From OR-HOPE to PRIME+ to PATHS:

Development of a Peer Assisted Telemedicine Model

Hunter Spencer
Joanna Cooper
Kelly Jones

Oregon Health & Science University
Department of General Internal Medicine

OR Viral Hepatitis Collective Annual Meeting, 10/26/23

Topics

- OR-HOPE and PRIME+
- OR-HOPE TeleHCV
- PATHS
- Next Steps

OR-HOPE
&
PRIME
any positive change

OR-HOPE, PRIME+, PATHS Key Ingredients

- **Researcher and state collaboration** to speed research-to-practice
- The knowledge of **CBOs and peers**
- **Supportive infrastructure** and workforce development
- **Structural interventions** to overcome barriers
- Clinician/provider **practice change**

Partners

OHSU

Investigators:
Todd Korthuis
Andy Seaman
Hunter Spencer

Oregon Health Authority

Judith Leahy
Kelsey Payne
Ann Thomas (retired)

Comagine Health

HIVAlliance

BAFS | RECOVERY HAPPENS

And peer programs around the state!


Ask to Unmute
Dane Zahner (HE, HIM, HIS) HIV Alliance
Mute
Gillian Leichtling (she)
Ask to Unmute
Sarann Bielavitz (she/her)
Hunter Spencer
Todd Korthuis
Jordan Shin
Joanna Cooper she/her
Judith Leahy OHA (she/her)
Larry Howell CRM He,him
Andy Seaman, He/They, Better Life Partners
Paul Gonzales CADCI, CRMII
Chris Fox
Caiti B
Maxine Howell
Karen Kidd She/Her
Lisa Kennedy

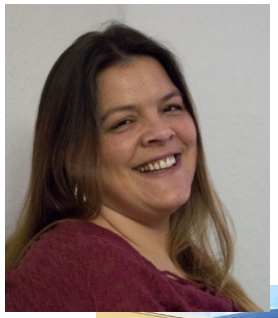
Oregon HOPE

FUNDING	NIH, part of national Rural Opioid Initiative
APPROACH	Peer specialists: • engage rural people who use drugs through direct outreach in community, syringe services, and referrals • use a harm reduction approach supporting self-identified goals
COUNTIES	• Piloted in Douglas and rural Lane • Expansion added Josephine, Coos, Curry • A few participants in Jackson and Umatilla

Oregon HOPE Peer Engagement Model

Research Activities

- Recruited people through respondent-driven sampling (PWUD referred each other)
- Peers and research assistants administered surveys at enrollment, 6 & 12 months



Peer Services

- Build relationships
- Community outreach
- Harm reduction supplies
- HCV/HIV/syphilis rapid testing
- Linkage to SUD/HCV treatment
- Insurance/resources assistance

Rural Opioid Initiative (UG3DA044831)

Preliminary Findings (N = 605)

- Mean age 38 years [SD 11]
- 64% male
- 82% white, 8% Hispanic
- 72% unhoused

- Past 30-days drug use:
  - 95% methamphetamine
  - 70% opioids
  - 91% injection drug use
- 12% overdosed in past 6 months

Within 90 days of enrollment…	N=605
Engaged with any peer services	70%
Engaged with peer harm reduction services	37%
Engaged with SUD treatment services	13%

Unpublished preliminary data, not for distribution

PRIME+

***P**eer **R**ecovery **I**nitiated in **M**edical **E**stablishments +*
HCV/HIV Testing and Linkage to Treatment

- In 2019, OHA behavioral and public health joined forces
  - OHA PHD secured CDC grant to pilot expansion of OR-HOPE model in 3 Eastern Oregon counties
  - OHA HSD oversaw peers in ED program under HB 4143
- Harmonized model included:
  - Linkage in EDs, other key entry points, and outreach
  - Focus on both substance use/overdose and infectious disease
- In late 2020, OHA funded statewide expansion thru SAMHSA SOR

Original program leads: Samantha Byers, Judith Leahy. **Current leads:** Judith Leahy, Kelsey Smith Payne

