

Strategies to enhance HCV testing, linkage to care and treatment

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Disclosures

Grant Support from Gilead Sciences, FOCUS program

Philadelphia FIGHT



The Jonathan Lax Treatment Center
The Youth Health Empowerment Project
The John Bell Health Center



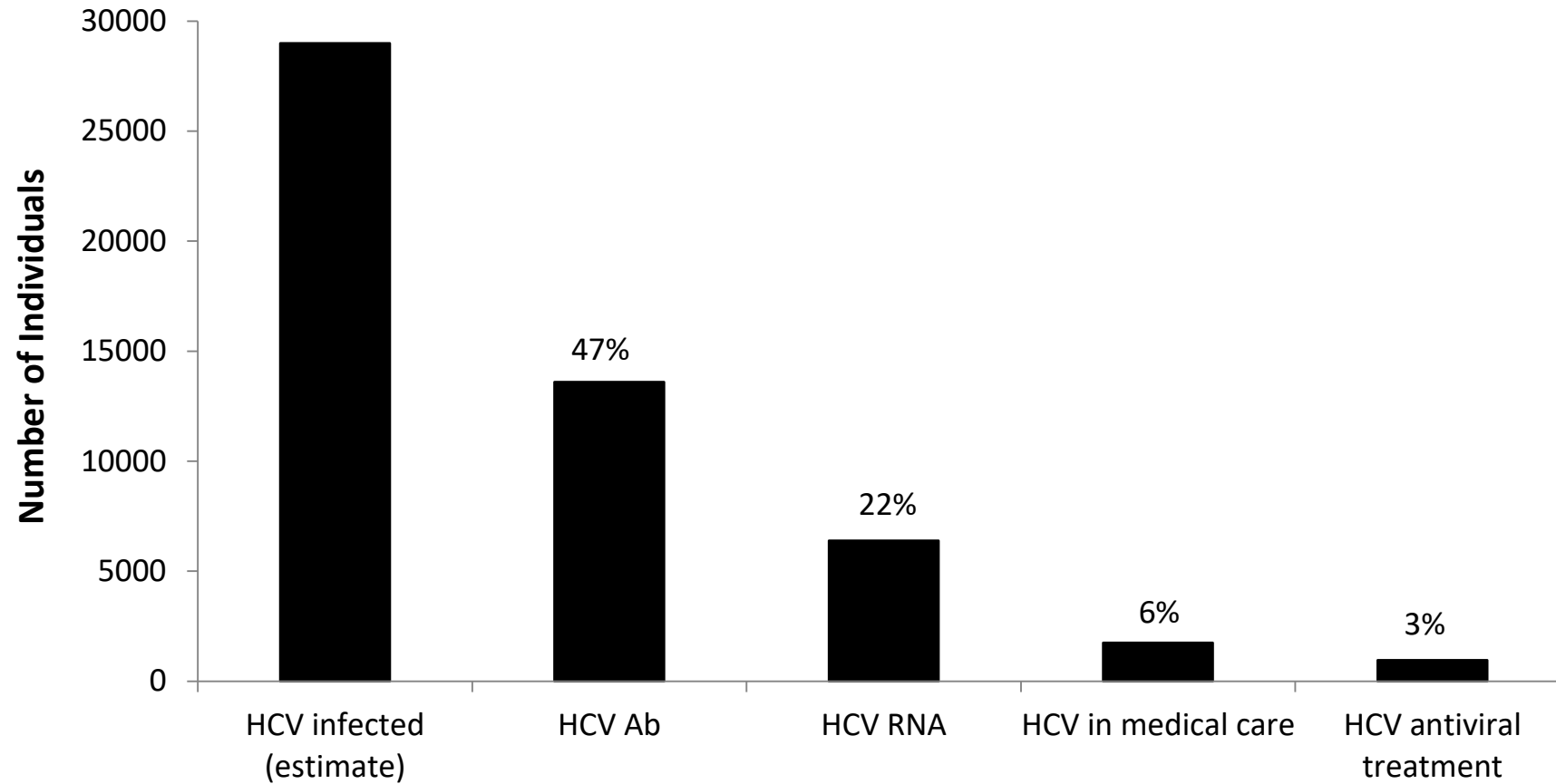
COMMUNITY BASED TESTING

Syringe Exchange Program
Drug Treatment Programs
Homeless shelters
Opioid substitution programs
Senior Centers

