

Hep C: Working Towards a Cure as a Community

Tyler Gray, MD and Catherine Fowler, RN
Healthcare for the Homeless Baltimore

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May 16, 2018



Overview

- Brief epidemiologic and clinical overview of Hepatitis C
- Discussion of how to identify community partners
- Sharing the cure overview
- Discussion of the role of data in designing and implementing a hep C treatment program
- HCV care cascade
- Small groups to discuss sample health-center level data

Slide 2

1 go for it! that sounds great to me

Tyler Gray, 5/4/2018

2 When do you plan to submit the presentation? Can I get slides to you by Wednesday of this week?

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to

take the Customer Satisfaction Survey. *

Boatema Ntiri-Reid -MDH-, 5/7/2018

2 we will bring it with us to the talk, don't need to submit ahead of time. i need to add our HCH theme to it later too.

Tyler Gray, 5/9/2018

1 I could do the STC overview. I would update the bullet to "Overview of Maryland Community-Based Programs to Test and Cure Hepatitis C" to reflect the overall grant program that includes Sharing the Cure. I could provide that overview in 2-3 slides and can keep it as short as necessary to accommodate the time that you and Catherine have prepared for. I'll plan to include discussion of how to reach out to local and state health depts for support of their HCV programs.

Boatema Ntiri-Reid -MDH-, 5/9/2018

3 That works great

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Slide 2 (Continued)

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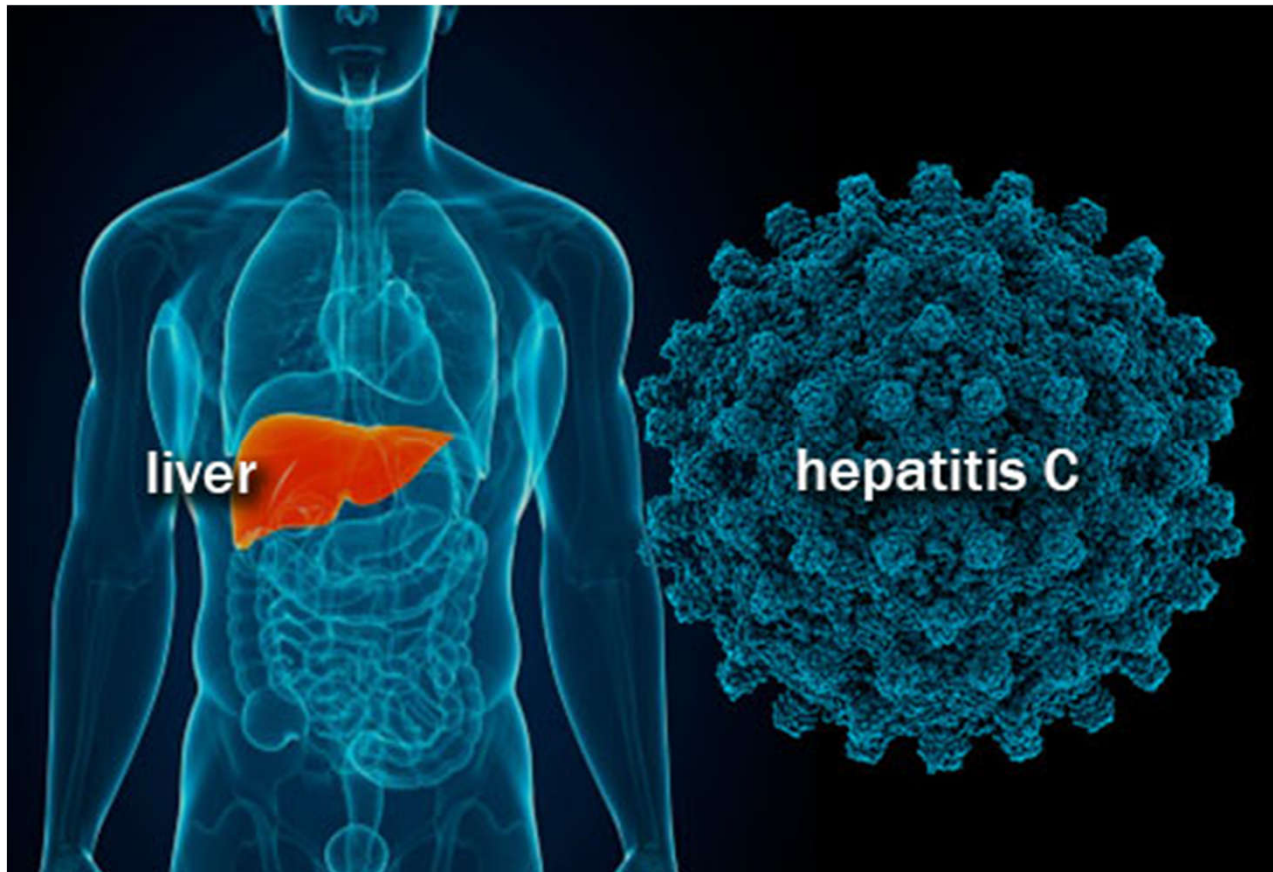
Boatemaa Ntiri-Reid -MDH-, 5/9/2018

