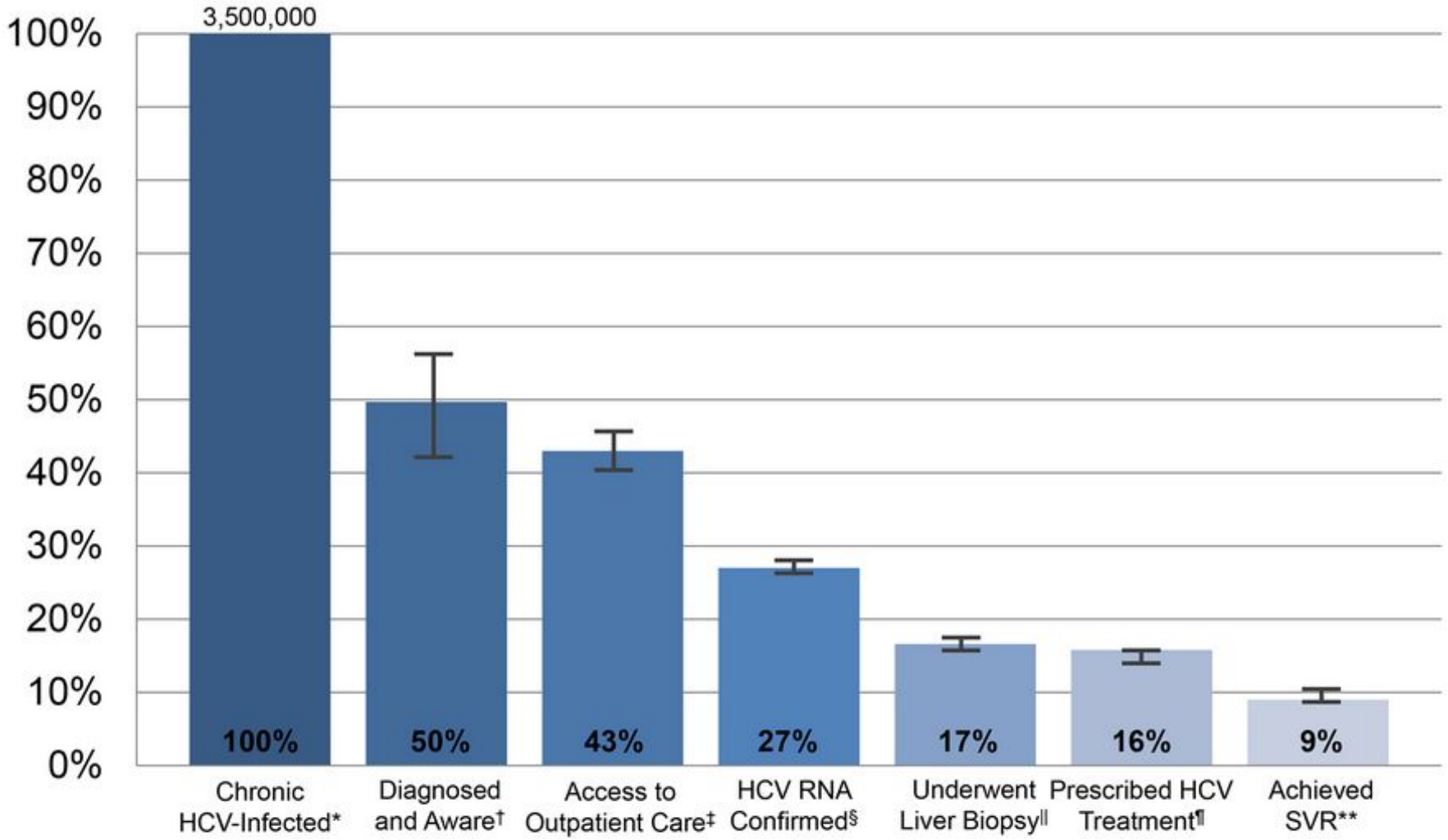
HCV Treatment Initiation During Inpatient Substance Abuse Care