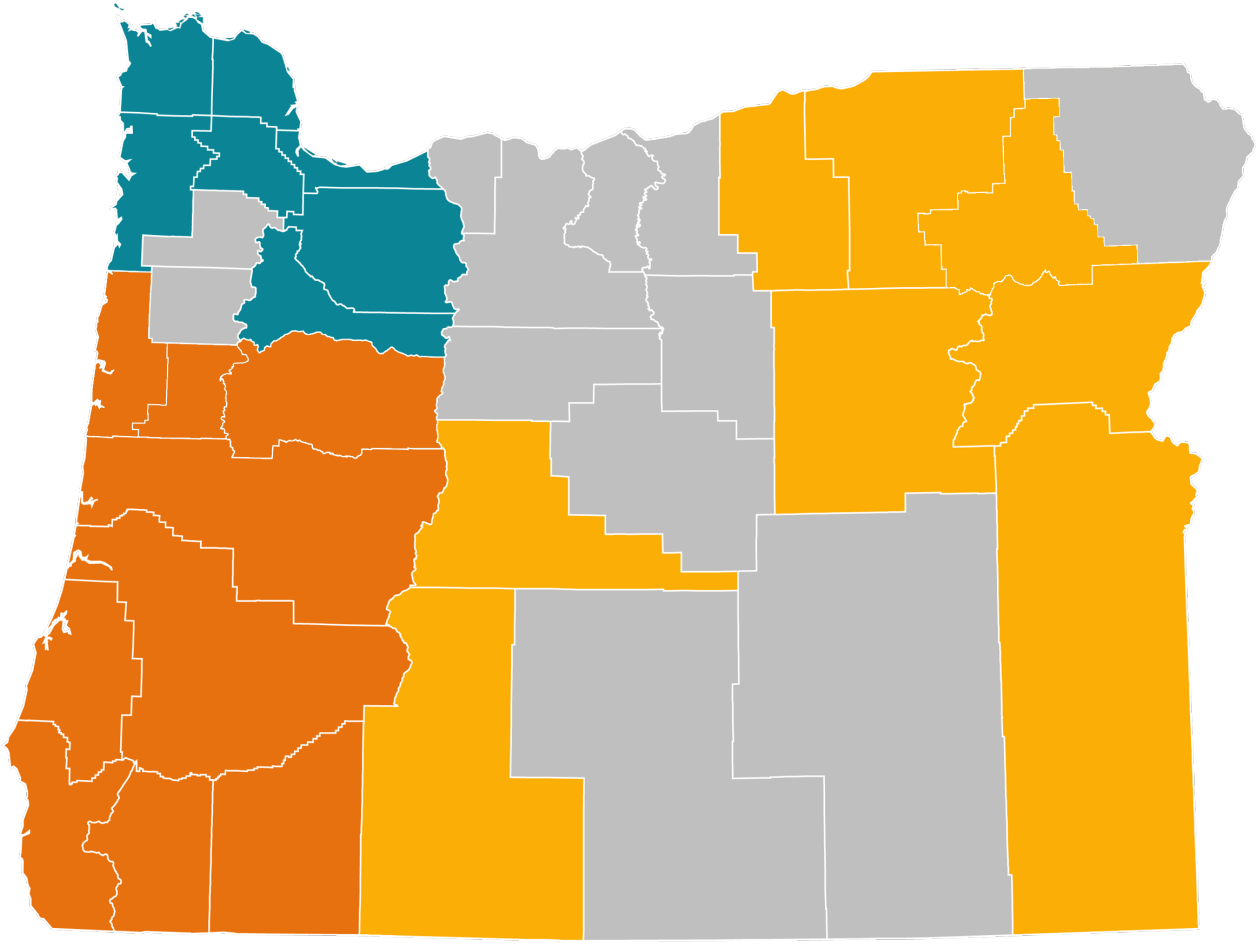
PRIME+ Locations

65 peers

24 of 36 counties

21 organizations

3 regions:
North, West, East



Current as of 10/2023

OR-HOPE Expansion Planning

OR-HOPE pilot phase found:

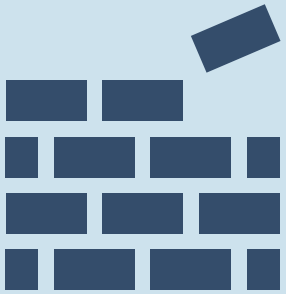
- **50%** HCV Antibody+; but only **4%** reported access to HCV treatment
- High comfort with peer recovery support specialists[2]

