Innovative Approaches to Treating Hepatitis C for Individuals Enrolled in HIV and MAT clinics

Aeryca Steinbauer, BSN, RN, CARN, ACRN; Tammi Kozuch, BS, RN, ACRN; Adrianne Jiles, BS, MPH;
Laurie Wojtusik, MSN, RN; Ashley Ginda, PharmD, RPh
Holyoke Health Center, Holyoke, Massachusetts

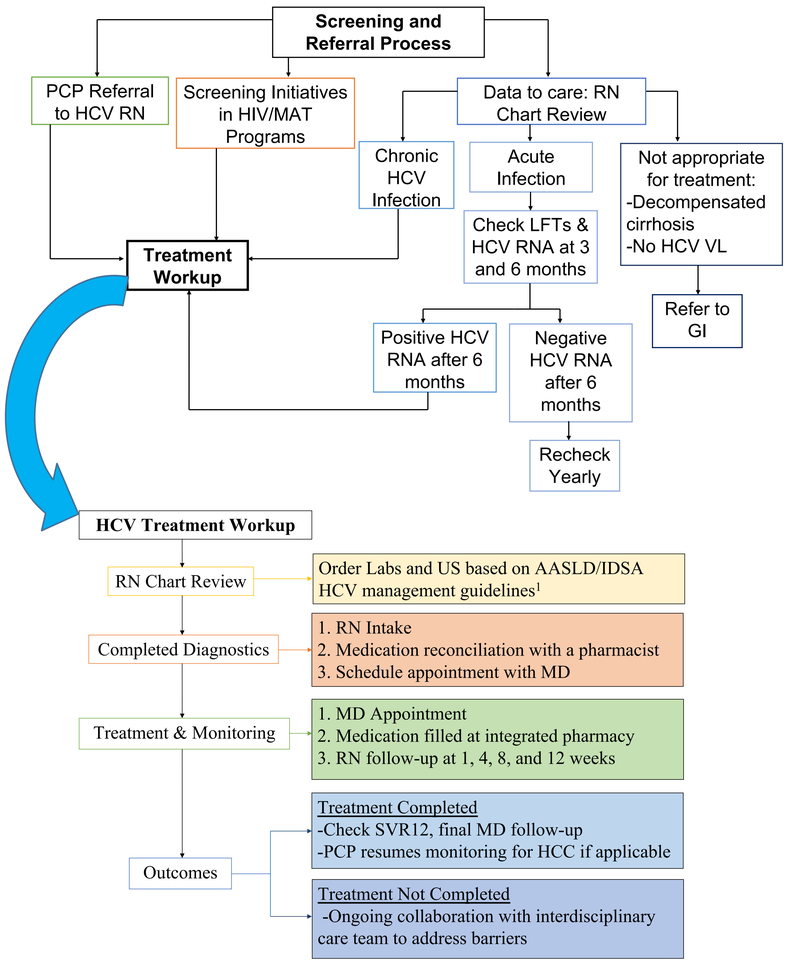
Background

Holyoke Health Center (HHC) began treating patients with Hepatitis C (HCV) in 2015, around the same time that the single tablet direct acting antivirals were approved for treatment. The patient population primarily consists of low-income, Puerto Rican, Spanish speaking patients. Our patients have reported linguistic, cultural, and transportation barriers when they were referred to offsite specialists for HCV treatment. Patients preferred to receive treatment at their patient-centered medical home. As a result, HHC began a pilot project treating a small group of patients living with HIV that were engaged in our Ryan White program. The care team consisted of physicians, nurses, medical assistants, case managers, and a pharmacist who worked closely with all patients to ensure adherence to HIV regimens as well as to provide support for other health related services such as housing, transportation, and financial assistance for medications.

This pilot project then expanded into the primary care setting, where patients infected with HCV could be treated utilizing the same model. This included patients also enrolled in a medication assisted treated clinic (MAT).

Methods

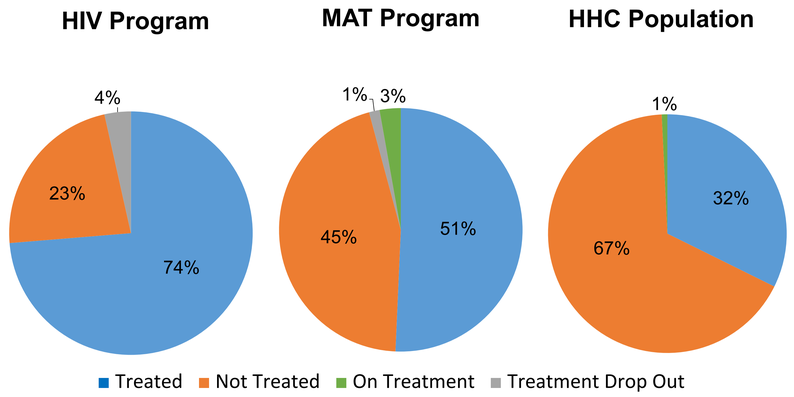
Our team used a data-to-care approach, and ran lab reports to identify patients that needed treatment in order to engage them in care. Nurses working on the HCV treatment team are also nurses in our MAT program, leading to enhanced coordination and engagement in care. The workflow is outlined below.



