



The National Clinician Consultation Center: A Partner in Ending the Syndemic

Cristina Gruta, PharmD, AAHIVP

March 13, 2024

nccc.ucsf.org



Disclosures

- Nothing to disclose

Objectives

- Describe the consultation services of the NCCC
- Discuss the role the NCCC plays in addressing the syndemic of HIV, HCV, and substance use
- Describe the clinical support services of the NCCC and the partnership with Indian Health Services/Tribal Health/Urban Indian Health (I/T/U)



What is the NCCC?

National Clinician Consultation Center (NCCC)

The idea for a “warmline” started in the hallway of building 5 at SFGH

1991 – HIV Warmline started (SF)

1992 – American Academy of Family Physicians: \$20,000 for national Warmline for Family Physicians

1993 – HRSA selects UCSF for national Warmline



The original “phone a friend”(?) 😊

With funding, we were able to operationalize and scale-up the HIV Warmline to offer

- A cost-free, low-barrier, distance-based consultation and provider capacity-building resource for the health care workforce
- Accessible and acceptable to various health professionals across diverse care settings

1997 - Expanded to include a national post-exposure prophylaxis line that serves health care providers as well as first responders and safety officers



Multi-professional team with 500+ years service, public health and clinical experience and commitment to advance equity and support improved health outcomes.





The NCCC aims to:



Increase clinician capacity to address the syndemic of HIV, viral hepatitis and substance use.



Offer pragmatic, evidence-informed options which can be immediately applied to patient care



Make services easily accessible by telephone, online and via a new chatbot



Promote health equity in the United States





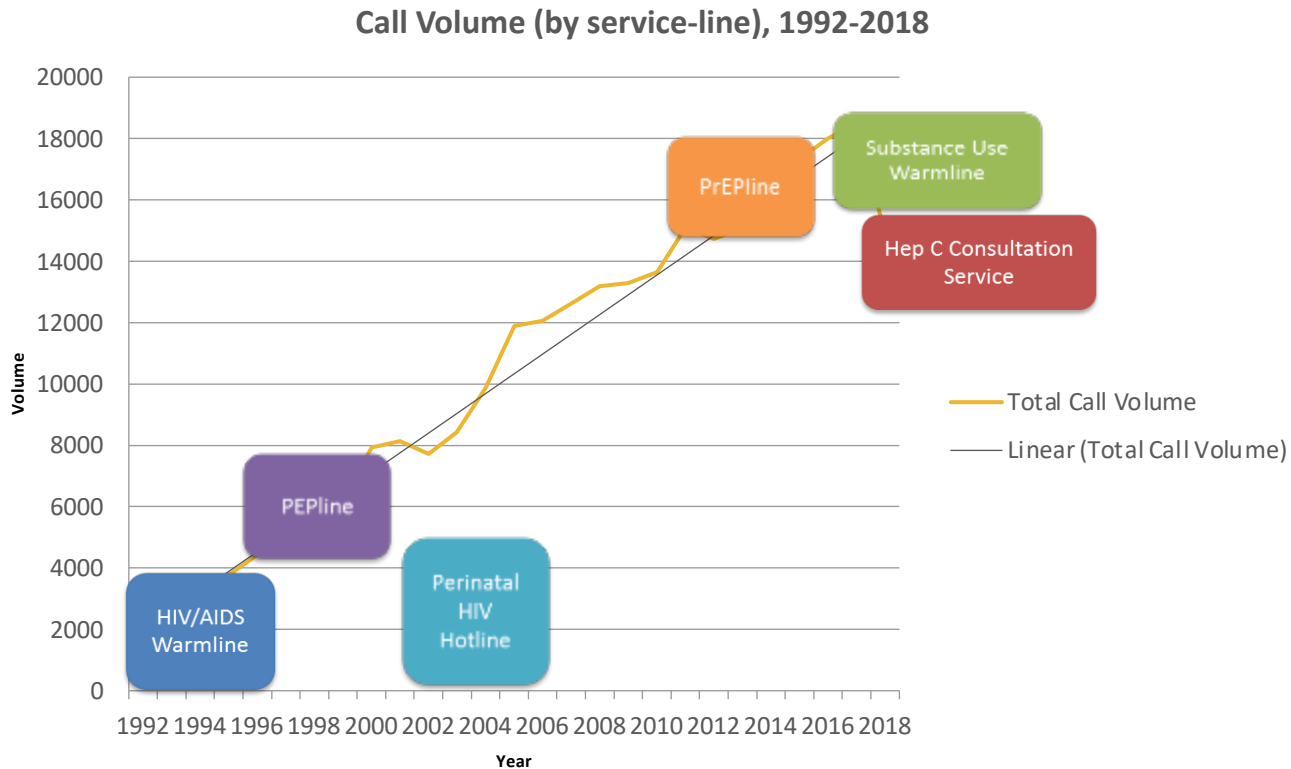
NCCC addressing the syndemic

Case HCV, SUD, PrEP

- 21 yo cis-female diagnosed with hepatitis C infection 3 months ago, genotype unknown
- Pt is actively using injection drugs (methamphetamine), ETOH and marijuana. Daily use. Has been referred to behavioral health.
- HCV VL 12,000; FIB-4 score 0.19
- Pt is sexually active, not on contraception
- HIV negative, HBsAb NR, HBsAg NR, HBcAb NR

QUESTION: Can we start her on glecaprevir/pibrentasvir x 8 weeks now?