Community Engaged Feedback: **Help us with HCV Treatment!**

[2]Stack E, et al. *J Addict Med*. 2022;16(1):93-100

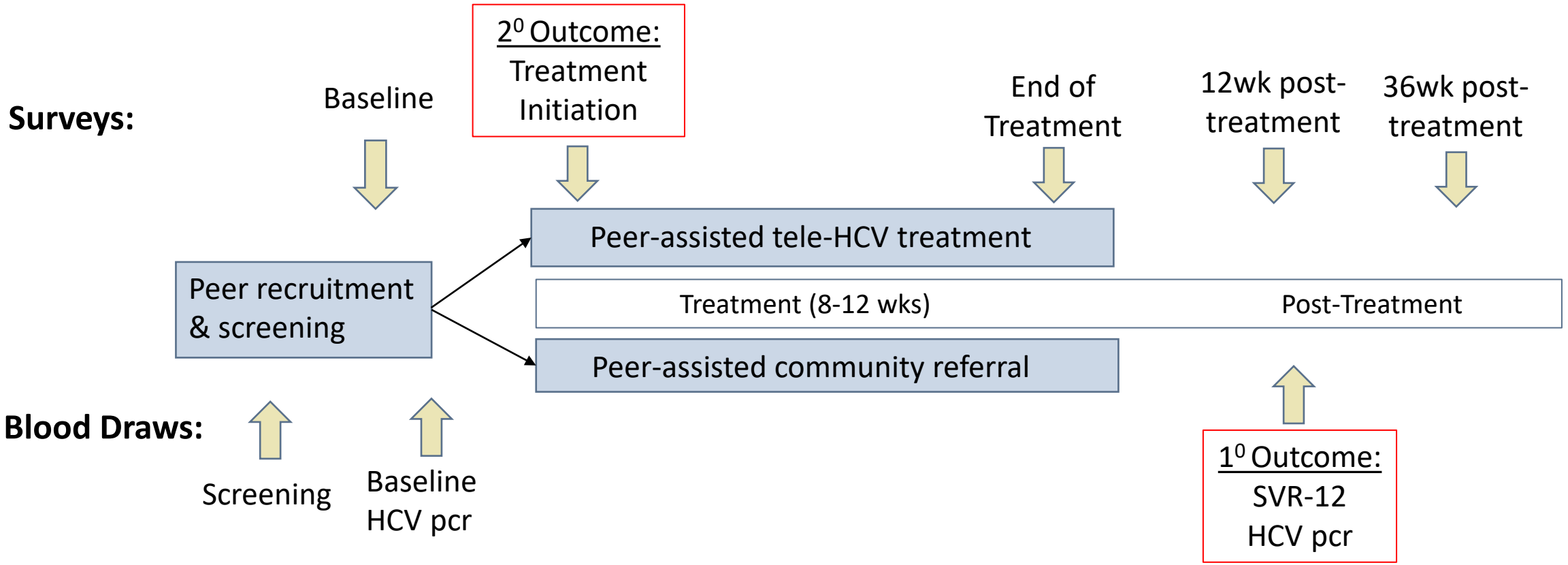
Response: RCT of Peer-Assisted TeleHCV

- Study Design
  - Randomized Controlled Trial (1:1)
  - Qualitative Interviews with Participants, Peers, Clinicians
- Participant Eligibility
  - **Inclusion:** Injection drug or recreational opioid use in past 90 days, positive HCV viral load, health insurance eligibility
  - **Exclusion:** Decompensated cirrhosis, pregnancy, breastfeeding



