

Effective Model To End the Syndemic

Quinault Wellness Center

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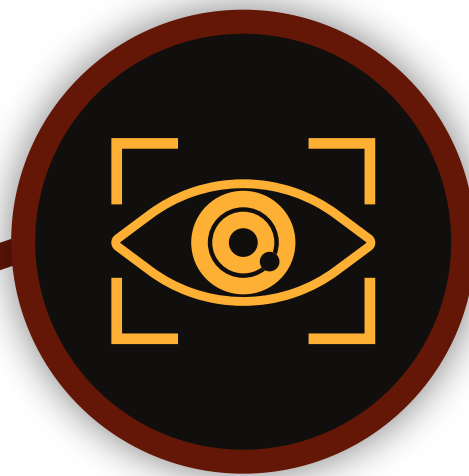


About Quinault Wellness Center

Quinault Wellness Center supports the community members and neighboring communities with the impacts of substance use disorder by utilizing a multidisciplinary approach to treatment of substance use disorder.

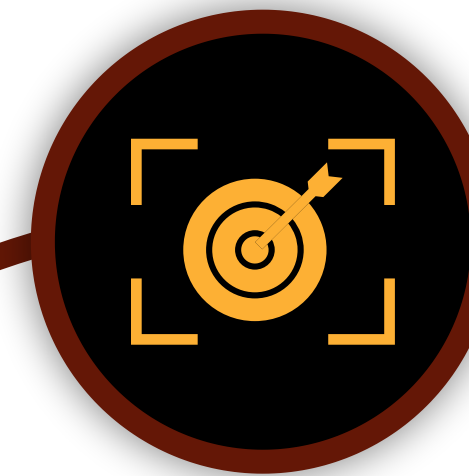
Through this multidisciplinary approach, we are committed to address the devastating community effects of substance abuse including unemployment, crime, homelessness, mental health crisis, chronic medical conditions as well as the toll it has taken on our community members families and children.

Vision & Mission



Vision

To improve the health and wellness of individuals suffering from substance use/and or mental health disorders and provide the best possible tools for them to lead a healthy productive life style



Mission

The mission of the Quinault Wellness Center is to assist individuals with substance use and/or mental health disorders to obtain necessary skills, counseling, medication management and support services to improve their quality of life and level of functioning.

Evidenced Based Integrated Care

Integrated treatment services are the gold standard for addressing co-occurring mental health and substance use disorders, however they are not always readily available.

A one-size-fits-all strategy has been shown to be ineffective, while integrated care has been shown to improve patient outcomes with Hepatitis C infection, Mental Health disorder and or Substance Abuse.