Audience poll

Who is here with us today?

Who works at a clinic that is treating hepatitis C?

What is Hepatitis C?

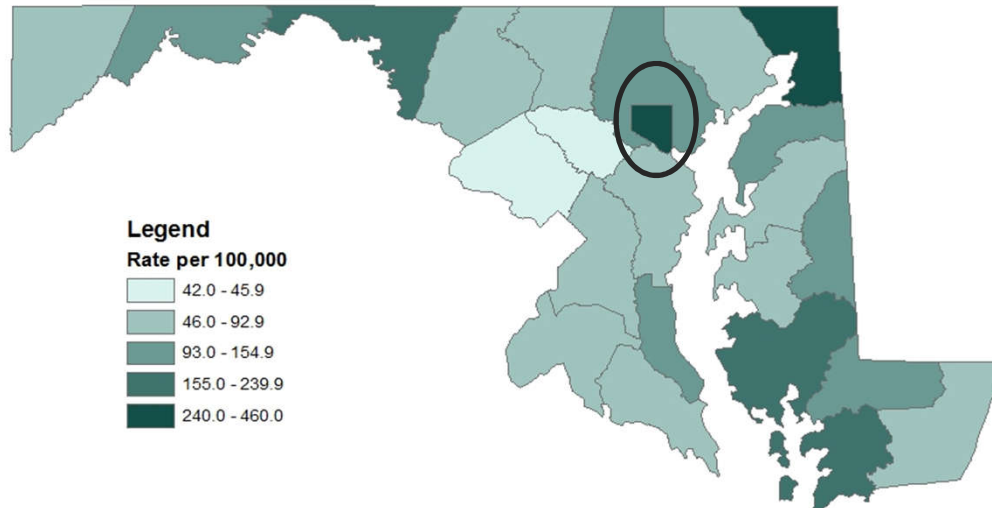


Hep C in people experiencing homelessness

- Increased prevalence of HCV in people experiencing homelessness
 - 1.5% of general population
 - 3.25% in baby boomers
 - 30% in homeless population
 - 53% in people who inject drugs

Current Picture of HCV in Maryland

Past/Present HCV Reported in Maryland by County - 2016



- In 2016, 8,004 cases of past/present HCV* reported.
 - Of these, 2,214 cases were reported in Baltimore City.
- 19 counties experienced an increase in reported cases between 2015 and 2016.
- Baby boomers make up 54.6% of reported cases.

Source: Maryland's NEDSS. Cases of Selected Notifiable Conditions Reported in Maryland in 2016.

* 2016 Hepatitis C, Chronic Case Definition, CSTE.

