The Impact of Community-Based Medical Education on Hepatitis C Care for People Who Inject Drugs

OUTCOMES FROM THE 2017-2023 BRIDGE HCV PROGRAM

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PURPOSE

The goals of this community-based initiative were multifaceted and included: increasing HCV testing and treatment of PWID through proactive risk identification and referral by SUD-services centers and providers; preparing community-based clinicians to provide effective therapy for PWID with HCV; and educating community providers regarding harm-reduction principles to decrease incidence of HCV infection and reinfection within PWID populations.

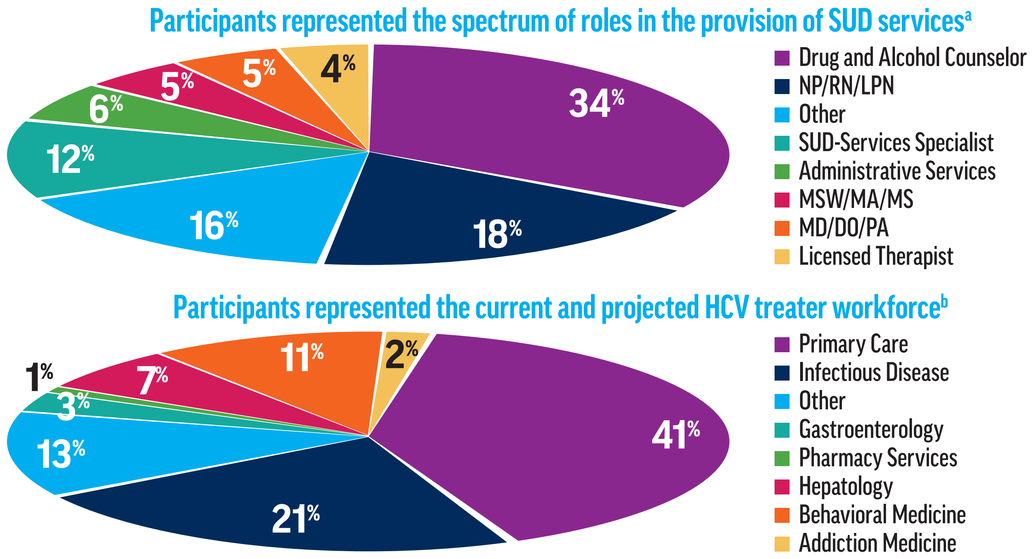
METHODS

Educational content was customized for each region and delivered in person by local HCV and harm reduction experts and augmented with print and digital resources for clinicians and patients. Pre- and post-activity assessments measured knowledge, competence, and intent to change practice. Follow-up assessments, including phone call interviews, were conducted 6 to 8 weeks after the program to evaluate self-reported practice changes and impact on patient care. Chi-squared and unpaired t-tests were used to determine statistical significance at $P<0.05$.

Figure 1. BridgeHCV Reach 2017-2023

	Addiction Services Providers	HCV Treaters	Total
2017	162	115	277
2018	360	257	617
2019	219	169	388
2020	207	237	444
2021	130	72	202
2022	225	253	478
2023	118	155	273
Grand Total	2,679		

Figure 2. Participant Representation



[a]Evaluation data, n=781; [b]Evaluation data, n=886.

RESULTS

A total of 2,679 clinicians/staff were educated (**Fig. 1-2;** 1,421 SUD; 1,258 HCV treaters). Aggregate knowledge & competence scores related to HCV epidemiology, screening guidelines (SUD Centers only), DAA efficacy, and harm reduction improved (**Fig. 3;** SUD centers: 45% pre- vs 69% post-activity, P<0.001; HCV treaters: 52% pre- vs 75% post-activity, P<0.01). Among SUD centers, HCV counseling and referrals for confirmatory testing and HCV treatment improved by an average of 78% (**Fig 4;** 37% pre-activity vs 65% follow-up; P<0.001). Among HCV treaters, implementation of patient education, DAA prescribing, and provision of harm reduction principles improved by an average of 69% (**Fig 4;** 35% pre-activity vs 56% follow-up; P<0.001). Subjective reports documented improved practice changes related to patient counseling and harm reduction education, cultural competency, linkage to care referrals, and HCV treatment (**Fig. 5**).

