UNLOCKING HCV CARE IN KEY SETTINGS

HepNET
Hepatitis Network for Education and Testing

NASTAD

NVHR
National Viral Hepatitis Roundtable

Federally Qualified Health Centers (FQHC)

12:45-2:15 pm ET

HCV Micro-Elimination in the FQHC Setting through Innovation and Community Partnerships

Andrew Seaman, MD

- Medical Director of Hepatitis and HIV Services, Central City Concern, Portland, Oregon
- Associate Professor of Medicine, Oregon Health & Sciences University
- Medical Director of SUD and Harm Reduction Services, Better Life Partners – VT, ME, NH, and MA

Disclosures

- I have received investigator-initiated research support from Merck Pharmaceuticals, Abbvie, and the Gilead FOCUS Foundation

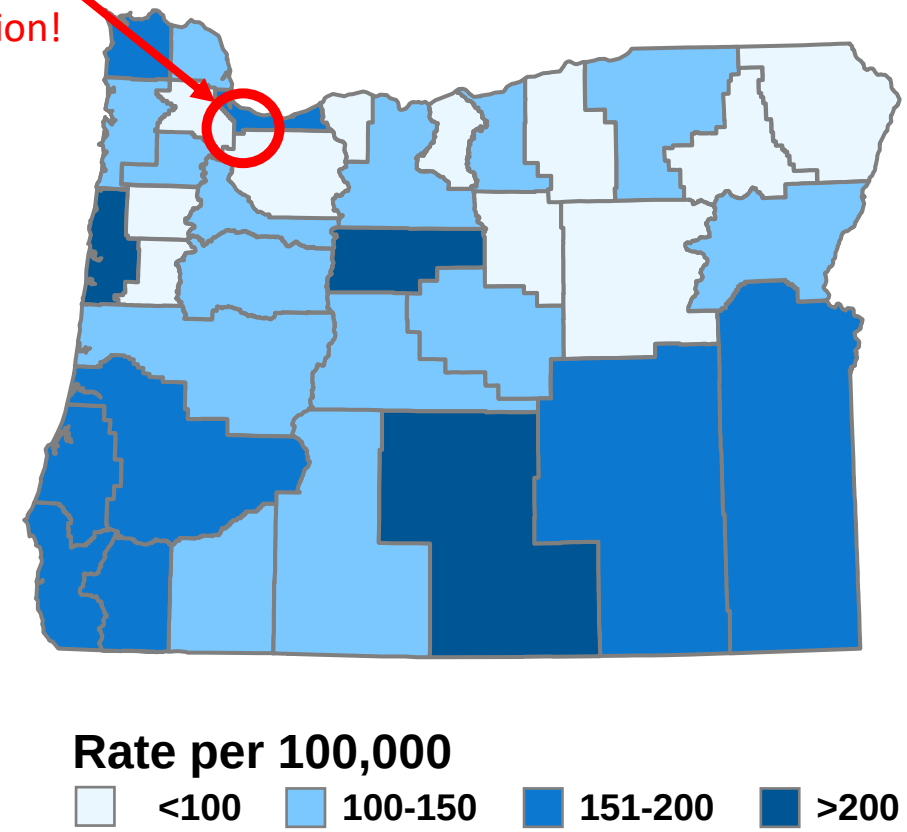
Objectives

- Brief walk through the journey of the Central City Concern Hepatitis C Elimination Program (CCC HEP)
- From micro to macro-elimination: targeting innovation and building partnerships to address gaps in the care cascade
- Exploring the role of love, harm reduction philosophy, and interconnectedness in HCV elimination

CCC HCV Elimination Program, Portland

Portland Metro: ½ state population!

Mean Annualized Rates per 100,000 Persons, by County[1]



Oregon: 3rd highest HCV-associated mortality, 4th highest prevalence[2]

CENTRAL CITY CONCERN

HOMES HEALTH JOBS

1) Oregon Health Authority. Hepatitis C Infections in Oregon. 2017. Accessed April 12, 2019. 2) https://map.hepvu.org/map. Accessed 12/2/19. [Primary source: Rosenberg et al. JAMA Network Open. 2018;1(8):e186371.]

Central City Concern

CCC is a houselessness services organization serving 14,000 Portlanders

Supportive Housing
Onsite supportive services to aid with recovery, mental health and other challenges that might be barriers.

Low Barrier Housing
Meeting people where they are with immediate, accessible housing.

Transitional Housing
People stay from six months up to two years as they gain stability.

Permanent Housing
Permanent, affordable housing for people who need an added layer of assistance.

Integrated Care Centers
Blackburn Clinic
Old Town Clinic
Hep C Clinical Pharmacy

Residential Care
Hooper Detoxification and Stabilization Center
Recuperative Care Program

Puentes
Outpatient mental health and addiction treatment for the Latinx/Hispanic community and non-English speakers.

Began with Anger and Love

2017 Restrictions:

- Cirrhosis +
- No substance use
- Only specialists could treat

(photo: Philippe Bonnet, Nigel Brunsdon photography)[1]

1) Heroes of Harm Reduction Series, Nigel Brunsdon. Accessed 5/3/2023.

Began with Anger and Love

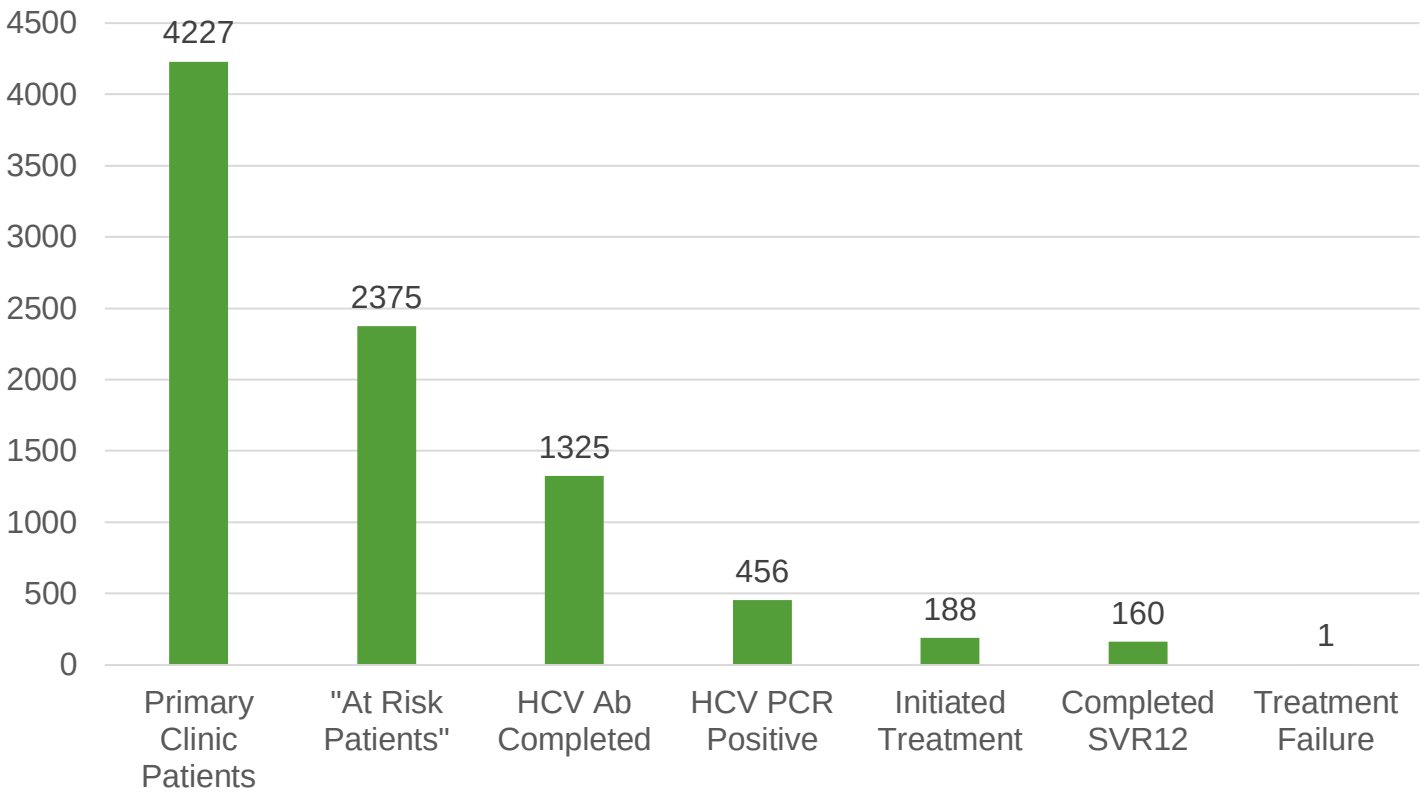
Those we cured:[3]

- More self-efficacy
- Less chaotic substance use
- More HR engagement
- Better relationships

(photo: Angie Woody, Nigel Brunsdon photography)[2]

1) Heroes of Harm Reduction Series, Nigel Brunsdon. Accessed 5/3/2023. 2) The Hands Project, Nigel Brunsdon. Accessed 5/3/2023.
3) Williams B, Seaman A, Garcia J. Int J Drug Policy. 72 (2019) 138-145.

