

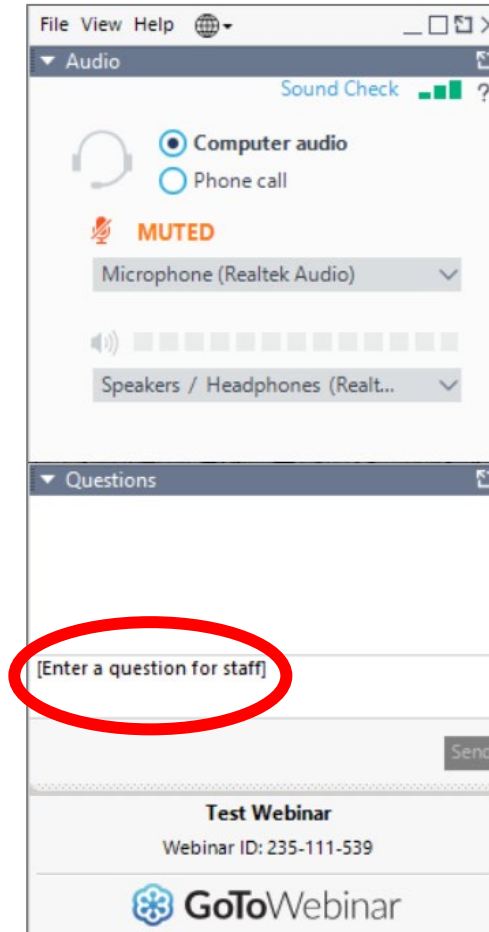
STRATEGIES TO ELIMINATE HEPATITIS C IN VETERANS

NOVEMBER 29, 2018
1:00 ET



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



Polling Questions

About NVHR

- The National Viral Hepatitis Roundtable (NVHR) is national coalition working together to eliminate hepatitis B and C in the United States.
- Our coalition includes:
 - community-based, advocacy, and grassroots groups
 - healthcare providers
 - health departments
 - other government and industry partners
- NVHR's vision is a healthier world without hepatitis B and C.

Today's Speakers

Hepatitis C among Veterans in VA Care



Maggie Chartier, PsyD, MPH

Deputy Director for the HIV, Hepatitis,
and Related Conditions Program
VHA Office of Specialty Care Services



Angela Park, PharmD, CACP

Clinical Pharmacy Specialist
Pharmacy Process Improvement Program Manager
Office of Strategic Integration
Veterans Engineering Resource Center



Anne L. Bailey, PharmD, BCPS

Clinical Pharmacy Specialist and
Innovation Specialist
Charles George VAMC in Asheville, NC



Testing and Treatment of Hepatitis C among Veterans in VA Care

Maggie Chartier, PsyD, MHP, Deputy Director, HIV, Hepatitis, and Related Conditions Programs, Office of Specialty Care Services

Angela Park, PharmD, Clinical Pharmacy Specialist, Process Improvement Program Manager, Office of Strategic Integration|Veterans Engineering Resource Center

Anne Bailey, PharmD, BCPS: Clinical Pharmacy Specialist and Innovation Specialist



