

**Targeted Access to Community  
Knowledge, Linkage to treatment and  
Education for HIV/HCV in people of color  
(TACKLE HIV/HCV in people of color)**

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**UT Health**

San Antonio

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TACKLE Program

# TACKLE HIV/HCV in people of color

- Background
  - TACKLE HIV/HCV
  - Department of State Health Services (DSHS)
- TACKLE HIV/HCV goals and partnerships
- Select activities
  - Year 1 – planning
  - HIV/HCV ECHO
  - Sentential surveillance
  - Community events
- Sustainability and next steps

# TACKLE HIV/HCV Background



# HIV/HCV co-infection

- Approx. 30% of people living with HIV (PLWHIV) in the US are co-infected with HCV
- *Co-infected individuals develop histological and clinical features of HCV liver disease more rapidly than those with HCV alone*
- Patients with HIV infection are less likely to clear HCV and more likely to develop chronic infection
- Tolerance of antiretroviral agents is poorer in patients with chronic HCV with a greater risk of hepatotoxicity
- Clearance of HCV has been associated with regression of liver fibrosis

# TACKLE HIV/HCV in people of color

- Targeted **Access to Community Knowledge, Linkage to treatment and Education for HIV/HCV in people of color**
- A HRSA funded Special Project of National Significance (SPNS)
- An area network of Ryan White HIV/AIDS program funded clinics in implementing comprehensive, effective HCV screening, care and treatment systems in people living with HIV including people of color across South Texas

# Department of State Health Services (DSHS)



# DSHS

- DSHS Hepatitis C Team
  - Prevention
  - Surveillance
- Partnership with TACKLE
  - Enhance acute and chronic hepatitis C surveillance
  - Design and implement sentinel surveillance system
  - Create data collection tools
  - Serve as SMEs on hepatitis C surveillance and data reporting

