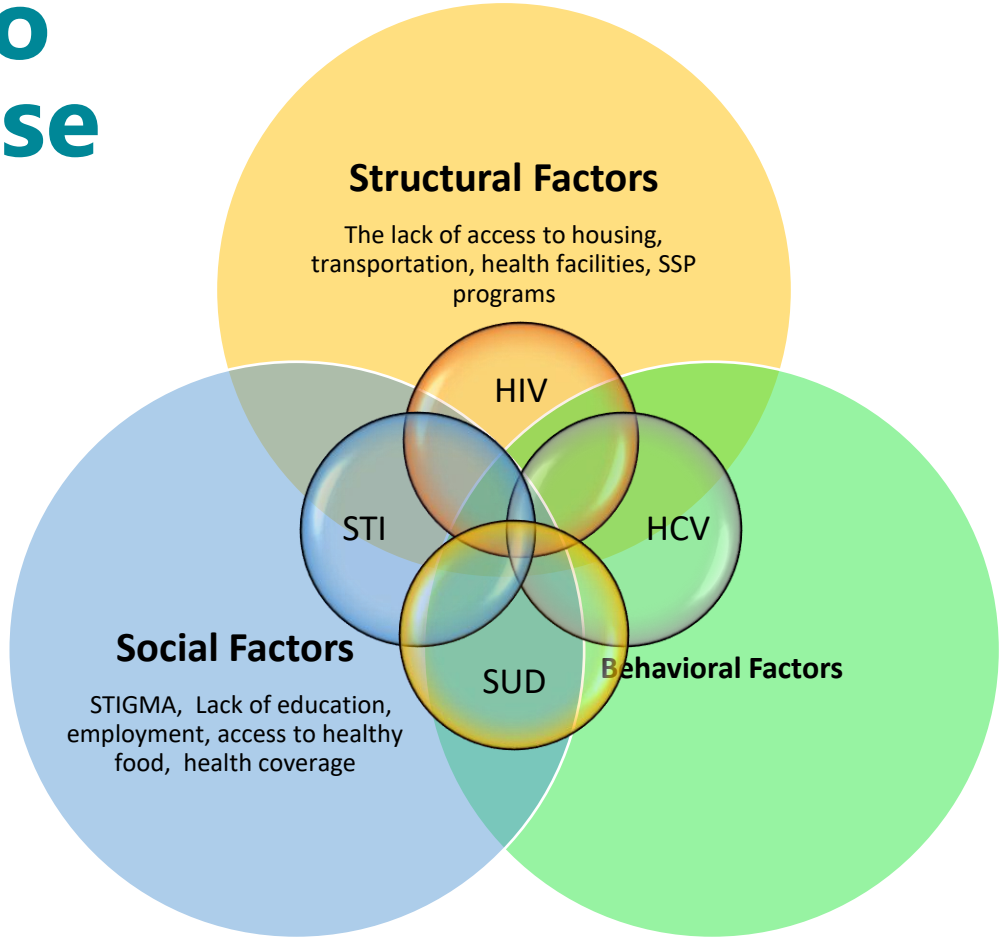
PREP for PWUDs

Naloxone, SSPs & Safer Injection Practices

Recognize and Understand

When people are unable to seek or receive care because of socioeconomic barriers

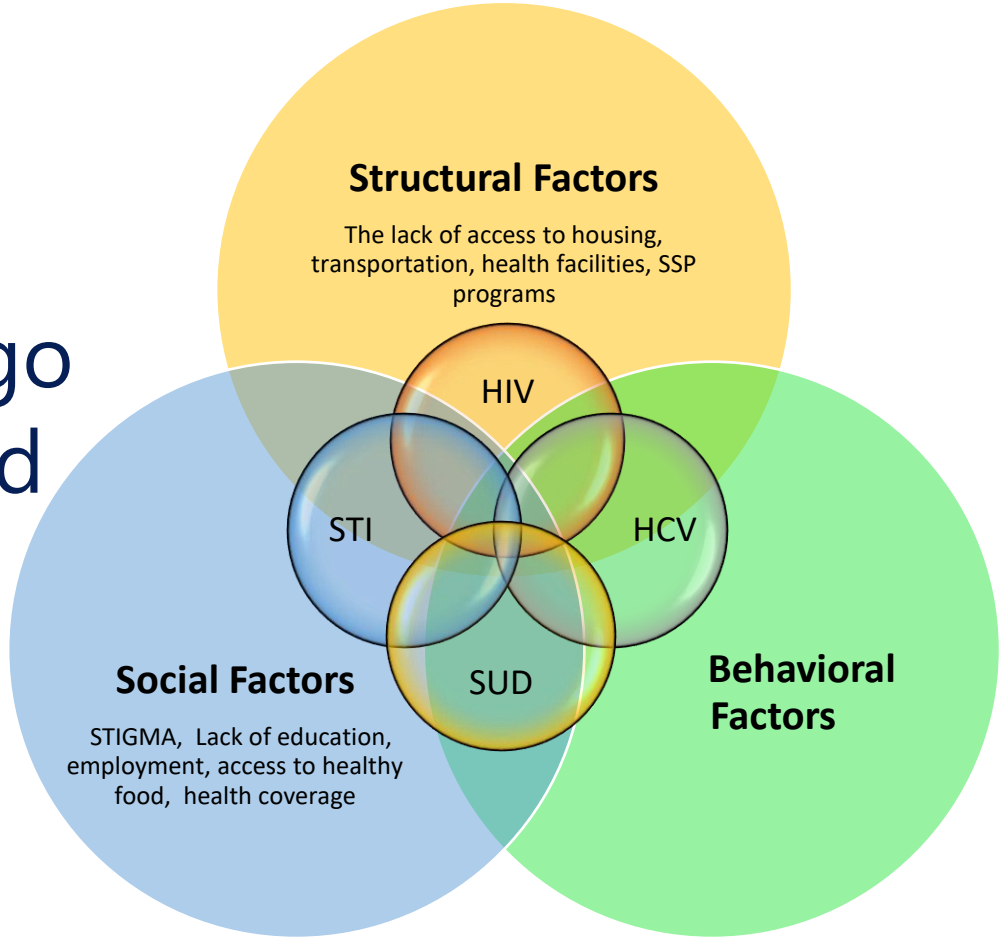
- Treatable diseases persist at higher rates
- With a higher baseline rate of transmissible infections, it is more likely for the community to be exposed



Recognize and Understand

Respond to HIV, STIs, HCV and SUD

- By ensuring that the resources go the communities in highest need in a timely and efficient way



Conclusions

Ending the syndemic will require a multipronged approach

- SUD services should be integrated into primary care – **barriers for harm reduction should be removed**
- The efficacy of PrEP and HIV treatment has been established – **access for the most vulnerable is critical**
- Syphilis is taking a toll in AI/AN communities – **zero tolerance for congenital syphilis should be the standard**

IHS HIV Project ECHO

Monthly IHS telemedicine conference:

- Sponsored by University of New Mexico and IHS
- Twenty-minute didactic talk regarding HIV care
- Participants present 2-3 active cases

When?

- 2nd Wednesday of the month @ 12pm MT

IHSECHO@unm.salud.edu

HIV/AIDS Warmline