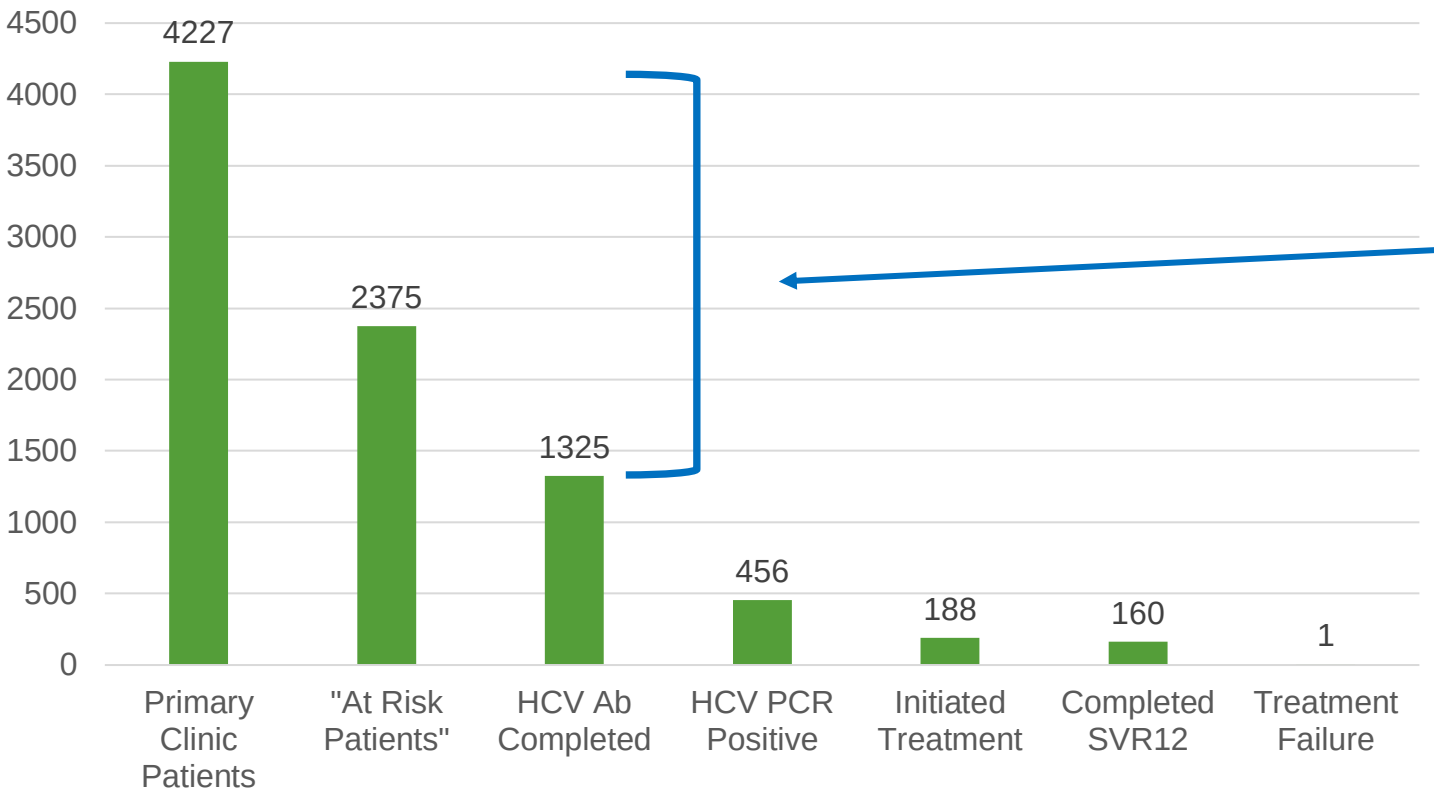
Start Small: One Clinic, Some Patients



- Lots of heart, few systems
- Risk based screening→ 34% PCR positive
- Only 41% + initiated treatment
- Very high SVR12 completion rates

February 2017 – December 2018

Start Small: One Clinic, Some Patients

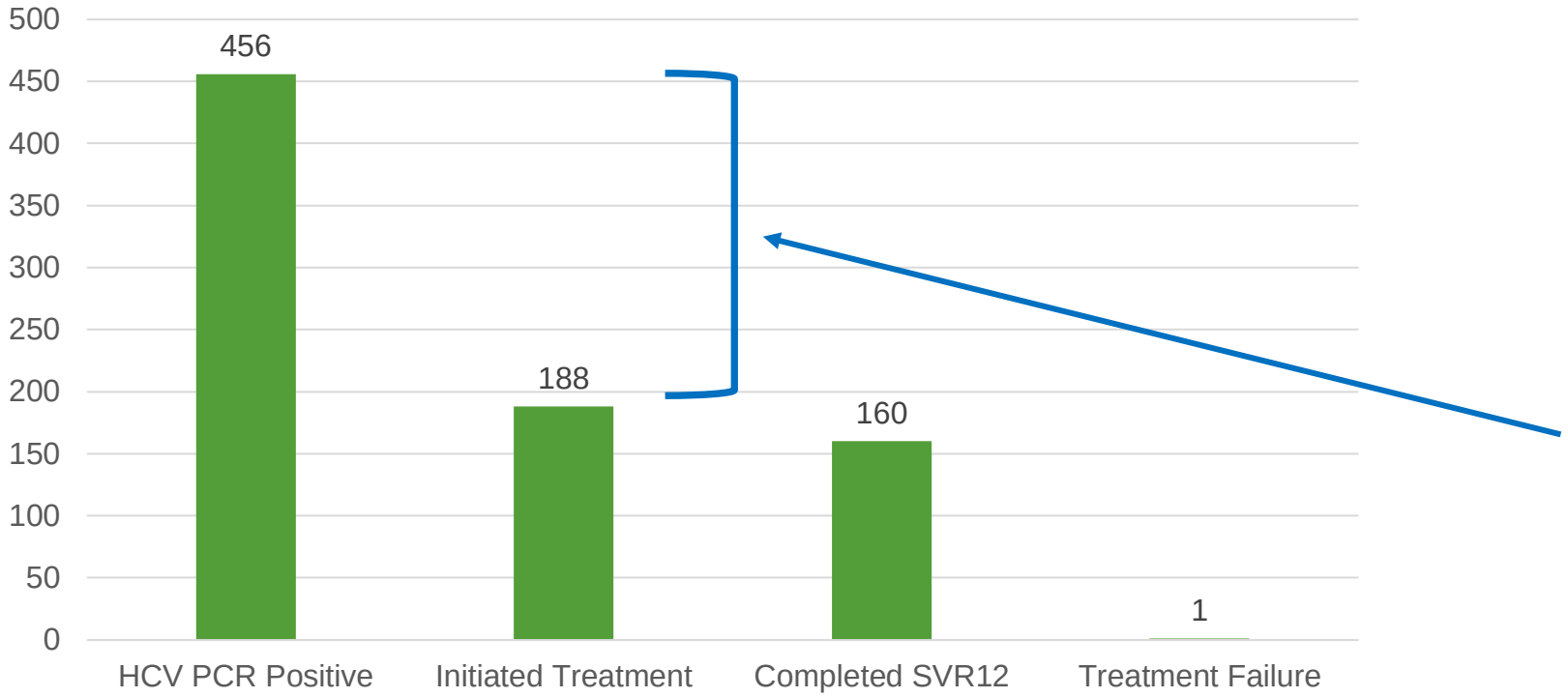


Identify Gaps

- Risk → universal, opt-out screening
- Build systems at bottle necks
- Streamline referral process
- Mitigate and organize against PA barriers

February 2017 – December 2018

Start Small: One Clinic, Some Patients



Identify Gaps

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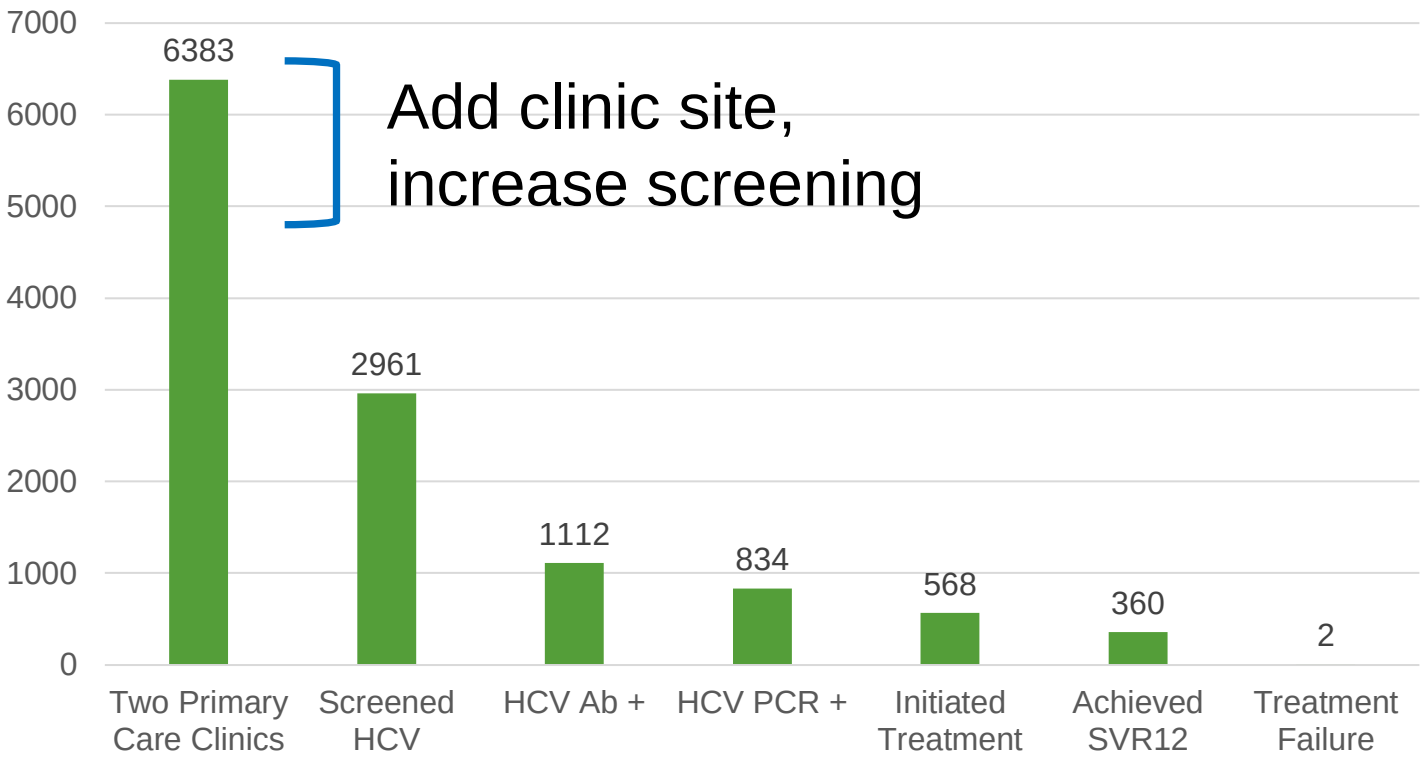
February 2017 – December 2018

