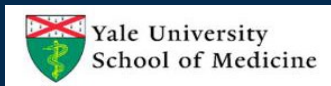


Improving Linkage to Care for Persons with HIV and HCV Using Digital Media

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Katarzyna Sims, PhD



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Presentation Outline

Description of HRSA 17-047 Project

Identification of Barriers to HCV elimination requires novel educational approaches

Goal/content and format/design process/effectiveness/challenges and recommendations

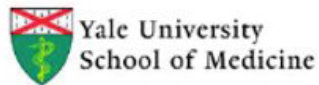
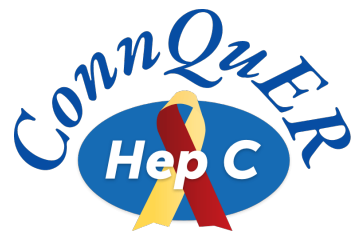
- Series of videos about Methadone Treatment in Connecticut
- Series of animated videos about Syringe Services Programs
- Phone App

“Curing Hepatitis C among People of Color Living with HIV” (HRSA 17-047)

Project ConnQuER

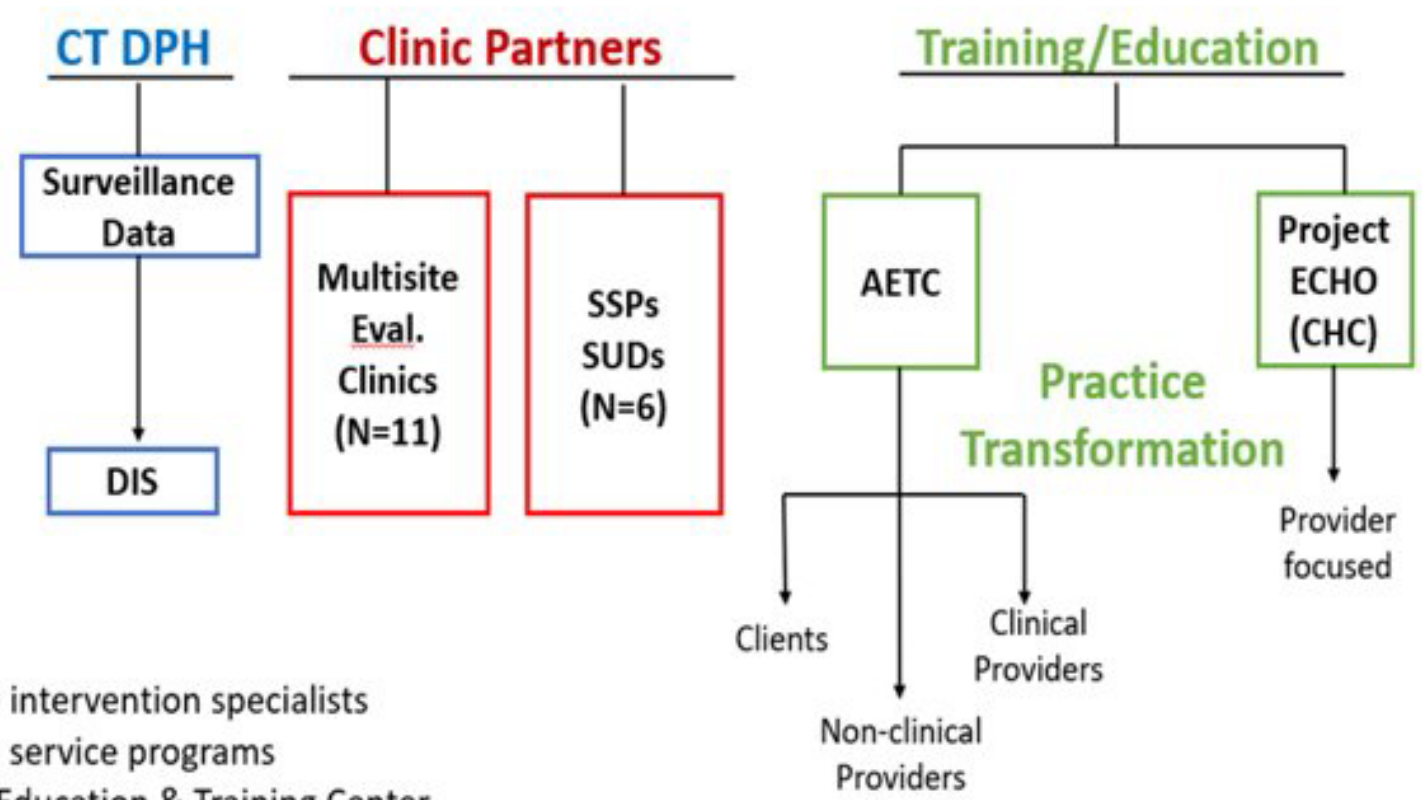
Curing Hepatitis C among People of Color Living with HIV

(Connecticut Quantification, Evaluation, & Response:
HIV/HCV Elimination in Persons of Color)



