

Interpreting the Opioid Epidemic via a Blood Borne Pathogen Screening Program

Howard Bost Forum 2018

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NORTON
HEALTHCARE

Disclosures

- Grant Support from Gilead Sciences Inc. – FOCUS grant

Consider:

- a blood borne pathogens screening program in context of injection drug use
- ***how data – both the presence and absence of – can inform thinking and medical decision making,*** and
- policies and practices that can result in measureable change.

Norton Healthcare Overview

Market Share 52%:
(Approx. 2m patient visits per Year)

4 Hospitals
2,000 Providers
13 ICCs

Urban 85%
Rural 15%
(Approx. 1,000 feeder zip codes)

Payor Mix:
Commercial 43.8%,
Government 52.3%,
Other 4.0%

Testing Models

HIV

(Avg. 2,500 per month)

- Universal Pregnancy Testing @ week 12 and 36 (Outpatient)
- Chief Complaint STI Exposure (Outpatient)
- As Requested or Medically Warranted (Inpatient, Outpatient, ED)

HCV

(Avg. 3,500 per month)

- Universal Pregnancy Testing @ week 12 and 36 (Outpatient)
- Women Well Women Check (Outpatient)
- Chief Complaint STI (Outpatient, ED)
- Chief Complaint Illicit Drug Use (Inpatient, Outpatient, ED)

HBV

(Avg. 2,200 per month)

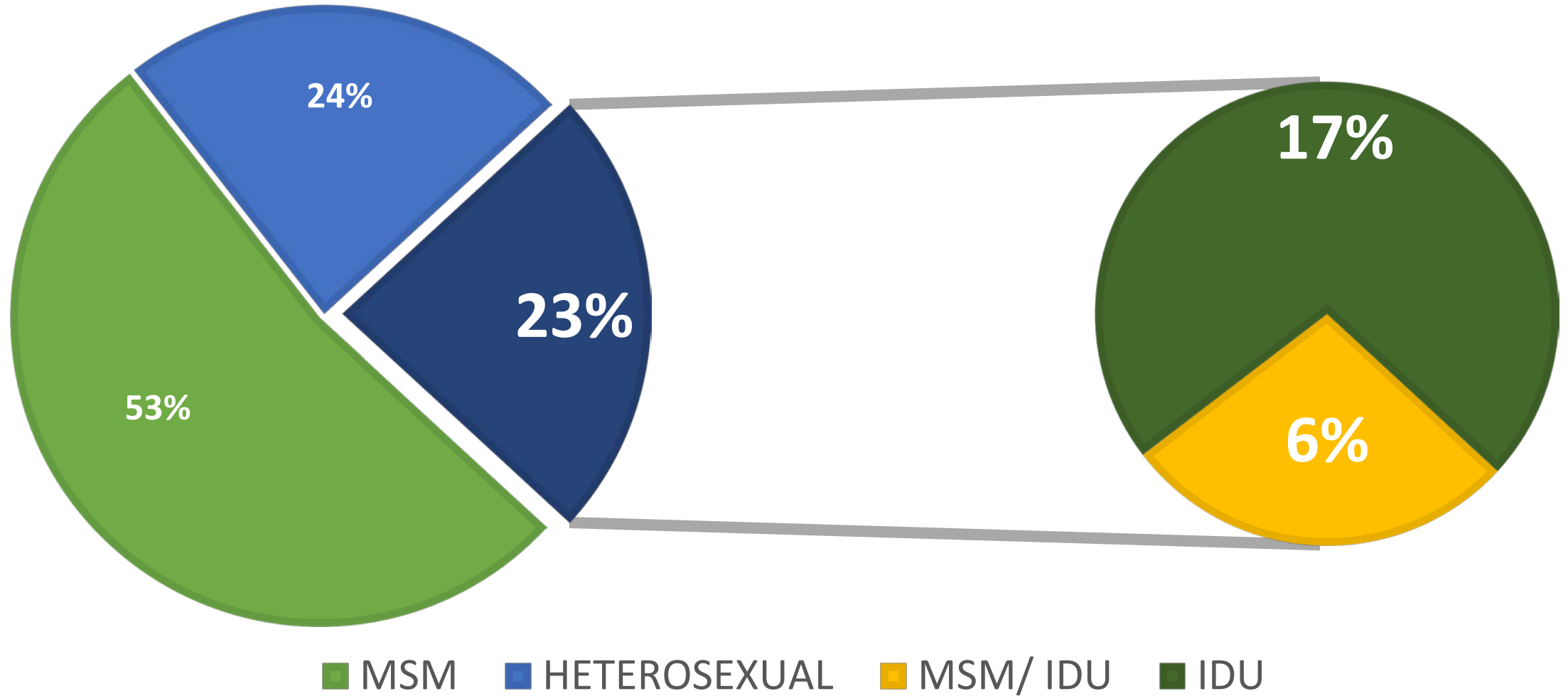
- Universal Pregnancy Testing @ week 12 and 36 (Outpatient)
- Chief Complaint STI – MSM & Heterosexual (Outpatient, ED)