Hepatitis C treatment

- 1-3 pills once daily
- 8-12 weeks for most patients
- 12-16 weeks in cirrhotic patients
- Requires timely medication refills and lab draws
- \$26k-\$95k for first line treatment
- Well within the purview of trained and supported primary care practitioners
- Requires multi-disciplinary approach for success



Maryland Community-based Programs to Test and Cure Hepatitis C

Core Strategy 1:	Increase the capacity of primary care providers to deliver HCV treatment and case management through the provision of provider training and ongoing telemedicine consultation
Core Strategy 2:	Increase HCV testing by primary care providers through provider and patient education
Core Strategy 3:	Increase linkage-to-care services available through the local health department to ensure HCV-infected persons are supported in adhering to their treatment regimen
Core Strategy 4:	Increase HCV surveillance infrastructure and data sharing to refine population-level estimates of HCV infection and health outcome
Core Strategy 5:	Increase utilization of EMR to enhance HCV services, evaluate service outcomes, and inform quality improvement
Core Strategy 6:	Explore policy initiatives to improve client access to HCV testing, care, and treatment

Funding: PS14-1413, Division of Viral Hepatitis, Center for Disease Control and Prevention

Sharing the Cure Training Program

- 1-day in person course on HCV evaluation, treatment, and cure
 - Lecture from leading experts involved in HCV clinical guidelines development
 - Small group discussions
- Mini-Preceptorship
 - Clinical guidance
 - Staff support: social work, NP/RNA patient adherence leads, FibroScan technician
 - Support paperwork
- Telemedicine Conference (weekly)
- Onsite education and Site-wide Training



Working with Community Partners

- **Identification of partners**
- **Types of collaboration**
 - Referral networks
 - Specialist support for primary care clinicians
 - Training sites
- **Encouraging collaboration**
 - Consider grants
 - What role does the health dept (local and state) play in supporting this
 - 340b as an income generator

The Role of Data in HCV Program Development

Data Collection

- Prior to STC: not much collection at clinic level
- After: Clinician, IT and Quality/Grants created form to collect data
- Feedback: Data collection meeting grant requirements but not clinical needs

