

Integrated Model for Hepatitis C Screening and Linkage to Care in Homeless Population

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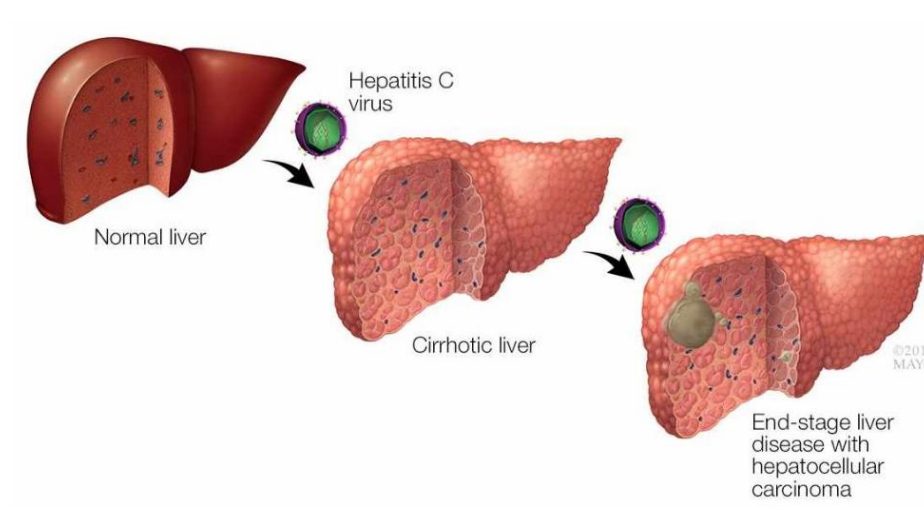
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Background

Epidemiology of Hepatitis C Virus (HCV)

- 3.2 million Americans have chronic HCV infections (1% prevalence)¹
- Up to 46% of HCV patients develop cirrhosis and 20% develop HCC²
- A report on the Los Angeles homeless population found a 22% HCV+ rate³



CDC Screening Recommendations

- Screen birth cohort: 1945-1965, ages 54-74)^{3,4}
- Screen if high risk factors⁵

Dallas County

- 4,000+ homeless individuals as of January 2018⁶

Aims

- Aim 1:** Screen homeless and at-high-risk populations in Dallas County for Hepatitis C and provide linkage to care
- Aim 2:** Develop an integrated model of screening, follow-up, and linkage-to-care that addresses these barriers to care:
 - less access to regular healthcare and screenings
 - less resources for receiving screening results via phone or mail
 - more barriers against linking patients to affordable, accessible healthcare

Clinical Sites

- Calvert Place** – homeless men's shelter linked to Union Gospel Mission
- North Dallas Shared Ministries (NDSM) Clinic** – free clinic serving Dallas uninsured

