

The logo features a large, stylized red graphic element on the left, resembling a square with a horizontal bar extending to the right and a vertical bar extending downwards. The year '2018' is written vertically in light blue text within the vertical bar. The word 'NATIONAL' is in light blue text above the horizontal bar. The name 'RYAN WHITE' is in large, bold, white text across the middle. Below it, 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue text.

**2018** NATIONAL  
**RYAN WHITE**  
CONFERENCE ON HIV CARE & TREATMENT

# Reaching across the divides: integration strategies to improve HIV, hepatitis C ,and substance use care

*Integrating substance use training  
with HIV and hepatitis C care:  
experiences from the National  
Clinician Consultation Center (NCCC)*

Carolyn Chu, MD, MSc, AAHIVS, FAAFP  
*Clinical Director, National Clinician Consultation Center (NCCC)*

# Who is the NCCC?

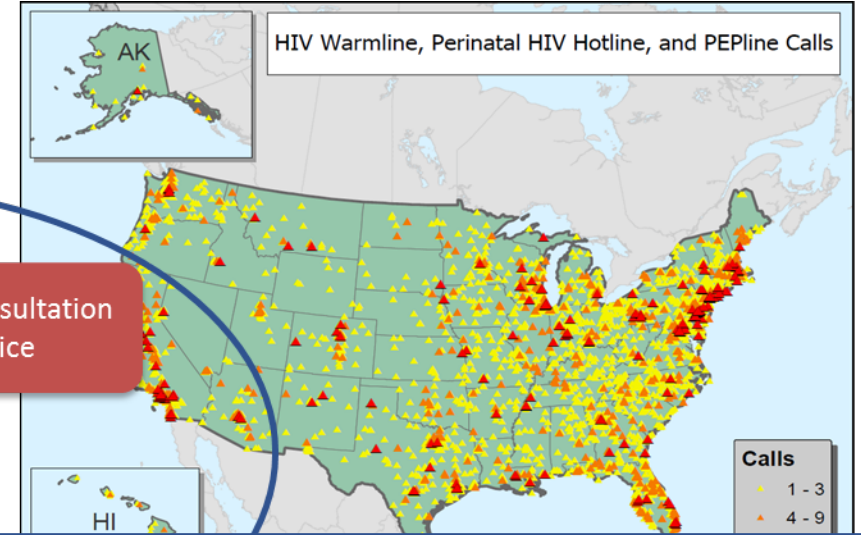
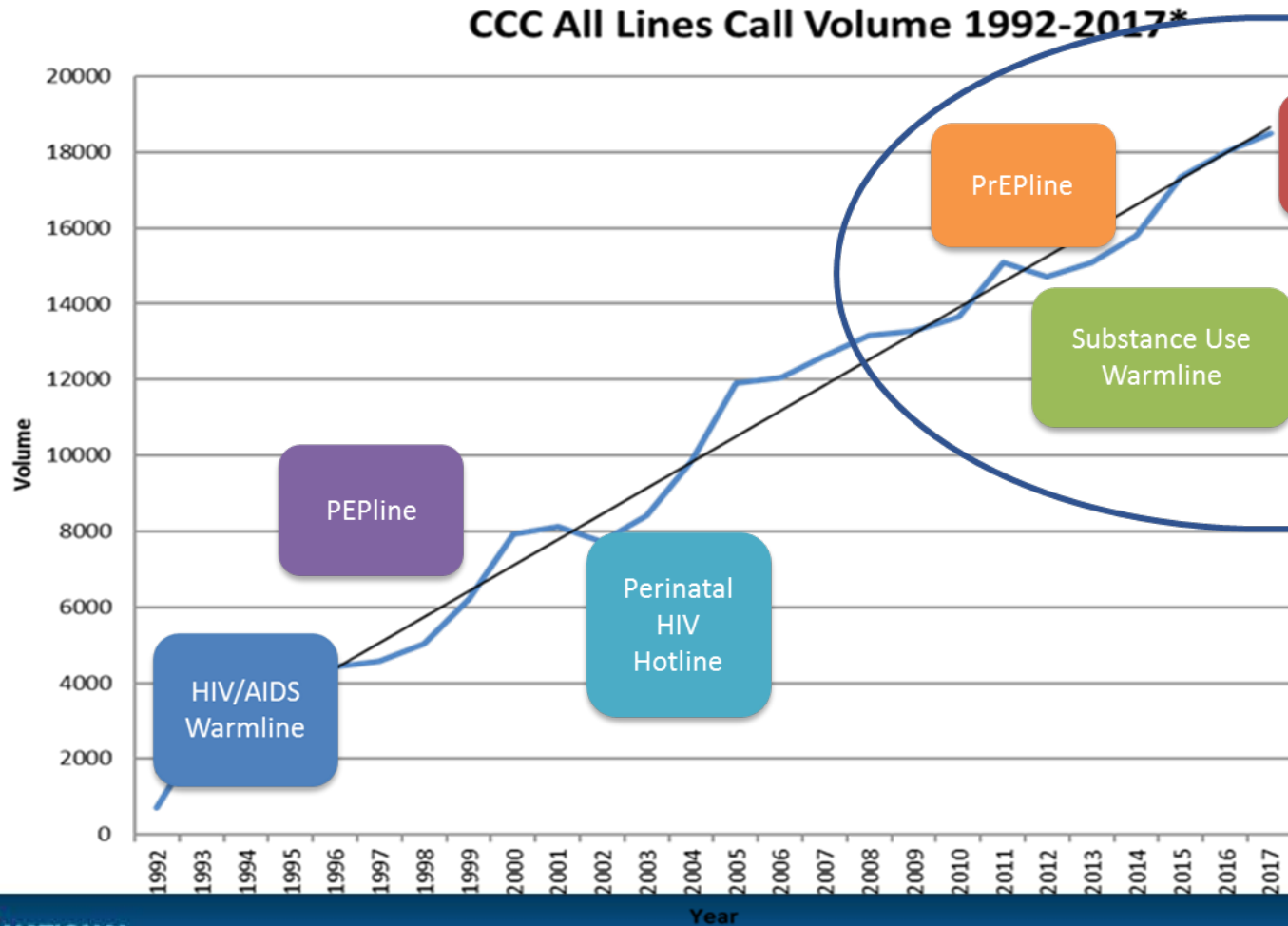


