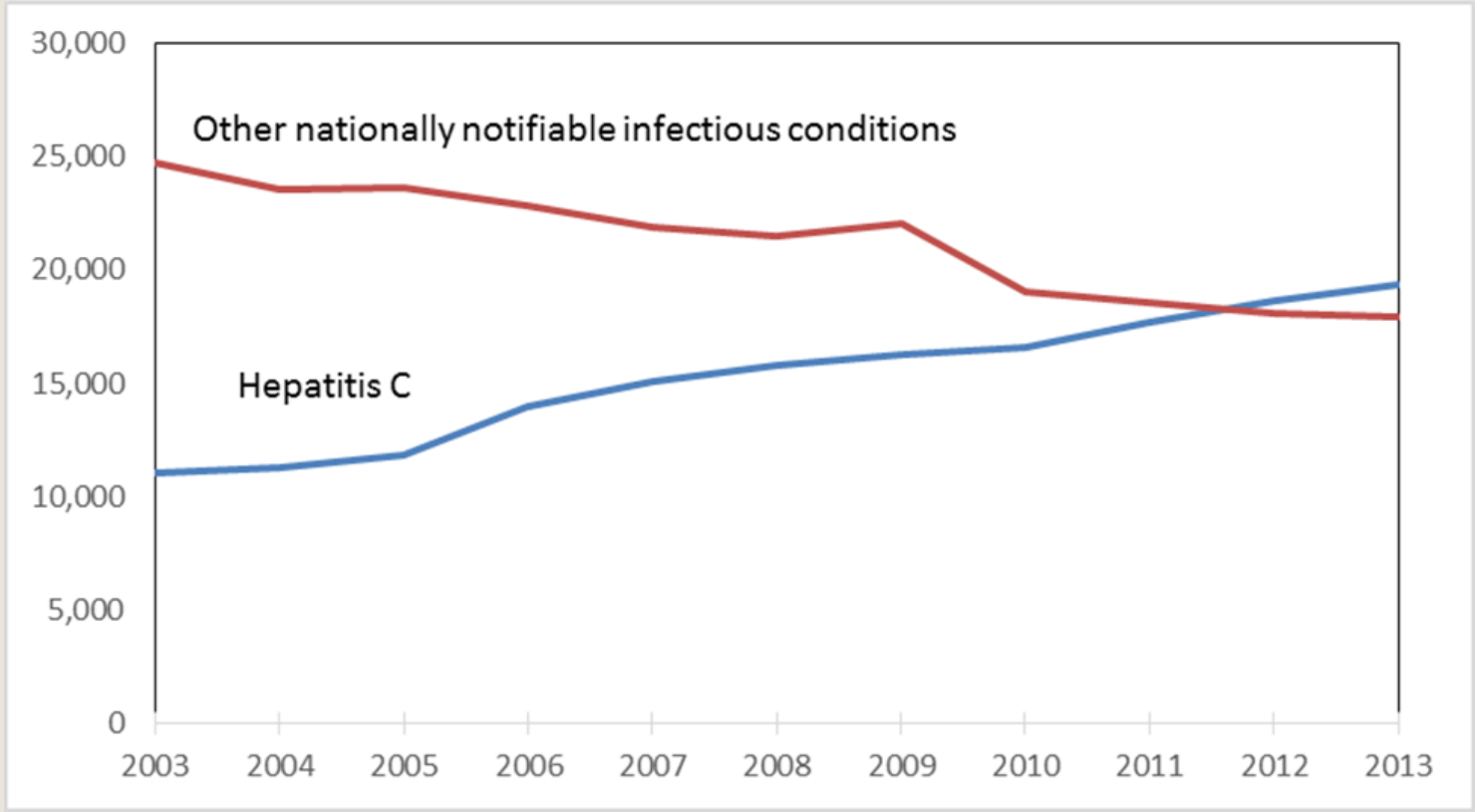
HEPATITIS C OVERVIEW

Brigg Reilley

HCV Deaths and Deaths from Other Nationally Notifiable Infectious Diseases,* 2003- 2013



Division of Viral Hepatitis

* TB, HIV, Hepatitis B and 57 other infectious conditions reported to CDC

Holmberg S, et al. "Continued Rising Mortality from Hepatitis C Virus in the United States, 2003-2013"

HCV (CDC DATA)

- Leading cause of liver cancer nationwide
- 3.5 million persons HCV+
- HCV related mortality rates in AI/AN higher than any other race/ethnicity (CDC Surveillance report, 2014)
- Hospitalizations for HCV among AI/AN tripled in past several years