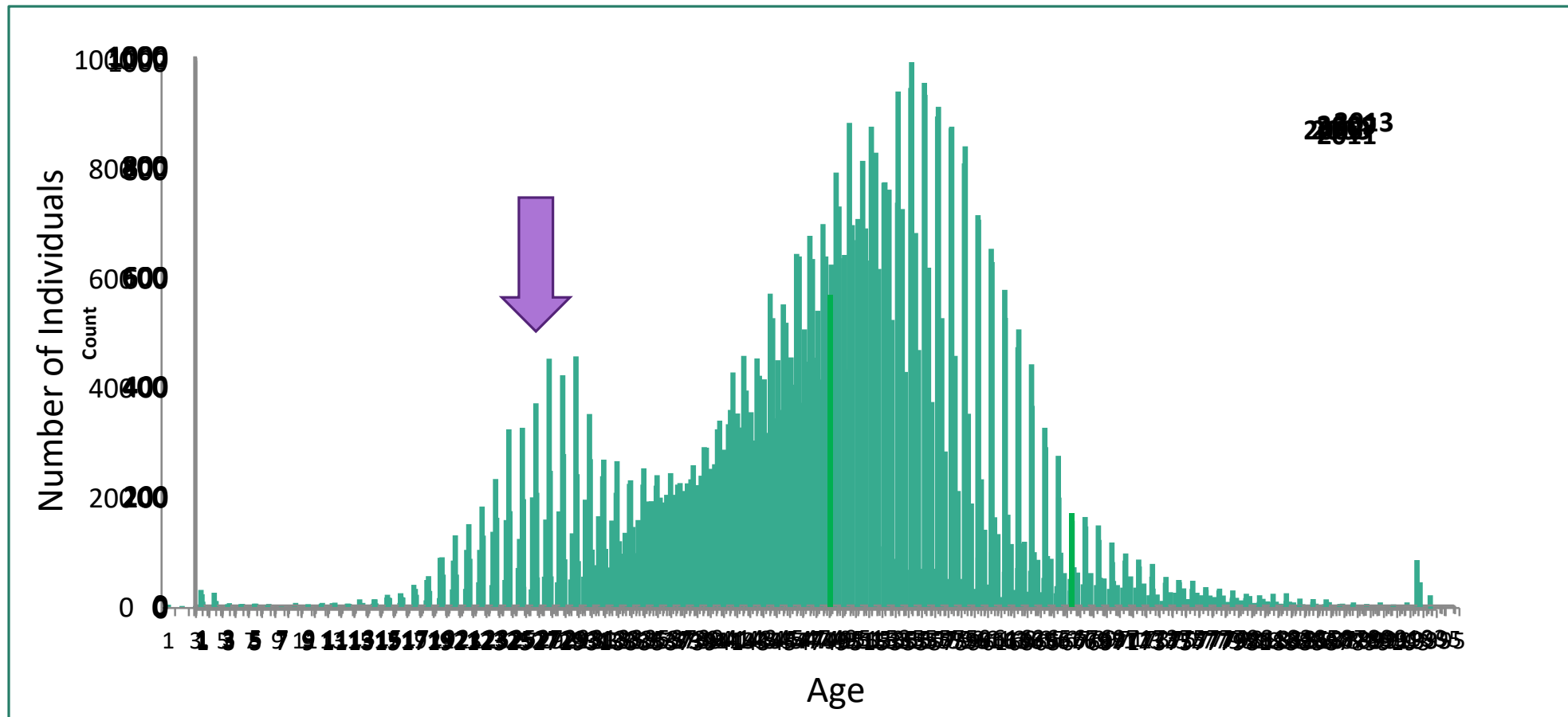


A Program of Philadelphia FIGHT

Philadelphia Cascade of Care 2010-2013



A new population of young HCV cases is emerging in Philadelphia 2007-2103



Syringe Exchange Program Partnership



Prevention Point Philadelphia

Harm reduction agency that seeks to serve individuals and communities affected by drug use