Build Internally, Refine Systems

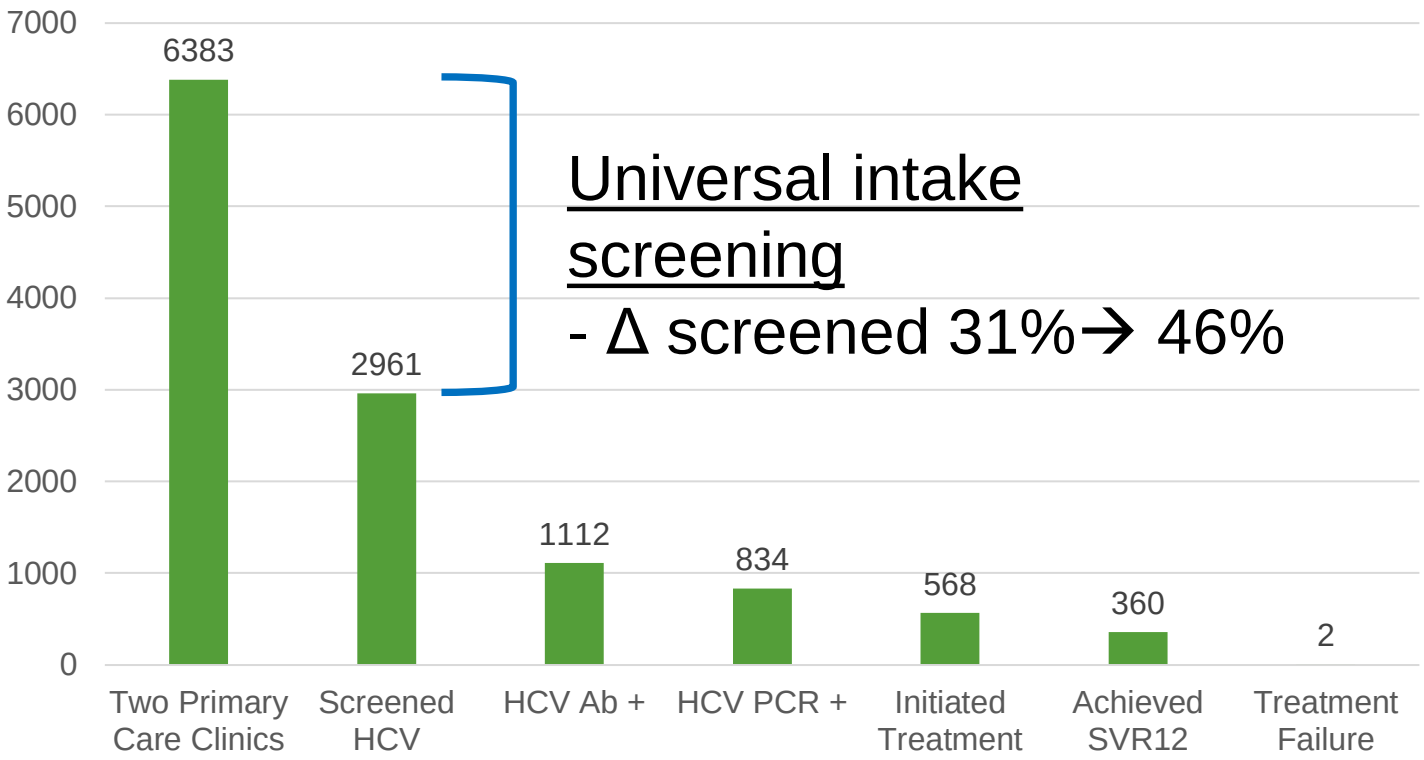


<u>Grow and Refine Systems</u>

- Add sites internally
- Universal screening

February 2017 – December 2019 – <u>One Year Later</u>

Build Internally, Refine Systems



February 2017 – December 2019

Grow and Refine Systems

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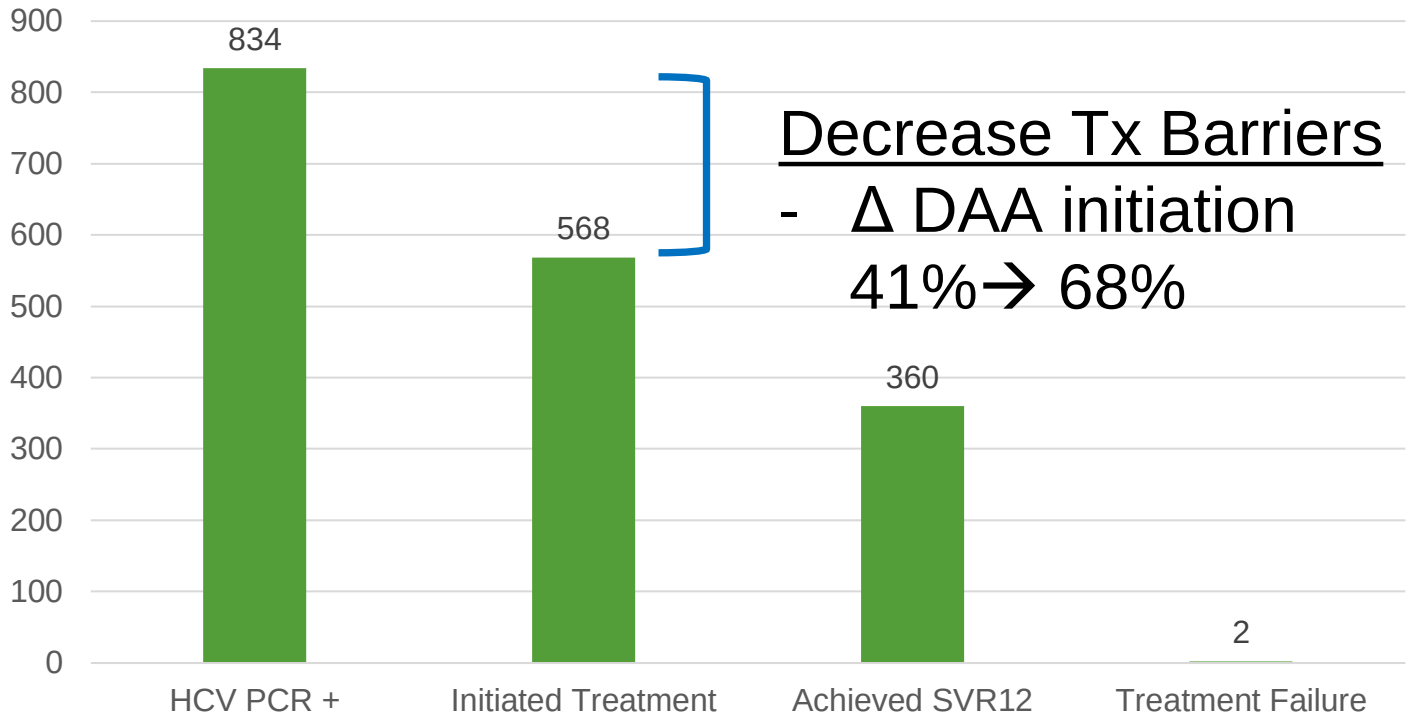
Build Internally, Refine Systems



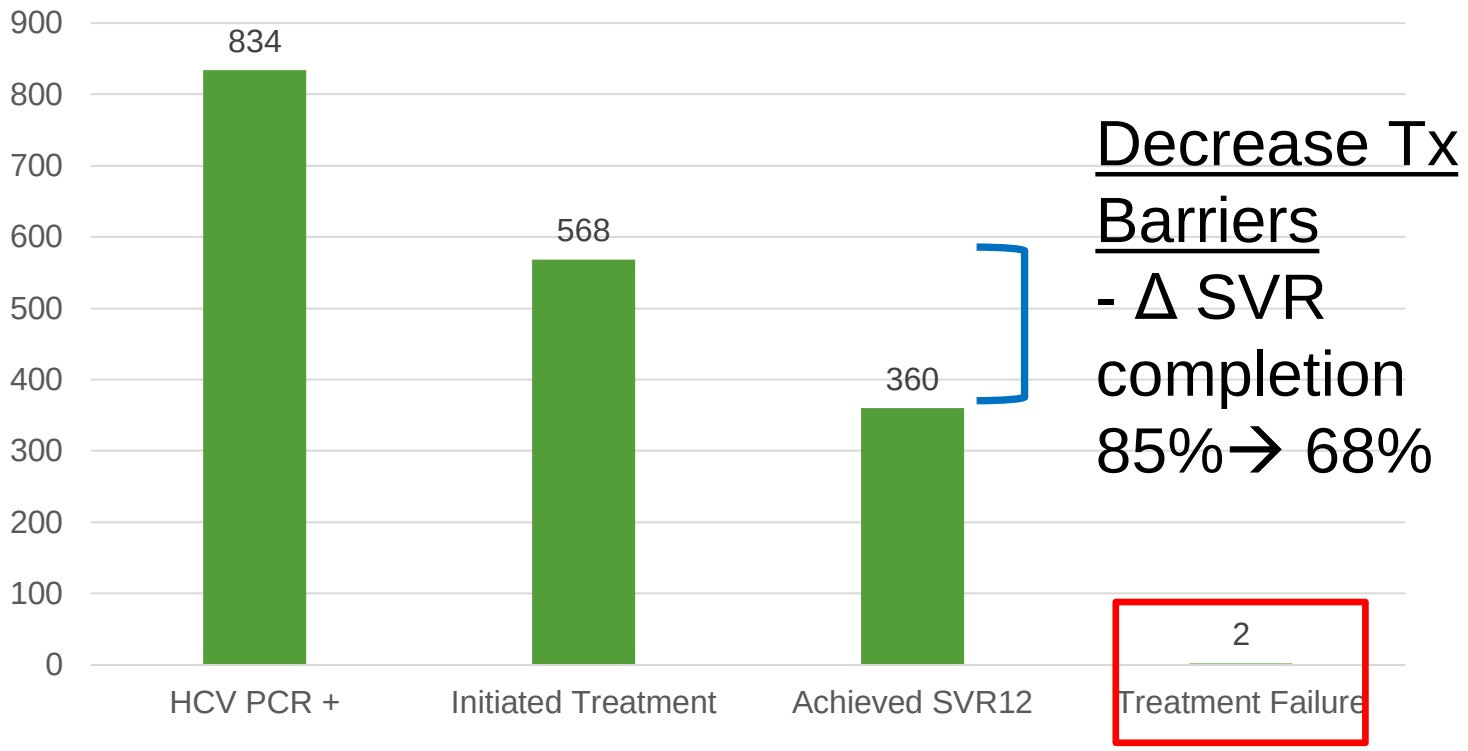
Decrease Barriers to Treatment

- Reduce prior auth restrictions
- Enhanced care coordination
- "One-Click screening to Treatment lab draw"[1]

February 2017 – December 2019

1) Source: Seaman A, King CA et al. Int J Drug Policy. 2021 Jul 26:103359.