Byrd KK, et al Pub Hlth Rep 2011

HCV ESTIMATES I/T/U

- Approximately 30,000 detected so far
- Requires short-term ‘epidemic response’ mentality for finding and treating late stage disease (estimated 4,000 nationwide)
- Approximately half HCV cases in ‘baby-boomers’ born 1945-1965
- Federal sites have screened approximately 50% of baby boomers

HCV AND DIABETES INTERACTION

- Risk of diabetes increased by 70% compared to non-infected controls (OR 1.7)
- Successful HCV treatment associated with decrease in insulin resistance and reduction in incidence of diabetes mellitus

  White DL, et al. Hepatitis C infection and risk of diabetes: a systematic review and meta-analysis. Hepatol. 2008;49(5):831.

SUPPORT FROM NATIONAL PROGRAMS-HCV CASE MANAGEMENT

- Deploying HCV screening reminder/dialogue in EHR
- Sample standing protocol on HCV screening
- Sample HCV policy template
- Identifying historical HCV patients who need linkage to care
- Paneling HCV patients in iCare
- Sharing lessons learned on drug access/navigation
- Provide clinical webinar on HCV just for your Service Unit
- All other Q&A on clinical and admin concerns surrounding HCV services

SUPPORT FROM NATIONAL PROGRAMS-TREATMENT

- HCV in-person clinical training (one day, free, Albuquerque, one/month, up to four clinicians)
- Getting set up with ECHO telehealth program, or UCSF teleconsultations services. Any experience level welcome. Need not be treating to participate. ECHO provides CPE credits
- Clinical algorithms for HCV+ follow up

FOR ANY OF THE ABOVE PLEASE CONTACT

- Brigg.Reilley@ihs.gov or
- Jessica.Leston@ihs.gov

HEPATITIS C – UIHS' STORY

Katie Cassel, MD
Greg Carlson, RN

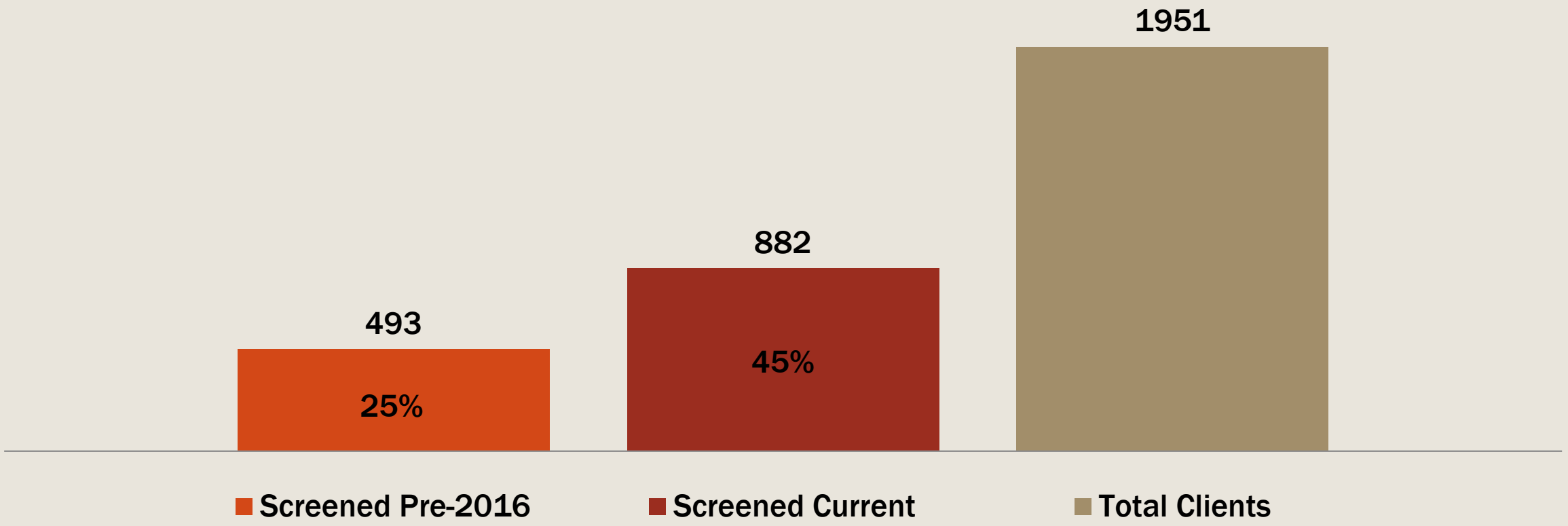
THE SETTING

- 10,000 active clients
- Large service area – Humboldt and Del Norte Counties
- 6 medical clinic locations
- Hepatologists in Humboldt/Del Norte = 0
  - Traveling specialist once a month liver clinic
  - Liver Clinic NP 2-3 days per week
- NextGen as EMR system