Definitions

- **Universal screening** – Screened regardless of known or perceived risk-factor(s).
- **Risk-based screening** – Screened based on known or perceived risk factor(s).
- **Prevalence** - the percentage of a population that is affected with a particular disease at a given time
 - Population in the denominator (universal or risk-based screened) will change %

HIV Transmission

Norton Rate 23.5% vs. US Rate 9.0%



NHC data 1 May 2016 to 30 June 2018. N= 37,058. New HIV positive diagnosis = 153.

*MSM (Men that have sex with men).

HIV IDU

24 Men

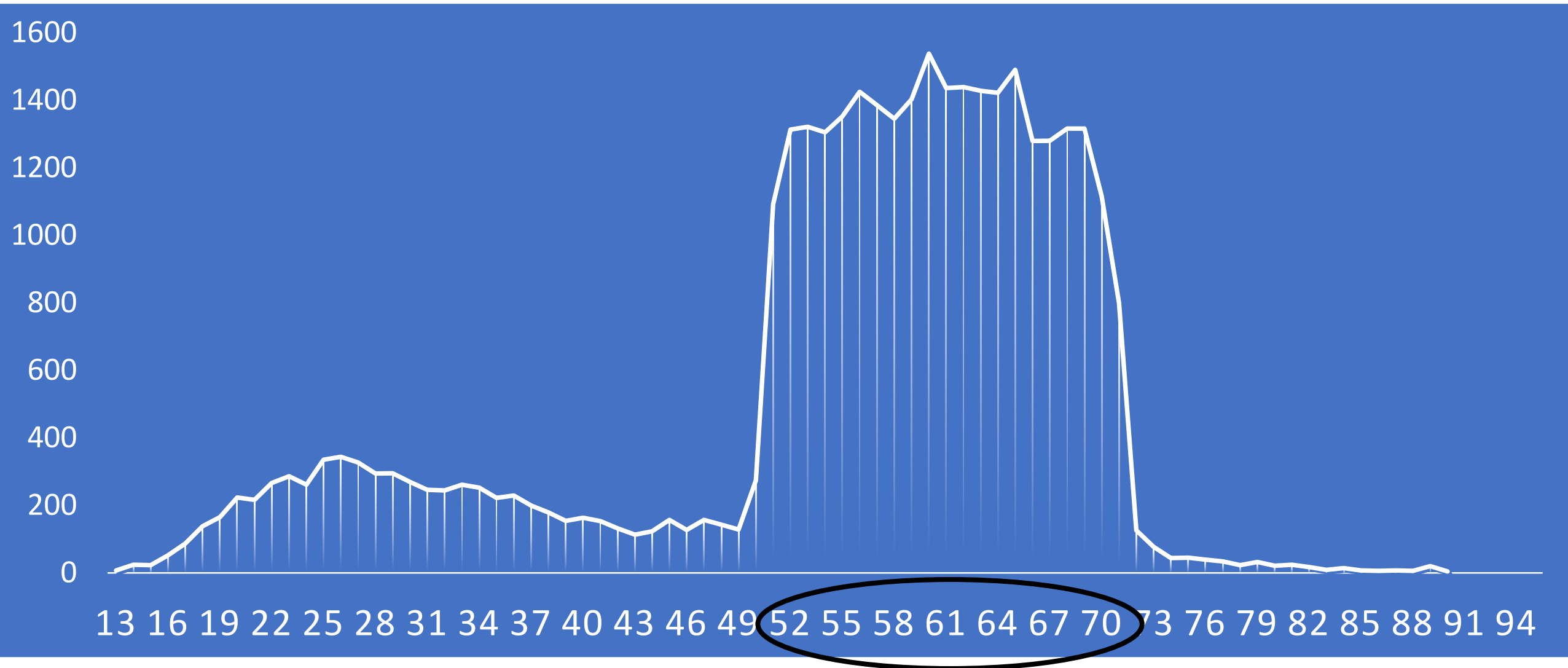
- **HCV and no STI's – 41.7%**
- STIs and no HCV – 20.8%
- No co-infections – 8.3%
- **No additional labs – 29.1%**

