8th Annual Monitoring Report on HIV/HCV Co-Infection - 2023

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8th Annual Monitoring Report on HIV/HCV Co-Infection - 2023

- A Special ‘Thank You’ to Our Sponsors:

HIV/HCV Co-Infection Watch: 2022-2023 Update

Jen Laws
Community Access National Network

Wednesday, October 18, 2023

DISCLOSURE OF CONFLICT OF INTEREST (IF ANY)

No conflicts of interest to disclose.

AIDS Drug Assistance Programs (ADAPs) Coverage Trends, January 2015-July 2023

January 2015:

- States offering Expanded Coverage – 7 (CA, CO, HI, IA, MA, MN, NJ)
- States and Territories offering only Basic Coverage – 24 (Basic Only - AL, AK, AZ, CT, DE, IN, ME, MD, MI, MS, MO, NY, NC, OK, OR, PA, RI, SC, SD, WA, WV, WI, WY, D.C.; No Coverage [25] – AS, AR, FM, FL, GA, GU, ID, IL, KS, KY, LA, MT, NE, NV, NH, NM, ND, OH, PR, TN, TX, UT, VI, VT, VA)

July 2023:

- States and Territories offering Expanded Coverage – 45 (AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, PR, SD, TN, TX, VA, WA, WV, WI, WY, D.C.)
- States and Territories offering only Basic Coverage – 2* (Basic only – AK, SC; No coverage [9] – AS, FM, GU, KS, KY, OH, UT, VI, VT)
- *RI does not offer DAA coverage. It does, however, offer coverage of Pegasys.

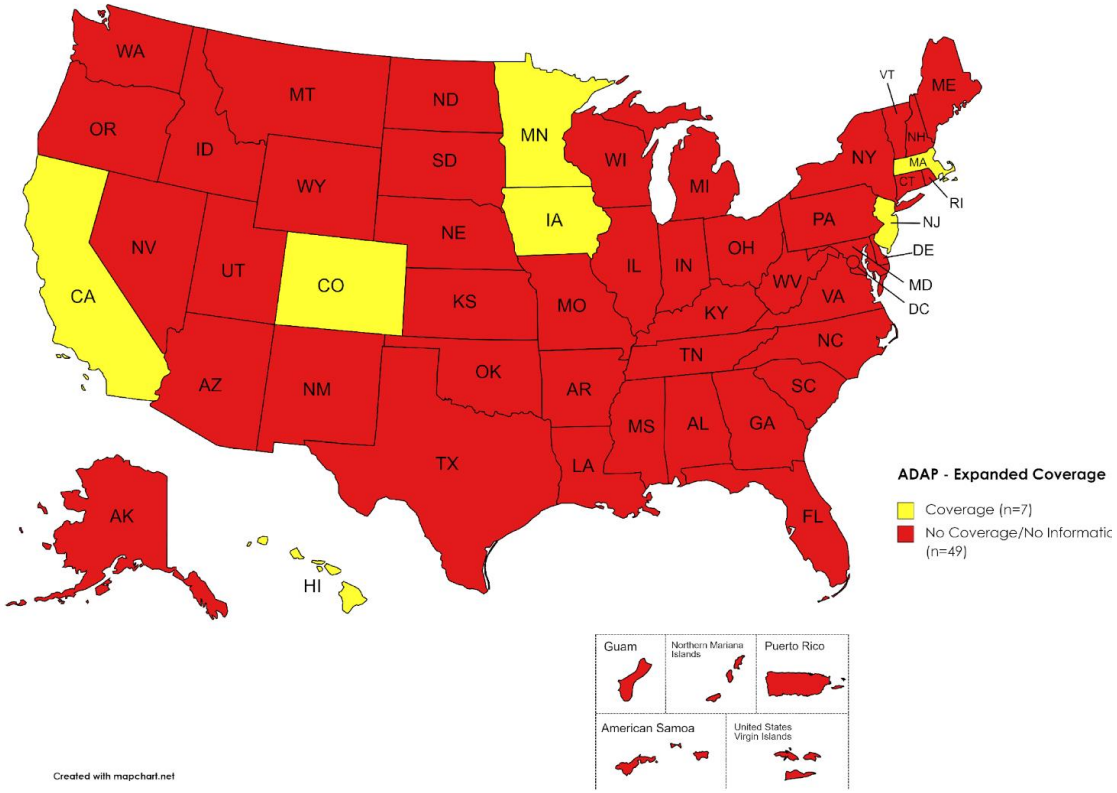
ADAPs Coverage Trends (cont.)

– States have continued to expand coverage as newer, cheaper HCV DAAs hit the market.
– Authorized generics of Harvoni and Epclusa hit the market in January 2019
– Mavyret has become the fastest and most widespread adopted drug (has the widest adoption in ADAPs with just 11 states *not* covering the drug)
– In 2022, Idaho added DAAs has expanded coverage, previously had not.
- For a short period in 2022 TX reduced to coverage to Epclusa (brand) only. In 2023, TX eliminated this coverage and now no longer covers HCV treatment.
- From 2020-2022, GA website noted: “Georgia ADAP Hepatitis C Program is currently on HOLD until future funding is available. Please utilize Patient Assistance Programs (PAP’s) for Hepatitis C medications.” As of July 2023, GA ADAP resumed meaningful funding to cover HCV treatment.