- Operates Philadelphia's only legal syringe exchange program (SEP)
- Offers HIV and HCV ab and confirmatory testing
- Case management services
- Free acute medical clinics
- Meal service twice a week
- Winter respite
- Referrals for ID, food, clothing, drug treatment

Syringe Exchange Program Survey (n=188, HCV+)

Education

- Desire to learn about HCV
- 1 on 1 from a health care provider (85%) vs group setting (70%) [p=.0005] vs peers (75%) [p=.015]

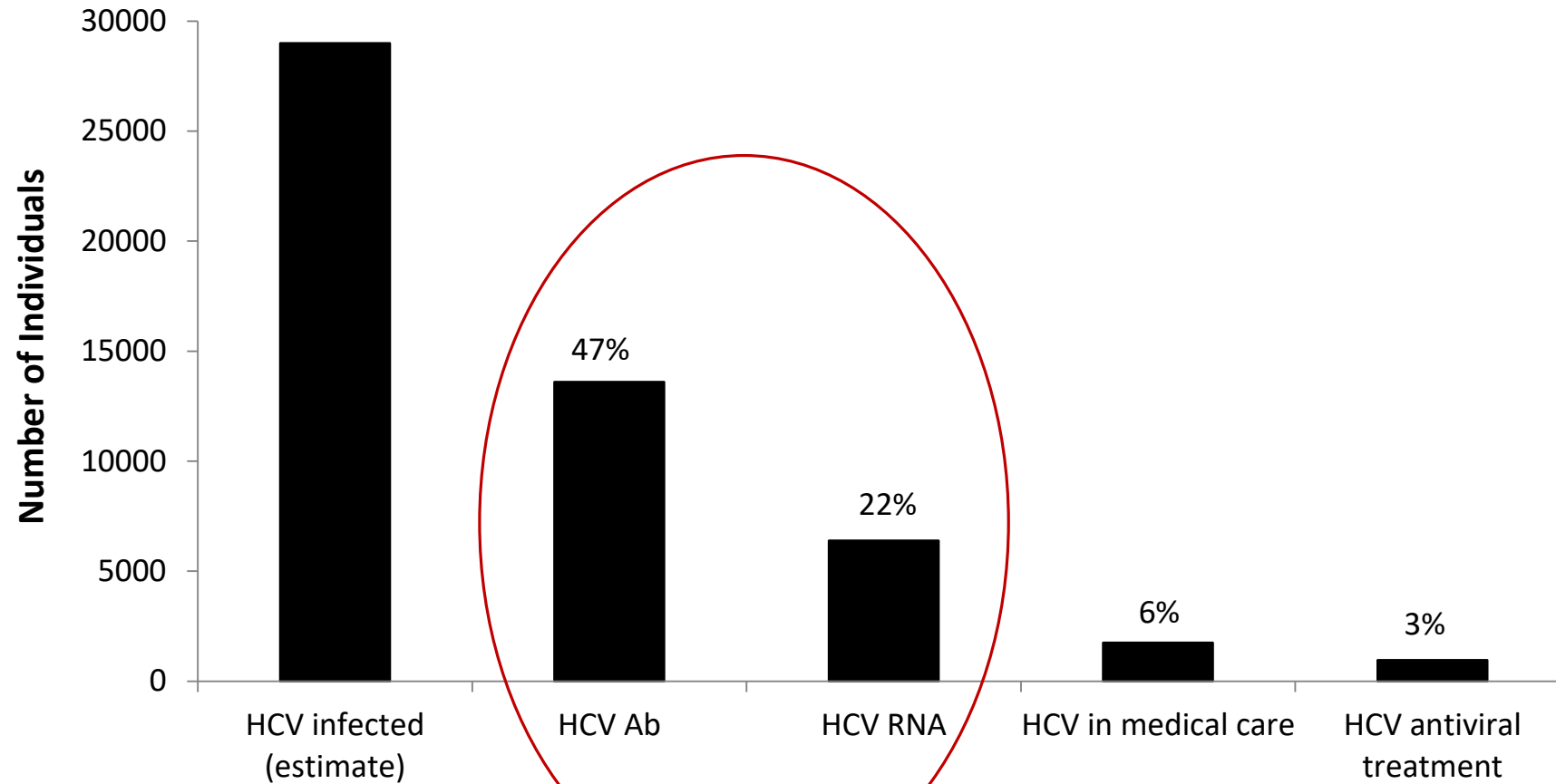
Barriers exist

- 94% of reported having been tested for HCV
- 62% had never seen an HCV specialist
- 36% were uninsured
- 15% had ever received HCV treatment

