Hepatitis C in HIV and Primary Care: Opportunities for Advocacy & Education

September 18, 2019
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Objectives

• Describe the current state of HCV care in the U.S. and impact on patients and workforce

• Review key findings from the Second Annual HealthHCV State of HCV Care™ 2019 national survey

• Discuss data trends and implications on education and advocacy efforts
2.4 million people infected with Hepatitis C (HCV) in the United States

Only 11% (about 360,000 people) infected with Hepatitis C have been cured

50% of the 2.4 million people infected are unaware of their status

More people die of HCV than all other 60 infectious diseases combined

Less than 30% of primary care providers report following CDC’s current HCV screening guidelines*

Severity of liver damage and current drug and alcohol use are reasons payers deny HCV treatment coverage*

More providers are needed to treat increasing number of HCV patients*

www.healthhcv.org

*HealthHCV’s Report on the State of Hepatitis C Care National Survey
Positive Trends Forecasted for HCV Cascade in the U.S.

HCV Cascade of Care: United States

- **HCV persons**: 100% in 2010, 100% in 2018, 100% in 2030
- **Aware**: 45% in 2010, 61% in 2018, 68% in 2030
- **Started treatment**: 18% in 2010, 41% in 2018, 49% in 2030
- **Cured**: 11% in 2010, 39% in 2018, 49% in 2030

Number of people (millions)
### Micro-elimination Opportunities – VA

#### Getting to 90-90-90

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<tr>
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<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18 Q2</th>
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<td><strong>Birth Cohort Testing</strong></td>
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<td>82.5%</td>
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<td><strong>Treatment Starts</strong></td>
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<td>30,138</td>
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<td><strong>SVR12 Testing</strong></td>
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<td>FY15</td>
<td>55.4%</td>
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<td>88.6%</td>
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<td>FY16</td>
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<td>FY17</td>
<td>87.6%</td>
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#### % Achieved SVR

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<th>FY15</th>
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<th>FY18 Q2</th>
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<tr>
<td>FY15</td>
<td>13%</td>
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<td>FY16</td>
<td>27%</td>
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<td>66.3%</td>
<td>75%</td>
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<td>FY17</td>
<td>47.6%</td>
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Cost of Cure (SVR) by Treatment Regimen

Elimination is not possible while HCV prevention and care barriers persist

14 states receive funding from CDC for HCV surveillance

Only 20% of persons 15-29 years with HCV live within 10 miles of an SSP

Treatment restrictions still exist in some form in most states

https://stateofhepc.org/
Trends and Opportunities

HIV AND HCV CO-INFECTION IN THE U.S.
The HIV and HCV Epidemics: Aligned But Not Equal

**HIV**

- **Epidemic**
  - 1.1 million living with HIV in US

- **Funding**
  - $900.8 million in domestic HIV prevention funding

- **Data**
  - Established nationwide HIV surveillance system

- **Status**
  - 15% don’t know they are infected with HIV

**HCV**

- **Epidemic**
  - 2.4 million with HCV in US

- **Funding**
  - $39 million in viral hepatitis prevention funding

- **Data**
  - Unestablished nationwide HCV surveillance system

- **Status**
  - Up to 50% don’t know they are infected with HCV

References:
Vulnerable Counties & Jurisdictions Experiencing or At-Risk of HIV/HBV/HCV Outbreaks

Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks
County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September, 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (July, 2018)

Legend
- Top 220 Vulnerable Counties in 26 States
- Jurisdictions determined to be experiencing or at-risk of outbreaks
  States/Territories: 34, Select Cities: 7, Select Cities: 2

DATA SOURCES: ESRP, EUROMAP, CDC Consultations on Determinations of Need Requests, www.cdc.gov/mmwr/volumes/63/rr/rr6309.htm
Opportunities to Leverage Current Policy Focus and Resources for Ending the HIV Epidemic (EHE)

Key Strategy #3: Prevent people at risk for using proven prevention interventions, including syringe service programs (SSPs).
Hepatitis C “Treaters”