Evolving, intersecting epidemics



Integrated case consultation across our lines

51yo on PrEP for several months, now with unclear HIV screening/testing results: *What to do about medications? Next steps in evaluation?*

43yo heavily treatment-experienced with multi-drug resistance and aversion to pills: *Candidate for long-acting injectable therapy?*

22yo medical student with condomless exposure 6 days ago: *PEP or PrEP candidate?*

38yo recently out of “rehab” for methamphetamine use, unhoused, off ART for the last 2 years: *What ART should I prescribe? How to address stimulant use?*

34yo with newly diagnosed HIV-HCV co-infection, wishes to become pregnant: *What is safe in pregnancy? Drug-drug interactions? What are options for infant feeding?*

65yo with new HIV diagnosis: *Insurance plan doesn't cover recommended rapid ART combinations -- what do to?*

Common HIV topics- HIV WL, Perinatal Line, PEP, PrEP

- **Antiretroviral therapy**- initiation/rapid (re)starts, switches, virologic failure, resistance, drug-drug interactions
- **Co-morbidity evaluation**- including diagnosis/treatment of OIs, metabolic issues, etc
- **Lab test interpretation**- HIV diagnostics, test interpretation, acute HIV, perinatal testing, PEP and PrEP testing
- **Perinatal HIV management**- ART in pregnancy, labor & delivery, HIV-exposed infant care, breast-/chestfeeding
- **HIV PrEP and PEP**- evaluation and management

Case nPEP to PrEP

- 29 yo male presents to urgent care on 2/12 asking for nPEP
- On 2/10 he reports having had condomless insertive vaginal intercourse (IVI) with female partner of unknown HIV status
- One month prior (1/13) pt presented to same urgent care reporting condomless IVI with female partner with HIV for which he was prescribed nPEP (F/TDF + RAL) x 28 days and instructed to obtain baseline labs but pt NEVER went to lab
- On 2/12 pt finally got labs and shows HIV Ab/Ag non-reactive, HCV Ab negative, HBsAb reactive; LFTs AST 51; ALT 149

QUESTIONS: Did nPEP cause these LFT elevations? At what LFT level would you stop nPEP?

Common topics HCV Warmline

- **Initial treatment/regimen selection/dosing/AEs-** choosing regimens based on clinical context, co-morbidities, **drug-drug interactions**, insurance issues
- **Evaluation/monitoring (incl staging)-** non-invasive staging options, treatment implications in cirrhosis
- **Re-treatment-** options for DAA experienced, resistance, differentiating between relapse and reinfection
- **Treatment interruptions/lapses**
- **Management of co-morbidities-** HIV- or HBV co-infection, SUD, HIV PrEP

Common topics- SUD lines

- **Medications for SUD treatment-** when and how to initiate
- **Opioid dosing, titration, tapering-** approaches to adjust pain regimens, minimize potential for harm/misuse
- **Withdrawal management**
- **Co-occurring conditions-**pregnancy, CKD/liver disease, co-morbid pain, psychiatric disorders
- **SUD screening/diagnosis/toxicology testing**



The National Clinician Consultation Center is a free telephone advice service for clinicians, by clinicians. Please check out 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, infant feeding 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 National Clinician Consultation Center program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,633,756 with 0% financed with non-governmental sources.

The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



Multi-channel communication approach



Phone

NCCC Portal for Consultation Request Submission

This portal is available to U.S. affiliated health care providers with non-urgent consultation requests.

[Register Now](#)

For immediate assistance during our usual hours of operation:

- **PEPIline at (888) 448-4911** for advice on bloodborne pathogen (HIV, HBV, HCV) exposures
- **Perinatal HIV Hotline at (888) 448-8765** for questions regarding perinatal HIV management – consultants are available
- **PrEPIline at (855) 448-7787** for guidance on HIV pre-exposure prophylaxis evaluation and management
- **Substance Use Warmline at (855) 300-3595** for guidance on substance use evaluation and management

Register here to submit your case inquiries online

You can initiate non-urgent consultation requests using our secure electronic case submission portal by registering as a portal user, you'll have access to quickly submit case information in a HIPAA-compliant manner. Our team of experienced consultants will review the submitted information and contact you at a convenient time to discuss the case.



