

*Exploring Resources and Different Treatment Models  
for Hepatitis C Virus and Opioid Use Disorder*

**Part 3: Infectious Disease Surveillance and  
Elimination Plans for Iowa and Resources for Treating  
Providers**

Christine Simon, Public Health Project Manager  
Kevin Leacock, Public Health Project Coordinator

November 12, 2019 @ 2:00 pm ET



# National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



# Question & Answer

During the presentation, you may ask questions. Click **Q&A** and type your questions into the open field.

The Moderator will either send a typed response or answer your questions live at the end of the presentations.

# Presenters



Nicole Kolm-Valdivia, PhD,  
MPH, CHES



Zebulin Kessler

# Intersection of Hepatitis C and Substance Use in Iowa

November 12, 2019



Iowa Department of Public Health  
Bureau of HIV, STD, and Hepatitis

Nicole Kolm-Valdivia, PhD, MPH  
Data Program Manager



# Bureau of HIV, STD, and Hepatitis

**Mission Statement:** Promoting and protecting the health of Iowans at risk of or infected with HIV, sexually transmitted diseases, and/or viral hepatitis.

**Vision Statement:** Healthy Iowans living in healthy communities.

The Bureau of HIV, STD, and Hepatitis works to reduce the impact of communicable diseases in Iowa through prevention and care services for chlamydia, gonorrhea, syphilis, HIV, and hepatitis C.

<https://idph.iowa.gov/hivstdhep>

# Hepatitis C Surveillance in Iowa



## *Purpose of HCV Surveillance:*

- Increase number of Iowans diagnosed with HCV who know whether they are living with chronic Hep C or cleared the virus on their own
- Monitor data to ascertain treatment status of patients
- Identify Iowans who have both HIV and HCV (identify opportunities for treatment)
- Monitor the epidemic in order to understand disproportionate rates of HCV
- Identify counties in Iowa where HCV rates are high to inform program development

**HEPATITIS C SUPPLEMENTAL REPORT**  
 Iowa Department of Public Health (IDPH)  
 Bureau of HIV, STD, and Hepatitis



In follow-up to lab and disease reports indicating possible acute or chronic hepatitis C virus (HCV), IDPH routinely requests additional information on patients. Please complete the form with any additional information and fax it to Shane Scharer (515) 725-1278. If you would prefer to provide this information over the telephone, please contact Shane Scharer at (515) 281-5027.

Print Provider Name: \_\_\_\_\_ or RN Staff \_\_\_\_\_ Date: \_\_\_\_\_

The patient named below is not a patient at this clinic, Clinic/Provider Name (If known) \_\_\_\_\_

<p><b>Demographic Information:</b>                  Patient Name: _____                   Date of Birth: _____                   Sex at birth:    <input type="radio"/> Male                                        <input type="radio"/> Female                                        <input type="radio"/> Other                   Race:            <input type="radio"/> American Indian/Alaska Native                                        <input type="radio"/> Asian                                        <input type="radio"/> Black/African American                                        <input type="radio"/> Native Hawaiian or Other Pacific                                                    Islander                                        <input type="radio"/> White                   Ethnicity:      <input type="radio"/> Hispanic                                        <input type="radio"/> Non-Hispanic   <b>Patient History:</b>                  Receive blood/blood products    <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  Received Organ/tissue transplant   <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  Tattoo                                    <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  Injection drug use within 6                  months prior to diagnosis            <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  Injection drug use more than 6                  months before diagnosis            <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                   Other: _____</p>	<p><b>Clinical Information: (Please check all that apply)</b>  <b>Reason for testing patient:</b>  <input type="radio"/> Exposure to someone with hepatitis C  <input type="radio"/> Symptoms of acute hepatitis C                                                    Symptom onset date: ____/____/____  <input type="radio"/> Pregnancy screen  <input type="radio"/> Symptoms of chronic hepatitis C  <input type="radio"/> Elevated liver enzymes  <input type="radio"/> Screening for blood/plasma donation  <input type="radio"/> Screening for insurance  <input type="radio"/> Routine screening (patient is Baby Boomer)  <input type="radio"/> Patient reported risk behaviors (i.e. injection drug use)  <input type="radio"/> Unknown  <input type="radio"/> Other: specify _____                   Is patient pregnant?    <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK   <input type="radio"/> NA                                                    If yes, estimated                                                    delivery date: _____                   Previously negative for HCV <input type="radio"/> Yes (Date ____/____/____) <input type="radio"/> No                  Initial diagnosis date ____/____/____   <b>Symptoms reported by patient: (Please check all that apply)</b>  <input type="radio"/> None   <input type="radio"/> Fever   <input type="radio"/> Anorexia   <input type="radio"/> Diarrhea   <input type="radio"/> Joint Pain  <input type="radio"/> Fatigue   <input type="radio"/> Abdominal pain   <input type="radio"/> Nausea   <input type="radio"/> Rash   <input type="radio"/> Vomiting  <input type="radio"/> Jaundice   <input type="radio"/> Other: specify _____   <b>HCV Treatment:</b>                  Is the patient currently being treated?            <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  Was the treatment successful?                    <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  If patient is not currently being treated, are   <input type="radio"/> Y   <input type="radio"/> N   <input type="radio"/> UNK                  you planning to refer out for treatment?</p>																				
<p><b>Drug Use History:</b>                  If your patient reported ever using drugs, please                  check any drugs that were used:                   Heroin                                    <input type="radio"/>                  Methamphetamine (Meth)           <input type="radio"/>                  Prescription Opioids                   <input type="radio"/></p>	<p><b>Laboratory Info: (Circle result or fill in numerical/date values)</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Lab Test</th> <th style="width:20%;">Collection Date</th> <th colspan="2">Result</th> </tr> </thead> <tbody> <tr> <td>anti-HCV</td> <td>____/____/____</td> <td>Positive</td> <td>Negative</td> </tr> <tr> <td>HCV RNA Qualitative</td> <td>____/____/____</td> <td>Positive</td> <td>Negative</td> </tr> <tr> <td>HCV RNA Quantitative</td> <td>____/____/____</td> <td colspan="2">Value: _____</td> </tr> <tr> <td>HCV Genotype</td> <td>____/____/____</td> <td colspan="2">Type: _____</td> </tr> </tbody> </table>	Lab Test	Collection Date	Result		anti-HCV	____/____/____	Positive	Negative	HCV RNA Qualitative	____/____/____	Positive	Negative	HCV RNA Quantitative	____/____/____	Value: _____		HCV Genotype	____/____/____	Type: _____	
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HCV RNA Qualitative	____/____/____	Positive	Negative																		
HCV RNA Quantitative	____/____/____	Value: _____																			
HCV Genotype	____/____/____	Type: _____																			





# Epidemiology of HCV in Iowa

## 18,004 Iowans ever reported to IDPH with chronic hepatitis C

- Total of 26,167 Iowans ever reported with past or current hepatitis C

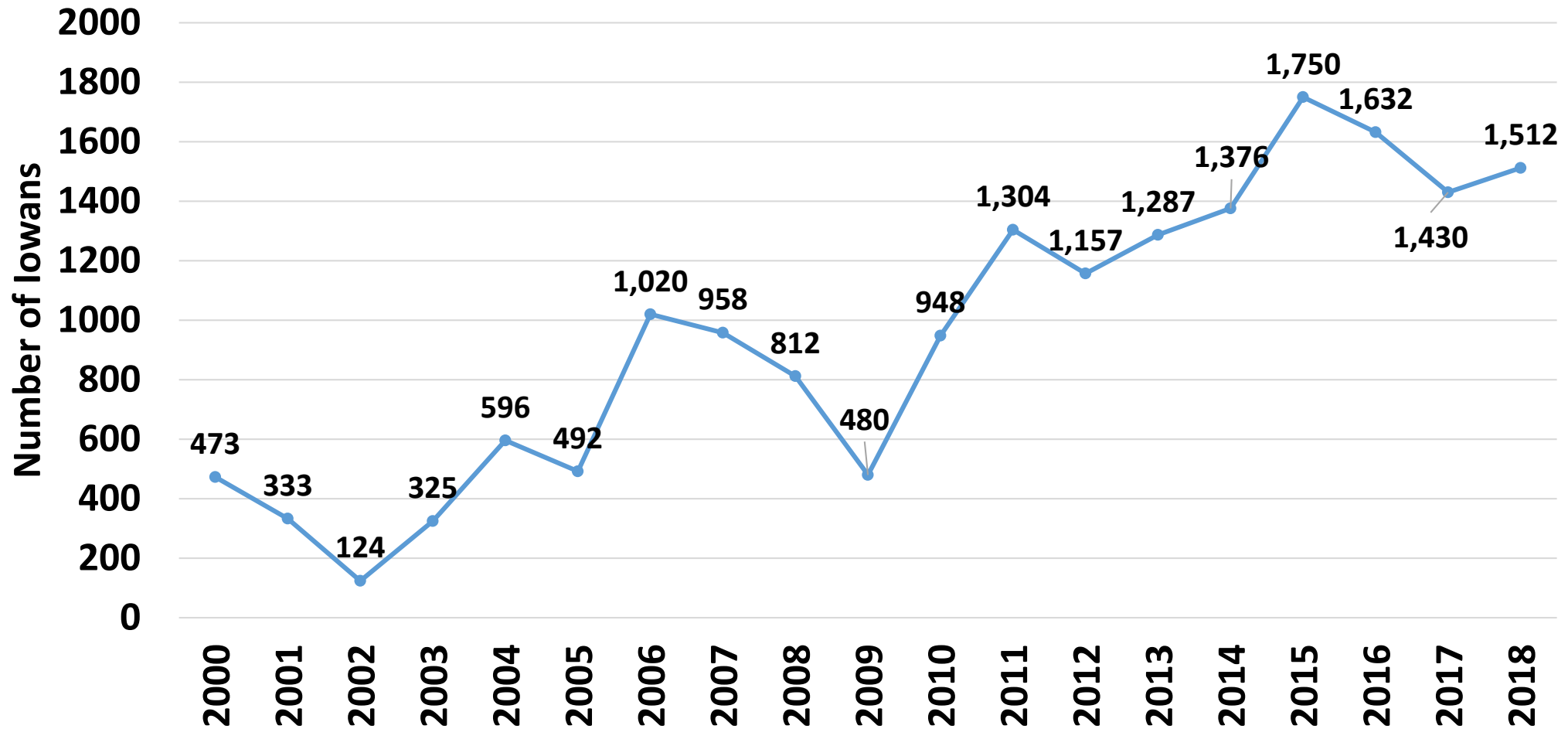
## 1,512 Iowans diagnosed in 2018 and reported to IDPH with chronic HCV