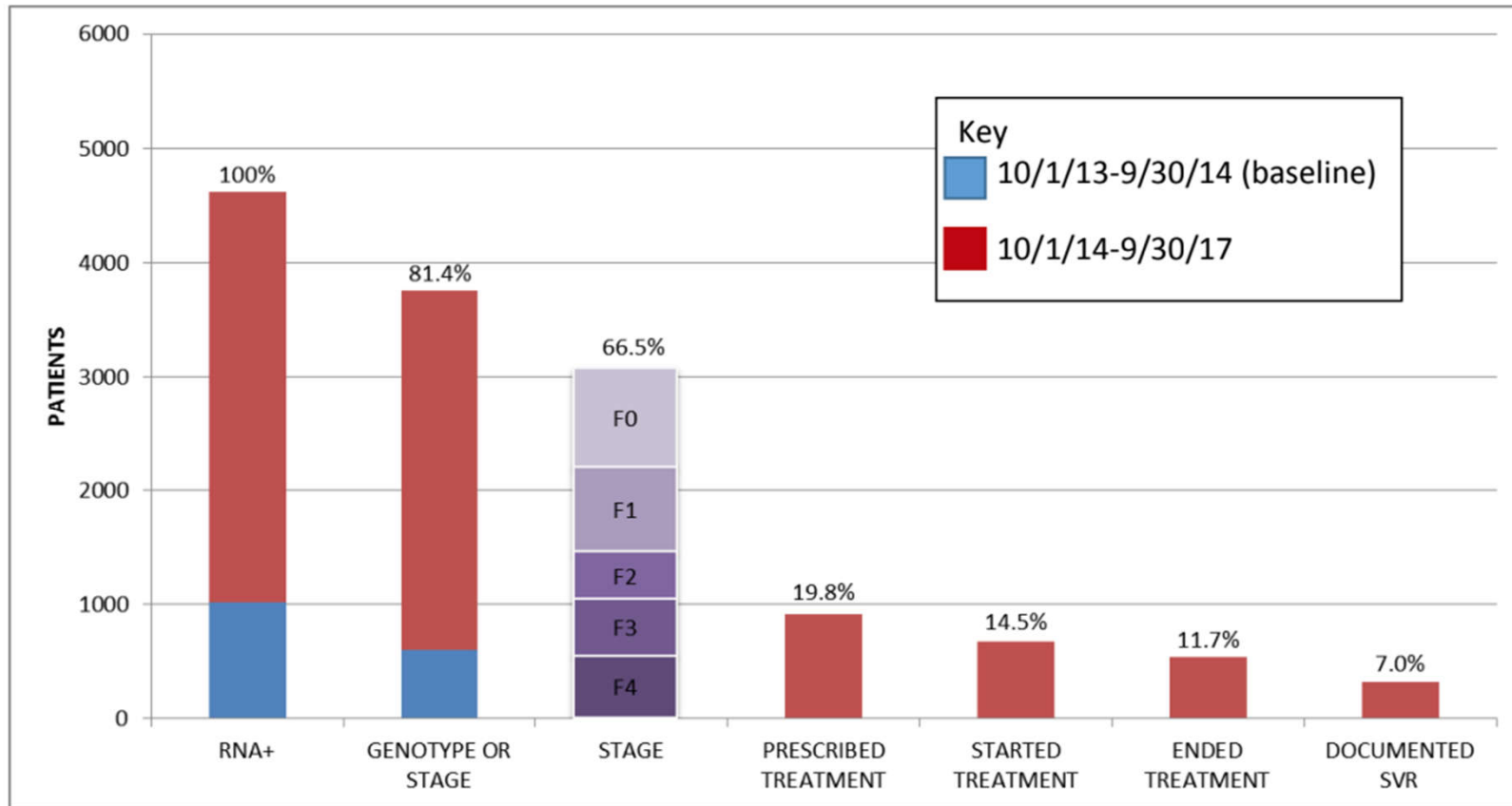
Improving Data Collection

- IT or outside sources can adjust or create forms
- Forms should use automated data whenever possible
- All stakeholders involved in form development

Increasing Buy-in

- Staff involvement, champions, efficiency
- Power of data

HCV Care Cascade



Care cascade by Mary Kleinman, center for viral hepatitis, Maryland dept of health

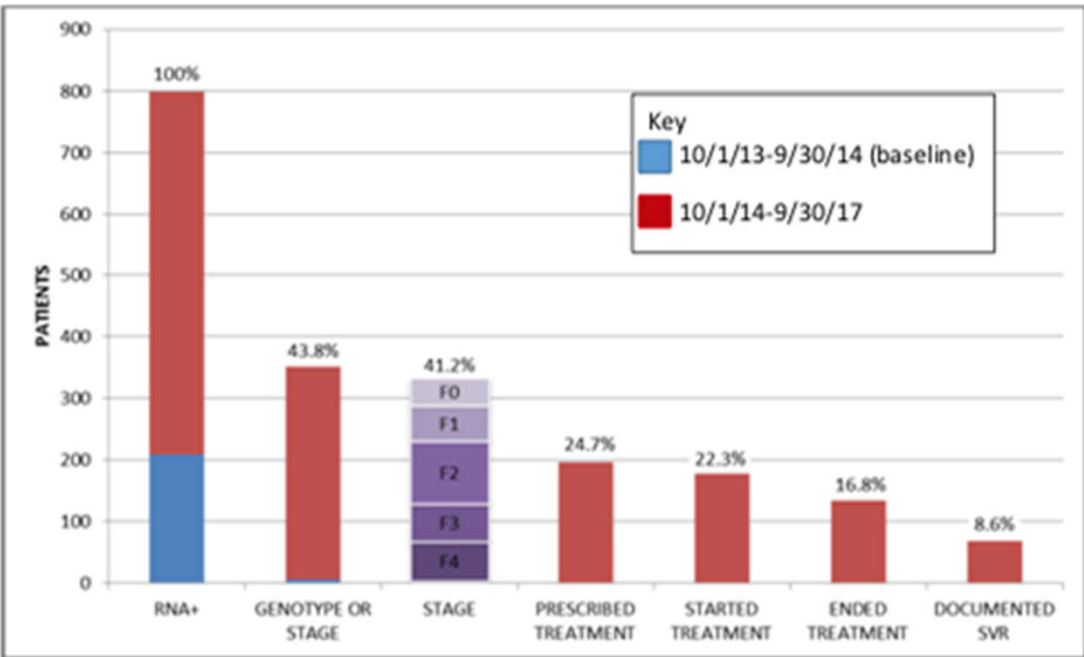
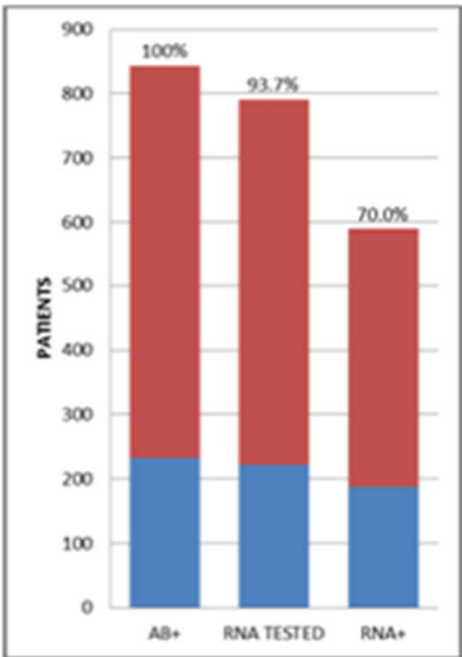
Small groups