SCREENING

- Pregnant women
  - Universal screening since ~ 2005
  - Included in pre-natal laboratory panel
- High risk screening
  - Offered annually since ~2013
  - Opt-In for testing via questionnaire (dropped in 11/2016 update)
- Baby boomers
  - Universal screening – EMR prompt added in 11/2016
  - Age 50-75, one time screening ordered by MA per protocol

HCV SCREENING 50-75 YEAR OLDS



CHECK IN – SHOW OF HANDS

- Who has a process for screening baby boomers/other high risk?
- Who has a process that is independent of provider?
- Anyone doing universal screening?

START TREATING

- UCSF HCV Project ECHO
  - Every other week didactic and case presentation – all providers invited
  - HCV 101 one-day course

- Started a HCV treatment clinic
  - Half-day clinic 2 days a month (now weekly)
  - Flyers posted to encourage self-referral
  - Provider referrals

MAKE TREATING EASIER

- Pre-referral work-up
  - Instructions for providers (see tools)
  - Lab ordering “panel” in EMR
- Visit tools
  - MA instructions and client questionnaire for consultation visit (see tools)
  - “Quick Visits” – EMR visit documentation shortcuts
  - Follow-up lab/visit schedule (see tools)
  - Treatment letter template (see tools)
- Prior authorization process
  - Workflow outlined (see tools)
  - Forms in shared folder
  - Pharmacy technician trained (1 hour/client with faxing, questions, follow-up calls/faxes, etc.)

CHECK IN – SHOW OF HANDS

- Who have providers that treat HCV at their clinic?
- Who has dedicated HCV clinic time?
- Who does not have HCV treatment at their clinic?

GET EVERYONE TREATED

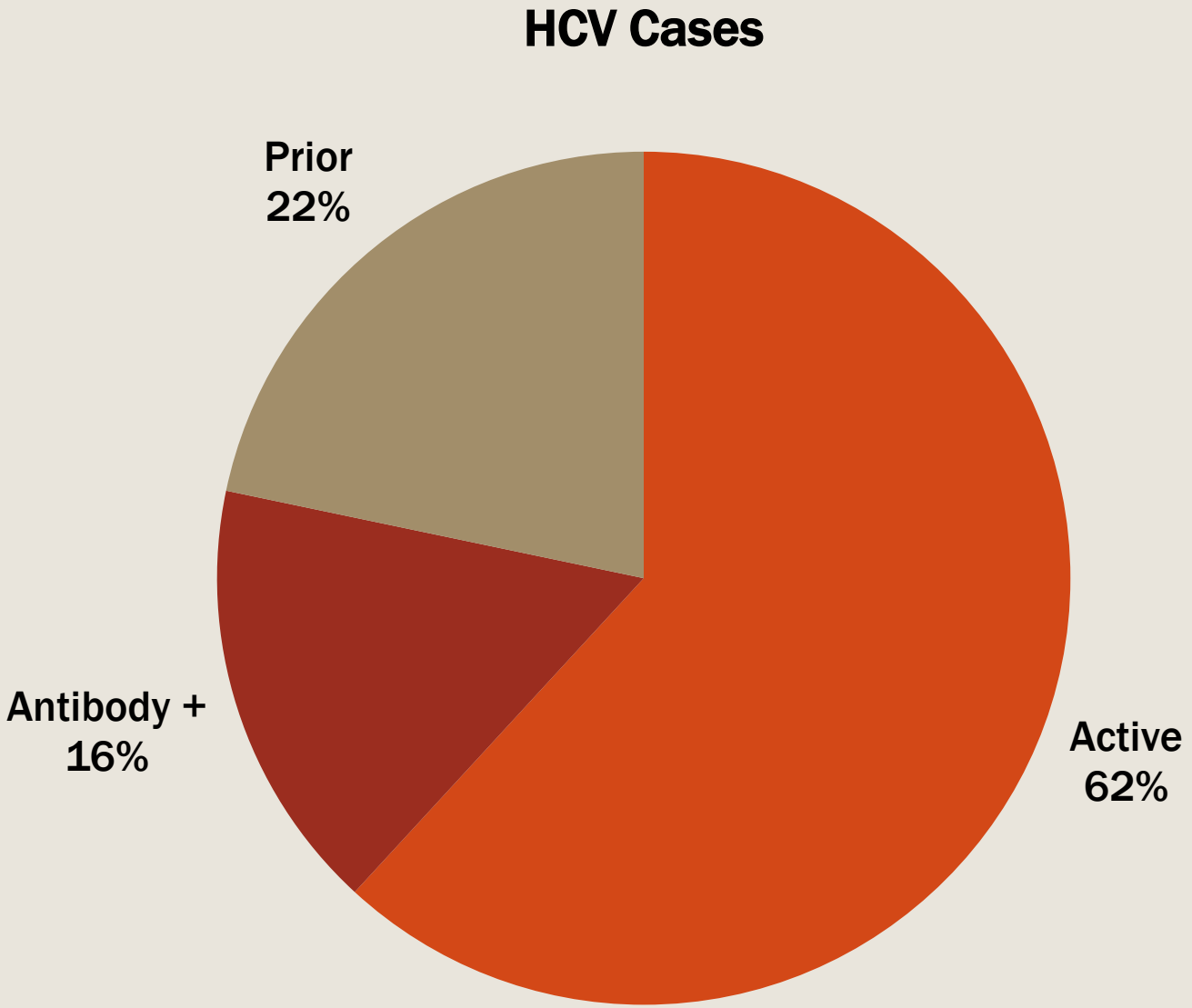
- Who needs treatment?
- How many can we treat at a time?
- How do we follow-up?