*Our mission is to improve health outcomes by building the capacity of healthcare providers through expert clinical consultation and education.*

## **We are:**

- National tele-consultation/education arm of AETC Program, offering **FREE** clinical decision support to U.S.-affiliated health care providers for 25+ years
- **Multi-disciplinary, inter-professional consultant teams** → 500+ collective years of direct clinical experience in HIV, viral hepatitis, and substance use
- **Wrap-around/"one-stop" resource** for expert, individualized consultation

# What does the NCCC do?

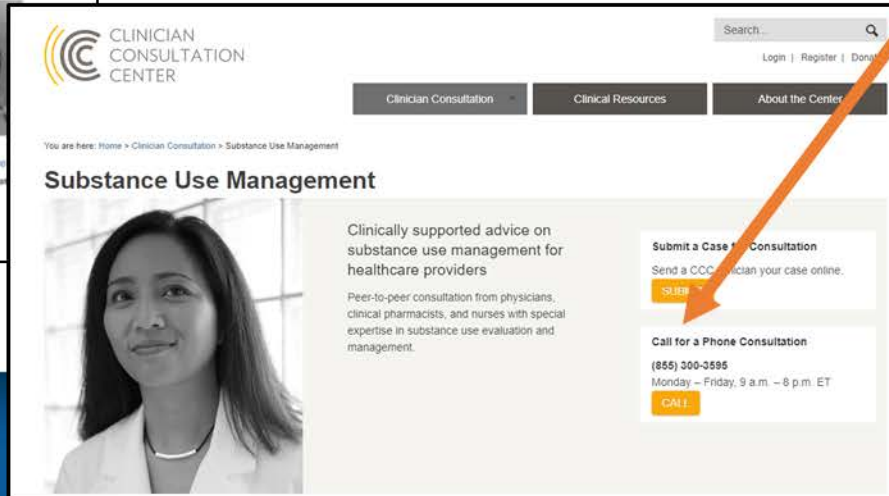
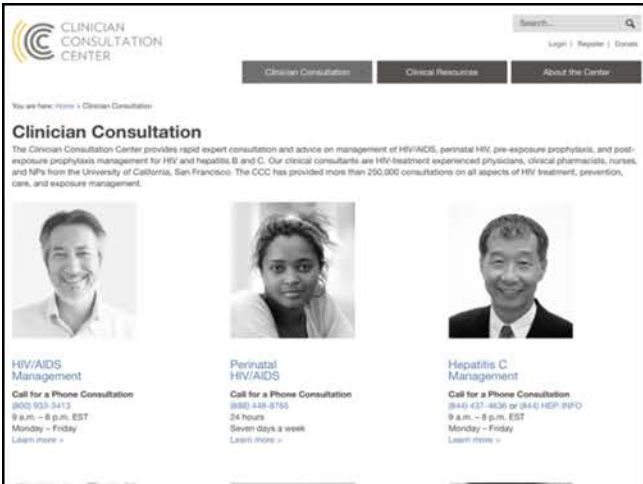


By increasing NCCC's scope, we have increased capacity to offer comprehensive, integrated, and relevant guidance for quickly-changing areas of medicine!