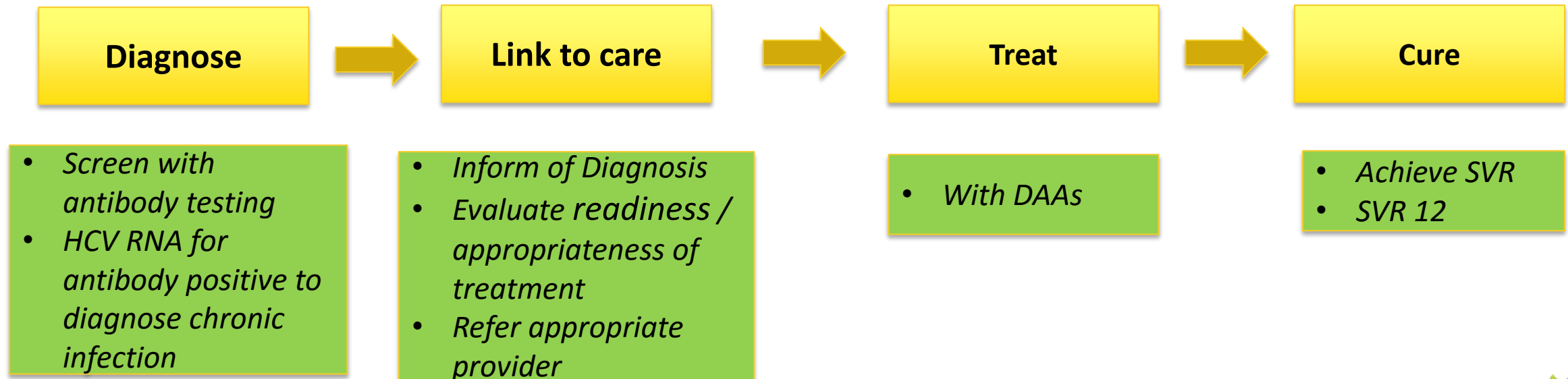
U.S. Department
of Veterans Affairs



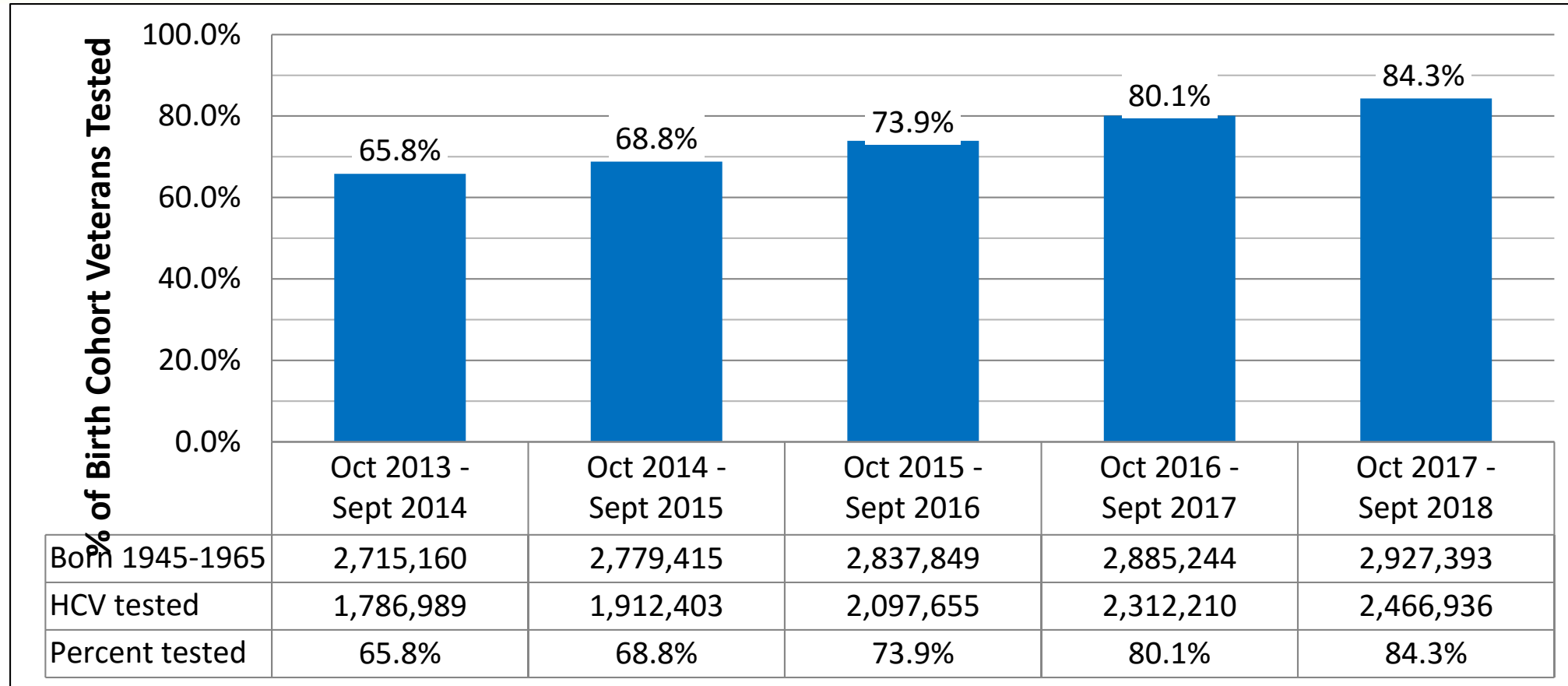
Overview of HCV in VA

- VA is the single largest provider of HCV in the US
- As of October 2014 over 168,000 Veterans in VA care had been diagnosed with chronic HCV