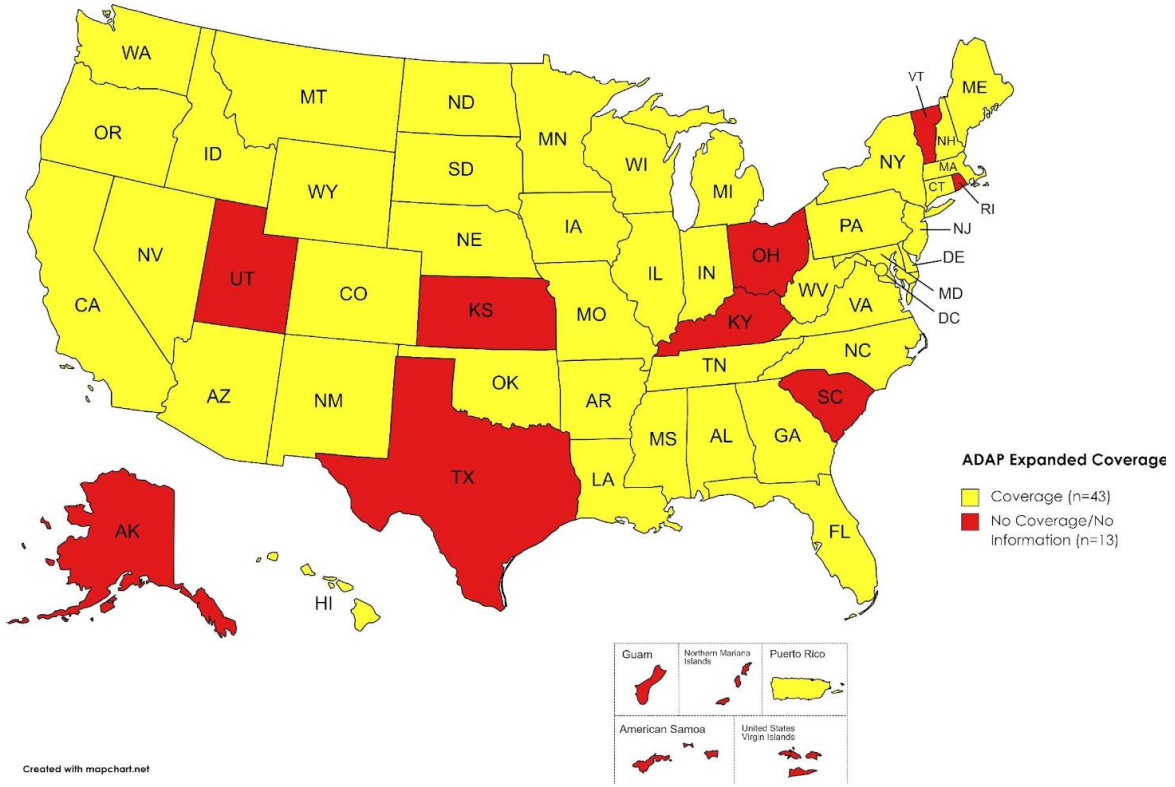
ADAPs – Expanded Coverage

DAA Coverage

2015



2023



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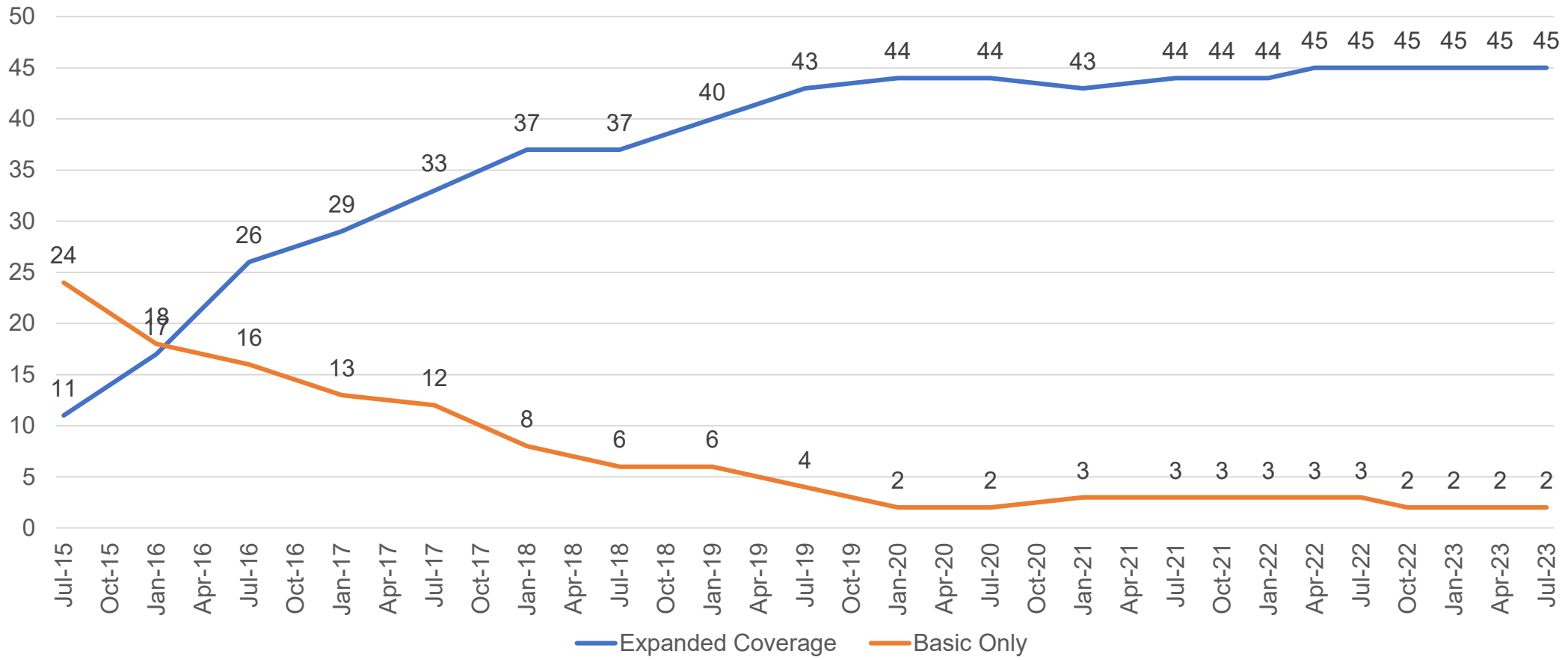
ADAP HCV Drug Utilization Jan. 2015-July 2023



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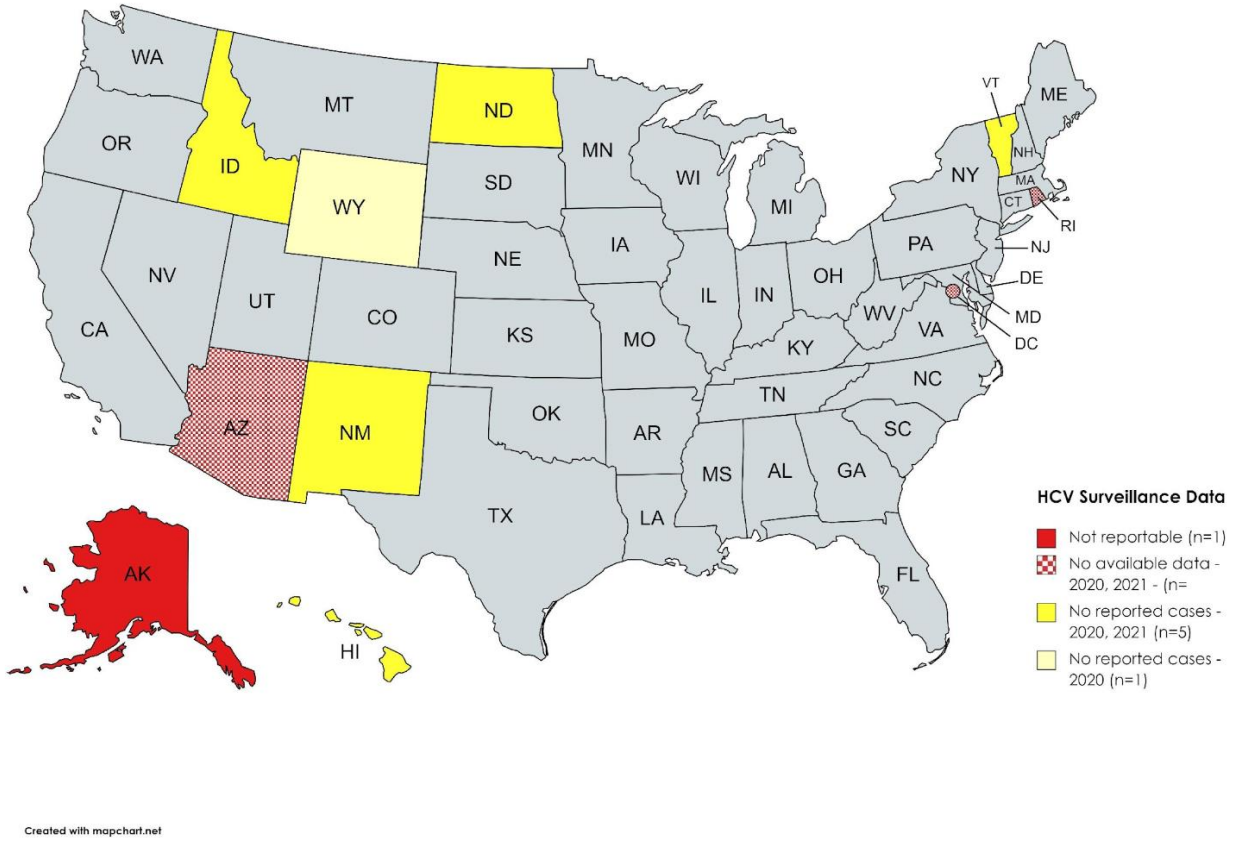
Top 10 HCV Rates Compared to Expanded

Ten Highest Rates of HCV Infection (2021)		
1	Maine	9.8
2	Florida	7.1
3	Louisiana	6.7
4	Delaware	5.8
5	Utah	4.5
6	Kentucky	4.4
7	West Virginia	4.0
8	Tennessee	3.0
9	Indiana	2.6
10	Montana	2.4
National Rate		1.6 (per 100K)



*2021 HCV Surveillance by State The Centers for Disease Control and Prevention has not yet published 2022 data.

Medicaid Coverage Trends Jan. 2015-July 2023

January 2015:

- States offering Expanded Coverage – 38 (AL, AZ, CO, DE, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, OH, OK, OR, PA, SD, TN, UT, VT, VA, WA, WV, WI, WY, D.C.)
- States offering only Basic Coverage – 12 (AK, AR, CA, CT, FL, KS, MI, NM, ND, RI, SC, TX)

July 2023:

- States offering Expanded Coverage – 50 (and the District of Columbia)

