

HOW TO EMBED A HEPATITIS C TREATMENT PROGRAM INTO AN EXISTING URBAN COMMUNITY CLINIC

Mission Neighborhood Health Center San Francisco, CA

ABOUT MNHC

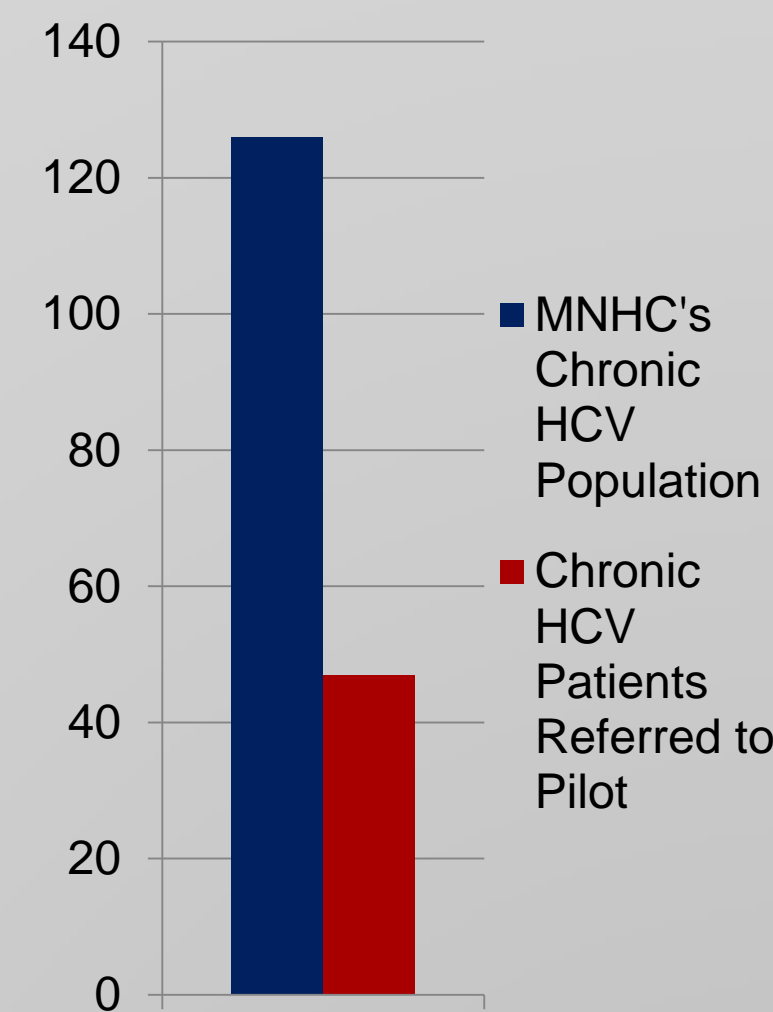
History

- Mission Neighborhood Health Center (MNHC) was founded 1967 to respond to the healthcare needs of low income families in the Mission District of San Francisco
- MNHC serves nearly 13,000 patients across the life-cycle including prenatal care, pediatrics, teen services, family planning, women's health services and adult and senior medicine
- MNHC provides support and health services to the homeless community through the Mission Neighborhood Resource Center
- *Clínica Esperanza* (Clinic of Hope), MNHC's HIV clinic, offers a continuum of HIV treatment services with an interdisciplinary model