The National Clinician Consultation Center is a free telephone advice service for clinicians, by clinicians. Go to **nccc.ucsf.edu** for more information.

HIV/AIDS Warmline **800-933-3413**	HIV treatment, ARV management, complications, and co-morbidities
Perinatal HIV Hotline **888-448-8765**	Pregnancy, breastfeeding and HIV
Hepatitis C Warmline **844-HEP-INFO/** **844-437-4636**	HCV testing, staging, monitoring, treatment
Substance Use Warmline **855-300-3595**	Substance use evaluation and management
PrEPline **855-HIV-PrEP**	HIV Pre-exposure prophylaxis
PEPline **888-448-4911**	Occupational & non-occupational exposure management

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30039 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the Centers for Disease Control and Prevention awarded to the University of California, San Francisco.

Indian Country ECHO

Free service for I/T/U clinicians:
Designed to enhance care delivery for patients with complex conditions

The variety of services include:
Online ECHO clinics, trainings, CE, and technical assistance & capacity building

Virtual ECHO Clinics

During ECHO clinics you can:

- Participate in didactic and case presentations
- Receive recommendations from peers and a team of specialists
- Join a learning community

Join us!

More Information & To Get Connected

IndianCountyECHO.org

For free technical assistance:

ECHO@npaihb.org