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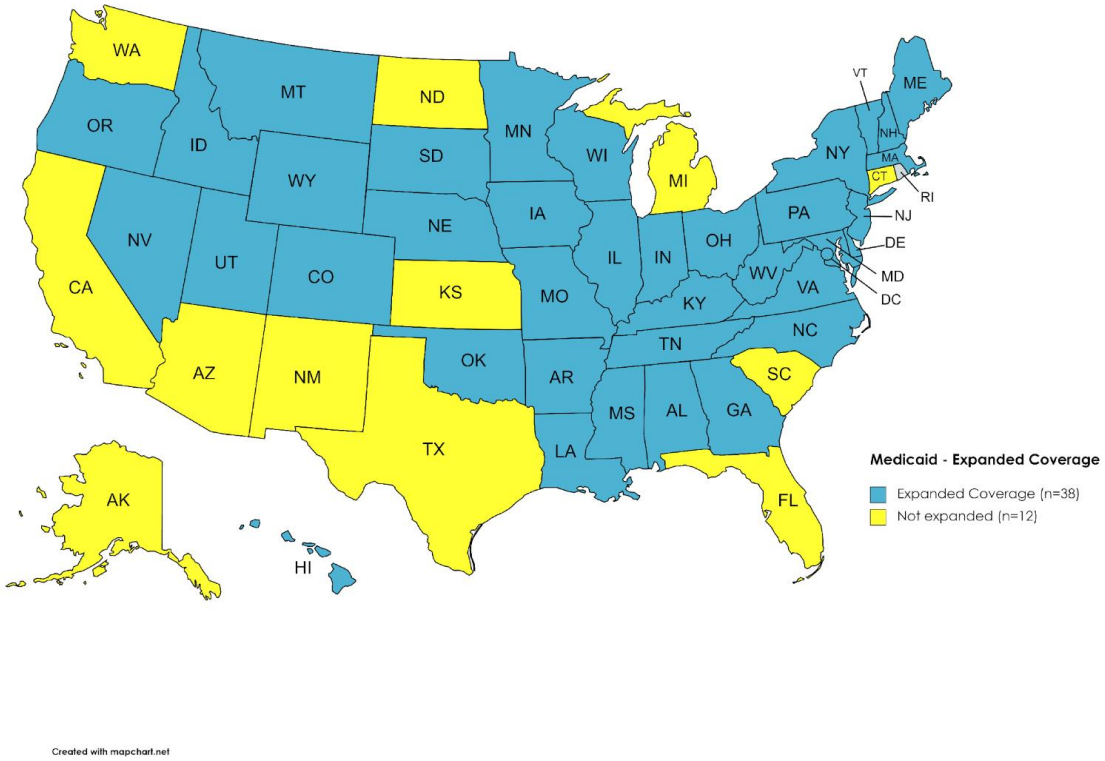
Medicaid Coverage Trends (cont.)

- All states currently offer Expanded Coverage for HCV drugs
– Medicaid programs quicker to adopt HCV drugs than ADAPs
    - VT ADAP not expanded because of Medicaid expanded coverage
    - Could become a trend in future years
– States with multiple Managed Card Organization plans are likelier to have plans offering only one or two HCV DAAs
– Prior authorization, sobriety, and other program requirements continue to serve as a barrier to treatment in many states.
- New, creative restrictions are developing (past adherence to other prescriptions, prohibition on replacing lost or stolen medication, etc)

Medicaid – Expanded Coverage

January 2015



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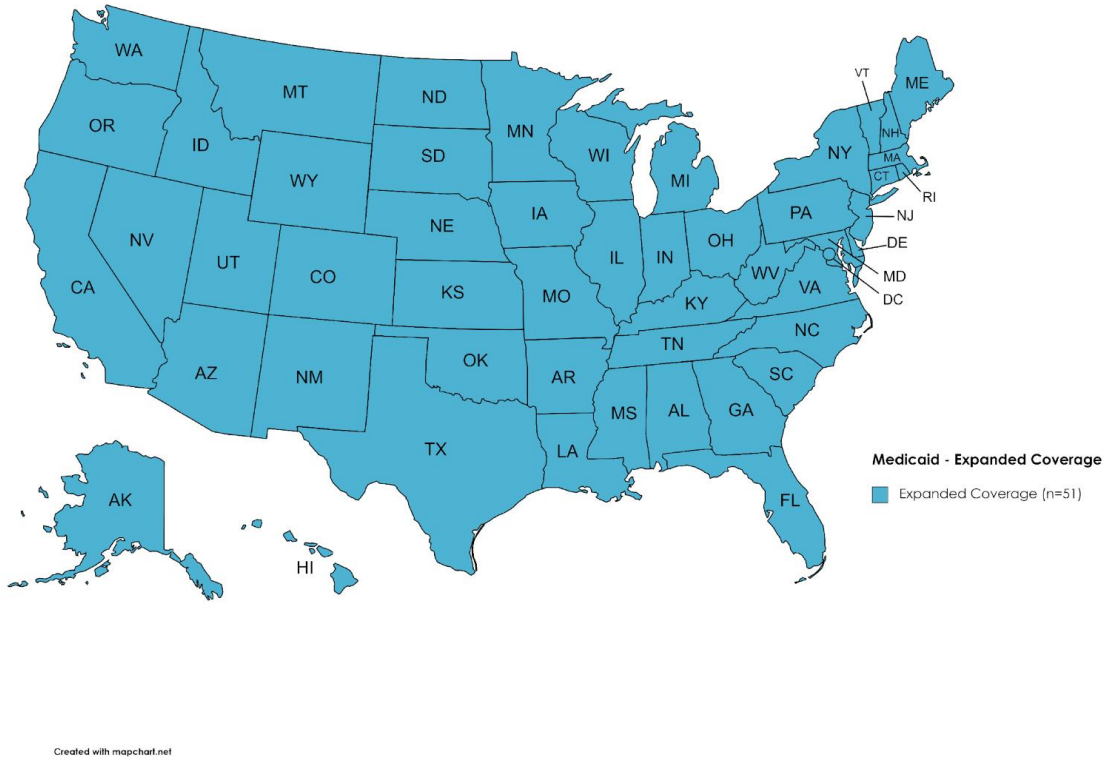
July 2023



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Veterans Affairs Coverage Trends

– The Watch began covering VA HCV coverage in March 2016
– Coincided with VA announcement of universal coverage for all eligible VA members
– Since 2016, the VA has cured 100,000 Veterans of HCV (U.S. Department of Veterans Affairs, 2019) . Estimated fewer than 25K in VA care left to be tested for HCV.
– Most-used drugs: Zepatier, Mavyret, Harvoni, Epclusa, Vosevi (in treatment experienced)
- March 2021 VA updated treatment guidelines to include more specific therapies per genotype, treatment initiation guidelines, and emphasis on treatment even if re-infected.
– VA continues to provide most effective treatment program in government-funded healthcare

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Harm Reduction Trends (2023)

Syringe Services Programs (SSPs) continue to be met with community/official backlash

– Despite longer-running and recent legalization of SSPs in many states and CDC “best practices”, local communities continue to voice opposition against SSPs – notably in Indiana, West Virginia, New Jersey, North Carolina, and even California

– Despite increased support from law enforcement, local counties and municipalities continue to shut down existing SSPs citing dubious reports of increased needle waste, failures to keep adequate exchange records, enabling/”attracting the wrong crowd”, and lack of oversight.

- Where banning SSPs has failed, states and localities are introducing new barriers to establishing or maintaining SSPs (particularly with including new licensing requirements)

Biden Administration Policy and Investment Shift to Harm Reduction

- SAMHSA proposes “Harm Reduction Framework”

Harm Reduction Trends (cont.)

Primary barriers to Harm Reduction Measures:
– Stigma – Social stigma, particularly among legislators and providers. Especially true in more rural areas. May constitute illegal discrimination, pending the specific issue.
- Doctor Shopping:
    - Federal blanket statute
    - Reporting/Checking hassle, sometimes determined by payer
    - Often captured under “fraud statutes”

– Physical Exam Requirement*:
    - Physician/Pain Advocate opposition
    - “Too time consuming”
    - “Too onerous”
    - Patient mobility/barriers to accessing care/treatment

** Temporarily “on hold” at federal level due to COVID-19 public health emergency since March 2020, telehealth as a pathway to accessing care. However telehealth presents challenges especially in poorer and more rural communities lacking reliable broadband service. Several states already “unwinding” telehealth and federal answers remain absent.*

– ID Requirement for Purchase of Prescription Opioid Drugs:
    - Pain Advocate opposition
    - “Burden on poor/minority patients”
    - Hardware update costs for scanning
    - “Government tracking”

– Prescriber Education:
    - Physician opposition
    - “Time consuming”

– Pharmacy Lock-In Programs:
    - Outdated/User unfriendly software/interface
    - Often determined by payer, sometimes required by statute or waiver (see FL and HI)
    - Paid Advocate opposition

– “Barrier to accessing care/treatment”