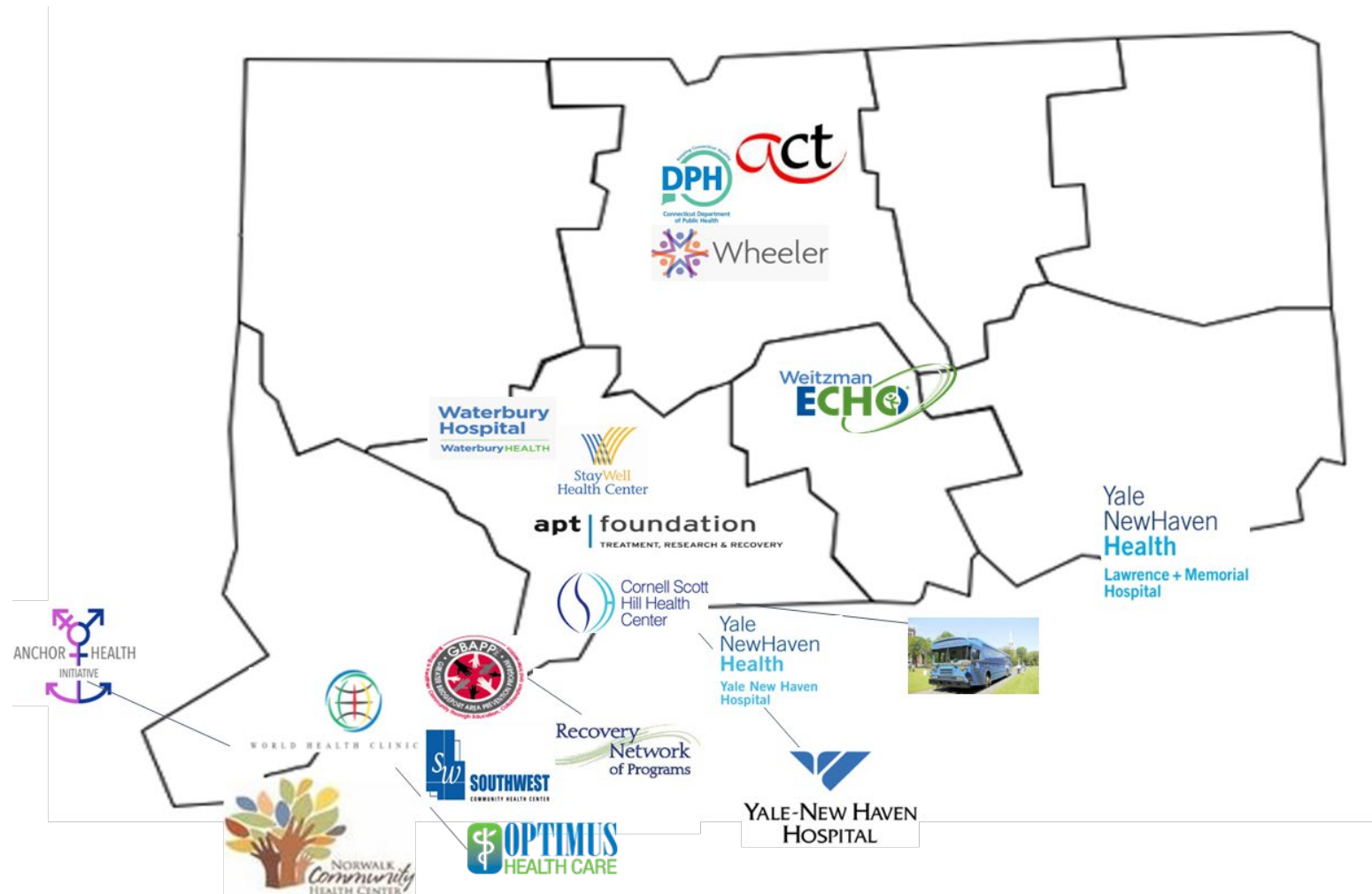
- **Aim:** To improve HCV micro-elimination in persons with HIV/HCV co-infection in CT
 - Through expansion of testing and improving linkage to care via best practices
 - To address racial disparities in access to care for co-infected clients
- Funded by: SPNS “Curing Hepatitis C among People of Color Living with HIV” (HRSA 17-047)

Project Partners

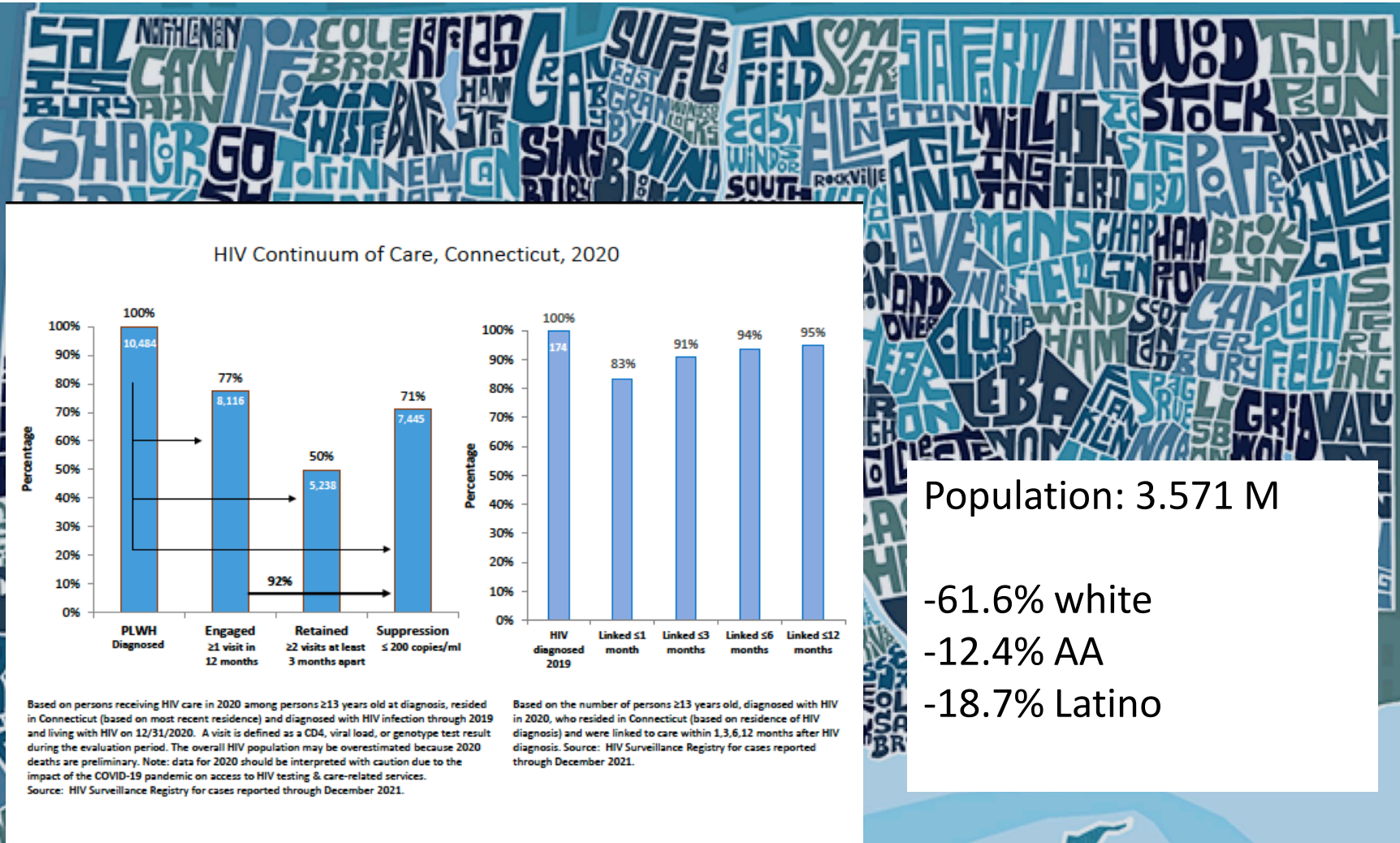


DIS: disease intervention specialists
SSP: syringe service programs
AETC: AIDS Education & Training Center