# TACKLE HIV/HCV Goals and Partnerships



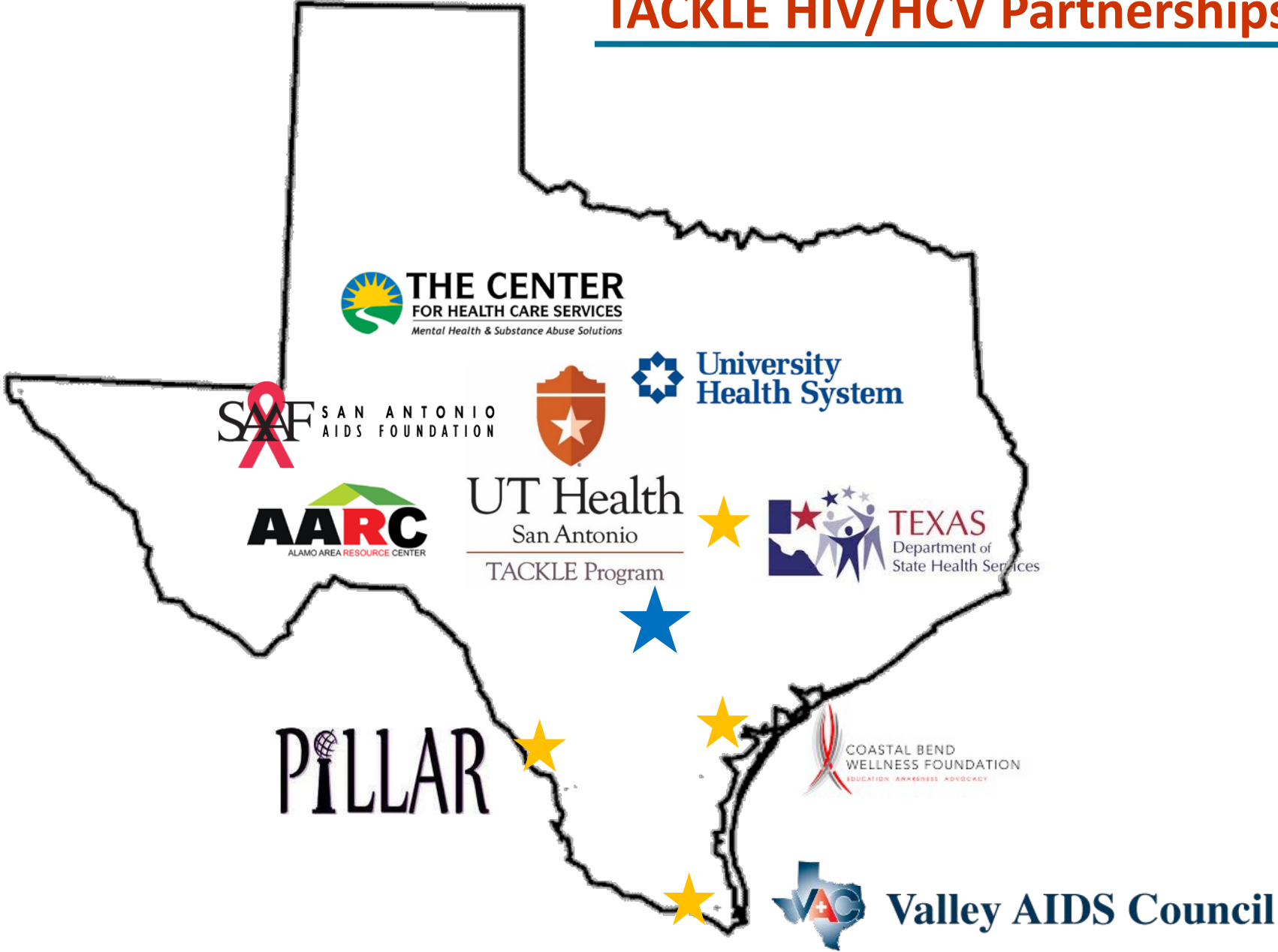


## PROGRAM GOALS

GOAL 1 - Establishment of a model of integration of HCV services into HIV services and support of substance use disorder/mental health services	GOAL 2 - Provision of provider support including non specialist provider support for HIV/HCV co-infection management and treatment	GOAL 3 - Education about and screening for HIV/HCV in communities predominantly composed of people of color	GOAL 4 - Sentinel surveillance for acute and chronic HCV in people living with HIV (including people of color)
<p><i>Clinic HIV/HCV care model</i></p> <p><i>Fibroscan</i></p>	<p><i>(AETC) National HIV/HCV curriculum dissemination</i></p>	<p><i>Community education and screening events</i></p>	<p><i>Enhance TX DSHS acute HCV surveillance</i></p>
<p><i>SUD/Depression screening and linkage to support/treatment)</i></p> <p><i>Pilot opioid overdose program</i></p>	<p><i>ECHO (Extension of Community Health Outcomes) model</i></p>	<p><i>HIV/HCV Education App</i></p>	<p><i>Pilot chronic HCV sentinel surveillance program</i></p> <p><i>Pilot data to care</i></p>

**EVALUATION – FOCUS ON PROCESS EVALUATION (vs. IMPACT/OUTCOME EVALUATION)**

# TACKLE HIV/HCV Partnerships



# TACKLE HIV/HCV Activities



# Year 1 – planning and project infrastructure

- Established HIV/HCV ECHO, create a promotional video + obtain MOC/CME accreditation, train staff and partners
- Constructed websites for TACKLE and ECHO
- Detailed needs assessment, project implementation + local evaluation plans
- Produced protocols/forms and databases to unify project implementation with partners' input
  - ECHO protocol, case presentation and recommendations forms
  - Bidirectional referral processes: clinic  $\leftrightarrow$  SUD/MH
  - Fibroscan clinical reporting guidelines and pricing
  - HIV/HCV drug interaction and side effects + DAA drug access protocol
  - Reporting of acute HCV
  - Distribution of AETC HIV/HCV Co-infection Curriculum
  - HIV/HCV educational app
  - Surveillance – Clinic and community

## PROSPECTIVE HIV/HCV CARE CONTINUUM DATA COLLECTION FORM

MEDICAL RECORD NUMBER: _____	
DATE OF CLINIC VISITS FOR HCV TREATMENT 1 _____ (Patient age: _____ ) 5 _____ (Patient age: _____ ) 2 _____ (Patient age: _____ ) 6 _____ (Patient age: _____ ) 3 _____ (Patient age: _____ ) 7 _____ (Patient age: _____ ) 4 _____ (Patient age: _____ ) 8 _____ (Patient age: _____ )	CLINIC NAME: <input type="checkbox"/> SAAF <input type="checkbox"/> Coastal Bend Wellness <input type="checkbox"/> Valley AIDS Council, Harlingen <input type="checkbox"/> Valley AIDS Council, McAllen <input type="checkbox"/> FFACTS <input type="checkbox"/> AARC

### DEMOGRAPHICS

PATIENT NAME Last First MI			DATE OF BIRTH (mm/dd/yyyy)	
HOME ADDRESS City State Zip			COUNTY OF RESIDENCE	
			COUNTRY OF BIRTH <input type="checkbox"/> USA <input type="checkbox"/> Other (please specify: _____ ) <input type="checkbox"/> Unknown	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> Transgender (unspecified) <input type="checkbox"/> Other (please specify: _____ )		ETHNICITY <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a <input type="checkbox"/> Unknown		RACE (check all that apply) <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify: _____ )