OR-HOPE TeleHCV

OR-HOPE Tele-HCV Study Design

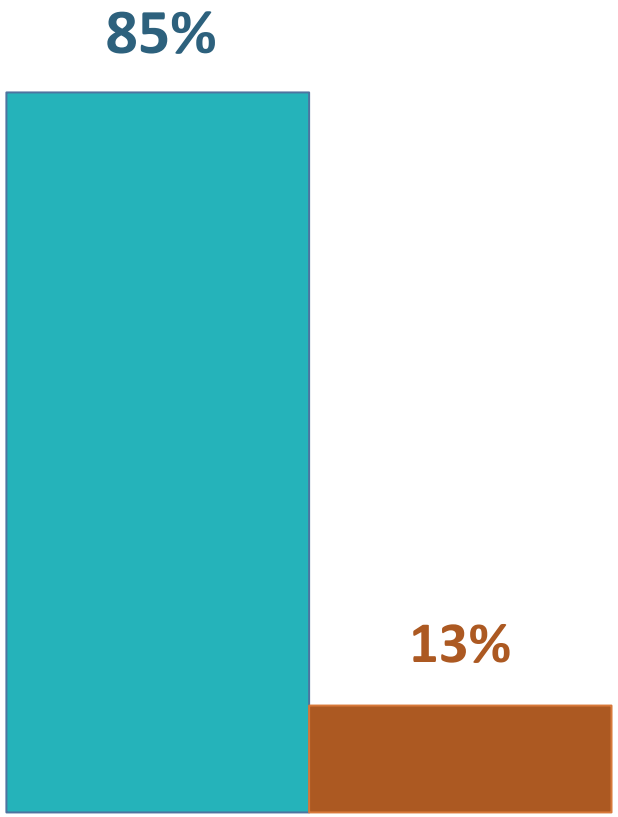


Herink MC, et al. *ASCP* 2023

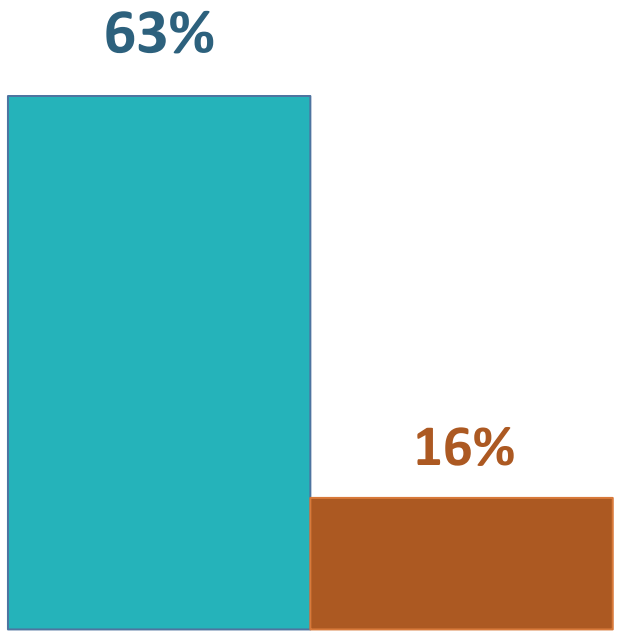
Preliminary Results

TeleHCV (N=100)

Community Referral (N = 103)



