Bringing Hepatitis C Treatment into the Medical Home

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The Challenge: Hepatitis C Virus (HCV) in 2015

3.5 million infected

New treatments which are safe and curative

Opportunity to end the epidemic
Mission Neighborhood Health Center

FQHC in San Francisco

Two clinical sites have high burden of HCV:
- HIV clinic
- Homeless drop-in center

Began offering HCV Treatment 2014
HCV Pilot Program Goals

Treat and cure HCV

Include active drug users

Build a sustainable model
HCV Has a Broad Reach

- 22-52% across Health Care for the Homeless Programs in the US
- 12-35% in incarcerated populations
- 30-90% of IDUs
- 25% of HIV-infected persons
Hepatitis C Treatment: One Part of a Medical Home Model for Drug Users

- Primary care
- Wound care
- Addiction counseling and linkage
- Behavioral Health
- Medication Assisted Treatment
- Case Management
- Hepatitis and HIV Treatment

Trauma Informed Care

Harm Reduction
Meet Our HCV Patients

Juan: 55, Just completed treatment

DJ: 40, on treatment

Albert: 65, completed treatment, cured
Our HCV+ Patient Demographics

50% Latino

40% Monolingual Spanish

30% Homeless

67% Mental Health Disorder

67% Substance Use Disorder
HCV Care Team Roles

**Lead HCV Clinician**
- Assesses treatment readiness, stages liver disease and treats HCV in appropriate patients
- Consulted as needed to assess for and help patients move towards treatment readiness

**Behaviorist**
- Completes documentation for prior authorization of medications
- Communicates with pharmacy and patient to facilitate treatment access

**Treatment Access Support Person**
- Consults with or refers patients to lead clinician for HCV treatment

**Treatment Adherence Support Person**
- Educates patients on treatment, liver health and reinfection
- Dispenses meds
- Assesses and intervenes to support adherence

**PCP**
Hepatitis C Primary Care Process Flow

**Patient** ready for Hep C Treatment

**PCP** consults with or refers to **Lead Clinician**

**Lead Clinician** reviews chart and consults as needed

**Lead Clinician** or **PCP** finalizes treatment plan & writes prescription

**Treatment Access Support Person** obtains authorization for meds

**Adherence & Monitoring Person** dispenses meds, orders labs, follows patient through treatment

**Lead clinician** or **PCP** sees patient as needed and manages complications

**Patient** completes treatment, monitored for reinfection by **PCP**

Liver Clinic Referral for patient ineligible for community based treatment
Treatment Readiness Checklist

☑ Patient wants Hepatitis C treatment
☑ Patient generally keeps scheduled medical appointments
☑ Can contact patient by phone or have another reliable way to reach them
☑ If substance abuse and/or mental health issues, stabilized or engaged in treatment to the degree that patient can complete 12 weeks of Hepatitis C therapy
☑ Other active medical issues (HIV, Diabetes, etc.) relatively stable
☑ Patient can articulate a plan to avoid Hepatitis C reinfection after treatment
Patients with reinfection:

- 0 Patients with reinfection

Treated patients with successful outcome (ETR or SVR):

- 30 Treated patients with successful outcome (ETR or SVR)

Patients completed treatment at MNHC:

- 31 Patients completed treatment at MNHC

Patients in or completed HCV treatment process:

- 60 Patients in or completed HCV treatment process

Patients stable for treatment:

- 83 Patients stable for treatment

Patients evaluated for HCV treatment:

- 98 Patients evaluated for HCV treatment

Results
Towards Eradication: HCV Treatment Within MNHC's HIV Clinic

- Treated and cured, 16
- On treatment, 4
- Awaiting meds, 4
- Pretreatment workup, 4
- Unstable, 2
Patient Experience Survey (n=13)

100% Highly satisfied with program

92% Very likely to recommend treatment to others

“I can say I was cured”

“I feel so much better; I have more energy”
Conclusions

Community based treatment works

Challenge = Medication access

Education is needed
Benefits to Community Based HCV Treatment

Patient centered
Promotes access
Builds self efficacy
Provider satisfaction
Next Steps

Collaborate with local needle exchange to bring new HCV+ patients into care via “warm hand off”

Expand treatment to 2 additional clinical sites at MNHC

Partner with community based researchers to study best practices
This is about people not being expendable…Just because they’re not clamoring for it, it doesn’t mean they don’t want it; we have to clamor for them…Because when they finish treatment, all of a sudden it becomes, “what am I going to do now?”

–Pauli Gray, SF AIDS Foundation
HCV Treatment Opportunities

- Jail
- Mental Health Clinic
- Prison
- Methadone Clinic
- Hospital
- Inpatient Rehab
- Specialty Clinic
- Homeless Shelter
- TB Clinic
- SNF
- Needle Exchange
- Outpatient rehab
- Street medicine
The Hepatitis C Community Treatment Group

Monthly informal meeting at San Francisco General Hospital (SFGH)

Open to all providers, nurses, pharmacists, outreach workers and community members interested in supporting each other in treating HCV

Join in person or by WebX

http://bayareaaetc.org/resource-item/hepatitis-c-provider-group/
Thanks

- My Hepatitis C mentors Dr. Annie Luetkemeyer, Dr. Jan Diamond, Dr. Betty Dong
- My team
- My patients
- Hepatitis C activists continuing to work for treatment access