NVHR Mini-Grantee Final Presentations

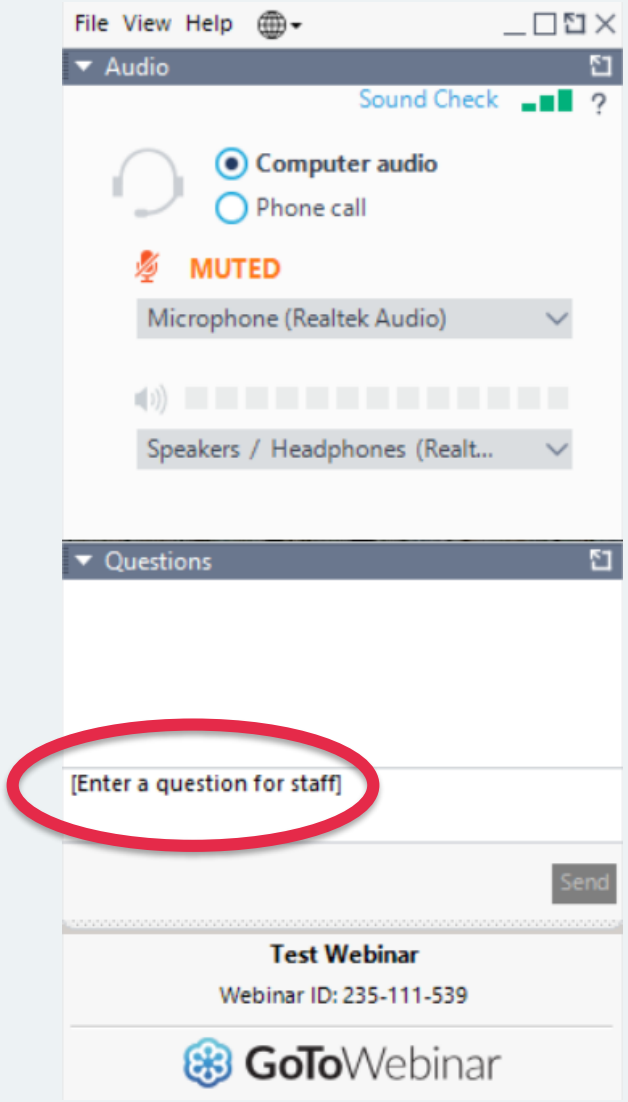
Findings from NVHR's 2017 Recipients of
Hepatitis C Project Booster Mini-Grants

May 15, 2018

NVHR
National Viral Hepatitis Roundtable

Housekeeping: GoToWebinar

- Slides and a recording of the webinar will be sent to everyone who registered and posted on our website.
- Please use the question box to submit your questions and comments
- The Q&A session will follow the last presentation



NVHR
National Viral Hepatitis Roundtable

Webinar Overview

- About NVHR
- Project overview
- Mini-Grantee Presentations:
  - Boston Health Care of the Homeless Program
  - Centerforce
  - The Community Health Outreach Work to Prevent AIDS Project (CHOW Project)
- Discussion and questions and answer

NVHR
National Viral Hepatitis Roundtable

About NVHR

- National Viral Hepatitis Roundtable
  - working together to eliminate hepatitis B and C in the U.S.
- ~500 coalition members
  - community-based, advocacy, and grassroots groups
  - healthcare providers
  - health departments
  - other government and industry partners
- www.nvhr.org

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Hepatitis C Project Booster Mini Grants

- Seven, $10,000 grants were awarded in 2017
  - One-year projects
- Intended to enhance the capacity of NVHR member organizations to conduct hepatitis C education, testing, and linkage to care in their local communities and then disseminate those best practices nationally

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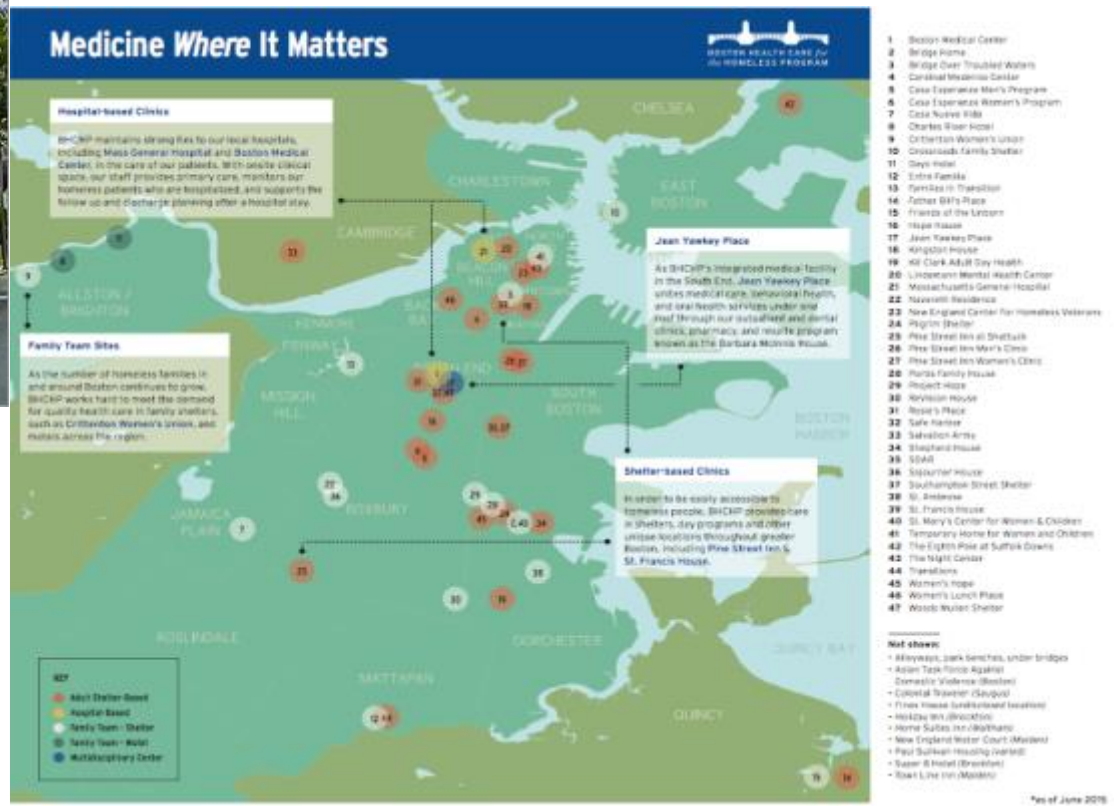
Practical Strategies to Improve Care to Vulnerable Populations with HCV:

The impact of mini-grant support from National Viral Hepatitis Roundtable (NVHR)

Marguerite Beiser, ANP-BC, AAHIVS
Director of HCV Services
Molly Ingemi, HCV Care Coordinator
Boston Health Care for the Homeless Program

Boston Health Care for the Homeless Program

Founded in 1985, BHCHP serves over 11,000 unique patients, annually, at over 50 sites



BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

Where we work

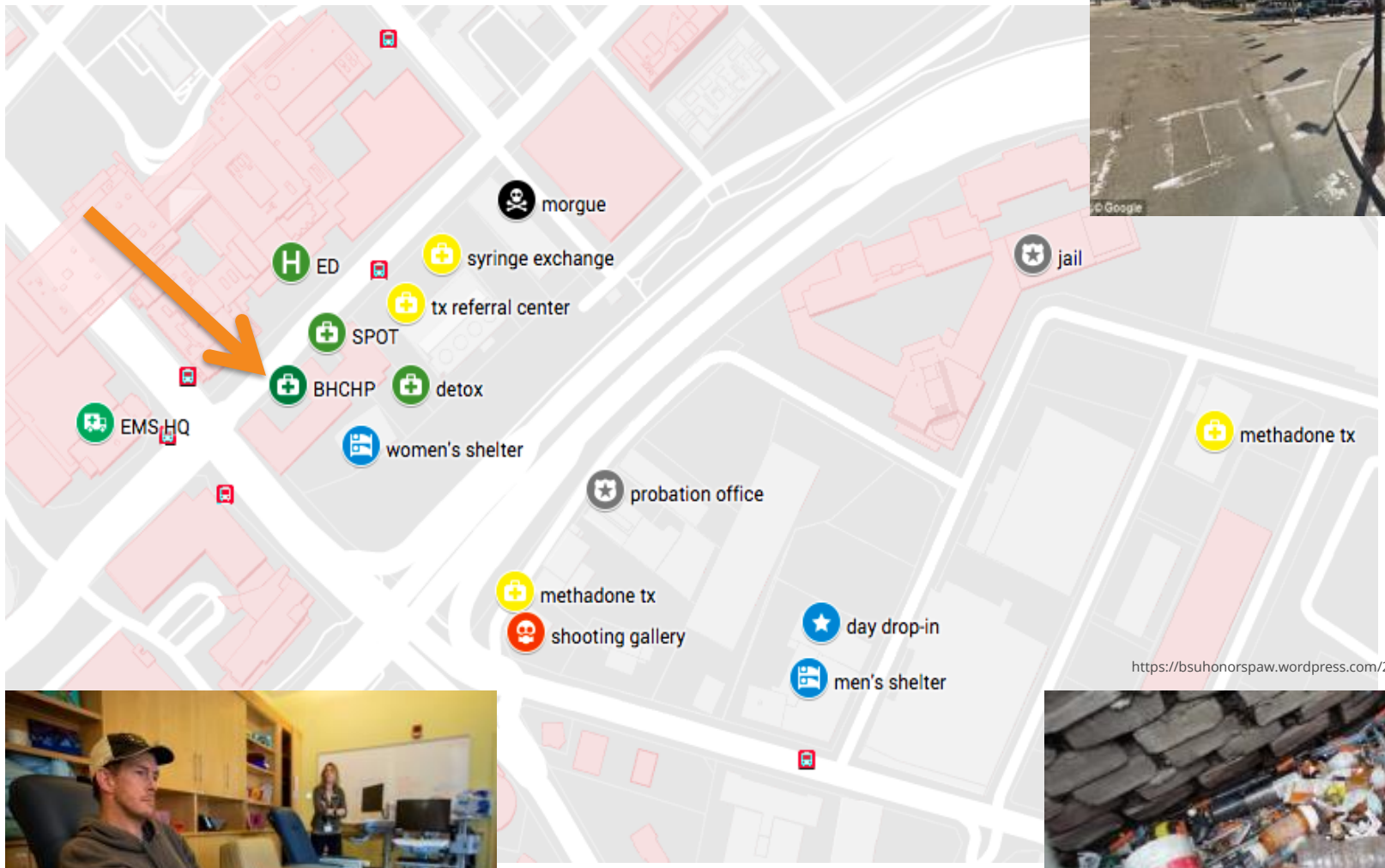


Photo: Gene Clark
https://bsuhonorspaw.wordpress.com/2017/04/28/methadone-mile-a-place-in-need/