Presenter: Katie Huynh, PA-C, MS, AAHIVM-S

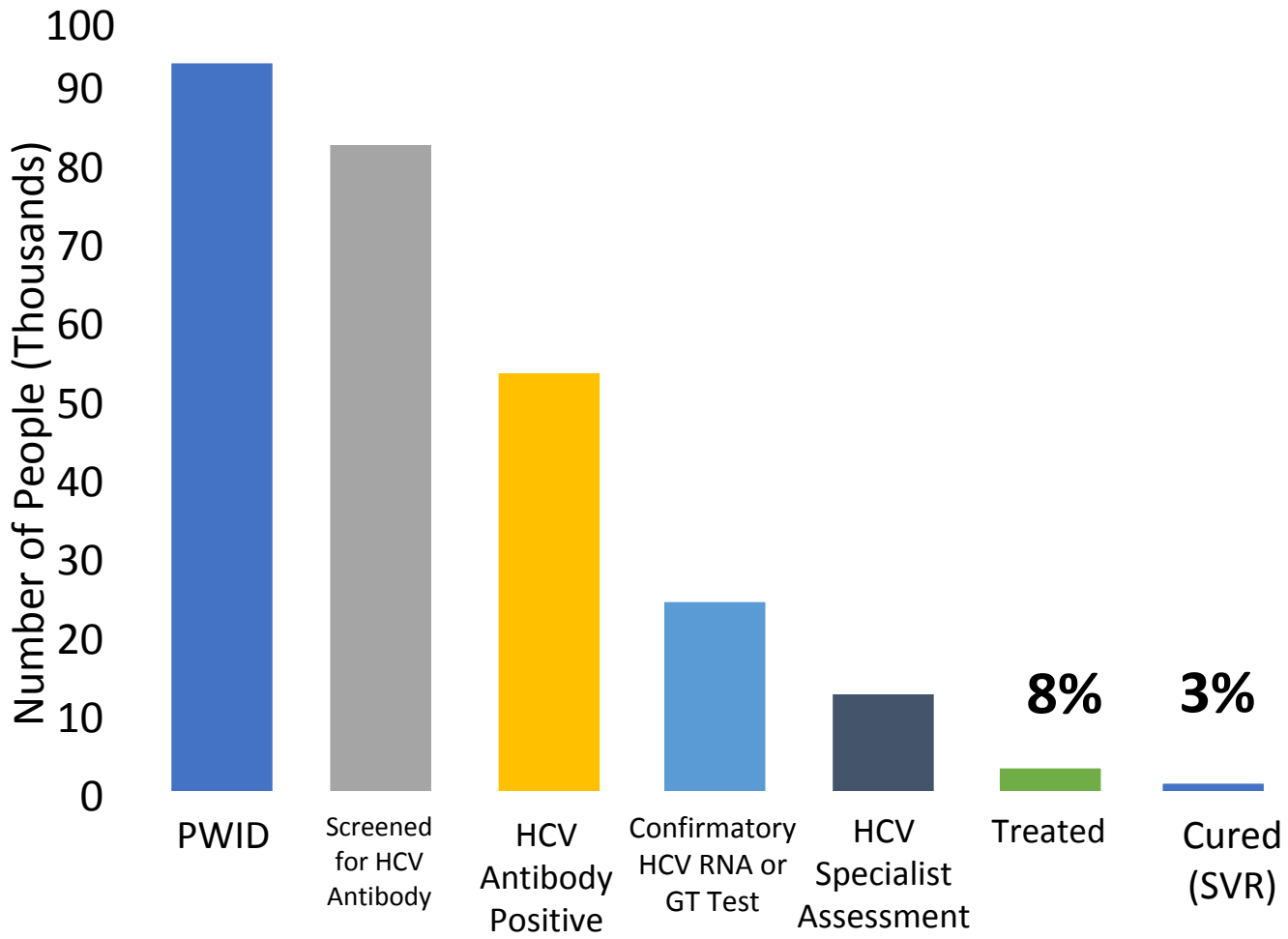
Isabella Kent, HCV Care Coordinator

Treatment Cascade for Chronic HCV



Yehia, et al. Plos ONE. 2014

The Challenge: HCV Care Cascade Among PWID



Slide credit: clinicaloptions.com

Grebely. Nat Rev Gastroenterol Hepatol. 2017;14:641. Iversen. Int J Drug Policy. 2017;47:77.

Identifying Patients with Hepatitis C

- 4-5 million people in the US have hepatitis C virus (HCV) infection
- Most common blood borne pathogen in the US
- Up to 75% of people have not been diagnosed
- Risk-based screening misses many people
  - Stigma associated with IDU, even if use was decades ago
- CDC Recommendations for Hepatitis C Screening Among Adults in the United States
  Universal hepatitis C screening:
  - Hepatitis C screening at least once in a lifetime for **all adults** aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%*

Smith BD et al. MMWR. August 17, 2012/61(RR04);1-18. Armstrong GL et al. Ann Intern Med. 2006 May 16;144(10):705-14.
http://www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C.aspx