Build Internally, Refine Systems



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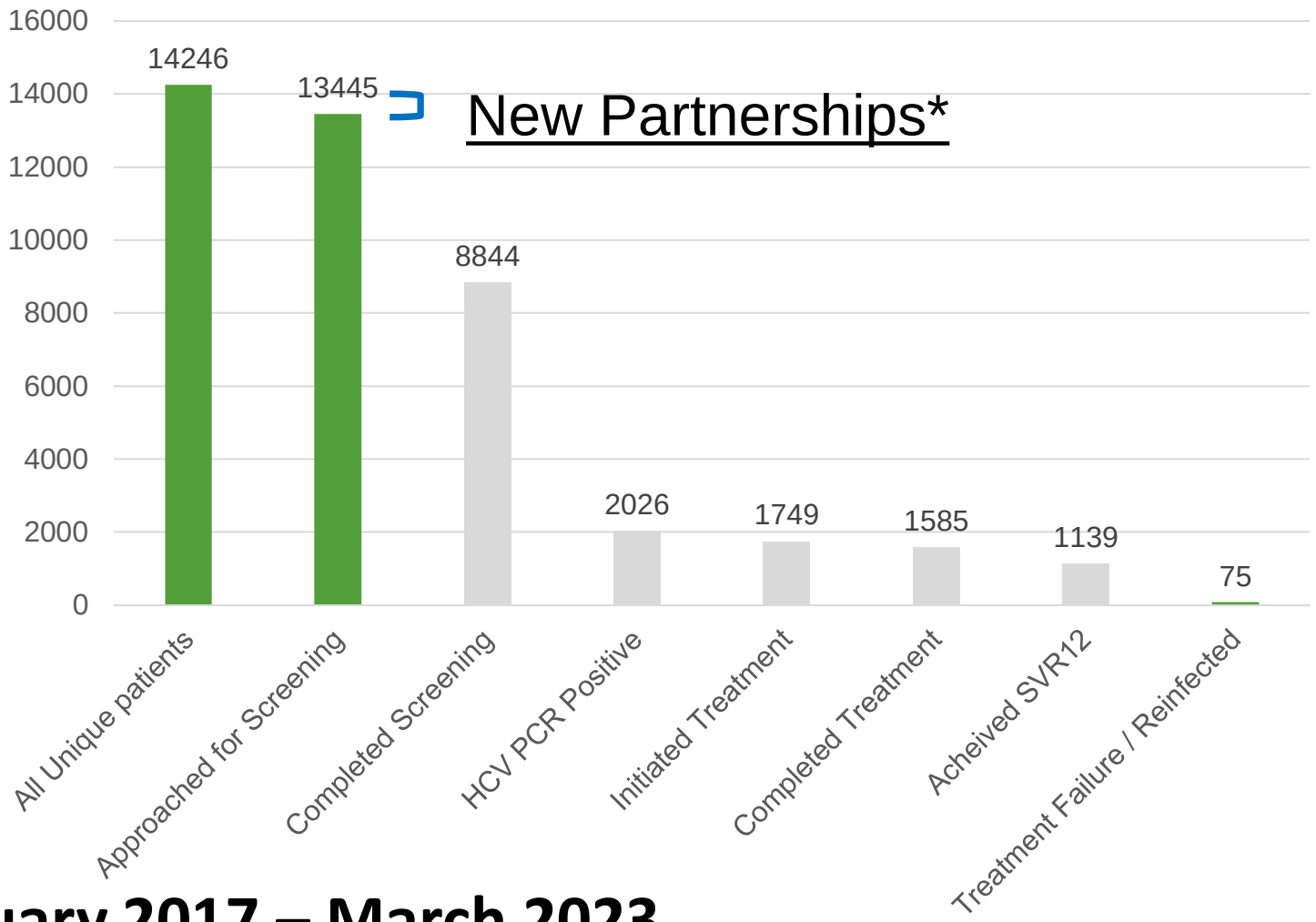
1) Source: Seaman A, King CA et al. Int J Drug Policy. 2021 Jul 26:103359.

Build Partnerships, Innovate

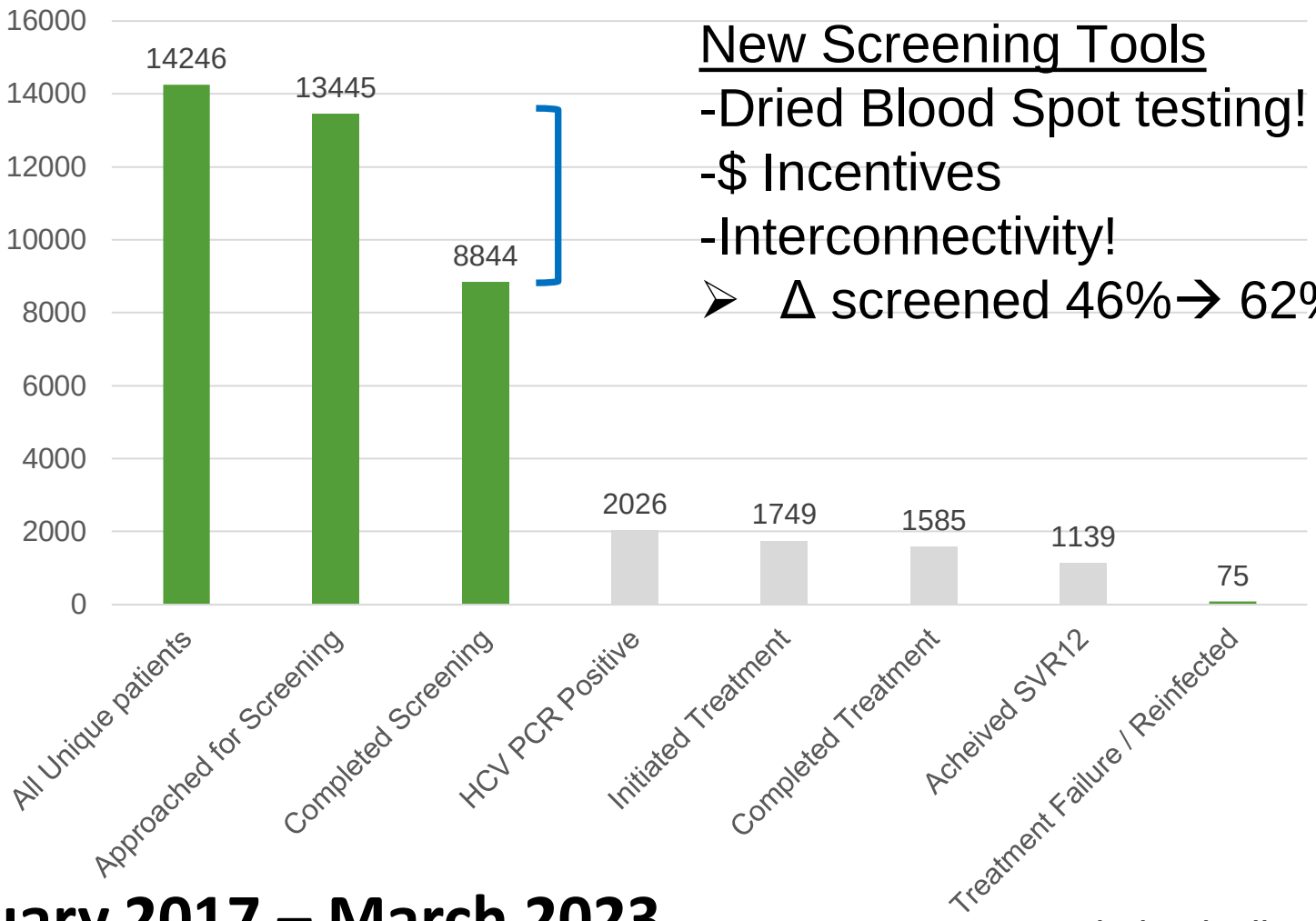


February 2017 – March 2023

Build Partnerships* / Interconnectivity

- 8+ supportive housing
- SUDs detox center
- **5 Opioid Treatment Programs**
- Dozens street outreach sites
- Mental health, SUDs treatment, hospital systems, …

Implement DBS / PoC Testing!



New Screening Tools

-Dried Blood Spot testing!

-$ Incentives

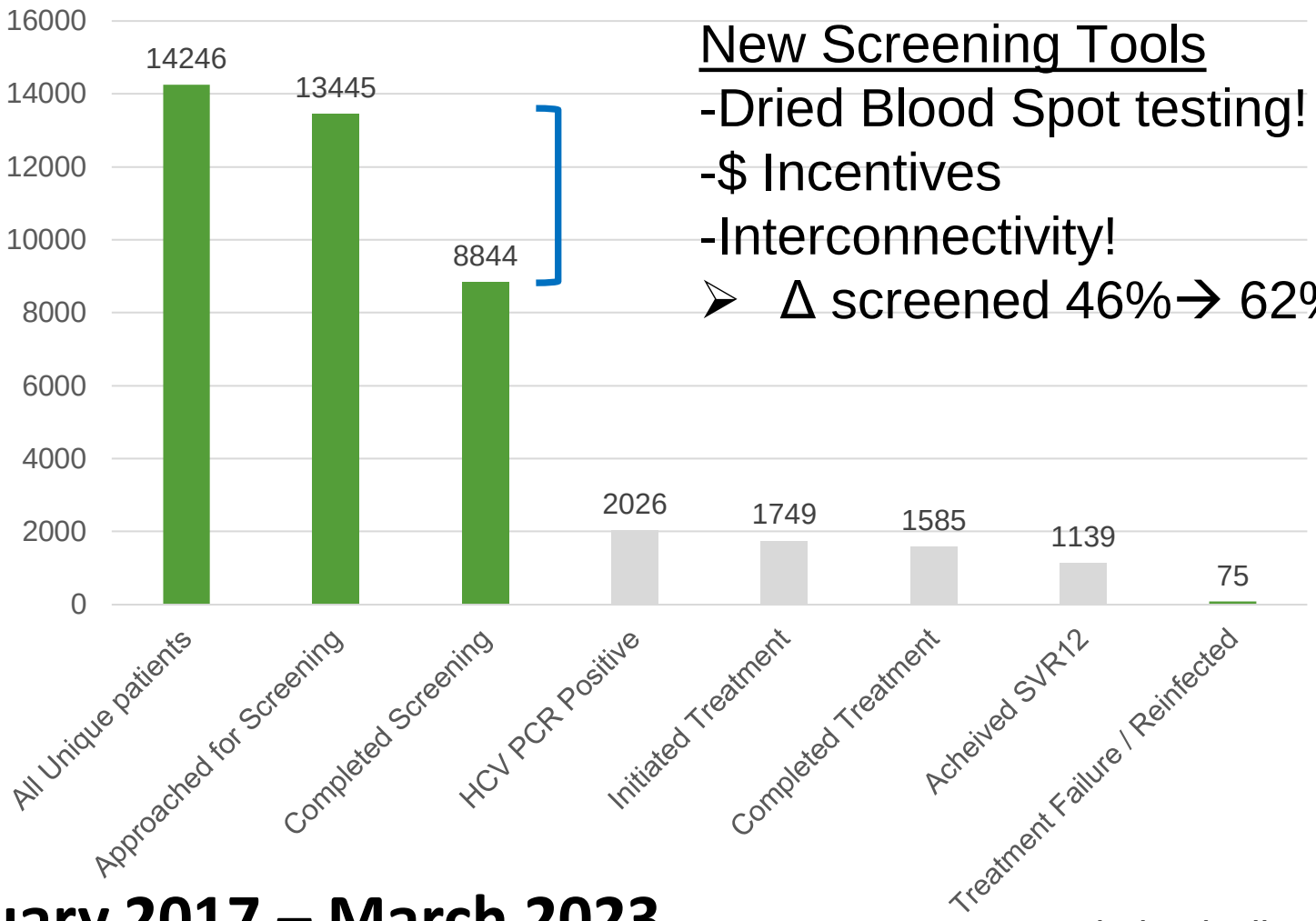
-Interconnectivity!