Photo: Jessie Costa
http://www.wbur.org/commonhealth/2016/06/15/spot-drug-users

Prevalence of HCV in homeless populations vs housed

Study	Method of eval, location and dates of collection	Prevalence
Denniston et al., 2014	NHANES household surveys	1%
Gelberg et al., 2012	Serum testing, Los Angeles, 2003-2004	26.7%
Strehlow et al., 2012	Serum testing, 8 HCH sites	31%
Bharel, et al., 2013	Medicaid claims data, Boston (BHCHP), 2010	23%

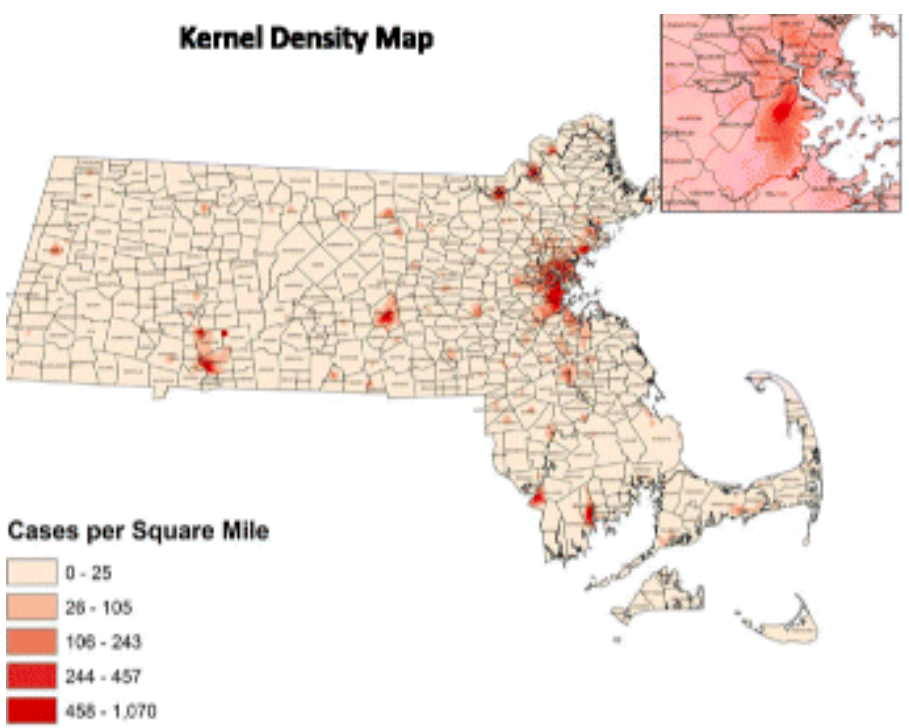
BHCHP HIVCT results:

FY 2017	Total Tested	Total Positive
HIV	1033	11
HCV	1033	447 (~43%)

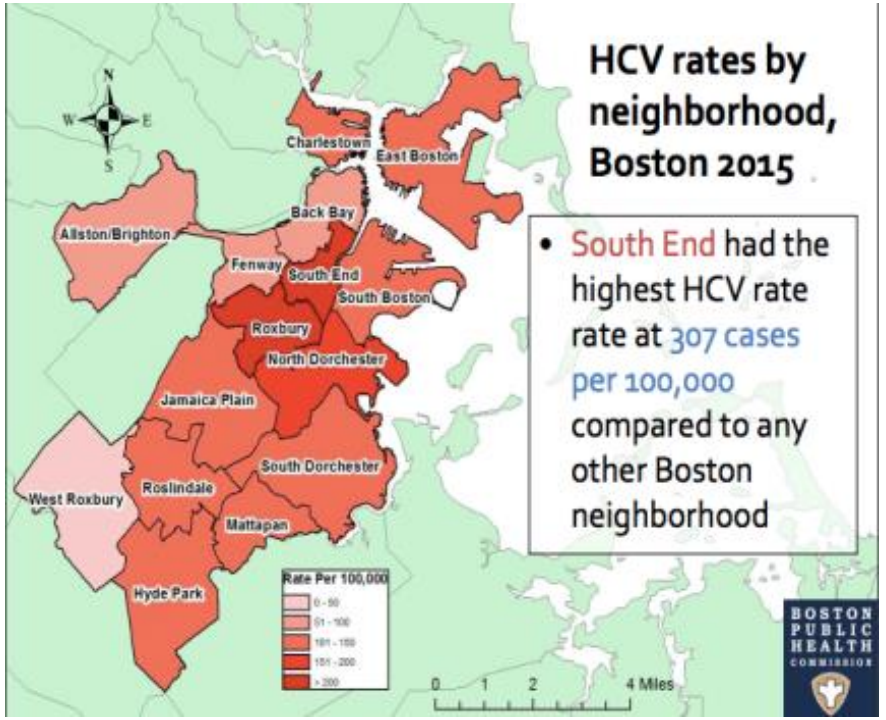
FY 2018 - 2/15/18	Total tested	Total positive
HIV	653	6
HCV	653	303 (46.4%)

HCV hotspots in Massachusetts and Boston

Density of HCV cases per sq mile (2002-2013)



(Stopka et al, 2017)



(Regis, 2015)

Urgency for solutions on HCV at BHCHP

- High prevalence of HCV
- Increased health care utilization for HCV-infected individuals at BHCHP (Bharel et al, 2013)
- Excess mortality from liver cause
    - Homeless men at BHCHP > 4x more likely to be diagnosed and die from liver cancer than age-matched MA controls (Baggett et al., 2015)
- Hard to reach, chronically ill population with complex needs and competing priorities
    - High burden of comorbidity (DxCG avg 3.8)
    - 48% trimorbid (Bharel et al, 2013)
    - Only 3.7% of BHCHP patients ever *initiated* antiviral therapy in an IFN- era study (2005-2009) (internal data)

