

Strategies to Improve the HCV Continuum of Care:

Best Practices in Testing, Linkage to Care & Treatment

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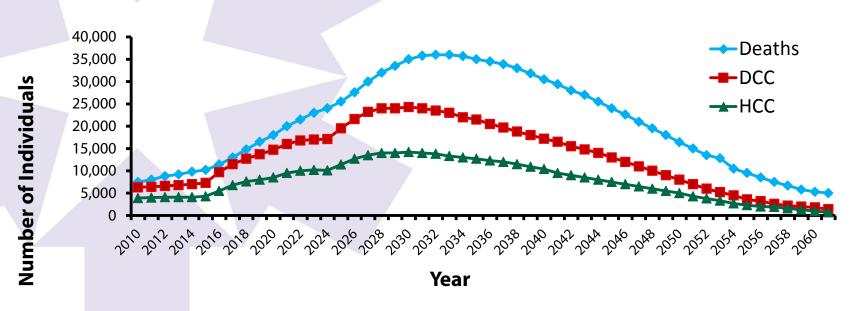
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Modeling the Growing Burden of Hepatitis C in the United States

Of 2.7 million HCV-infected persons

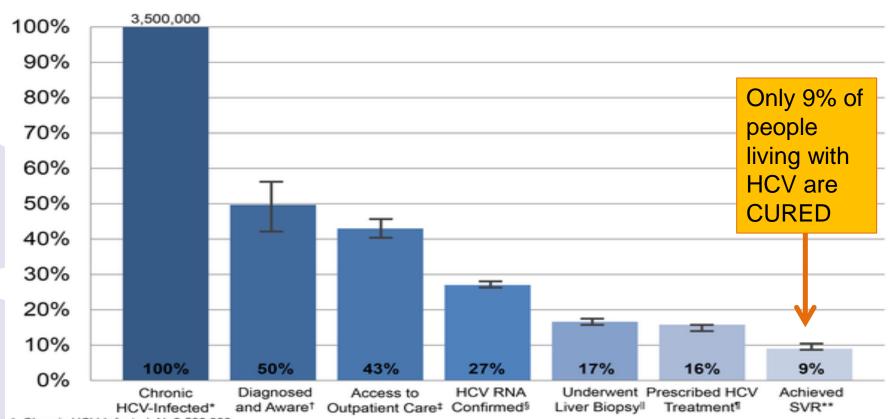
- 1.47 million will develop decompensated cirrhosis (DCC)
- 350,000 will develop hepatocellular carcinoma (HCC)
- 897,000 will die from HCV-related complications



(Based on a model presented by Rein et al. Dig Liver Dis 2011;43:66-72.)



Stages of the HCV Continuum of Care, US



Chronic HCV-Infected; N=3,500,000.

(Yehia et al, PLOS One, 2014)

[†] Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000. ± Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

[§] Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

^{||} Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.

[¶] Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36,7%); n=555,883. ** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

Note: Only non-VA studies are included in the above HCV treatment cascade.

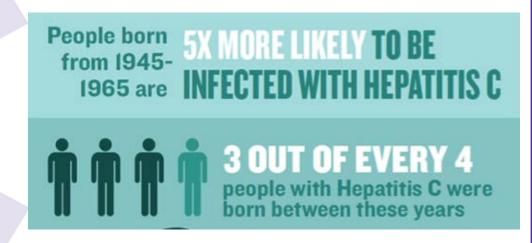


CDC Expanded Hepatitis C Testing Recommendations, 2012

All persons born 1945 though 1965

Why?

- Most are unaware of infection
- ▲ Testing is cost-effective
- ▲ Therapies can cure 90-100% of cases
- ▲ Left untreated, hepatitis C can cause liver damage & liver failure



(CDC Fact Sheet, Aug 2012)



Follow-Up Testing for HCV in Massachusetts, 2007-2010

- ▲ EIA detects anti-HCV antibodies
- ▲ NAT detects HCV RNA, denoting active infection
- ▲ Analysis of MA surveillance data, 2007-2010
- ▲ 34,005 cases of HCV reported
 - 45% (15,279) had an antibody test only reported
 - Cannot determine resolved or current infection
- ▲ Similar to a previous CDC study (49% had ab only)*

* MMWR 2013;62:357-361

(Barton et al. Public Health Rep 2014; 129: 403-407)



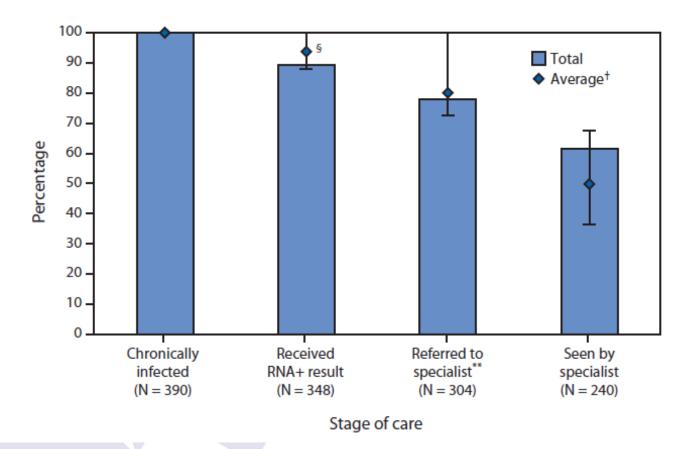
Successful Integration of Routine HCV Testing in CHC's