- 27% were under 40 years old (n=411)
- 79% of Iowans under 40 diagnosed with HCV reported injection drug use

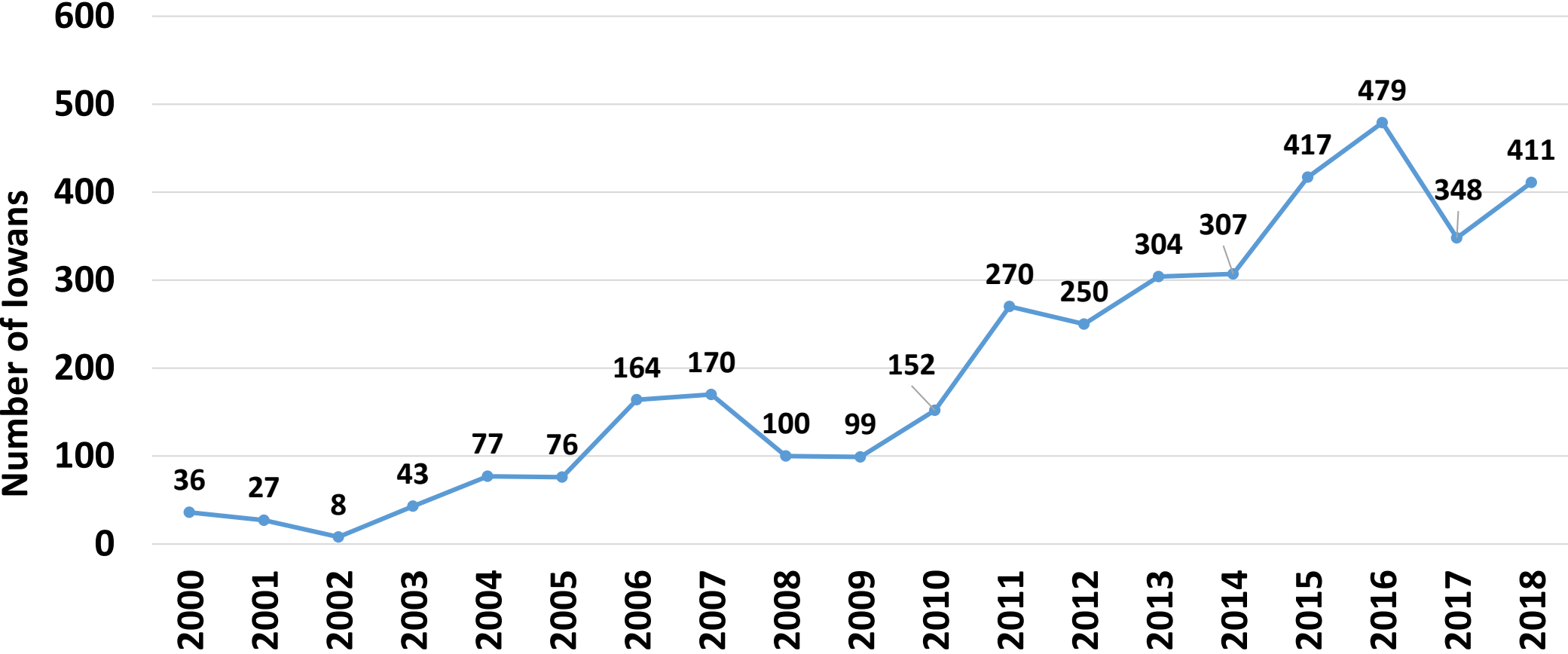
~50% of Iowans with HCV are undiagnosed.



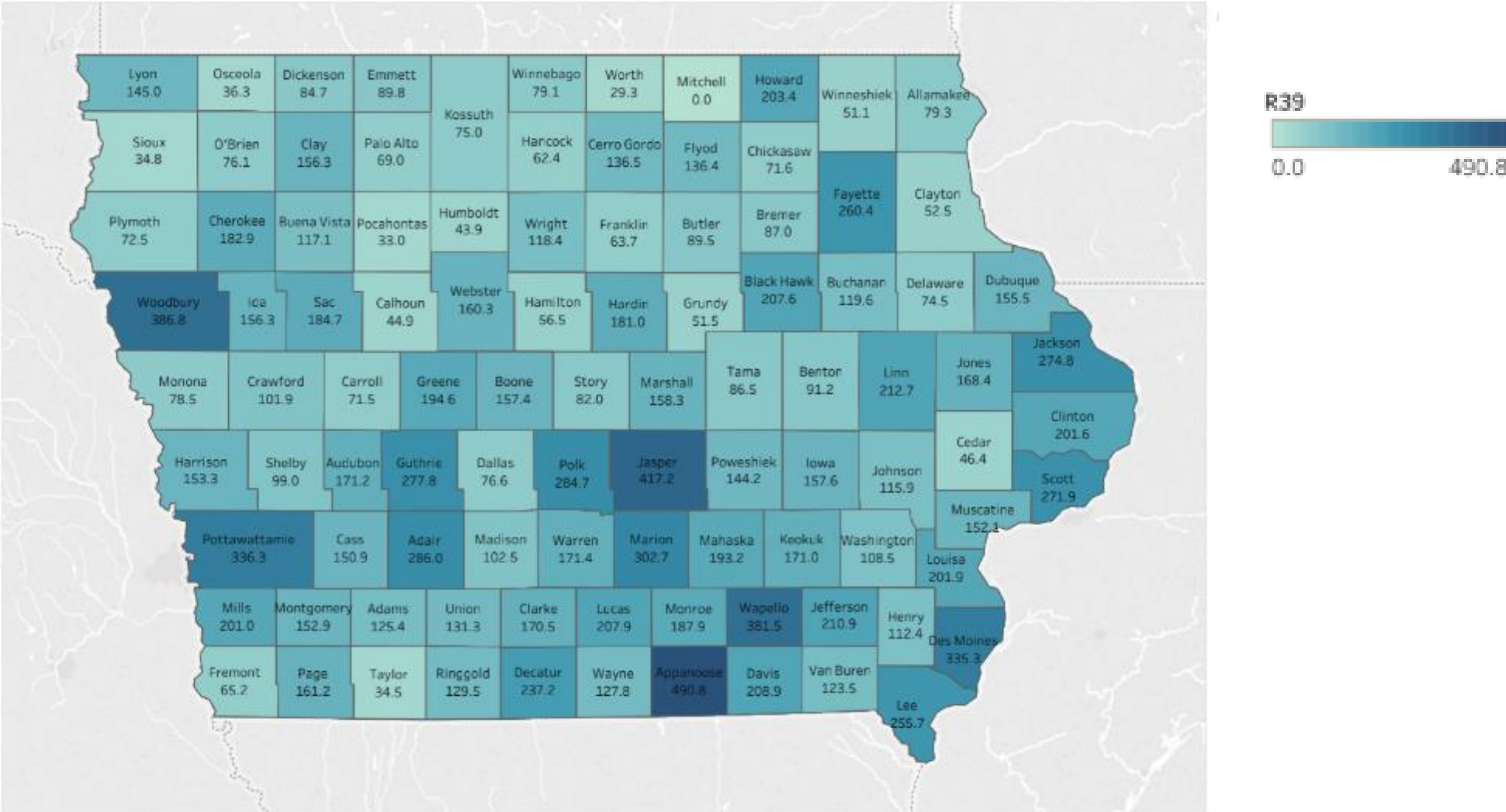
# Iowans Diagnosed with Chronic HCV



# Iowans with Chronic HCV: Under 40 Years Old



# Rates of Chronic HCV in Iowans Under 40 Years of Age per 100,000 Population



Map based on Longitude (generated) and Latitude (generated). Color shows sum of R39. The marks are labeled by County and sum of R39. Details are shown for C39, Ctot, Number of Records, Pop2017, Pop39 and Rtot.