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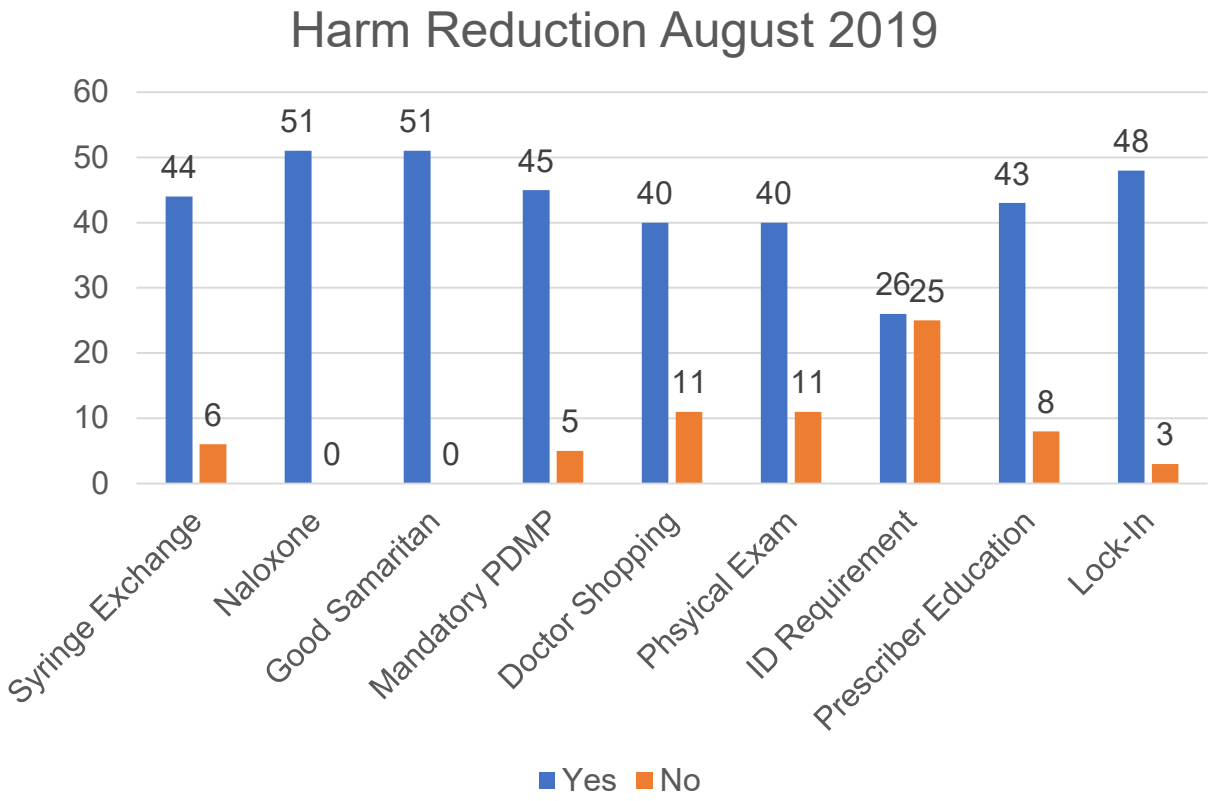
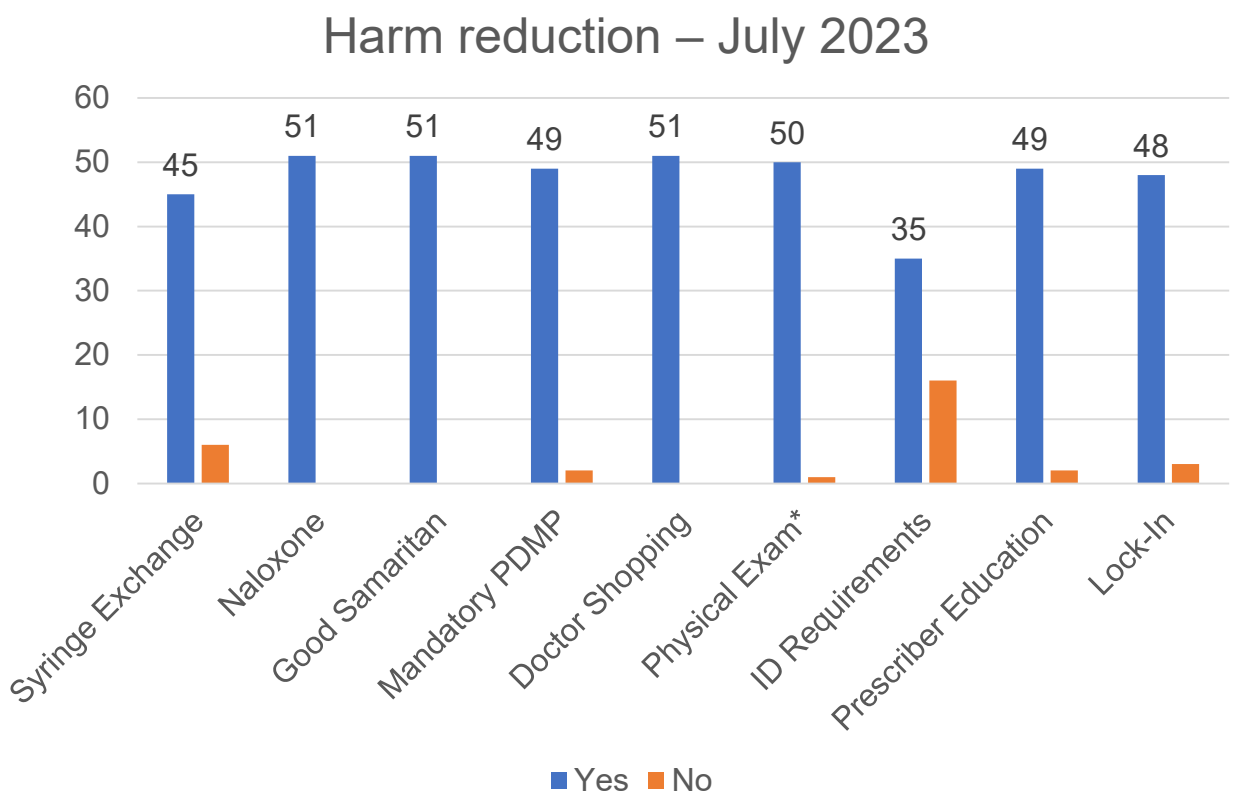
Harm Reduction Measures 2019-2023





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2023 News

- Declaration of Public Health Emergency Expired - On February 9, 2023, the U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra sent a letter to governors announcing the public health emergency (PHE) due to COVID-19 would expire at the end of the then-currently declared period. The previous declaration was set to expired on May 11, 2023. However, due to Congressional actions, subsequently signed by President Biden, the PHE ended on April 1, 2023.
- DEA and HHS Run into Stumbling Blocks on Telemedicine Access to Controlled Substance - Due to the PHE expiring, the Drug Enforcement Agency (DEA) and HHS sought to determine rules regarding telemedicine prescribing of certain controlled substances, including those used in Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD). The DEA proposed rules which would have re-instated the requirement for in-person visits. Those rules were met with wide backlash, garnering more than 36,000 comments, mostly in opposition to the proposal. Final rules have not yet been proposed. Certain flexibilities have been extended as a result.
- President Biden Proposes National Hep C Elimination Plan - President Biden's 2024 budget proposal included a funding request of $11.3B for a National HCV Elimination Program. The program effort is not likely to be funded at that level, if at all. Key initiatives of the proposed program look to build off of purchasing powers made available through "subscription based" models as demonstrated in Washington and Louisiana.

Contact Information

References available upon request

Community Access National Network (CANN)

www.tiicann.org
www.hiv-hcv-watch.com

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State of HCV Prevention, Care and Treatment and Harm Reduction Services

Marissa Tonelli
HealthHIV

Wednesday, October 18, 2023

DISCLOSURE OF CONFLICT OF INTEREST (IF ANY)

No conflicts of interest to disclose.

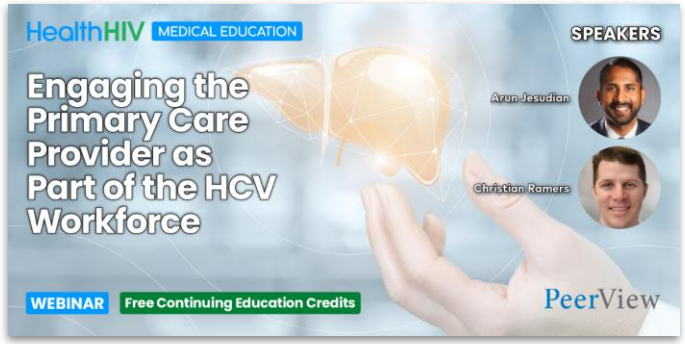
Needs Assessment Sources

The following slides illustrate ongoing educational needs, clinical practice gaps, and structural/systemic gaps related to HIV and HCV (including co-infection and harm reduction).