Hepatitis C Nurse Case Management Protocol

WHO NEEDS TREATMENT

- Finding HCV clients
  - Problem list reports
  - Lab module data
  - Confidential Morbidity Reports (planned to capture new diagnoses)

- Clarify diagnoses
  - History of Hepatitis C – spontaneous cure or treated with SVR (sustained virologic response)
  - Hepatitis C Antibody Positive – missing RNA testing
  - Chronic Viral Hepatitis C – Positive qualitative RNA or RNA viral load



RESULTS

304 clients
- 188 active
- 66 prior
- 50 Ab +

UIHS Prevalence ~3%
US Prevalence ~1%

PROJECTING BURDEN NEEDING TREATMENT

- 188 known chronic active infection
- 55 more cases projected once 50-75 yr. screening complete (~6.5% prevalence)
- 55 more cases from other high risk screening (~1.8% prevalence)

Estimated 300 with active HCV

HOW MANY CAN WE TREAT AT A TIME?

- Goal kept visits - 8/half day – 10 scheduled
- Each client treated requires ~ 5 visits (minimum)
- RN Case Manager
  - Facilitate pre-treatment work-up
- 2-3 Consultation visits per week to reach goal volume
  - 20% of consults don't meet treatment criteria or don't follow-through
  - ~60-80 patients treated per year