HCV Testing in PWID

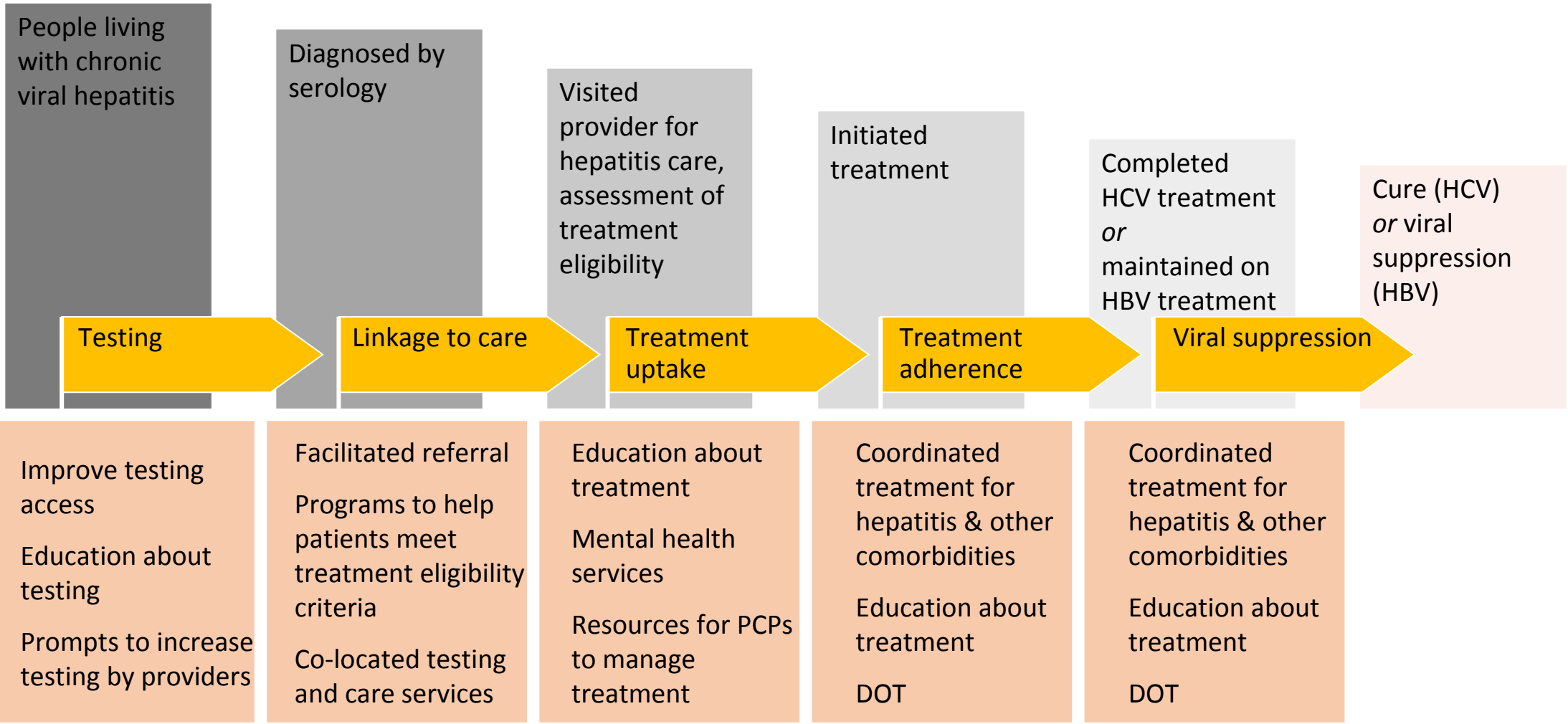
- Getting tested for HCV, reduces drug use in PWID
- One OST program showed reduced injection opioid use
  - 8.1% reduction in PWID if test positive
  - 6.7% reduction in PWID if test negative
- Benzo, cocaine and other non Rx drug use also reduced

H Farhang Zangneh, J Eibl, G Gauthier et al. The impact of hepatitis C diagnosis on substance-use behaviors in patients engaged in opioid substitution therapy. AASLD: The Liver Meeting. Washington, DC, October 20-24, 2017. Abstract 125.

Treatment in PWID population

- Can treat patients who are actively using
- AASLD Guidelines
  - “Recent or active IDU should not be seen as an absolute contraindication to HCV therapy.”
  - “Scaling up HCV treatment in persons who inject drugs is necessary to positively impact the HCV epidemic in the US and globally.”
- Treatment improves patient’s health as well as reduces risk of transmission
- Need to establish alternative communication
  - Multiple addresses/phone numbers
- HCV elimination only possible with engagement, linkage, and treatment of more challenging populations with addition of harm reduction and OST services.

Operational Interventions to Reduce Gaps/Barriers Along the HCV and HBV Care Continuum



Zhou. Lancet Infect Dis. 2016;16:1409.

Slide credit: clinicaloptions.com

The Barriers

Patient

- Comorbidities
- Competing priorities
- Unstable housing
- Lack of transportation
- Limited knowledge of HCV
- Stigma around HCV
- Prior negative experiences in healthcare settings

Provider

- Perceived lack of value in treating some patients
- Concerns about adherence
- Medical contraindications
- Competing priorities
- Limited time

System

- Insurance access
- Availability of HCV providers
- Payer restrictions for DAA approval
- Payer requirements prior to DAA approval

Adapted from Jennifer Price, May 2019 AASLD Hepatitis C Special Interest Group Webinar. HCV Treatment in Patients with IDU.

Slide credit: clinicaloptions.com

Does Everyone Need Treatment?

- Treating HCV improves both liver related and non-liver related morbidity and mortality
- Improves quality of life
- **Reduces further transmission of HCV**
- Engages patients in healthcare system
- Active Substance Abuse is not a contraindication
- Many state Medicaid plans are lifting restrictions
- *Yet, it is never an emergency*
- *Decision making is still a shared patient/provider process*