- Δ screened 46%→ 62%*

February 2017 – March 2023

* Majority declined due to recent screening, low risk.

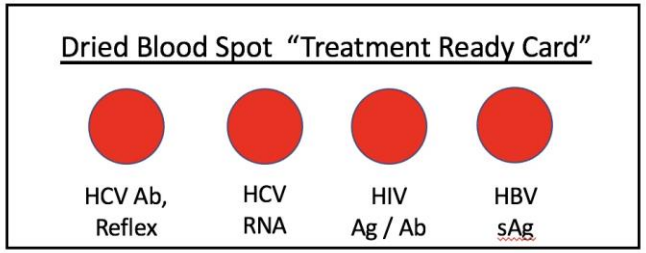
Implement DBS / PoC Testing!



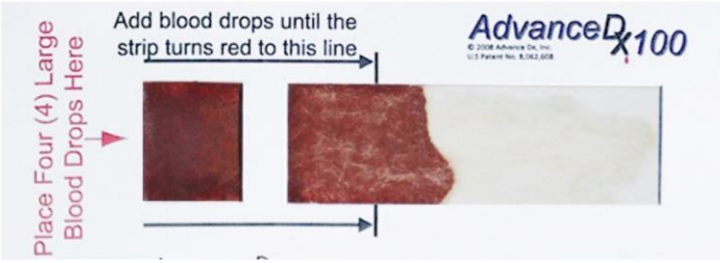
New Screening Tools
-Dried Blood Spot testing!
-$ Incentives
-Interconnectivity!

- Δ screened 46%→ 62%*

Dried Blood Spot (DBS), Serum Separator (SSC) +/- rapid PoC



HBV core Antibody, Total, Serum Separator Card



February 2017 – March 2023

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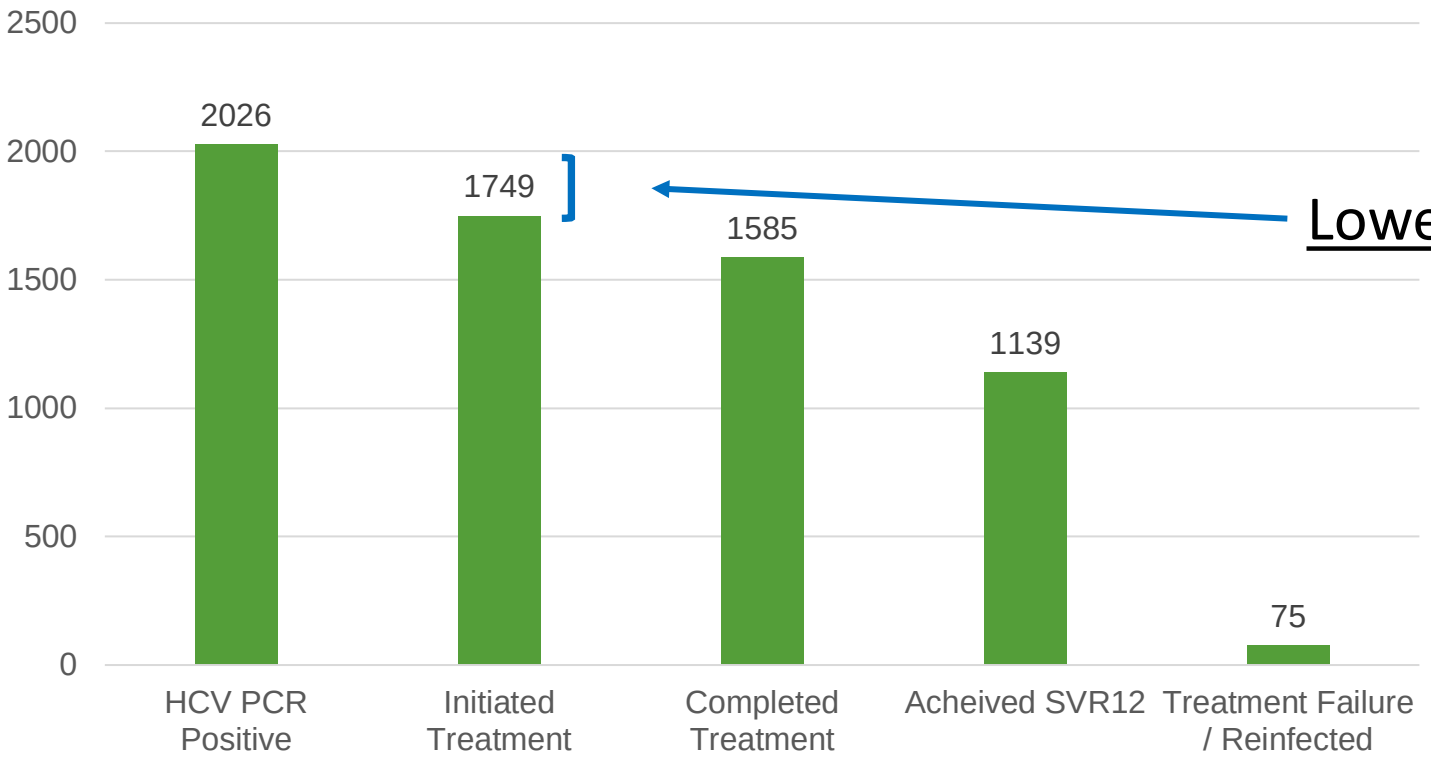
Implement DBS / PoC Testing!

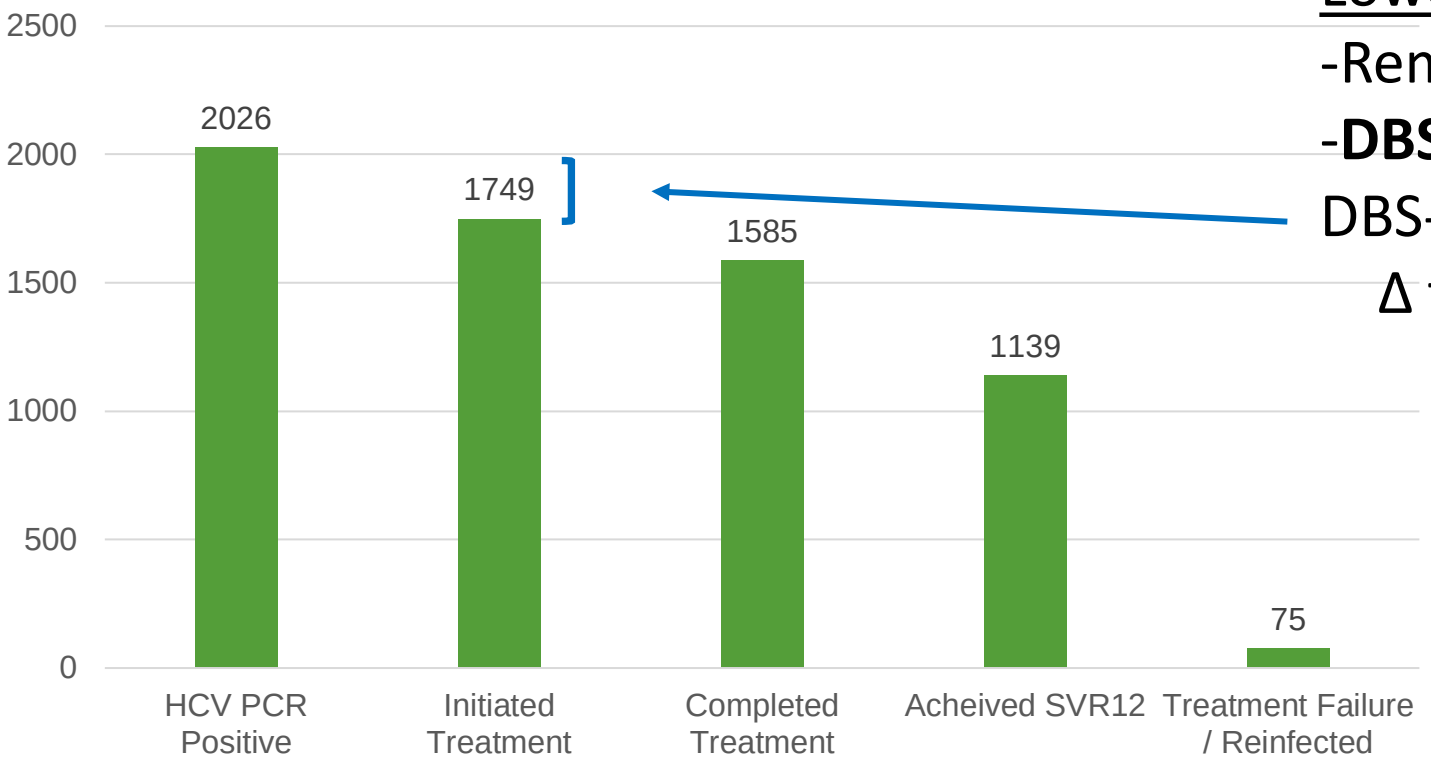


Lower Barriers, Enhance Connection

February 2017 – March 2023

* Seaman A, Spencer H. DBS TaT Model using D-CHEQ scoring tool. Pre-publication. Implemented 1/1/2023.

Implement DBS / PoC Testing!



<u>Lower Barriers, Enhance Connection</u>

-Removed PA for DAAs

-**DBS TaT Model and the D-CHEQ**:

DBS-only treatment options!*

Δ treatment initiation 68%→86%

February 2017 – March 2023 – <u>Today</u>

* Seaman A, Spencer H. DBS TaT Model using D-CHEQ scoring tool. Pre-publication. Implemented 1/1/2023.