Primary

- Hepatologists (*specialize in liver diseases*)
- Gastroenterologists (*specialize in intestinal diseases*)
- Infectious Diseases Specialists (*including HIV specialists*)

Secondary

- Physician extenders who focus on liver disease, i.e. nurse practitioners (NPs)
- Primary care providers (PCPs)

Second Annual HealthHCV State of HCV Care™ 2019™ National Survey & Report
Methods

- Sixty-two question instrument (52 quantitative, 10 qualitative)
- Distributed online using Survey Monkey™ (June – July 2019)
- Recruited using email lists, monthly newsletters, and website postings
- Convenience sample; no incentive provided
Respondent Breakdown

• **258 providers** (physician-MD/DO, nurse-RN/LPN, social worker-MSW/LCSW, advanced practice nurse-NP/CNS)

• Practice Settings:
  - Community Health Center (23%)
  - FQHC (19%)
  - ASO (18%)
  - HIV Clinic (16%)
  - Infectious Disease Clinic (15%)
  - Academic Health Center (8%)

• Specialty:
  - HIV/AIDS (28%)
  - Family Medicine (19%)
  - Infectious Diseases (12%)
  - Internal Medicine (8%)
Survey Respondents

Practice Region: **South** (35%), **West** (30%), Northeast (21%)
Practice Setting: **Urban** (64%), Rural (19%), Suburban (17%)
Other Provider Demographics

- Majority (68%) female providers; White (55%); not Hispanic/Latino (83%)
- More than half (61%) of providers were ages 45 and older and one-third (33%) is 55+ y/o
- 81% of respondents provide some HCV prevention/care/treatment services; majority (44%) have only been providing HCV services for 1-5 years
Setting Demographics

- Only one third (30%) do a one time-screening of all patients

- Half (48%) screen and treat onsite; patients are primarily treated by PCPs (35%)

- Sources of funding for HCV services in organization were primarily public insurers
  - Medicaid (61%)
  - Medicare (49%)
Trends in HCV Caseload

• Majority (52%) experienced HCV caseload increases in the past 2 years; primarily PWUD, HIV+, baby boomers

• Majority (82%) of providers plan to scale up treatment/services for HCV

• Over half (54%) expect level of HCV patients using reimbursement sources for their HCV services to increase
Reported Barriers to HCV Care

• Most significant barriers to accessing HCV services for patients:
  - Social barriers (unemployment, unstable housing, etc.) (84%)
  - Substance use-associated comorbid conditions (74%)
  - Poor knowledge/inaccurate perceptions of HCV
  - Impaired access due to health insurance
  - Insurance restrictions/prior authorization requirements (payer policies)
Reported Barriers to HCV Care

• Most significant barriers to providing HCV care for providers:
  o Limited infrastructure for proving HCV screening and treatment (35%)
  o Treatment utilization policies impacting coverage by payers
  o Re-infection concerns among active people who inject drugs
  o Limited clinical knowledge about screening and/or treatment

• Where providers see highest number of patients being lost to care:
  o Linkage to care
    – Lack of specialists for referral
    – Missing provider treatment education
    – Treatment and funding support
39% have been unable to treat an HCV patient due to payer restrictions;

Those experience this barrier primarily in private insurance (62%) and Medicaid (59%)

Majority (83%) said that payer restrictions have not made them less likely to screen for HCV

Payer restrictions (treatment utilization policies) that have had the greatest impact on access to care are severity of liver disease (27%) and active drug use (21%)
Top 5 HCV Education Topics Requested

- Addressing re-infection among patients (56%)
- Monitoring HCV patients not on treatment (51%)
- Describing current HCV screening guidelines (45%)
- Discussing substance use with HCV patients (47%)
- Discussing sexual health with HCV patients (47%)
HIV Care Providers vs. PCPs

- 25% of PCPs felt there is a lack of training providers in their service area vs. 7% HIV care providers

- 12% of PCPs think patients are likely to become re-infected vs. 27% of HIV care providers

- Overall more integration of substance use services in primary care, but more partnerships with CBOs for harm reduction services within HIV care setting
  - More PCPs feel opiate resources are adequate in their practice area (60%) vs. HIV care providers (38%)
Survey Implications for Education

- Increase capacity of provider workforce to conduct HCV screening/linkage, care, and treatment for the growing number of people with HCV entering care.
  - Expand workforce.
  - Strengthen network between primary care providers and specialists.
  - Include allied health professionals to support patient care and address co-morbidities and other social determinants.
Survey Implications for Education

• Incorporate substance use behavioral interventions into healthcare response to HCV.