4 - 5 Years

CASE MANAGEMENT

Pre-Treatment Work-up

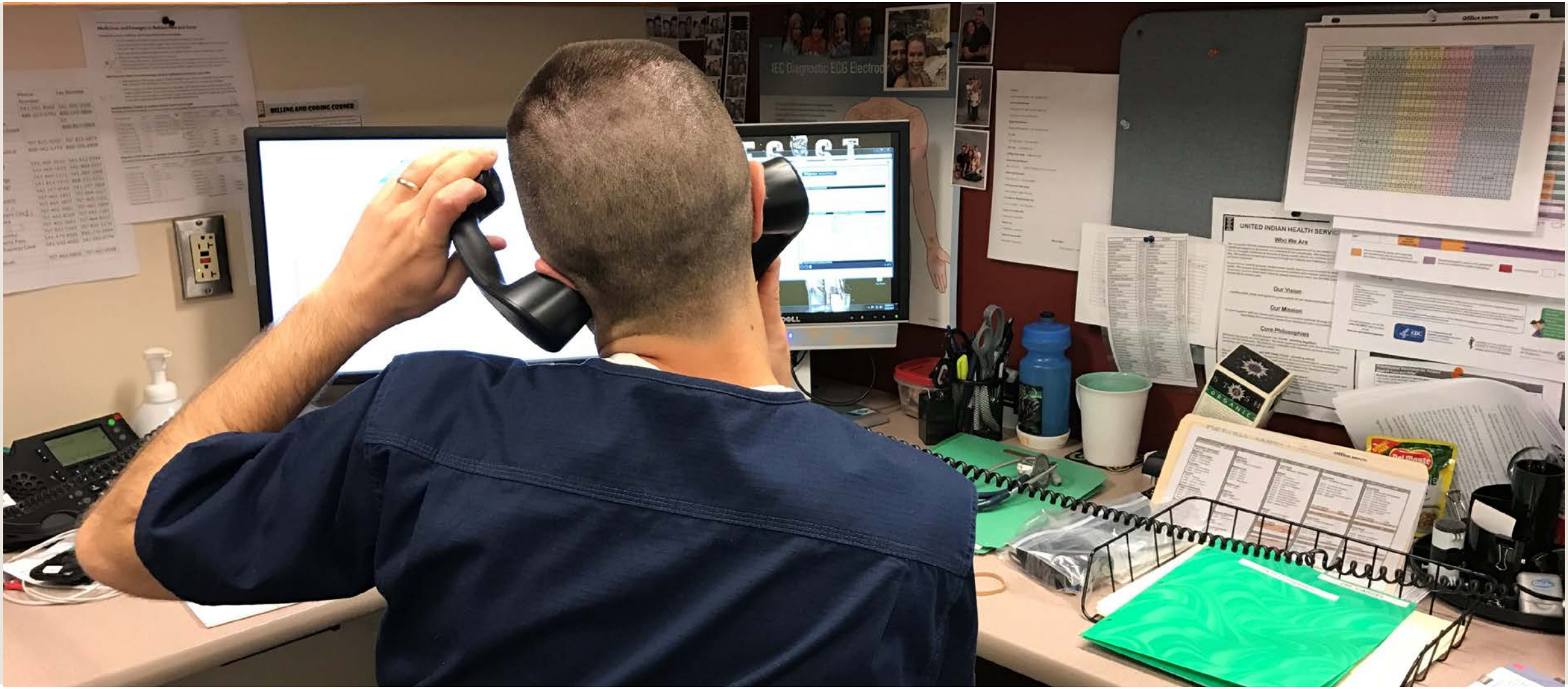
- Client call – referred and cold-calls
- Provide education
- Order pre-consult work-up labs and ultrasound as needed
- Schedule for provider consult

Post-Consult follow-up

- Monitor for missing diagnostic tests
- Relay information between Pharm Tech and provider
- Clinical interface with insurance companies
- Outreach for missed labs/visits

4 hours per week for ~ 25 clients

A DAY IN THE LIFE



TRACKING

- All HCV cases – active, Ab+, prior infection
  - EMR report by active problem/diagnosis
  - Comparative report for new diagnoses
- Clients interested in treatment
  - Future tasks
- Clients in treatment
  - Shared spreadsheet

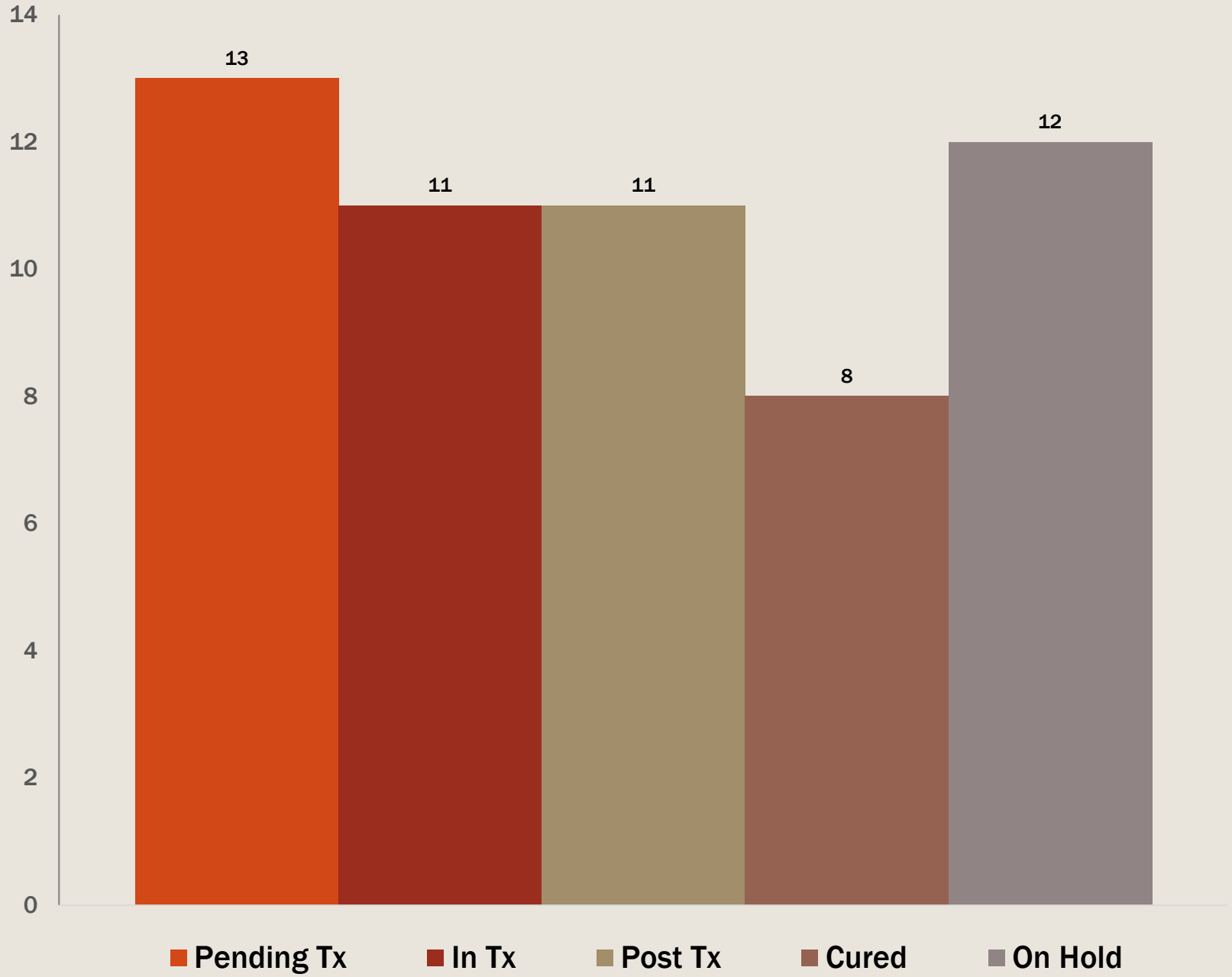
Name	DOB	PCP	ECHO ID	Insurer	Pharm	Genotype	Fibrosure (.48)	Regimen	TAR submitted	TAR Approved	Notes(provider only to enter)
				PHP		1a	p	zepatier			seen 4/17 - Needs fibrosure (drawn 4/14)
				Pend		1a	0.42	zepatier			seen 4/17 - needs new insurance card - fatty liver, fatigue
				(P) PHP		1b	0.53				seen 4/20/17 - awaiting PHP insurance sign up
				BC		1a	0.72	harvoni			PA to pharm 4/24
				PHP		1a	0.86				PA to pharm 4/19
				Moda		1a	0.01	harvoni			denial - new info sent 3/30, denied - appeal sent 4/4/17
				BC		1a	UTC	harvoni			To Pharm 3/22/17
				None		1a	0.38	harvoni	4/7/2017	4/11/2017	To Pharm 4/3/17
				Cigna		1a	0.06	harvoni	4/7/2017		To Pharm 4/3/17
				BC		3	0.15	harvoni	3/20/2017	3/28/2017	Start 4/14. End 7/17. TOC 9/29.
				PHP		2a	0.27	epclusa			Start 3/28. End 6/20. TOC 9/12.

CHECK IN – SHOW OF HANDS

- Who is able to pull the numbers for active HCV clients in your practice?
- Anyone able to track those in treatment through EMR reports?
- Who tracks those in treatment using a tracking system outside of EMR?

CHALLENGES

- Prior Authorizations
  - Less than half with stage 2 fibrosis
  - Most common to approve conditions; diabetes, fatty liver, fatigue, planned pregnancy
  - For private insurers – call for preferred medications
- Active Addiction
  - Case worker as reminder and delivery location
  - Weekly visits to clinic
  - Medication delivery to clinic
- No phone
  - Weekly visits to clinic



PROGRESS

56 Consultations

30 Approvals

13 Fibrosis

17 Non-Fibrotic

PREVENTION

- Needle-syringe exchange
  - Humboldt County Public Health – active exchange
  - Weitchpec Clinic
  - Del Norte County Public Health – no active exchange
  - Klamath Clinic - NEW
- Suboxone program
  - Prevention and adherence
  - Starting late summer

CONTACT INFORMATION

- Katie.cassel@crihb.org
- Greg.carlson@crihb.org