12 Women

- **HCV and STI's – 33.3%**
- **STI's and no HCV – 50.0%**
- No additional labs – 16.7%

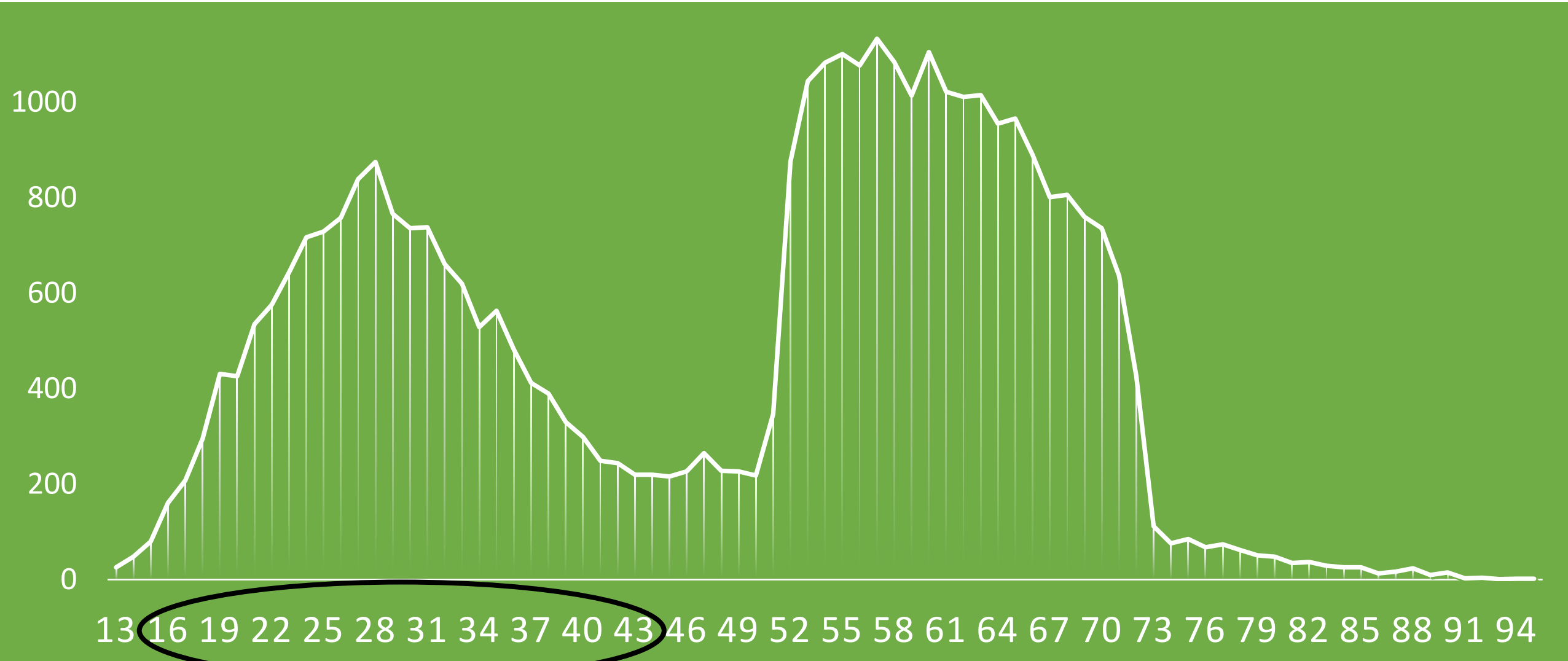
HCV Screening Year 1

Best Practice Advisory (BPA) Targets Baby Boomers



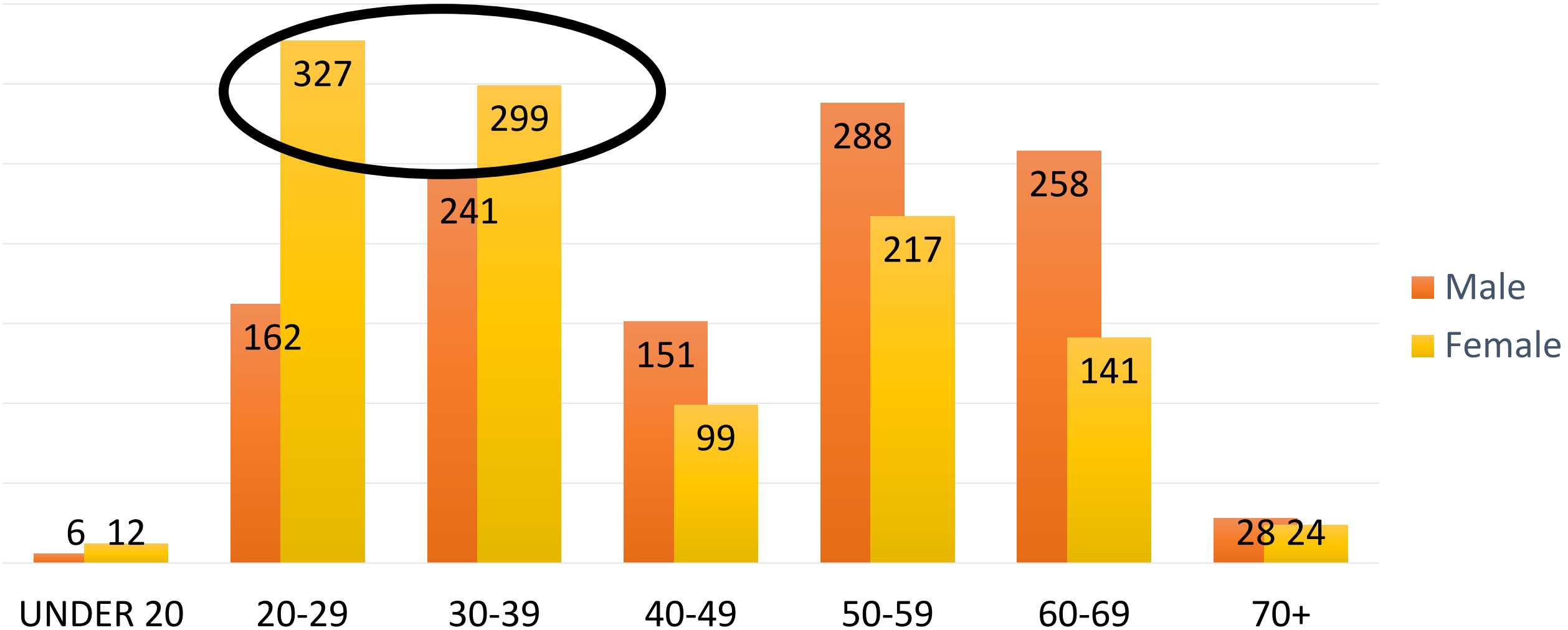
HCV Screening Year 2

