Novel Strategies to Enhance Testing and Linkage to HCV Care and Treatment

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Treatment cascade for people with chronic HCV infection

Yehia B. PLoS One. 2014; 9(7) e101554

Philadelphia DPH HCV Care Cascade

This represents 50% of those estimated to be living with HCV
Are we reaching the desired communities?

Age Groups Tested, Philadelphia DPH Data

Slide courtesy of Dr. Viner, PDPH

Number of Overdose and Injury-related Deaths – Philadelphia, 2003-2016

Philadelphia Office of Medical Examiner
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
- Housing Respite
- Referrals for ID, food, clothing, drug treatment
- Bupenorphine/naloxone program
- Naloxone teaching and distribution

Poster #27

Philadelphia DPH HCV Care Cascade

Strategies for Enhanced Testing in the Clinic

◦ EMR modifications
◦ Integration into clinic work flow
◦ Antibody with Reflexive confirmatory testing only
◦ Automated ordering

Impact of EMR Prompts on Type of HCV Screening Test Ordered

![Chart showing the percentage of tests ordered over time with a peak in July 2014 for Reflexive confirmatory testing and a decrease in other tests.](chart.png)

2014
Impact of EMR prompts on Percentage of Eligible Baby Boomers Tested for HCV

*EMR prompts added July 2014

Strategies for Enhanced Testing in the Clinic

In FQHC setting
- Visit notes with prepopulated orders for HIV and HCV testing
- Provider education

![Graph showing the impact of EMR prompts on percentage of eligible baby boomers tested for HCV.](image)

![Bar chart comparing baseline and current rates of testing for HIV and HCV.](image)
Strategies for enhanced testing in the community

Testing Technology
○ Rapid point of care (POC) testing with immediate results
○ Immediate confirmatory testing
○ Focus on methods that eliminate the need for venipuncture (DBS testing)
○ Development of affordable, reliable 1 step POC testing
○ Decrease waste and repeat antibody testing

Tester
○ Peer
○ Designated testing staff at community based organization (CBO)
○ Navigator/Tester
○ Health care worker/nursing

Location
○ Colocation with harm reduction services and MAT
○ Outreach
○ Peer referral with monetary incentive


Philadelphia FIGHT

COMMUNITY BASED TESTING
Syringe Exchange Program
Drug Treatment Programs
Homeless shelters
Opioid substitution programs
(Philadelphia Dept of Prisons)

Testing protocol
Oraquick Rapid HCV ab test; if reactive, immediate blood draw for RNA by tester
Philadelphia FIGHT’s HCV testing program: C a Difference

- 622 tests performed between 11/2016 and 7/2017
  - 209 ab+ (33.60%)
  - 193 successful venipunctures for confirmatory tests (92%)
  - 189 resulted draws (6 lab result errors)
  - 137 RNA+ (72.49% of resulted draws)

Philadelphia DPH HCV Care Cascade

Strategies for enhanced linkage

Patient navigation models
◦ Peer navigators
◦ Tester/ Navigators
◦ Non-peer navigators
  ◦ CBO based navigators
  ◦ Clinic based navigators

Embedded models (care within OST, Addiction treatment, CBO)
◦ Nurse led models
◦ Physician led models

Mobile models of care

Mixed models

Linkage to Care at Philadelphia FIGHT

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 led but patient driven
◦ Blood draws at the syringe exchange, OST site or addiction program if patient cannot get in

Linkage to care rates are still fluid and vary based on testing site: 25 to 65%
Next steps: Embedded provider model
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

Canary LA et al., Ann Intern Med. 2015;163(3):226-228
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Arduous prior authorization process for providers

Training, support, education
- HCV treatment in people actively using drugs
- Harm reduction

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

C a Difference Team
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