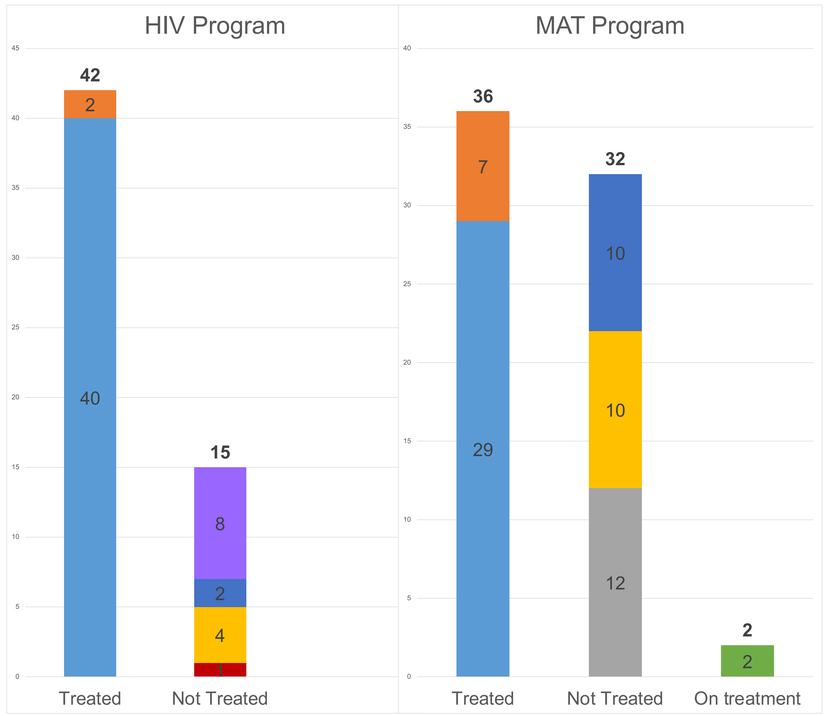
Results

391 patients in the cohort

- **57 patients** enrolled in the Ryan White **HIV clinic**, with **74% treated**
- **71 patients** enrolled in HHC's **MAT Program**, with **51% treated**
- **263 patients** cared for at **HHC** living with chronic HCV, with **32% treated**



Breakdown of the current treatment status of patients enrolled in either HIV or MAT care at HHC



Discussion & Conclusions

This review demonstrates that patients engaged in a preexisting nurse case management model have a higher level of engagement than other patients and thus are more likely to have completed treatment.

Patients were three times more likely to have completed treatment for hepatitis C if they were also enrolled in a HIV or MAT clinic (OR 3.37, 95% CI: 2.11-4.50).

Patients who have been diagnosed with Hepatitis C but are not as actively engaged in their care with their Primary Care Provider may not respond to a referral for treatment, whereas patients in the HIV and MAT programs have regular appointments with their care teams.

Implications/ Lessons Learned

- It takes a team to coordinate HCV treatment, especially in a patient population that faces unique barriers. We continue to work towards improving communication.

- Pharmacy integration is invaluable. We are able to rely on accurate and up to date medication reconciliations and pharmacy fill history, and provide an added layer of patient education and support.

- It is essential to have a provider champion who was comfortable treating patients in a primary care setting, rather than refer to specialists.

- Adopting a nurse care manager model was helpful for managing complex patients and ensuring patient follow up. Nurse care managers provided direct access to patients with a direct phone number, as well as pro-active outreach and follow up and coordination with primary care.

- Treatment within the patient centered medical home is also important to our success as we can address transportation, language and cultural barriers when accessing care.

Response to COVID-19

In the advent of COVID-19, the team has adapted the HCV treatment model in the following manner:

- For patients who are treatment-naïve, non-cirrhotic, HIV negative, HBSAG negative, and not in ESRD the team is utilizing the AASLD-IDSA "Simplified HCV Treatment" algorithm[2]. For these patients, week 4 on-treatment labs are eliminated.

- For patients who are treatment-experienced, cirrhotic, HIV positive, HBSAG positive, or ESRD, end-of-treatment labs are eliminated.

- For both groups:
  - -The post week 4 and end–of treatment visits are now conducted by team RNs via televisit
  - -LFTs are added to the SVR12 HCV quantitative RNA test
  - -The SVR12 visit is now conducted by the MD via televisit.

Works Cited

[1] AASLD-IDSA. Recommendations for testing, managing, and treating hepatitis C. http://www.hcvguidelines.org. Accessed August 3, 2020.
[2] AASLD-IDSA. Simplified HCV treatment* for treatment-naïve patients without cirrhosis. Recommendations for testing, managing, and treating hepatitis C. https://www.hcvguidelines.org/treatment-naive/simplified-treatment.Accessed August 3, 2020.

Contact

For more information, contact: Tammi Kozuch BS, RN, ACRN
Director of the Center for Recovery and Support Services at Holyoke Health Center at the following email: tammi.kozuch@hhcinc.org