• Train on HCV screening guidelines and other clinical guidelines.

• Educate primary care providers and HIV care providers on re-infection, addressing substance use-related comorbidities, and screening guidelines.
Survey Implications for Advocacy

• Advocate for changes to insurance policies regarding coverage of HCV treatment to reduce number and scope of payer restrictions.
  o Primary care provider reimbursement
  o Treatment for those with early stage liver disease
  o Inclusion of active substance/drug users

• Extend engagement of non-traditional stakeholders in national HCV policy and advocacy, including national action plans, goals, and indicators.

• Seek broad adoption of HCV testing guidelines among primary care and HIV care providers.
Advocacy Call to Action

20/20: A Clear Vision for Increased HCV Testing Initiative

- Increase testing in primary care and HIV settings by 20% by 2020
- Incorporate CDC/USPSTF guidelines
- **Goal**: Reduce burden of HCV disease by increasing early diagnosis and linkage to care for people with HCV.
• **Education and Training:** Designs and implements medical and consumer education and training programs to improve the ability of organizations and professionals to address the needs of people living with hepatitis C.
  - 20/20 Campaign: A Clear Vision for HCV Testing
  - HCV Primary Care Training & Certificate Program™
  - Addressing the Evolving Opioid and HCV Epidemics Through Community Engagement and Education

• **Research and Evaluation:** Conducts health service research that identifies trends across viral hepatitis and the broader health care landscapes.
  - HealthHCV State of HCV Care™ National Survey

• **Advocacy:** Supports development of south public health policy that is responsive to the shifting landscape of HCV and health care
In the online course, "Practical Strategies for Patient Identification and Linkage to Care in HCV", Dr. Litwin reviews the current HCV screening guidelines and strategies for increasing rates of testing and linkage to treatment for patients infected with the virus.

Developed through a partnership between Medscape and HealthHCV, participants can earn 0.25 ABIM MOC and 0.25 CME. Valid for credit through 6/5/2020.

Key Strategies for Overcoming Barriers to HCV Elimination Among Men Who Have Sex With Men

Mark S. Sulkowski, MD (Program Director)
Daniel S. Fierer, MD
W. David Hardy, MD

Click to Participate
Addressing the Evolving Opioid and HCV Epidemics Through Community Engagement and Education

Tuesday, October 23, 2018

www.peerview.com/HealthHCV2
HealthHIV’s HIV Primary Care Training and Certificate Program

The HealthHIV HIV Primary Care Training and Certificate Program is a professional development course to help primary care clinicians develop new skills and professional competencies in order to optimize the quality of care they provide to patients infected with HIV. By participating in this web-based certificate program, you will be able to immediately apply lessons learned to your practice. All participants will receive a certificate documenting their completion of this online program from HealthHIV.

This program is based on HealthHIV's STEP (Staged Training to Educate Providers) Model. HealthHIV developed the STEP Model for HIV integration in primary care in response to limited existing models of HIV testing and care. For details on HealthHIV's STEP model, please visit here.

In total, there are five (5) sequential CME activities that you must complete before you can take the final program exam and receive your certificate. Each activity ranges between 1 and 1.75 credit hours and is approved for AMA PRA Category 1 Credit(s)™. You must complete each activity's pre and post-tests before you can continue on to the next activity. All Step activities are sequential in nature and act as a prerequisite to the next activity.

What’s a passing score? You must obtain a score of 60% or higher on each CME activity, and a passing score of 70% for the Step self-assessment exam. You will have 6 months to complete all five activities, their posttests, as well as the final exam for this program. You will be given 3 attempts to pass the post test for each activity.