Sources

- **HealthHIV's State of Surveys:** a series of national landscape surveys conducted annually by HealthHIV.
  - First Annual State of Harm Reduction National Survey (in the field)
  - Fifth Annual State of HIV Care National Survey (June 2023)
  - Second Annual State of LGBTQ+ Health National Survey (June 2023)
- **HealthHIV's experience implementing medical education programs**
  - Evaluation outcomes and learner feedback from previous and ongoing educational interventions

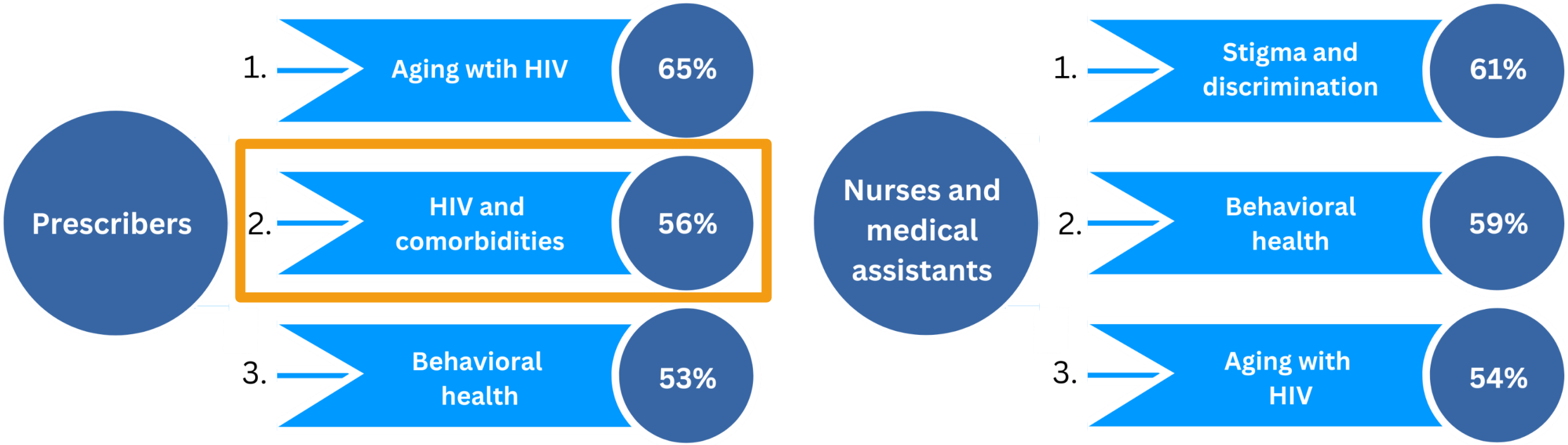
HealthHIV Medical Education



HealthHIV MEDICAL EDUCATION

Top Challenges for Clinical Providers Include Behavioral Health, Aging, and Comorbidities

HealthHIV STATE OF HIV Care™ Fifth Annual National Survey



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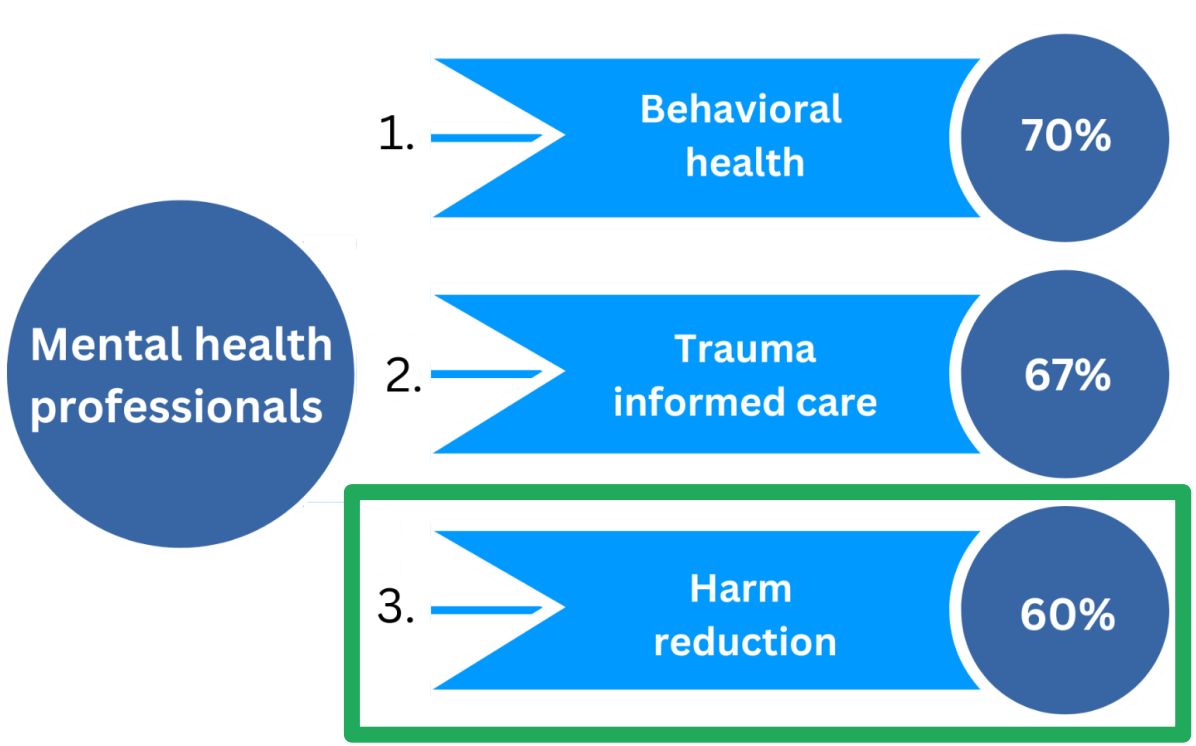
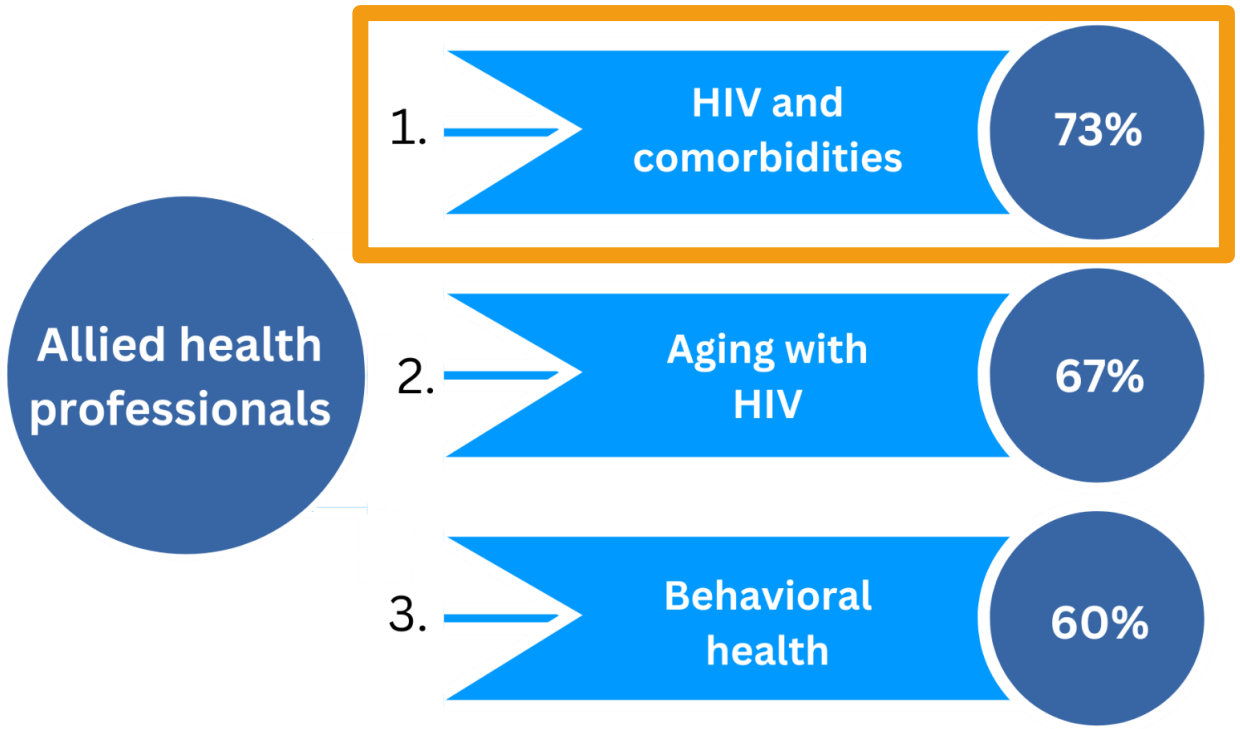
Top Challenges for Clinical Providers Include Behavioral Health, Aging, and Comorbidities