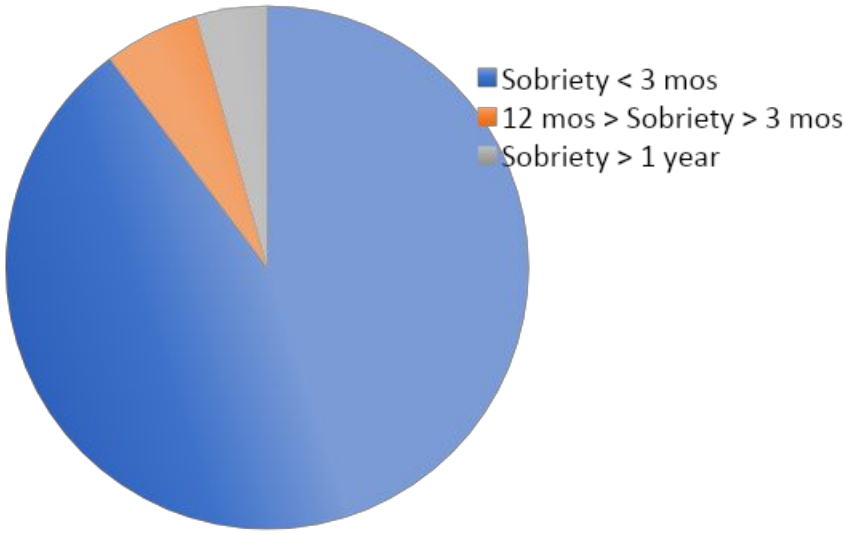
Co-located Model: Fairmount Primary Care (FPCC) at Girard Medical Center Philadelphia, PA

Delaware Valley Community Health, Inc.

- HCV Program started 9/2019
- PCP offering HCV and MAT in coordination with inpatient program
- Provide primary care and MAT as needed for short term (detox), long term rehab (1-6 mos) and residential housing (residential or bridge to permanent housing) floors
- Physically located in same building
- Provide continued PCP, MAT and HCV care after discharge

HCV Screening, Education and Harm Reduction

- Screened all patients for HCV with reflex to VL
- Started 71 persons on HCV treatment linked to MAT services and primary care
- Almost all actively using opioids
  - 64 patients had less than 3 mos of sobriety
  - 4 patients had between 3 mos and 1 year of sobriety
  - 3 patients had longer than 1 year of sobriety
- All but one had Medicaid insurance, other patient had Medicare



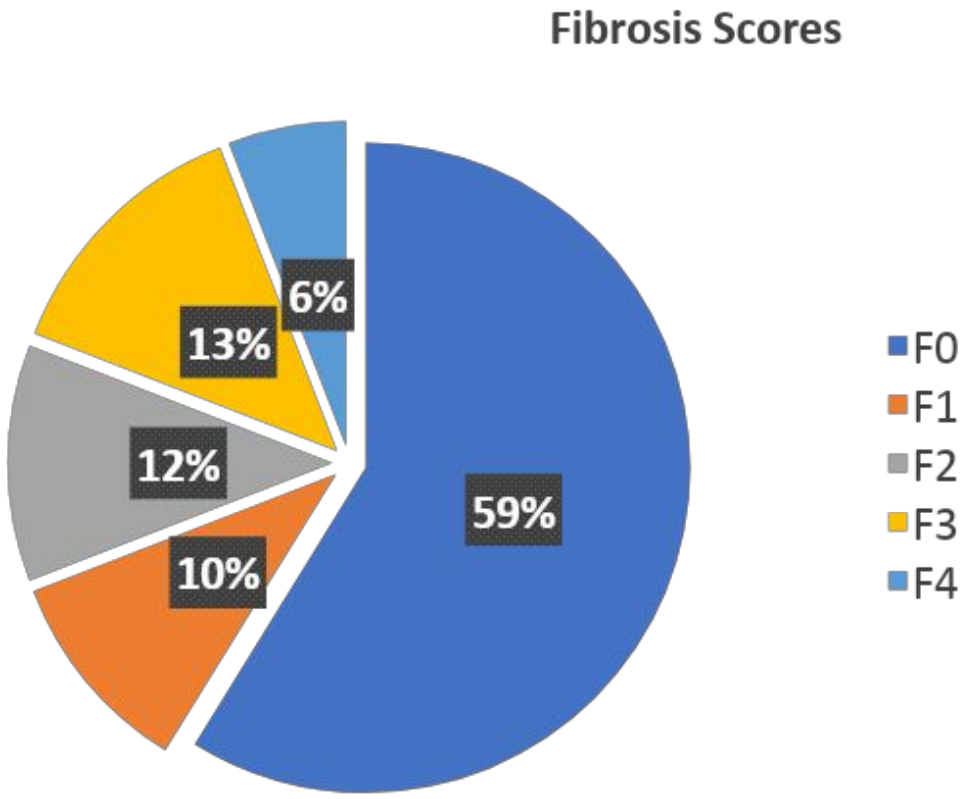
MAT link to HCV treatment

- Majority of patients were also initiated on MAT in form of buprenorphine (50) and was link to HCV treatment
- 14 patients were methadone patients at co-located MMT program
- 6 were without MAT
  - 2 of these patients had more than one year with no MAT and staying sober
  - Other 4 relapsed and hadn't started new MAT at time of treatment
- One patient was on naltrexone monthly