Map of Connecticut Partners



Connecticut



-HIV prevalence (2020):
10,665

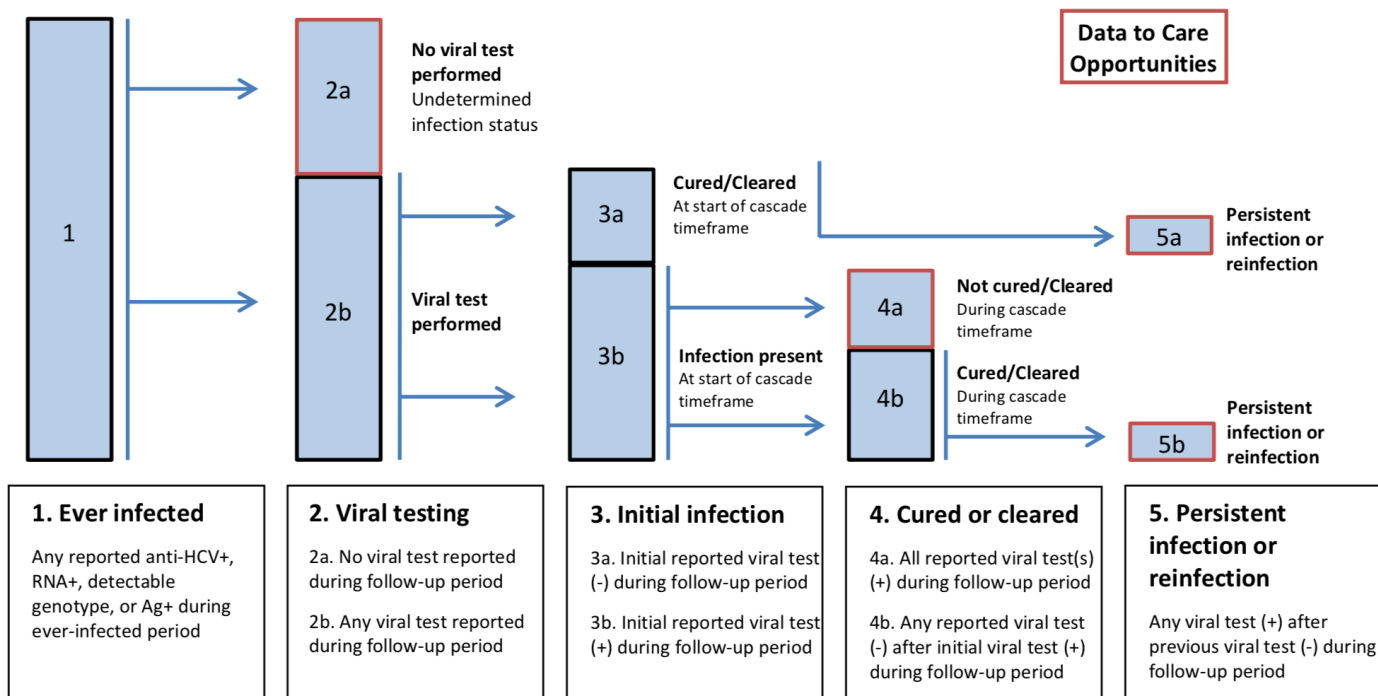
-HIV incidence (2020):
174

- 33% AA
- 35% LatinX

-HCV reported cases
(2011-2020): 17,931

Laboratory Based HCV Viral Clearance Cascade

Figure 1. Laboratory-based Hepatitis C Virus Clearance Cascade for “202X” Evaluation Year—[Jurisdiction], [Starting point]–[End of follow-up period]



Abbreviations: anti-HCV+, antibody positive; Ag+, antigen positive; RNA+, ribonucleic acid positive

Note: Viral testing includes any HCV RNA, HCV genotype, or HCV core antigen test. (+) is defined as detectable HCV RNA or antigen; (-) is defined as undetectable HCV RNA or antigen.

How do we address various barriers to HCV elimination in each step?

Multifactorial approaches are needed

The Barriers to Elimination

Patient

- Comorbidities
- Competing priorities
- Unstable housing
- Lack of transportation
- Limited knowledge of HCV
- Stigma around HCV
- Prior negative experiences in healthcare settings

Provider

- Perceived lack of value in treating some patients
- Concerns about adherence
- Medical contraindications
- Competing priorities
- Limited time