### PATIENT INFORMATION

RYAN WHITE STATUS <input type="checkbox"/> RW eligible/client <input type="checkbox"/> Not RW eligible/client		INSURANCE <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CareLink	
INJECTION DRUG USE HISTORY <input type="checkbox"/> Never used <input type="checkbox"/> Current user <input type="checkbox"/> Used but NOT current user Date reported: _____		MSM <input type="checkbox"/> Yes <input type="checkbox"/> No	
NONINJECTION DRUG USE HISTORY <input type="checkbox"/> Never used <input type="checkbox"/> Current user <input type="checkbox"/> Used but NOT current user Date reported: _____		If current or previous user, noninjection drug used <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Methamphetamine (Meth) <input type="checkbox"/> Heroin <input type="checkbox"/> Other (please specify: _____ )	
HISTORY OF MENTAL HEALTH DISORDER <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, mental health disorder diagnosed: <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Bipolar/psychosis <input type="checkbox"/> Other (please specify: _____ )	

### DEMOGRAPHICS/PATIENT INFORMATION UPDATE

**HCV****SYMPTOMATIC?**1  No  Unknown
 Yes - if yes, symptoms (check all that apply):
  Jaundice  Anorexia  Clay stools  Onset of symptoms (mm/dd/yyyy)  
 Diarrhea  Dark urine  Abdominal pain  
 Fatigue  Other: \_\_\_\_\_
2  No  Unknown
 Yes - if yes, symptoms (check all that apply):
  Jaundice  Anorexia  Clay stools  Onset of symptoms (mm/dd/yyyy)  
 Diarrhea  Dark urine  Abdominal pain  
 Fatigue  Other: \_\_\_\_\_
**REASONS FOR TESTING (check all that apply)**
 1  Symptoms of acute hepatitis  Exposure to case  HIV positive, initial screening for HCV  Unknown  
 Evaluation of liver enzymes  Prenatal screening  HIV positive, routine screening for HCV  Other: \_\_\_\_\_

 2  Symptoms of acute hepatitis  Exposure to case  HIV positive, initial screening for HCV  Unknown  
 Evaluation of liver enzymes  Prenatal screening  HIV positive, routine screening for HCV  Other: \_\_\_\_\_
**SCREENING**EVER SCREENED FOR HCV  No  Yes (if yes, date most recently screened for HCV: \_\_\_\_\_)**DIAGNOSIS****HCV INFECTION TYPE**1  Probable Chronic\*  Confirmed Chronic\*  Acute**DATE OF DIAGNOSIS**

1 \_\_\_\_\_

2  Probable Chronic\*  Confirmed Chronic\*  Acute

2 \_\_\_\_\_

**\*Definitions:****PROBABLE CHRONIC HEPATITIS C:** Chronic condition with no available evidence of clinical and relevant laboratory information indicative of acute infection and with items from columns 1 and 3**CONFIRMED CHRONIC HEPATITIS C:** Chronic condition with no available evidence of clinical and relevant laboratory information indicative of acute infection and at least one item from columns 2 and 3

1	2	3
• Anti-HCV positive	• NAT for HCV RNA positive (including genotype) • HCV antigen positive	• No report of test conversion (documented negative anti-HCV, HCV NAT, or HCV antigen result followed within 12 months by a positive result)

**TREATMENT****EVER TREATED FOR HCV**
 Treatment naïve  Previously treated with DAA  
 Previously treated no DAA
**If previously treated, HCV treatment outcome:**
 Cured  Not cured  
 Cured and reinfected  Unknown
**PRESCRIBED TREATMENT**1  No  Yes, non-DAA  Yes, DAA (name of DAA prescribed: \_\_\_\_\_)  Unknown**Date treatment prescribed:**

1 \_\_\_\_\_

2  No  Yes, non-DAA  Yes, DAA (name of DAA prescribed: \_\_\_\_\_)  Unknown

2 \_\_\_\_\_

**TREATMENT DELAYED OR LOST TO CARE?**1  No  Yes**If yes, reason for treatment delayed or lost to care:**1  Died  Moved  Refused/ hesitant to start treatment  Incarcerated  Pregnant  
 Paper work (insurance)  Other: \_\_\_\_\_2  No  Yes2  Died  Moved  Refused/ hesitant to start treatment  Incarcerated  Pregnant  
 Paper work (insurance)  Other: \_\_\_\_\_**Date HCV treatment started:**

1 \_\_\_\_\_

2 \_\_\_\_\_

**Date HCV treatment completed:**

1 \_\_\_\_\_

2 \_\_\_\_\_

**SVR following treatment?**1  No  Yes (if yes, date of treatment completion SVR: \_\_\_\_\_)2  No  Yes (if yes, date of treatment completion SVR: \_\_\_\_\_)**Documented SVR12?**1  No  Yes (if yes, date SVR12 achieved: \_\_\_\_\_)2  No  Yes (if yes, date SVR12 achieved: \_\_\_\_\_)

