FIRST THINGS FIRST
WOUND CARE AND HEP C FOR PWID

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No Conflicts of Interest to Disclose
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FIRST THINGS FIRST
PUBLIC HEALTH IS...SOCIAL JUSTICE

- Look Broadly
- Build Relationships
- Identify Opportunities
- Determine Impact
PUBLIC HEALTH IS...SOCIAL JUSTICE

- Look Broadly
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LOOK AT RELATED HARMs

LIVER CANCER DEATHS IN THE US ARE INCREASING AT THE HIGHEST RATE OF COMMON CANCERS

2003 ..... 2012

2.8% 2.2%

Average annual percent change

Change in Overdose Deaths Last Year

Reductions in New England give some cause for hope, while the situation in the Midwest and Mid-Atlantic remains bleak.

Percent change

Note: These numbers are adjusted to account for some death investigations that are not completed. They may change slightly before they become final. Estimates for less populous states are highly variable.

Source: Centers for Disease Control and Prevention
HEPATITIS IN HAWAII?

~1.4 Million in Hawaii

1.4-3.7% Hep C*

2nd Highest Rate Liver Cancer

* Estimate only; No surveillance data available
INCREASING LIVER CANCER

HBV
- +5.4%
- 2012-2013

HCV
- 151%
- 2010-2013
INCREASING LIVER CANCER

LOWER YOUR CHANCES of getting liver cancer

Many liver cancer cases are related to the hepatitis B virus or hepatitis C virus

- Get tested for hepatitis C if you were born from 1945-1965 (baby boomers). People born during these years are more likely to have hepatitis C than other adults.
- There is a vaccine against hepatitis B. Talk to your health care provider about getting vaccinated.

- Avoid drinking too much alcohol; liver cancer deaths are related to excessive alcohol use.
- You may be able to lower your chances of getting liver cancer by maintaining a healthy body weight and preventing diabetes.

www.cdc.gov/cancer/liver  www.cdc.gov/hepatitis
HEPATITIS C AND OPIOID USE

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY AMONG WOMEN FROM 2004-2014

- HCV increased by 250%
- Admissions for opioid injection increased by 99%

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration
HEPATITIS C AND OPIOID USE

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014

- Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%
- Among people aged 30-39, HCV increased by 325% and admission for opioid injection by 83%

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration
Drug Overdoses and Hepatitis C: *Interconnected Epidemics*

Drug Overdose Death Rates

Reported New HCV Infections

SOURCE: CDC/NCHS Data Visualization Gallery 2015

SOURCE: CDC National Notifiable Disease Surveillance System 2013-14
Fentanyl-Linked Deaths: The U.S. Opioid Epidemic’s Third Wave Begins

March 21, 2019, 12:02 AM ET
Heard on Morning Edition

MARTHA BEBINGER

TRANSCRIPT

IN THE NEWS
Synthetic Opioids Are Driving Up the Overdose Rate

Overdose deaths in thousands in preceding 12 months

Note: These numbers are adjusted to account for some death investigations that are not completed. Some deaths involve more than one drug.

By The New York Times | Source: The Centers for Disease Control and Prevention
197

Deaths per day in 2017

OVERDOSE DEATHS IN HAWAII
OVERDOSE DEATHS IN HAWAII
OTHER INFECTIOUS HARMS

Hospitalizations (2002-2012) due to opioid use and...

- Endocarditis ↑46%
- Septic arthritis ↑166%
- Epidural abscess ↑164%
- Osteomyelitis ↑115%

OTHER INFECTIOUS HARMS

CDC MMWR, June 2018
PUBLIC HEALTH IS...SOCIAL JUSTICE

Look Broadly
Build Relationships
Identify Opportunities
Determine Impact
Mission

- To empower Hawaii’s ohana to promote liver health and wellness
- To raise awareness and increase access for the prevention, diagnosis, and treatment of liver disease, especially viral hepatitis and related harms
- To erase stigma, social inequity, and health disparity surrounding communities affected by liver disease