Methods

Screening and linkage-to-care methods at Calvert Place

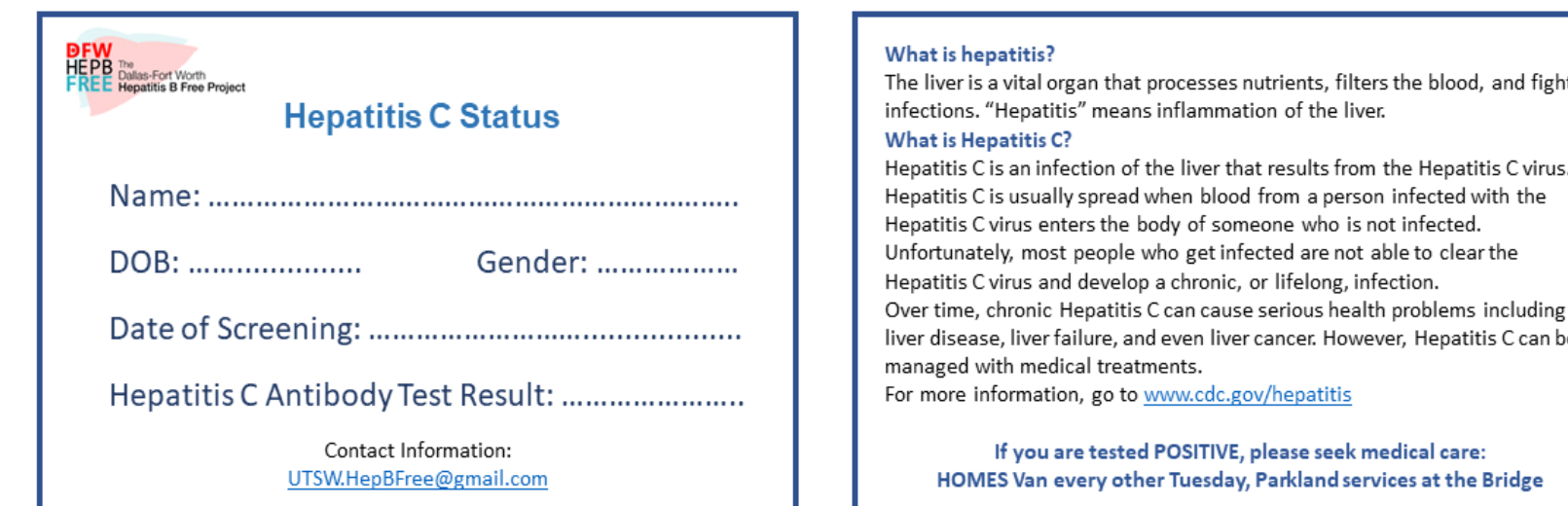
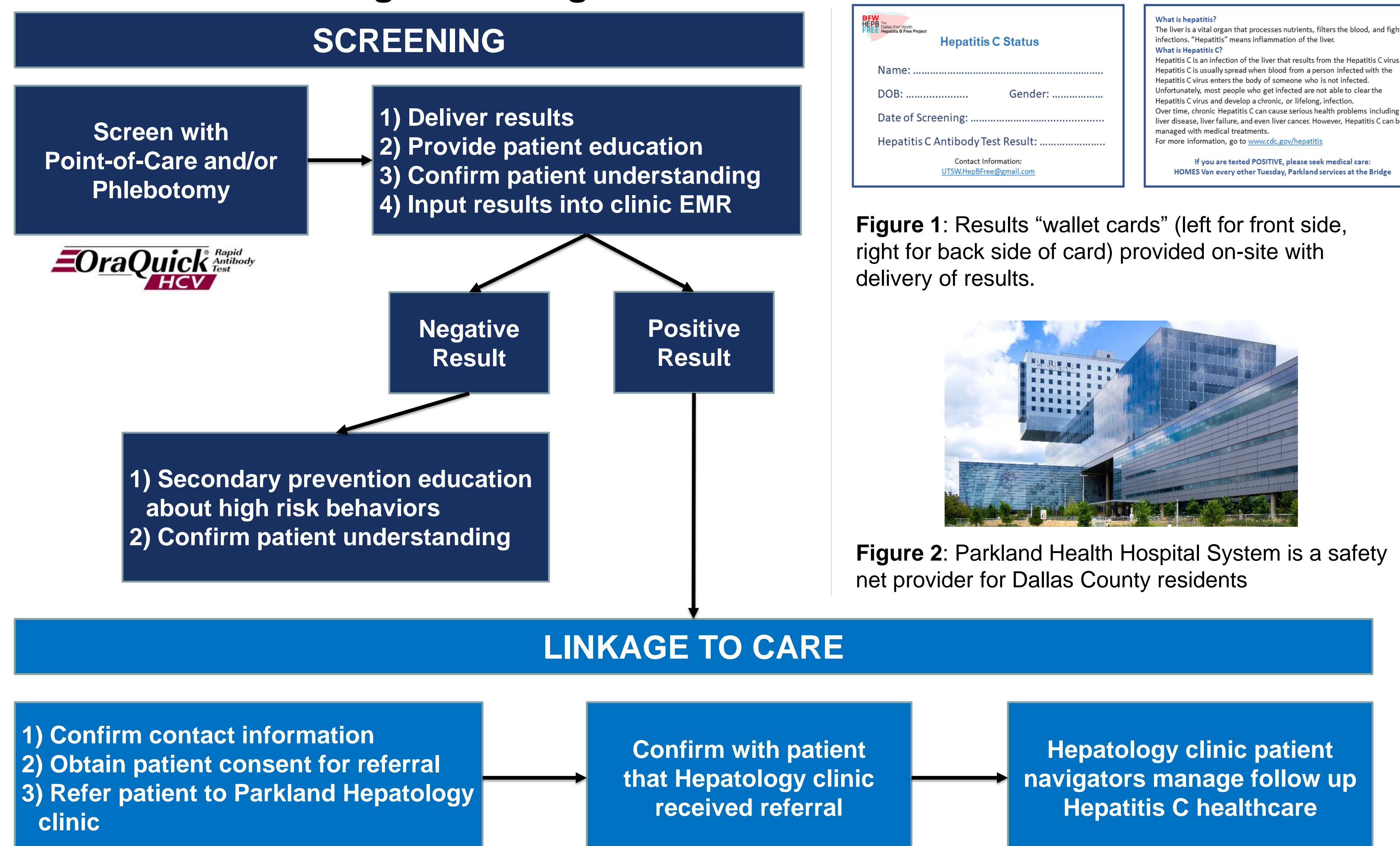


Figure 1: Results "wallet cards" (left for front side, right for back side of card) provided on-site with delivery of results.



Figure 2: Parkland Health Hospital System is a safety net provider for Dallas County residents

Results

Shelter	Number Screened	% African American	% Hispanic	% Age 53-73
Calvert Place	126	48%	8%	38%
NDSM	28	18%	60%	25%

Table 1: Participant demographics

Shelter	Number Positive	Number Linked to Clinic
Calvert Place	16	7
NDSM	0	0

Table 2: Screening and linkage to care results

Linkage-to-Care:

- All patient data entered into Calvert Place clinic EMR
- Attempted contact to 100% of antibody positive patients (n=16)
 - 75% (12 of 16) received results
 - 44% (7 of 16) were lost to follow up
- 12.5% (2 of 16) did not need additional care (resolved infection/non-detectable RNA)
- 44% (7 of 16) are in contact with the Parkland Hepatology Clinic in Dallas, TX**

Discussion

Screening Results:

- 12.7% HCV positive rate**
- 41% of Calvert Place participants between ages 53-73
- 69% of patients who tested positive were within CDC screening age range

Linkage-to-Care:

- Only 14 of 16 had active HCV infections, of which 50% (n=7) were linked to care.

Limitations:

- Biggest challenge is follow-up communication
- At least two patients have been "no-shows" to their appointments. Patient navigation and support may need to be increased.

Conclusion

Integrated Model

- student-run HCV screening program
- on-site clinic at shelter
- specialized hepatology services

- The integrated model has successfully broken down barriers to healthcare access and treatment in the Dallas homeless population.

Future Directions

- Develop a volunteer training program
- Develop a patient navigation protocol
- Train Calvert Place Clinic Director to administer HCV treatment and do follow-up visits to reduce patient travel time
- Expand screenings to other local shelters and clinics

Acknowledgments

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