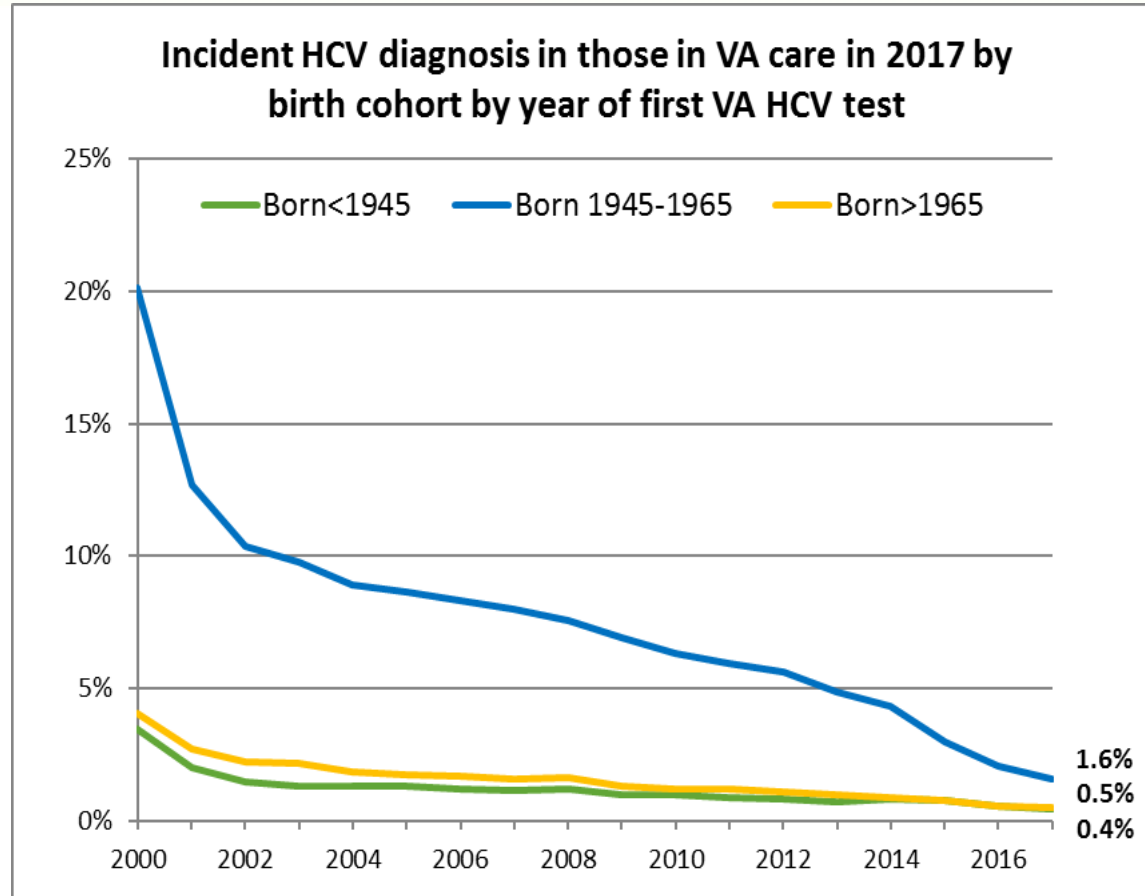
HCV Cascade of Care



HCV Birth Cohort Testing in VA

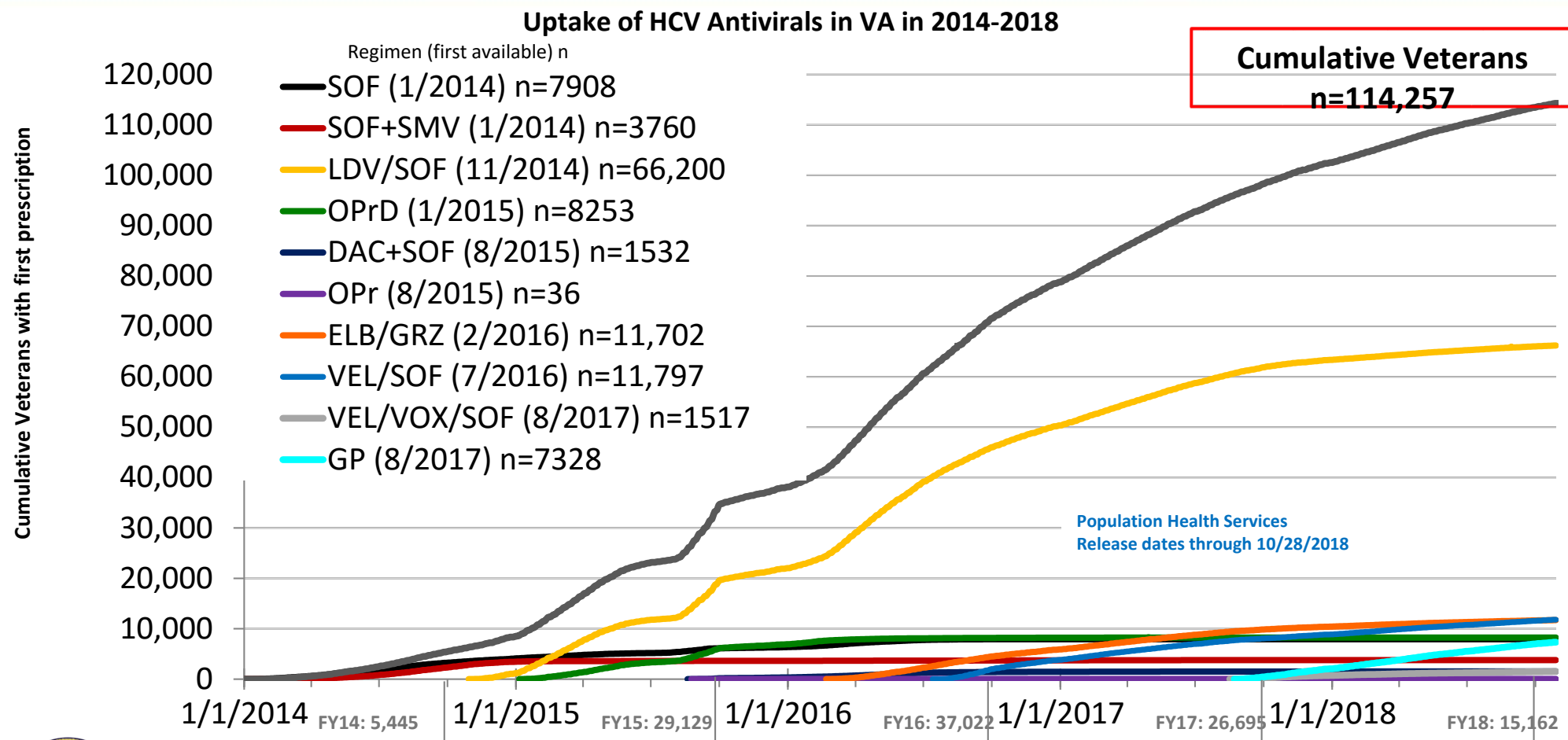


Undiagnosed HCV-infected Veterans: Estimates by VISN



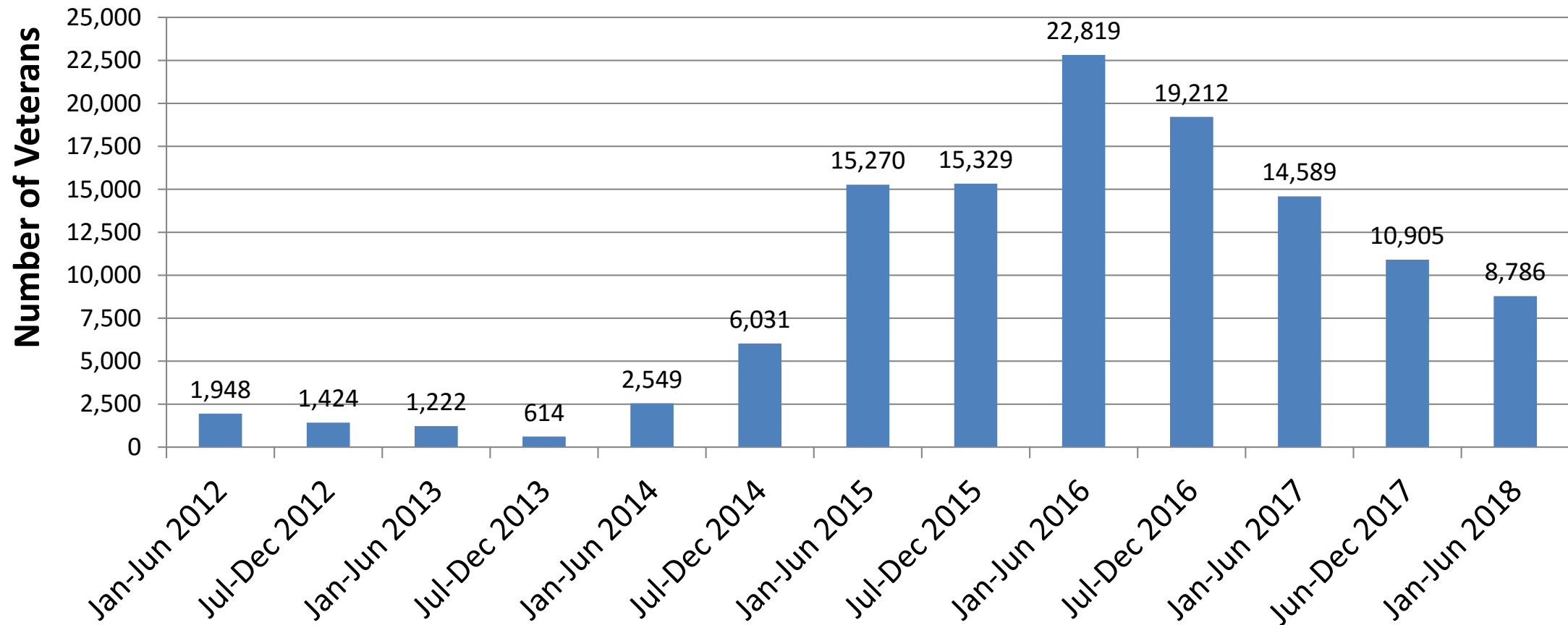
National: 84.3% of 2.9M screened;
estimate 5,600 more cases if screened
100% of BC patients