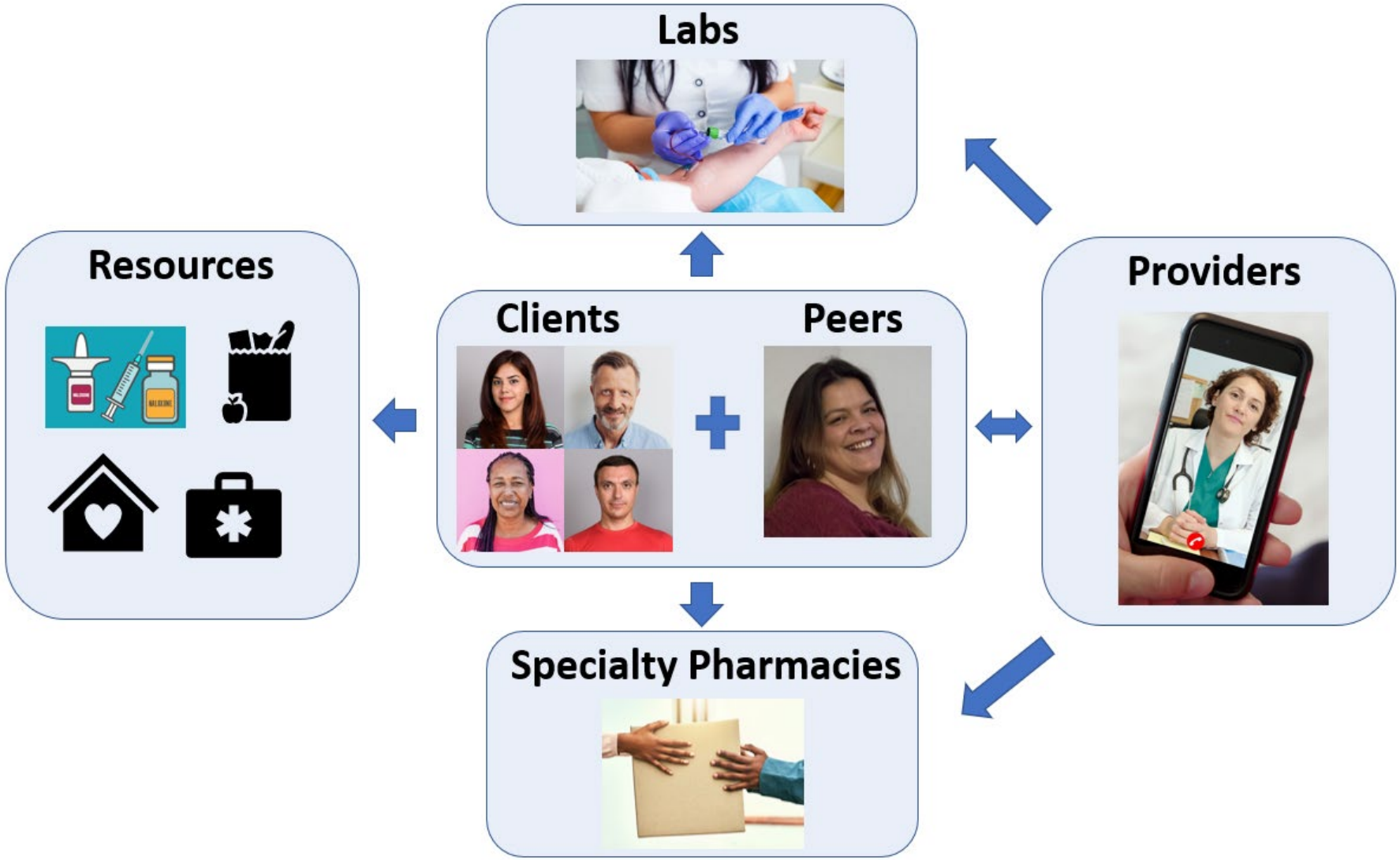
How many participants **started HCV meds** within 6 months?



How many participants **cleared HCV**?

Unpublished preliminary data, not for distribution

Peer Tele-HCV Model



Herink MC, et al. *ASCP* 2023

TeleHCV Component 1: Peer Support

- Pre-treatment support:
  - Rapid HCV/HIV testing
  - Harm reduction tools
  - Insurance enrollment
  - Lab testing
- Treatment support:
  - Telemedicine visit facilitation, including bringing technology to participant
  - Medication pick-up, adherence support, and retention
  - Medication lockers if unstably housed
  - Crisis management
  - Housing assistance during HCV treatment

Herink MC, et al. *ASCP* 2023

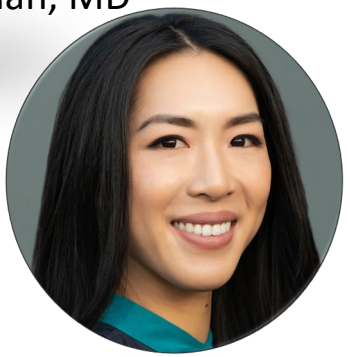
TeleHCV Component 2: Clinicians

- Staffing:
  - 3 General internists; 1 Nurse Practitioner; 2 Pharmacists
  - All clinically experienced in HCV treatment
- Key responsibilities:
  - Review labs, determine DAA treatment
  - Send Rx to specialty pharmacy
  - Follow-up adherence call with pharmacist at 4 weeks for refill


Jane Babiarz, MD


Andrew Seaman, MD


Christopher Fox, NP


Jenica Lee, PharmD


Megan Herink, PharmD


Hunter Spencer, DO

Herink MC, et al. *ASCP* 2023
Seaman A, *IJDP* 2022

TeleHCV Component 3: Structural[1]