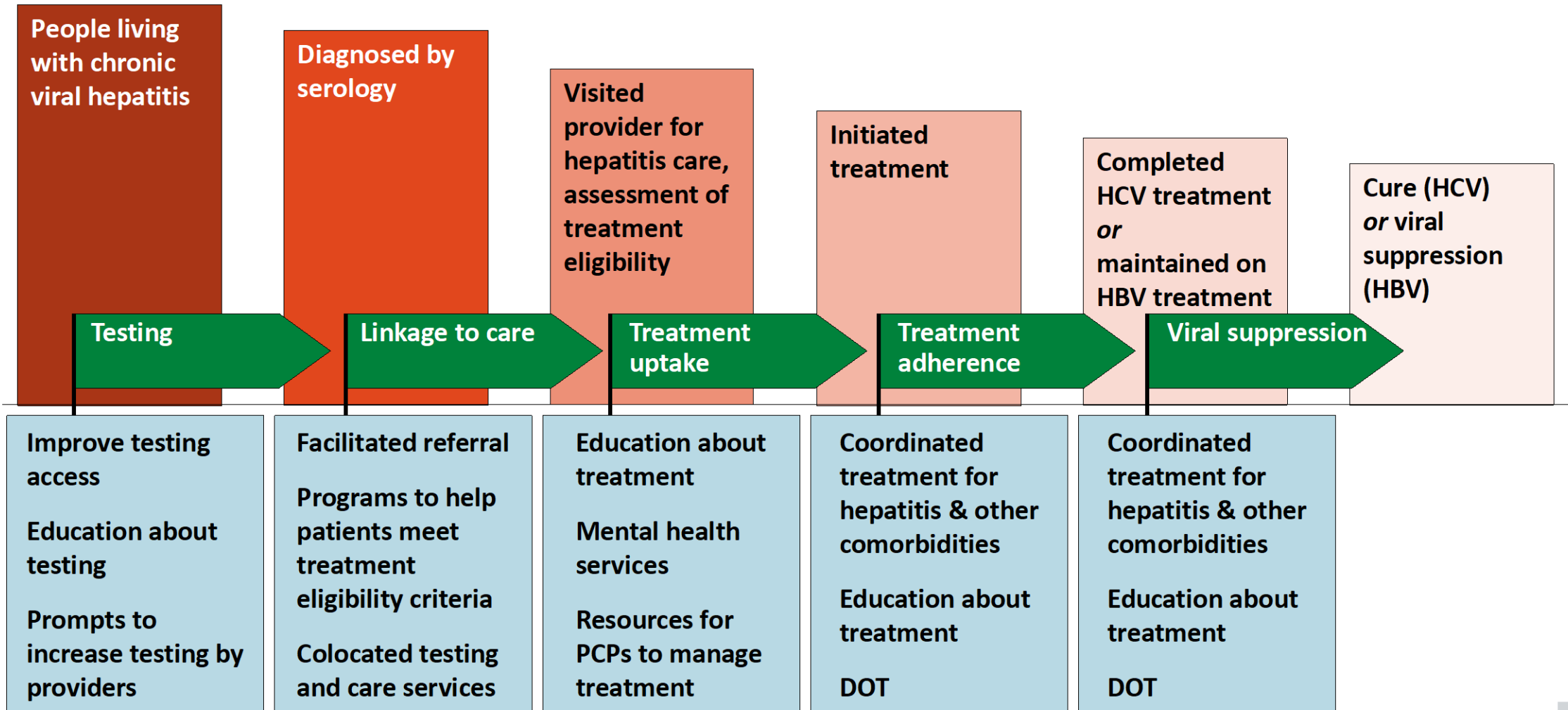
System

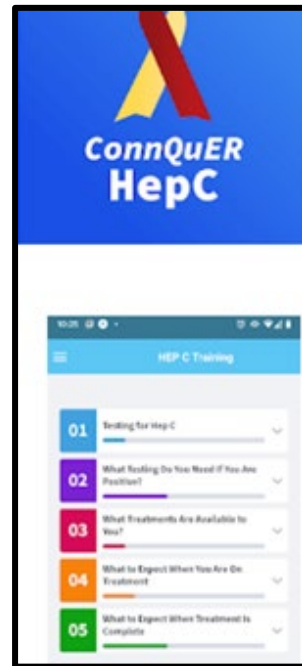
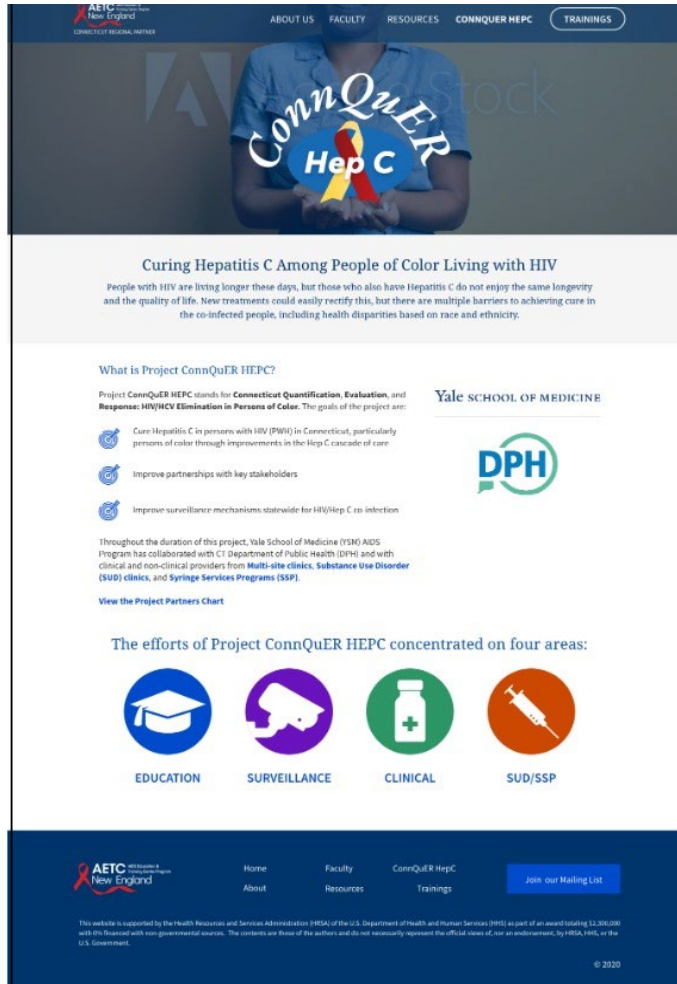
- Insurance access
- Availability of HCV providers
- Payer restrictions for DAA approval
- Payer requirements prior to DAA approval

Adapted from Jennifer Price, May 2019 AASLD Hepatitis C Special Interest Group Webinar: HCV Treatment in Patients with IDU.

Slide credit: [clinicaloptions.com](https://www.clinicaloptions.com)

Operational Interventions to Reduce Gaps/ Barriers Along the Hepatitis C Care Continuum



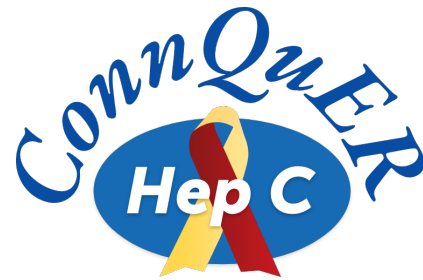


Educational Videos:

- 1) Methadone Referrals Demystified:
 - A Patient Journey Into Methadone Treatment
- 2) Syringe Service Programs: Community Building, Testing and Stigma
- 3) ConnQuER Hep C app



www.tinyurl.com/connquerhepc



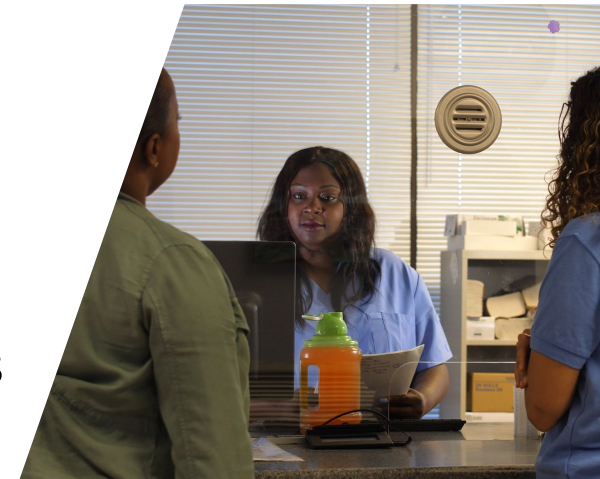
Methadone Referrals Demystified: A Patient's Journey into Methadone Treatment

GAP: HIV providers and support personnel within HIV clinics lacked a full understanding of the processes surrounding Methadone treatment

GOAL 1: Improve providers' knowledge about Methadone treatment to provide better patient care

GOAL 2: Improve communication between providers of HIV and OUD services

GOAL 3: Allow for a discourse among health care providers about the program linkage processes, Methadone assisted treatment stigma, and client access to medical care



Sims, K. M., Brooks, R., Nichols, L., Wegener, M. D., & Villanueva, M. S. (2022). Methadone Referrals Demystified: A Client's Journey Into Methadone Treatment—Social Constructivism and the Use of Video-Based Content in Medical Provider Education. In *Instructional Design Exemplars in eHealth and mHealth Education Interventions* (pp. 217-237). IGI Global.

Why the Video?

- Captures the complexity of the intake process, where patients experience the treatment on a personal level
- Reveals a range of phenomena and complexities surrounding Methadone treatment, including stigma, myths, and misconceptions around its efficacy
- Video-based education supports deeper content processing and improves learner engagement

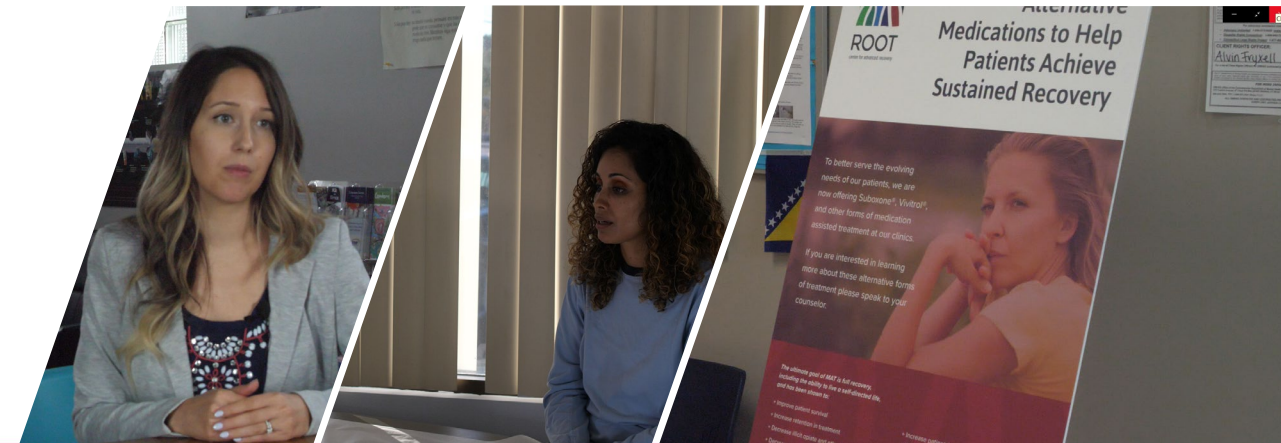


Interviews as inquiry method allow for objectivity and enhanced impartiality

INTERVIEWEES:

- 4 patients (age 45-63), selection criteria included: duration of the treatment, age, gender, and race
- 1 medical provider, 2 counselors, and 1 clinical coordinator

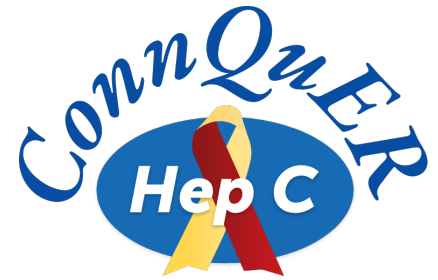
Interview Questions: What happens when you refer your patient to a Methadone clinic? What does the screening look like? What is the process of getting a counselor? How often are drug screenings done? What was the process of being able to take doses home?



Chapter 4: First Dose and Next Steps



[Chapter 4: First Dose and Next Steps](#)



Syringe Services Programs: Community Building, Testing and Stigma

GAP: Medical personnel within HIV clinics lacked a full understanding of the services provided by the Syringe Services Programs



GOAL 1: Expand knowledge about Syringe Services Programs public service

GOAL 2: Destigmatize the syringe exchange process and the services provided by SSPs

GOAL 3: Combat preconceptions about persons who inject drugs

Why Animation?

- Animated video communicates ideas quickly
- The short-form (up to 5 min) allows for dissemination on social media platforms
- Cost-saving and inspiring
- Communicates controversial or sensitive content in an approachable way allowing for design flexibility (colors, characters, on-screen text)

Collaborative Process

- Focus groups with SSP partners

Questions: What information do you collect when a client comes for the first time to the van? What supplies are available to clients? What are some of the barriers to testing? How can testing be improved? What improvements to your work could be done?