# Hepatitis C Elimination in Iowa by 2030

## What does elimination of HCV in Iowa mean?

- 90% reduction in transmission
- 90% of Iowans living with HCV are diagnosed
- 65% reduction in liver-related mortality

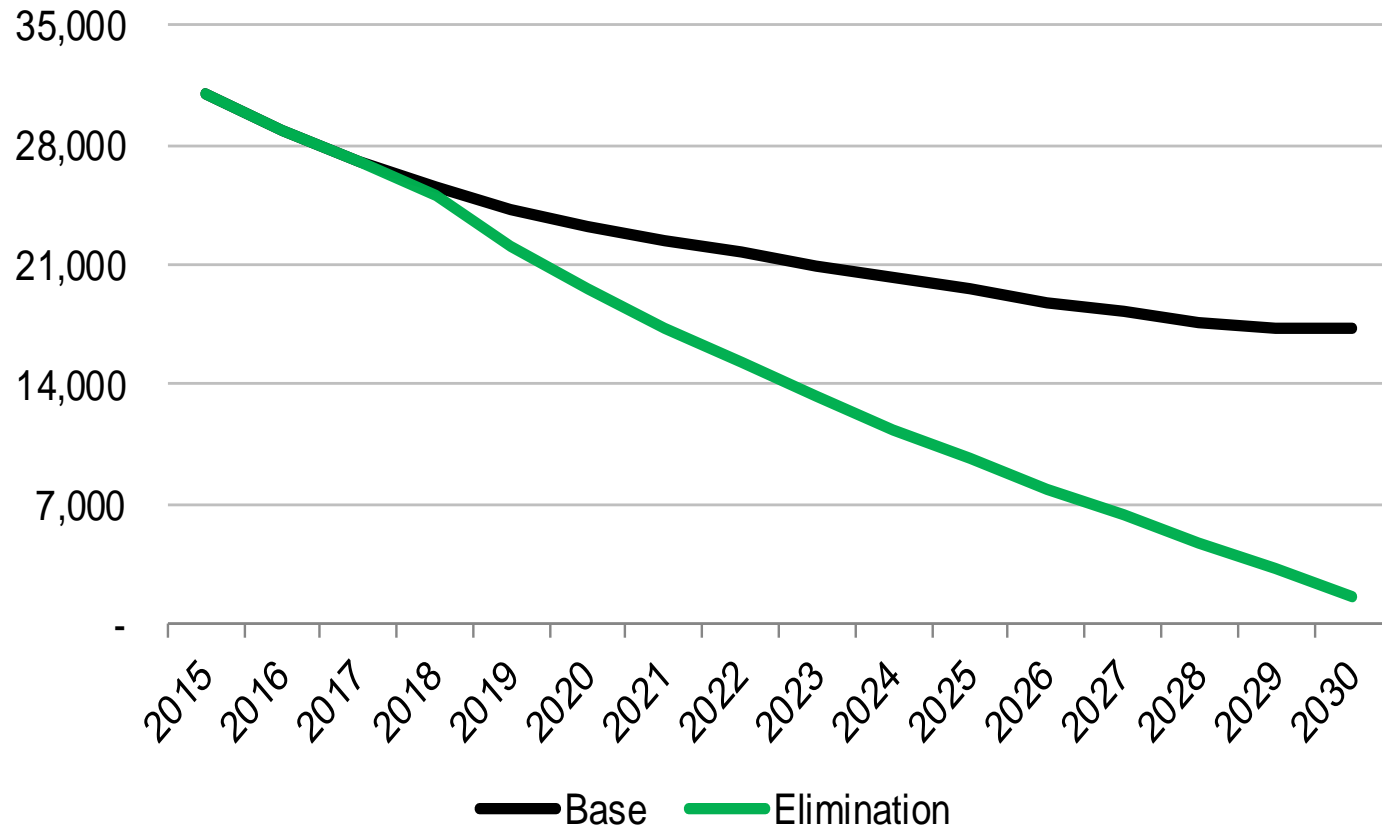
## What must be done to eliminate HCV in Iowa?

- Diagnose all Iowans with HCV
- Treat all Iowans with HCV
- Prevent transmission of HCV

	2016-2018	2019	2020	2021	2022	2025
<b>Treated</b>	2,200	3,000	2,500	2,500	2,000	1,600
<b>Newly Diagnosed</b>	1,600	1,300	1,200	1,200	1,000	800
<b>Fibrosis Stage</b>	≥F2	≥F0	≥F0	≥F0	≥F0	≥F0
<b>New Transmissions</b>	870	780	620	430	220	90
<b>Treated Age</b>	15-64	15+	15+	15+	15+	15+
<b>Cure rate</b>	97%	97%	97%	97%	97%	97%

# Hepatitis C Elimination in Iowa by 2030

Projected number of Iowans with Hepatitis C



“Base” means we do nothing different than we’re doing now.

“Elimination” means we diagnose and treat all Iowans with hepatitis C and implement interventions to prevent transmission of hepatitis C.

# UNINTENDED (BUT FORESEEABLE) SCOTT COUNTY, INDIANA

Population 23,740

- **2012:** Addiction response
  - Abuse deterrent formulation of opioid
- **2013:** Only HIV testing site (PP) defunded
- **2014:** 5 people test positive for HIV
- **2015:** 200 HIV infections (92% co-infected with HCV) (97% reported injection drug use)
  - Four months later, implementation of Syringe Services Program (SSP)
  - Recent closures of SSPs, Citing “moral issue”
- **2017:** 12 new cases reported and total count of PLWH is 231




# NATIONAL VULNERABILITY INDEX

## 2016 CDC study generated after Scott County, IN, outbreak

Six indicators were associated with risk for potential HCV infection outbreak:

- Drug overdose deaths
- Prescription opioid sales
- Per capita income
- Buprenorphine prescribing potential by waiver
- Socioeconomic
- Race and ethnicity

Author Manuscript



**HHS Public Access**  
Author manuscript  
*J Acquir Immune Defic Syndr.* Author manuscript; available in PMC 2017 November 01.

Published in final edited form as:  
*J Acquir Immune Defic Syndr.* 2016 November 01; 73(3): 323–331. doi:10.1097/QAI.0000000000001098.

**County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States**



# *IOWA'S VULNERABILITY INDEX – Social Determinants of Health*

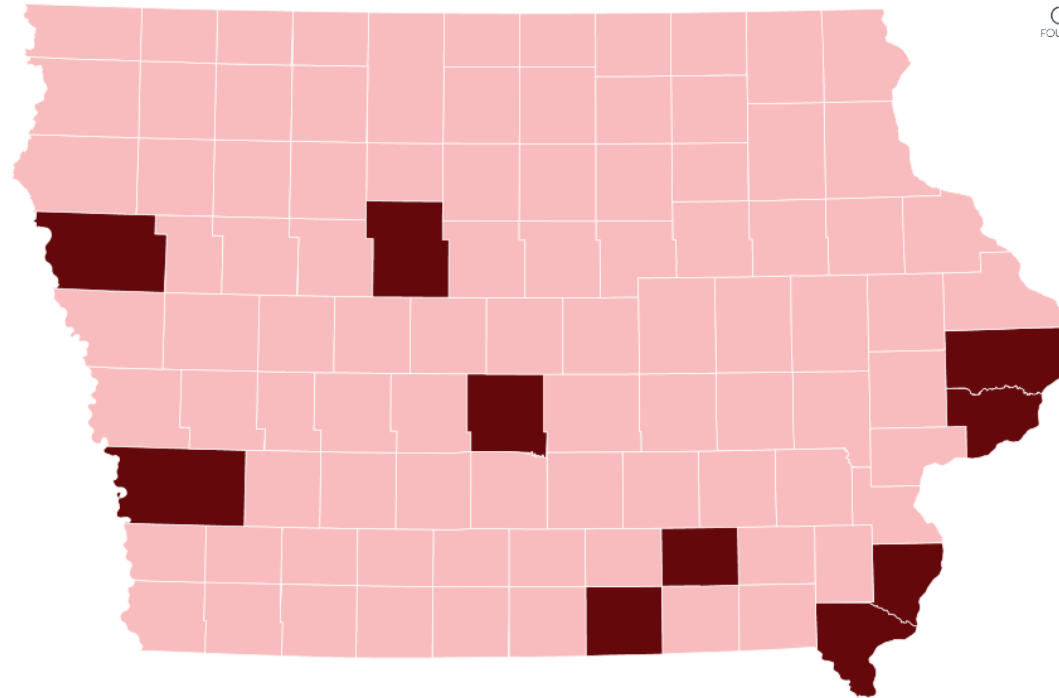
- Variables predictive of HIV and HCV outbreaks
  - # households headed by females / 100,000 pop
  - # Mobile homes / 100,000 pop
  - Percent unemployed
  - # Mental health providers / 100,000 pop
  - # Primary care providers / 100,000 pop
  - # people who are uninsured / 100,000 pop
  - Vacant housing units / 100,000 pop

# Index Scoring – Vulnerability of Viral Hepatitis & HIV

Top 10 counties identified as most vulnerable:

1. Wapello County
2. Appanoose County
3. Des Moines County
4. Lee County
5. Pottawattamie County
6. Webster County
7. Polk County
8. Clinton County
9. Woodbury County
10. Scott County