- Standing, streamlined lab orders[2]
- Payer & pharmacy agreements
- Peers and TeleHCV providers communicate directly to eliminate inflexible 3rd party scheduling
  - Typically, same-day unscheduled appointments ("walk-in")
- Developed medication locker protocol reviewed by BoP
- Team advocated for system changes to resolve delays by labs, payers, specialty pharmacies; and housing assistance from CCOs during HCV treatment

[1] Herink MC, et al. *ASCP* 2023

[2] Seaman A, *IJDP* 2021;96:103359

Preliminary Qualitative Findings

(n= 12 peers/clinicians, 34 participants)

Peers as Trusted Partners: "[Peers] create trust in a way that could not be created, initially, with a provider... They sort of **invite the provider into their bubble of trust**, and then warm hand-off that bubble." [Tele-HCV Clinician]

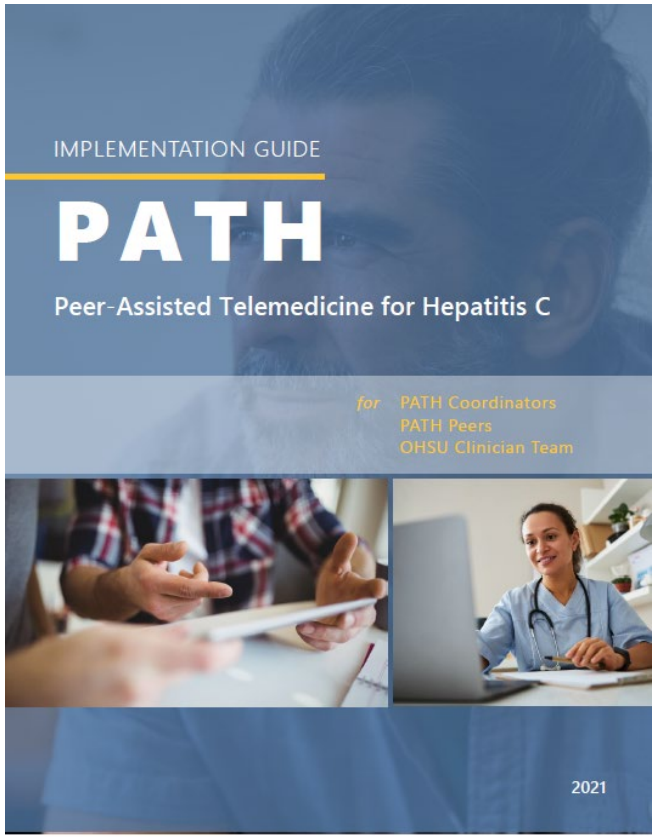
Streamlined Care: **"**I like the fact that you can just shoot a text or send an email and let [providers] know like, "Hey, this participant is here. Their labs are all done, and they're waiting for you." That's just really easy and convenient. Because we can be either at a [homeless] camp or we can be in a car, or we can be at the office or in the client's house, it doesn't matter. **We can just be there and talk to a doctor right then and there."** [Peer]

Meeting People Where They Are: **"**At the time, I was homeless, so I didn't have a way to get there. [A peer] came. She picked me up, and she took me to the lab to get tested… She took me everywhere I need to go. Then, **since I couldn't really get anywhere, they came to me**. That was really cool…The medication came to me, too. I didn't have to go pick it up. The UPS man dropped it off…They made it really, really easy to get rid of [HCV]." [Participant]