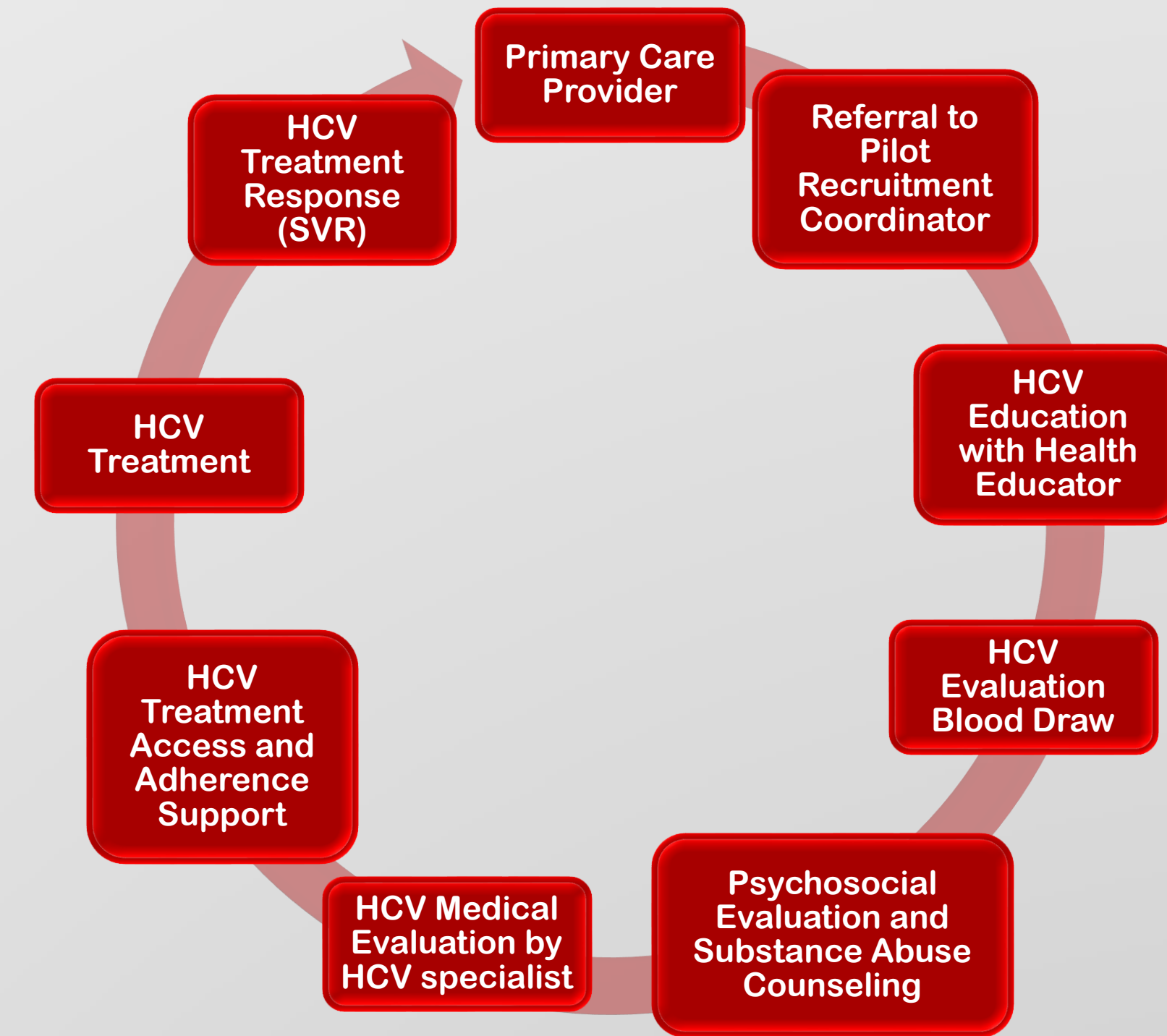
➔ In 2014, *Clínica Esperanza* began to offer community based Hepatitis C treatment to HCV+ patients

MNHC's Hepatitis C+ Patient Demographics

- 50% Latino
- 40% Monolingual Spanish Speaking
- 30% Homeless or Marginally Housed
- 67% Mental Health Disorder
- 67% Substance Use Disorder



THE PILOT



Background

- Current Hepatitis C Virus (HCV) treatments are safe, well tolerated and have cure rates upwards of 90%
- Historically, only 5-6% of HCV+ individuals have been successfully cured due to multiple barriers to treatment
- In San Francisco, access to HCV treatment is limited especially for those with active substance use or mental illness
- MNHC's HIV care team already facilitates high rates of engagement in care and treatment adherence for a complex patient population

The objective of our HCV pilot was to provide a multidisciplinary treatment program, in a primary care setting, which aimed to increase treatment access while evaluating cost effectiveness, sustainability, patient experience and quality outcomes