RISK FACTOR INFORMATION			
Have the person ever had any of the following risk exposures?	Yes	No	Unknown
Received a blood transfusion prior to 1992	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received an organ transplant prior to 1992	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received clotting factor concentrates prior to 1987	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or more male sex partners How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or more female sex partners How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated for a sexually-transmitted disease Date of most recent treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with person who had hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment in a medical/dental field involving use of universal precautions (e.g. gloves) because of potential of exposure to human blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment as a public safety worker involving use of universal precautions (e.g. gloves) because of potential of exposure to human blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental stick or puncture with a needle or other object contaminated with blood Date of most recent event:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injected drugs or cosmetic products (i.e. Botox) not prescribed by a doctor Date of most recent event:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used non-injected street drugs (i.e., intranasal drug) Date of most recent event:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injected drugs prescribed by a doctor (i.e., insulin, blood thinning medication) Date of most recent event:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger stick at home Date of most recent event:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient procedure, specifically colonoscopy, endoscopy, or colposcopy Date of most recent procedure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental work or oral surgery in another country Date of most recent treatment: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery other than dental work or oral surgery in another country Date of most recent treatment: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manicure or pedicure in another country Date of most recent event: Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body piercing Piercing locations (check all that apply): <input type="checkbox"/> Commercial parlor <input type="checkbox"/> Jail/Prison <input type="checkbox"/> At home <input type="checkbox"/> Other (specify: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tattoo Tattooing locations (check all that apply): <input type="checkbox"/> Commercial parlor <input type="checkbox"/> Jail/Prison <input type="checkbox"/> At home <input type="checkbox"/> Other (specify: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture treatment Date of most recent treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incarceration Date of most recent release: Length of incarceration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Acute Hepatitis C Provider Reporting Procedure

1. Determine through Provider Reporting Checklist if required variables for reporting are present in medical record.

<b>Acute Hepatitis C Reporting Checklist</b>	
<b>Acute Case Clinical Criteria Description</b>	
An acute illness with discrete onset of symptoms consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), <b>AND</b> Jaundice, <b>OR</b> A peak elevated serum alanine aminotransferase (ALT) level >200 IU/L during the period of acute illness <b>AND</b> No history of Hepatitis C infection or diagnosis of chronic Hepatitis C.	
<b>Laboratory Criteria: At least ONE of the following present</b>	
<input type="checkbox"/>	A positive test for antibodies to hepatitis C virus ( <b>anti-HCV</b> )
<input type="checkbox"/>	<b>Nucleic acid test (NAT)</b> or PCR test for HCV RNA positive (including qualitative, quantitative or genotype testing)
<input type="checkbox"/>	A positive test indicating presence of hepatitis C viral <b>antigen</b> (HCV <b>antigen</b> )
<b>Symptoms: At least ONE of the following present</b>	
<input type="checkbox"/>	Fever
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Malaise
<input type="checkbox"/>	Anorexia
<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Abdominal Pain
<b>WITH</b> Jaundice <b>OR</b> ALT	
<input type="checkbox"/>	<b>Jaundice</b>
<input type="checkbox"/>	<b>Elevated ALT</b>
<b>Risk factors: At least ONE of the following present</b>	
<input type="checkbox"/>	Ever injected illicit drugs
<input type="checkbox"/>	Ever incarcerated for longer than 6 months
<input type="checkbox"/>	History of HIV or STD
<input type="checkbox"/>	Received clotting factor before 1987
<input type="checkbox"/>	Ever been on long term hemodialysis
<input type="checkbox"/>	Born to HCV positive mother
<input type="checkbox"/>	Known exposure to person with HCV, such as needle stick injury in healthcare setting, unregulated tattoo or sharing personal items contaminated with infectious blood

2. Fill out an Infectious Disease Report Form, which can be found online at this link:  
<https://www.dshs.state.tx.us/IDCU/investigation/Reporting-forms/EPI-2-2017.pdf>
3. Attach patient's medical record including variables for reporting indicated on checklist.
4. Contact local or regional health department to determine preferred method of reporting (fax, mail, electronic medical record)