# How do the NCCC “Warmlines” work?

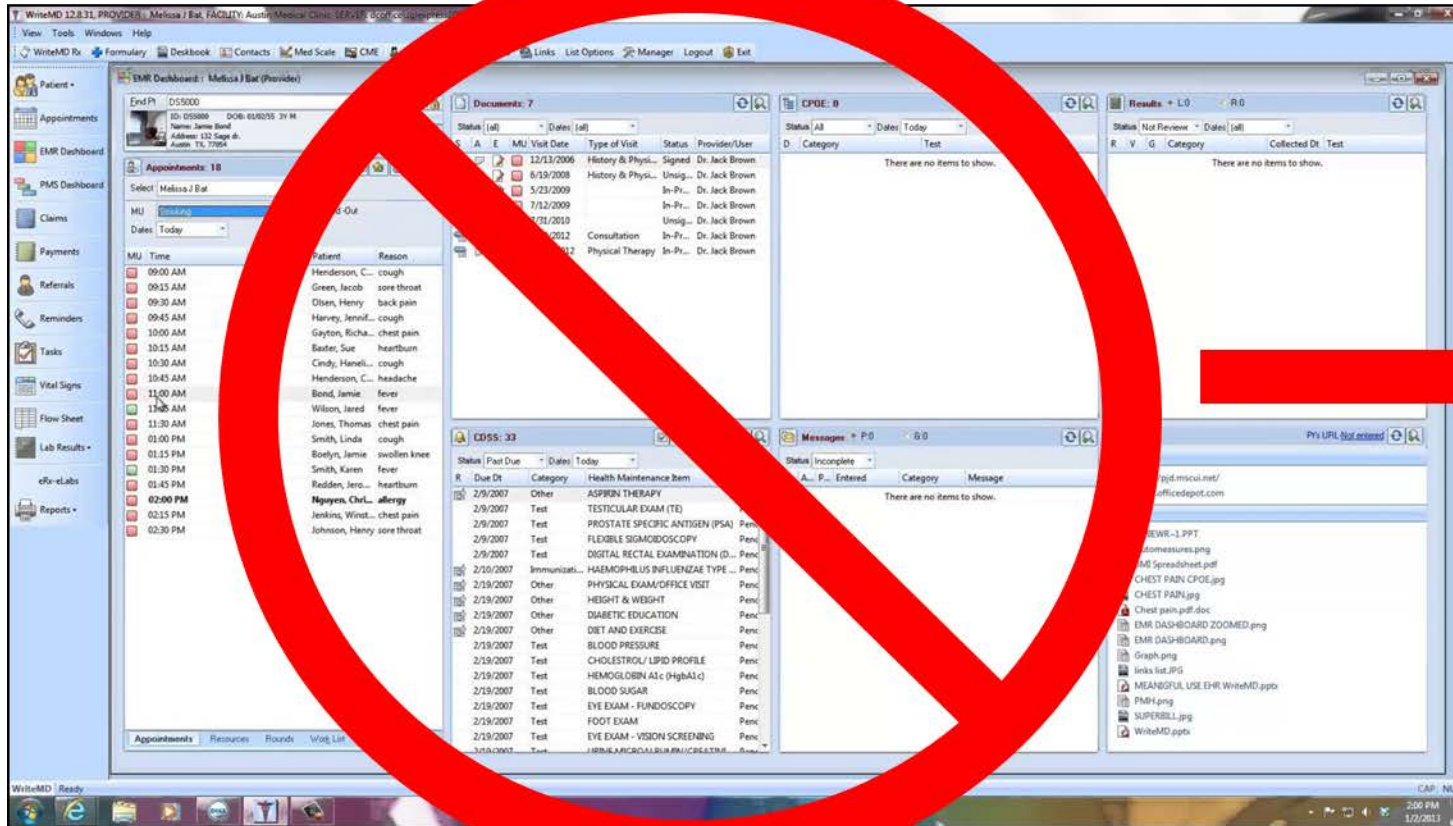
- ‘Live’ HIV, hepatitis C, and substance use management consultation  
9am ET – 8pm ET | Monday-Friday (*Perinatal HIV Hotline is 24/7*)

- Can also reach NCCC through [nccc.ucsf.edu](http://nccc.ucsf.edu), or submit request via portal