A caller from Michigan writes, "I love that I can just think of a question, submit it online, and receive a call from an NCCC consultant at a time that is convenient for me! Thank you!"

Web Portal

CLINICIAN SUPPORT

Chat started at 4:23 PM

Hi, I'm the NCCC Chatbot. I'm here to help you find answers to FAQs. The information provided is only intended for U.S. based/affiliated healthcare providers' educational purposes.

If I can't find your answer, please call us to speak with a live consultant.

I'm not a substitute for professional medical care/advice, nor do I replace a clinician's judgement regarding individual patient care.



Type your message...

Chatbot

Going Beyond Consultations

Webinars, podcasts, trainings – Collaboration with HRSA Bureau of Primary Health Care, and other groups, Indian Health Services

PrEP Champion Preceptorship



Language matters

PrEP should be seen as one of a range of options that you can use. The words and phrases that you use to talk about PrEP can affect how people feel about it.

Click on the links to see some words and phrases that you can use to reduce the fear of PrEP.

YOU COULD SAY...

Modeling study of PrEP impact on STI incidence in MSM

- With 40% PrEP coverage and 40% risk compensation (RC), 42% of NG and 40% of CT infections would be averted over the next decade
- A doubling of RC would still result in net STI prevention relative to no PrEP
- Screening and timely treatment at quarterly vs biannual intervals would reduce STI incidence an additional 50%
- Implementation of the CDC PrEP guidelines and scaling up PrEP coverage can result in significant reduction in STI incidence among MSM

The figure consists of two heatmaps side-by-side. The left heatmap is titled "PrEP 40% RC 40%" and the right one is "PrEP 80% RC 40%". Both heatmaps show STI incidence on the y-axis (ranging from 0 to 100) and time on the x-axis (ranging from 0 to 10 years). The color scale represents incidence levels, with red indicating higher incidence and blue indicating lower incidence. A play button icon is overlaid on the left heatmap. Below the heatmaps is the logo for the National Clinician Consultation Center.

Jones, et al. CID, 2017.

Respond at PollEv.com/paetc
Text PAETC to 22333 once to join, then text your message

What do you foresee as the biggest barrier to implementation at your site?

A word cloud where the most prominent word is "stigma". Other visible words include "need", "time", "fear", "information", "board", "feeding", "healthy", "convincing", "support", "protocols", "practicing", "easy", "recommendations", "team", "ways", "peds", "areas", "providers", "positive", "tape", "id", "staff", "practices", "mis", "education", "old", "moms", "time", "ensure", "especially", "path", "understanding", "without", "want", "comfort", "living", "provider", "understanding", "fear", "provi", "up", "wh", "chis", "as", "wh".



NECA in the Know:
A podcast for healthcare professionals in the HIV field



HELPMPrEP Collaboration

NCCC partnership to study cases of acute HIV infection on PrEP modalities --

- CDC - Division of HIV Prevention - HIV Research Branch
- SeroPrEP – NIH-funded research study (UCSF)

CDC PrEP Clinical Practice Guideline: NCCC serves as clinical consultation resource to help interpret HIV screening/diagnostic testing results and offer subsequent management recommendations for people receiving PrEP

- Help identify potentially eligible cases for referral to SeroPrEP for research testing



<https://nccc.ucsf.edu/>



CLINICIANS CAN CALL THE NATIONAL CLINICIANS CONSULTATION CENTER PRELINE AT 855-448-7737 FOR ADVICE ABOUT INTERPRETATION OF HIV TEST RESULTS AND MANAGEMENT OF PATIENTS WHO ACQUIRE HIV INFECTION WHILE TAKING PrEP MEDICATION.

SeroPrEP: A study of breakthrough HIV infections on oral PrEP or CAB-LA



SeroPrEP aims to evaluate causes of breakthrough HIV infections on CAB-LA or oral PrEP via sensitive assays for PrEP drug levels, ARV resistance, and HIV diagnostics; and assess subsequent HIV treatment outcomes

Patient eligibility includes:

- Use or receipt of  CAB LA in the past 18 months OR  Oral PrEP in the past 3 months
- One or more HIV tests suggesting that HIV-1 infection has occurred (e.g. Ag/Ab, Ab, RNA)
- At least 18 years of age

**SeroPrEP enrolls participants and supports sample collection from all 50 U.S. states and Puerto Rico.*

For more information or to contact SeroPrEP study:

Visit: seroprep.ucsf.edu

Email: seroprep@ucsf.edu

Phone or Text: (415) 539-5688



Case Ambiguous HIV test on PrEP?