PATHS
Peer Assisted Telemedicine
for Hepatitis C and Syphilis

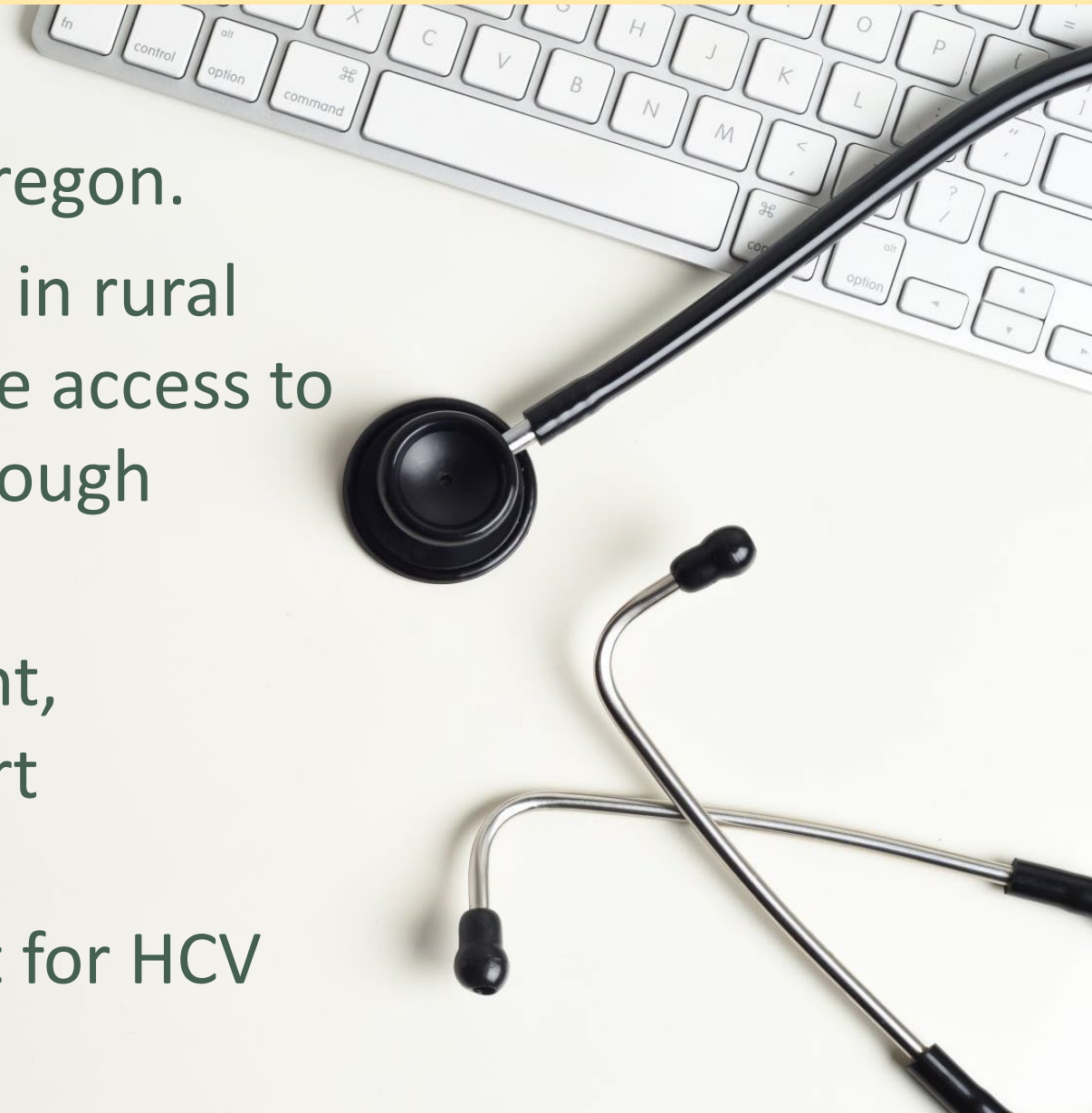
PATHS: Peer Assisted TeleHCV

- Strong preliminary study results led OHA to fund OHSU to support Peer Assisted TeleHCV statewide
  - Funding from SAMHSA State Opioid Response
- Implementation team providing training and TA to peer programs (such as PRIME+)
- Model includes testing for hepatitis C and B, syphilis, HIV



Goal and Mission

- Our **goal** is to eliminate HCV in Oregon.
- Our **mission** is to empower peers in rural and underserved areas to provide access to care for those who use drugs, through telemedicine.
- Peers are essential for recruitment, engagement, and ongoing support for people who use drugs to access telemedicine treatment for HCV



Training and Support

- Now training PRIME+ peer sites; other peer teams are welcome
- Local public health in some counties is a partner for referrals, syphilis treatment, other services
- OHSU support to PATHS sites includes:
  - Virtual trainings and weekly drop-in meeting
  - In-person technical assistance visits
  - Basecamp board for materials and messaging
  - Clinical coordinator assistance with labs and clinician communication

