Assessment of Hepatitis C-Related Services in Pennsylvania Drug and Alcohol Facilities

Bureau of Epidemiology

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Executive Summary

The opioid epidemic has led to an increase in new hepatitis C virus (HCV) infections transmitted by intravenous drug use. People who use drugs should be offered HCV-related services to limit disease spread. The Pennsylvania Department of Health in collaboration with the Pennsylvania Department of Drug and Alcohol Programs conducted a survey of randomly selected Pennsylvania drug and alcohol facilities to determine the scope of hepatitis C-related services and barriers to offering these services.

Of the 330 drug and alcohol facilities sampled, 316 were eligible for response, and 242 submitted surveys (response rate=75.6%). Of the respondents, 76 (32%) test their clients for HCV. Of those that test their clients, 26 (34%) test all clients, and 50 (66%) test a subset. Of the facilities that provide testing, 32 (42%) facilities provide testing onsite by an outside organization, and, in 16 (21%) facilities, testing is only provided by referral. Just 24 (10%) of respondents provide onsite confirmatory HCV testing. The most common barrier to providing HCV testing was funding. Pennsylvania residents in drug and alcohol treatment are a high-risk population for HCV infection. As a structural intervention, policies should be implemented to ensure the offering of HCV-related services in these settings statewide.

Background

Hepatitis C is an infectious disease that can cause liver-related morbidity and mortality. The primary risk factor for new cases of hepatitis C virus (HCV) is injection drug use.[1] The United States is experiencing an epidemic of opioid use that has led to syndemics of overdose deaths, new HIV cases and new HCV cases. The recent approval of new treatments for HCV, direct acting antivirals, now make it possible to cure >95% of all those infected.

The Centers for Disease Control and Prevention estimate that at least 4.6 million Americans have been exposed to HCV, and at least 3.5 million residents are currently infected.[2] Pennsylvania is among the top 10 states for prevalence of chronic HCV infection with an estimated 209,982 adults with the disease. Nevertheless, this is likely an underestimate of the true prevalence for many reasons, including lack of access to HCV testing especially among young adults experiencing substance use disorders.

Treatment guidelines recommend treating all people with HCV, including people who use injection drugs regardless of participation in opioid substation therapy.[3] Drug and alcohol treatment facilities can play an essential role in increasing HCV testing and linkage to HCV treatment. Increasing access to HCV treatment, especially among those who inject drugs, in turn reduces the virus from circulating in drug-using communities and prevents new infections. Increased screening in drug and alcohol facilities is vital to reducing transmission of HCV among individuals who inject drugs and in Pennsylvania as a whole.

To better understand the current landscape of HCV services in drug and alcohol treatment facilities in Pennsylvania, the Pennsylvania Department of Health (DOH) conducted a brief online survey. The purpose of the survey was to assess HCV screening practices and provision of treatment and referral services, as well as barriers to these services and future training needs.

Methods

DOH, with support from the Association of State and Territorial Health Officials, conducted the Drug and Alcohol Treatment Facility HCV Services Survey to assess the breadth of HCV services offered by drug and alcohol facilities and the barriers to providing these services.

Facility Selection

The Pennsylvania Department of Drug and Alcohol Program (DDAP) provided a list of all licensed drug and alcohol treatment facilities in the state to DOH. The final list included 825 licensed facilities. The facilities were designated urban or rural based on the county in which they are located using the Center for Rural Pennsylvania designation for each county. The Center for Rural Pennsylvania defines rural and urban based on population density. Counties with a population less than 284 per square mile are defined as rural, and those with 284 or more people per square mile are defined as urban. The licensed facilities list was stratified by urban or rural designation, and then a Microsoft Excel random number generator was used to select 40% of the urban facilities and 40% of the rural facilities. This resulted in a sample of 330 facilities.

Survey Design

The survey was developed by DOH staff to assess the breadth of HCV services offered by drug and alcohol facilities and the barriers to providing these services. Each facility reported current HCV, referral and treatment practices, as well as barriers to offering these services. The survey also collected information on screening and vaccination for other infectious diseases and interest in training to address barriers to providing these services. The survey was open from May 31, 2019 to July 17, 2019.

Facility Survey and Follow-up

The survey was conducted online via SurveyMonkey™. Selected facilities were emailed instructions and a link to complete the survey. All facilities that did not respond to the survey within seven days received a follow-up phone call in which they were encouraged to complete the survey. If a new contact was identified, the survey link was emailed to the new contact. All facilities that did not complete the survey after the first phone call received a second follow-up phone call. Those that did not complete the survey after the second phone call were considered non-respondents. A total of 242 facilities completed the survey, achieving a response rate of 75.6%.