Standing Order Targets Pregnant/Women Childbearing Age

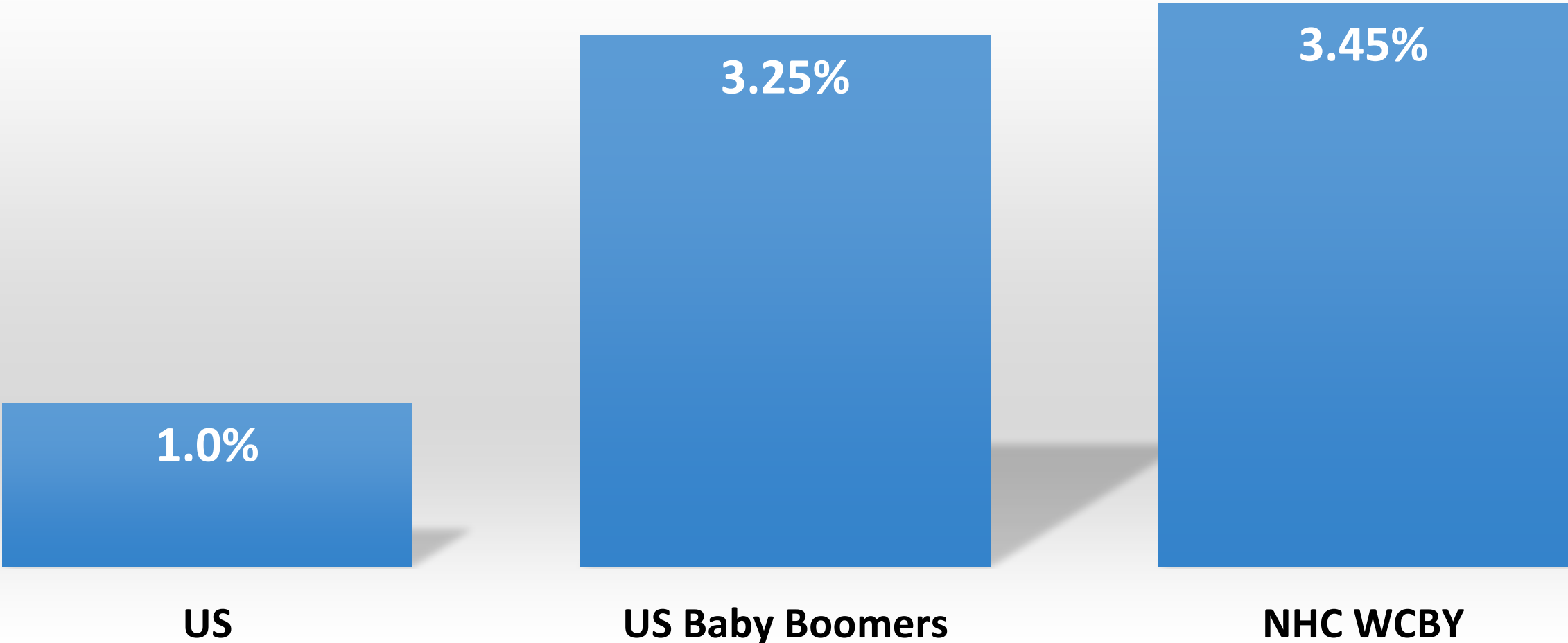


NHC Screening 1 July 2017 to 30 June 2018. N=36,897

Outcome of Expanded HCV Screening



Prevalence of Active HCV Infections by Cohort

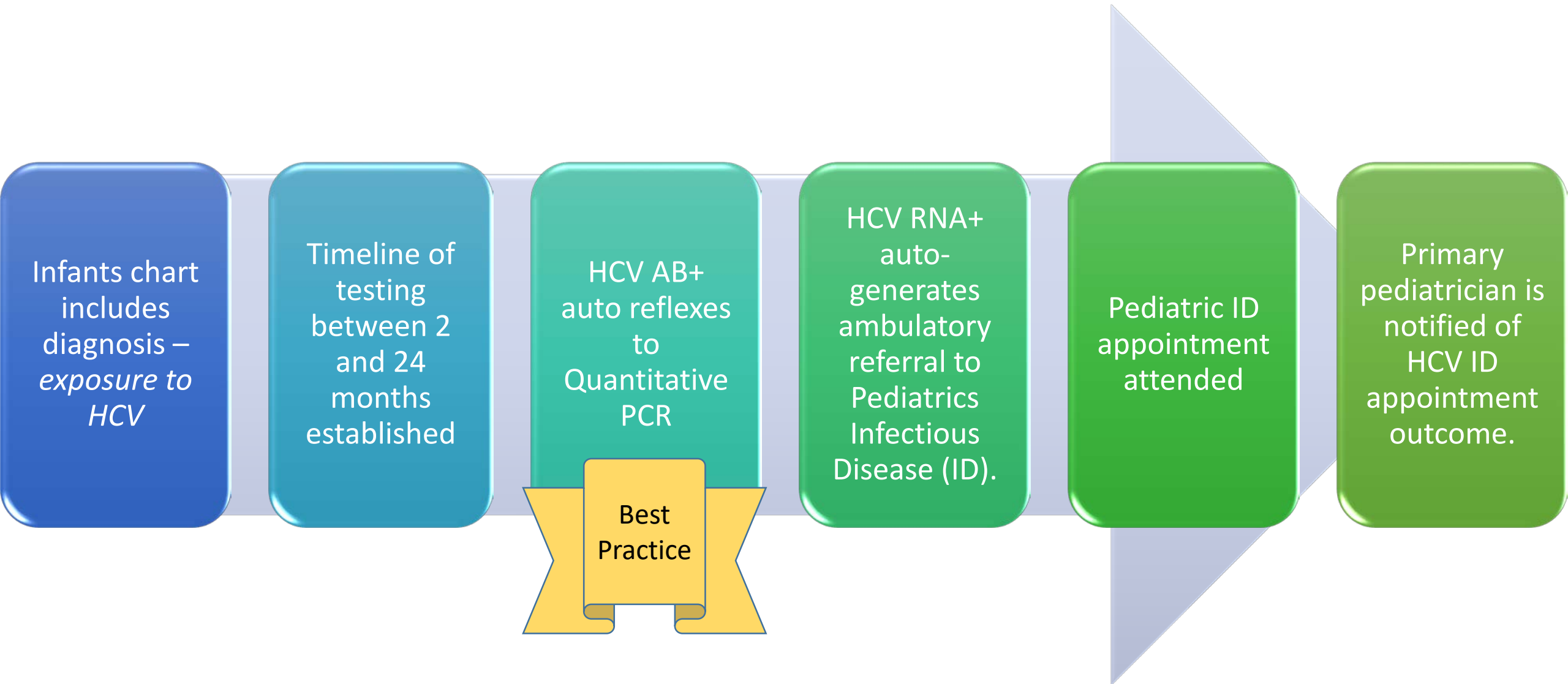