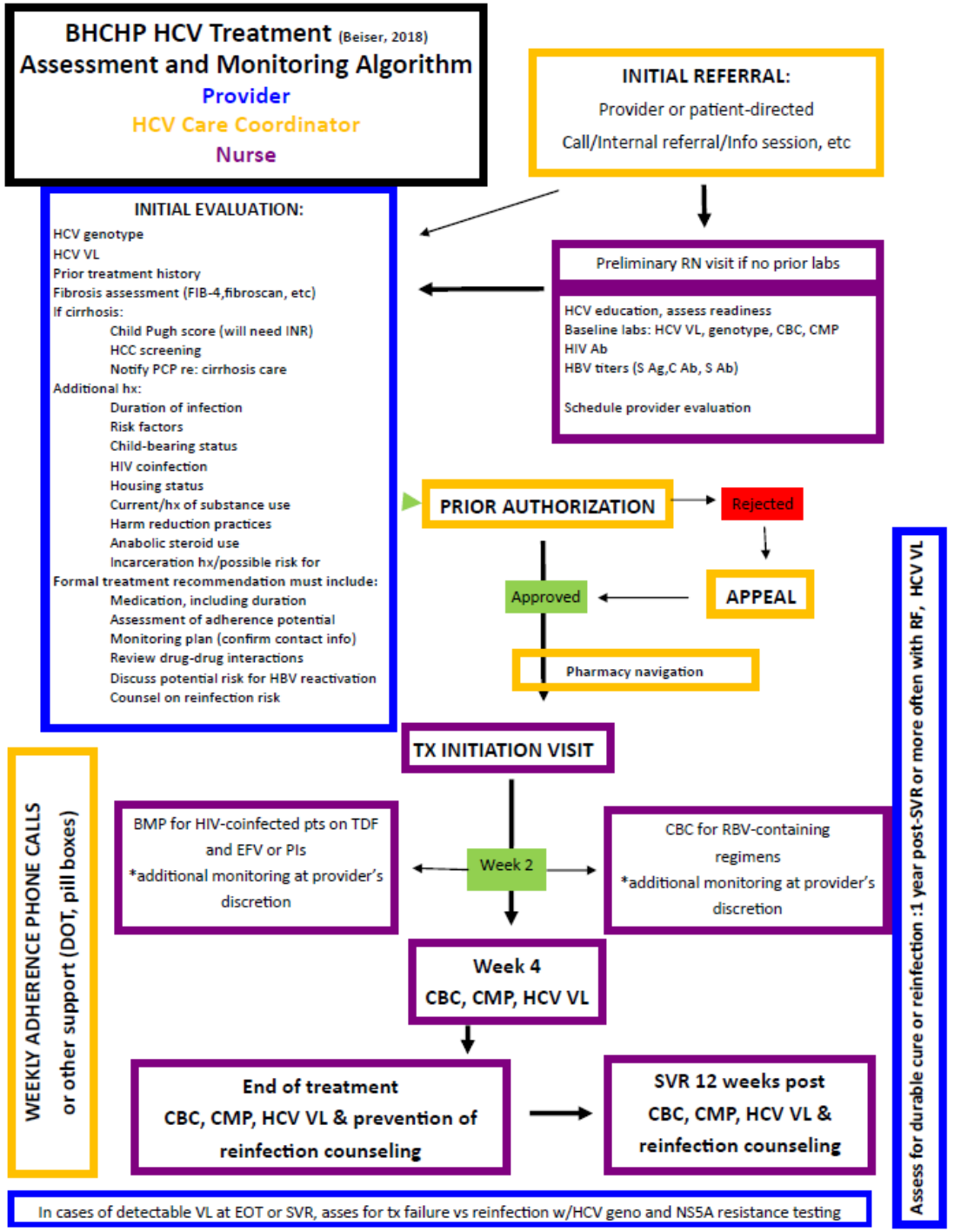
BHCHP HCV program

- HCV Team:
  - 1.0 FTE care coordinator
  - 0.5 FTE RN
  - ~0.3 FTE Clinician (2 MDs, 1 NP)
  - 0.1 admin support for HCV Director
  - * Training 3 PCPs in BHCHP Outreach Clinics
- Funding:
  - BHCHP institutional support
  - NVHR mini-grant 2017-2018
  - MA DPH BIDLS FY18

BHCHP HCV team workflow

General approach:

- Collaborative
  - Bulk of management by care coordinator and RN
- High touch
- Meticulous tracking
  - hands on all logistics
- Emphasis on prevention of reinfection counseling throughout