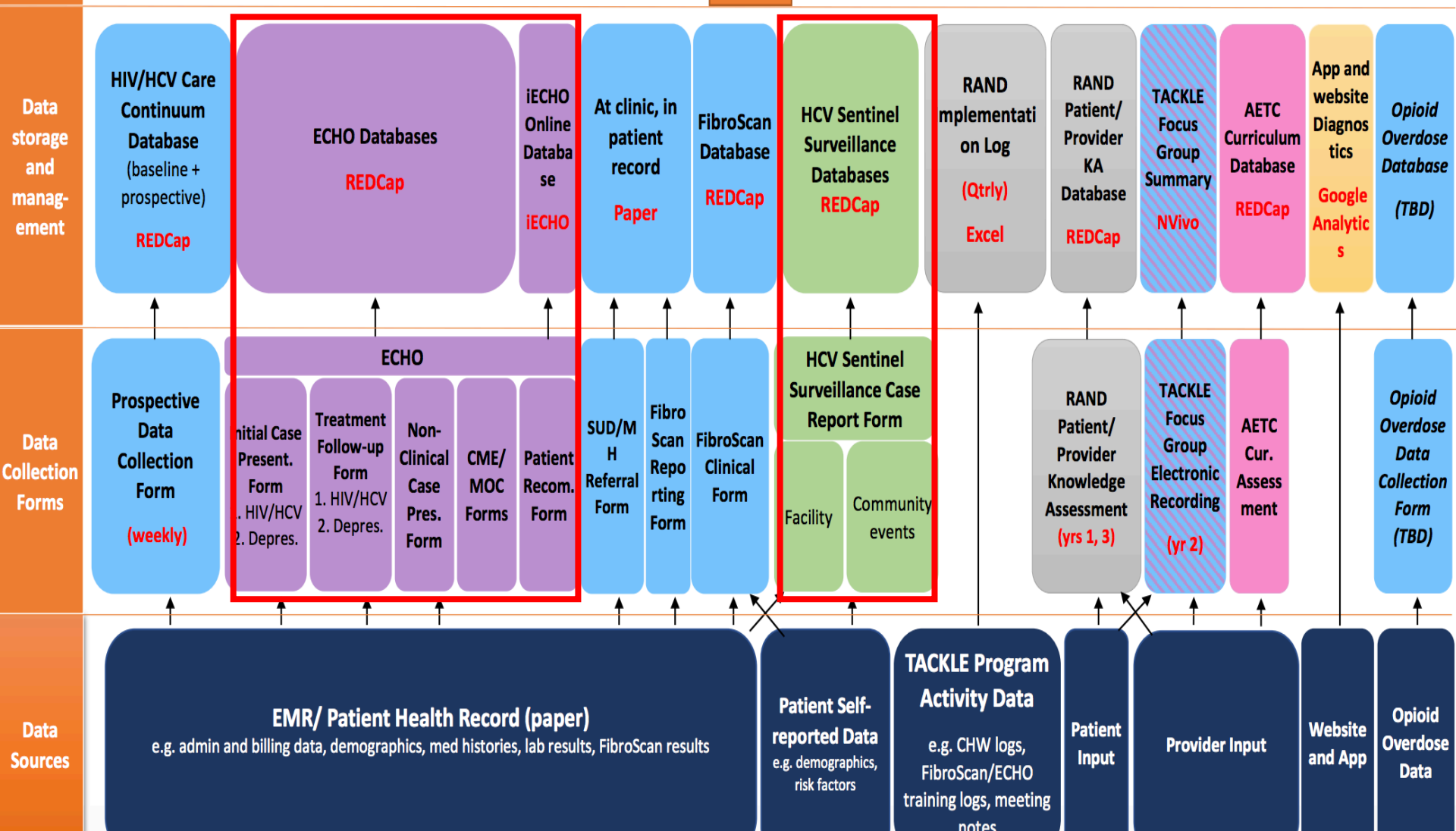
For a list of Disease Reporting Contacts please visit this link:

<https://dshs.texas.gov/IDCU/investigation/conditions/Disease-Reporting-Contacts.aspx>



**Legend:** ■ Clinical and SUD/MH Component ■ Surveillance Component ■ Community Outreach Component  
■ ECHO Component ■ Workforce Development Component

(1) Reporting to Grantor      (2) Process/Outcome Evaluation      (3) Publications





# UT Health San Antonio ECHO (Extension for Community Healthcare Outcomes)



# ECHO Introductory video (90 s)

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## UTHSA ECHO video

# UT Health San Antonio HIV/HCV ECHO

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N ECHO sessions	39
N cases presented	46
Total number of attendees	947
Average number of attendees per session	24
Number of PLWHIV reached	3,226
Number of HIV/HCV clients reached	82

# HIV/HCV Surveillance



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TACKLE Program

# HCV Case Definition

## HCV INFECTION TYPE

- 1  Probable Chronic\*  Confirmed Chronic\*  Acute  
 2  Probable Chronic\*  Confirmed Chronic\*  Acute

## DATE OF DIAGNOSIS

1 \_\_\_\_\_  
 2 \_\_\_\_\_

### \*Definitions:

**PROBABLE CHRONIC HEPATITIS C:** Chronic condition with no available evidence of clinical and relevant laboratory information indicative of acute infection and with items from columns 1 and 3

