Tackling the Trifecta: How States are Addressing Co-Occurring SUD, HIV, and Hepatitis C

May 26th, 2020
2:00 pm-3:00 pm ET

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Logistics

- Your lines will be muted during the webinar.
- To ask a question or make a comment, please use the Q&A function.
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- Thank-you!
Today’s Speakers

Jodi Manz, MSW
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Harm Reduction Program Coordinator,
West Virginia Department of Health and Human Resources,
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Kimberly Hood, JD/MPH
Hepatitis C Elimination Program Manager,
Office of Public Health, Louisiana Department of Health
Tackling Infectious Disease in Rural Environments:
Harm Reduction in West Virginia

William Cohen, MSW
Harm Reduction Program Manager

May 26, 2020
Webinar
Know Your Community

• Needle litter as a political wedge
• “NIMBY” – Not In My Backyard
• Meet clients at a location that is convenient for them and in a manner that provides services in a way that is conducive to success
Be Flexible

• Make sure to incorporate People Who Use Drugs (PWUD) in planning services: “nothing about us without us”

• Base services on what is best for each local community

• Adapt, improve, and overcome
Three Different Service Delivery Styles

Mobile Fixed

Mobile

Fixed Health Department
Harm Reduction Programs (HRPs) in West Virginia

- 14 active Harm Reduction Programs (HRPs)
- 12 are fixed sites in local health departments (LHDs)
- Three have mobile services in addition to their fixed site
- One is mobile only
- 85% of HRPs are managed or run by LHDs (that are known to DHHR’s Bureau for Public Health)
## Comparing Different Service Delivery Types

### Pros and Cons of Different Service Delivery Types

<table>
<thead>
<tr>
<th>Mobile</th>
<th>Fixed</th>
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</thead>
<tbody>
<tr>
<td>Pro</td>
<td>Con</td>
</tr>
<tr>
<td>Can meet clients who cannot drive</td>
<td>High initial cost</td>
</tr>
<tr>
<td>Can be multi-use</td>
<td>Requires travel time</td>
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<tr>
<td>Low space requirements</td>
<td>Less privacy</td>
</tr>
<tr>
<td>Flexible locations</td>
<td>More obvious</td>
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</tbody>
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Mobile Service Delivery
Mobile Service Advantages in Rural Settings

• Serve more clients with the same resources in low density areas
• Meet clients at a location that is convenient for them
• Provide ancillary services
• Wound care
• Vaccinations
• Limited primary care
• The sky’s the limit!
Lessons Learned in West Virginia

- Weigh benefits versus risks of media exposure
- Evaluate if the LHD is the ideal location for an HRP
- How you do outreach makes a difference
- Work with local community leaders during planning and throughout the life of the program
- Law enforcement
- Legislators
- Business community leaders
- Faith community leaders
West Virginia’s Ideal Model

Modified Hub and Spoke

- Health Department
- Social Services Partner Agency
- Treatment Center
- Peer to Peer
- Community Fixed SSP
- Mobile SSP

Graph showing the connections between these services, illustrating the modified hub and spoke model.
Contact

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Louisiana’s Hepatitis C Subscription Model and Elimination Plan
Our Journey to
the Hepatitis C Elimination Program
We had the desire and obligation to treat, but not the means.
Chronic Hepatitis C Diagnoses by Year of Diagnosis and Age - Louisiana, 2006, 2010, 2014, and 2018
Our Journey

2016
- Drug Pricing Lab at Memorial Sloan Kettering Cancer Center

2017
- Section 1498 Meeting at Johns Hopkins
- Shift focus to Subscription Model

2018
- Medicaid prior authorization update
- NGA report on pharmaceutical interventions
- LDH HCV elimination blueprint
- CMS Meeting
- RFI on Subscription-Based Payment Model

2019
- Funding from Laura and John Arnold Foundation
- SFO
- Contract with Gilead's Asegua Therapeutics
- Launch July 15
Our big bet: Louisiana will eliminate Hepatitis C as a public health problem.

- **2019**: Establish Hepatitis C subscription model
- **2020**: Treat 10,000 Louisianans in Medicaid and Corrections
- **2024**: Treat 80% of Louisianans living with hepatitis C
Louisiana’s Hepatitis C Elimination Program

- Establish a Modified Hepatitis C Medication Subscription Model for Medicaid and Corrections
- Educate Public on Availability of Cure and Mobilize Priority Populations for Screenings
- Expand HCV Screening and Expedited Linkage to HCV Cure
- Strengthen HCV Surveillance to Link Persons Previously Diagnosed to Treatment
- Expand Provider Capacity to Treat Hepatitis C
- Implement Harm Reduction and Complementary Treatment Strategies
- Extend Elimination Efforts to All Populations Within the State
Strategy 1:

Negotiate Unrestricted Access to Drug at a Fixed Cost
Louisiana’s Modified Hepatitis C Subscription Model Partnership
Subscription model approach to medication purchasing

Treatment as a subscription:
- Purchaser pays an annual, fixed fee
- Manufacturer provides unlimited access to medication

Win-Win-Win
- State: predictable costs, dramatic increase in access to treatment, enables campaign to eliminate HCV
- Manufacturers: preferred drug listing, direct gain in Medicaid and Corrections market share, spill over into other markets
- Louisianans: increased cure rates, reduced morbidity, reduced mortality
Subscription model approach to medication purchasing

**Pays annual, fixed subscription fee**
- Predictable costs
- Large increase in access to treatment
- Enables mass treatment efforts

**Manufacturer**
- Predictable revenue
- Gain in market share
- Spill over into in-State markets

**Patient**
- Increased access to treatment
- Likely reduced costs
- Reduced morbidity and mortality
Thank you!

Questions?

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Louisiana Office of Public Health

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Harm Reduction Services during COVID-19

Jodi Manz, MSW
Project Director, NASHP

May 26, 2020
Importance of Maintaining Services

- Continued (and new) engagement with people who use drugs
- Increased urgency of naloxone distribution
- Unused syringe access
- Fentanyl testing strips and other substance testing strategies as illicit market experiences shifts

The Harm Reduction Coalition has comprehensive COVID-19 resources for providers and individuals alike:
Harm Reduction Coalition Tips for Community-based Syringe Services and Harm Reduction Providers

- Prioritize & Prepare Your People
  - Prioritize staff & participant safety
  - Sanitize surfaces
  - Offer extra supplies

- Plan Ahead
  - Take stock of your essential services
  - Review/create communication plan
  - Stay informed and connected
  - Plan for employee absence
  - Medication continuity
  - When to use facemasks and gloves
  - Stand against racism

State Guidance Examples

- Oregon Health Authority March 29, 2020 Guidance Fact Sheet
  - Provides operational suggestions on distancing, staff/volunteer safety, and service delivery approaches
  - Information for and in support of people who use drugs to maintain safety during the pandemic
- Maine Governor’s March 30, 2020 Executive Order
  - Suspended 1-to-1 syringe exchange rule
  - Directs intentional social distancing on site
  - Allows flexibility in location, hours of operation, and mail delivery of supplies
Emerging Harm Reduction Concerns

- Program maintenance amidst reduced budgets
- Continued operations without PPE and social distancing abilities
- Utilization drivers – increases and decreases
- If sanctioned harm reduction access closes as a result of public funding reduction, policy makers may see renewed calls to address paraphernalia laws and safe consumption site laws
To ask a question, please use the ‘Q&A’ feature.
Thank You!

Thank you for joining this webinar!

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