Top 10 Most Vulnerable Counties

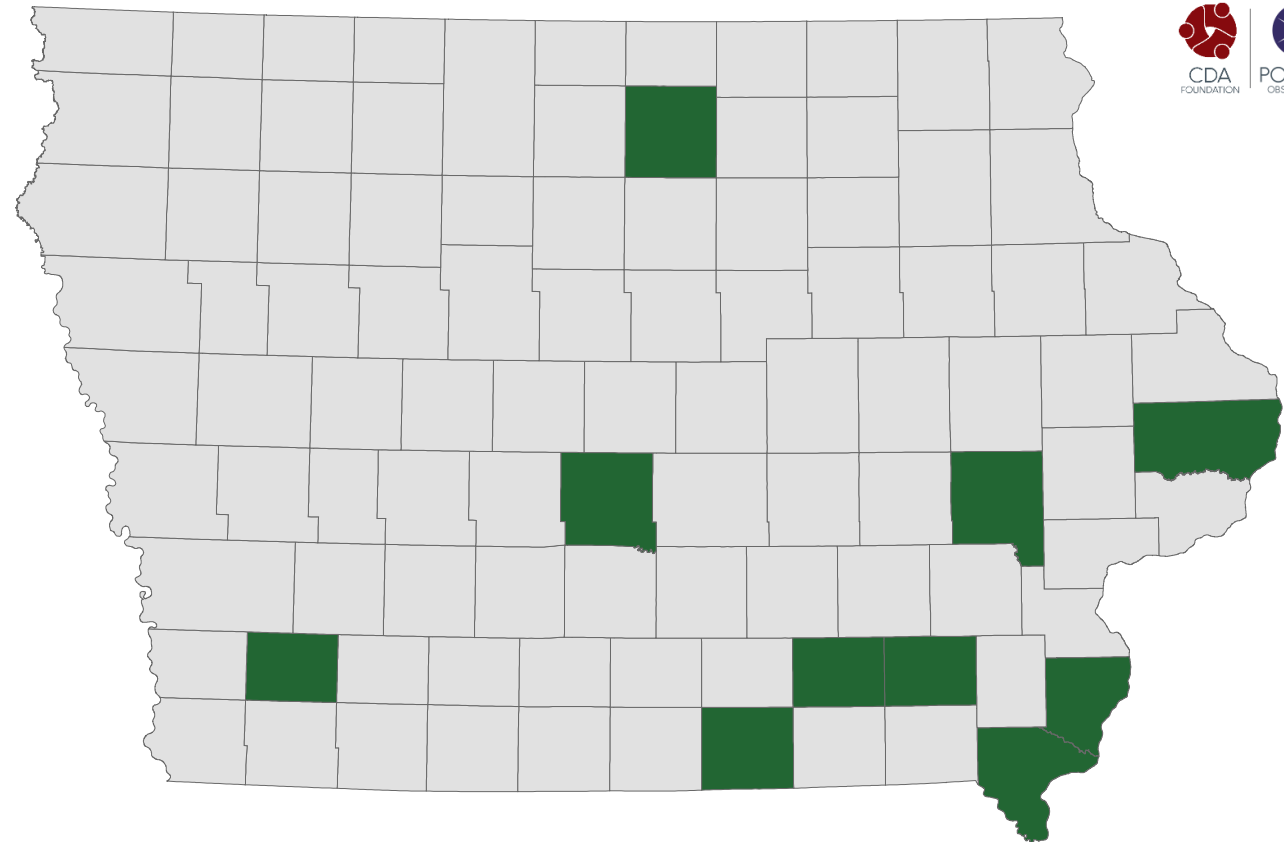


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# Top Ten most vulnerable counties to opioid overdoses

Top 10 counties identified as most vulnerable:

1. Lee County\*
2. Des Moines County
3. Jefferson County
4. Wapello County\*
5. Montgomery County
6. Cerro Gordo County
7. Appanoose County\*
8. Johnson County
9. Clinton County
10. Polk County\*



# Drug User Health



# ASTHO Planning for State Viral Hepatitis Elimination Project Consumer Engagement - Surveys & Focus Groups

## Health Survey for People Who Use Drugs

- 170 participants from central and eastern Iowa
- Drug use preferences
- Systems engagement
- Hepatitis C testing/treatment
- Healthcare priorities

## Focus Group Topic Areas

- Community Safety
- Linkage to Care
- Structural Determinants
- Drug User Health

2019 Iowa Health Survey for People Who Use Drugs

1. How old are you? \_\_\_\_\_

2. What is your race/ethnicity?  
Check all that apply:

- a. White
- b. Black/African American
- c. Latino/Hispanic
- d. Am Indian/Alk Native
- e. Asian/South Asian
- f. Hawaiian/Pacific Islander
- g. Other: (specify) \_\_\_\_\_

3. What best describes your gender?  
Check all that apply:

- a. Male
- b. Female
- c. Transgender
- d. Other: (specify) \_\_\_\_\_

4. What best describes your housing status?  
Check all that apply:

- a. Permanent
- b. Temporary/Unstable
- c. Homeless

5. What zip code do you stay in?  
(Is this the zip code you sleep in last night?) \_\_\_\_\_

6. About how much money would you say you made last month, before taxes? (Can be over \$27 or other financial assistance programs.) \$ \_\_\_\_\_

7. Were you in jail or prison in the last 12 months?

- a. Yes
- b. No

8. In the last 12 months, have you had sex with men, women, both, or none?

- a. Male
- b. Female
- c. Transgender Male
- d. Transgender Female
- e. Other: (specify) \_\_\_\_\_
- f. Not Applicable

9. Which of these drugs have you used in the last 3 months? (Check box and circle (C) or (N) for drugs used, disliked, or stopped.)

Drugs (by weight)	Used	Disliked	Discontinued
Heroin (by weight)	Y N	Y N	Y N
Oxycodone/Oxycodone (by weight)	Y N	Y N	Y N
Marijuana (by weight)	Y N	Y N	Y N
Crack Cocaine (by weight)	Y N	Y N	Y N
Cocaine & Heroin (mixed together - specify)	Y N	Y N	Y N
Quaaludes (by weight)	Y N	Y N	Y N
Ecstasy (by weight)	Y N	Y N	Y N
Gamma GHB (by weight)	Y N	Y N	Y N
Other: (specify) _____	Y N	Y N	Y N

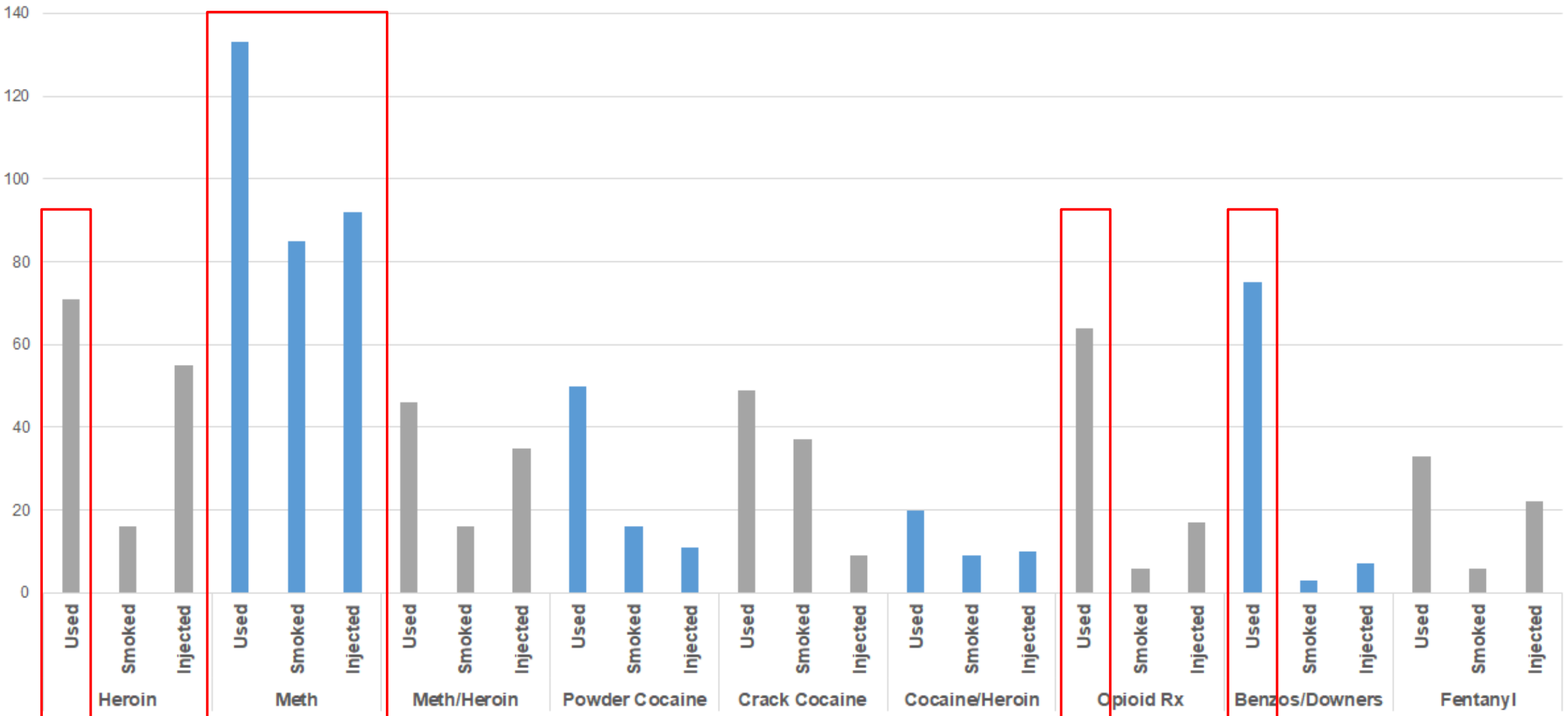
10. Which of the drugs listed above is your PREFERRED drug? \_\_\_\_\_