- 42 yo cis male on TAF/FTC for PrEP, came in for routine follow-up
- At this visit pt presents with penile chancre confirmed for primary syphilis
- HIV Ab/Ag test came back REACTIVE, HIV-1/-2 confirmatory tests are pending, HIV RNA undetectable

QUESTION– Could he have broken through PrEP and now has HIV? Stop PrEP and start on ART?

NCCC and IHS

Longstanding collaboration between NCCC and IHS/NPAIHB

- Supports I/T/U clinicians of all experience levels to deliver high quality, person-centered care to Indigenous communities
- Participation in IHS webinars/meetings, including ECHO meetings, with topics such as:
 - HCV treatment interruptions
 - Screening pregnant and parenting people with SUD



IHS/TH/UI utilization of NCCC FY 2023

Cumulative call volume-all lines for FY23

Calls to NCCC from I/T/U Facilities FY23

Call Volume by Quarter	Q1		Q2		Q3		Q4		Total	
	N	%	N	%	N	%	N	%	N	%
HIV Warmline	1	2.0%	4	6.8%	7	9.0%	4	5.3%	16	6.1%
Perinatal HIV Hotline	-	-	-	-	1	1.3%	2	2.6%	3	1.1%
PEpline	6	12.2%	8	13.6%	8	10.3%	13	17.1%	35	13.4%
Hepatitis C Warmline	20	40.8%	17	28.8%	28	35.9%	35	46.1%	100	38.2%
PrEpline	6	12.2%	3	5.1%	7	9.0%	2	2.6%	18	6.9%
Substance Use Warmline	16	32.7%	27	45.8%	27	34.6%	20	26.3%	90	34.4%
Total	49	100.0%	59	100.0%	78	100.0%	76	100.0%	262	100.0%

Caller/User Professions from I/T/U FY23

Caller's Profession (all lines)										
Caller Profession	Q1	%	Q2	%	Q3	%	Q4	%	Total	%
Physician (MD/DO/ND)	18	36.7%	25	42.4%	20	25.6%	16	21.1%	79	30.2%
Physician Assistant	4	8.2%	3	5.1%	4	5.1%	1	1.3%	12	4.6%
RN/LVN/PHN	0	0.0%	4	6.8%	2	2.6%	6	7.9%	12	4.6%
Advanced Practice Nurse (NP/CNS/ CNM/etc)	5	10.2%	13	22.0%	17	21.8%	16	21.1%	51	19.5%
Pharmacist	19	38.8%	12	20.3%	35	44.9%	37	48.7%	103	39.3%
Other Health	3	6.1%	1	1.7%	0	0.0%	0	0.0%	4	1.5%
Other Non-Health	0	0.0%	1	1.7%	0	0.0%	0	0.0%	1	0.4%
Total	49	100.0%	59	100.0%	78	100.0%	76	100.0%	262	100.0%

Most Common Topics Discussed on NCC Warmlines- I/T/U calls

Hep C Warmline

- Initial treatment
- Evaluation/monitoring (incl staging)
- Regimen selection/dosing/AEs/resistance
- Drug interactions
- Re-treatment
- Management of co-morbidities

HIV Warmline

- Antiretroviral therapy
- Management of clinical problems
- HIV testing and interpretation
- Healthcare maintenance

PrEPLine

- Lab testing
- PrEP eligibility/suitability
- PrEP med options, SEs, DDIs
- PEP to PrEP
- PrEP complications

Substance Use Warmline

- Medications for SUD treatment
- Opioid dosing, titration, tapering
- Withdrawal management
- Co-occurring conditions
- SUD screening/diagnosis

Case 3 HCV, SUD, PrEP

- 21 yo cis-female diagnosed with hepatitis C infection 3 months ago, genotype unknown
- Pt is actively using injection drugs (methamphetamine), ETOH and marijuana. Daily use. Has been referred to behavioral health.
- HCV VL 12,000; FIB-4 score 0.19
- Pt is sexually active, not on contraception
- HIV negative, HBsAb NR, HBsAg NR, HBcAb NR

QUESTION: Can we start her on glecaprevir/pibrentasvir x 8 weeks now?



The National Clinician Consultation Center is a free telephone advice service for clinicians, by clinicians. Please check out 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, infant feeding 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 National Clinician Consultation Center program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,633,756 with 0% financed with non-governmental sources.

The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



How can you help spread the word about the NCCC?



We can email digital copies of outreach materials, or arrange for hard-copy mailings to clinic/program sites



Bookmark (and share) NCCC's website!
nccc.ucsf.edu



We can also add you to our e-distribution list for the new NCCC e-newsletter!

QUESTIONS?

Thank you!

cristina.gruta@ucsf.edu

To learn more, please visit nccc.ucsf.edu