F Score

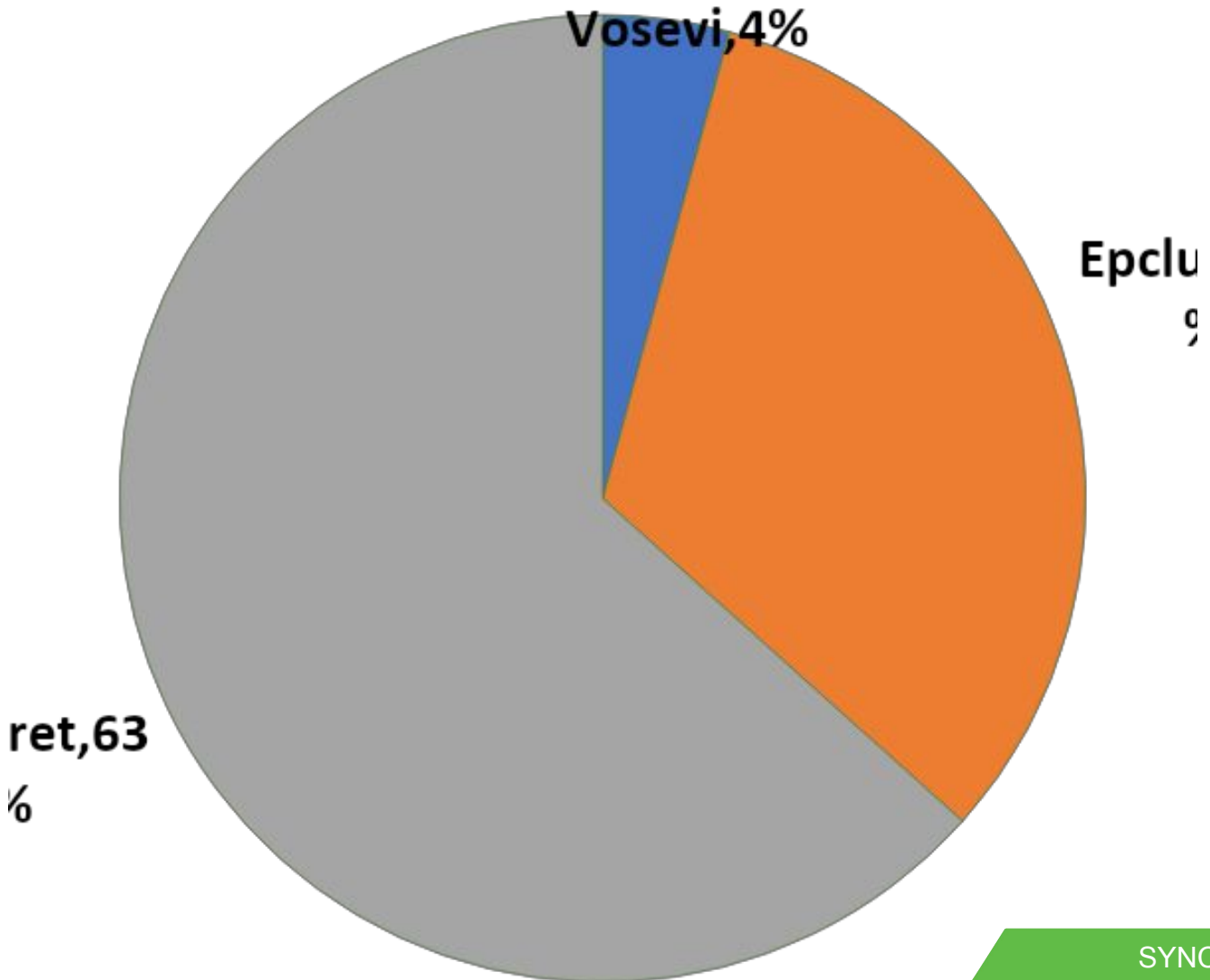
- F0 - 40
- F1 - 7
- F2 - 8
- F3 - 9
- F4 - 4