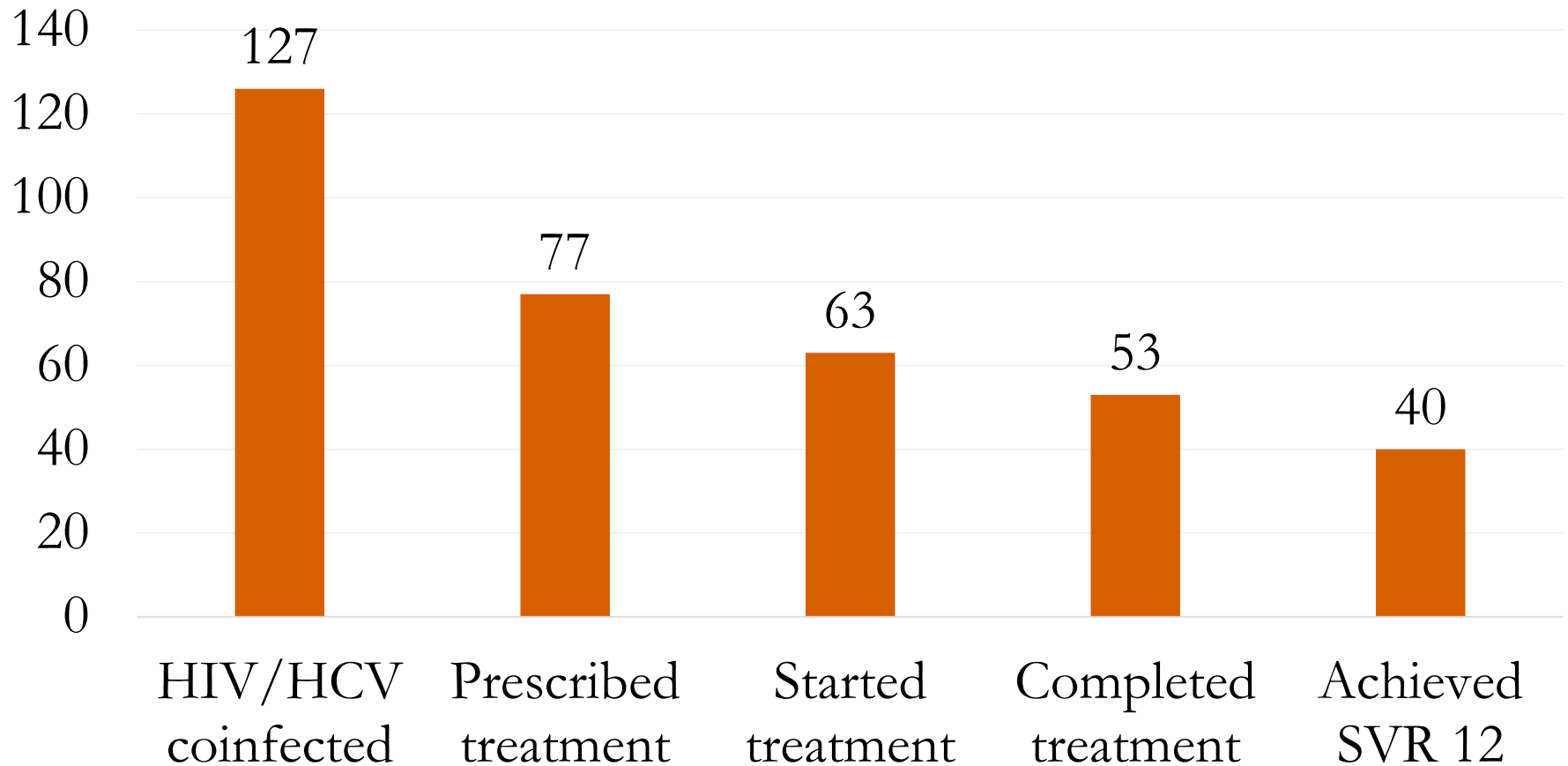
**CONFIRMED CHRONIC HEPATITIS C:** Chronic condition with no available evidence of clinical and relevant laboratory information indicative of acute infection and at least one item from columns 2 and 3

1	2	3
<ul style="list-style-type: none"> <li>• Anti-HCV positive</li> </ul>	<ul style="list-style-type: none"> <li>• NAT for HCV RNA positive (including genotype)</li> <li>• HCV antigen positive</li> </ul>	<ul style="list-style-type: none"> <li>• No report of test conversion (documented negative anti-HCV, HCV NAT, or HCV antigen result followed within 12 months by a positive result)</li> </ul>

## Overview of TACKLE clients from five clinical sites

Screened for HCV	2,833
HCV Ab+	216
Probable HCV	40
Confirmed HIV/HCV coinfection	127
SUD/MH referral	30

# TACKLE HCV Care Cascade\*



\*n=25 loss to follow-up, patient moved, incarceration, pregnancy, death



# Community Events



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## TACKLE HIV/HCV Community Events Summary

Number of events	4
People in attendance (est.)	1,100+
N screened for HIV/ HCV/ Syphilis	91/ 81/ 89
Flyers distributed	220
N educated with app	123

# App



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## What is Hepatitis C?

Hepatitis C virus (HCV) is a liver infection. HCV infection causes few symptoms for many years.

Most people with HCV have no idea that they have it.



It is important to know, because it can seriously hurt your liver.

There is a cure for HCV and most people can be cured.