# We offer a *different kind of clinical decision support...*





# Some team members



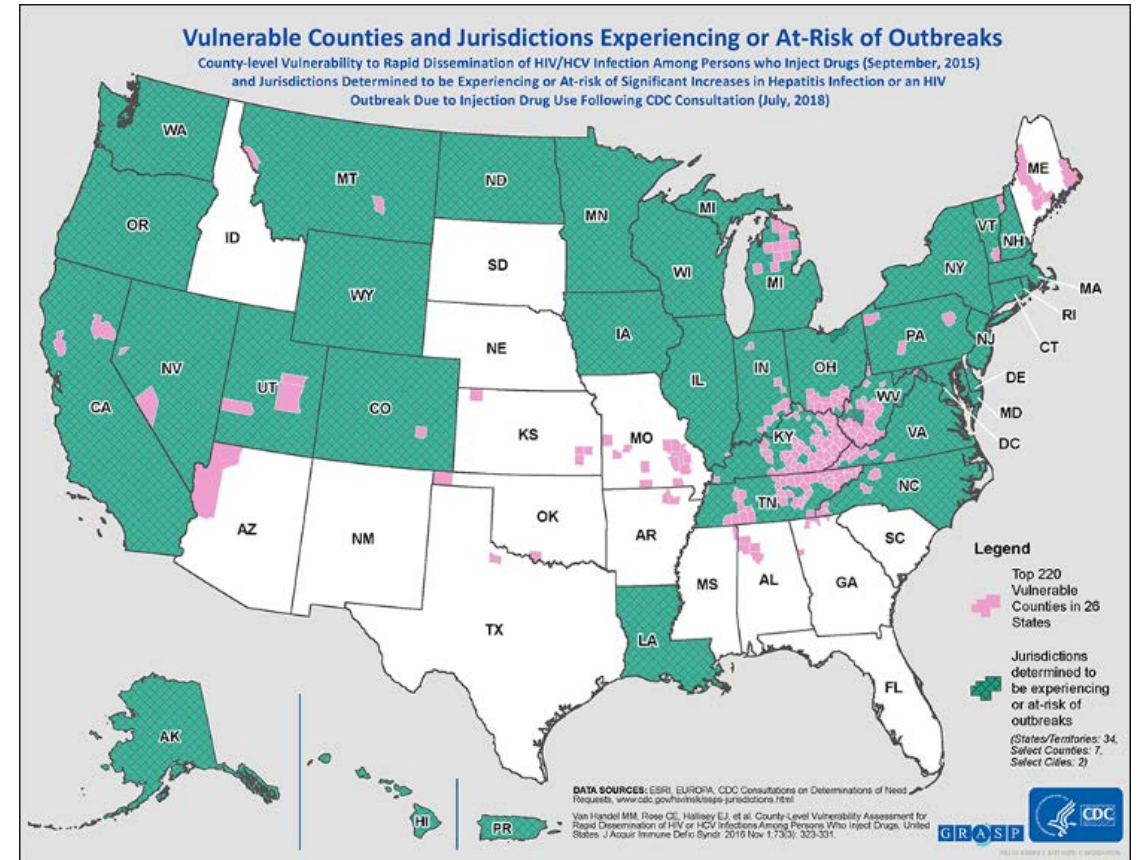


# Why you should know about the NCCC!

Not all communities have access to multi-disciplinary HIV, hepatitis C, and substance use expertise.

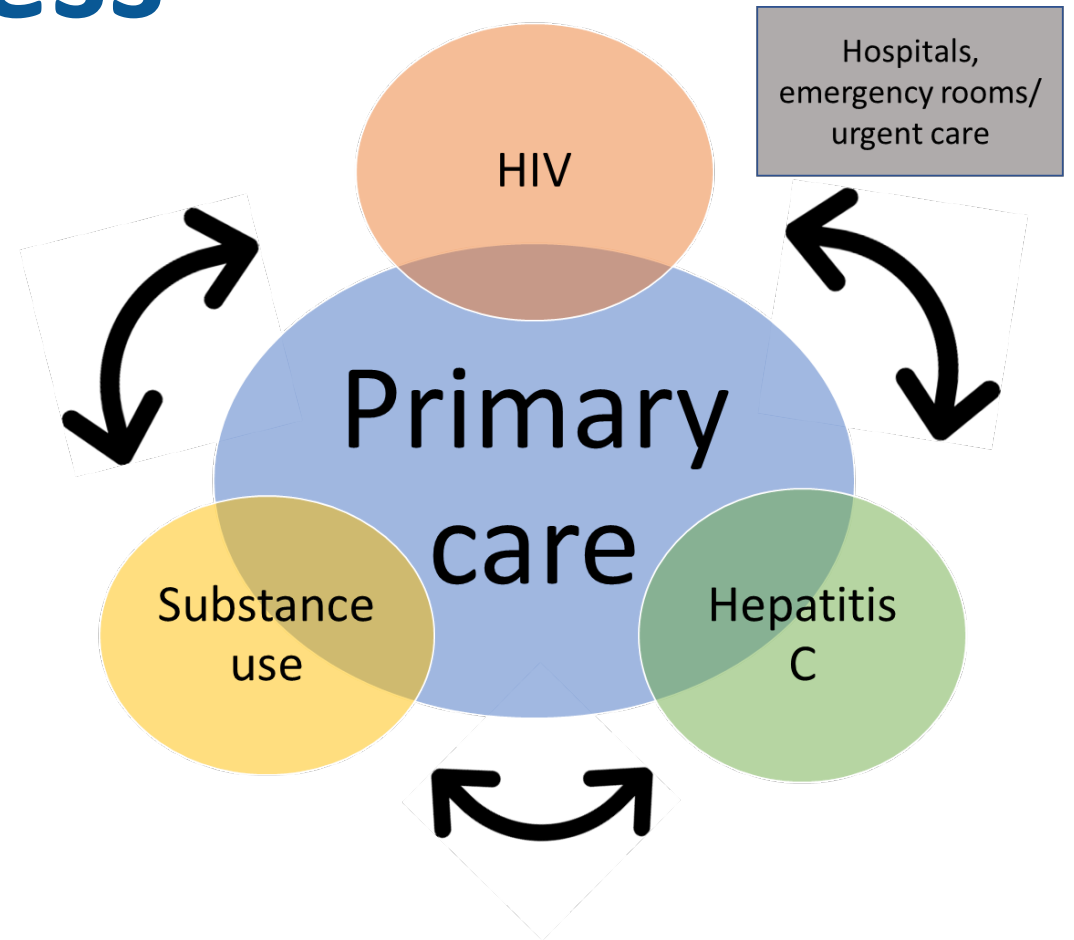
Incorporating remote specialists through tele-medicine/tele-consultation:

- can improve health outcomes
- is cost-effective
- is provider- and patient-friendly



# Multiple clinical “access points” for integration...

... every access point benefits from practical, point of care support and guidance that can be implemented, no matter whether resource-rich or resource-limited!