Evidence of Success: DAA UPTAKE IN VA, by REGIMEN



Veterans Treated Over Time

Veterans starting HCV treatment



SVR: cure

Sustained Virologic Response in Veterans in VHA Care Starting DAA Therapy in 2014 or Later for the Nation, by VISN and by Station

Nation

Started Rx	Stopped Rx	≥12 Weeks of Available Post-Treatment Follow-Up	≥14 Weeks of Available Post-Treatment Follow-Up	No SVR	SVR12	SVR4-11
112,976	110,515	106,942	106,358	2,969	92,410	4,300

* Included liver transplant patients: 691

* Excluded patients who died on treatment or within 12 weeks of stopping treatment: 1156

96.8% among those with SVR testing

86.4% among all patients starting treatment

What is happening to these patients?
Why are patients not completing treatment?

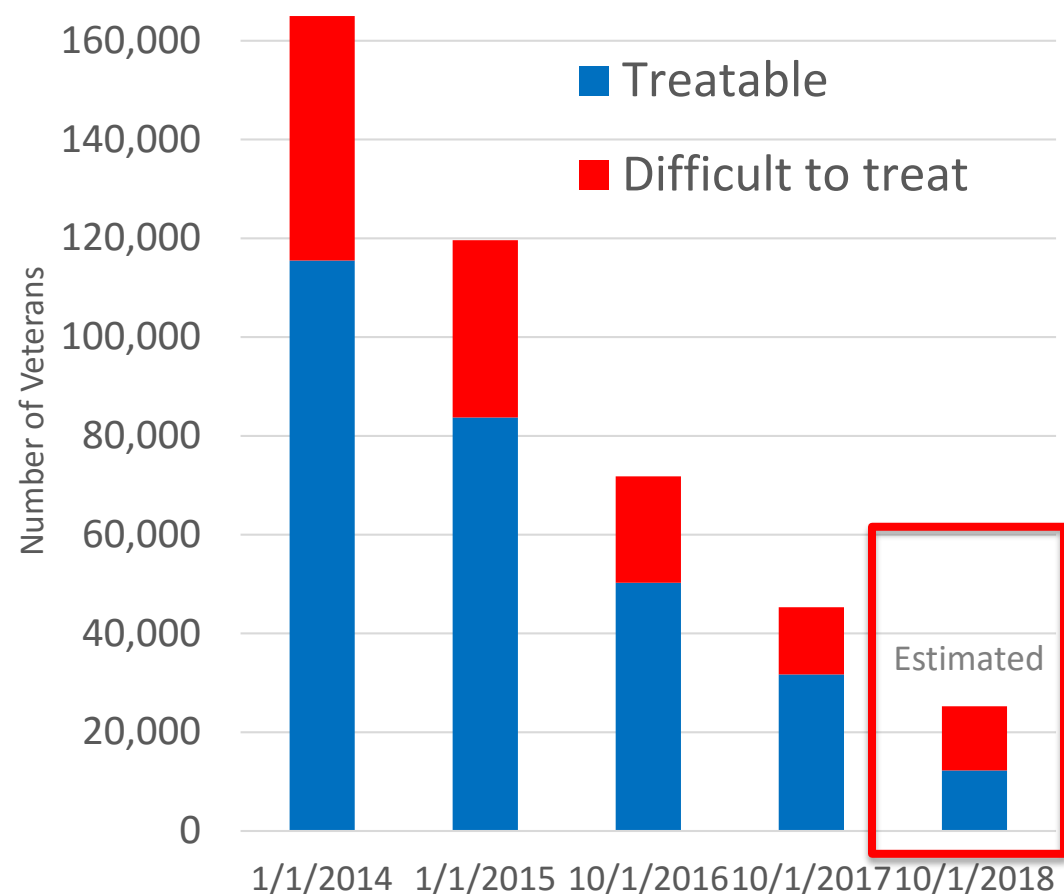


U.S. Department
of Veterans Affairs

Source: CDW prepared by Population Health Services (10P4V)



Greater Proportion of Remaining HCV Viremic Veterans are Difficult to Engage in Care



Patient determinants:

- Uninterested in treatment
 - Veteran declines treatment
- Inability to make contact by phone or mail
- Inability to adhere to therapy, medical appointments or treatment

Psychosocial determinants:

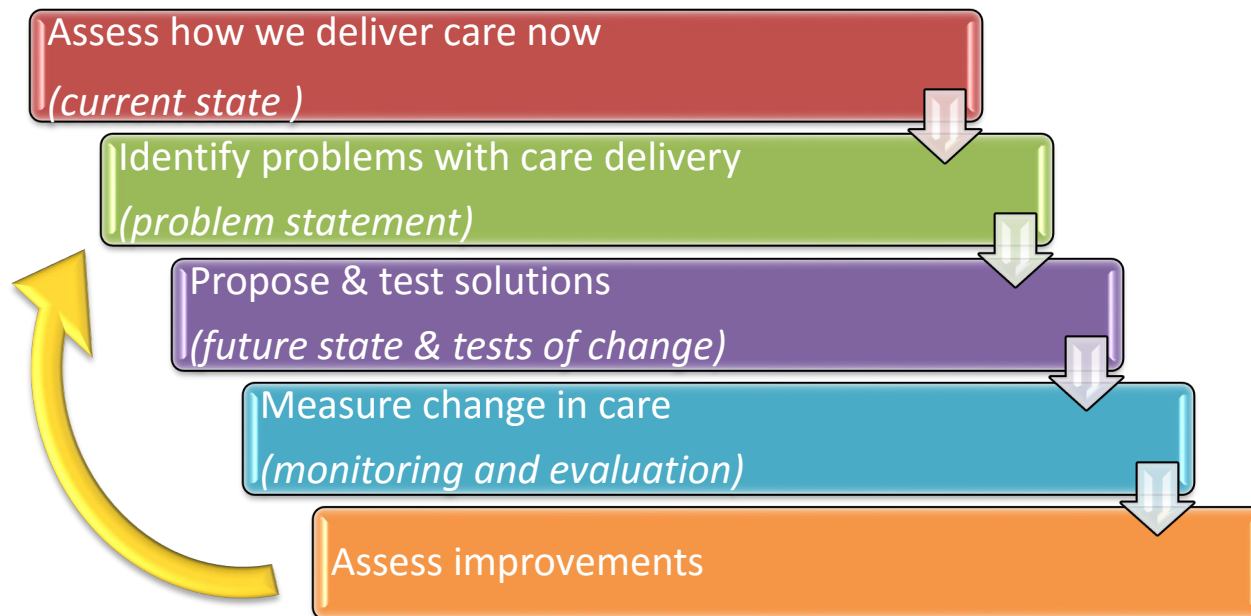
- Homelessness
- Substance or alcohol abuse
- Mental health