Back

Next



UT Health San Antonio

## QUICK QUESTION

What part of your body can Hepatitis hurt?

Stomach

Bones

Liver

Eyes

Back

# Flyer

## TREAT HEP C BEAT HEP C

Targeted Access to Community Knowledge, Linkage to treatment and Education for HIV/HCV  
(TACKLE HIV/HCV)



What you should know about HIV and Hepatitis C

### WHAT IS HIV?

- » HIV is a virus.
- » HIV attacks immune cells in the body, so it can't fight infection.

### WHAT IS HEPATITIS C?

- » Hepatitis C is a viral infection.
- » Hepatitis C virus (HCV) damages your liver. Your liver:
  - helps your body use the food you eat
  - filters your blood
  - helps blood clot
  - fights infections

### WHAT IS HIV/HCV CO-INFECTION?

- » HIV/HCV co-infection is when a person has both HIV and HCV infection at the same time.
- » Both HIV and HCV are viruses and are transmitted in similar ways.
- » If you have both HIV and HCV infection at the same time, you are more likely to get liver damage from HCV.

### WHY SHOULD I GET TESTED FOR HIV AND HCV?

- » The only way you know for sure whether you have HIV and/or HCV is to get tested.
- » If you get tested, you can get treated.
- » There is no cure for HIV infection but people on HIV treatment can live a healthy, normal life.
- » There is a cure for HCV infection.

### WHERE CAN I GET TESTED FOR HIV AND HCV?

- » Your primary care provider can test you for HIV and HCV.
- » Search for a testing site near you by accessing CDC's online locator: [gettested.cdc.gov](http://gettested.cdc.gov)
- » TACKLE HIV/HCV offers free HIV and HCV screening at community screening events. For details, visit online: [uthscsa.edu/tackle/events](http://uthscsa.edu/tackle/events)

### HOW ARE HIV AND HCV TREATED?

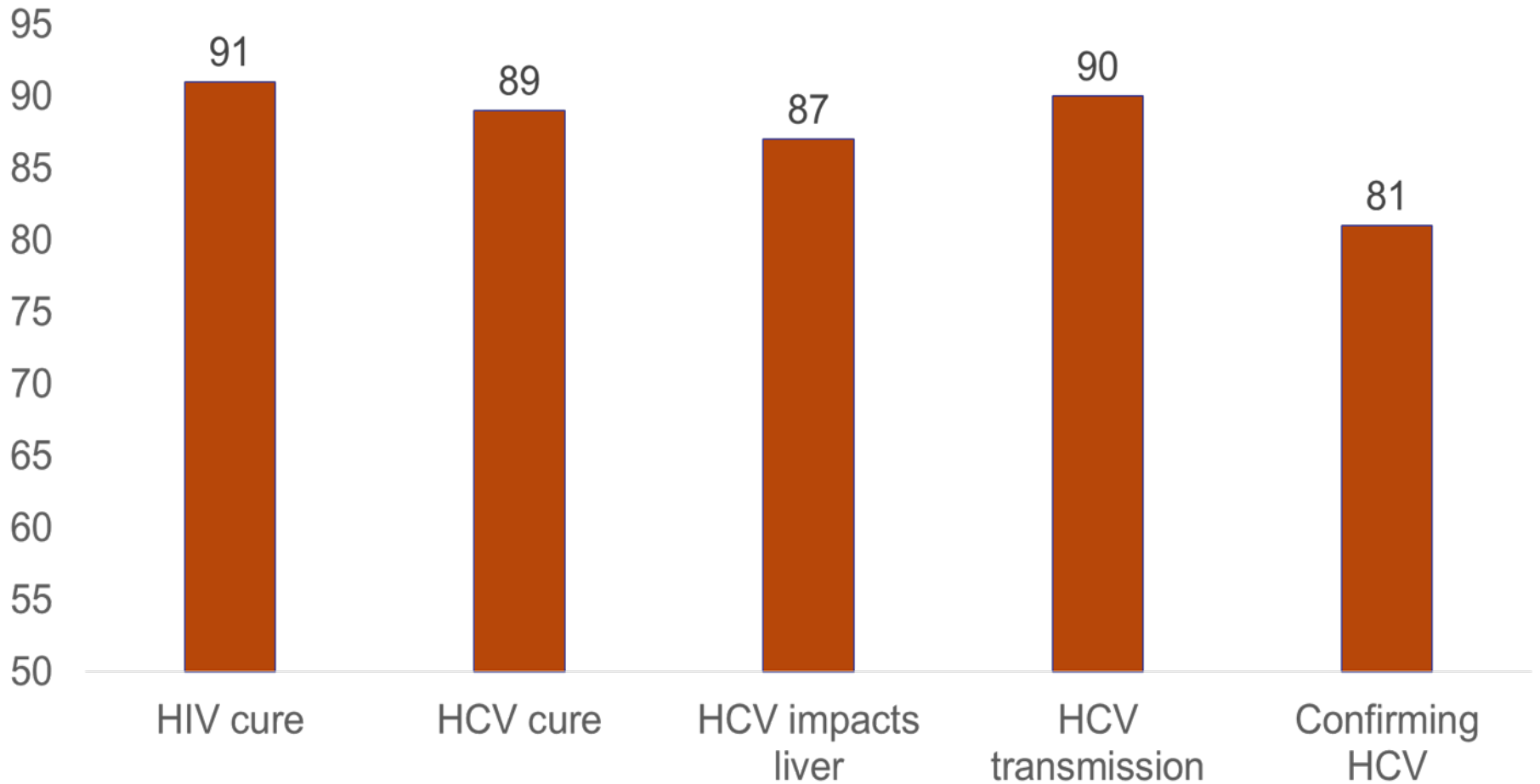
- » There are very effective drugs available today to treat both HIV and HCV infections.
- » HCV infection can be treated and cured in most cases with one pill a day for 8-12 weeks.
- » HIV infection can be treated in a lot of cases with one pill a day, but HIV treatment is life-long.