- ▲ 5 FQHCs, Philadelphia (10/2012 7/2014)
 - Key populations: homeless and public housing residents
- ▲ 4,514 patients tested
- ▲ 595 (13.2%) HCV antibody positive (+)
- ▲ 550/595 (92.4%) confirmatory HCV RNA testing
 - 390/550 (70.9%) chronic HCV infection
- ▲ Overall HCV prevalence: 8.6%

(Coyle et al., MMWR 2015;64: 459-463)



HCV Continuum of Care in 5 FQHCs – Philadelphia, PA October 2012 – July 2014



[§] Error bars are the range of percentages for each stage of care across all five FQHCs.

(Coyle et al., MMWR 2015;64: 459-463)

[¶] Average = average of values at all five FQHCs.

^{**} Specialists include primary care providers who were trained to care for patients infected with HCV, as well as hepatologists or gastroenterologists from one of the local academic medical centers.



Successful Integration of Routine HCV **Testing in CHCs Best Practices**

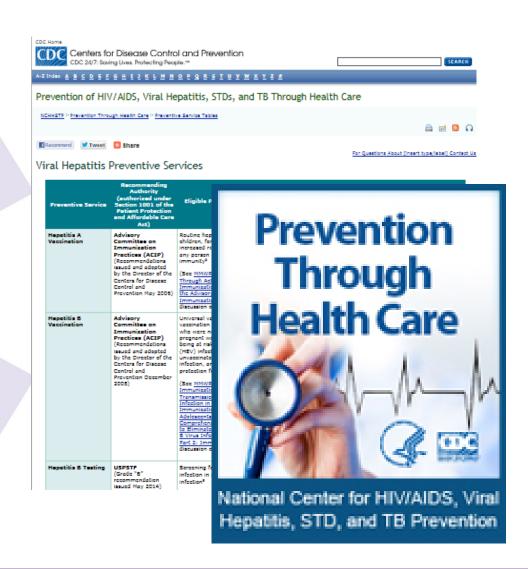
- Medical Assistants guided patients through testing process
- ▲ EMR prompts for HCV testing & linkage to care
- HCV reflex testing
- Creation of linkage-to-care coordinator position
- Negotiated competitive HCV test prices for uninsured

(Coyle et al., MMWR 2015;64: 459-463)



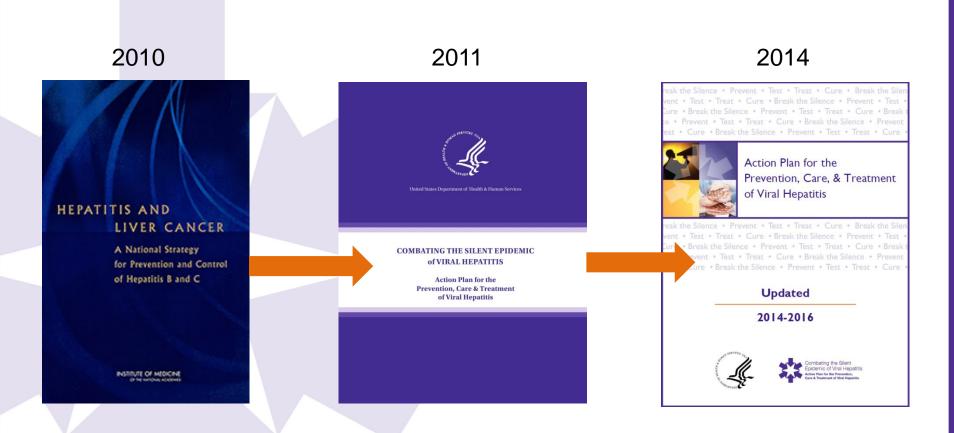
Affordable Care Act Opportunities

- Elimination of preexisting condition restrictions
- Expanded access to health insurance
- Preventive health care coverage
 - Screening
 - USPSTF Grade A or B
 - Vaccination
 - ACIP recommended





The Evolution of Our National Response





Cost Effectiveness of New Therapies to Treat HCV

- ▲ Interferon-free therapies to treat HCV are costeffective.
- Despite providing high value, the high cost of drugs is limiting access.
- ▲ No one knows the true cost of drugs, which limits negotiating power and access.
- Discussion of HCV therapy must consider the real price of meds, not the catalogue price.

Presentation to PACHA (5/22/15) by Dr. Benjamin P. Linas, Boston University School of Medicine



"A nation committed to combating the silent epidemic of viral hepatitis"

-Vision of the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis







Panel: Strategies to Improve the HCV **Continuum of Care**

- Promoting HCV Screening and Linkage to Care in New York:
 - Colleen Flanigan
- ▲ HCV Testing and Linkage to Care in Community Settings:
 - Michael Ninburg
- Diagnosing and Treating Veterans with HCV:
 - David Ross
- Integrating HCV Care into Substance Abuse Treatment:
 - Chinazo Cunningham
- **Questions & Answers**