Vision

- To create a Hawaii free of hepatitis and other liver disease
- To promote liver health by integrating culturally appropriate services within a comprehensive system of care
HAWAII HEALTH AND HARM REDUCTION CENTER

HAWAI'I HEALTH & HARM REDUCTION CENTER
The New Chapter for Life Foundation and The CHOW Project
HAWAII HEALTH AND HARM REDUCTION CENTER
Mission

- Reducing harm, promoting health, creating wellness, and fighting stigma in Hawai‘i and the Pacific.
- The Hawai‘i Health and Harm Reduction Center serves Hawai‘i communities by reducing the harm and fighting the stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty in our community. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBQ and the Native Hawaiian communities. We foster health, wellness, and systemic change in Hawai‘i and the Pacific through care services, advocacy, training, prevention, education, and capacity building.
Mission

- To empower people in Hawai‘i to make responsible health decisions for themselves and others by:
  - Providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and
  - Assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.
PUBLIC HEALTH IS...SOCIAL JUSTICE

Look Broadly
Build Relationships
Identify Opportunities
Determine Impact
THINGS ARE RELATED TO THINGS

Hep/HIV

Drug Use
Hospitals

Stigma
Wounds
SYRINGE EXCHANGE AT HHHRC

• Statewide
• Mobile van on Oahu
  – M-F 9am - 2pm
• Syringe Exchange Appointments (SEA)
  – Meet clients where they are
SYRINGE EXCHANGE UTILIZATION

1,068,621 syringes exchanged in 2017!!

12,543 participant visits

1,274 unique individuals

Syringe Exchange Demographics

- Average Age: 41
- Mostly Cisgender Male: 2/3
- Primarily white and Native Hawaiian

A high proportion of SEP clients report polydrug use.

ANNUAL PARTICIPANT SURVEY (2015)

**EMERGENCY DEPARTMENT VISITS IN LAST TWO YEARS**
- 86 Out of 100

**TEN OR MORE ED VISITS IN LAST TWO YEARS**
- 14 Out of 86

**TWENTY OR MORE ED VISITS IN LAST TWO YEARS**
- 4 Out of 14
| ABCESS/WOUND AS REASON FOR ED VISIT | 42  | Out of 86 |
### ANNUAL PARTICIPANT SURVEY (2015)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABCESS/WOUND LASTS MORE THAN 1 MONTH IN PAST YEAR</strong></td>
<td>29</td>
<td>Out of 100</td>
</tr>
<tr>
<td><strong>VISITED ED FOR THESE ABCESS/WOUNDS IN PAST YEAR</strong></td>
<td>23</td>
<td>Out of 29</td>
</tr>
<tr>
<td><strong>HOSPITALIZED FOR THESE ABCESS/WOUNDS</strong></td>
<td>8</td>
<td>Out of 29</td>
</tr>
</tbody>
</table>
### Needs Assessment (2015)

<table>
<thead>
<tr>
<th>46/55 in survey</th>
<th>85% sought wound care <em>0-5 times</em> in past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13% sought wound care <em>over 20 times</em> in past 3 months</td>
</tr>
<tr>
<td></td>
<td>96% <em>would seek wound care services at SEP, if offered</em></td>
</tr>
</tbody>
</table>
STREET-BASED WOUND CARE

• Improve health outcomes
• Reduce ED utilization/costs
  – For every $0.05 we spend, ED spends $1
• Increase engagement for care
• Reduce stigma
WOUND CARE AS ENGAGEMENT

- Increase Provider Partners
- Engagement Opportunity for
  - Primary Care
  - Birth Control and Women’s Health
  - Housing
  - Hepatitis Testing/Care
HEPATITIS CARE COORDINATION

- HCV-negative participants:
  - Provide education and support for prevention
- HCV-positive participants:
  - Provide support for HCV and getting treatment
  - Case management assessment
HEPATITIS CARE COORDINATION