CONCLUSIONS

The BRIDGE HCV program demonstrated that community-based education has the power to increase knowledge and competence among SUD service providers and HCV treaters, translating to a significant impact on practice improvements in screening, diagnosis and treatment of HCV among PWID.

ACKNOWLEDGMENTS

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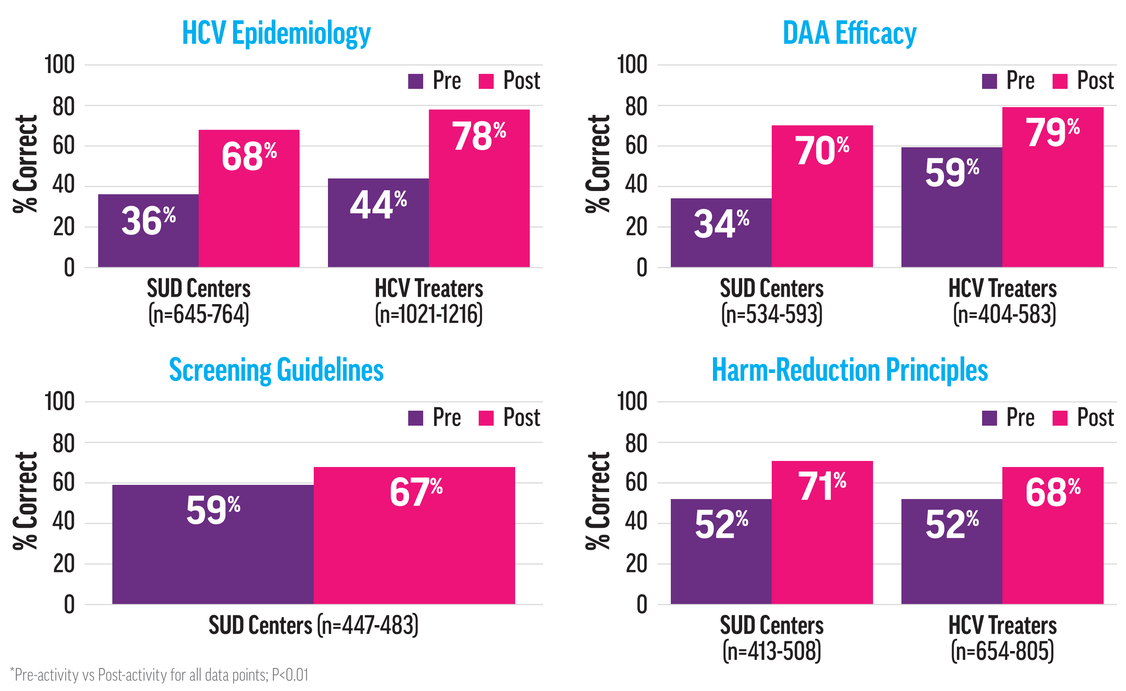
BRIDGE: **B**uilding Bridges To **R**each People Who **I**nject **D**rugs With The **G**oal To **E**liminate HCV; **DAA**: direct-acting antivirals; **HCV**: hepatitis C virus; **MAT**: medication assisted therapy; **PCP**: primary care provider; **PWID**: people who inject drugs; **SUD**: substance use disorder.