Unstable/uncontrolled medical comorbidities

e.g., non-curative hepatocellular cancer

System Redesign/Lean management

- HIV, Hepatitis, and Related Conditions (HHRC) Program Office sponsors quality improvement initiatives to address gaps in care & anticipate system-wide needs
 - In 2014, in response to the new highly effective medications, HHRC launched the Hepatitis C Innovation (HIT) National Collaborative



National Virtual Collaborative



Collaborative Leadership Team

- Program management and facilitation, including setting national goals
- Coaching Hepatic Innovation Teams (HITs) to improve processes
- Identifying low performers and pairing them with strong practices
- Advocating for patients and on behalf of the HITs
- Building community amongst the HIT members



Hepatic Innovation Teams

- Multidisciplinary, network-level teams led by a HIT Coordinator
- Work locally to contribute to national goals
- Participate in national calls and working groups
- Have monthly virtual meetings and annual face-to-face meetings



Lean training

- When teams formed we provided basic education:
 - Defining a Problem Statement
 - Current State Mapping
 - Ideal State Mapping
 - The Importance of Measurement
 - Goal Setting
 - How to use an A3
- Teams and members varied in skills and experience in Lean and process improvement
 - Needs assessment was completed by each team annually
 - Coaching was tailored based on needs
- Team leaders were trained in team development strategies



Completion Plans

[illegible]

Screening Rate by Sex	
Texas	68.8%
Big Spring	64.4%
Perot	63.3%
Albuquerque	71.3%
Phoenix	74.2%
El Paso	74.0%
Amarillo	71.3%
WIS 04	71.3%
WIS 03	71.3%
National	68.8%

- Difficult to engage a VISN team for a four year project when VISN is being redistributed
- Current state maps can open eyes for the need to improve embrace a team solution
- Difficult to engage team members with treatment funding uncertainty
- Reassure team, no matter the political climate, do what is best for the Veteran
- Technology and tech experts, make this project easy to implement

National Face-to-Face Meetings

- September 2014: San Antonio, TX
 - Kick-off meeting focused on defining the current state and establishing the national virtual collaborative
- August 2016: Orlando, FL
 - Emerging strong practices were shared and each VISN shared one or more A3 demonstrating their work throughout the year
- September 2017: Minneapolis, MN
 - Strong practices were shared and discussions were held regarding standard work and sustainability
- May 2018: New Haven, CT
 - HIT Coordinators learned about Lean, leadership, and facilitation and provided feedback and coaching to one another



Virtual Monthly Calls

- VISN HIT Coordinators meet virtually every month and share progress
 - Teams provide updates on what they are working on and challenges they are facing using a 9-box A3
 - Attendees have the opportunity to share strong practices, struggles, and advice with one another
 - Data on key national metrics is updated and shared with teams
 - 6 VISNs per weekly call (3 calls per month)
- Monthly HIT Office Hours
 - Featured topic or training

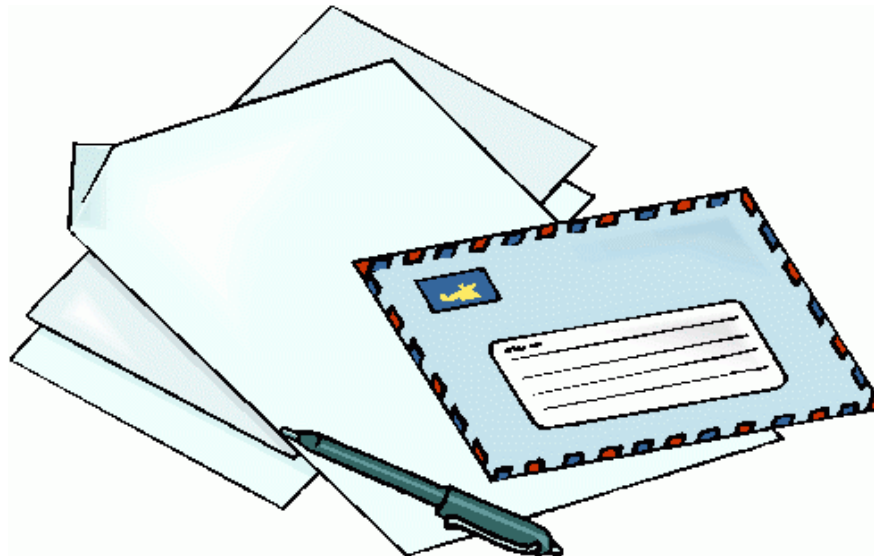
Regional Face-to-Face Meetings

- Each meeting is structured around Lean problem-solving
 - Agendas progressed through each step in the A3
- The group works as a network but can tailor interventions to individual medical centers
- Variations in:
 - Leadership
 - Resources
 - Culture
- In FY17, low performers had site visits
- In FY18, all VISNs held a co-facilitated meeting

