Hepatitis C Treatment in Low Health Care Access Areas

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Hepatitis C (HCV)

- Estimated 3.5 million infected in United States [1]
- Up to 75% are not aware they are infected
- Left untreated, can cause liver failure and cancer[2]
- Treatment is available [2]
  - 8-12 weeks of once daily pill(s)
  - Little to no side effects
  - >95% cure rate

Problem

- HCV continues to spread across Virginia and is amplified by the opioid crisis and injection drug use
- Hardest hit are geographically remote more likely to be uninsured or underinsured
- Obtaining care often requires patients to travel hundreds of miles for multiple visits
- Some are still denied care due to outdated sobriety restrictions and an unwillingness of practitioners to treat those still using drugs

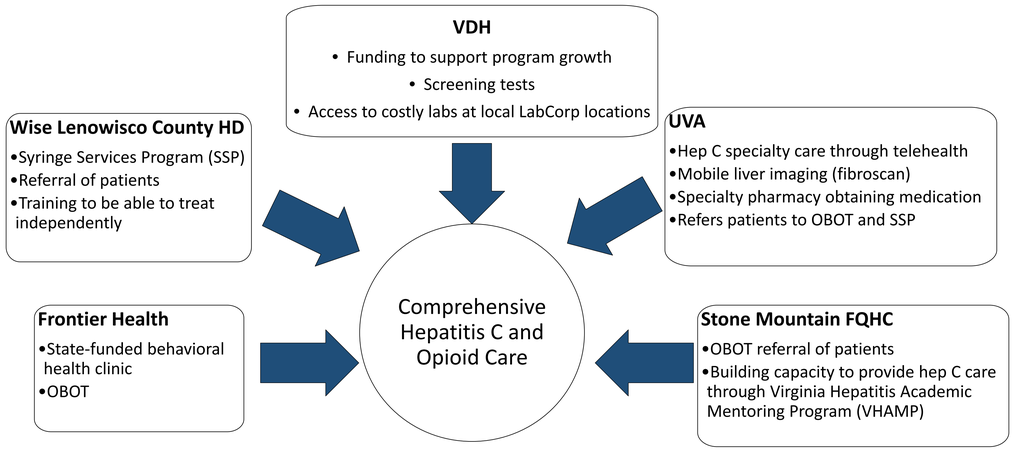
Goal

Provide patients geographically remote to UVA and those struggling with drug addiction local resources to cure their HCV

Our Model of Care -Partnerships to Extend Access

A hybrid, collaborative model in which UVA partners with multiple stakeholders to improve access to treatment. We give priority to patients in Office Based Opioid Treatment (OBOT) programs to motivate and provide value to this patient population as they struggle to overcome their addictions.

Health Wagon and Bland County Medical Clinics offer patient HCV treatment through telemedicine



Challenges Faced

- Scheduling issues delayed plan to mentor local providers during appointments
- 69% show rate: higher rates among clinics with more staff support of program
- Lack of resources: difficult to achieve Medicaid requirement for viral load within 4 weeks of submitting prior authorization
- Labs: Ensuring all labs were resulted prior to initial appointment

Addressing Barriers to Care

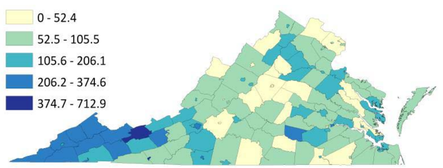
Lack of provider knowledge on process for treating hepatitis C or linking to care
Practitioners that do treat often refuse treatment to those currently using drugs
Telemedicine appointments with Infectious Disease Specialist

Lack of clinical staff knowledge on how to obtain medications and monitor treatment
UVA Nurse Coordinator working with Specialty Pharmacy to obtain, deliver and monitor treatment

Costly diagnostic labs that patients or free clinics cannot afford
VDH covering cost of labs drawn in remote areas by Lab Corp

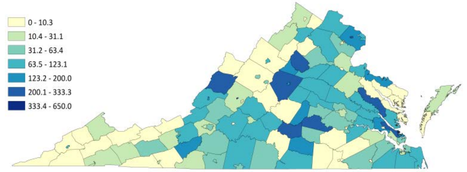
Lack of imaging required for assessment of liver disease progression
Liver imaging performed without cost at remote clinics using mobile fibroscan unit, advanced liver disease referrals given

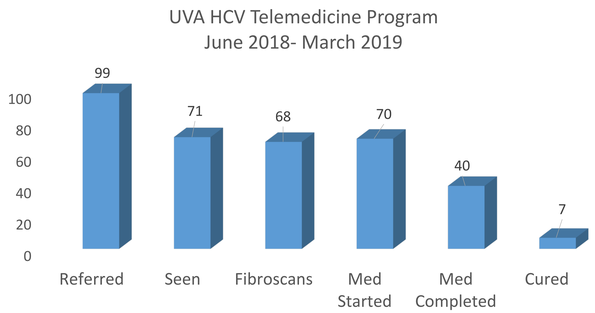
Figure 1. Reported hepatitis C per 100,000*



**This map excludes results from hepatitis C testing performed at correctional facilities to prevent false clustering of cases.*

Figure 2 Hepatitis C treatment prescriptions per 100 new diagnoses





No Shows-20 Referred from OBOT- 45 Liver Disease (F4 Fibrosis)- 9

Next Steps

Increase awareness of HCV, availability of cure, and need for screening/treatment through participation in statewide community events

Conduct training conferences for providers in areas with decreased access to create a sustainable treatment option

Work with staff of providers-in-training to ensure successful implementation of HCV programs with ability to obtain medications

Expand number of clinics and zip codes where telemedicine options are available for HCV treatment

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Acknowledgements

Many thanks to **Virginia Department of Health-** Nicole Barron MS, Rachel Stallings MPH, **Lenowisco and Norton Health Department**-, Joie Cantrell RN, **Stone Mtn. Clinic-** Art VanZee MD, Melissa Keene MD, Jessica Clark,RN

References

1. CDC Disease Burden from Viral Hepatitis A, B, and C in the United States https://www.cdc.gov/hepatitis/statistics/DiseaseBurden.htm
2. American Association for the study of liver diseases (AASLD) HCV guidance: recommendations for testing, managing and treating hepatitis C. Last updated September12, 2017. https://www.hcvguidelines.org