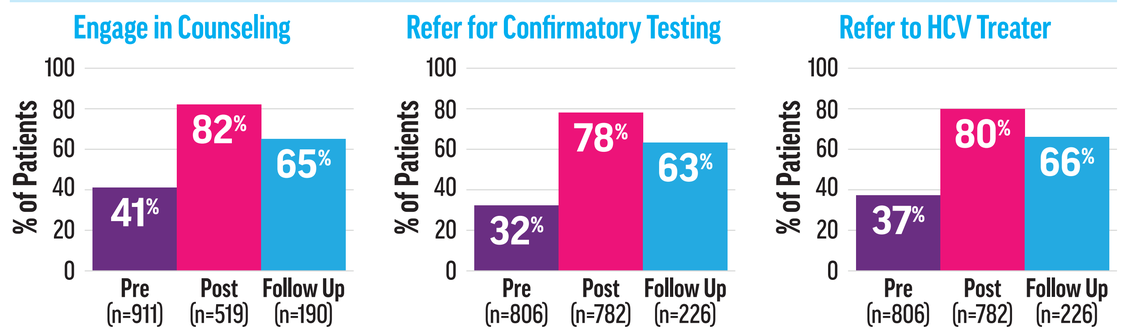
Figure 3. Pre- and Post-Activity Assessment: *Knowledge & Competency*



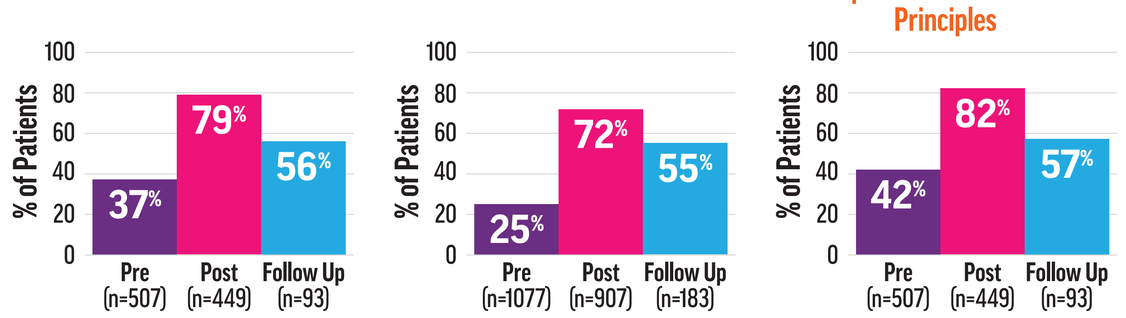
*Pre-activity vs Post-activity for all data points; P<0.01

Figure 4. Pre-, Post-Activity, and 6- to 8-Week Follow-Up Assessment: *Frequency of Implementing HCV Care Best Practices*

SUD Centers: Approximately what percentage of PWID ***DO YOU CURRENTLY/WILL YOU/DO YOU NOW...***



HCV Treaters: For your patients who are PWID with chronic HCV, ***HOW OFTEN DO YOU...***



Self-reported frequency of practice behavior measured on a Likert Scale; Pre-activity vs Post-activity and Pre-activity vs Follow-Up for all data points, $P<0.001$

Figure 5. Follow-Up Assessment and Phone Interviews

SUD CENTERS

SCREENING & REFERRAL

"We were able to *change which tests we're running*, and we were able to talk to the lab about reflex testing, so that we would save patients an extra blood draw."

"We've referred, easily, in the early/low triple digits, *like over 100 patients*."

"Now we do the testing and streamlined the process. Probably about *95% of patients* that are getting tested."

PATIENT OUTCOMES

"With this new information *I was able to refer a patient on MAT to HCV treatment that his PCP was unwilling to start* because he continued to use illicit substances."

"One recent patient was able to start treatment and *is currently almost done*."

HCV TREATERS

REDUCING BARRIERS & INITIATING TREATMENT

"There has been a *culture shift to now treat PWID who have HCV*."

"The clinical counseling staff now feel like *they can answer [patients'] questions*"

"People seem *more likely* to seek out treatment for HCV now."

"*Awareness [has] increased, and our providers [are] more likely to prescribe* HCV treatment for PWID when aware of support services."

PATIENT COUNSELING

"I have been *advocating more on behalf of my patients* who may be using and haven't been treated."

"I now am focused on [getting] *harm reduction* info to patients."

"A counselor who attended the program asked me if she could *start an HCV Prevention and Treatment Group*. Now we provide education once a week to 7-10 people."