Time	Program
8:10am – 9:00am	Facilitators Welcome & Overview
8:00am – 8:15am	Day 1 Review
9:00am – 9:30am	Lean Review
8:15am – 9:15am	Team Charter
9:30am – 10:00am	Team Development Discussion
9:15am – 10:15am	Rapid Experiments / Tests of Change
10:00am – 10:15am	Break
10:15am – 10:30am	Break
10:15am – 11:30am	Hepatitis C and Advanced Liver Disease (ALD) Cirrhosis Complications Discussion
11:30am – 12:00pm	Business Case and Current State Review
12:00pm – 1:00pm	Exit Brief / Wrap-up
1:00pm – 2:45pm	Lunch
2:45pm – 3:00pm	ALD Current State, Target State, & Gap Analysis
3:00pm – 4:00pm	Break
4:00pm – 4:30pm	ALD Countermeasures / Solution Approaches
4:30pm – 4:35 pm	Report Out
4:30pm – 4:35 pm	Meeting Evaluation

Birth Cohort Letter

- VISN 18 shared their process for increasing HCV screening rates
- They sent letters which served as a lab order to Veterans due for screening
- Leading to over 1500 patients being screened in Tucson in a 10 month period
- This idea spread and was implemented at numerous medical centers across the country as a low effort/high impact approach



Optimizing the Team

- Medical centers acknowledged that you could utilize clinical pharmacists to prescribe HCV treatment.
 - Nearly 30% of prescriptions in FY17 were written by pharmacists
 - The top prescriber of HCV treatment was a pharmacist
 - The use of clinical pharmacy specialists saved the VA over **\$3.5 million** in FY17*
- Roles developed for nurses
 - Nurses provide patient education and guide patients through therapy
- Social Workers embedded in clinics
 - Able to quickly coordinate necessary services to remove barriers to care
- Pharmacy Technicians roles expanded
 - Schedule appointments, transcribe and triage voicemail, ensure adequate HCV drug stock

HIT Team Project: Hep C Mobile Treatment Unit

- **162** rural patients needed treatment
 - Viable treatment candidates
 - Followed by Primary Care Providers at one of seven Community-based Outpatient Clinics
 - Unable to travel ≥ 2 hours to the Dorn VAMC in Columbia, SC
- Meet the veterans in their local area on Fridays
 - Anderson, Spartanburg, Greenville, Orangeburg, Sumter, Florence, Rock Hill
 - Four week rotations at CBOCs

Rotation One	Facility	Initiation	Week 4	Week 8
	Greenville	2/3/17	3/3/17	3/31/17
	Florence	2/10/17	3/10/17	4/7/17
	Greenville	2/17/17	3/17/17	4/14/17
	Rock Hill	2/24/17	3/24/17	4/21/17

Rotation Two	Facility	Initiation	Week 4	Week 8
	Anderson	4/28/17	5/26/17	6/23/17
	Spartanburg	5/5/17	6/2/17	6/30/17
	Sumter and Orangeburg	5/12/17	6/9/17	7/7/17
	Greenville	5/19/17	6/16/17	7/14/17

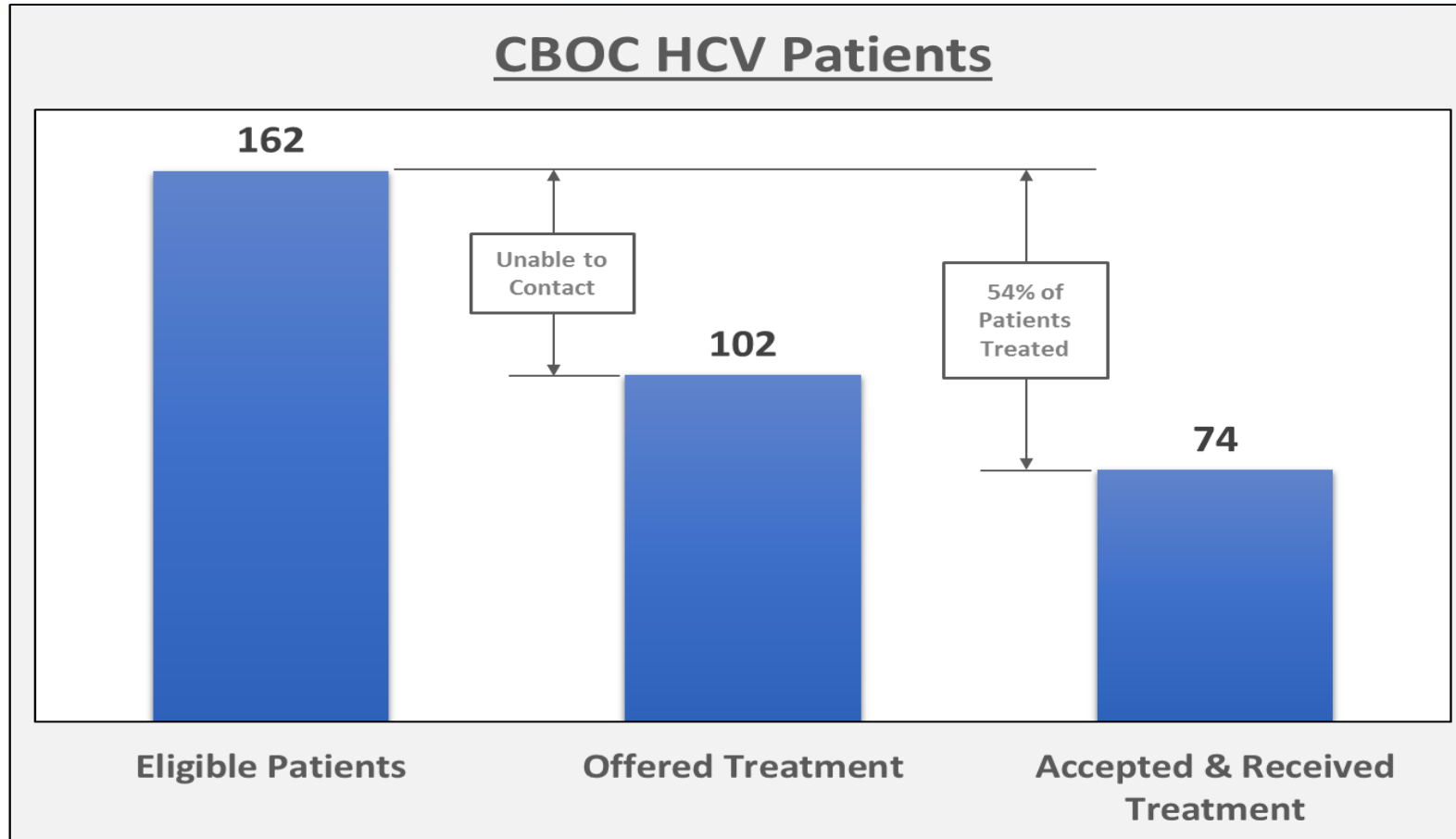
- Staff included: Driver, PharmD, and RN