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FOR MORE INFORMATION, VISIT: [UTHSCSA.EDU/TACKLE](http://UTHSCSA.EDU/TACKLE) OR CONTACT: [TACKLEADMIN@UTHSCSA.EDU](mailto:TACKLEADMIN@UTHSCSA.EDU)

## Percent correct responses to teach back questions in app (N=123)



# Linkage to service – Integrated model of care

Name of Community Event: \_\_\_\_\_ Date of Event (mm/dd/yyyy): \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I hereby authorize TACKLE HIV/HCV Project to release information to:

- TACKLE HIV/HCV Clinical Site       My Primary Care Provider
- Coastal Bend Wellness Foundation      Provider Name: \_\_\_\_\_
  - San Antonio AIDS Foundation          Clinic Name: \_\_\_\_\_
  - Valley AIDS Council                      Address: \_\_\_\_\_
  - FFACTS                                      Clinic Phone (if known): \_\_\_\_\_
  - AARC
  - PILLAR
  - CHCS

Texas Department of State Health Services

- Hepatitis C Surveillance Team, TB/HIV/STD Epidemiology and Surveillance Branch

Description of items to be released:

- 1) Hepatitis C antibody results
- 2) Hepatitis C viral load/ RNA results
- 3) Acute/ Chronic HCV Sentinel Surveillance Case Report Form

Purpose for use and/or disclosure: **Linkage to HCV care and treatment**

- I understand this authorization will expire in 180 days from the date of this signed authorization
- I understand that the Texas Department of State Health Services may contact me for additional information regarding my hepatitis C status.
- I understand that the information used or disclosed by this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.
- I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the agency's Privacy Officer. I understand the revocation will not apply to information that has been already been released in response to this authorization.
- I understand that authorization for the use or release of the information identified above is voluntary.

\_\_\_\_\_  
Patient or Personal Representative Signature      Print Name      Date

\_\_\_\_\_  
TACKLE HIV/HCV Staff Signature      Print Name      Date

Nombre del Evento Comunitario: \_\_\_\_\_ Fecha del evento (mm/dd/aaaa): \_\_\_\_\_

**Información del Paciente**

Nombre del paciente: \_\_\_\_\_ Fecha de nacimiento (mm/dd/aaaa): \_\_\_\_\_



# TACKLE HIV/HCV

## Sustainability and Next Steps



# Sustainability

- Partners overwhelmingly agree about the positive impact of the HIV/HCV ECHO and plan on continued participation
- Sites find the project materials (ex. bidirectional referral processes, forms, protocols, bilingual materials ) helpful and plan to use them beyond the end of TACKLE
- A few sites will retain the community health worker (CHW) role since it positively impacted patient management
- When possible, partners will implement HIV/HCV screening and education community events

# Next Steps

- Provide Texas Department of State Health Services (TX DSHS) with a staff member to compile and clean their existing chronic HCV data
- Development of a mobile application to support HIV providers to treat HCV
- UT Health San Antonio South Central AETC HIV/HCV workshops
- Continue to offer UT Health San Antonio HIV/HCV ECHO as a resource to primary care providers who want to treat HIV/HCV coinfection
- Create an observational database of HIV/HCV coinfecting patients



# Contact/Interact with Us

**TACKLE HIV/HCV Website:**

[www.uthscsa.edu/tackle](http://www.uthscsa.edu/tackle)

**UT Health San Antonio ECHO Website:**

[www.uthscsa.edu/echo](http://www.uthscsa.edu/echo)



**Find us on Facebook: @UTHealthSAECHO**

**For general inquiries about UT Health San Antonio ECHO:**

[echoinfo@uthscsa.edu](mailto:echoinfo@uthscsa.edu)

**Program Director/Principal Investigator - Wari Allison MD PhD**

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