NVHR mini-grant

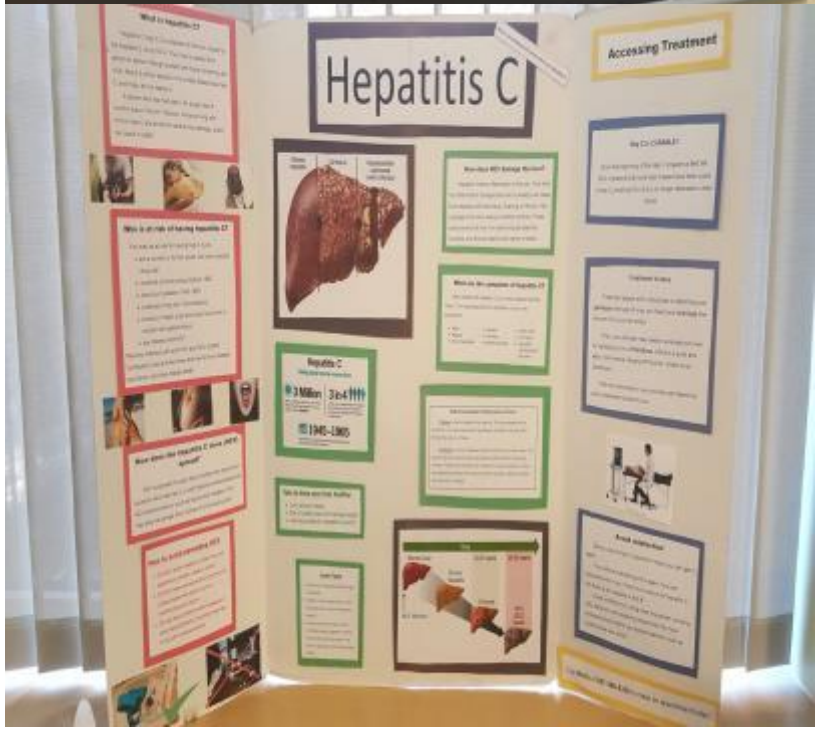
- $10,000 for 1 year to augment existing work
- Goal #1: Increase capacity on HCV treatment at a given time from 30 to 45.
    - FTE support for part-time case manager funded through BHCHP Fellow program → full time HCV Team Care Coordinator
- Goal #2: Attain a 98% rate of retention in care, including medication completion and SVR evaluation
    - HCV Team care coordinator with greater capacity to support adherence, perform outreach, place appt reminder calls
    - Incentives
        - $5 CVS gift card at end of treatment, given with goodie bag of toothbrush, nail clippers, razor and information on reinfection risk and syringe access
        - $10 CVS gift card at SVR appointment
        - Bus and train passes

NVHR mini-grant

- Goal #3: Decrease lost to follow up 3% →1%
  - Care coordinator increased capacity for follow-up
  - Incentives (transportation passes, gift cards)
- Goal #4: Decrease reinfection 6% → 3%
  - Intensified harm reduction counseling by CC, RN and team clinicians, goody bags, SEP info
  - CC assistance coordinating SUDs treatment when needed

Care Coordinator role expansion

- Outreach education to shelter and tx programs
- Referral management
- **Insurance expertise, PA navigation, coordination with specialty pharmacy
- Weekly adherence support for 40-50 patients on treatment at a time
- Managing population tracking database
- Supporting RN with initial evaluations
- Prevention of reinfection counseling
- Appointment escorting
- Participate in advocacy, policy-making activities