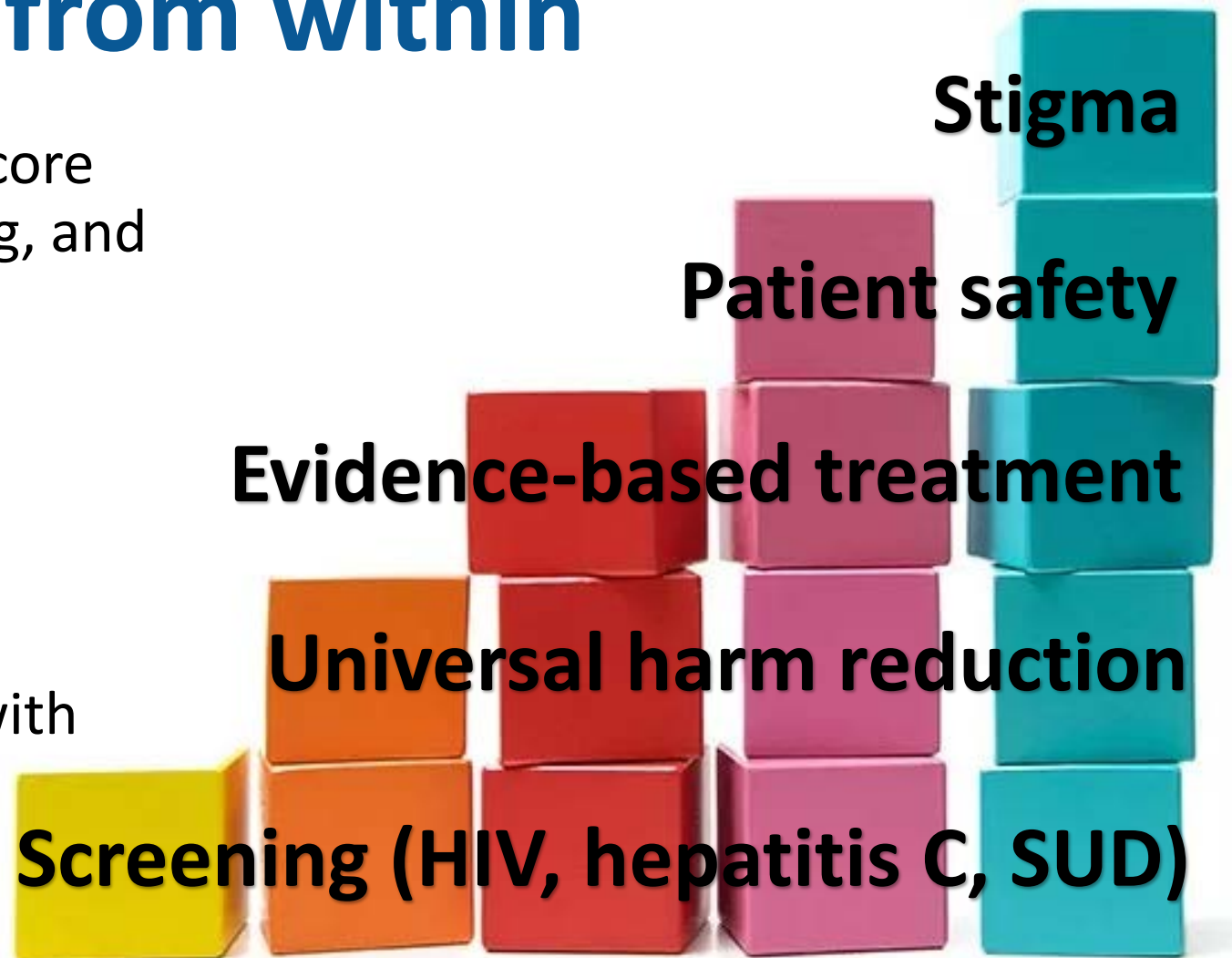


# Part I: Educating from within

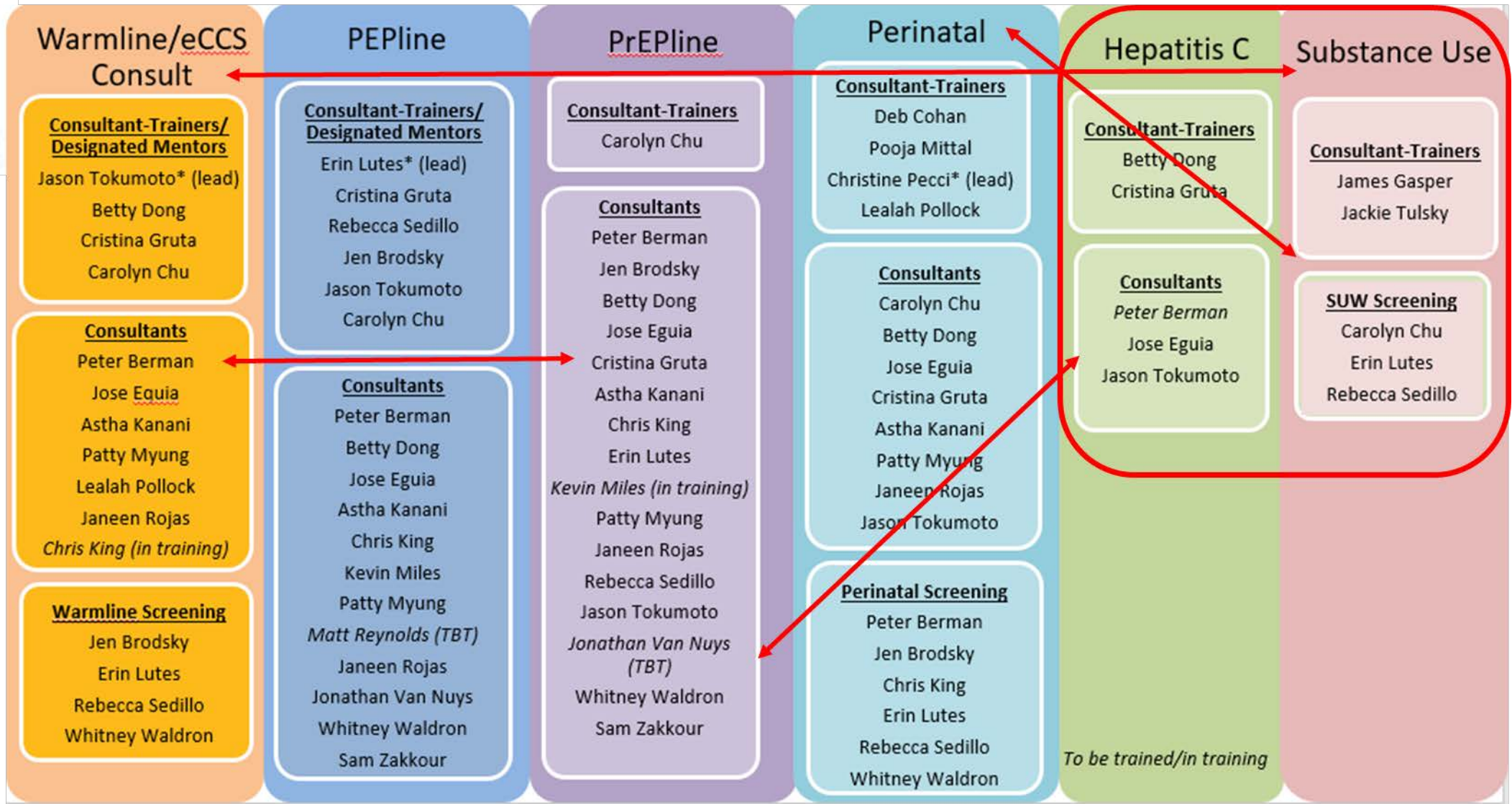
Weekly NCCC sessions for internal “core consultant” education, cross-training, and professional development