D-CHEQ: Decompensated Cirrhosis in Hepatitis C Screening Questionnaire

- 4 questions re: Age, Alcohol Use, Prior Liver Disease/Complications
- Score 4-15
- Retrospective analysis of 1746 DAA treatments
  - 35 decomp cirrhosis
  - 131 randomized controls

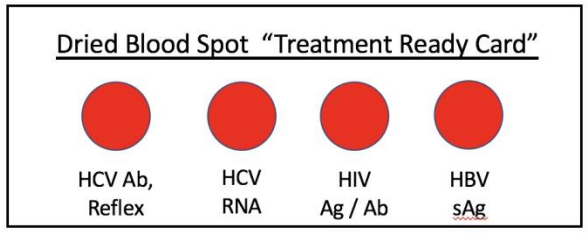
D-CHEQ Score	Sensitivity	Specificity
>8	100%	89%
>11	100%	97%

*Preliminary Data, Prepublication. Seaman, Spencer et al

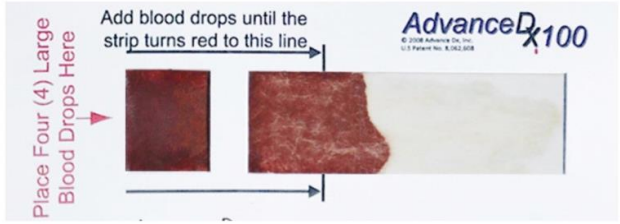
DBS Test and Treat Model (DBS TaT)

Outreach / OTP Performs D-CHEQ, DBS / SSC

D-CHEQ ≤ 11, HCV +, HBV sAg neg?



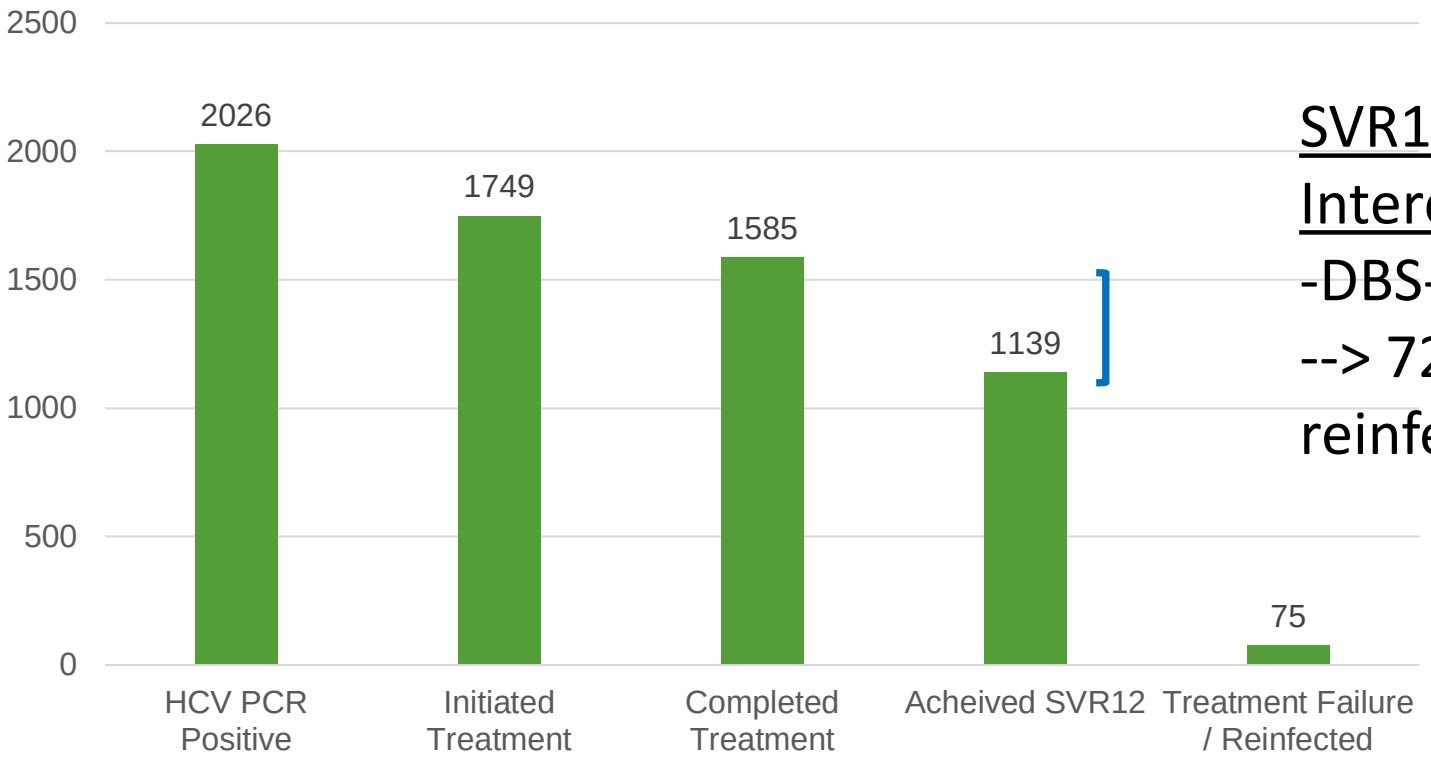
HBV core Antibody, Total, Serum Separator Card



Start DAAs!

*Preliminary Data, Prepublication. Seaman, Spencer et al

Implement DBS / PoC Testing!



<u>SVR12 completion: Incentives and Interconnectedness</u>

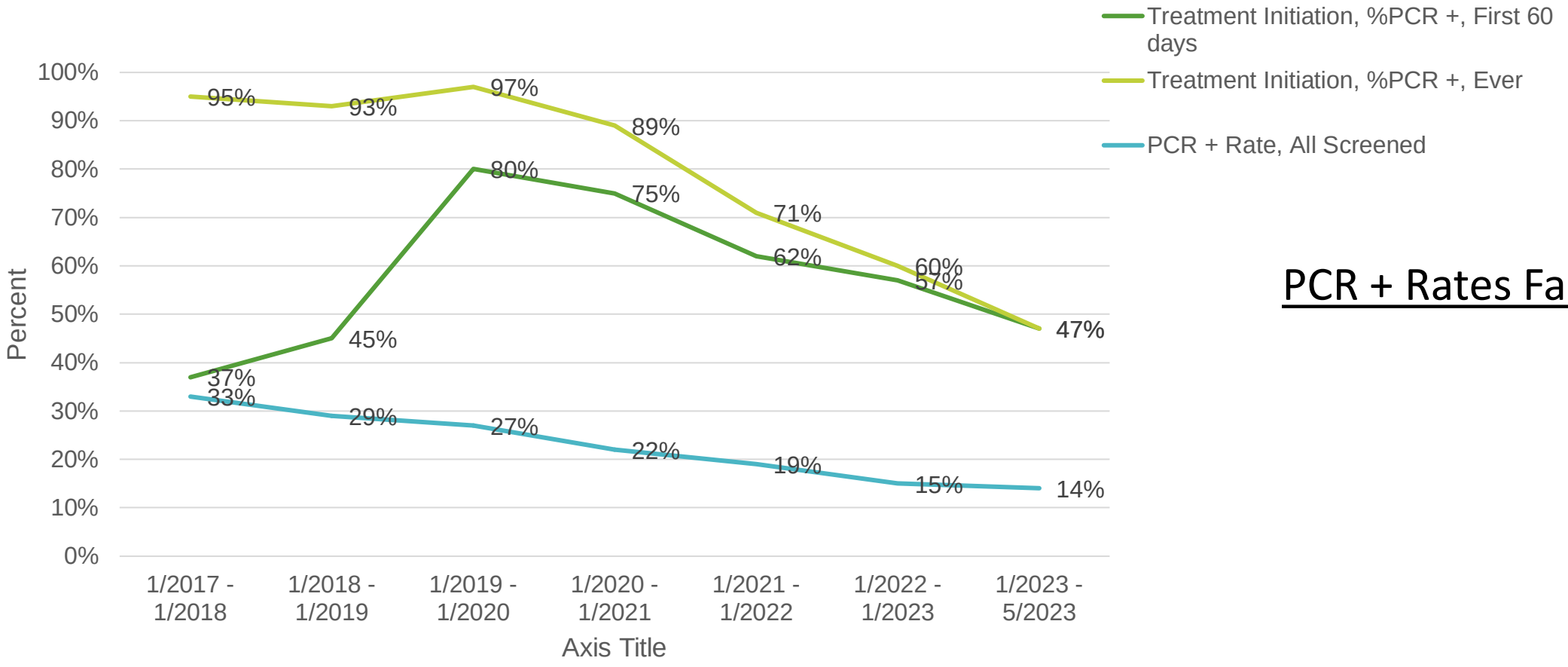
-DBS-only treatment options*

--> 72% SVR12, 4% tx failure or reinfection

February 2017 – March 2023 – <u>Today</u>

* Seaman A, Spencer H. DBS TaT Model using D-CHEQ scoring tool. Pre-publication. Implemented 3/1/2023.

HCV PCR + rates over time



PCR + Rates Falling

January 2017 – May 2023

Relationships are the core of Elimination

Olivia Hnilicka

Lindsay Dessert

Sanjay Soman

Emily Hubbard-Fox

Megan Cooley

"Detox" Center

Housing

CCC HCV Screening Centers

CCC HCV Treatment Centers

Clinic 1 (Old Town)

Clinic 2 (Blackburn)

OBOT

OTP 1

OTP 2

OTP / OBOT Screening Centers

Houselessness Services

Street Outreach

Syringe Service Programs

Outreach Screening Centers

Summary

- Start small, don’t forget the big picture
- Weave a wide net! The more interconnected, the more cases you catch, the more you cure.
- Can’t build systems without heart or have heart without systems
- Remove barriers to treatment and innovation (Prior Auth!), avoid unnecessary pre-treatment evaluation

Contacts

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Andrew.Seaman@ccconcern.org

Acknowledgements

- The people living with hepatitis C and other victims of the war on drugs who taught us how to do this work.
- The CCC HEP Team for the radical love, harm reduction values, and perseverance to bring the cure to the people.
- Thank you to Nigel Brunsdon, Harm Reduction photographer, for allowing me to use their affirming work. Heroes of Harm Reduction Series, Nigel Brunsdon. Accessed 5/3/2023.