Association of State and Territorial Health Officials

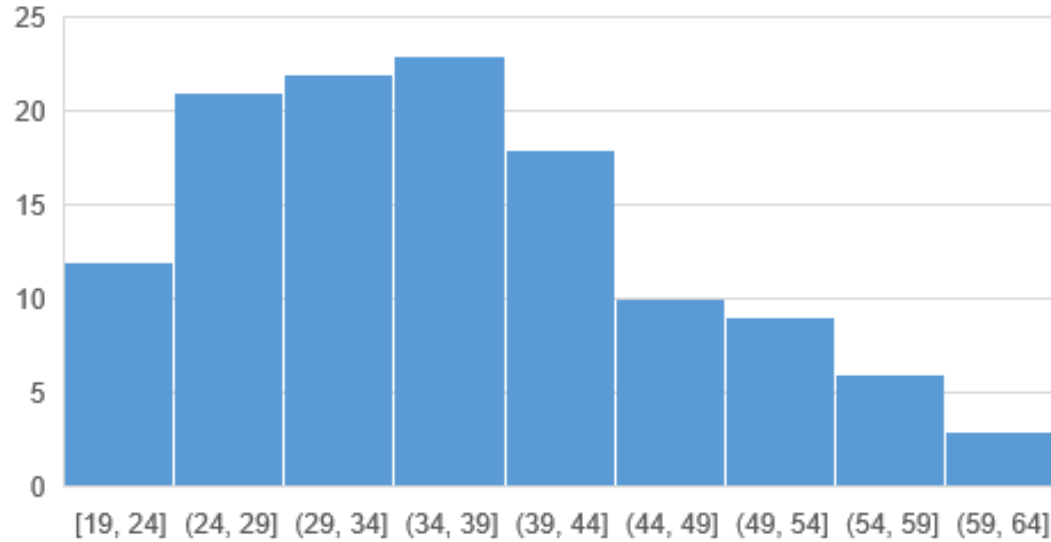


# Which of these drugs have you used in the last 3 months?

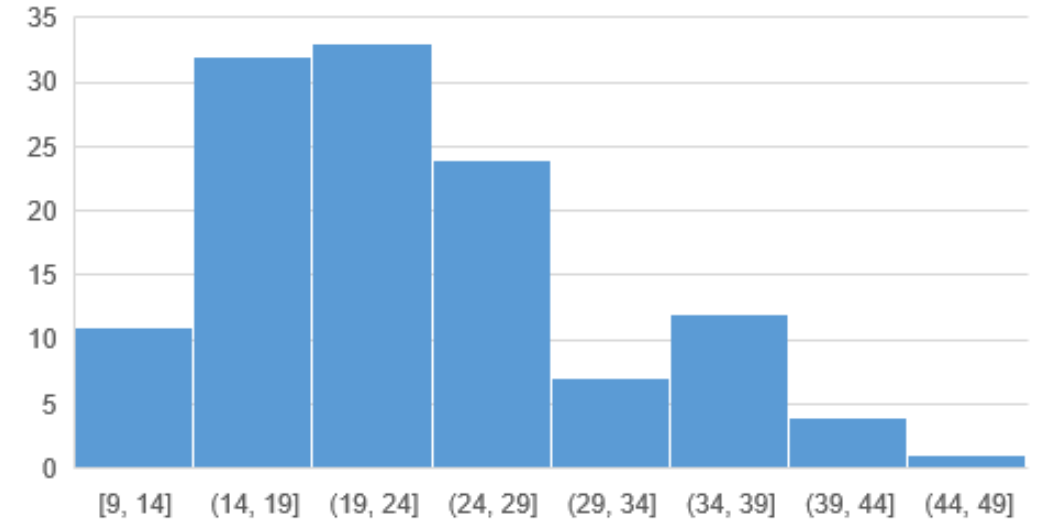


# Consumer Engagement - Survey Findings (n=170)

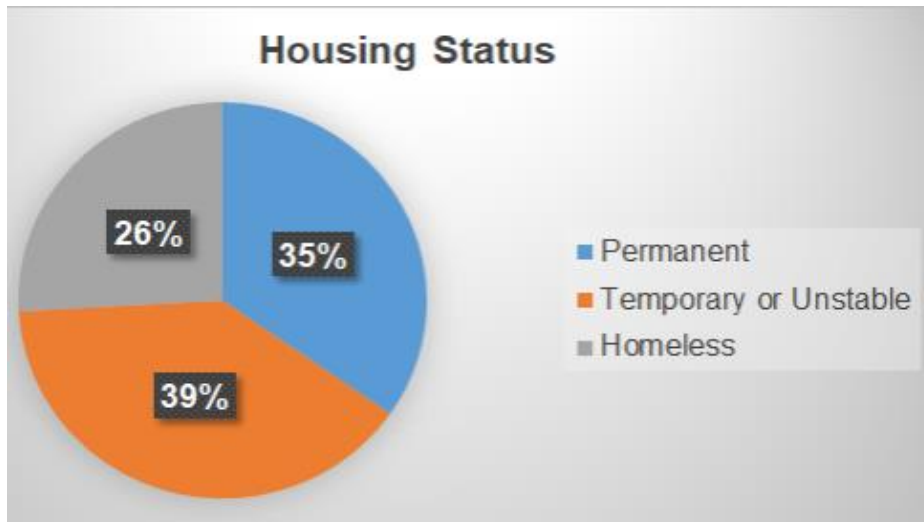
## Participant Age



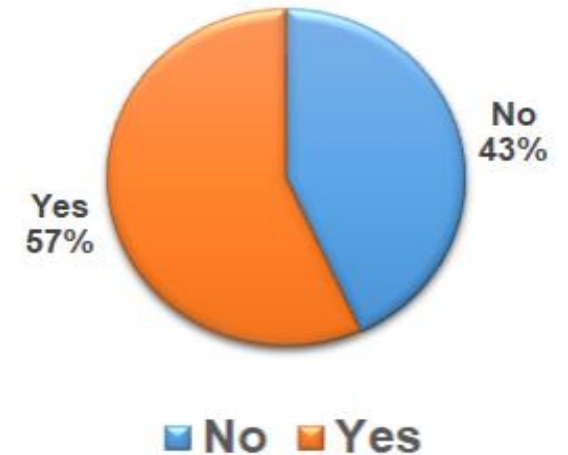
## Injection Initiation Age



## Housing Status

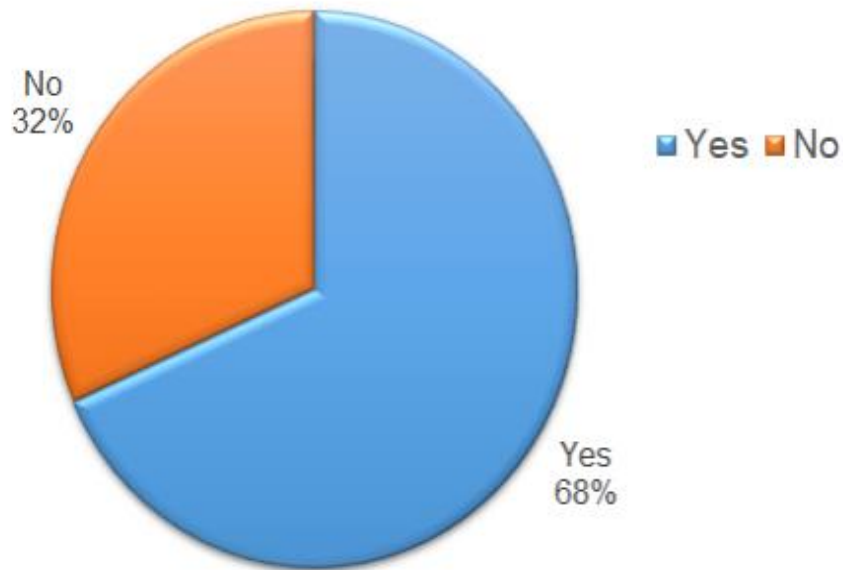


Were you in jail or prison in the last 12 months?