- We will distribute data from different health centers in the Baltimore area
- Describe what you see
 - Is there anything you find surprising about the data
- Where are the gaps in the care cascade?
- What areas would you want to focus on for improvement?
 - How are you going to prioritize this?
- Write down your prioritized list of interventions (1-3)

Have a paper we hand out with these things on there and a place to record

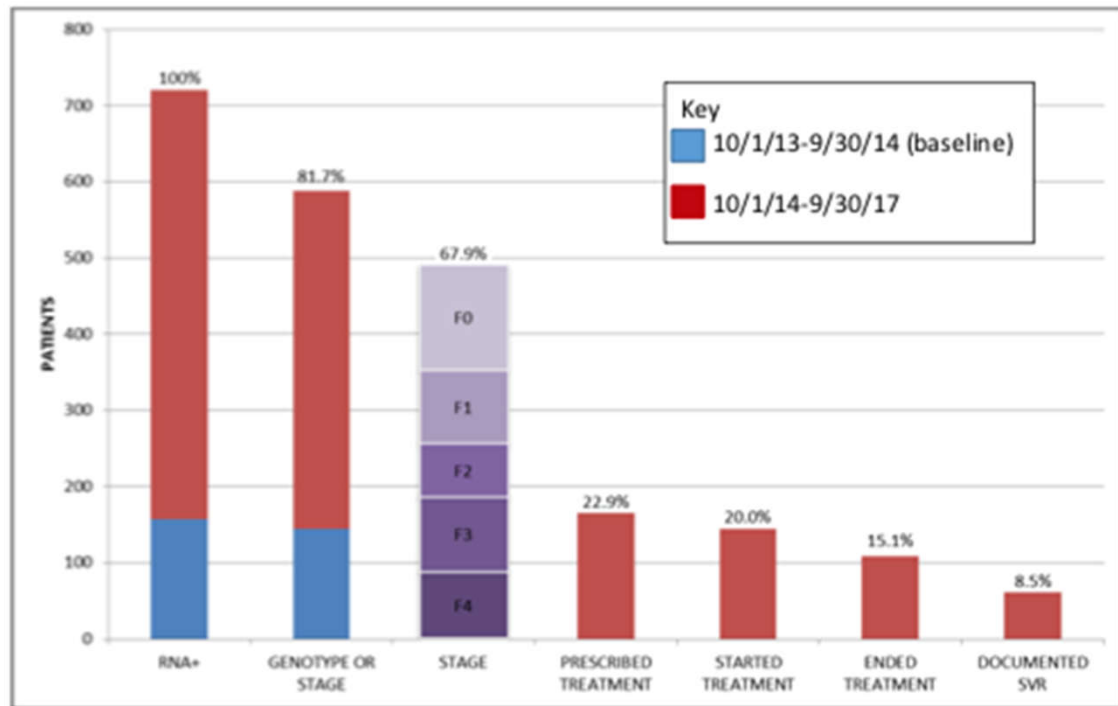
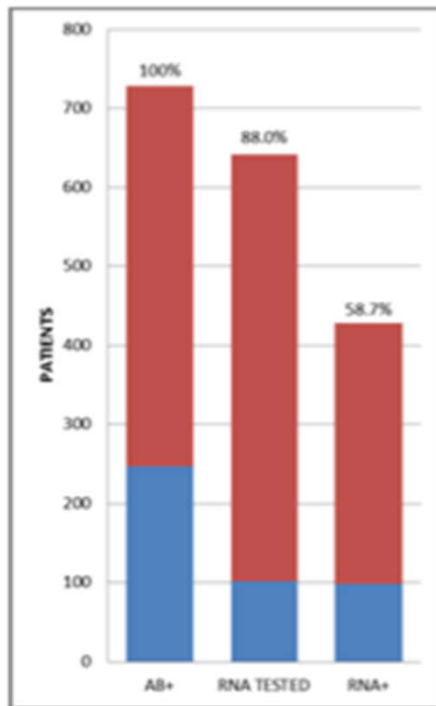
Site #1