HCV CARE IN FQHCS

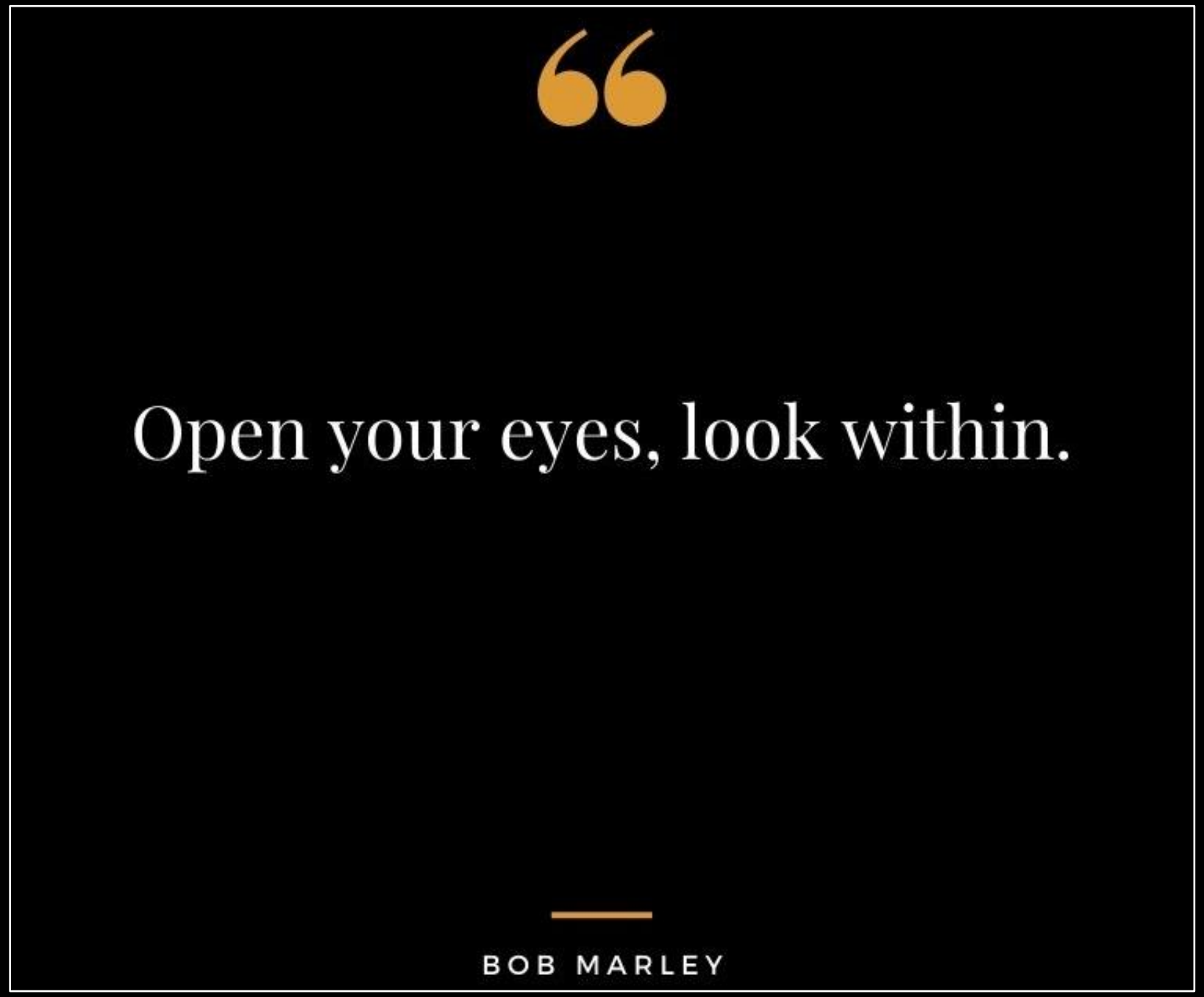
Stacey B. Trooskin MD PhD

Executive Medical Officer

Mazzoni Center

Faculty, Division of Infectious Diseases

Perelman School of Medicine, University of Pennsylvania



OPTIMAL MODELS OF HCV CARE IN FQHCS


“If you build it, they will come.”
-Field of Dreams (1989)

Optimal Models in FQHC: Look within

Routine opt out HCV screening

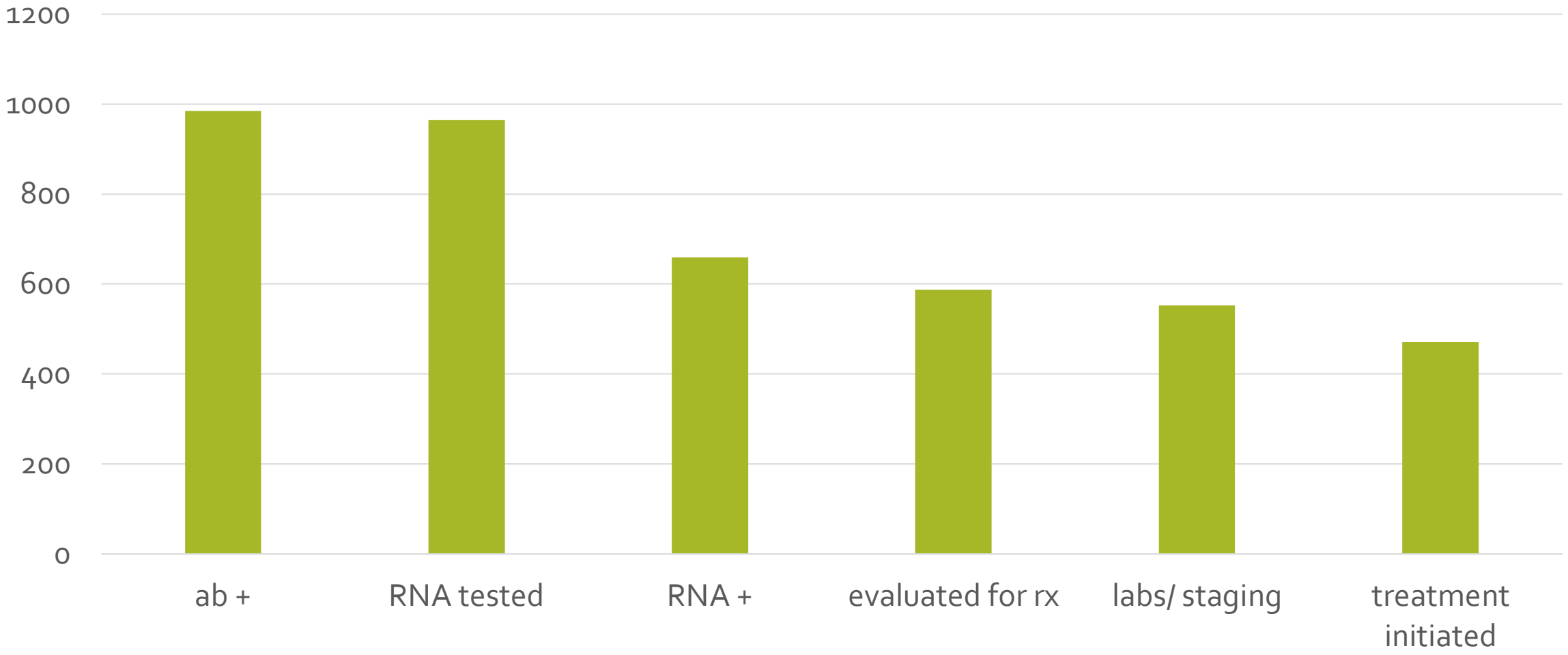
- First visit
- Annually in high prevalence practices
- Leverage the EMR: prompts, order sets, visit templates

Primary care providers treat all of their patients

Integrate services within the FQHC

- On site phlebotomy
- MOUD
- Transportation assistance
- On site medication dispensing

FQHC Care Cascade
9/17-3/23



Barriers to implementation to building HCV care within FQHCs

Cost of labs and visits for uninsured patients

Provider knowledge deficits about HCV

Competing provider/ patient priorities with limited time

Lack of internal clinical champion

Under resourced staff

- Prior authorization
- Follow up with patients who missed appointments

Workforce shortages

Optimal Models in FQHC: Linkage to care

Partner with community based organizations

Syringe Service Programs

Substance Use Disorder treatment programs

Shelters serving people experiencing homelessness

Prisons and Jails

Support integrated testing

Workflows

Testers

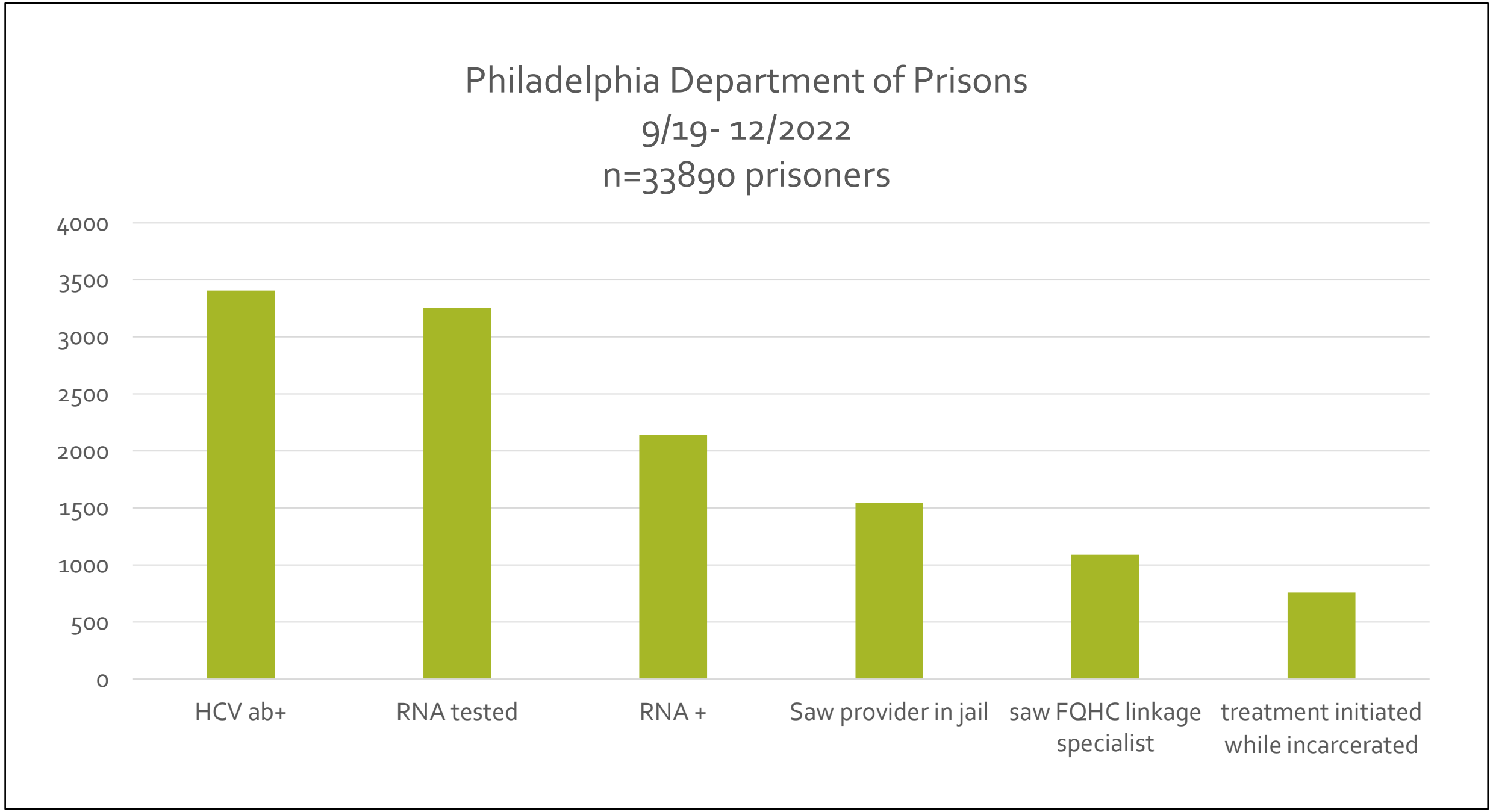
Linkage to care

Lab work

Navigation to FQHC

Embed FQHC on site

Telehealth services


Philadelphia Department of Prisons
9/19- 12/2022
n=33890 prisoners
4000
3500
3000
2500
2000
1500
1000
500
0
HCV ab+
RNA tested
RNA +
Saw provider in jail
saw FQHC linkage specialist
treatment initiated while incarcerated

Barriers to implementation to linkage to care models

- Cost of labs and visits for uninsured patients
- Siloed health care system (behavioral health and physical health)
- Competing priorities for partnering agencies
- Lack of internal (FQHC) and external (community site) champions
- Under resourced staff
- Workforce shortages

Scaling treatment by leveraging FQHCs

- Policy
  - Removal of prior authorization
- De siloing healthcare reimbursement
- Incentivizing HCV screening and treatment
- Grant funding
  - clinical champions- protected time
  - programmatic staff
  - Resources for patient support
    - Meals, transportation, safe storage of medication
- Technical Assistance for integrating testing and linkage to care workflows

C Change: A Technical Assistance to support HCV Elimination

HEALTH FEDERATION
OF PHILADELPHIA

The keystone of community health since 1983

FQHCs: Critical for HCV Elimination

Can serve as a hub and spoke model for cure

Access to primary care and preventative medicine

Safety net: No referral needed

Additional integrated services

Serves high prevalence populations

Ample financial support is needed

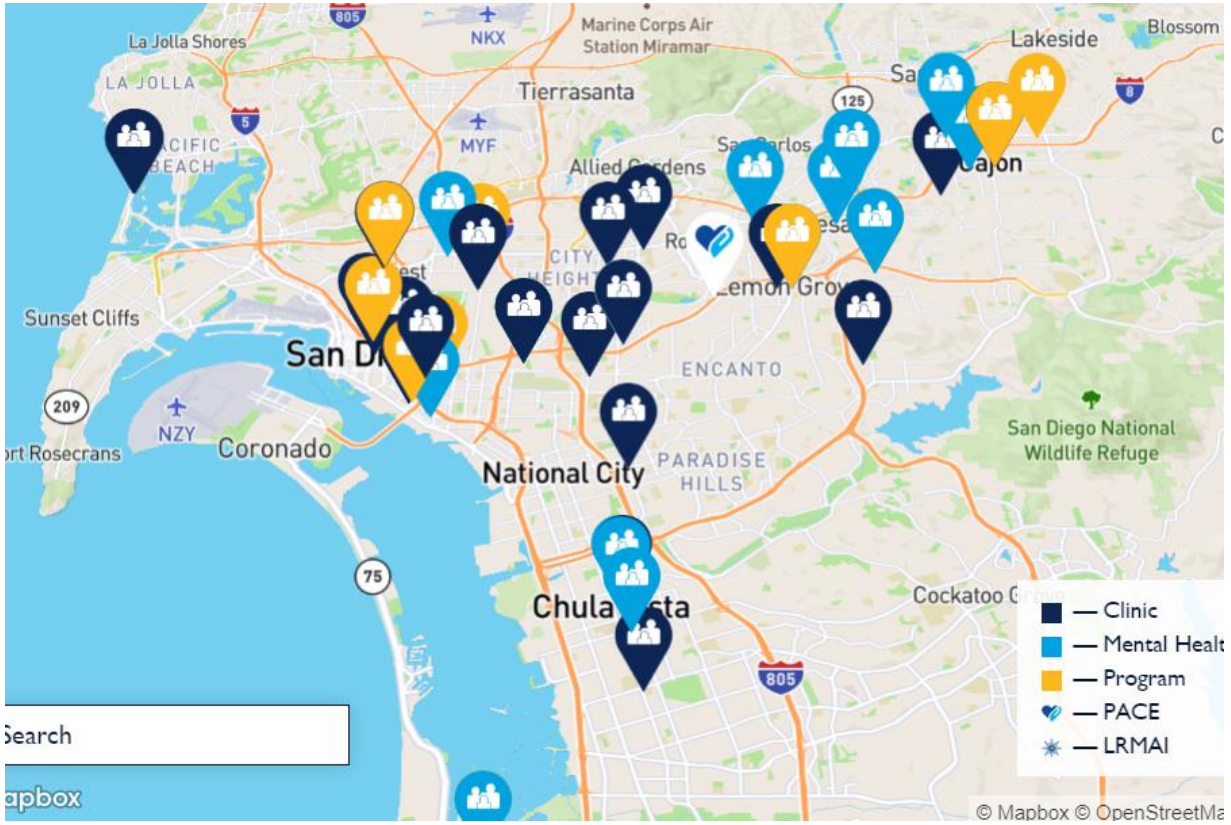
Family Health Centers of San Diego:

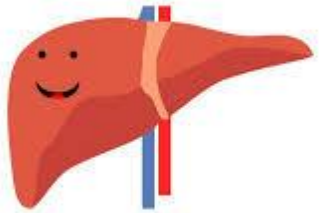
Increasing Screening and Treatment of Hepatitis C at an Urban FQHC

Stephanie Constantino, MD, AAHIVS
Christian Ramers, MD, AAHIVS
September 12, 2023

FAMILY HEALTH CENTERS OF SAN DIEGO

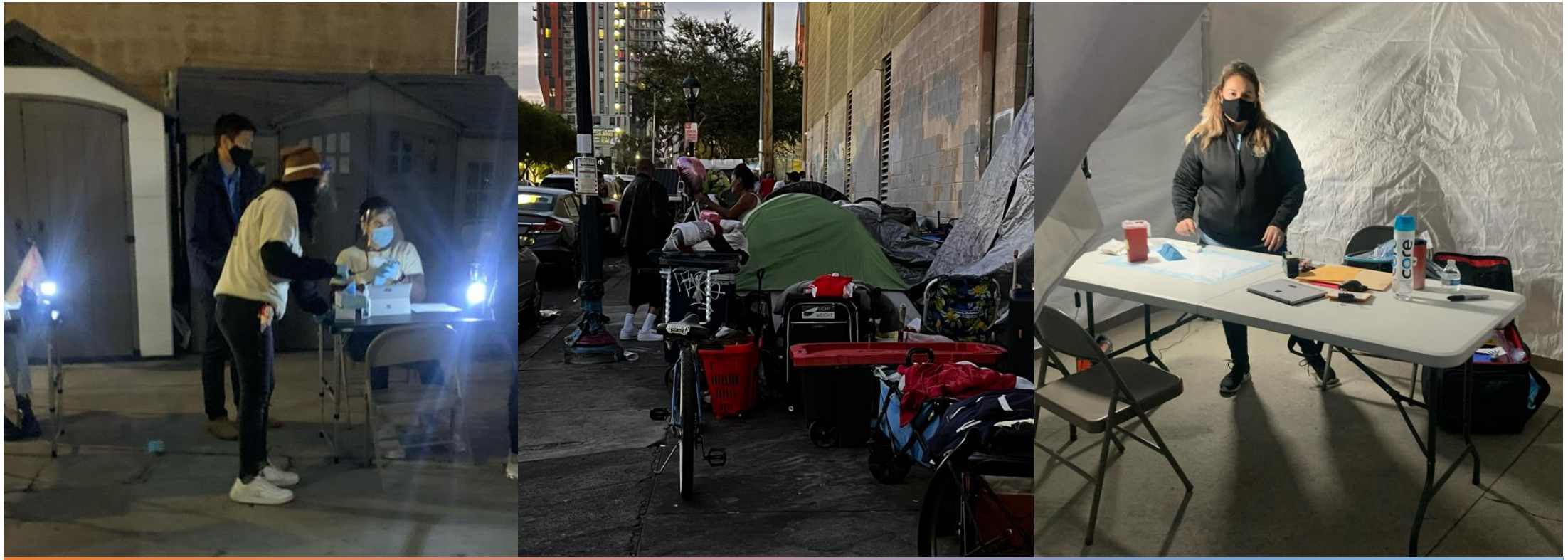
"No Wrong Door"





HCV Services at FHCSD

- Well-developed clinic-based HCV treatment program
  - 4 ID specialists and 11 primary care HCV treaters across 6 clinics
  - HCV navigators, Transplant Hepatologist, Sonographer
  - Two clinic-based Fibroscans and one Shear-Wave Elastography
  - ECHO-modeled meetings
- Mobile Medical Unit
  - Homeless Shelters
  - Clean Syringe Exchange Program (CSEP)
  - Rapid HCV screening, Treatment
  - Fibroscan
  - Low Barrier Buprenorphine
  - Wound Care



Meeting People Where They Are

Mobile Unit Staff pictured: Ignacio Aguilar, MA, Kelly Remboldt, PA and Jorge Cazarez, CPT

END HEP C SD 2030

Eliminate Hepatitis C San Diego County Initiative
Convener of the partnership:
LIVER COALITION® OF SAN DIEGO

COUNTY OF SAN DIEGO
Health and Human Services Agency

Key Elements for Our Success

- CA state policies lower barriers
  - No Prior Authorizations
  - Simplified Treatment Algorithm
- Community Partnerships
- FQHC Leadership and Staff
  - Dr. Christian Ramers
  - Providers, navigators, SUD counselors, etc.
- Primary Care Capacity
- FHCSD FM Residency Program
  - THCGME
  - HIV Track
- Funding from CDC, CDPH, Industry, 340B

Challenges of an FQHC

- Uninsured, self-pay patients
- High clinical productivity demands
- Shorter visits
- Funding streams
- High staff turnover
- Socio-economic barriers
  - Poverty, Housing, transportation, phone access, health literacy, food-insecurity, safety, justice-involved issues.

Future Directions

- Rapid HCV Confirmatory Testing
- Continuation and expansion of MMU services and street medicine
- More collaboration with harm reduction programs, community clinics, pharmacies, non-profits, jails
- More collaboration for treatment capacity building – ECHO, primary care residency programs
- Telehealth here to stay?
- Universal EMR?
- Single payer?

Thanks for your attention!

sconstantino@fhcsd.org

UNLOCKING HCV CARE IN KEY SETTINGS

HepNET
Hepatitis Network for Education and Testing

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NVHR
National Viral Hepatitis Roundtable

Discussion, Q&A