HealthHIV STATE OF HIV Care™ Fifth Annual National Survey





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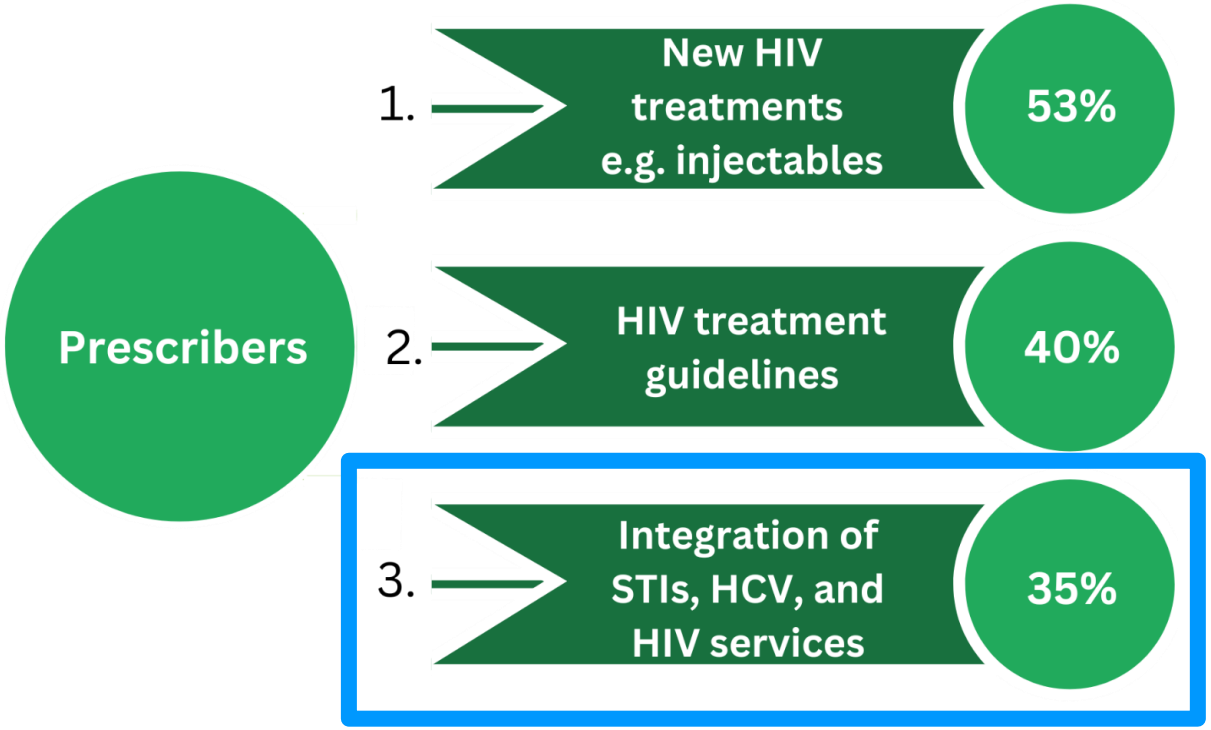
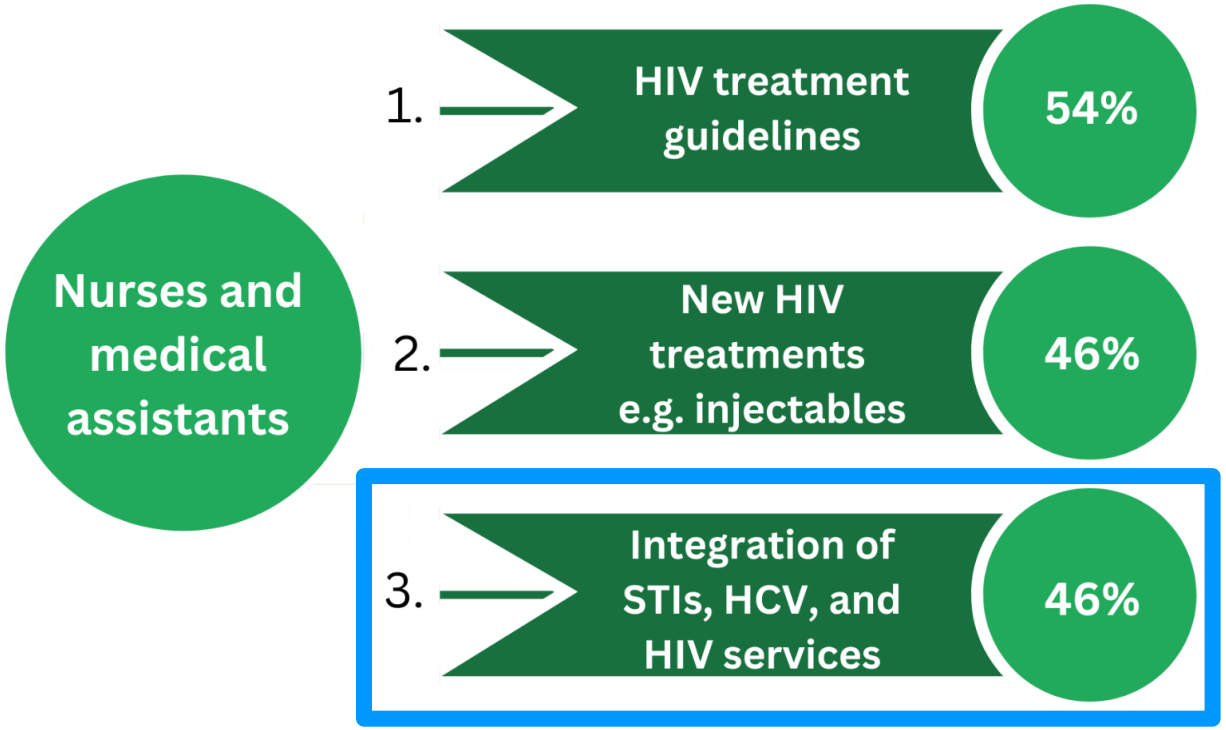
Top Training Topics Among Clinical Providers Include Integration of STIs, HCV, and HIV Services

HealthHIV STATE OF HIV Care™ Fifth Annual National Survey





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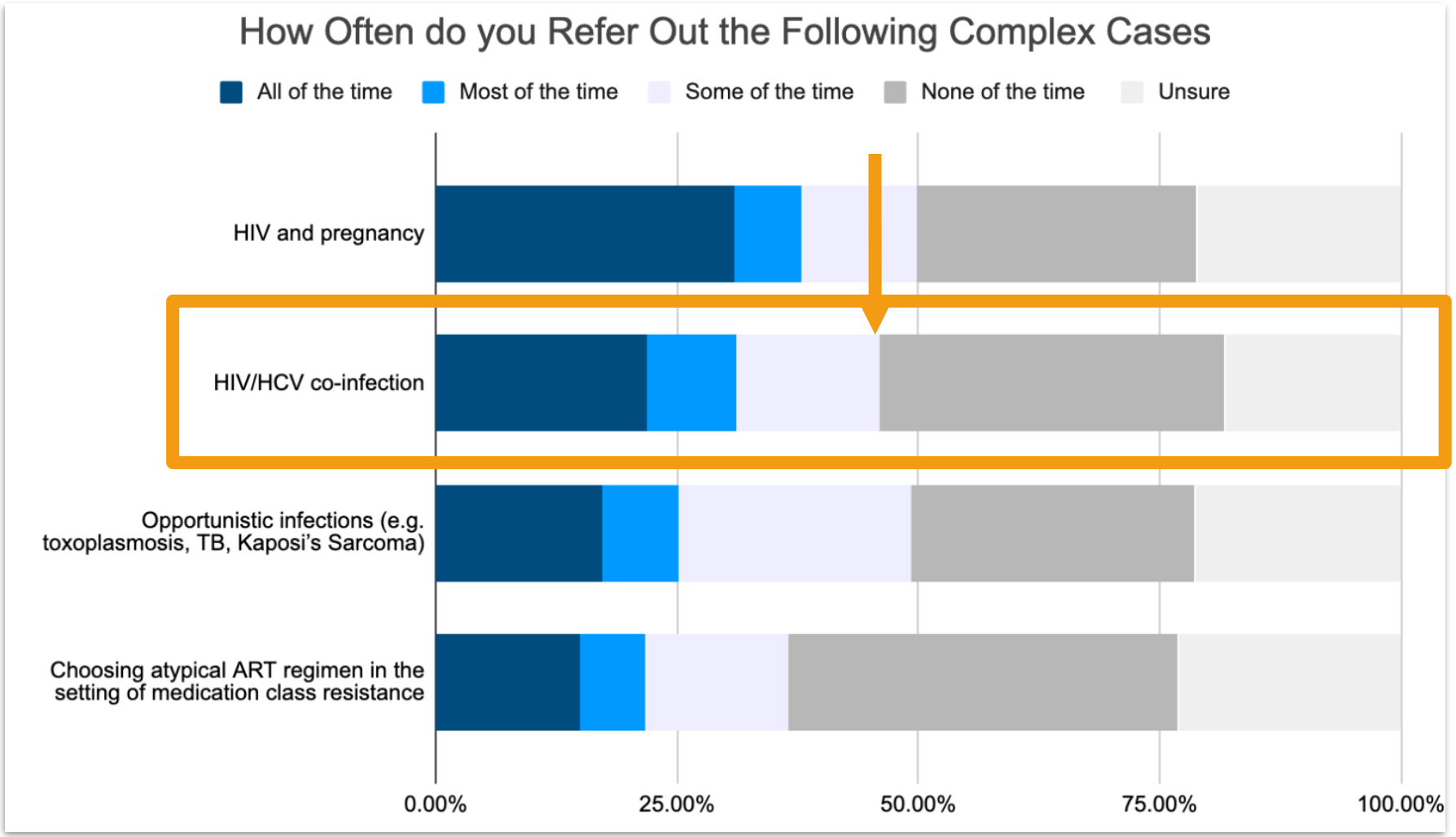
Providers Referring Patients with HIV/HCV Coinfection to Other Providers Almost Half of the Time