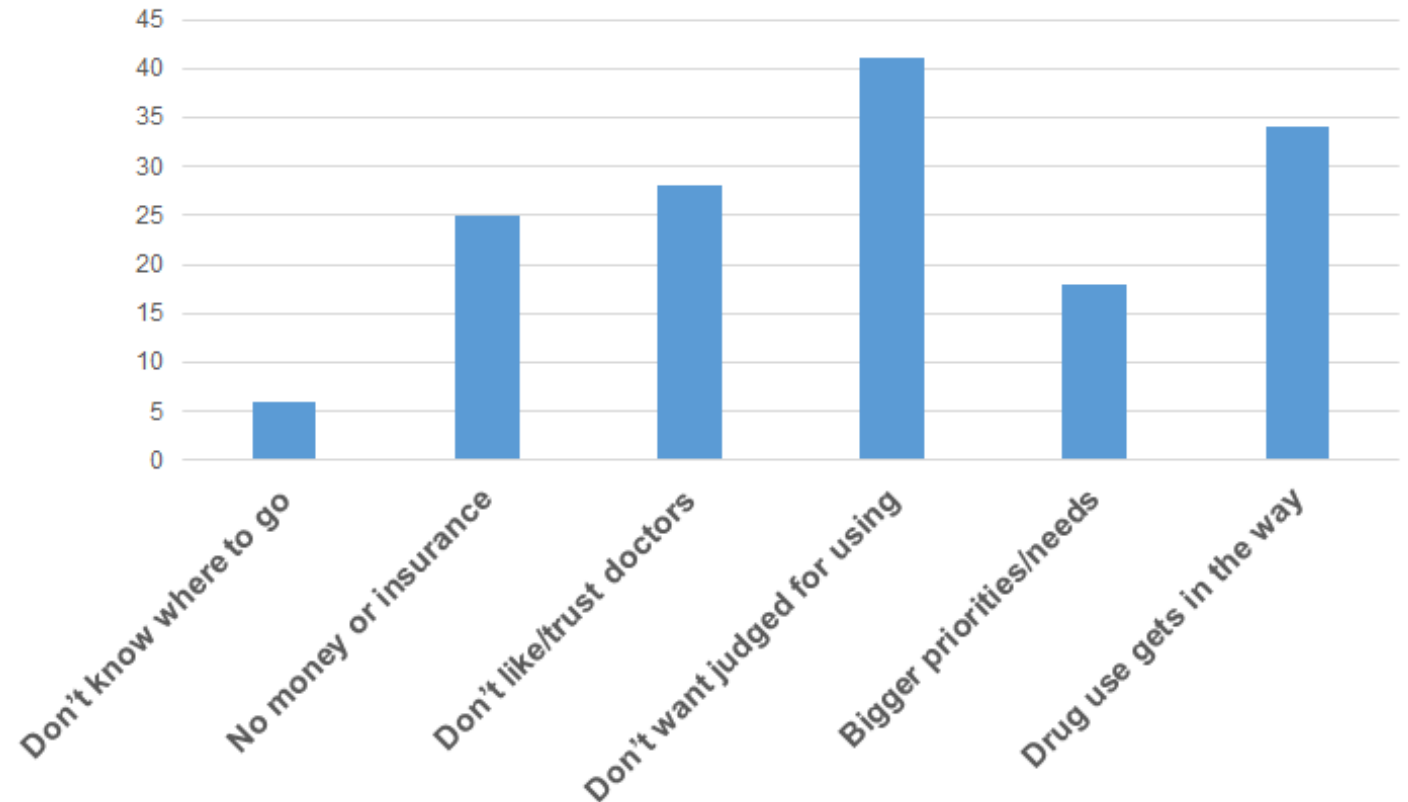


# Consumer Engagement - Survey Findings (n=170)

In the last 12 months, was there a time when you thought you should see a health care provider for a medical/physical issue, but you DID NOT go?



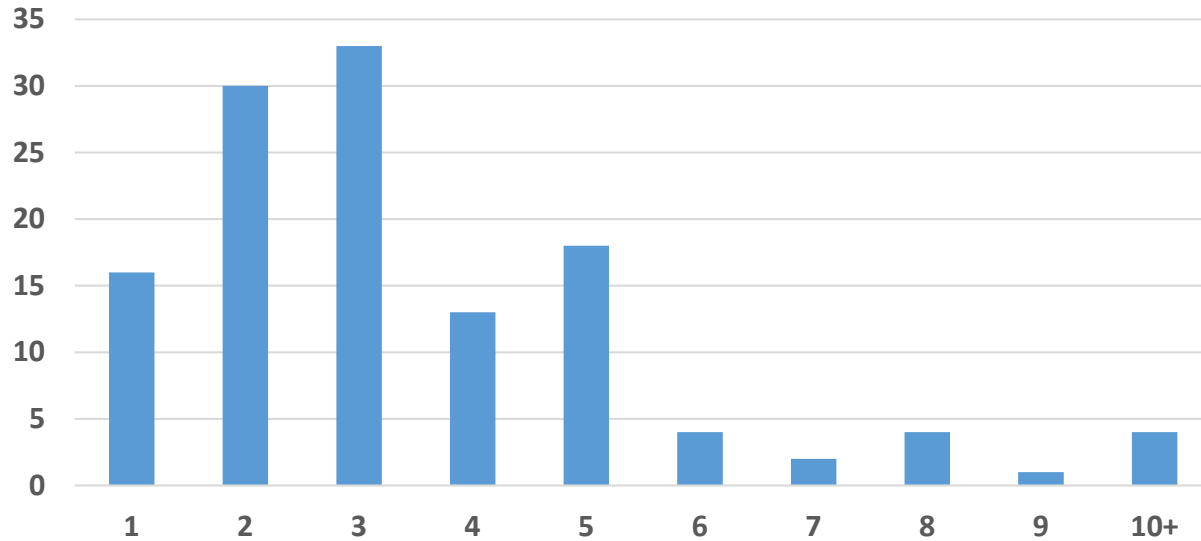
What were the main reasons you DID NOT see a health care provider?



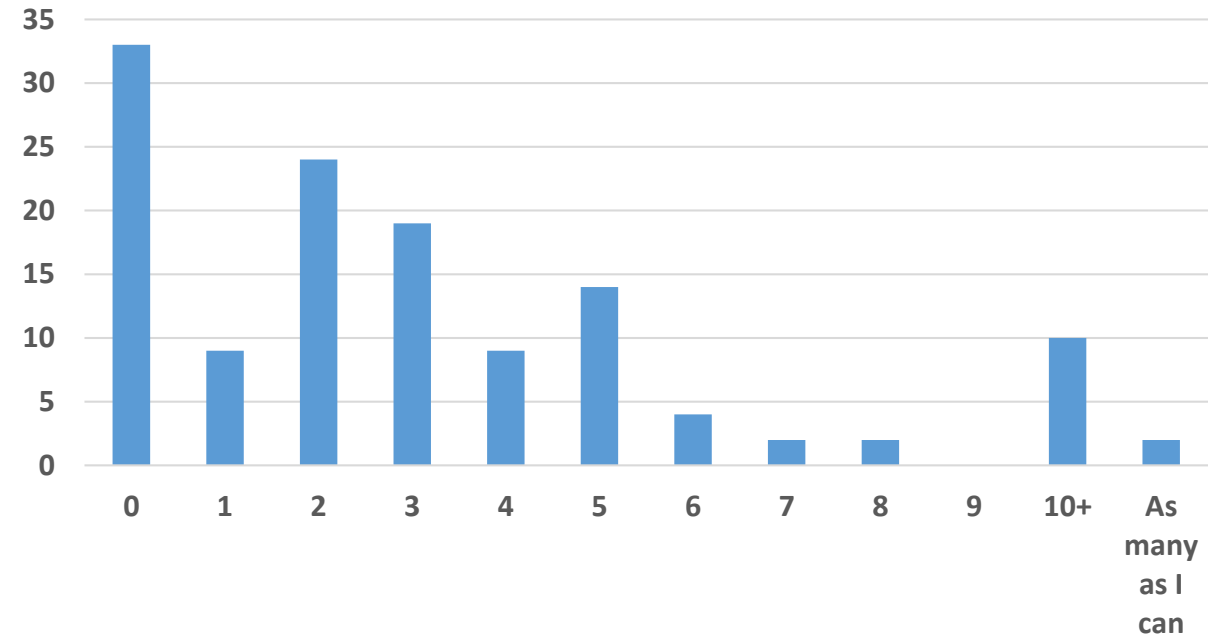


# Consumer Engagement - Survey Findings (n=170)

On an average injecting day, how many times do you inject?



On average, about how many times do you reuse the same needle before throwing it away?



# HEALTH INITIATIVES for PEOPLE WHO USE DRUGS (HIPWUD)

- Creating spaces for people who use drugs to directly inform program and policy decisions
- Addressing gaps in the Prevention - Treatment binary
- Collect feedback on current programming availability and accessibility
- Address barriers to current healthcare and support service infrastructure

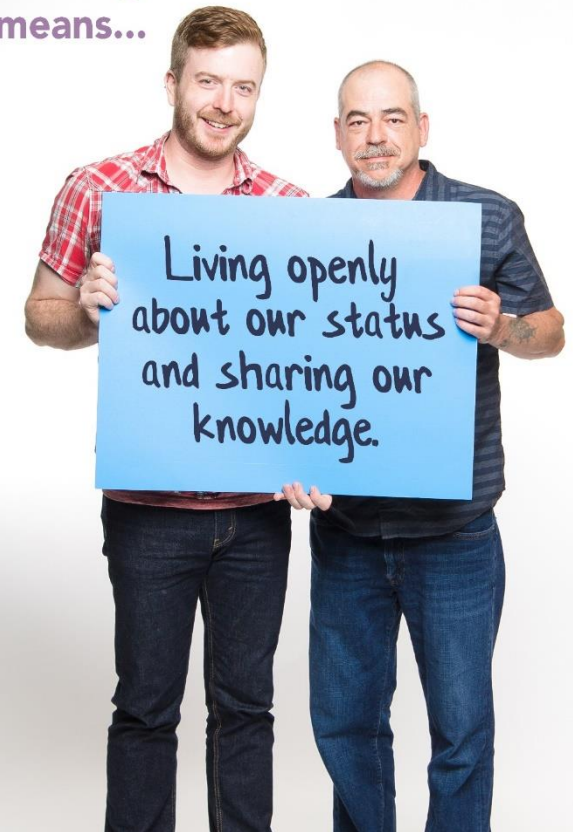


# HIV and Hepatitis Community Planning Group (CPG)

The CPG is composed of people who have experience with HIV, STDs, and viral hepatitis, either because they belong to a population that is disproportionately affected by these conditions or because they work directly with people in these populations.