- 3 not recorded

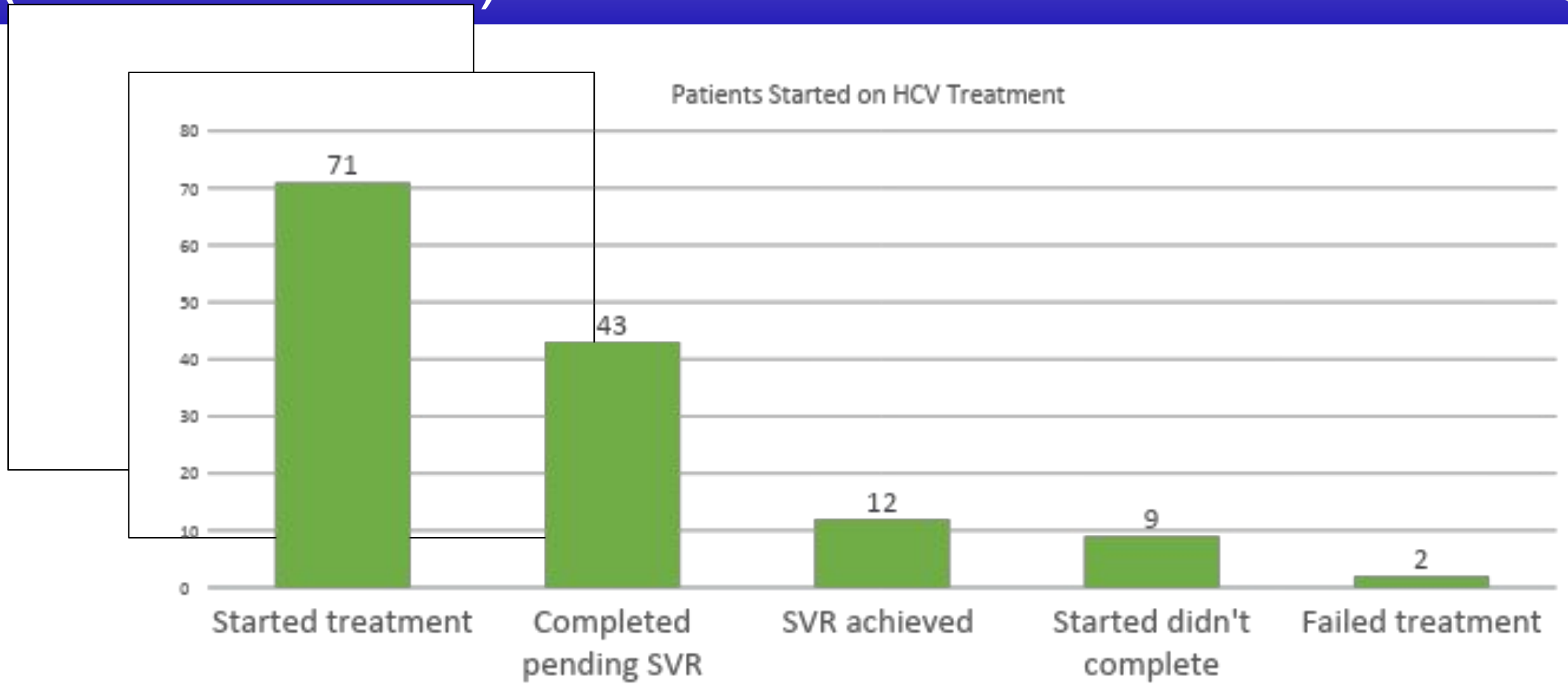


Fairmount Primary Care Clinic at GMC

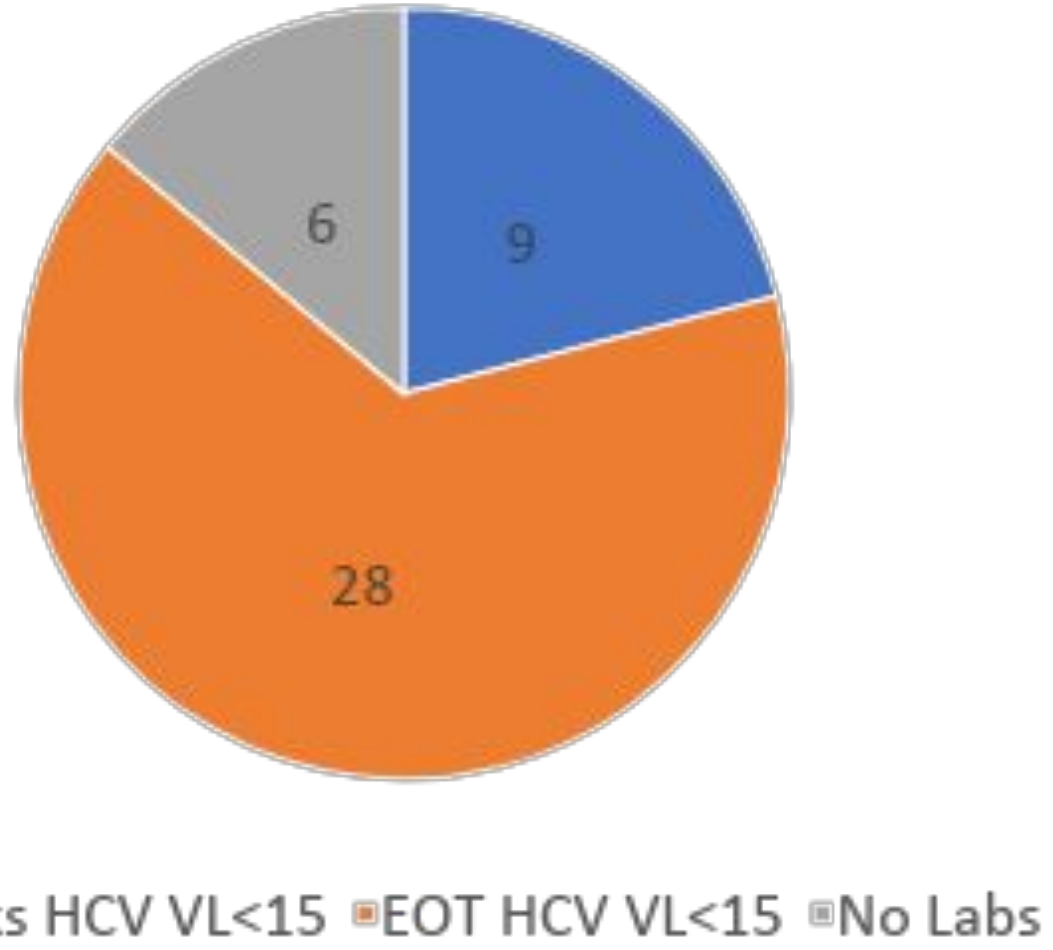
HCV Medication



FPCC HCV Care Continuum (9/2019-7/2020)