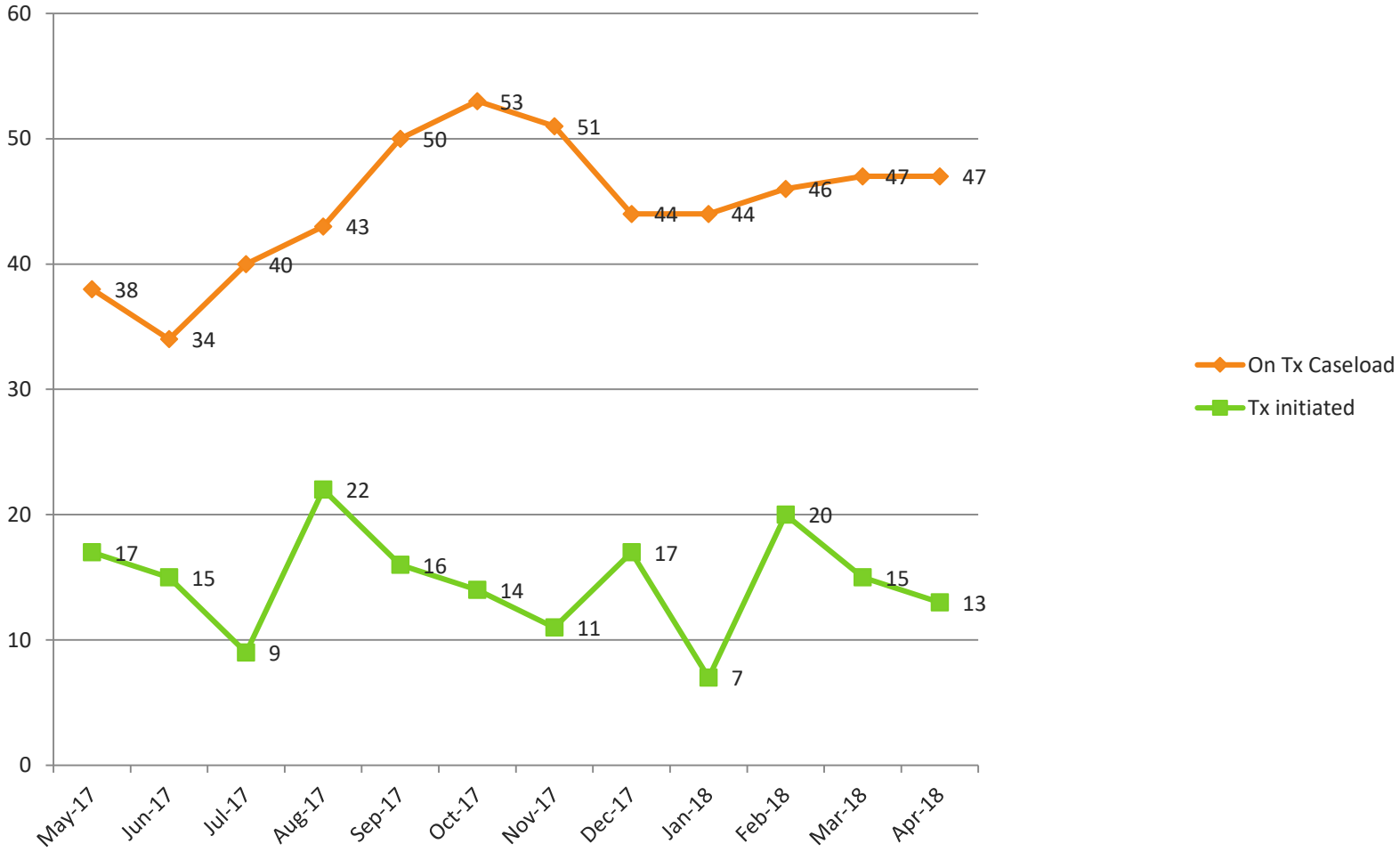


Challenges mitigated by the care coordinator and team

Medication loss/theft	Clinic med storage with DOT or weekly pill boxes, “home” delivery, shelter med storage
No phone	Communicate with BHCHP partner clinics at shelters and programs, schedule frequent visits ahead of time/regular check in time to walk-in
Lack of transportation	Bus passes, medication delivery, satellite laboratory
Competing priorities	Tx alongside clinic-based OBAT, or other routine care, flexible FU after initial deferral
Specialty pharmacies (requirements re: copay, home delivery, phone counseling)	Deliver to clinic, have copay bill mailed, CC visits for calling together, thorough documentation to map progress

Goal #1: Expand on-treatment caseload

BHCHP treatment capacity during NVHR grant period May 2017-April 2018



Goal #2 and #3: retention and prevention of lost to follow up

- Prior to NVHR grant
  - 242/250 (96%) completed their regimen
    - 8 individuals lost to follow up on medication
  - 222/250 (88%) obtained SVR
    - 5 tx failures
    - 7 reinfections diagnosed at SVR
    - 9 unreachable for SVR labs
- Since 8/1/17*
  - 136 individuals initiated tx
  - 99 have reached completion by end of grant period 5/1/18
    - 92/99 (93%) completed medication regimen
      - 7 lost to follow up on medication
  - 31/61 (50%) obtained SVR
    - 24 have not yet presented for SVR labs (many w/upcoming appts)
      - 16/24 we are unable to reach
      - 4 lost to FU before completing tx
      - 1 treatment failure (being re-tx'd now, due for SVR 6/2018)

Goal #4: reducing risk for reinfection

- Prior to NVHR
  - 25/250 (10%) reinfections in individuals with SVR prior to 5/1/17
    - Timing of reinfection very hard to assess, consider cumulative risk over time for high risk individuals tx'ed years ago
  - 1 reinfection in individual tx'ed in grant period

Discussion points

- **Goal #1**: Treatment capacity was consistently expanded
- **Goals #2 and #3**: Did not meet completion and lost to FU goals
  - Did incentives encourage appointment adherence?
    - High utilization of transpo passes: 137 bus passes/155 train passes dispensed
    - Only 55/102 presented at the appointed time and received a $5 end-of-treatment GC
    - Only 22/63 presented at the appointed time and received a $10 SVR GC
  - Often able to obtain SVRs eventually
    - Care coordinator as detective
    - Coordinate with other care teams
    - Work with HIVCT team, outreach
- **Goal #4**: Reinfection is a moving target in a high-risk population
  - >75% of individuals we treat for HCV have a history of OUD
  - No requirement to abstain from drugs or ETOH prior to treatment

- Supporting care coordinator role is paramount

Prevention in Prison: San Quentin HCV Peer Health Education Program

Mary Sylla, JD/MPH
Development Director, Centerforce
centerforce.ngo

Centerforce’s mission is to support, educate and advocate for individuals, families and communities impacted by incarceration.

Speaker Introduction

- Former HIV legal services and ACLU lawyer
- Focused on health and incarceration since 1997
- Founded Center for Health Justice (L.A.) in 2000
- Now serve as Development Director for Centerforce outside the gates of San Quentin

The Yellow House

HCV Risk in Prison

- High risk individuals: injection drug users, poor, homeless
- Concentrated in environment where sharing of razors and hair clippers as well as rudimentary tattooing
- Limited access to harm reduction tools

As a result, HCV prevalence rate of individuals with a history of incarceration is **9-27 times higher** than the general population.

Challenges to HCV Prevention and Treatment

- Access to treatment – by budget if not by law
- Lack of access to up to date information and resources
- Lack of trust of medical providers

SQ Prisoner Peer Health HCV Program

- Rooted in Centerforce's 40 years of work in San Quentin
- Based on earlier federally-funded HIV and HCV projects
- Staffed by free and prison-based Centerforce employees
- Provided as a series of classes eligible for "good time" credits

Method of this Project

- Free staff provided HCV Update/Refresher to new group of Peer Health Educators
- Peer Health Educators recruited students to the 12-week class
- Both Peer Health Educators and “students” leave as Peer Health Educators to the General Population

Health Fair – Centerforce sign and classroom

HCV-Specific Curriculum

- Liver Basics – functions, health, disease states
- Focus on viral hepatitis
- Hepatitis A, B and C – transmission, prevention, treatment.