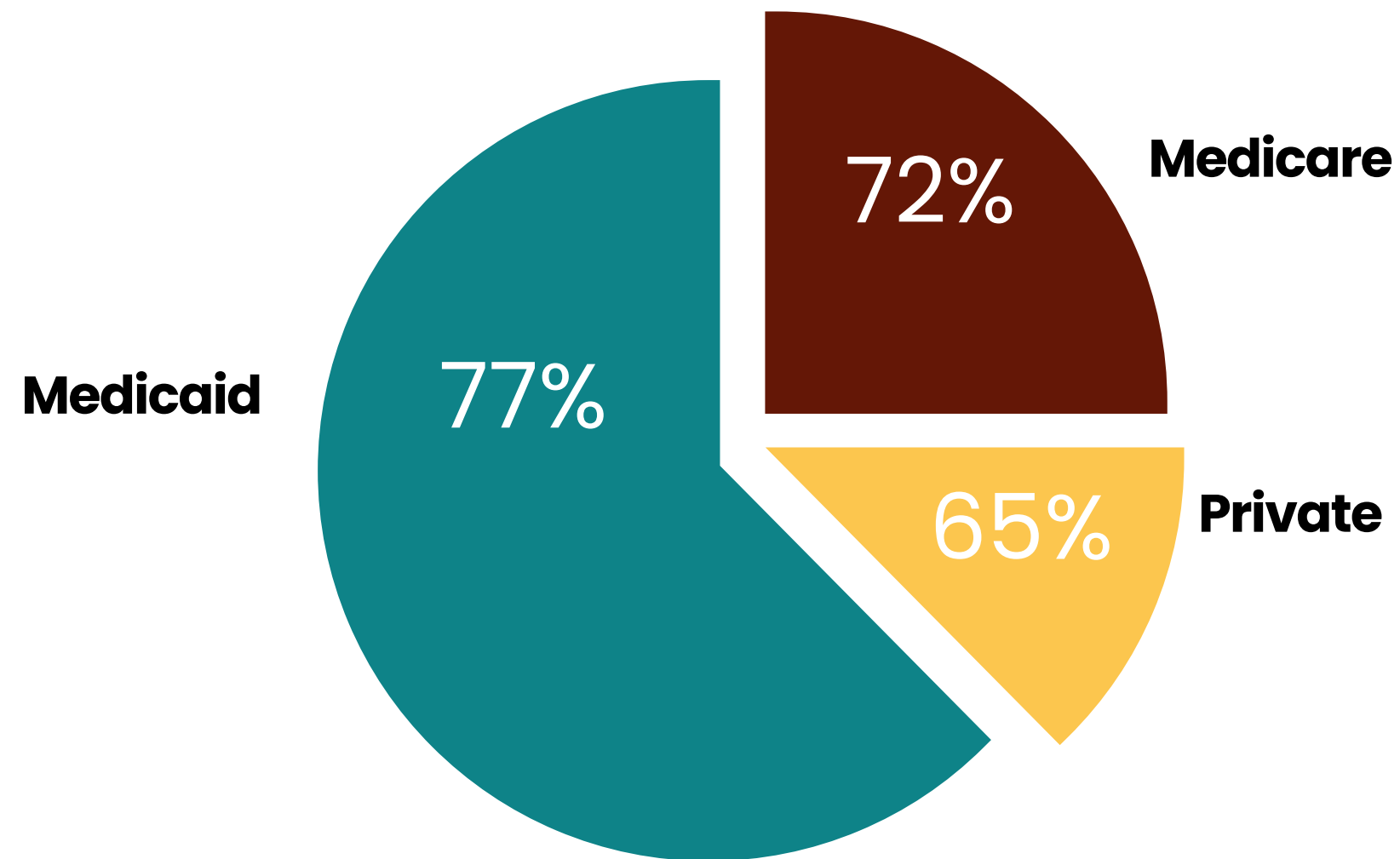


Services



- ✓ MAT (Medication Assisted Treatment)
- ✓ Primary Medical Care and Hepatitis C Treatment
- ✓ Dental Care
- ✓ Substance Use Disorder Counseling
- ✓ Mental Health Counseling
- ✓ Psychiatric Care
- ✓ Social Services
- ✓ Group Counseling and Classes
- ✓ Naloxone Training and distribution
- ✓ Transportation
- ✓ Child Care

Hepatitis C Treatment within 1 Year of Diagnosis Continually Insured Adults by Insurance Type



Barriers to treatment in individuals with Substance Use Disorder

- Self-perception of low risk for HCV ✓
- Unknown HCV status and or fear of diagnosis ✓
- Stigma associated with IV drug use and HCV ✓
- Homelessness, lack of support system and follow up ✓
- Lack of motivator or competing priority of substance use ✓
- Lack of access to healthcare and rapport with provider ✓
- Limited awareness of newer treatment options ✓



Treatment Adherence



“Numerous studies with individuals who have active or recent injection-drug use have shown excellent adherence with DAA-based HCV therapy (Direct-Acting Antivirals)”



“Patients with opioid use disorder who receive opioid agonist maintenance therapy (e.g. methadone, buprenorphine, or buprenorphine-naloxone) during HCV treatment have been shown to have excellent rates of adherence, treatment completion, and sustained virologic response (SVR) rates”.

Strategies for starting an effective HCV program in MAT facility

Knowlege

Training of medical providers on medical work up, treatment options and treatment protocols.

Motivational Interviewing

Training with substance use, mental health and medical providers on utilization of motivational interviewing when discussing HCV diagnosis and treatment.

Shared Decision Making

Meeting the patient where they are at and approach conversations with the understanding they may not be ready for treatment due to underlying substance use disorder.



Screening

Blood work on initial visit and annually. Include CBC with Differential, CMP, magnesium, HCV antibody with reflex to genotype, HIV, Hepatitis A/B, STI's (Gonorhea, syphilis, trichomoniasis).

Education

Education to staff and patients on HCV including screening, risk factors, treatment and harm reduction strategies.

Pharmacy

Establishing a relationship with pharmacist, protocol for ordering medication and shipping of medication. (Community Walgreens Speciality Pharmacy)



Treatment Pathway

- ✓ Screening for HCV, HIV, STI's, Hepatitis A and B
- ✓ Reporting to Health Department of HCV and STI's
- ✓ Consult with patient to discuss diagnosis and determine readiness
- ✓ Immunization to Hepatitis A and B if indicated
- ✓ Presentation of case to ECHO for treatment recommendations
- ✓ Review of ECHO recommendations & medication with patient
- ✓ Consent for treatment and ordering of medication
- ✓ If high risk for HIV due to IVDU HIV PrEP may be initiated
- ✓ Determination of where patient will take medication
- ✓ Frequent lab & PCP visits at week 1, 2, 4, week 8 and 12 weeks after treatment is completed
- ✓ Annual screening for re-infection or sooner if new risk factors

Considerations

- Active drug use is not a barrier to treatment ✓
- Identification of support system is essential ✓
- Effective communication & care coordination with team ✓
- Address any underlying mental health concerns ✓
- Identify and connect with community resources ✓
- Promotion of harm reduction strategies ✓
- Dedicated staff members to manage program ✓
- Education to staff and community members to reduce stigma ✓



Thank You

Any Questions?