The CPG's primary purpose is to act in an advisory capacity to the staff of the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health (IDPH), and the main task is to ensure that the state has an inclusive and participatory planning and evaluation process for the delivery of prevention and care services.

Doing my part to end  
HIV stigma in Iowa  
means...



# Iowa Hepatitis Action Plan

## **Goal 1: Prevent new hepatitis C infections**

**Objective B:** Increase HCV testing at IDPH-funded testing and referral sites and FQHCs by 50%

*Activities (related to partnership with Primary Care Association):*

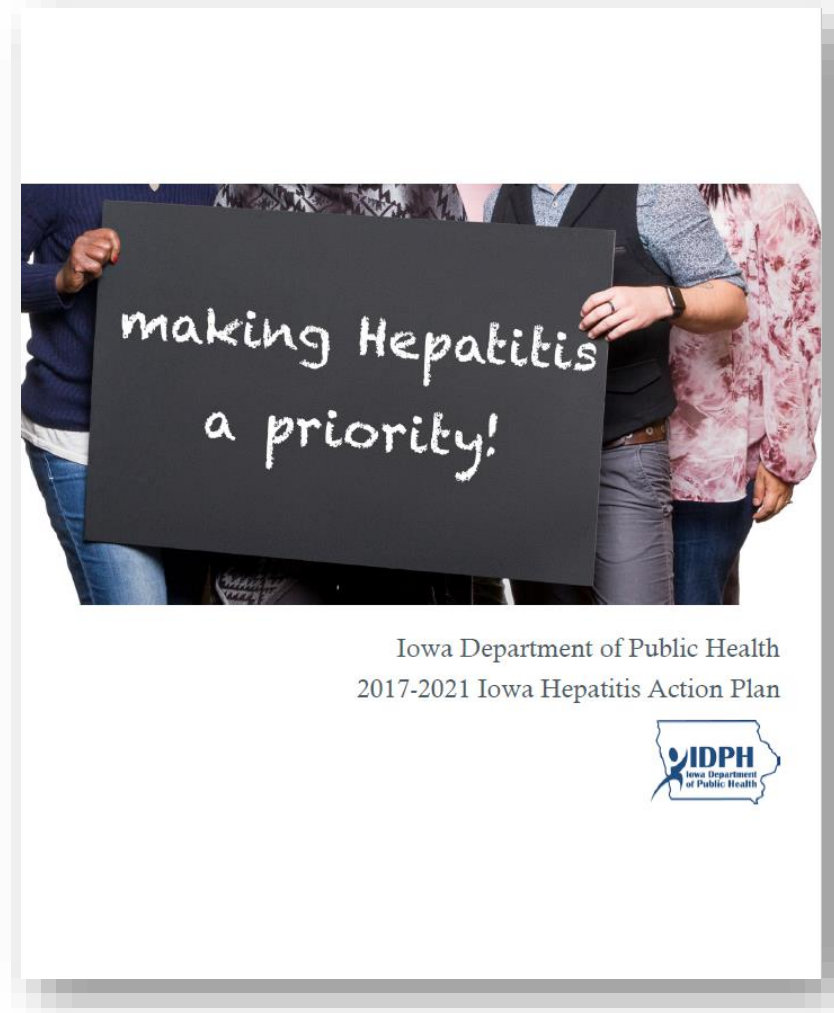
1. Increase HCV testing at locations frequented by people at increased risk, including FQHCs.

## **Goal 2: Reduce deaths and improve the health of people living with hepatitis C**

**Objective A:** Reduce the number of deaths with chronic viral hepatitis C listed as the primary cause of death.

*Activities (related to partnership with PCA):*

- a. Promote HCV testing by current and future health care providers according to the United States Preventive Services Task Force (USPSTF) and CDC guidelines.
- b. Provide hepatitis C- related educational materials and tools to providers throughout the state.
- c. Increase the availability of providers who treat hepatitis C, especially in southern rural counties where there is a high prevalence of HCV.
- d. Develop electronic health record prompts and quality improvement activities to increase health care provider implementation of hepatitis C screening recommendations at FQHCs.
- e. Encourage health care providers to provide culturally competent and linguistically appropriate care to people who are at risk for HCV.
- f. Pilot tele-health options at FQHCs and other primary care settings.



# Statewide HIV & Hepatitis Prevention Initiatives

- Integrated Testing Services (ITS) – 12 sites across the state that provide:
  - HIV and hepatitis C testing services
  - Hepatitis A/B immunizations
  - STD testing services
  - Link to PrEP, HIV care, and other referrals as needed
  - Distribute condoms
  - Special focus on outreach testing
- Pharmacy based testing (collaboration with Iowa Pharmacy Association) – implementing rapid HIV testing (HCV in the future) in rural, community based pharmacies.
- Substance use disorder treatment testing project – partnership with MAT clinics to implement routine HIV and HCV testing.
- **FQHC implementation of routine screening (collaboration with Iowa Primary Care Association).**
- Online condom distribution (<https://www.myiacondoms.org/>) - locator map for services, were to access free condoms in your community, and online ordering for at home delivery.

# Partnership with Primary Care Association

- Contract began in 2013 to build capacity to implement opt-out HIV testing in FQHCs across Iowa, as well as HCV and STD testing (per USPSTF guidelines)
- IDPH funds two people at the PCA to provide technical assistance directly to the FQHCs
- Testing numbers (HIV, HCV, and STD) have continued to increase
- Initiative funded through Ryan White Part B program supplemental and state funding

# Thank you!



Iowa Department of Public Health  
Bureau of HIV, STD, and Hepatitis  
Nicole Kolm-Valdivia, Data Program Manager  
[Nicole.kolm-Valdivia@idph.iowa.gov](mailto:Nicole.kolm-Valdivia@idph.iowa.gov)  
(515) 281-6974







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Translating science into care

# NNCC HCV/LOUD LEARNING COLLABORATIVE

## The National Clinician Consultation Center

Zeb Kessler, Project Coordinator  
Janeen Rojas, Clinician Consultant  
Nov 12, 2019



CLINICIAN-TO-CLINICIAN ADVICE





## Disclosures

- Nothing to disclose



# OUTLINE

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- Clinician Consultation Center (CCC) Overview
- Hepatitis C and Substance Use Management  
Tele-Consultation
- Meet a NCCC Consultant



CLINICIAN CONSULTATION CENTER  
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# NCCC MISSION

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



Zuckerberg San Francisco General Hospital



CLINICIAN CONSULTATION CENTER  
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# CLINICIAN CONSULTATION CENTER (CCC) OVERVIEW



# CCC OVERVIEW

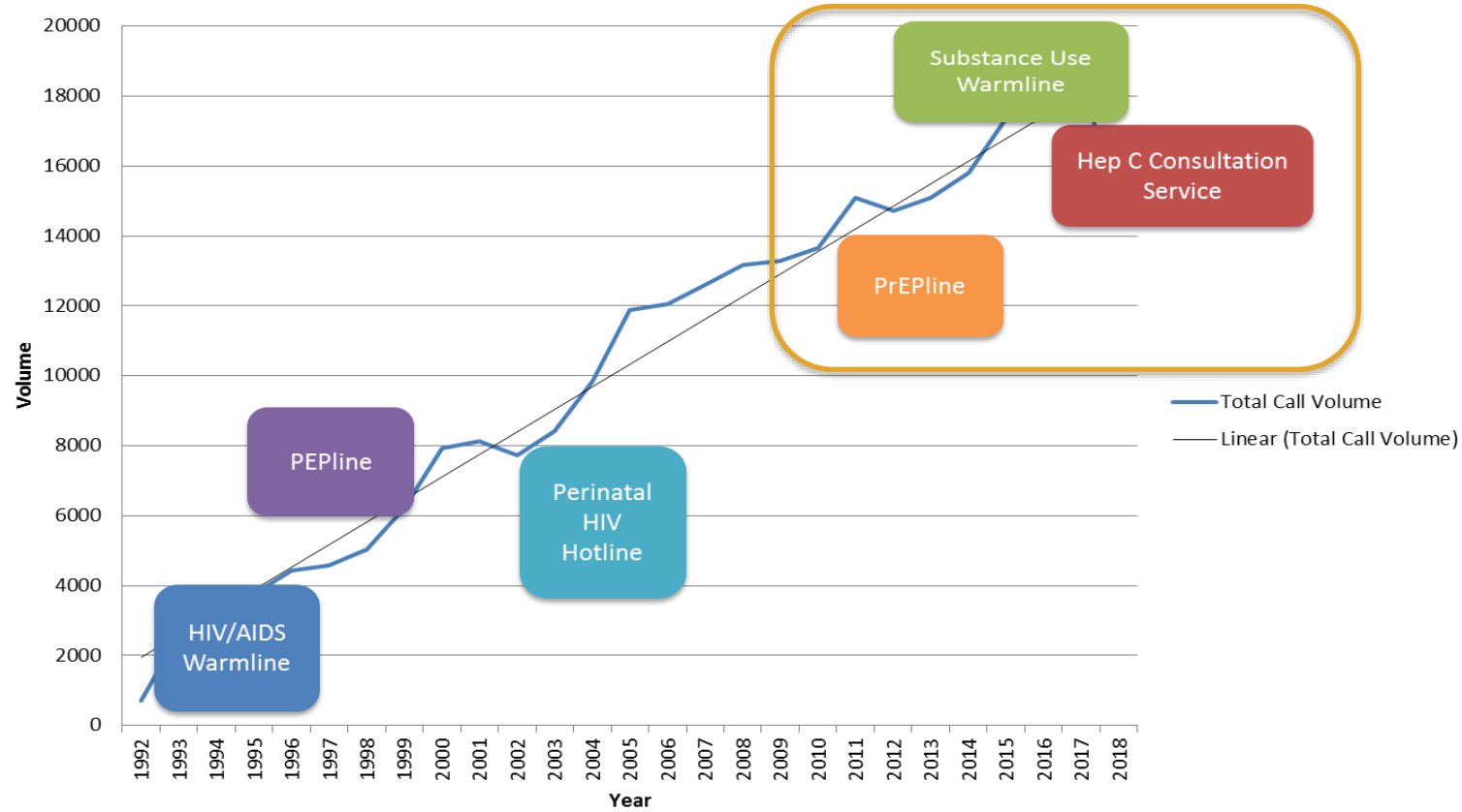
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- Established over 25 years ago in response to the HIV epidemic
- Key elements
  - ❖ **FREE** clinical decision support to US-affiliated clinicians for 25+ years
  - ❖ Multi-disciplinary, inter-professional teams
  - ❖ Wrap-around/“one-stop” resource for expert consultation
  - ❖ Practical, point-of-care assistance
- Federally funded by the Health Resources and Services Administration HIV/AIDS Bureau (HAB) and Bureau of Primary Health Care (BPHC)