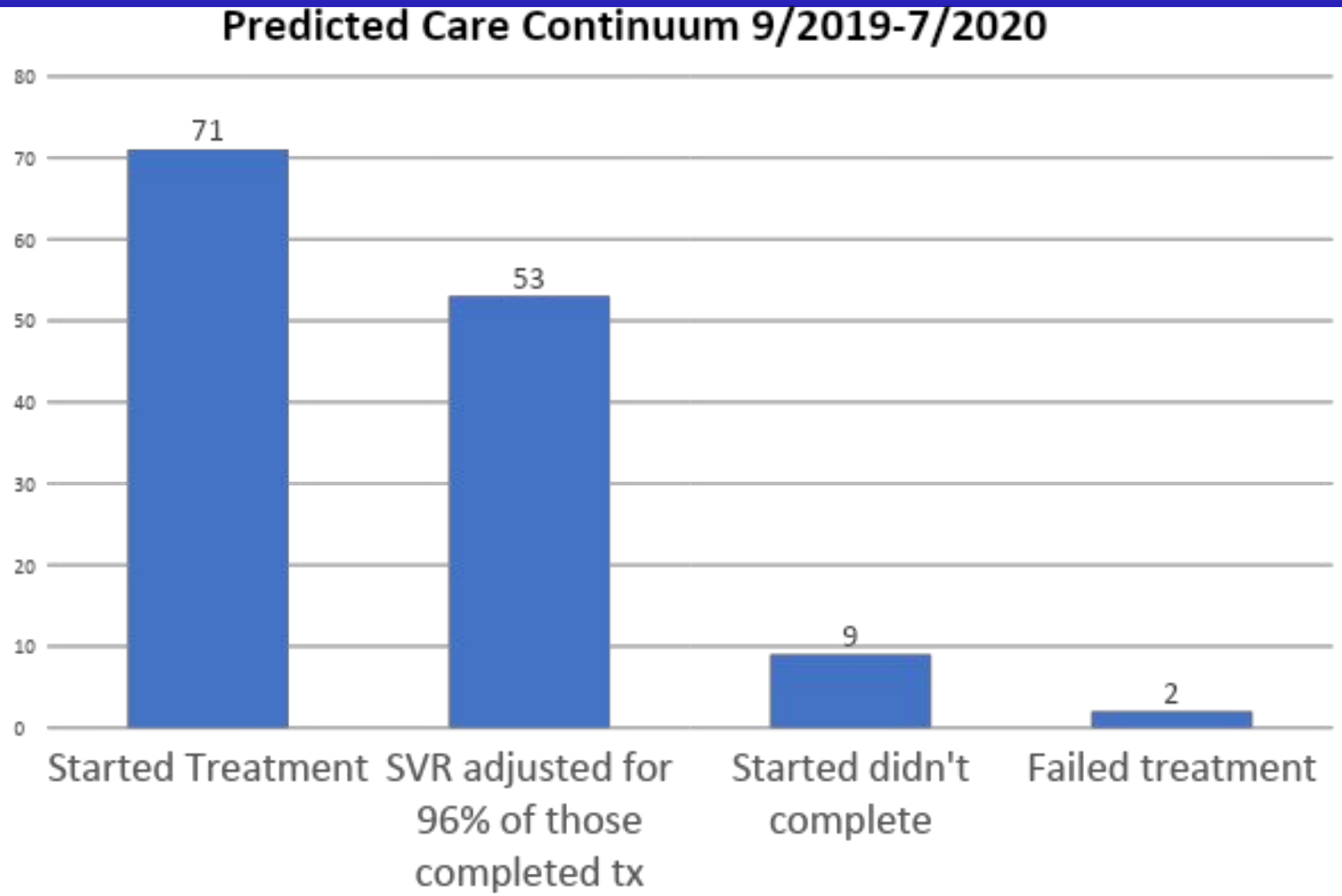


Completed Treatment, Pending SVR



Fairmount Primary Care Clinic at GMC

Adjusted SVR rate for those who report completing treatment



5 patients are still on treatment

Treating in the PWID community

- In studies of interferon-based treatments in persons who inject drugs, adherence and efficacy rates are comparable to those of patients who do not use injected drugs
- Stigma and bias among healthcare community to treat active PWID
- C-Edge COSTAR study showed
  - Those in MAT program had very low reinfection rate regardless of ongoing drug use

Dore G, Grebely J, Altice F, et al. Hepatitis C virus reinfection and injecting risk behavior following elbasvir/grazoprevir treatment in participants on opiate agonist therapy: C-EDGE Co-STAR Part B.Program and abstracts of the 2017 Annual Meeting of the American Association for the Study of Liver Diseases; October 20-24, 2017; Washington, DC. Abstract 195.