Analysis

The raw data was exported from SurveyMonkey™ to a Microsoft Excel file. The data was cleaned and analyzed using Excel. Four facilities were removed from the analysis because they did not serve any clients in 2018. Not all facilities answered all questions in the survey; percentages are based on the number of facilities that responded to the particular question. Open-ended questions were coded to identify themes. Open-ended responses of “none,” “no” and “not applicable” were removed to calculate a more accurate response rate for each question. Summary statistics for each question were calculated. All maps were made using ArcMap® 10.4.1 by Esri.

Results

Of the 330 facilities selected for survey, three were unable to be reached, four were closed and seven indicated serving no clients in 2018. Of the 316 facilities eligible to complete the survey, 242 (76%) submitted the electronic survey. Of those, 169 (70%) were located in urban settings and 73 (30%) were located in rural settings (Table 1). Facilities surveyed were located in various health districts, including 23 (10%) in the Northwest, 61 (25%) in the Southwest, 11 (4%) in the Northcentral, 37 (15%) in the Southcentral, 26 (11%) in the Northeast and 84 (35%) in the Southeast (**Table 1**). Facilities surveyed offered a variety of services, including outpatient behavioral therapy (65%), outpatient medication-assisted treatment (35%) and inpatient behavioral therapy (21%) [**Table 2**].

Table 1. Participation Rates of Drug and Alcohol Facilities That Were Asked to Complete the Survey, by Facility Location

Facility Location	**Invited**	**Responded**	**Response rate**
OVERALL	330	242	73%
Urban	230	169	74%
Rural	100	73	73%
NW District	25	23	92%
SW District	79	61	77%
NC District	20	11	55%
SC District	46	37	84%
NE District	35	26	74%
SE District	125	84	67%

Table 2. Substance Use Disorder Treatments Offered by the 242 Facilities That Completed the Survey

Type of Treatment	**N**	**Percent**
Outpatient behavioral therapy	156	65%
Outpatient medication-assisted treatment	84	35%
Inpatient behavioral therapy	50	21%
Partial hospitalization/day treatments	34	14%
Inpatient detoxification	26	11%
Inpatient medication-assisted treatment	26	11%

HCV-related Services

HCV testing is being offered in some form by 76 (32%) of facilities surveyed (**Table 3**); however, only 26 (11%) test all clients. The remainder test a subset of clients such as those who inject drugs. The frequency of HCV testing is variable, with 22 (29%) performing opt-in testing on admission, four (5%) performing opt-out testing on admission and six (8%)

performing opt-in testing annually. HCV screening (HCV antibody testing or rapid testing) is available onsite at 35 (14%) facilities, and only three facilities use their own staff to conduct testing (**Table 3**). Outside organizations conduct the remainder of testing. Confirmatory HCV testing (RNA testing to identify current infection) is offered onsite at 24 (10%) facilities, and only nine (4%) facilities conducting this type of testing use their own staff to collect blood specimens (**Table 3**). Of the 110 facilities offering medication-assisted treatment, 59 (54%) are offering HCV testing compared to 11 of 137 (8%) facilities only offering behavioral therapy.

Table 3. Hepatitis C-related Services Offered by 242 Drug and Alcohol Facilities

Hepatitis C-Related Services	**N**	**Percent**
Any testing service	*76*	*32%*
Antibody testing*		
Onsite by staff	*3*	*2%*
Onsite by outside agency	*32*	*13%*
Referral offered	*16*	*7%*
Confirmatory testing*		
Onsite by staff	*9*	*4%*
Onsite by outside agency	*15*	*6%*
Referral offered	*156*	*64%*
HCV Treatment*		
Onsite by staff	*26*	*11%*
Referral offered	*179*	*74%*

*Options are not mutually exclusive.

This shows the percentage of facilities surveyed that offer HCV testing varies by health district (**Figure 1**). Over 30% of facilities surveyed in the Southwest and Southeast Health Districts offer HCV testing, whereas less than 16% of facilities surveyed in the Northcentral, Northeast and Southcentral Health Districts offer HCV testing (**Figure 1**). HCV confirmatory testing is not available onsite at any of the facilities surveyed in the Northwest or Northcentral Health Districts (**Figure 2**).