- Consultations on design and content accuracy

Episode 1: The Van Goes Out



[Episode 1: The Van Goes Out](#)



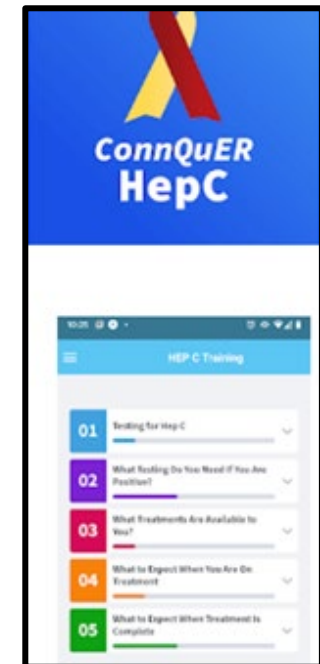
ConnQuER HEPC Phone App

GAP: One of the major barriers to receiving treatment for hepatitis C among patients is their reluctance to follow-up clinic visits

GOAL 1: Inform patients about the hepatitis C progression and facilitate conversations with providers

GOAL 2: Educate about the importance of Hep C screening and treatment

GOAL 3: Assist in improving knowledge dissemination of hepatitis C disease and its management



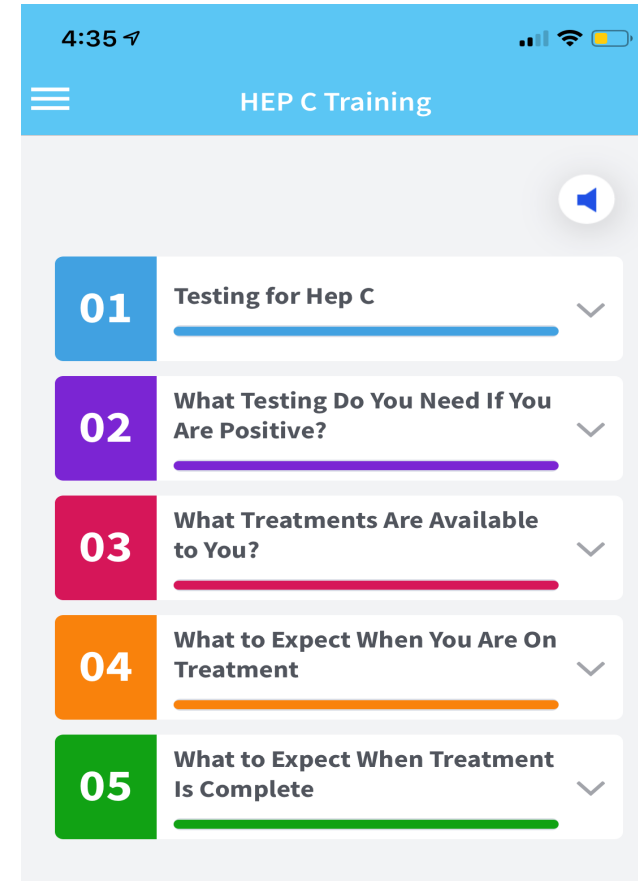
Why the Phone App?

- Mobile Phone Applications (MPA) provide immediate availability and ease of use
- Collect information in real-time and provide graphic feedback
- Improve patient-physician communication and streamline patient care
- Patients are open to receiving a health-based informational content via smartphones such as medications, support groups, treatment programs about substance use disorders (79%), HIV (50%), and HCV care (58%)

Tofighi, B., Hein, P., Carvalho, A. M., Lee, J. D., & Leonard, N. R. (2018). Technology preferences to enhance HIV and HCV care among patients with substance use disorders. *Journal of addictive diseases*, 37(3-4), 157-159.

Development Process

- Developed by third-party developers Level Local Design and Amston Studio
- Mirrors patients' experience during treatment and after treatment is completed
- On-demand learning
- Content Scaffolding: Question-Answer-Application-Feedback.
- Website portal created for alternative access:
www.tinyurl.com/conquerhepc
- Spanish and English text - to - speech feature



