La Bodega: A Co-Localized Approach to HCV and Addiction Disorders

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Pillars For HCV Elimination

Mix and match
One Size Doesn’t Fit All

Underserved patients
• PWUD
• Incarcerated
• Unhoused
• Indigenous
• WOCBA
Mix-and-Match Approach: Settings, Services, Providers

**Settings**
- Sexual health clinics
- NSP services
- Drug and alcohol clinics
- Primary healthcare/GPs
- Community health centers
- Prisons

**Services**
- Screening
- Confirmed viral load
- Treatment
- Follow-up

**Providers**
- Other specialists
- Primary care providers
- Addiction medicine providers
- NPs, PAs, Pharmacists
- Peer support workers
- Others
Clinical Models to Improve Linkages to HCV/Addiction Care and Treatment Uptake

**Conventional referral**
- System is difficult to navigate for many
- Need a multidisciplinary approach
- Utilization of case managers
- Peer navigators

**Telemedicine**
- Useful to deliver services to any setting (prison, rural, substance abuse clinics)
- Provide specialty care where not otherwise available
- Supportive data in both OAT and HCV settings

**Colocalization**
- One-stop shopping
- Multiple services offered in one location
- Minimizes loss to follow-up
- Streamlines care
La Bodega – Buffalo, NY

Pre-Hub Sites
- Community addiction clinics SEPs
- High Risk OB / Peds (foster care system)
- Prison / Jail
- STI clinics
- ER
- Primary care
- Street Medicine

Hub - La Bodega
- Individualized screening protocol: POC AB test; conventional Ab w/PCR reflex
- Single number and email for referral
- Bodega staff schedules / navigates system
- On-site lab draw
- Colocalized MAT – rapid start
- Immediate HCV Tx
- On-site pharmacy
- Counseling services
- PrEP, HIV, Primary Care

SVR
- Minimal monitoring
- No on Tx labs

No on Tx labs
- Staff assists with refills based on triage system – red, yellow, green

SVR
La Bodega Triage System

- **Full support required** – meds delivered to clinic or held at clinic; frequent check-ins and reminders via phone, text, social media

- **Intermediate support** – meds delivered to the patient; Bodega staff tracks refills, deliveries; less frequent check in

- **Minimal support required** – script written, see you in 5-6 months!
La Bodega Buffalo

A hybrid model of outreach, referral, colocalization, and telemedicine, implemented state-wide and nationally

Key success factors of the model

- **Facilitating linkage**
  Open access (cell, email), flexible and forgiving schedule, bring a friend: “Show up and we will see you”

- **Transportation**
  Public transportation vouchers provided, Medicaid cabs: “We go get you”

- **System navigation**
  Appointments and follow-ups made for patients within days, no formal referral process or labs needed from providers

- **Handpicked, dedicated team**
  Multidisciplinary team including a case manager, counselor, social worker, nurses, PA and secretaries

- **Mix-and-match approach**
  Multiple micro-models in place within a global structure, based on local resource availability: “One size does not fit all”
### La Bodega Outcomes (Active PWID)

**Colocalized model, 2014–2020 n = 1133 (Total PWID 1600)**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Full adherence</th>
<th>Variable adherence</th>
<th>Treatment failure</th>
<th>SVR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8-weeks</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glecaprevir/pibrentasvir (n=403)</td>
<td>423 (90.4%)</td>
<td>45 (9.6%)</td>
<td>28 (6.0%)</td>
<td>440 (94.0%)</td>
</tr>
<tr>
<td>Sofosbuvir/ledipasvir (n=65)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>12-weeks</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Elbasvir/grazoprevir (n=83)</td>
<td>607 (91.3%)</td>
<td>58 (8.7%)</td>
<td>40 (6.0%)</td>
<td>625 (94.0%)</td>
</tr>
<tr>
<td>Glecaprevir/pibrentasvir (n=52)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sofosbuvir/ledipasvir (n=189)</td>
<td></td>
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<tr>
<td>Sofosbuvir/velpatasvir (n=301)</td>
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<td></td>
</tr>
<tr>
<td>Sofosbuvir/velpatasvir/voxilaprevir (n=40)</td>
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</tbody>
</table>

P=0.75  
P=0.90

- PWID had high rates of SVR (94%), high rates of adherence (91%) to HCV treatment, low rates of reinfection (2/1000 PY = 1.4%)
- Adherence and SVR rates were similar with 8- and 12-week therapies
- 8000 visits annually, 80% show rate and 85% rate of retention in care, 100% uptake in OAT initiation

A colocalised, hybrid model of care is an effective and flexible strategy, helping to increase HCV screening and treatment uptake among people with addiction disorders.  

VARIABLE ADHERENCE TO HCV TREATMENT AMONG PEOPLE WHO INJECT DRUGS TREATED WITH 8 VERSUS 12 WEEKS OF ANTIVIRAL THERAPY RESULTED IN HIGH RATES OF SVR12 AND REINFECTION RATE WAS LOW, The Liver Meeting American Association For The Study Of Liver Disease, Washington, DC, 2022. Abstract # 38479
# 3rd Trimester HCV Evaluation

<table>
<thead>
<tr>
<th>STATUS</th>
<th>N</th>
<th>OUTCOME</th>
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</thead>
<tbody>
<tr>
<td>Treated, Ledipasvir / Sofosbuvir</td>
<td>2</td>
<td>SVR</td>
</tr>
<tr>
<td>Initiated Sofosbuvir / Velpatasvir</td>
<td>2</td>
<td>On treatment currently</td>
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<tr>
<td>Initiated Sofosbuvir / Velpatasvir</td>
<td>2</td>
<td>Lost To Follow Up (1 SVR)</td>
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<tr>
<td>Referred, No Show</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Evaluated, HCV RNA Undetectable</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Evaluated, Treated Postpartum</td>
<td>2</td>
<td>SVR</td>
</tr>
<tr>
<td>Evaluated, Treatment Prescribed</td>
<td>1</td>
<td>Never Started Medications</td>
</tr>
<tr>
<td>Evaluated, Insurance Denied</td>
<td>1</td>
<td>LTFU, Ultimately Re-Linked</td>
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<tr>
<td>Evaluated, Lost To Follow Up</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Evaluated, Incarcerated</td>
<td>1</td>
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La Bodega Harm Reduction Measures

• Narcan
• Safe use kits
• Fentanyl test strips
• All providers/counselors give cell phone number to patients
• Community embedment
• Buffalo Resilience
• Trust – no punitive measures
La Bodega – Outreach, Education and Advocacy

- HCV mini-residency for Addiction Medicine Providers
- Bodega rotation part of GME curriculum for GI, ID, Addiction med fellows; IM and FM residents; med students
- Implementation of screening (and Tx in collab with family med) for all children of HCV+ moms
- Implementation of universal screening in the foster care system
- Local, state and federal advocacy efforts
Thank You!

- Angela
- Crystal
- Irish Phil
- Joe B
- Emily
- Scott
- Mama Kath
- Janet
- Cellina
- Stan
- Steve-O
- Steve 2