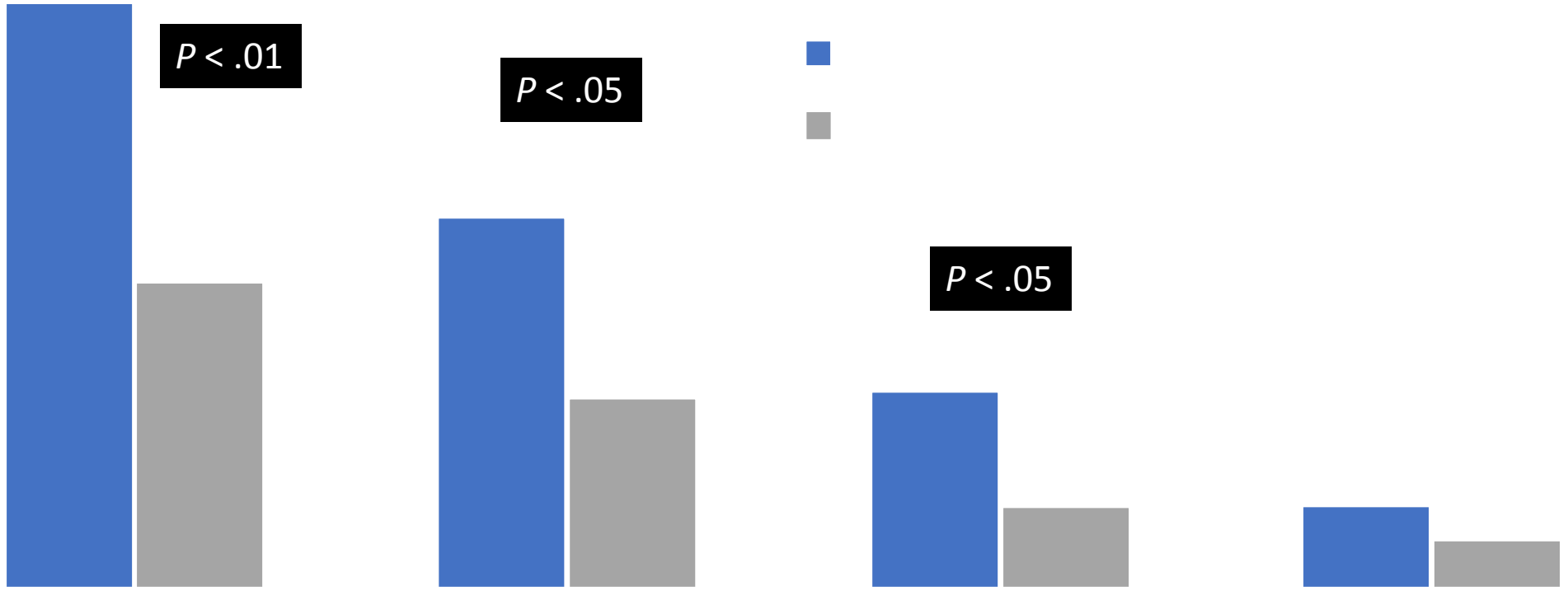
Keys to Success

- Universal HCV Screening of all Patients
- Continual risk assessment/ harm reduction
- HCV treatment on site
- *HCV Care Coordinator*
- PCP holding meds when possible
- BHC involvement
  - Substance Abuse support/MAT onsite

Use of HCV Care Coordinator

- Submits HCV treatment prior authorization and tracks medication adherence, ensuring patients receive meds
  - Flags patients who missed appointments/lapsed
  - Reminder Calls to patients
  - Reminds providers of patient visits, needed labs, etc.
- Manages communication between pharmacy, provider and insurance company.
- All-inclusive spreadsheet that tracks HCV patients through each step of the process (PA approval, start dates, medication pickup, and SVR achieved).
- Helps complete Patient Locator form

Colocalized Drug and HCV Treatment: Buprenorphine Treatment Retention May Improve Cascade of HCV Care



Norton. J Subst Abuse Treat. 2017;75:38.

Slide credit: clinicaloptions.com

Historical Exclusions for HCV Therapy

- Active PWID
- Homelessness
- EtOH use
- Adherence concerns
- Mild liver disease
- Lack Of Specialist Prescribing
- Advanced liver disease
- Mental health diagnoses (IFN)
- Autoimmune disease (IFN)
- Complex cardiopulmonary disease (RBV)

Slide credit: clinicaloptions.com

Are There Issues in Treating All With HCV?

- Prescriber concerns
  - Perceived lack of value in treating certain pts
  - Maladherence
  - Medical contraindications
- Payer restrictions
- Patient factors
  - Competing priorities
  - Challenge of screening asymptomatic pts

Slide credit: clinicaloptions.com

Challenges @FPCC

- Biggest challenge to treating is loss of patient contact
  - Change phone numbers
  - Unstable housing
  - Leaving inpt program AMA
- Myths around treatment
  - Patient concern re side effects, rumors of IFN/Riba
  - Misunderstanding pt has to be sober of etoh and or opioids
- Lack of motivation to treat by both provider/patient
- Lack of time of provider/staff

Summary

- Test EVERYONE!
- Guidelines recommend **treatment for all,** notwithstanding potential barriers
- Challenging (PWID) populations can achieve comparable SVR12 rates to other populations
- Co-located services hold potential for success MAT, PCP, MMT, SSP
- HCV treaters should offer referrals and be familiar with harm reduction strategies
- HCV TasP (Treatment as Prevention) has potential to decrease ongoing transmission amidst opioid epidemic
- Improving Care Continuums of PWID is essential for elimination of HCV