Monthly/quarterly inter-disciplinary “specialty” team meetings and case discussions:

- ↑ specialist knowledge/comfort with other domains and approaches
- Optimize patient outcomes









# Cross-specialty dialogues

*How/whether to initiate HCV treatment in someone with an alcohol use disorder and probable cirrhosis?*

*How to best deliver HCV care, and support treatment adherence, for a patient who is injecting heroin? Using methamphetamine?*

*How to increase awareness and utilization of HIV pre- and post-exposure prophylaxis among people who inject drugs?*

*How to discuss opioid tapering in a long-term [HIV] survivor who has chronic, severe pain from peripheral neuropathy?*

# NCCC database integration

Call covered topics appropriate for: **Available**

- No other lines--
- Substance Use Warmline
- HIV Warmline
- Hepatitis C Warmline
- Perinatal HIV Hotline
- PEPline

**Chosen**

**\*\* WAS DTG AND NEURAL TUBE DEFECT CONCERN DISCUSSED? \*\***

DTG and neural tube defect discussed? --None--

**Case Categories**

PrEP Case Categories

**Available**

- PrEP eligibility/suitability
- Lab testing incl. baseline and follow-up
- ARVs for PrEP incl. side effects
- PrEP complications and management
- PEP to PrEP
- PrEP in preg/breastfeeding/conception
- Non-PrEP HIV prevention methods
- General info on PrEP
- PrEP to PEP

**PATIENT DEMOGRAPHICS**

Patient Age

Please Indicate Age Units **Years**

Patient's Gender (PrEP) **--None--**

self-describe details

sex assigned at birth **--None--**

Woman of childbearing age? **--None--**

**HISTORY**

risk eligibility for PrEP

**Available**

- MSM
- Hetero sex
- Transgender
- IDU
- Sex partner is HIV+
- Shares injxn equipment with HIV+ person
- Sex partner is high-risk for HIV
- Shares injxn equip, unk/risky partner
- Multiple sex partners

**Chosen**

If applicable/known, partner's last VL **--None--**

If applicable/known, partner's exact VL

If known, timing of partner's last VL?

If applicable/known, partner on ART? **--None--**

# Part II: Educating and supporting callers

- How do I start buprenorphine? Any interactions with hepatitis C medications? How often should I see someone after starting medications?
- How do I talk with my patient about their urine tox results? If I stop prescribing pain medications, I'm worried they won't attend their appointments and will stop taking their ART.
- Where can I find more information on obtaining a buprenorphine waiver? On PrEP?