HIT Team Project: Hep C Mobile Treatment Unit

- Hand-delivered medications
 - Medications processed in the Main Pharmacy and carried via Mobile Unit to the patient
 - Once given to the patient at the face-to-face visit, RX labels were scanned in the main pharmacy to “dispense” the medication
 - Pt instructed not to start medication until the following Monday



What was the impact of this practice?



Key Metric(s)

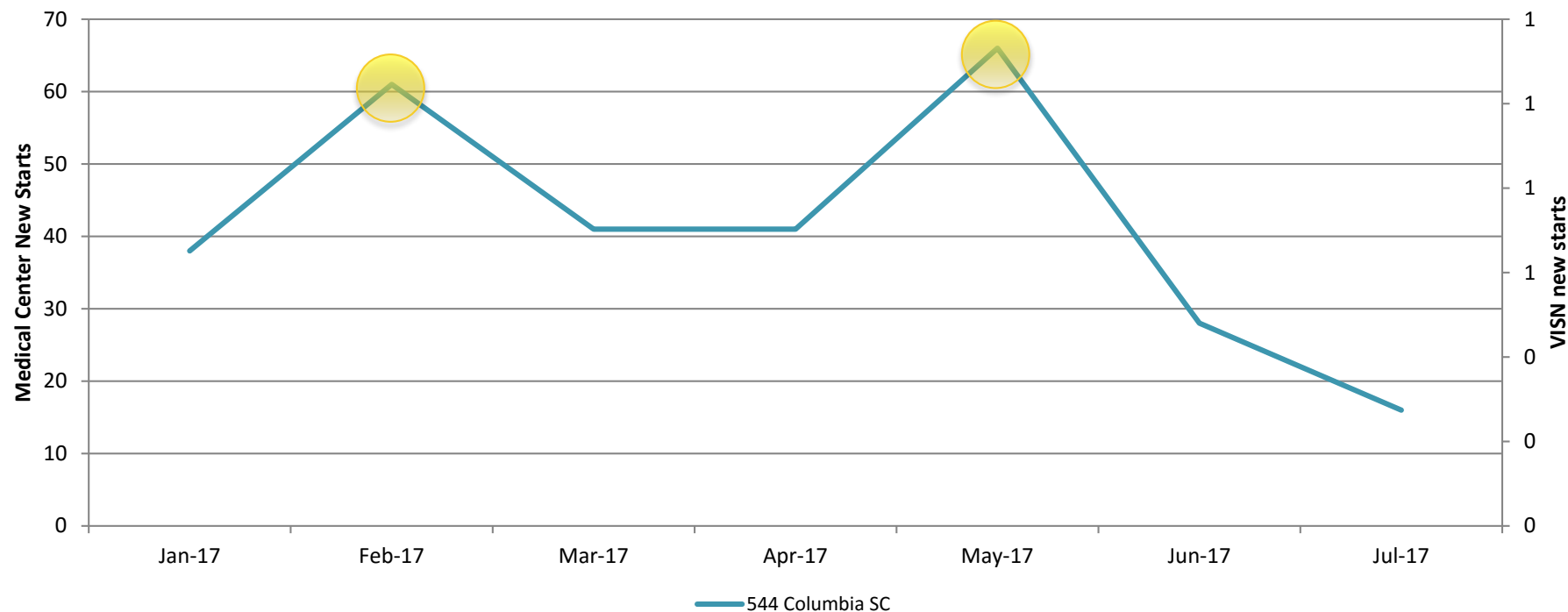
- Decreased patients awaiting treatment by 54%, exceeding project goal

Feedback from Staff/Veterans

- Appreciation from Veterans for coming to them
- Increased awareness of both HCV Screening and treatment initiations among Veterans and staff

Treatment Starts:

VISN 7 FY17 Monthly New Starts



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Columbia SC	46	41	46	38	61	41	41	66	28	16	26

Lessons Learned

- Total facility collaboration is essential to accomplish strong practices.
- A Mobile Treatment Unit is an effective way to reach veterans in rural areas.
- Continue to take initiative to reach new rural Veterans that need HCV treatment.

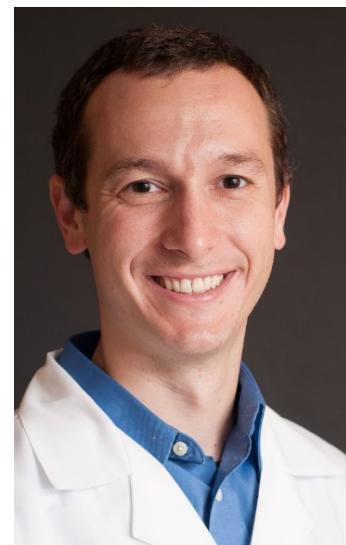
Today's Speakers

Treating Hepatitis C in Veterans Experiencing Homelessness



Lena Asmar, MSW, LICSW

Vice President, Human Services
New England Center and Home for Veterans



Geren Stone, MD

Boston Health Care for the Homeless Program
Medical Director of the New England Center and
Home for Veterans (NECHV) Clinic

Treating Hepatitis C in Veterans Experiencing Homelessness

Lena Asmar, MSW, LICSW

Vice President, Human Services, New England Center and Home for Veterans

Geren Stone, MD

Boston Health Care for the Homeless Program



New England Center and Home for Veterans

The New England Center and Home for Veterans (NECHV) is a multi-dimension service and care provider dedicated to assisting Veterans who are facing or are at-risk of homelessness.

