Strategies to enhance HCV testing, linkage to care and treatment

STACEY B. TROOSKIN MD PHD
DIRECTOR OF VIRAL HEPATITIS PROGRAMS
PHILADELPHIA FIGHT COMMUNITY HEALTH CENTERS
PHILADELPHIA, PA
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

Number of Individuals

<table>
<thead>
<tr>
<th>Step</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV infected (estimate)</td>
<td>29000</td>
</tr>
<tr>
<td>HCV Ab</td>
<td>13700</td>
</tr>
<tr>
<td>HCV RNA</td>
<td>6500</td>
</tr>
<tr>
<td>HCV in medical care</td>
<td>500</td>
</tr>
<tr>
<td>HCV antiviral treatment</td>
<td>150</td>
</tr>
</tbody>
</table>

Philadelphia Cascade of Care 2010-2013
A new population of young HCV cases is emerging in Philadelphia 2007-2103

Data provided by Dr. Kendra Viner PhD from the Philadelphia Department of Public Health
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

Feller et al. AASLD, The Liver Meeting 2013
Philadelphia Cascade of Care 2010-2013

- HCV infected (estimate)
- HCV Ab: 47%
- HCV RNA: 22%
- HCV in medical care: 6%
- HCV antiviral treatment: 3%

Number of Individuals
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

Number of Individuals

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV infected (estimate)</td>
<td>30000</td>
</tr>
<tr>
<td>HCV Ab</td>
<td>15000</td>
</tr>
<tr>
<td>HCV RNA</td>
<td>5000</td>
</tr>
<tr>
<td>HCV in medical care</td>
<td>300</td>
</tr>
<tr>
<td>HCV antiviral treatment</td>
<td>90</td>
</tr>
</tbody>
</table>

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

- HCV infected (estimate): 30,000
- HCV Ab: 15,000 (47%)
- HCV RNA: 6,000 (22%)
- HCV in medical care: 300 (6%)
- HCV antiviral treatment: 90 (3%)

Philadelphia Cascade of Care 2010-2013
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

Canary LA et al., Ann Intern Med. 2015;163(3):226-228
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
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