	2 <sup>nd</sup>	HOW?	WHAT?	WHY?
1 <sup>st</sup>		HOW-HOW	HOW-WHAT	HOW-WHY
<b>HOW?</b> METHODS, SKILLS, TOOLS, BEHAVIORS	<ul style="list-style-type: none"> <li>• HOW CAN WE IMPROVE THE WAY WE DO IT?</li> <li>• HOW CAN I DEVELOP MY SKILLS?</li> </ul>	<ul style="list-style-type: none"> <li>• HOW CAN WE IMPROVE OUR DECISIONMAKING?</li> <li>• HOW CAN WE MEASURE RESULTS?</li> </ul>	<ul style="list-style-type: none"> <li>• HOW CAN WE FIND OUT WHAT THE CUSTOMER WANTS?</li> <li>• HOW CAN WE STRENGTHEN OUR SENSE OF PURPOSE?</li> </ul>	
<b>WHAT?</b> OPTIONS, CHOICES, RESULTS, TARGETS, MEASUREMENTS, QUANTITY	<ul style="list-style-type: none"> <li>• WHAT ELSE DID WE DO LIKE THAT?</li> <li>• WHAT RESULTS DO OUR COMPETITORS GET WHEN USING THAT TOOL?</li> </ul>	<ul style="list-style-type: none"> <li>• WHAT COULD BE ANOTHER OPTION?</li> <li>• WHAT SCENARIO DO WE CHOOSE TO PURSUE?</li> </ul>	<ul style="list-style-type: none"> <li>• WHAT RESULTS CONTRIBUTED MOST TO OUR PURPOSE?</li> <li>• ARE OUR CHOICES GUIDED BY OUR VALUES?</li> </ul>	
<b>WHY?</b> PURPOSE, VALUES, BELIEFS, MOTIVES, QUALITY, GOOD/BAD	<ul style="list-style-type: none"> <li>• WHY DO WE DO IT LIKE THAT?</li> <li>• WHY DO WE STILL USE THIS METHOD?</li> </ul>	<ul style="list-style-type: none"> <li>• WHY DON'T WE TRY SOMETHING ELSE?</li> <li>• WHY DO WE MEASURE THIS?</li> </ul>	<ul style="list-style-type: none"> <li>• WHY DON'T I KNOW WHAT I WANT?</li> <li>• WHAT IS THE PURPOSE OF A CLEAR VISION?</li> </ul>	

# Case study: Perinatal HIV Hotline call

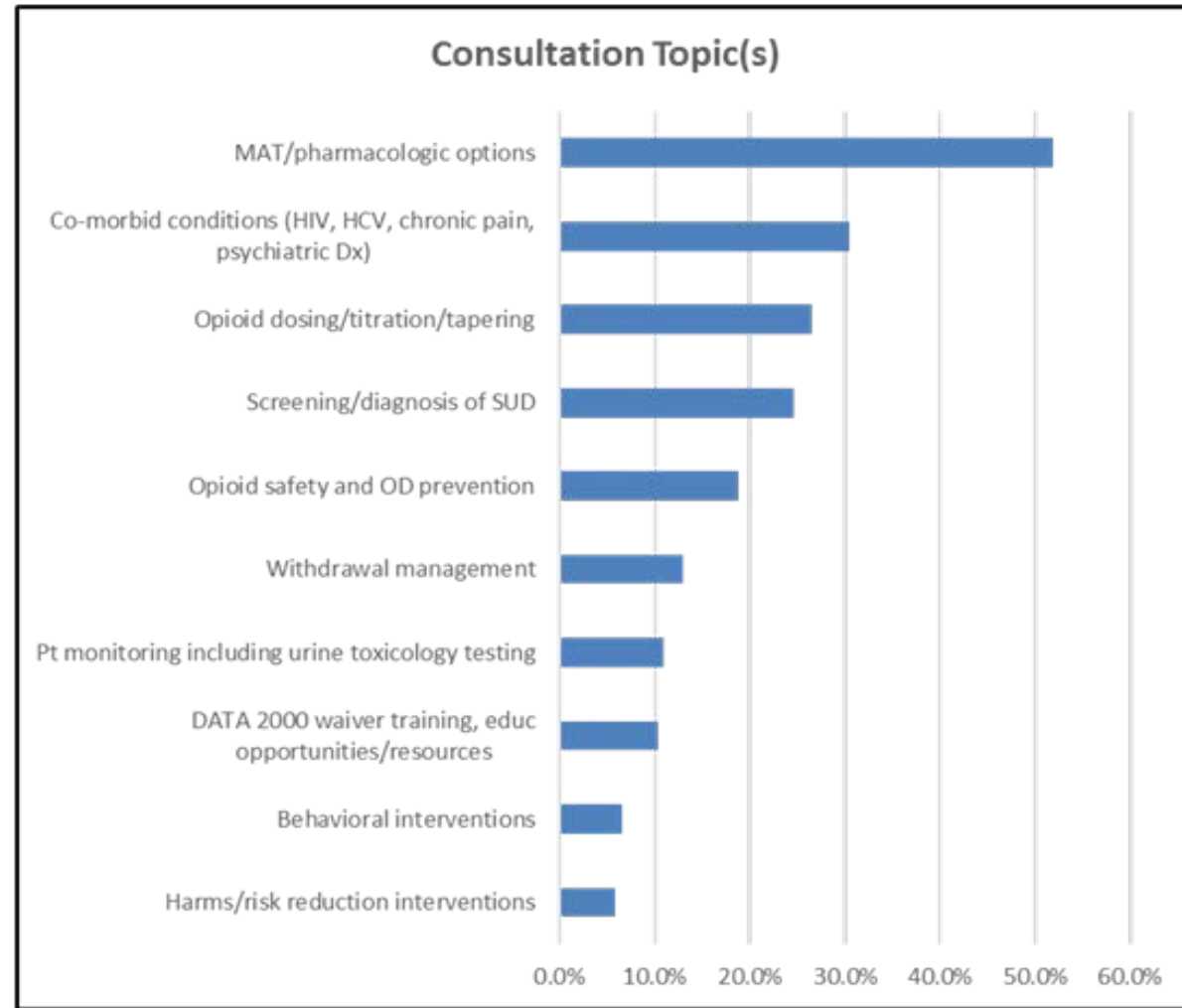
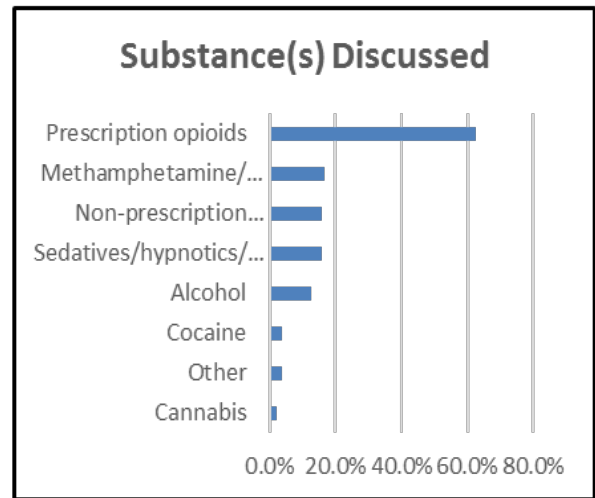
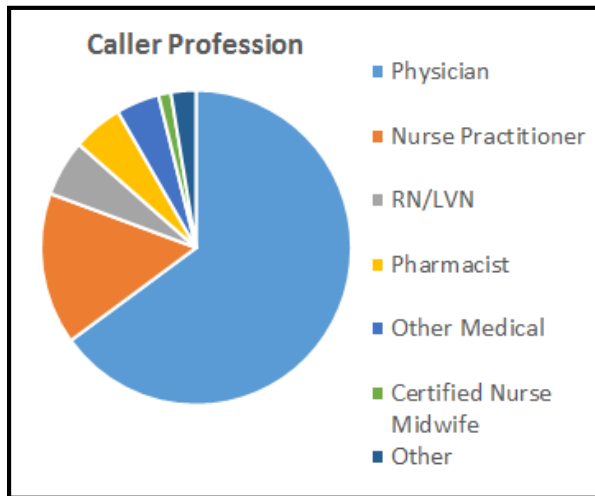
*What ARVs should infant receive after delivery? Can HCV be treated in the third trimester to reduce risk of transmission?*

