

Novel Strategies to Enhance Testing and Linkage to HCV Care and Treatment

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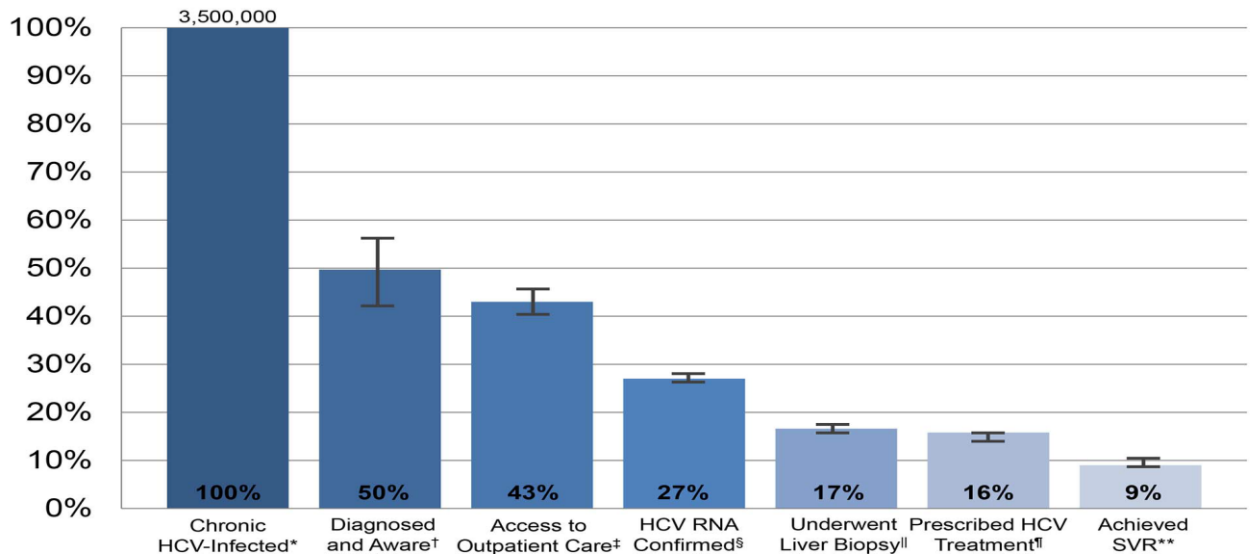


Disclosures

Grant Support from Gilead Sciences, FOCUS program

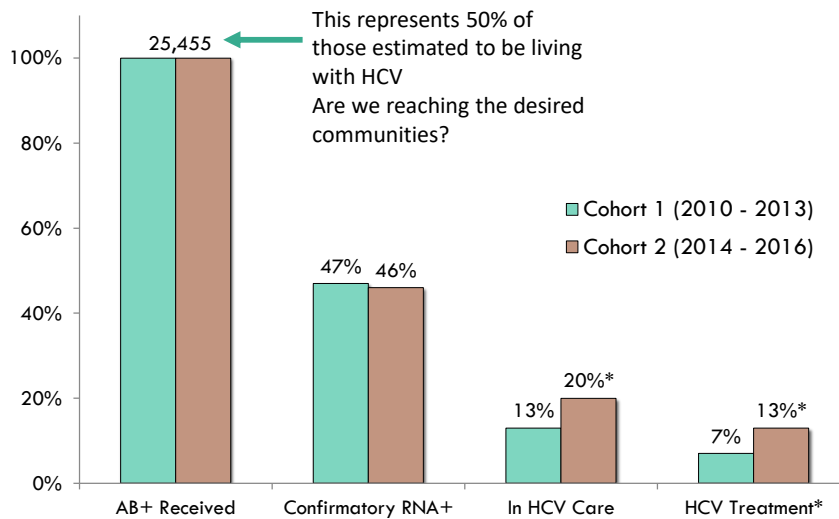


Treatment cascade for people with chronic HCV infection



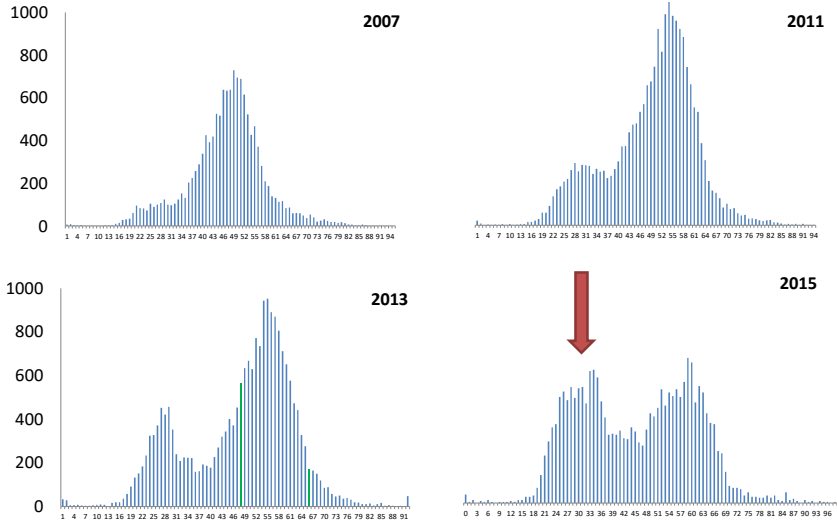
Yehia B. PLoS One. 2014; 9(7) e101554.

Philadelphia DPH HCV Care Cascade



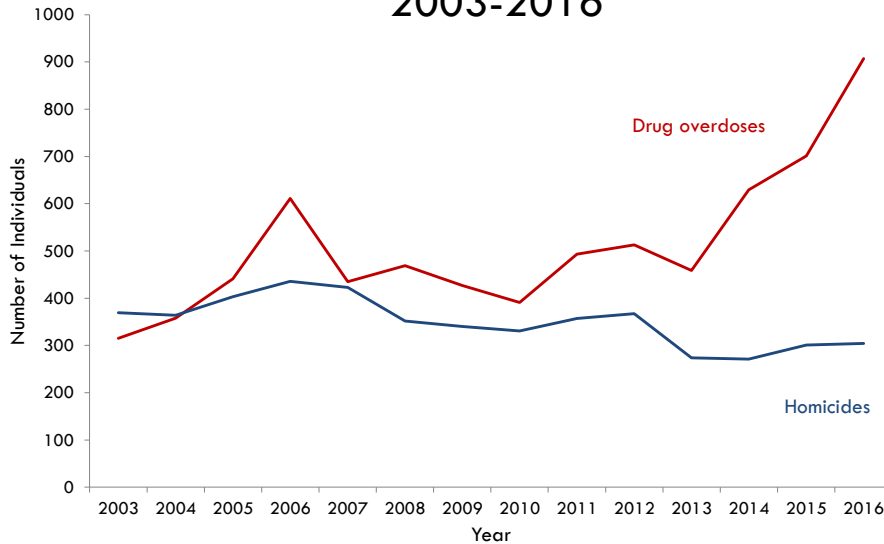
Viner et al. Hepatology. 2015 Mar;61(3):783-9. updated data via personal communication w/ Dr. Viner

Age Groups Tested, Philadelphia DPH Data



Slide courtesy of Dr. Viner, PDPH

Number of Overdose and Injury-related Deaths – Philadelphia, 2003-2016



Philadelphia Office of Medical Examiner

Syringe Exchange Program Partnership

Prevention Point Philadelphia

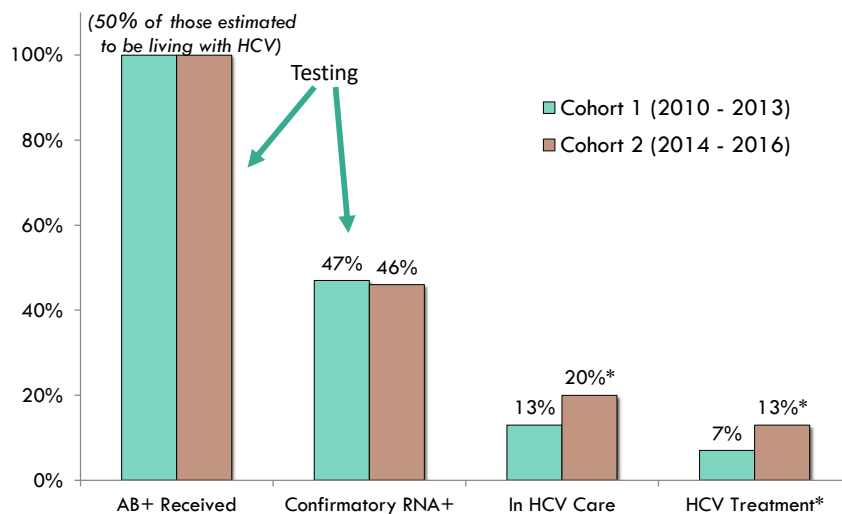
Harm reduction agency that seeks to serve individuals and communities affected by drug use

- Operates Philadelphia's only legal syringe exchange program (SEP)
- Offers HIV and HCV ab and confirmatory testing
- Case management services
- Free acute medical clinics
- Meal service twice a week
- Housing Respite
- Referrals for ID, food, clothing, drug treatment
- Buprenorphine/naloxone program
- Naloxone teaching and distribution



Poster #27

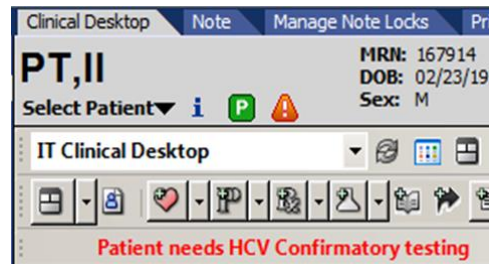
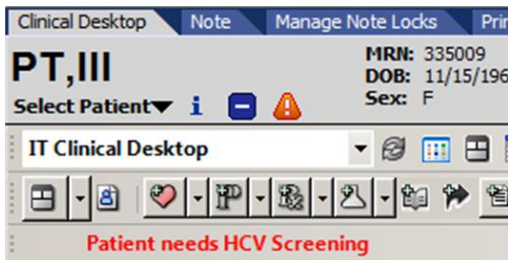
Philadelphia DPH HCV Care Cascade



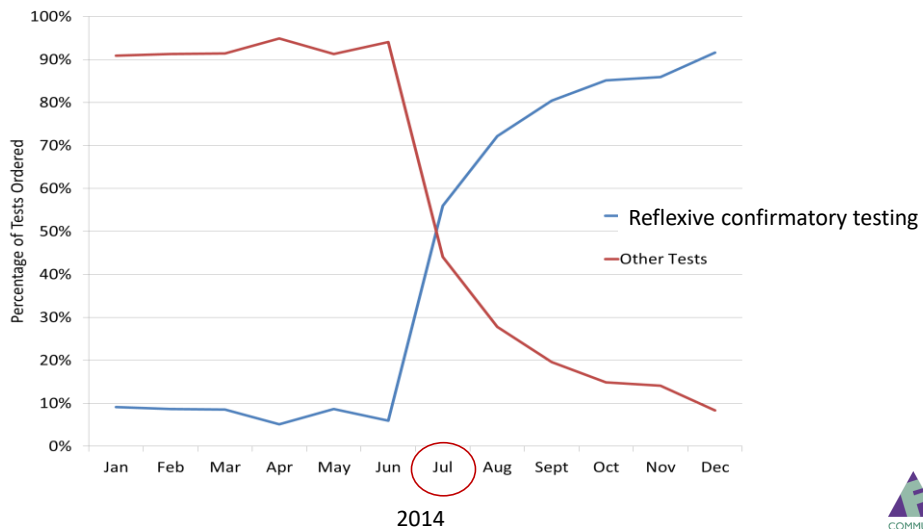
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Strategies for Enhanced Testing in the Clinic

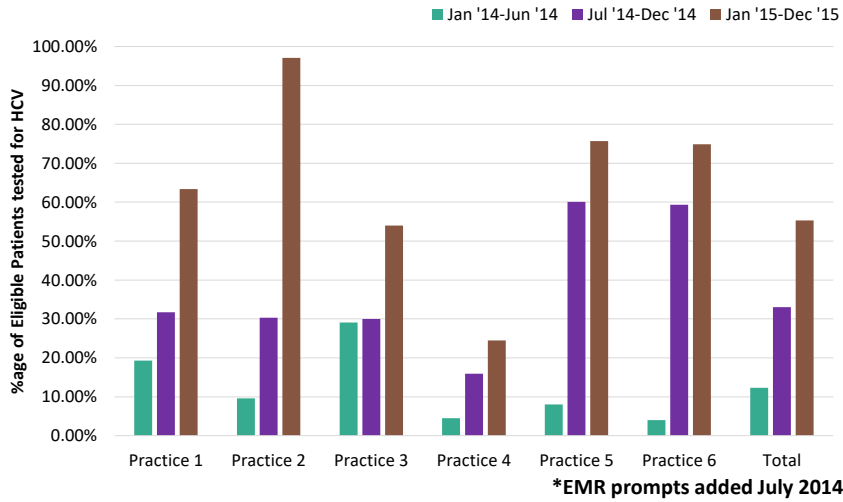
- EMR modifications
- Integration into clinic work flow
- Antibody with Reflexive confirmatory testing only
- Automated ordering



Impact of EMR Prompts on Type of HCV Screening Test Ordered



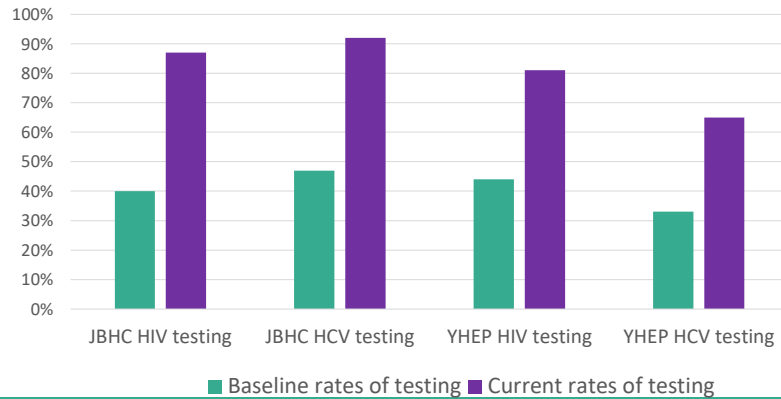
Impact of EMR prompts on Percentage of Eligible Baby Boomers Tested for HCV



Strategies for Enhanced Testing in the Clinic

In FQHC setting

- Visit notes with prepopulated orders for HIV and HCV testing
- Provider education



Strategies for enhanced testing in the community

Testing Technology

- Rapid point of care (POC) testing with immediate results
- Immediate confirmatory testing
- Focus on methods that eliminate the need for venipuncture (DBS testing)
- Development of affordable, reliable 1 step POC testing
- Decrease waste and repeat antibody testing

Tester

- Peer
- Designated testing staff at community based organization (CBO)
- Navigator/ Tester
- Health care worker/ nursing

Location

- Colocation with harm reduction services and MAT
- Outreach
- Peer referral with monetary incentive

Bajis et al. *International Journal of Drug Policy*, 2017, In Press

Philadelphia FIGHT



The Jonathan Lax Treatment Center
The Youth Health Empowerment Project
The John Bell Health Center



COMMUNITY BASED TESTING

Syringe Exchange Program
Drug Treatment Programs
Homeless shelters
Opioid substitution programs
(Philadelphia Dept of Prisons)