CDC data 30 April 2018. Norton Healthcare (NHC) data 1 July 2017 to 30 June 2018

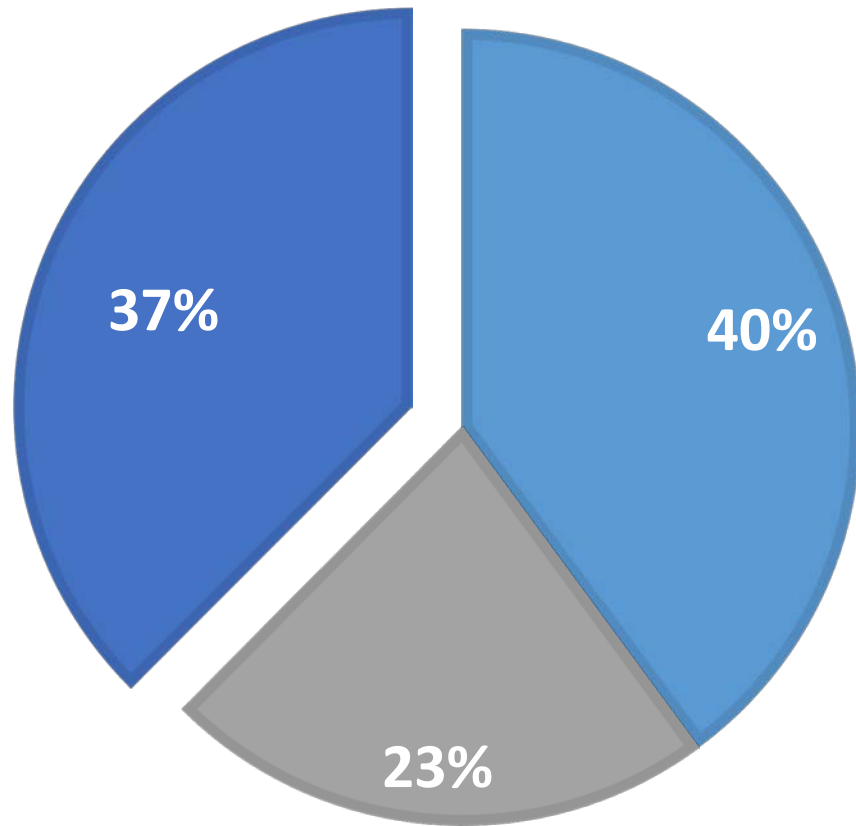
Kentucky Senate Bill 250 – Regular Session 2018

Effective 1 July 2018, Kentucky became the first State in the US to mandate universal HCV screening of pregnant women (anticipating 60,000 women screened annually). Moreover, all children born to HCV RNA+ mothers will have “exposure to hepatitis C” noted in their medical record to help ensure that children born to HCV positive mothers are also screened for HCV.