# WHAT WE DO

Call Volume (by service-line), 1992-2018







You are here: Home > Clinician Consultation

### Clinician Consultation

The Clinician Consultation Center provides rapid expert consultation and advice on management of HIV/AIDS, perinatal HIV, pre-exposure prophylaxis, and post-exposure prophylaxis management for HIV and hepatitis B and C. Our clinical consultants are HIV-treatment experienced physicians, clinical pharmacists, nurses, and NPs from the University of California, San Francisco. The CCC has provided more than 250,000 consultations on all aspects of HIV treatment, prevention, care, and exposure management.



#### HIV/AIDS Management

Call for a Phone Consultation  
(800) 933-3413  
9 a.m. – 8 p.m. EST  
Monday – Friday  
[Learn more >](#)



#### Perinatal HIV/AIDS

Call for a Phone Consultation  
(888) 448-8765  
24 hours  
Seven days a week  
[Learn more >](#)



#### Hepatitis C Management

Call for a Phone Consultation  
(844) 437-4636 or (844) HEP-INFO  
9 a.m. – 8 p.m. EST  
Monday – Friday  
[Learn more >](#)



#### Substance Use Management

Call for a Phone Consultation  
(855) 300-3595  
9 a.m. – 8 p.m. EST  
Monday – Friday  
[Learn more >](#)



#### PrEP: Pre-Exposure Prophylaxis

Call for a Phone Consultation  
(855) 448-7737 or (855) HIV-PrEP  
9 a.m. – 8 p.m. EST  
Monday – Friday  
[Learn more >](#)



#### PEP: Post-Exposure Prophylaxis

Call for a Phone Consultation  
(888) 448-4911  
9 a.m. – 9 p.m. EST  
Seven days a week  
[Learn more >](#)

# How we work

Just call us!

Mon-Fri, 6a-5p PT\*

Web-based portal for **electronic** HIV, HCV, and substance use consultation requests

*No patient identifiers collected.*

*All calls are completely confidential.*

\* After-hours voicemail available; Perinatal Hotline is 24/7



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# HEPATITIS C AND SUBSTANCE USE MANAGEMENT TELE-CONSULTATION





# TELECONSULTATION PRIMARY GOALS

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- *Support* any clinical professional, especially ones in primary care-oriented practices, regarding the evaluation and management of cases
- Share *useful* care and communication strategies
- Encourage clinical *capacity-building* in areas with highest need

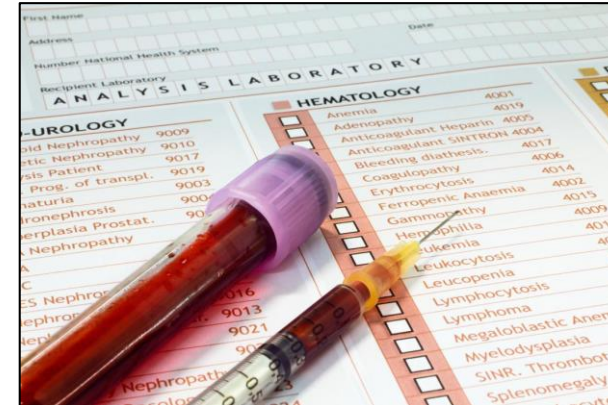


Center for Consultation Center  
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# HEPATITIS C WARMLINE (HEPLine)

## COMMON CONSULTATION TOPICS

- **Evaluation and monitoring** of hepatitis C, including staging
- **Regimen selection, dosing, and toxicity**, including drug resistance
- **Initial treatment** of hepatitis C
- **Access to treatment**, including prescription approval
- **Special populations** (pregnancy, co-morbid substance use disorder)





Center for Substance Abuse Treatment  
Translating science into practice

# SUBSTANCE USE WARMLINE

## COMMON CONSULTATION TOPICS

- **Assessment and medical treatment** of opioid, alcohol, and other substance use disorders
- **Toxicology testing:** when to use it and what it means
- **Approaches** to adjusting opioid-based pain regimens to reduce risk of misuse and harms
- **Harm reduction** and overdose prevention strategies
- **Special populations** (pregnancy, kidney/liver disease, co-morbid opioid use disorder and pain, HIV, HCV)

LAB REPORT			
Analyte Name	Result	Cut-off	Unit
AMPHETAMINES	Negative	500	ng/mL
BARBITURATES	Negative	200	ng/mL
BENZODIAZEPINES	POSITIVE	75	ng/mL
Tetraazepam	POSITIVE	50	ng/mL
Tetraazepam, Quant		>2,500	ng/mL
Nortetazepam	POSITIVE	50	ng/mL
Nortetazepam, Quant		>2,500	ng/mL
Oxycodone	POSITIVE	50	ng/mL
Oxycodone, Quant		>2,500	ng/mL
BUPRENORPHINE/METABOLITE	Negative	5	ng/mL
CANNABINOIDS	Negative	20	ng/mL
CANNABIPYRROLINEMETABOLITE	Negative	100	ng/mL
COCAINE METABOLITES	Negative	150	ng/mL
FENTANYL	Negative	2	ng/mL
METACONAMINE/METABOLITE	Negative	100	ng/mL
OPATES	Negative	50	ng/mL
OXYCODONE/METABOLITE	Negative	50	ng/mL
PROPIONPHENEMETABOLITE	Negative	300	ng/mL
ALCOHOLS	Negative	0.02	% (w/v)
TRAMADOL/METABOLITE	Negative	200	ng/mL
ACETAMINOPHEN	Negative	10	µg/mL
CREATININE	Normal	5	mg/dL
Creatinine, Quant		65	mg/dL
pH	Normal		
GENERAL URIDANTS	Negative	200	µg/mL

The presence of nortetazepam, tetraazepam, and oxycodone in the urine should be recognized as the "backdoor" pattern of recent opioid use.

# OUR CONSULTANTS



- Generalist- and specialty- trained physicians
- Advanced practice nurses
- Clinical pharmacist specialists

**500+ years experience  
with HIV, HCV, SUD**



# MEET A NCCC CONSULTANT

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**Janeen Rojas, MS, NP**  
Clinician Consultant

- The role that nursing can play for prevention and treatment, and supporting overall health/care delivery
- Role at the NCCC and how the service can support everyday clinical practice





CLINICIAN CONSULTATION CENTER  
Translating science into care

## Clinician Consultation Center

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

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

Substance use evaluation and management

**HEPline**

844-HEP-INFO

HCV testing, staging, monitoring,  
treatment

**HIV/AIDS Warmline** 800-933-3413

HIV testing, ARV decisions, complications,  
and co-morbidities

**PrEPline**

855-HIV-PrEP

Pre-exposure prophylaxis for persons  
at risk for HIV

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

Pregnant/postpartum women with HIV (or  
at-risk for HIV) & their infants

**PEPline**

888-448-4911

Occupational & non-occupational  
exposure management



CLINICIAN CONSULTATION CENTER  
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**THANK YOU!!**

For more information, please visit [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu) or email Zeb Kessler (Zebulin.Kessler@ucsf.edu).



# Questions





To receive credit...

We will send an email with a link from Clinical Directors Network within 1-2 days after the webinar.

You must complete to receive credit and the certificate will arrive within 1 week of completing the survey.



# National Nurse-Led Care Consortium

*Remaining webinar for the Learning Collaborative Series:*

Part 4: Expanding Medication Assisted Therapy in Philadelphia

- **Tuesday December 3, 2:00 pm ET**
- NNCC will host an extra 30 minutes for “office hours”
- Extended Q&A and discussion topics for a related article



Thank you!

## NNCC Contact Information

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