HealthHIV STATE OF HIV Care™ Fifth Annual National Survey



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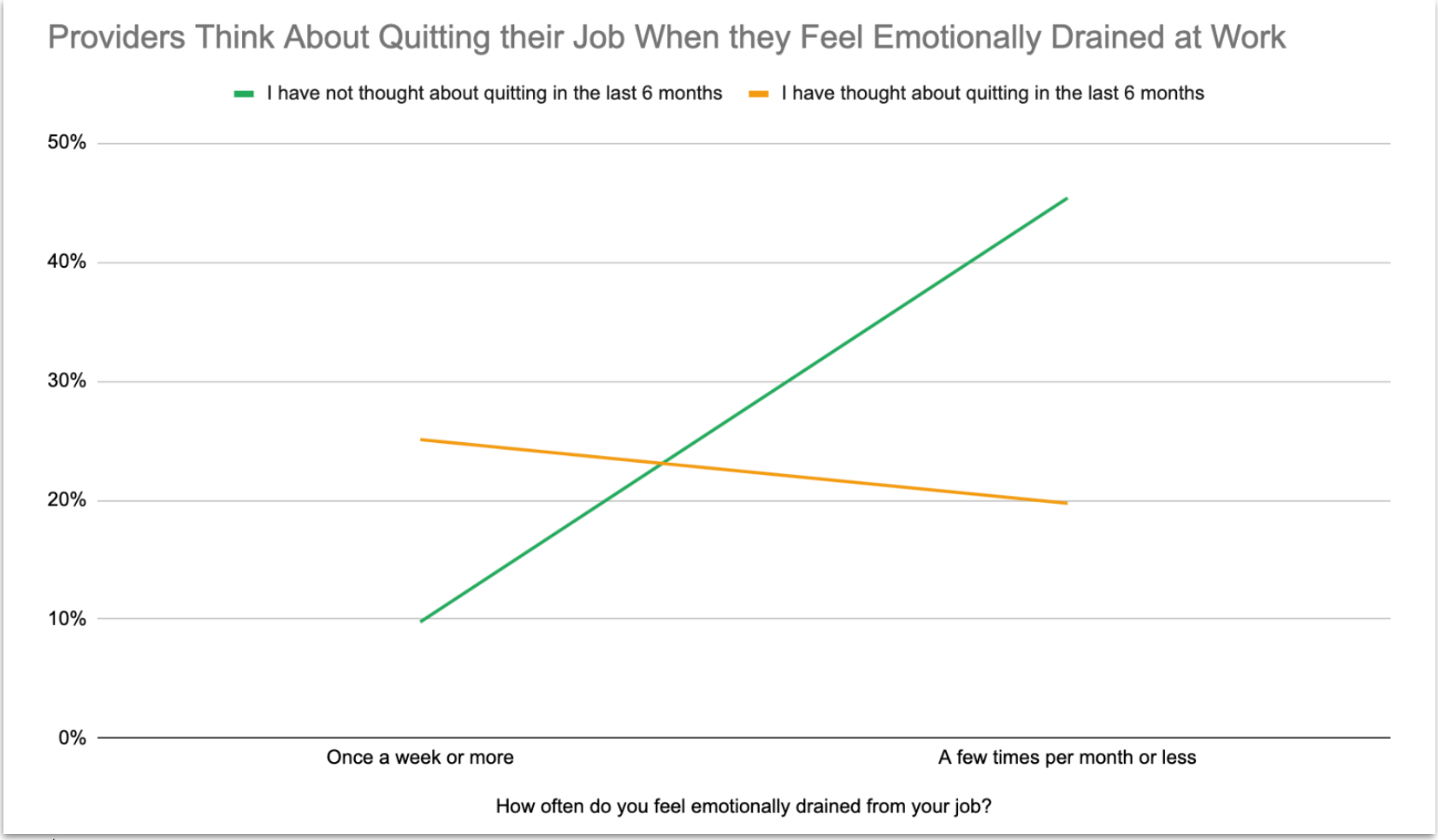
Provider Burnout from Increased Workload and Workforce Shortages

HealthHIV STATE OF HIV Care™ Fifth Annual National Survey



Nearly half of total participants considered quitting job in last 6 months and expressed the following challenges:

1. Workforce shortage (53%)
2. Burnout (52%)
3. Increased workload (51.1%)

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Stigma is Biggest Patient Barrier to Harm Reduction Services, and Funding is the Biggest Provider Barrier

HealthHIV STATE OF Harm Reduction™ Inaugural Annual National Survey

- Stigma/shame surrounding substance use poses the greatest barriers to accessing drug user services *(from provider perspective)*
- Nearly all (89%) of providers off harm reduction services free of charge
- 63% of unsatisfied with the amount of funding their organization receives to provide services
- 53% receive federal funding from CDC, SAMHSA, and HRSA
- 68% receive state or local health department funding
- The rest is private funding from foundation grants, funding campaigns and other private sources

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Barriers to Funding for Harm Reduction Services

HealthHIV STATE OF Harm Reduction™ Inaugural Annual National Survey

- Program monitoring requirements 19.1%
- Inability to demonstrate need or impact of harm reduction services 10.4%
- Inadequate organizational capacity to find/apply for grants 27.5%
- Limited availability of funding specifically dedicated to harm reduction initiatives 43.4%
- Limited availability of funding for the services your organization wants to offer (e.g. sterile syringes) 39.2%
- Lack of alignment between organizations mission and priorities of potential funders 22.3%
- Local/regional laws of restrictions (e.g. drug possession laws) 36.2%
- Stigma associated with harm reduction approaches 55.7%
- Other 8.7%

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On-the-Ground Example

HIV | HCV Health and Housing Collaborative

CBA cohort of 8 sites

Goal to optimize HIV and HCV treatment and prevention for people who are experiencing homelessness (PEH) or housing instability

CBA objectives:

1. Support sites to overcome barriers to delivering HIV and HCV services to PEH
2. Identify model practices or services that can be implemented to enhance patient health outcomes

<u>Organization Type/Background</u>

- 36% CBOs
- HIV/STD clinics
- Health centers
- 1 Syringe exchange/harm reduction center
- Vast majority have been providing services for more than 2 years
- Majority of funding is from private sources

<u>Services Offered</u>

- 100% provide HIV prevention services
- 68% offer PrEP
- 75% provide HCV prevention services
- 38% provide HIV and HCV treatment services

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Patients Lost at Different Points on the HIV and HCV Care Continuums

HIV | HCV Health and Housing Collaborative

HIV

- 25% report losing patients from outreach to HIV screening/testing
- **75% report losing patients during retention in HIV care**

HCV

- **75% report losing patients during linkage to HCV care**
- 25% report losing patients during retention in HCV care