Self reported barriers among clients

- Inability to afford the copay and transportation for a provider's visit
- Misinformation and preconceived ideas about treatment
- Negative experiences with providers in the past

Philadelphia Cascade of Care 2010-2013

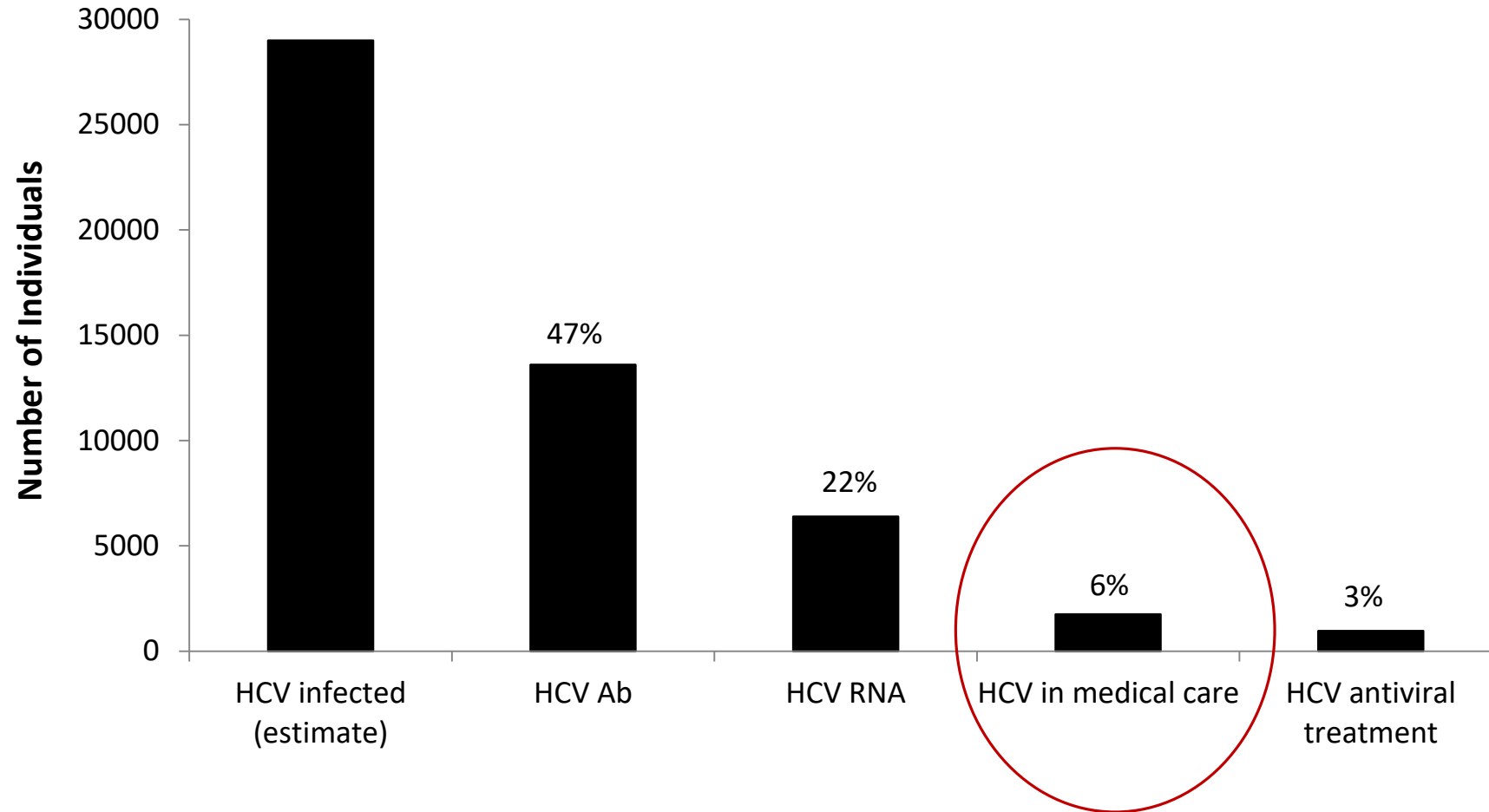


HCV Testing Protocol



- HCV testing is offered in drop-in, clinics, and syringe exchange
- HCV confirmatory testing is offered on-site following a reactive result or a self-report
 - Those with known HCV AB+ are referred directly to care
- HCV rapid negatives are offered risk reduction counseling