34yo G4P0 at 32wks gestation, initially presented for care at 22wks GA after being lost-to-follow-up for over a year. The patient has been off ARVs for the entire pregnancy. The new care team started FTC/TDF + DTG soon after re-initiation of care, and the patient is now virologically suppressed. The patient is also now enrolled in intensive outpatient substance use treatment (h/o heroin use), and has been on buprenorphine 8mg daily for the last ~2 months.

The patient was also found to be newly HCV Ab positive, with a viral load of ~10 million IU/L. The patient thinks she likely acquired this during her 1<sup>st</sup> trimester.



# Substance Use Warmline: a snapshot



# System-level possibilities...

Incorporating Substance Use Warmline # into EHR, PDMP

Group, web-based consultations with NCCC consultants



# Engagement is key!

Understand context

Provide information that providers can relate to

“Small” reminders (i.e. naloxone co-prescribing) can help set the stage for more complex discussions

Develop a connection and maintain flexibility while encouraging positive changes and provider self-confidence



# Caller feedback

*“The HIV Warmline is an excellent, invaluable resource. I have minimal experience caring for HIV so this service has literally been a lifesaver. It’s incredibly efficient and the staff are great.”*

*“I am a rural family practice physician, and learning how to treat hepatitis C. I would not be able to do what I do without the Hepatitis C Warmline.”*

*“The Substance Use Warmline is a fantastic and critical service for providers who don’t have internal/local support. The recommendations and expertise were integral to the success of my treatment of patients on buprenorphine.”*

*“I couldn’t be more pleased with the Substance Use Warmline. Not once have I felt like the consultant was rushing me or a problem was taking too long. She gave me up-to-date information and even followed-up with me later to see how my patient was doing. Thank you!”*



# Looking for NCCC outreach materials?


Contact [Brenda.Goldhammer@ucsf.edu](mailto:Brenda.Goldhammer@ucsf.edu) or [Carolyn.Chu@ucsf.edu](mailto:Carolyn.Chu@ucsf.edu)



CLINICIAN-TO-CLINICIAN ADVICE

- HIV/AIDS MANAGEMENT
- PERINATAL HIV
- HEPATITIS C MANAGEMENT
- PREP, PRE-EXPOSURE PROPHYLAXIS
- PEP, POST-EXPOSURE PROPHYLAXIS
- SUBSTANCE USE MANAGEMENT

[www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)

 CLINICIAN CONSULTATION CENTER  
Translating science into care

—Ron Goldschmidt, MD,  
founder and director

(844) 437-4636

Online consultation services: [nccc.ucsf.edu](http://nccc.ucsf.edu)

The CCC, a part of the AIDS Education and Training Centers, is located at the University of California, San Francisco/Zuckerberg San Francisco General Hospital and is funded by the Health Resources and Services Administration and the Centers for Disease Control and Prevention.

 CLINICIAN CONSULTATION CENTER  
Translating science into care

## Thank you!

To learn more, go to: [nccc.ucsf.edu](http://nccc.ucsf.edu)

**HIV Warmline 800-933-3413**

**HEPline 844-HEP-INFO**

**Substance Use Warmline 855-300-3595**

**PrEPline 855-HIV-PREP**

**Perinatal HIV Hotline 888-448-8765**