Site-Level Care Cascades – 10/1/2013-9/30/17:



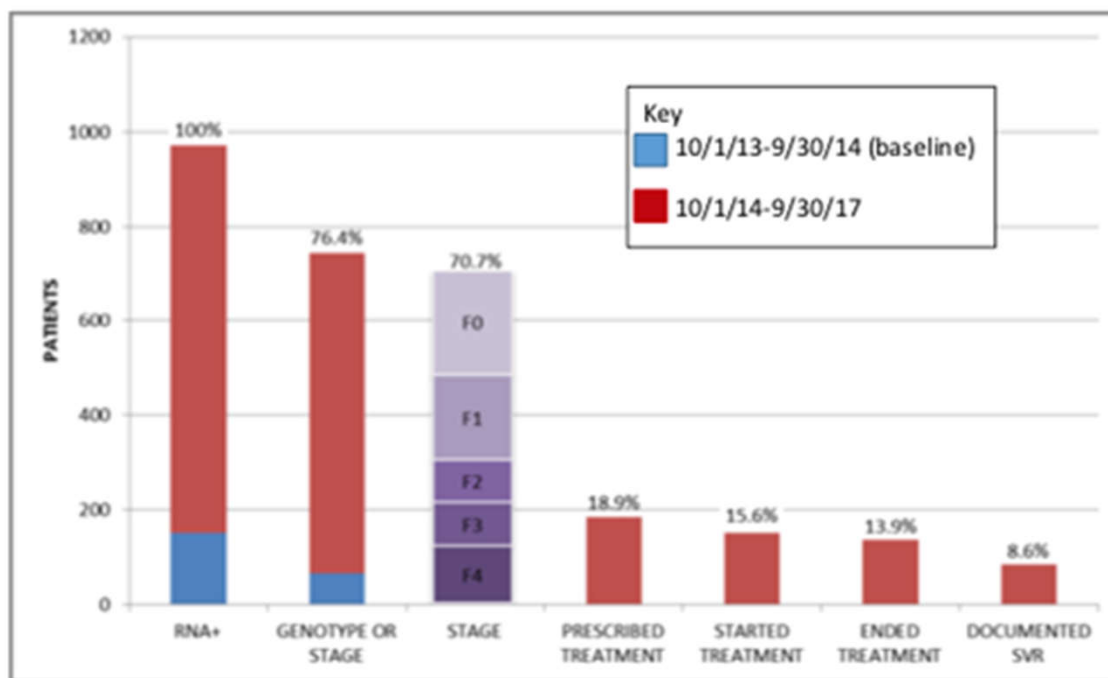
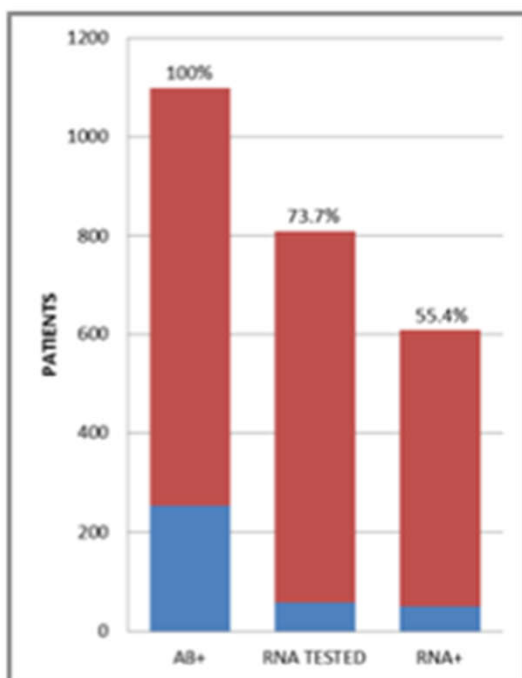
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Site-Level Care Cascades – 10/1/2013-9/30/17:



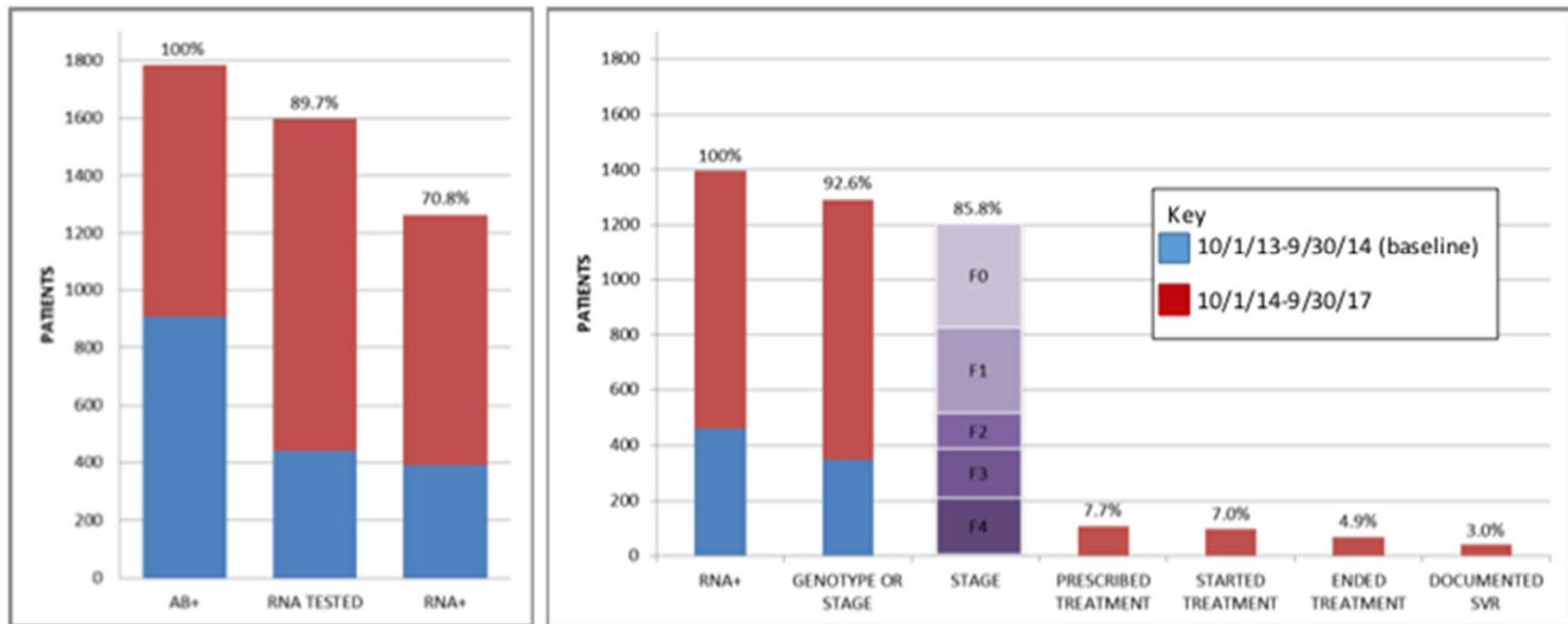
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Site-Level Care Cascades – 10/1/2013-9/30/17:



Site #4

Site-Level Care Cascades – 10/1/2013-9/30/17:



Site #5

Site-Level Care Cascades – 10/1/2013-9/30/17:

