

Hepatitis C Treatment in an Urban IHS Community Clinic

Joshua Opperman, PA-C, MSPAS

DISCLOSURES

- The speaker has no commercial or financial interests to disclose.



In 2010, the Sacramento Native American Health Center started a Hepatitis C treatment program motivated by significant disease burden in the patient population and lack of access to treatment.

HEPATITIS C IN THE SACRAMENTO NATIVE AMERICAN COMMUNITY

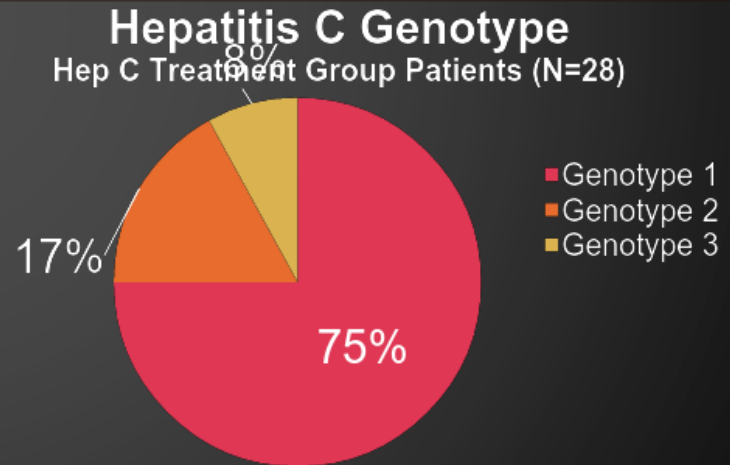


In 2011, Sacramento Native American Health Center evaluated our Hepatitis C patient population:

- In the previous 2 years we had seen 285 patients with Hepatitis C
 - Native Patients: 86 (30.2%)
 - Non-Native Patients: 199 (69.2%)

Hepatitis C Treatment Program Participants (2011):

- Total Treatment Program Participants: 28
- Average age: 51.5 years
- Males: 60.7%
- Females: 39.3%
- Native Patients: 18%



SNAHC Hep C Tx Program

- Implementation of universal screening guidelines by all medical providers.
- All providers have basic knowledge of initial workup of positive Hep C Antibody testing.

SNAHC Hep C Tx Program

Initial Workup of Positive Hep C Ab test:

- Hep C Viral Load with reflex to Genotype
- Medical History/Medications
- Social History
- Labs: CBC, CMP, INR, Hep A/B immunity (if applicable)
- Liver Ultrasound

SNAHC Hep C Tx Program

- Patients are then scheduled with the provider who manages Hep C Treatment.
 - One Provider/MA team
 - Dedicated schedule time for Hep C treatment
 - Currently - ½ day per week (12 patient appointments)

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Medications by Hep C Genotype:

- Genotype 1
 - Harvoni (Ledipasvir/Sofosbuvir)
 - Viekira Pak (Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir)
- Genotype 2
 - Sovaldi (Sofosbuvir)+Ribavirin
- Genotype 3
 - Sovaldi (Sofosbuvir)+Ribavirin

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- Patient appointment with Hep C Treatment Provider for dedicated visit to review their case and treatment options.

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Hep C Tx Pt Chart Review - last updated 2/21/15

- Hepatitis C Genotype
- Hepatitis C Viral Load with Date of Lab Draw
- Prior Treatment Hx and regimen used:
 - None
 - Tx Discontinuation
 - Tx Failure
 - Tx Relapser
- Hepatitis A and B Immunization Status
- ETOH and Substance Abuse Hx
- LMP/Birth Control (if applicable)
- Allergies
- Current Medications/Herbs
- Recent labs with Date of Lab Draw
 - Creatinine
 - eGFR
 - AST/ALT
 - Hemoglobin
 - Platelets
 - INR
 - TSH (if applicable)
 - AFP (if applicable)
- Fibrosure Fibrosis Score with Date of Lab Draw
- APRI (AST to Platelet Ratio Index) Score

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Treatment and Medication Coverage

Establish Cirrhosis vs. Non-Cirrhosis

- Fibrosure
 - Fibrosure 0.75 or greater = Cirrhosis
 - Quest order code: HEPATITIS C VIRUS FIBROSURE(17611X); fasting test
- APRI score > 1 = Cirrhosis (76% sensitivity and 72% specificity)
 - Calculator: <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>
- If available request previous liver biopsy reports.
 - Liver Biopsy F3-4(Fibrosis) or greater = Cirrhosis

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Treatment and Medication Coverage

Establish Compensated vs. Decompensated Cirrhosis

- Child Class A = Compensated
- Child Class B or greater = Decompensated
- CTP(Child-Turcotte-Pugh)
- Calculator <http://www.hepatitisc.uw.edu/page/clinical-calculators/ctp>

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Treatment and Medication Coverage

- Non-Cirrhotic patients
 - Consider for treatment
 - Obtaining medications may be difficult, but is possible
 - Special cases: kidney disease, cryoglobulinemia
 - Patient Assistance Programs
- Compensated Cirrhotics
 - Consider for treatment
 - Insurance should pay for medications
- Decompensated Cirrhotics
 - Refer to Hepatology/Gastroenterology

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Other Points for Consideration

- Specialist Support
- Hep C Treatment Class
- Utilization of Pharmaceutical Representatives
- Patients are seen biweekly for the duration of treatment.
Medications are dispensed from the office.

Thank you!

Resources:

- Joshua Opperman, PA-C
 - opperman.joshua@gmail.com
- University of Washington Online Hep C Course:
 - <http://www.hepatitisc.uw.edu>