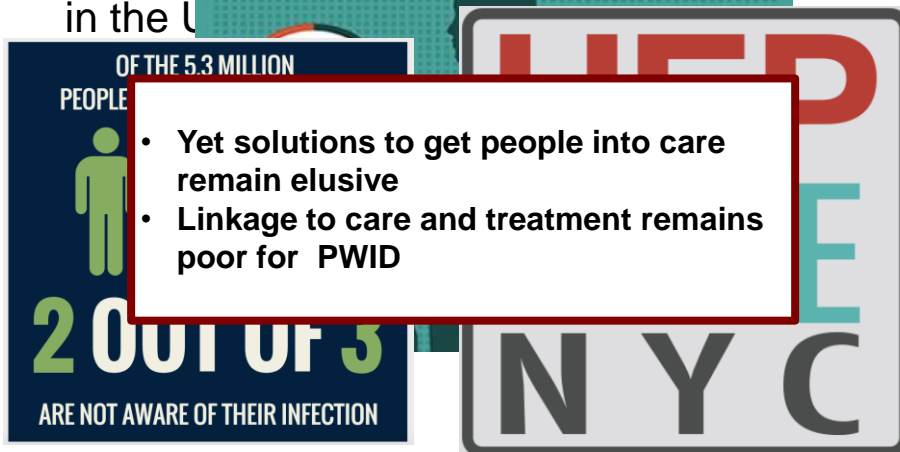

CONTINGENCY MANAGEMENT IMPROVES HCV LINKAGE TO CARE IN PERSONS WHO INJECT DRUGS: A PILOT STUDY

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The Problem

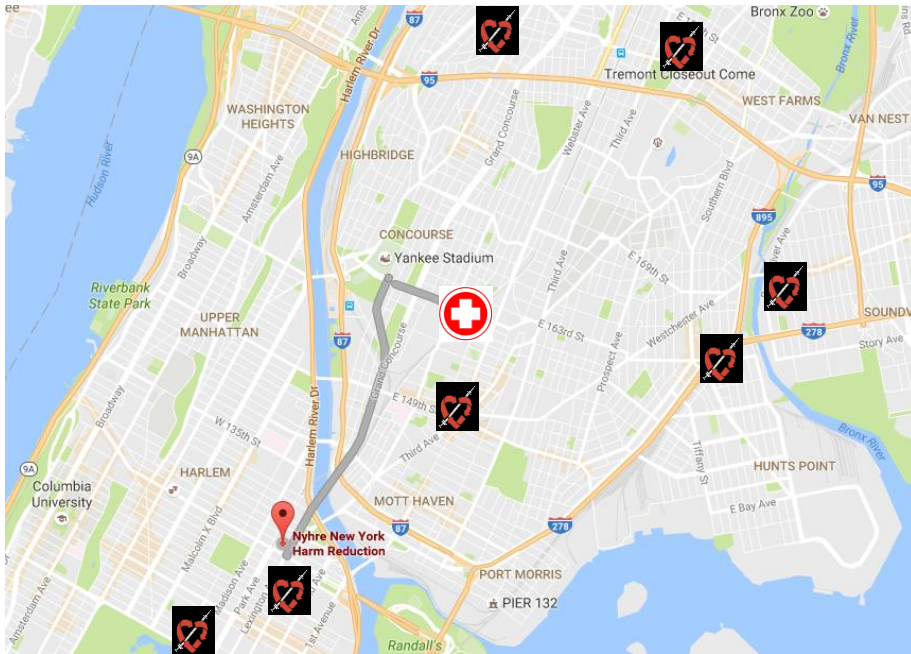
- PWID represent the core of HCV epidemic in the U.S.



Aims of the Project

- Evaluate the efficacy of contingency management (CM) for improving HCV cascade of care for active PWID recruited from a syringe exchange program
- Characterize a cohort of PWID initiating HCV treatment, and to examine adherence and drug use patterns during HCV treatment.





Setting Services

- Promotes the health, safety, dignity, and well-being of those marginalized, often homeless, low-income persons who use drugs
- Services: Syringe exchange, case management, counseling, holistic health group, HIV and HCV support groups, sex worker outreach, peer program
- Federally qualified health center
- Services: Adult medical care, suboxone treatment, mental health, dental, and pharmacy services.
- Over 65% of patients have public insurance and live in the South Bronx, with 32%–46% of individuals living below the poverty line.