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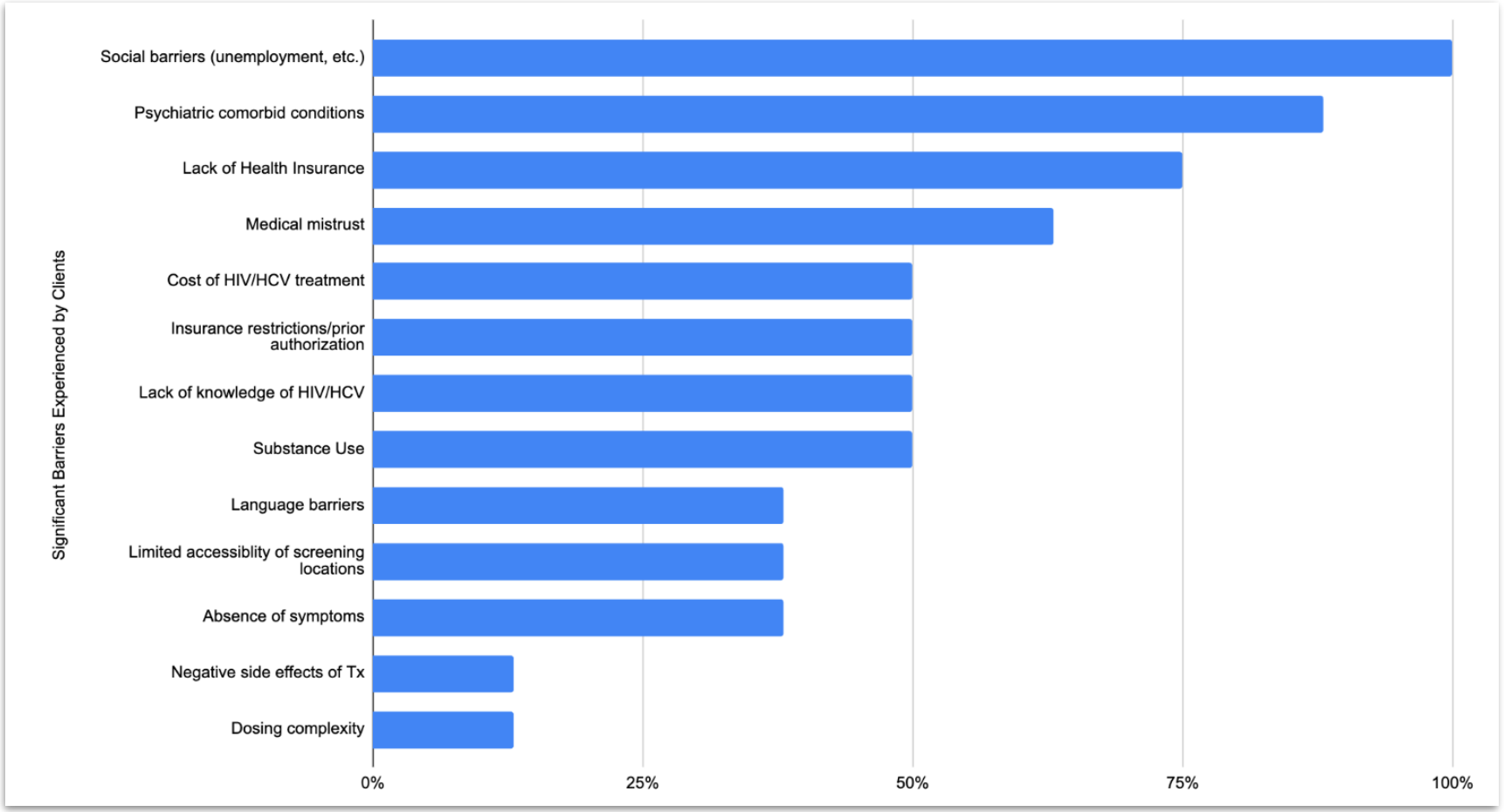
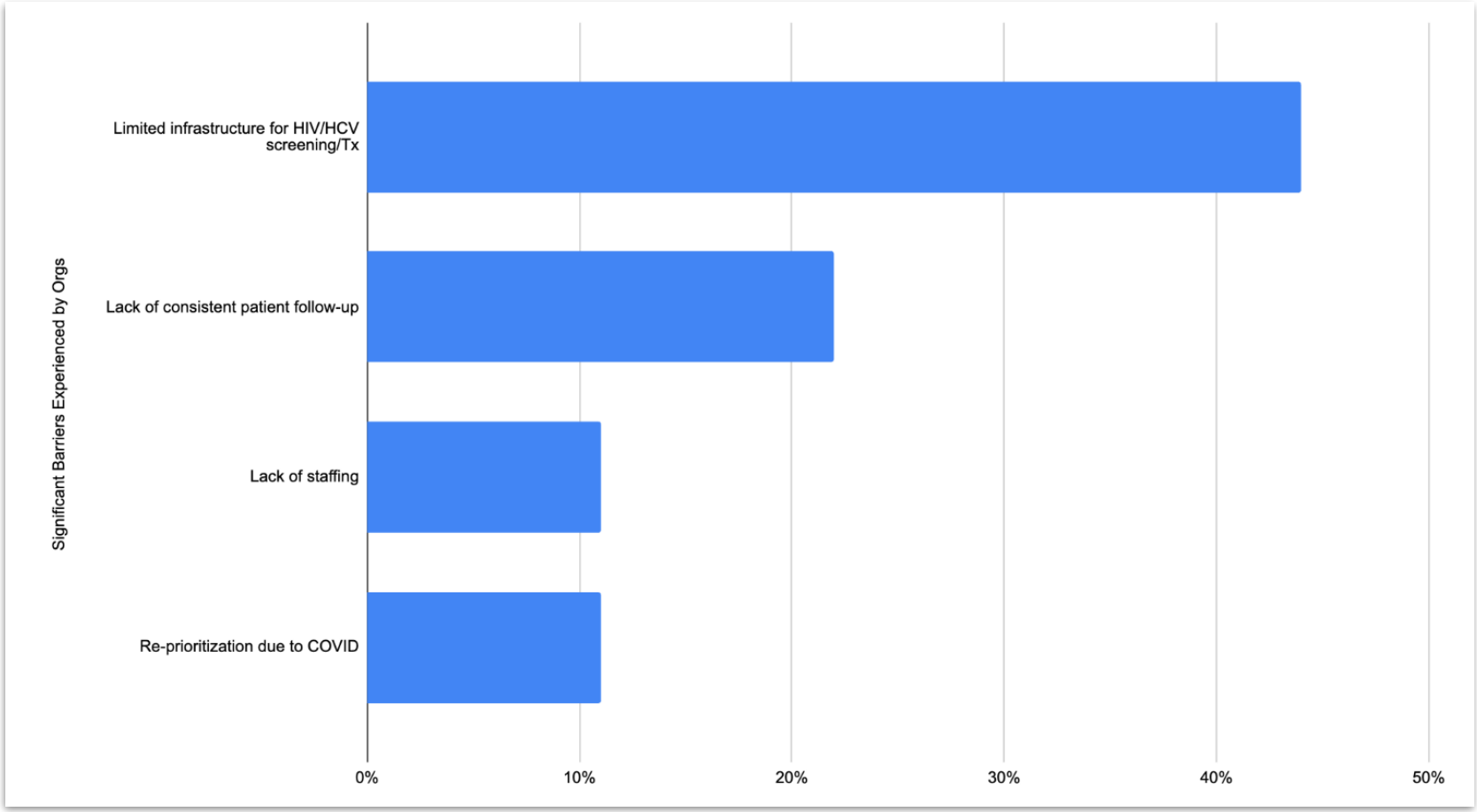
Most Significant Patient Barriers to HIV/HCV Care Reported Are Social Barriers, Mental Health and Insurance Access



Most Significant Organization Barriers to HCV Care Reported Are Social Barriers, Mental Health and Insurance Access



Impact of HealthHIV's HIV/HCV Health and Housing Collaborative

From March - August 2023 (program ends December 2023):

- 5 (of 8) sites have increased the total number of PEH they serve
- 2 sites started offering new HIV and HCV services
- **68% increase in HCV screening (aggregate) across sites**
- **49% increase in HIV linkage to care**
- 43% increased **in HCV linkage to care**

Practice change observed:

- Site hired a new RN to fill community outreach/mobile clinic and hospital based clinic needs.
- Site improved cultural competency among their providers by sharing educational offerings, which helped providers working with clients in rural populations.
- Site was able to apply for more funding/ differentiated funding sources to support their HCV testing program.
- Site used resources provided from the program to develop a mobile health program.

Insights on HCV Screening

- Rapid antibody testing still preferred due to patient and organizational barriers to blood draws
- May be testing in community or street settings – rapid is faster when there is a long line
- Antibody tests are easy to do for street outreach teams and non-clinical staff (less experience required)
- Preferred for PEH– often can be dehydrated making blood draws challenging
- HCV antibody positive usually does give patient motivation to follow-up

Insights on HCV LTC and Treatment

- Making sure to refer patients to care at a low-barrier setting (eg CHC, substance use tx center) or where they already are going
  - Clinic flexibility (hours of operation) is important
  - Funding needed to be able to offer financial and physical incentives
- Providing transportation, or cover transportation fees, to get to appointments for PEH is essential: limited reliable transportation
- Educating patients on available PAPs, if they are uninsured, and assisting with paperwork/ navigation
- Patients concerned about medication storage

Contact Information

References available upon request

HealthHIV

www.healthhiv.org
www.healthhcv.org

Marissa Tonelli, Director, HealthHCV
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Q & A

Thank you for joining this session!

Please submit your questions via the chat function.

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