Implementation Materials

- PATHS guide and training slides
- Hep C brochure, FAQ, and wallet cards designed for PWUD
- Standing order lab forms tailored by lab
- Other supportive materials such as CCO housing voucher request information, letter requesting ultrasound or lower extremity draw for people with difficult veins

Peer teams trained in 12 organizations in 14 counties

County	Organization
Clatsop	Clatsop County Behavioral Health
Columbia	Columbia County Mental Health
Coos	Bay Area First Step
Curry	Bay Area First Step
Deschutes	BestCare
Douglas	HIV Alliance
Douglas	ADAPT
Jackson	HIV Alliance
Josephine	HIV Alliance
Klamath	Transformations
Malheur	Malheur County Health Department
Marion	Marion County Health and Human Services
Multnomah	NW Instituto Latino
Umatilla	Oregon Washington Health Network
Lincoln	Phoenix Wellness Center

Identifying PATHS Participants

- Untreated, previously diagnosed HCV
- Exposure to HCV through sharing a syringe with a person known to have HCV
- Other know risks for HCV infection:
  - Blood transfusion, Organ transplant prior to 1992
  - **Ever being incarcerated**
  - Living in a house with someone with HCV
  - **Sharing syringes with others**
  - Rapid Antibody Test

Peer Initial Steps with Participant

- OHSU registration, insurance verification
  - Call OHSU to register the participant as a patient and designate Peer as secondary contact
  - Confirm health insurance; if needed, peer or OHSU enroll in OHP
- Labs
  - Complete worksheet to determine which pretreatment lab order form to take to lab
  - Take participant for blood draw at lab; results are sent to OHSU

Peer Support for Telemedicine Visit

- Preparation
  - Discuss with the Participant **where** (home, van, peer office, etc) and **how** (smart phone, tablet, computer) the visit will happen
  - Call/text PATHS Clinical Coordinator to schedule same- day telemedicine appointment
- During Visit
  - Support technology linkage to provider
  - Help Participant decide where the HCV medication will be delivered (Participant residence or medication lockers at the peer program office)
  - Help Participant decide who should be contacted for medication refill (Participant or Peer)
  - **Peers Provide Ongoing Support Throughout Treatment**

OHSU Clinician Team Practices

- PATHS Clinicians (and clinical pharmacists)…
  - Meet weekly, and discuss best practices
  - Support each other with case consultation for particular clinical issues and comorbidities
  - Advocate for patients when faced with system barriers
  - Are skilled in motivational interviewing
  - Provide care from a judgment-free, supportive and encouraging place
  - Love this work!

Summary: Why PATHS?

- Injection drug use is responsible for most new HCV infections
  - Fewer than 10% of people who use drugs (PWUD) with HCV access treatment; particularly hard to access treatment in rural areas
- Decentralized, low barrier treatment is crucial to elimination
  - Peer specialists know how to engage people, stay in contact, and locate people if they drop out of contact
  - PATHS telemedicine provides streamlined trauma-informed treatment by clinicians experienced in caring for PWUD

Thoughts from OR-HOPE/PATHS Peers

- We have seen people reduce their drug use, injection use, get into treatment, and be an advocate for not sharing used syringes and dispensing new needles to their friends.
- We have seen people collaborating together for rides and resources to get into detox, methadone, and inpatient treatment.
- What makes the difference in our work as peers: Meeting people where they are, offering harm reduction supplies, helping people get where they want to be.

Next Steps

- Continue training peer teams around the state
- Add dried blood spot testing needed to start treatment to reduce phlebotomy; testing is covered by Medicaid
- Train rural opioid treatment programs
- Expand acceptance of OHSU specialty pharmacy among CCOs
- Expand engagement with local public health departments
- Strengthen relationship with OHSU HRBR for streamlined access to telemedicine buprenorphine and cross-referrals

Questions?

Thank you!

Hunter Spencer
(425) 210-4421

Joanna Cooper
(971) 347-4744

Kelly Jones
(971) 276-4066

PATHSPROGRAM@OHSU.EDU