HEPARDY! – JEOPARDY-based Quiz Game

HEP C Question: The Hep C virus can survive in a syringe or tattoo ink vile for only a couple of hours? (True or False) Answer: False, the virus can live up to a couple of months in the right conditions	HEP C Question: There is a vaccine for Hepatitis C. (True or False) Answer: False, there is only a vaccine for Hep A and Hep B
HEP C Question: What is the most common symptom of Hepatitis C? Answer: No symptoms at all.	HEP C **FREE PASS**
HEP C Question: Hepatitis C is spread by blood-to-blood contact? (True or False) Answer: True	HEP C Question: Hep C can be transmitted by sharing any one of the following: IV drug needles, cottons, ties, cookers, or spoons. (True or False) Answer: True
HEP C Question: It is very common to transmit Hepatitis C through sex? (True or False) Answer: False, it is rare and possible but not common.	HEP C Question: Can you get Hepatitis C by using someone's personal hygiene items who has the virus, such as fingernail clippers, tweezers, razors and/or toothbrushes? (Yes or No) Answer: Yes

10	10
10	10
20	20
20	20

Program Results

- High turnover and “lock-downs” challenged continuity and pre and post-assessments
- Classes engaged and racially diverse
- New Peer Health Educators empowered and energized – sharing the message

Richard “Razor” Johnson

THANKS!

For More Information or Questions:

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Hepatitis C:
Care Coordination Registry

The CHOW Project/Life Foundation (Hawai‘i Health & Harm Reduction Center)
&
Hep Free Hawai‘i

Sean Quigley & David Abitbol

HAWAI‘I HEALTH
& HARM REDUCTION CENTER
The New Chapter for Life Foundation and The CHOW Project

The CHOW Project & Hep Free Hawai‘i

- **Who are we?**
  - Syringe Exchange:
    - One-for-one needle exchange and education on proper syringe disposal
  - Hep Free Hawai‘i:
    - Hepatitis advocacy, HCV case management, care coordination
  - Life Foundation:
    - Case management, counseling and support for people living with HIV/AIDS
  - Wound Care:
    - Non-judgmental, street-based wound care
  - Housing First:
    - Connects individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry

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Statement of Need

- Hawai'i has the 2nd highest rate of liver cancer in the U.S
- HBV and HCV account for 75% of all Liver cancer in Hawai'i
- 23,000 Chronic HCV cases in Hawai'i (likely higher)
- Estimate does not include PWID, homeless, or incarcerated individuals
- CDC estimates two-thirds of all new HCV infections come from PWID
- Annual CHOW Project report found 65% of syringe exchange participants had HCV antibodies

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Project Design

- **Design and implement a HCV registry for care coordination**
  - Track HCV-negative and HCV-positive participants along HCV continuum of care
- **HCV-negative participants:**
  - Provide education and support for prevention
- **HCV-participants:**
  - Provide support for HCV and treatment
  - Case management assessment
  - Medical action plan
  - Care coordination with:
    - Establishing medical care
    - Drug treatment
    - Housing
    - Food assistance
    - Mental health care

HCV Registry

- Registry pre-populated with CHOW Project participant ID numbers, demographics and will provide simple indicators to track progress along the continuum of care, such as:
  - Date and result of HCV antibody test
  - Date and result of HCV RNA test
  - Date of first medical appointment
  - Treatment start date
  - Treatment end date
  - Treatment outcome

HCV Registry

CHOW Registry

Refer to Key for definitions.

Updated	CHOW ID	Other ID	First Name	Nick name	Date of Birth	Gender	Ethnicity	Description	Date of Test (Self-Report)	Test Result (Self-Report)
#########	123456	N/A	John	Kainoa	1/1/1991	Male	Hawaiian	lion tattoo on R arm	7/6/1905	Positive

HCV Ab Test Date	HCV Ab Test Result	HCV Ab Result Given	Neg Status Reminder	HCV RNA Test Date	HCV RNA Test Result	HCV RNA Result Given	1st Care Coordinator	1st Medical Appt.	Start Treatment
8/28/2015	Reactive	8/28/2015	N/A	8/28/2015	Detected	9/10/2015	9/10/2015	9/20/2015	10/29/2015

End Treatment	SVR	Fibrosis/ Cancer	Notes
pending	pending	F3 Fibrosis	

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Objectives

- At least 150 unique CHOW participants will have documented HCV antibody tests (and follow up RNA tests) as measured by HCV registry and the Hawai‘i Department of Health (HDOH)
- 50% of CHOW participants who have documented chronic HCV diagnosis will have enrolled in care coordination
- 50% of CHOW participants who have documented chronic HCV will have attended first medical appointment
- At least two agencies that provide services to PWID will receive training on implementation of HCV registry

Project Evaluation

- **Objective 1.1:**
  - Tested 88 individuals through syringe exchange, wound care, other outreach and testing events. Out of the 88 people tested with the rapid antibody test 49 were reactive
- **Objective 2.1:**
  - Of the 49 individuals 30 expressed interest in care coordination. 15 individuals followed through with HCC for services
- **Objective 2.2:**
  - 8 of the 15 attended their first HCV doctor appointment

Project Evaluation

- **Objective 3.1:**
  - Identified four partner and community agencies that serve PWID
  - Conducted consultations with staff
  - Made contacts within agencies to streamline our participants doctor appointments

Project Evaluation

- **Waikiki Health Center (WHC):**
  - FQHC that provides quality medical and social services that are accessible and affordable for everyone, regardless of their ability to pay.
- **Queens Liver Center (QLC):**
  - Hepatitis C diagnosis and management, including use of the newest advances in hepatitis C therapies.
  - Complete Hepatitis B care including cancer screening, clinical trials, and assistance in management of hepatitis B in pregnancy and post-partum.
- **Clint Spencer Clinic:**
  - Provides medical care to people living with HIV, and those who are co-infected with HCV
- **Wound Care and Outreach Testing:**
  - HCC would provide testing with the wound care team. Target population is homeless individuals living in the Chinatown area of Honolulu.
- **Other Outreach:**
  - LF staff would provide HIV/HCV testing at public parks and public sex environments