Upon completion of the Step 4 activity, you will be prompted to sit for the final exam that consists of a 50 question multiple-choice test. The final exam is a recap of all the post test and self-assessment questions. Once you complete the final exam with a passing score of 70%, you will be able to print your HealthHIV professional certificate for this program. Please note, upon completing each activity, you will be awarded an activity-specific CME certificate of completion that you may print at anytime.

The total credit designated for this enduring material is a maximum of 2.75 AMA PRA Category 1 Credit(s)™. There is no fee for this program.

HIV Management in Primary Care: Foundations Course

After completing this activity, the participant will demonstrate the ability to:

1. Describe HIV surveillance data and the implications for individual and public health
2. Discuss the natural history of HIV disease and the implications for individual and public health
3. Explain the differences between risk-based and "opt-out" HIV screening and summarize the current recommendations
4. Utilize the most appropriate HIV test in different clinical settings
5. Summarize methods to reduce HIV transmission

Credit: 0.75 AMA PRA Category 1 Credit™
HealthHCV’s HCV Primary Care Training & Certificate Program

The HCV Primary Care Training & Certificate Program™ is a professional development program designed to support primary care providers (PCPs), HIV care providers, and allied health professionals in developing new skills and professional competencies that optimize quality of hepatitis C (HCV) care and increases availability of HCV care and treatment in primary care settings.

The Program features five modules, informed by key HCV topics identified in HealthHCV’s Inaugural State of Hepatitis C Care™ national survey, and based on HealthHIV’s STEP (Staged Training to Engage Providers) model. Additional modules will be added based on findings from HealthHCV’s forthcoming State of Hepatitis C Care™ national survey. The program is structured as an online, self-paced, continuing medical education (CME) curriculum for clinical providers accessible through www.HealthHCV.org to providers in the U.S. and internationally.

Upon completion of the program, participants will receive a certificate documenting their completion and competency. The curriculum will be designated as enduring material for CME and continuing education (CE) credits.

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<thead>
<tr>
<th>Module 1: HCV Prevention in Primary Care</th>
<th>Module 2: Trends in HCV Care and Treatment</th>
<th>Module 3: Core Skills for Treating HCV</th>
<th>Module 4: Treatment Considerations for Special Populations</th>
<th>Module 5: Assessment and Treatment Decisions in HIV/HCV Co-infection</th>
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<tr>
<td>• Describe HCV surveillance data and the implications for individual and public health.</td>
<td>• Identify new, FDA-approved HCV therapies and describe key implications.</td>
<td>• Identify appropriate patients and methods in your practice to screen for HCV.</td>
<td>• Assess patients’ health literacy and health beliefs.</td>
<td>• Identify indications for the treatment of chronic HCV infection and reasons to consider delaying HCV treatment in patients with HIV/HCV co-infection.</td>
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<td>• Summarize current recommendations for risk-based and birth cohort screening.</td>
<td>• Review considerations in selecting treatment, including assessment of insurance barriers.</td>
<td>• Discuss methods to assess and promote adherence of HCV patients to treatment.</td>
<td>• Employ evidence-based techniques to foster open patient-provider communication.</td>
<td>• Explain the reported safety and efficacy of currently available treatments for HCV in patients co-infected with HIV.</td>
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<tr>
<td>• Utilize the most appropriate HCV testing in different clinical settings.</td>
<td>• Summarize methods to reduce HCV transmission.</td>
<td>• Describe methods for coordination of care between primary care and specialist settings.</td>
<td>• Identify barriers to treatment readiness and adherence and methods to overcome these barriers.</td>
<td>• List HCV/HIV drug combinations to avoid based on potential for drug-drug interactions.</td>
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<td>• Discuss monitoring HCV patients not on treatment.</td>
<td>• Select guidelines-recommended monitoring for patients being treated for HCV/HIV co-infection.</td>
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Upcoming HealthHCV Meetings

SYNChronicity 2020

National Conference for HIV, HCV, STIs, and LGBT Health
May 11-12, 2020 (Pre-Conference May 10<sup>th</sup>)
Grand Hyatt, Washington, DC

Submit Abstracts on HCV
Register at: www.SYNC2020.org