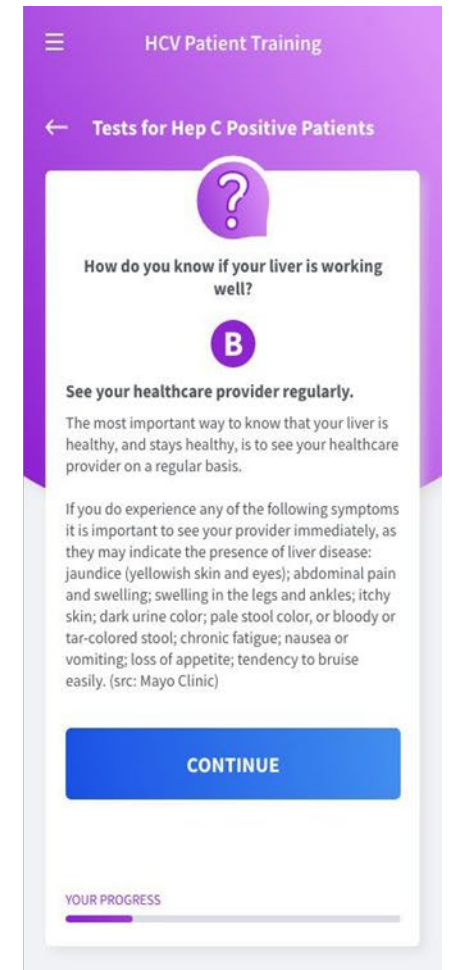
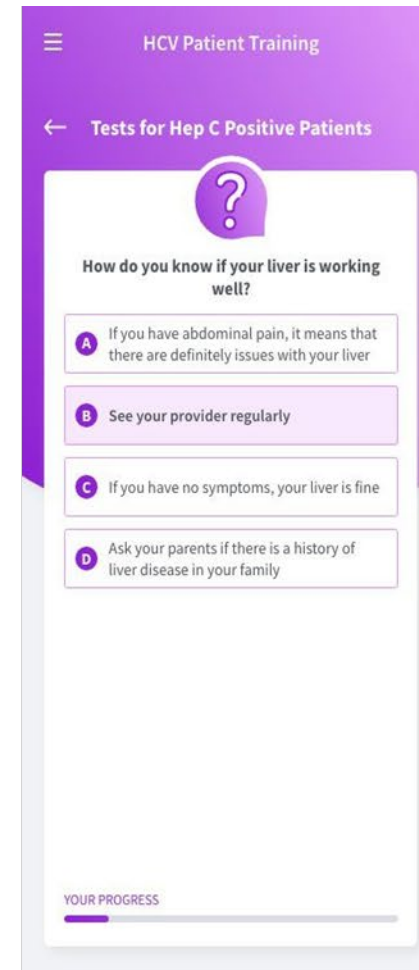
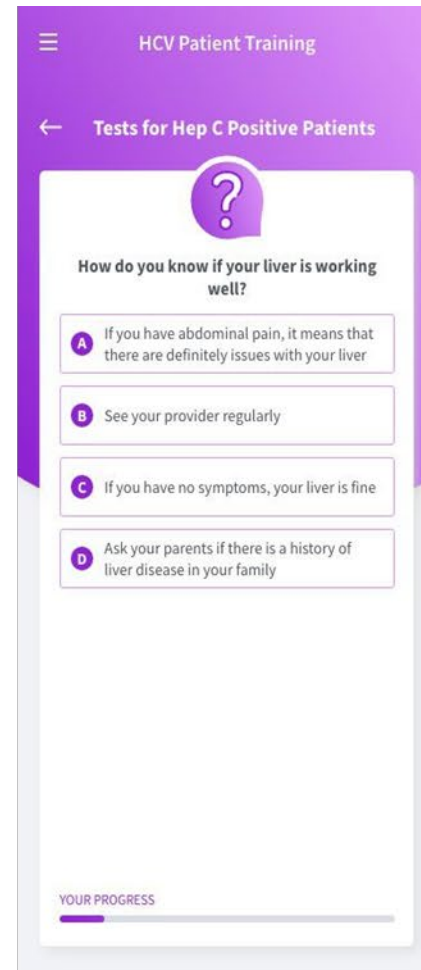
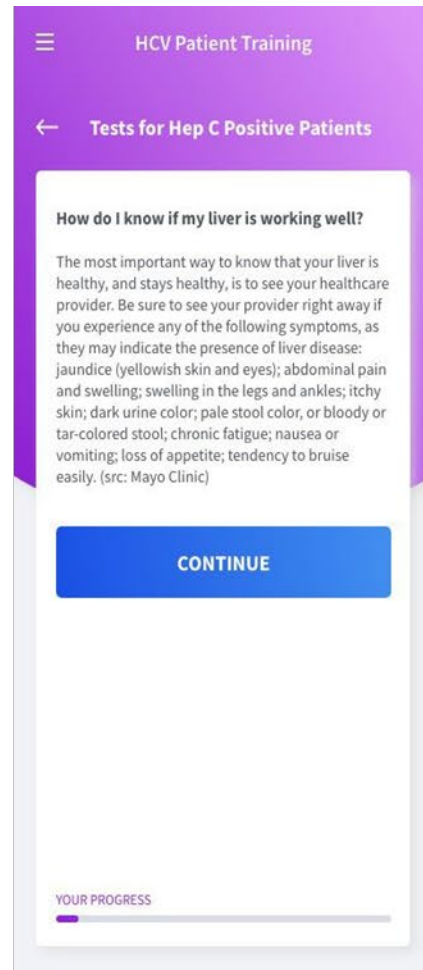
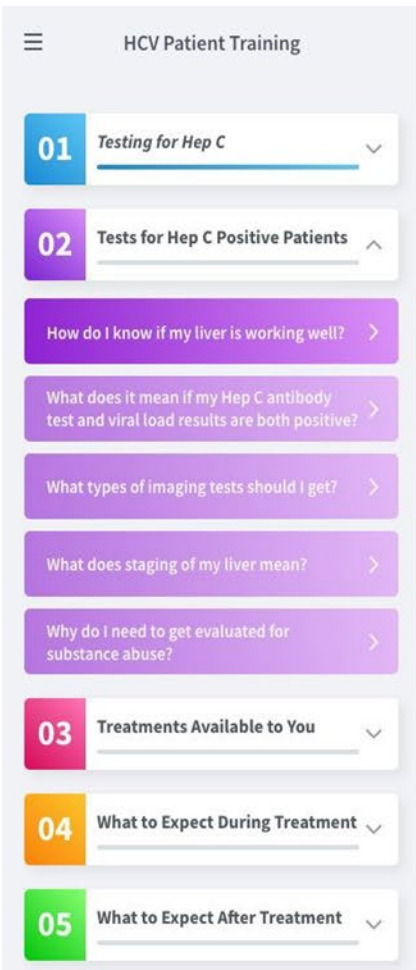


Android

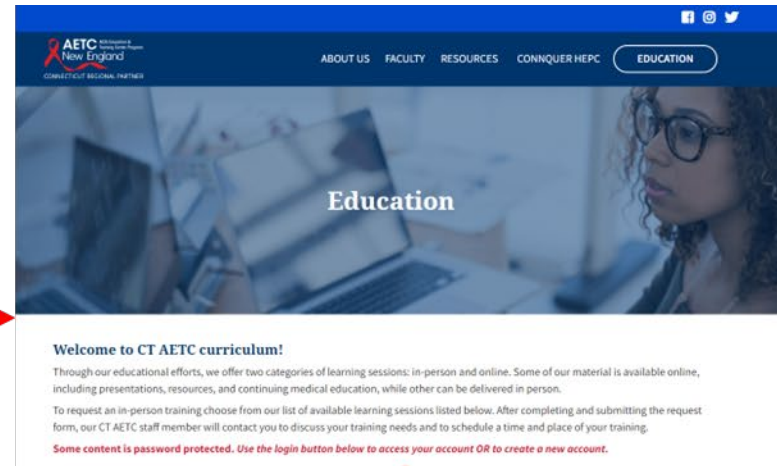
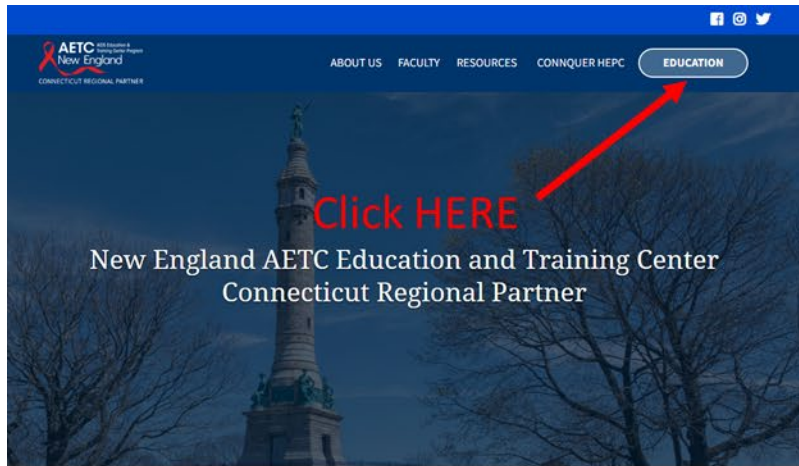