Figure 1. Percentage of Drug and Alcohol Facilities Surveyed Offering Hepatitis C Testing by Health District

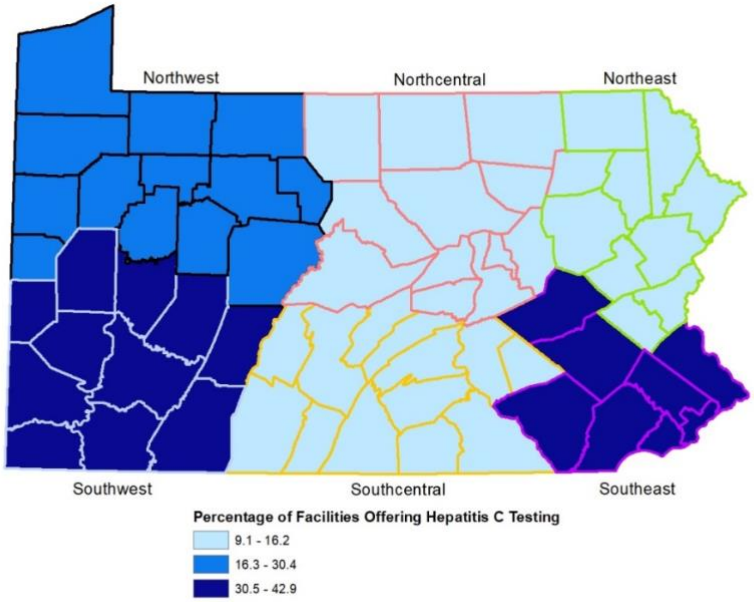
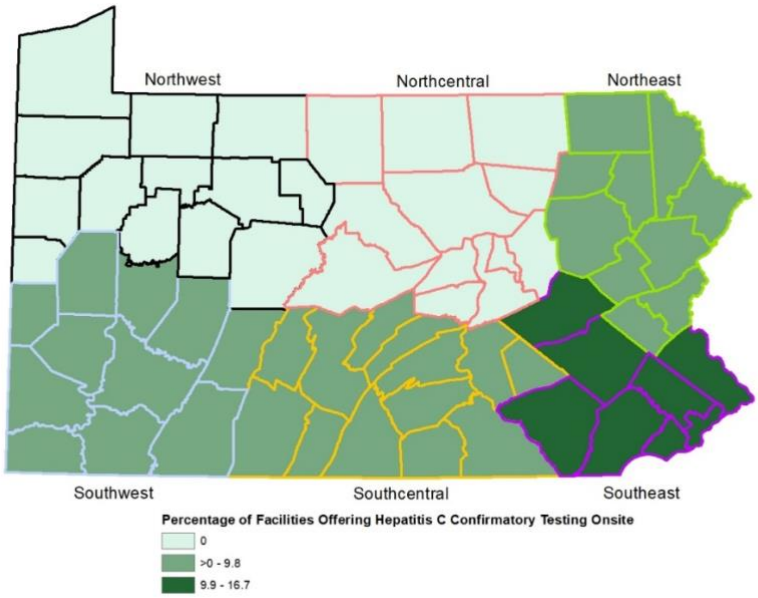


Figure 2. Percentage of Drug and Alcohol Facilities Surveyed Offering Hepatitis C Confirmatory Testing Onsite by Health District



Many barriers were identified related to offering HCV testing. The most commonly identified barrier was funding, which was listed by 64 (28%) facilities, followed by staff time by 46 (20%) facilities (**Table 4**). Many facilities stated that they were not medical facilities and thus not able to perform this type of testing. Lack of laboratory capacity and trained medical staff were also identified barriers (**Table 5**). Several facilities indicated experiencing problems related to

insurance, such as Medicaid or private insurance reimbursement issues and behavioral health payer issues. Very few facilities indicated that staff buy-in was an issue; however, more indicated that client buy-in was a bigger issue (**Tables 4 and 5**).

Table 4. Barriers to Offering Hepatitis C Testing Among 230 Drug and Alcohol Facilities

Barriers to Testing	**N**	**Percent**
Funding	64	28%
No barriers	60	26%
Staff time	46	20%
Buy-in from clients	39	17%
Medicaid reimbursement issues	39	17%
Private insurance reimbursement issues	37	16%
Behavioral health insurance payer issues	35	15%
Stigma	30	13%
Buy-in from staff	7	3%

Table 5. Barriers to Offering Confirmatory Testing for Hepatitis C Onsite at 180 Drug and Alcohol Facilities

Barriers to Confirmatory Testing Onsite	**N**	**Percent**
Phlebotomy/laboratory capacity issues	77	43%
Funding	56	31%
Insurance reimbursement issues	43	24%
Staff time	43	24%
Buy-in from clients	20	11%
Buy-in from staff	9	5%

Facilities were also asked whether they offer referrals for HCV testing and linkage to care. Over 72% of facilities surveyed refer patients elsewhere for HCV testing (**Table 3**); however, 16 (44%) indicated that lack of referral sites was an issue, as well as lack of patient navigation services, buy-in from patients and staff time (**Table 6**). Only 26 (11%) provide treatment onsite, and 179 (74%) provide a referral for care (**Table 3**). Most commonly, clients were referred to primary care providers for treatment. Nevertheless, many barriers were identified to providing treatment onsite and by referral, including lack of medical staff, staff time and lack of referral sites (**Tables 7 and 8**).