- Founded in 1989 by Vietnam Veterans
- NECHV offers a broad array of programs and services that enable success, reintegration, meaningful employment and independent living.
- Over 100 employees
- About 280 residents reside at NECHV each night
 - 97 in permanent apartments and 185 in transitional housing





The final piece of the Permanent Supportive Housing and Recapitalization Project is in place.

For almost three years, the New England Center and Home for Veterans (NECHV) has been undergoing extensive renovations as part of the [Permanent Supportive Housing and Recapitalization Project](#) to update the 110 year-old 10-story building in order to better serve Veterans. The project has added 37 new permanent apartments and renovated 60 existing units, renovated transitional housing for 180 Veterans, including a separate and secure female dormitory, and updated 65,000 square feet of service spaces for education and employment services, clinical services, housing services, and critical support. In May of 2017, the Center held a [ribbon cutting](#) to celebrate the updated facilities.



NECHV Behavioral Health Programs

- A team of Master's level clinicians and case managers provide case management and counseling to Veterans who reside in NECHV's transitional and permanent housing units as well as Veterans in the community
- Majority of Veterans have a mental health and/or substance use diagnosis
 - Many struggle with active substance use – a harm reduction framework is used
- Able to provide and bill for behavioral health services through BHCHP
 - Clinicians credentialed through BHCHP



Boston Health Care for the Homeless Program

Respect, Compassion, Teamwork, Integrity

- Founded in 1985
- FQHC
- 12,000+ patient visits annually
- Clinics in 50 sites across the city
- Over 500 employees



Onsite BHCHP Clinic

- BHCHP operates a full service clinic onsite at NECHV
 - Health intake
 - Primary care
 - Urgent care
 - Office based addiction treatment
 - HCV treatment
- Works in partnership with NECHV case managers and clinicians
- Medical support for emergencies



Hepatitis C

- Veterans enrolled for care at VA have higher rates (5.4%) of HCV infection than the general U.S. population (1.8%)
- The homeless population is disproportionately impacted by HCV, with an estimated prevalence of 22%-53% percent
- There are about 2.2 million people in US jails and prisons, and 1 in 3 have HCV



Hepatitis C

Hepatitis C Treatment

Recommendations for When and in Whom to Initiate Treatment

- **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



Hepatitis C

Published in final edited form as:

JAMA Intern Med. 2017 June 01; 177(6): 880–882. doi:10.1001/jamainternmed.2017.0358.

Experience and Outcomes of Hepatitis C Treatment in a Cohort of Homeless and Marginally Housed Adults

Joshua A. Barocas, MD, Marguerite Beiser, NP, Casey León, MPH, Jessie M. Gaeta, MD, James J. O'Connell, MD, and Benjamin P. Linas, MD, MPH

Division of Infectious Diseases, Massachusetts General Hospital, Boston, Massachusetts (Barocas); Division of Infectious Diseases, Brigham and Women's Hospital, Boston, Massachusetts (Barocas); Boston Health Care for the Homeless Program, Boston, Massachusetts (Beiser, León, Gaeta, O'Connell); Division of Infectious Diseases, Boston Medical Center, Boston, Massachusetts (Linas); Boston University School of Medicine, Boston, Massachusetts (Linas)

Hepatitis C

Results | From February 2014 and August 2015, 199 HMH individuals were considered for initiation of oral therapy; 64 were treated in the specified period and included in this analysis, 56 were treated outside the study period, and the rest remain untreated. Forty-nine of the 64 treated patients were male; their mean (SD) age was 55 years (7.7 years). Participant characteristics are shown in the Table, stratified by treatment outcome. All patients completed therapy without subspecialty referral.

Ninety-seven percent of patients (62 of 64) in this cohort achieved SVR-12. Treatment outcomes by treatment regimen are shown in the Figure. Only 13% reported more than 3 missed doses.



Hepatitis C

- HCV treatment provided through BHCHP's onsite clinic @ NECHV
- Low barrier entry criteria
 - Treat individuals who are experiencing homelessness, are actively using substances and have other barriers
 - BHCHP works closely with NECHV case managers and therapists in a coordinated and creative manner to assist Veterans in adhering to HCV treatment
- Insurance coverage through MassHealth (Medicaid)



Hepatitis C

- 8 (100%) patients who completed treatment demonstrated sustained virologic response (SVR)
- 4 patients completed treatment awaiting SVR labs
- 1 patient lost to follow up
- 2 patients currently on treatment
- 10 patients undergoing workup for treatment initiation
- 0 patients with re-infection



Case Study – Partnership in Action

Bob is a 38 year old, non VA eligible, Army combat Veteran (Bad Conduct Discharge). He has struggled with addiction, mainly opioid and benzodiazepine use. He contracted HCV through injection drug use. He has had a number of stays at NECHV. He also has a long history of incarceration related to addiction. During his most recent stay at NECHV, he worked closely with a NECHV clinical case manager and therapist. He also reconnected with BHCHP for primary care, and was prescribed suboxone for opioid use disorder. He also started HCV treatment. He experienced a relapse and subsequently had a positive toxicology screen, which violated the terms of his probation. He was incarcerated for 30 days. His case manager as well as the BHCHP providers contacted the facility, where he was incarcerated, and brought his script to the jail so he could continue HCV treatment. He was released into a substance use residential treatment facility. After his release, he reconnected with BHCHP as well his NECHV therapist to continue treatment. He has successfully completed his HCV treatment.

NECHV and BHCHP Partnership in Action

Photos that speak on Veterans Day and every day



KEVIN CULLEN/GLOBE STAFF

Ribbon Cut For Newly Renovated Veteran's Home

May 12, 2017 at 5:30 pm Filed Under: Boston Mayor Marty Walsh, Governor Charlie Baker, New England Center and Home for Veterans



Ribbon cutting at renovated New England Center and Home for Veterans. (Photo credit: WBZ NewsRadio/Lana Jones)

Final Thoughts

- Meeting Veterans “where they are at”
- Veterans who struggle with substance use disorder should still be treated for HCV
- Easily accessible and coordinated HCV treatment and wrap around supports are essential
- Creating welcoming and comfortable environments
 - “Trauma Informed Care” & “Harm Reduction”
- Ongoing communication among providers



Thank you!



Questions?

- Please submit questions for any of our presenters via the webinar question function
- Slides and a recording of the webinar will be sent to everyone who registered and posted on our website