iPhone

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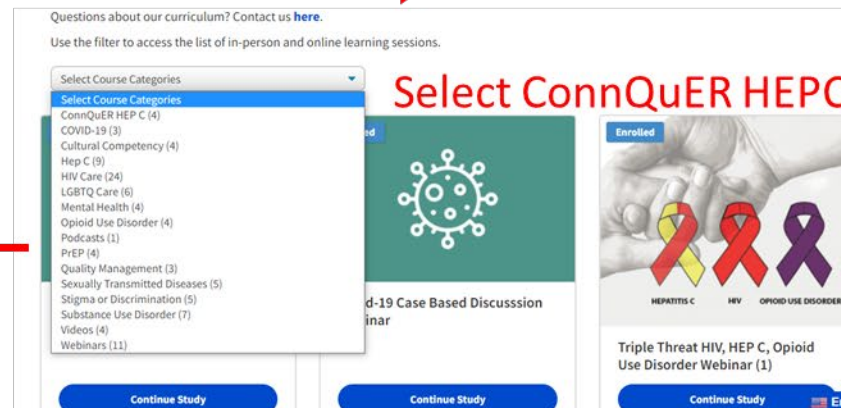
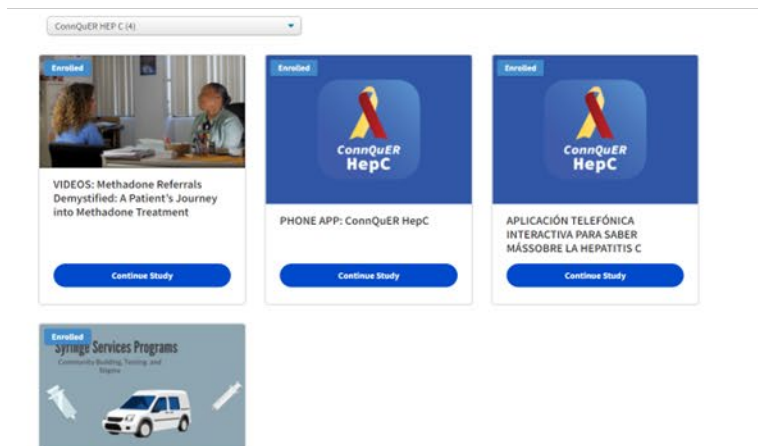
Dissemination



Launched January 2021



www.aetcct.org



Impact: Methadone Videos

34 users (8.85%) (out of total 382), with average session duration 01:12 seconds

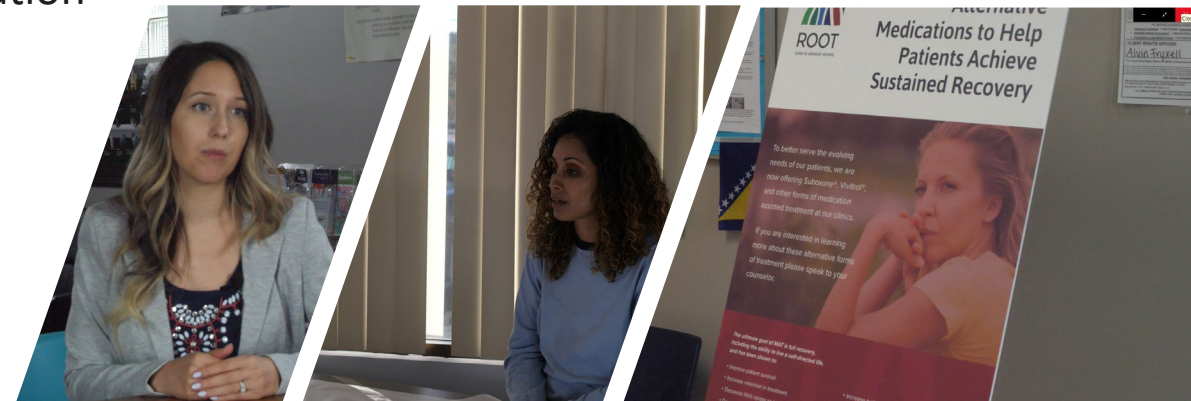
Qualitative Feedback

”I found these to be really well put together and informative. I think you and your team have done a great job capturing methadone treatment, weaving together the medical, clinical and personal patient experience so far!” SUD Counselor

”These are great. We can use them during new hire orientation”
SUD Medical Director

”To change the stigma which is so deeply rooted in the culture of methadone treatment, I think we need to change the language. The Terminology Primer is very useful for that.” HIV Provider

Methadone Videos usage tracking from
Sep 2021 – June 2022
(9 months) through Google Analytics



Impact: SSP animations

684 Facebook users reached



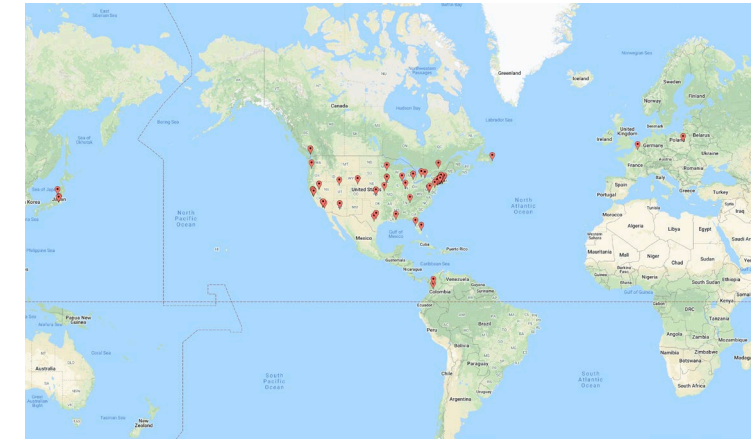
Usage tracking from **Sep 2021 – Feb 2022 (6 months)**
through New Haven Community healthcare van
Facebook page @CommunityHealthcareVanNewHaven

ConnQuER HepC App

Phone app usage tracking from
Nov 2019– April 2022 through a customized data portal

Variable	Category	All Curriculum Users (N=197)	Accessed more than once (N=28)	Completed all training (N=10)
Device type	Mobile (%)	150 (76%)	20 (71%)	5 (50%)
	Web (%)	47 (24%)	8 (29%)	5 (50%)
Time Spent on the app (min.)	0-20	148 (75%)	16 (57%)	2 (20%)
	20-40	28 (14%)	4 (14%)	5 (50%)
	40-60	13 (7%)	3 (11%)	3 (30%)
	60-80	4 (2%)	1 (4%)	0 (0%)
	80+	4 (2%)	4 (14%)	0 (0%)

Currently in use in 20 countries and 158 cities around the world



Thank you!

Questions and Comments