• Care coordination around:
  – Establishing medical care
  – Drug treatment
  – Housing
  – Food assistance
  – Mental health care
  – Other
Registry pre-populated with CHOW Project participant ID numbers, demographics and will provide simple indicators to track progress along the continuum of care, such as:

– Date and result of HCV antibody test
– Date and result of HCV RNA test
– Date of first medical appointment
– Treatment start/end date
– Treatment outcome
**HEP C REGISTRY**

<table>
<thead>
<tr>
<th>HCV Ab Test Date</th>
<th>HCV Ab Test Result</th>
<th>HCV Ab Result Given</th>
<th>Neg Status Reminder</th>
<th>HCV RNA Test Date</th>
<th>HCV RNA Test Result</th>
<th>HCV RNA Result Given</th>
<th>1st Care Coordinator</th>
<th>1st Medical Appt.</th>
<th>Start Treatment</th>
</tr>
</thead>
</table>

**Wound Care Added 2017**

<table>
<thead>
<tr>
<th>End Treatment</th>
<th>SVR</th>
<th>Fibrosis/ Cancer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>pending</td>
<td>pending</td>
<td>F3 Fibrosis</td>
<td></td>
</tr>
</tbody>
</table>
HEP C REGISTRY

Successes

- Status along HCV continuum
- Identify participant need
- Motivational enhancement
- Normalizes HCV care

Challenges

- Not name based
- Participants forget ID code
- Access to registry during outreach
- Data entry/Conversion to EMR
PUBLIC HEALTH IS...SOCIAL JUSTICE

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DON’T GET MAD, GET DATA

Wound Care

- Started June 2016
- 325 individuals
- 700+ visits
- Primarily abscesses

Hep C

- Started December 2017
- 251 HCV Test (77.2%)
- 96 HCV Ab + (38.25%)
- RNA confirm?
CASE STUDY: “D.B.”

Background

• 62 years old
• Caucasian man (cisgender)
• Formerly incarcerated

Needs

• Syringe exchange participant for heroin use
• Wound care (ongoing)
• Housing, mental/dental/primary care, trauma, physical limitations

Hep C/HIV

• HIV negative
• Diagnosed Hep C antibody reactive (rapid test)
CASE STUDY: “D.B.”

Test
- Referred to HCC through testing at wound care

Transport
- HCC arranged and transported D.B. to 1st medical appointment at FQHC

Barriers
- Per provider, D.B. not eligible for HCV treatment due to past and current drug use. Concerns about housing.
CASE STUDY: “D.B.”

Support
• HCC worked with D.B. to attend all medical appointments and completed lab work.

Drug Use
• HCC helped D.B. enroll in methadone program.

Housing
• HCC referred D.B. to HHHRC Housing First specialist. With voucher, D.B. has apartment!
CASE STUDY: “D.B.”

**Medical**
- HCC worked to connect D.B. with primary care and dental. D.B. has PCP and dentures.

**Mental**
- HCC worked to connect D.B. with mental health services. D.B. now on pysch med.

**Treat**
- D.B. continues to go to HCV appointments and started HCV treatment in August!
LESSONS LEARNED

No Wrong Door
- Acute needs (wound care) as bridge to chronic issue (HCV)
- Match services with client motivations

Opportunities to Heal
- Improved health outcomes and reduce stigma
- Heal PWID relationship to healthcare system
- Cost effectiveness has brought partnerships to table

Non-Healthcare Settings
- Street-based and peer-based interventions
- Street medicine is harm reduction
FUTURE DIRECTIONS

- Better Data
- Street-Based Treatment
- Expanding Capacity
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RESOURCES

Hep Free Hawaii
- [www.hepfreehawaii.org](http://www.hepfreehawaii.org)
- @hepfreehawaii

Hawaii Health and Harm Reduction Center
- [www.hhhrc.org](http://www.hhhrc.org)
- @hawaiihealthandharmreduction
Christina Wang, DNP, MPH, APRN, AGNP-C
Grace Nguyen
Gilbert Dang
Current and future partners
Participants and community members
TAKE THAT, HEPATITIS!

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