Table 6. Barriers to Providing a Referral for Hepatitis C Confirmatory Testing Among 36 Drug and Alcohol Facilities

Barriers to Referrals	**N**	**Percent**
Lack of referral sites	16	44%
Lack of peer navigators of CHWs to facilitate completion of testing	12	33%
Buy-in from clients	7	19%
Staff time	7	19%
Buy-in from staff	2	6%

Table 7. Barriers to Providing Hepatitis C Treatment Onsite at Drug and Alcohol Facility Among 185 Drug and Alcohol Facilities

Barriers to Providing Treatment Onsite	**N**	**Percent**
Lack of trained medical staff to provide treatment	117	63%
Staff time	43	23%
Medicaid reimbursement issues	35	19%
Private insurance reimbursement issues	35	19%
Behavioral health payer issues	31	17%
Buy-in from clients	19	10%
Buy-in from staff	9	5%

Table 8. Barriers to Providing a Referral for Hepatitis C Treatment Among 21 Drug and Alcohol Facilities

Barriers to Providing a Treatment Referral	**N**	**Percent**
Lack of referral sites	7	33%
Lack of peer navigators or CHWs to facilitate referral	6	29%
Staff time	6	29%
Buy-in from clients	5	24%
Buy-in from staff	1	5%

Other Infectious Disease-Related Services

Finally, we asked facilities if they were also screening for other infectious disease conditions. Only 71 (45%) screen for HIV (**Table 9**). STD screening is offered by 53 (34%) facilities. Hepatitis A vaccine is offered by nine (15%) of the facilities, and hepatitis B vaccine is offered by nine (15%) of the facilities. PrEP information is shared by 24 (41%), and PrEP referral is offered by 22 (37%) facilities (**Table 9**). In total, 98 (40%) facilities indicated being interested in training to address barriers related to HCV, HIV, PrEP, and/or STD.

Table 9. Other Infectious Disease Services Offered at 157 Drug and Alcohol Facilities.

Infectious Disease Services	**N**	**Percent**
TB screening	111	71%
HIV screening	71	45%
Hepatitis B screening	38	24%
STD (chlamydia, gonorrhea, syphilis) screening	53	34%
Hepatitis A vaccination	9	15%
Hepatitis B vaccination	9	15%
PrEP information	24	41%
PrEP referral	22	37%

Conclusions

Drug and alcohol facilities are a critical touchpoint in the health care system for people who use drugs. People who use drugs are at increased risk of contracting HCV and other infectious diseases. Nevertheless, only one third of Pennsylvania drug and alcohol facilities surveyed conduct HCV testing. Of those facilities that test, most testing is offered as part of an opt-in program, allowing clients to easily refuse testing. Furthermore, most facilities offer testing through an outside organization that may limit the availability of onsite testing to clients.

The proportion of facilities offering HCV-related services in our survey was similar to that found in national studies. In a recent article published by Health Affairs, data from the National Survey of Substance Abuse and Treatment Services were analyzed. They found that 27.5% of substance use disorder treatment facilities nationwide offer screening for HCV.[4] They also found that 63.4% of substance use disorder facilities offering medication-assisted treatment were also offering screening for HCV.

Lack of HCV testing and screening for other infectious disease conditions represents a major missed opportunity. If barriers are addressed, Pennsylvania drug and alcohol facilities could serve as impactful sites for linkage to HCV care and care for other infectious diseases. This type of care is vital to the prevention and control of infectious disease outbreaks among people who use drugs.

Next Steps

The Pennsylvania Department of Health in conjunction with Penn State University researchers are conducting follow-up surveys with select facilities. The purpose is to learn more about specific barriers to providing HCV-related services, as well as success stories to share statewide.

Moving forward, DOH and DDAP will collaborate on potential policy and funding solutions to address barriers identified. Funding was identified as a major barrier to offering these services. DOH along with DDAP will work together to identify potential funding sources to improve access to HCV-related services at drug and alcohol facilities statewide. DOH and DDAP will also collaborate with the Pennsylvania Department of Human Services to address barriers related to insurance, specifically Medicaid reimbursement for medical as opposed to behavioral interventions. Finally, many facilities indicated the need for training related to HCV and other infectious conditions. Education of facility staff and clients will be prioritized to emphasize the importance of HCV-related services in drug and alcohol facility settings statewide.

Citations

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