Ensuring Infants are Screened per SB250

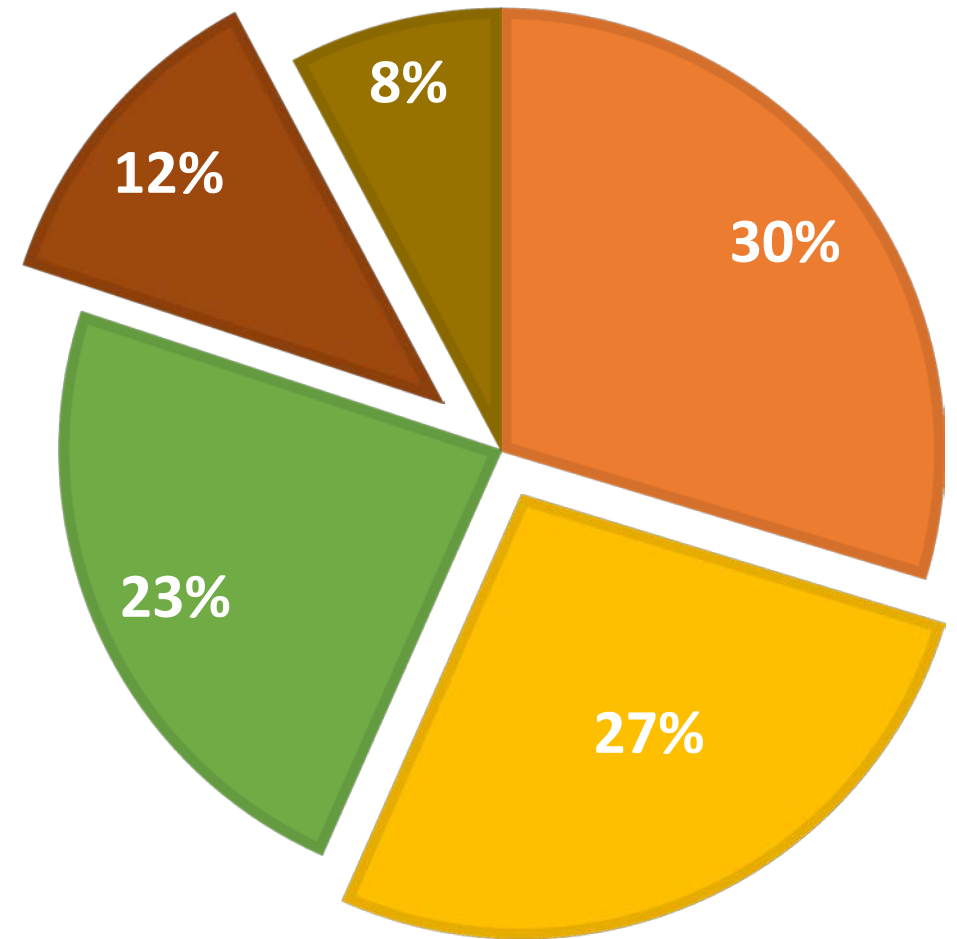


Linkage to Care Rates



- Linked Medically
- Linked Substance Use Program
- Not Linked

Not linked



- In Progress
- Incarcerated
- Lost to follow-up
- Deceased
- Declined

Potential Policies and Best Practices

Modified Kentucky HIV Legislation – KRS. 214.181

Mandated wrap-around services for Medically Assisted Treatment (MAT) programs

Required HIV/ HCV screening for all patients in MAT and substance use programs with the goal of treatment (HIV)/ cure (HCV)

Increased access to Mental and Behavioral Health Programs

Reflex Quantitative PCR for all HCV AB+ tests

Earlier/ More Effective interventions for substance users

Comprehensive Public Health Campaigns on HIV, HCV, and STI