A Program of Philadelphia FIGHT

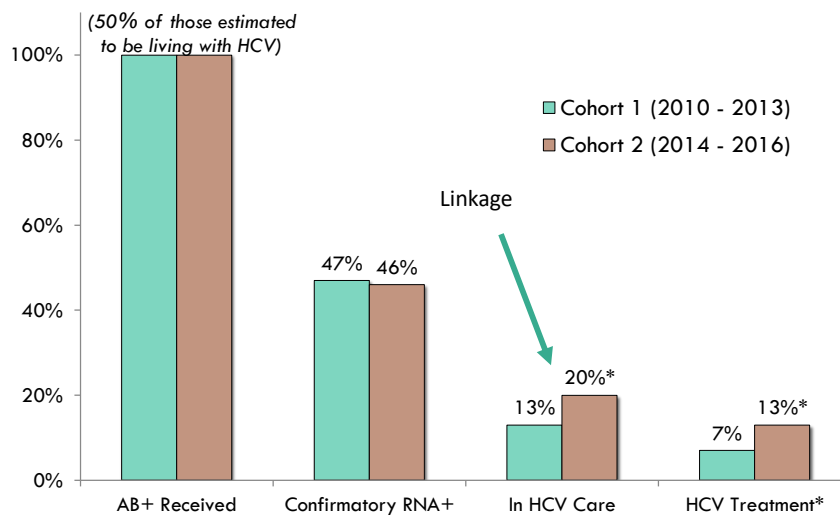
Testing protocol
Oraquick Rapid HCV ab test; if reactive,
Immediate blood draw for RNA
by tester

Philadelphia FIGHT's HCV testing program: C a Difference

622 tests performed between 11/2016 and 7/2017

- 209 ab+ (33.60%)
 - 193 successful venipunctures for confirmatory tests (92%)
 - 189 resulted draws (6 lab result errors)
- 137 RNA+ (72.49% of resulted draws)

Philadelphia DPH HCV Care Cascade



Strategies for enhanced linkage

Patient navigation models

- Peer navigators
- Tester/ Navigators
- Non-peer navigators
 - CBO based navigators
 - Clinic based navigators

Embedded models (care within OST, Addiction treatment, CBO)

- Nurse led models
- Physician led models

Mobile models of care

Mixed models

Bajis et al. *International Journal of Drug Policy*, 2017, In Press

Linkage to Care at Philadelphia FIGHT

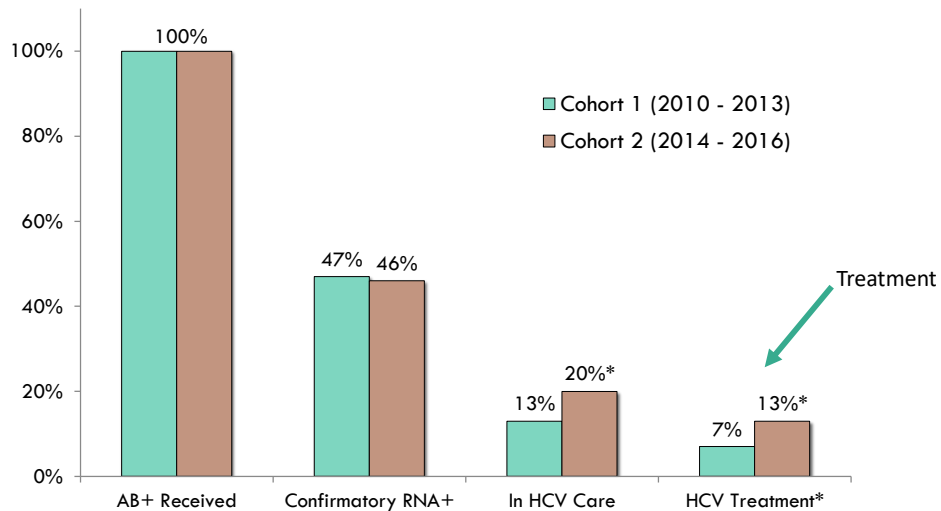
Patient Navigation Model

- Detailed contact information obtained
- Cross disciplinary and multi center weekly “HCV Huddle”
- Open scheduling/ walk in hours
- On site fibroscan
- Federally Qualified Health Center: no insurance or referral required
- Free transportation
- Food, blankets, shoes
- Modified DOT model, nurse led but patient driven
- Blood draws at the syringe exchange, OST site or addiction program if patient cannot get in

Linkage to care rates are still fluid and vary based on testing site: 25 to 65%

Next steps: Embedded provider model

Philadelphia DPH HCV Care Cascade



Viner et al. Hepatology. 2015 Mar;61(3):783-9. updated data via personal communication w/ Dr. Viner

AASLD/IDSA: Who should be treated?

Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.

Rating: Class I, Level A

Current Challenges in HCV Care in the US

Restrictive criteria for drug approval for many payers

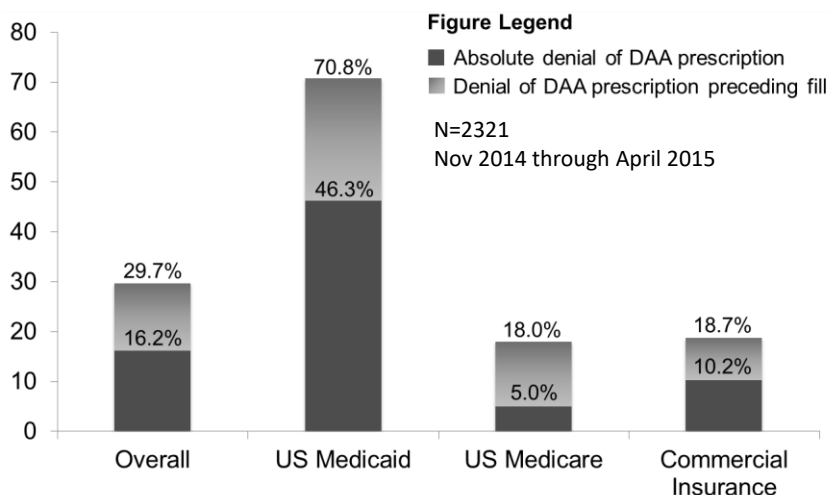
- Sobriety requirement
- Prescriber requirement
- Disease severity requirement
- HIV may not be a mitigating factor

Arduous prior authorization process for providers

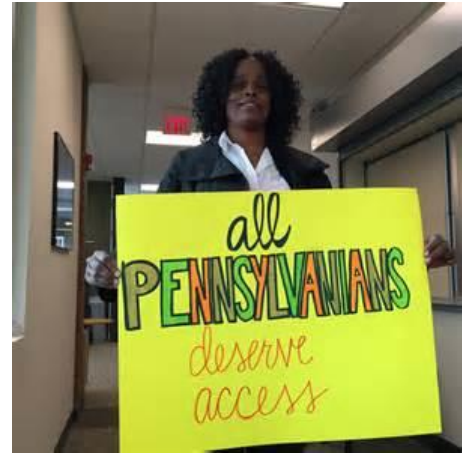


Barua S et al., *Ann Intern Med.* 2015;163(3):215-223
 Canary LA et al., *Ann Intern Med.* 2015;163(3):226-228

Incidence of Absolute Denial of DAA Therapy, By Insurance



LoRe et al. *Clin Gastro and Hep.* 2016; 14 (7) 1035-1043.



Current Challenges in HCV Care in the US

Restrictive criteria for drug approval for many payers

- Sobriety requirement
 - Prescriber requirement
 - Disease severity requirement
 - HIV may not be a mitigating factor
- Training, support, education

 - HCV treatment in people actively using drugs
 - Harm reduction

Arduous prior authorization process for providers

Thank you!

C a Difference Team

- Lora Magaldi, C a Difference Project Coordinator
- Carla Coleman, Linkage Coordinator
- Ta-Wanda Preston, Lead Outreach specialist
- Ricardo Rivera, HIV/HCV tester and educator
- Nabori Brown, HIV/HCV tester and educator
- Students, volunteers, community partners
- Patients

HepCAP members and leadership

- Alex Shirreffs & Jack Hildick- Smith

Prevention Point Philadelphia

Gilead FOCUS and Prevent Cancer Foundation