- HCV rapid and confirmatory positives are connected to patient navigator and/or case manager

Philadelphia Cascade of Care 2010-2013



Linkage to Care

Patient Navigation Model

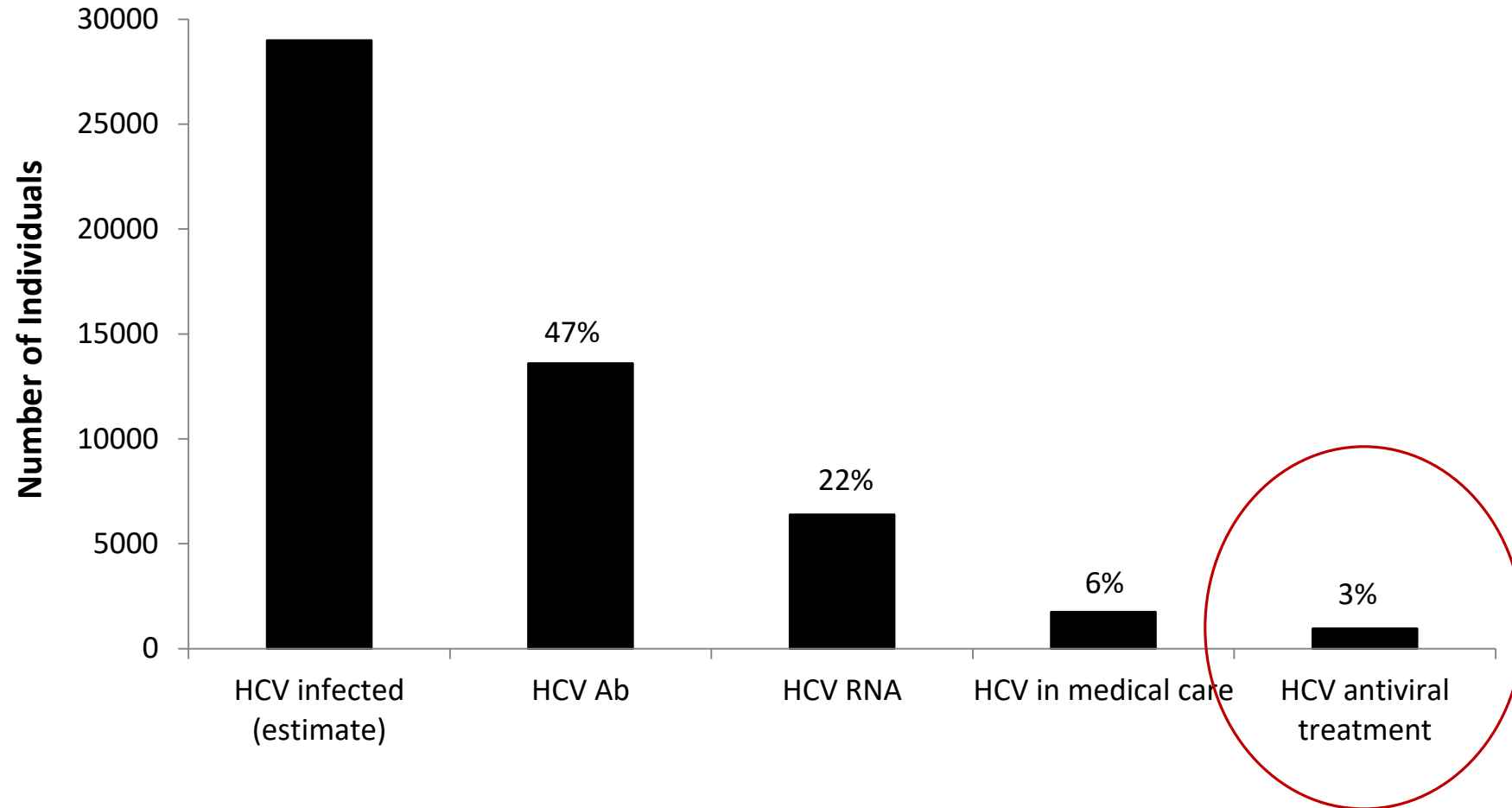
- Detailed contact information obtained
- Cross disciplinary and multi center weekly “HCV Huddle”
- Open scheduling/ walk in hours
- On site fibroscan
- Federally Qualified Health Center: no insurance or referral required
- Free transportation
- Food, blankets, shoes
- Modified DOT model, nurse driven
- Blood draws at the syringe exchange program if patient cannot get in