Montefiore Comprehensive Health Care Clinic

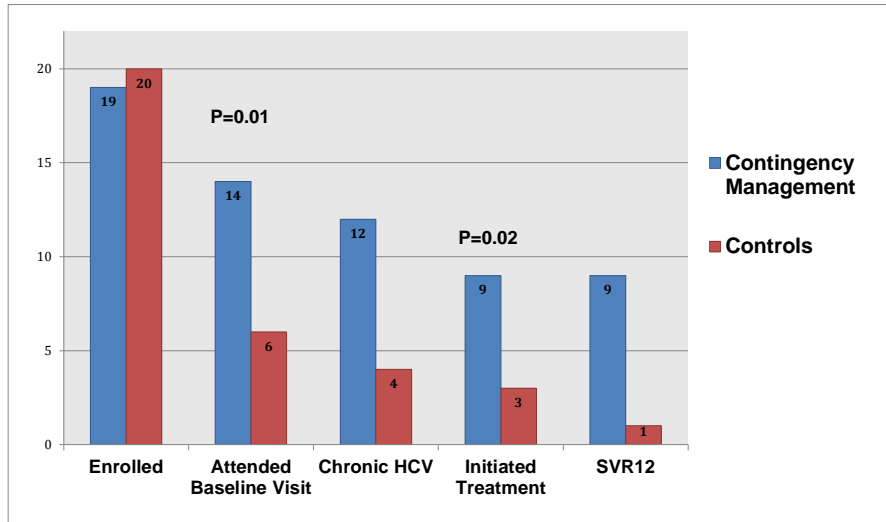
Methods

- Sequential enrollment
- HCV+ via rapid testing at NYHRE syringe exchange sites
- Initially enrolled 19 participants into the intervention arm: eSOC + financial incentives (CM)
 - eSOC: an appointment within one week of enrollment to a community-based health center with onsite HCV treatment
 - CM: \$25 for up to nine HCV clinical visits (baseline, evaluation, Tx0, Tx2, Tx4, Tx8, Tx12, SVR4, SVR12) and \$10 for returned weekly medication blister packs (\$345)
- After a 3 month wash out-period, we enrolled 20 participants to receive eSOC only

Results: Table 1

| Characteristic | Cases (n=19) | Controls (n=20) | P-value |
|---------------------------------|--------------|-----------------|---------|
| Sex [%, n] | | | |
| Male | 73.7% (14) | 60% (12) | 0.5 |
| Race/Ethnicity [%, n] | | | |
| Latino | 57.9% (11) | 80% (16) | 0.36 |
| Black | 26.3% (5) | 15% (3) | |
| White | 15.8% (3) | 5% (1) | |
| Age (median, IQR) | 47 (40,55) | 46 (35,54) | 0.41 |
| NYHRE Involvement [%, n] | | | |
| Mobile SEP Only | 36.9% (7) | 35% (7) | 1.0 |

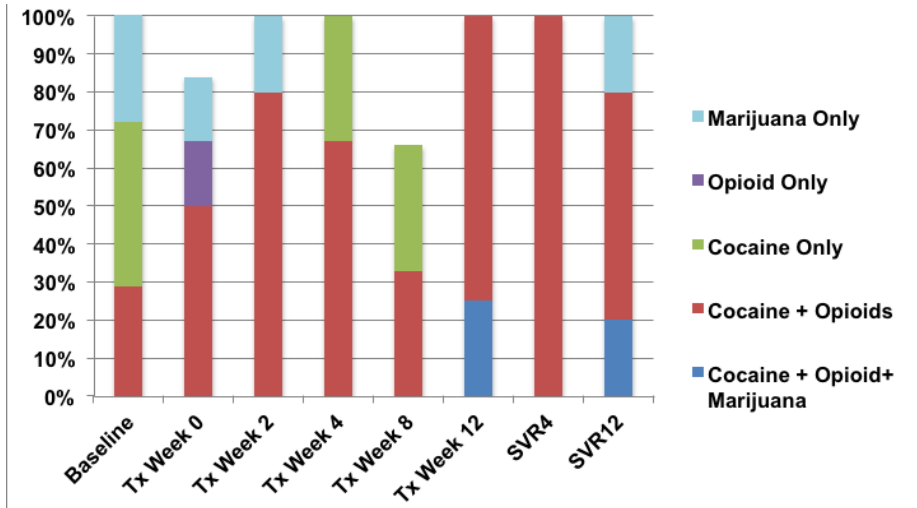
Results: Cascade of Care



Characteristics of Patients Linked to Care

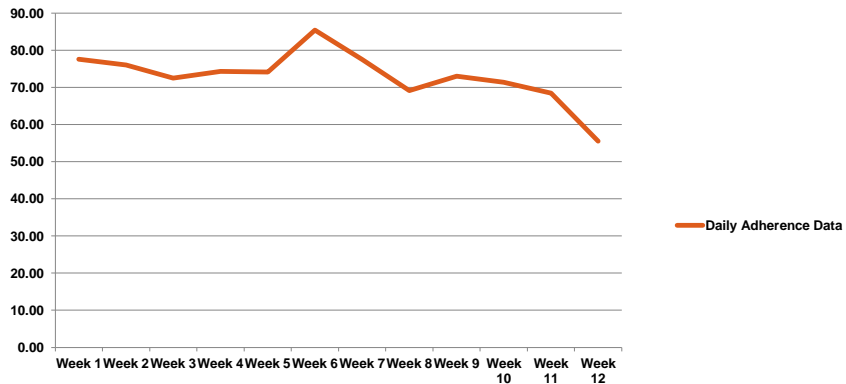
| Characteristics | n=20 |
|---|------------|
| Housing | |
| Homeless | 50% (9) |
| Single Room Occupancy | 16.7% (3) |
| Rental Apt | 33.3% (6) |
| Self-Reported Substance Use (30days) | |
| ETOH | 23.5% (4) |
| Heroin | 47.1% (8) |
| Cocaine | 23.5% (4) |
| Other opioids | 5.9% (1) |
| Marijuana | 29.4% (5) |
| Positive Urine Toxicology | 100% (20) |
| Self-Reported Needle Use (30 days) | |
| Injection Drug Use | 47.1% (8) |
| Sharing Needles | 5.9% (1) |
| Reusing Needles | 17.7% (3) |
| HIV Positivity | 21.1% (4) |
| HCV Genotype | |
| 1a | 87.5% (14) |
| 1b | 12.5% (2) |
| Fibrosure | |
| F0/F1 | 25% (3) |
| F2 | 16.7% (2) |
| F3 | 25% (3) |
| F4 | 33.3% (4) |
| HepA Ab | 81.3% (13) |
| HepB Ab | 56.3% (6) |

Percentage of Positive Urine Toxicologies



Adherence Trends Over Course of HCV Treatment

Daily Adherence Data



Thank you!

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- Alain Litwin MD, MS, MPH
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- Reena Singh, BS