Challenges and Limitations

- **Barriers to care:**
  - Health Insurance
  - Sobriety requirements (3 months of UA's)
  - Lack of culturally competent providers
  - CHOW participants have high rates of substance use, mental illness and other social determinants of health
    - Historically participants have been harder to engage into treatment
- **Staff turnover**

Resolution of Challenges

- Meet participants where they are at
- Motivational enhancement
- Establish strong partnerships with HCV specialists and FQHCs
- Leverage substance use treatment as a time for HCV treatment
- Wound Care

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Case Study: DB

- 62 year old Caucasian male living with HCV.
  - Wound Care participant
  - Syringe exchange participant (heroin use)
  - Formerly Incarcerated
  - Homeless
  - Other issues around mental health, trauma, physical limitations, dental needs, etc.
- Referred to HCC through the wound care program.
- HCC arranged and transported D.B. to his first doctor appointment at Waikiki Health (Local FQHC)
- The medical provider informed HCC that D.B. was not a good applicant for HCV treatment due to participants past IDU and current drug use.

Case Study

- HCC worked with D.B. to attend all his doctors appointments and lab work.
- Enrolled client in a methadone treatment program.
- D.B. was referred to Waikiki Health's mental health services, dental services, and he obtained a primary care provider.
- HCC referred D.B. to our housing first specialist. D.B. eventually received a voucher for housing.
- D.B. now has his own apartment. D.B. continues to go to his HCV appointments. He has been passing his UA's.
- D.B's HCV doctor informed HCC that client will be starting HCV treatment by mid-summer 2018.

Conclusion

- Thank you!

Join our mailing list!
www. HepfreeHawai‘i.org

Learn more about the Hawai‘i Health & Harm Reduction Center:
www.chowproject.org
www.lifefoundation.org

Check out the blog post from the U.S. Health and Human Services Dept. on our wound care initiative:
https://www.hhs.gov/hepatitis/blog/2018/05/11/opening-doors-for-hcv-services-at-syringe-services-programs.html

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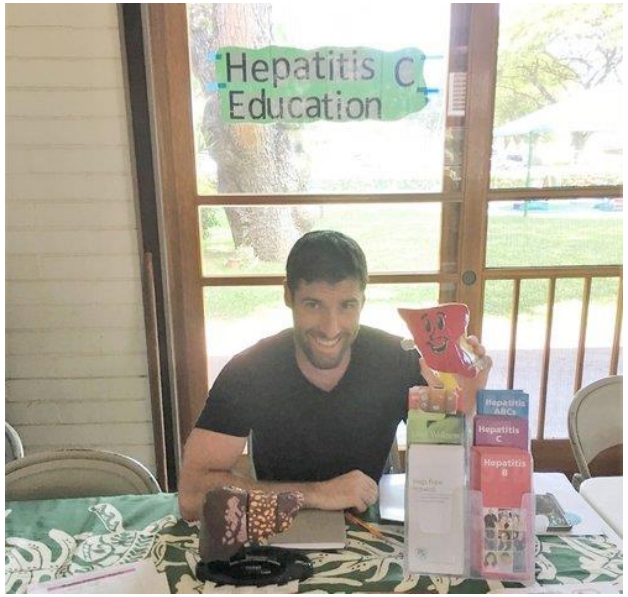

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Questions?

Please submit questions for any of the presenters via the webinar question function or send an email to tbroder@nvhr.org

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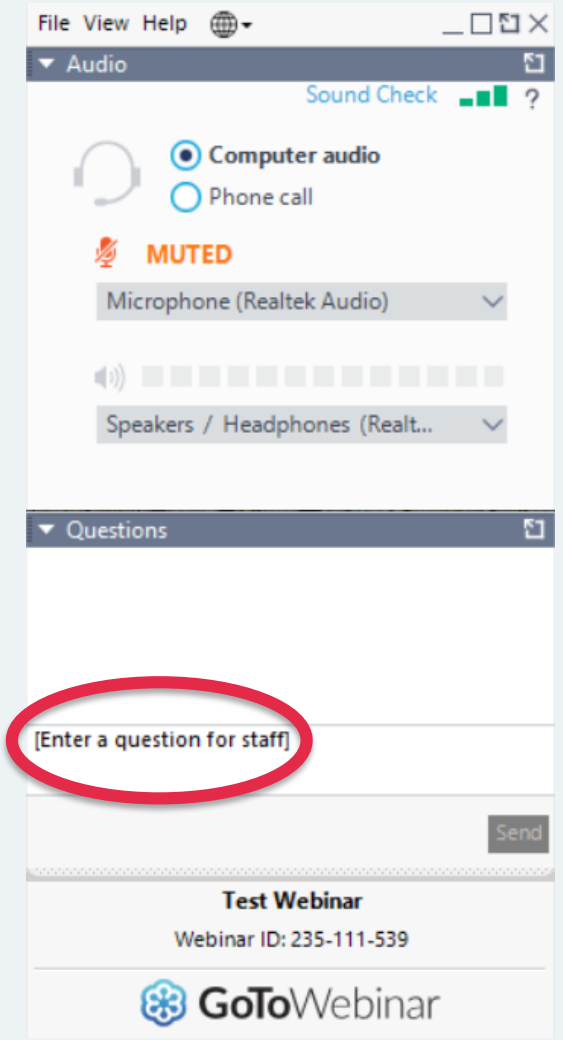

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