Linkage to Care

Next steps: Embedded Care Model with outreach

- On site provider within the exchange and on the street side clinics
- Outreach to the train tracks and tent city
- Mobile Fibroscan
- DOT/ Modified DOT

Philadelphia Cascade of Care 2010-2013



AASLD/IDSA: Who should be treated?

Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.

Rating: Class I, Level A

Current Challenges in HCV Care in the US

Restrictive criteria for drug approval for many payers

- Sobriety requirement
- Prescriber requirement
- Disease severity requirement
- HIV may not be a mitigating factor

Arduous prior authorization process for providers

Incidence of Absolute Denial of DAA Therapy, By Insurance

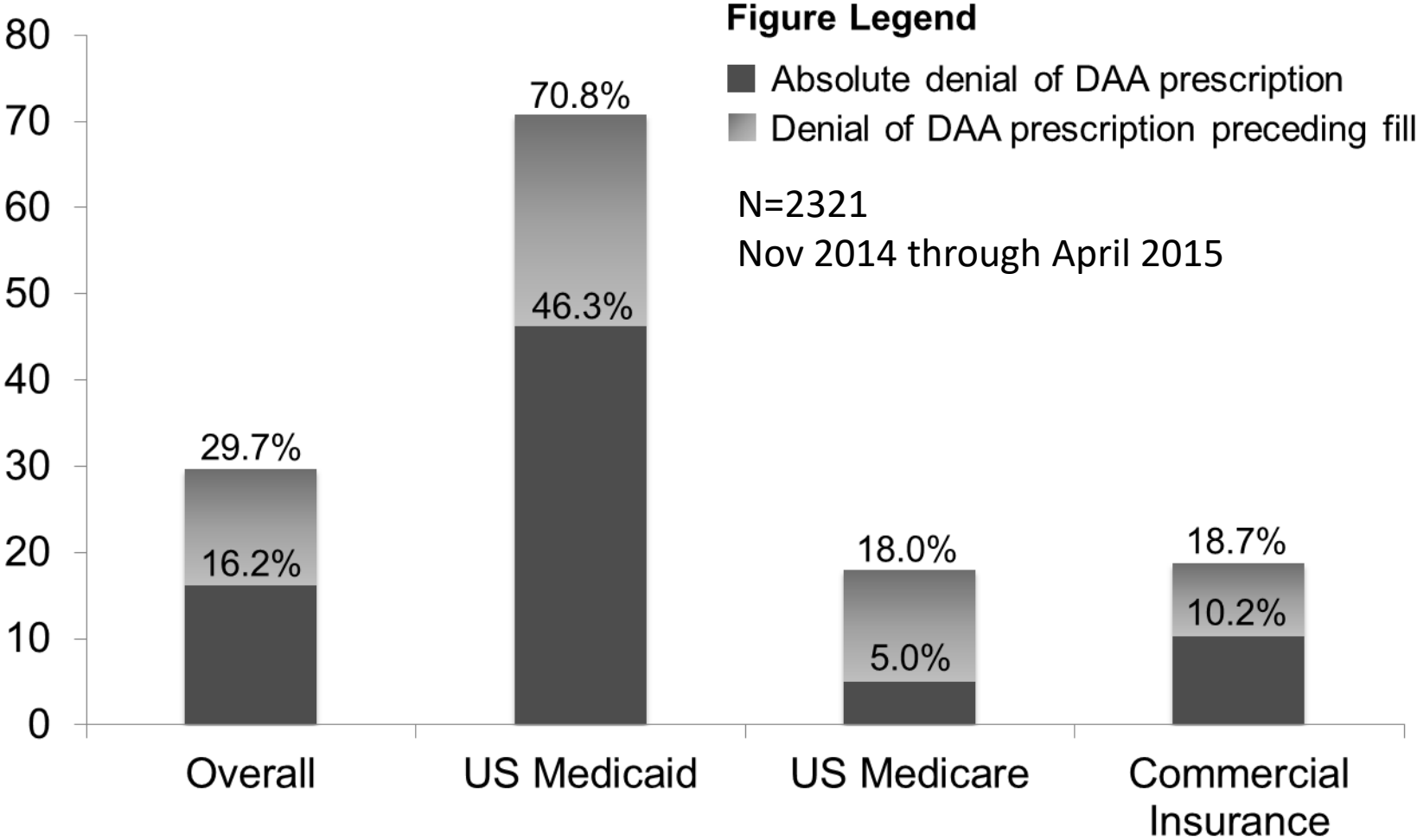
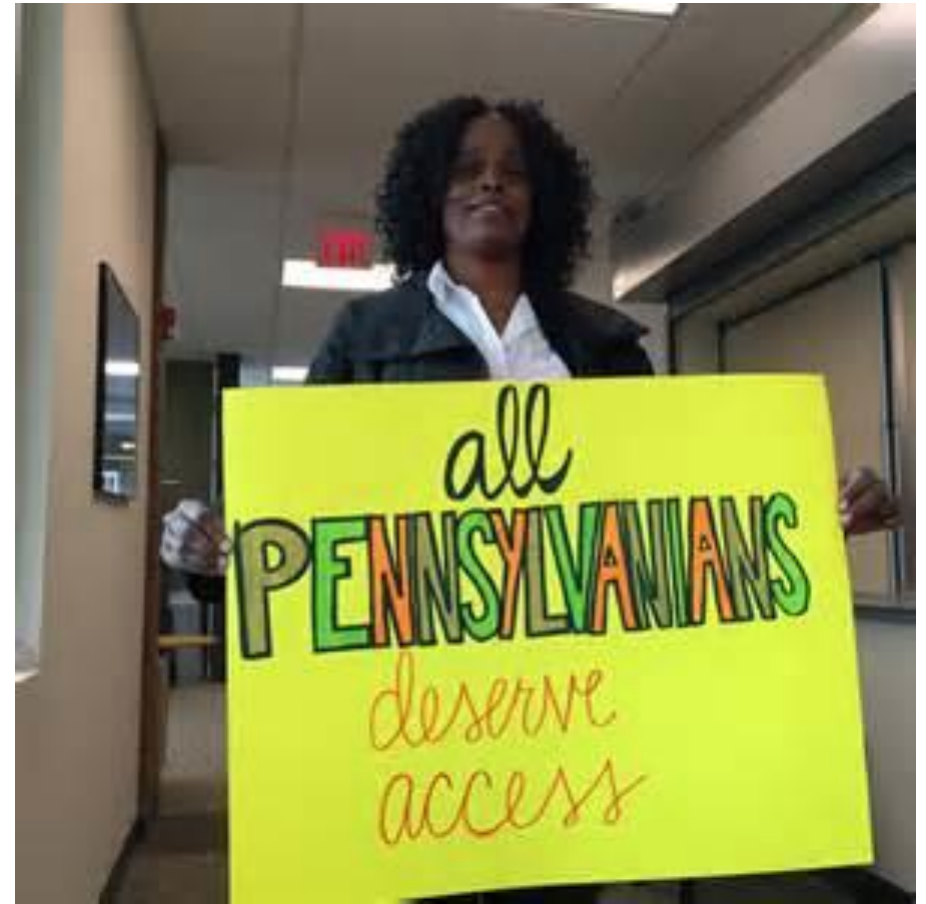


Figure Legend

- Absolute denial of DAA prescription
- Denial of DAA prescription preceding fill

N=2321
Nov 2014 through April 2015





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