Methods

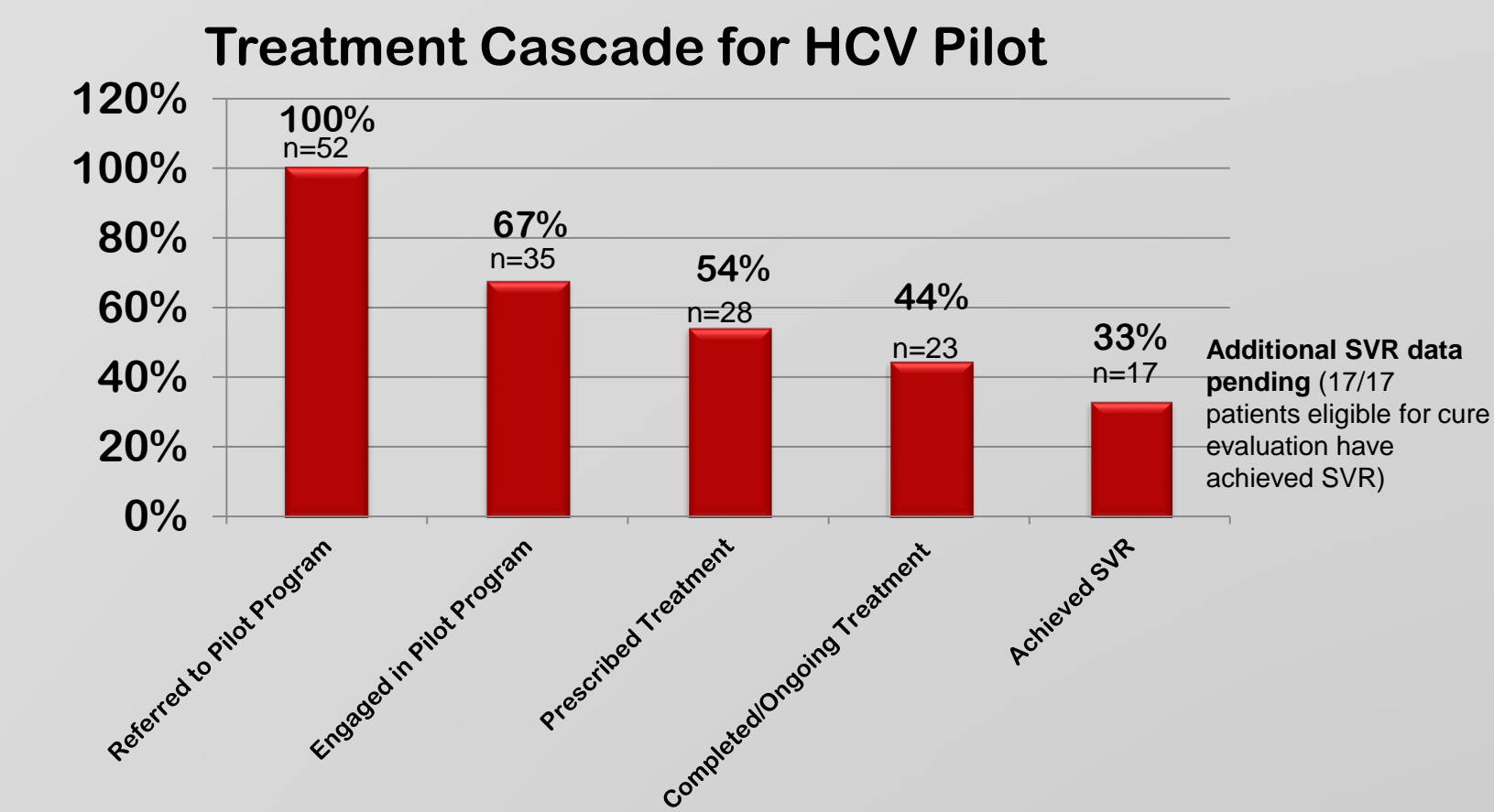
- Pilot launched April 2014
- Offered HCV treatment for up to 30 HCV mono infected patients utilizing the successful multi-disciplinary model previously reserved for persons living with HIV
- Provided outreach coordination, health education, case management, substance abuse counseling and treatment access and adherence support (these services were funded by a Gilead Foundation education grant)

OUTCOMES

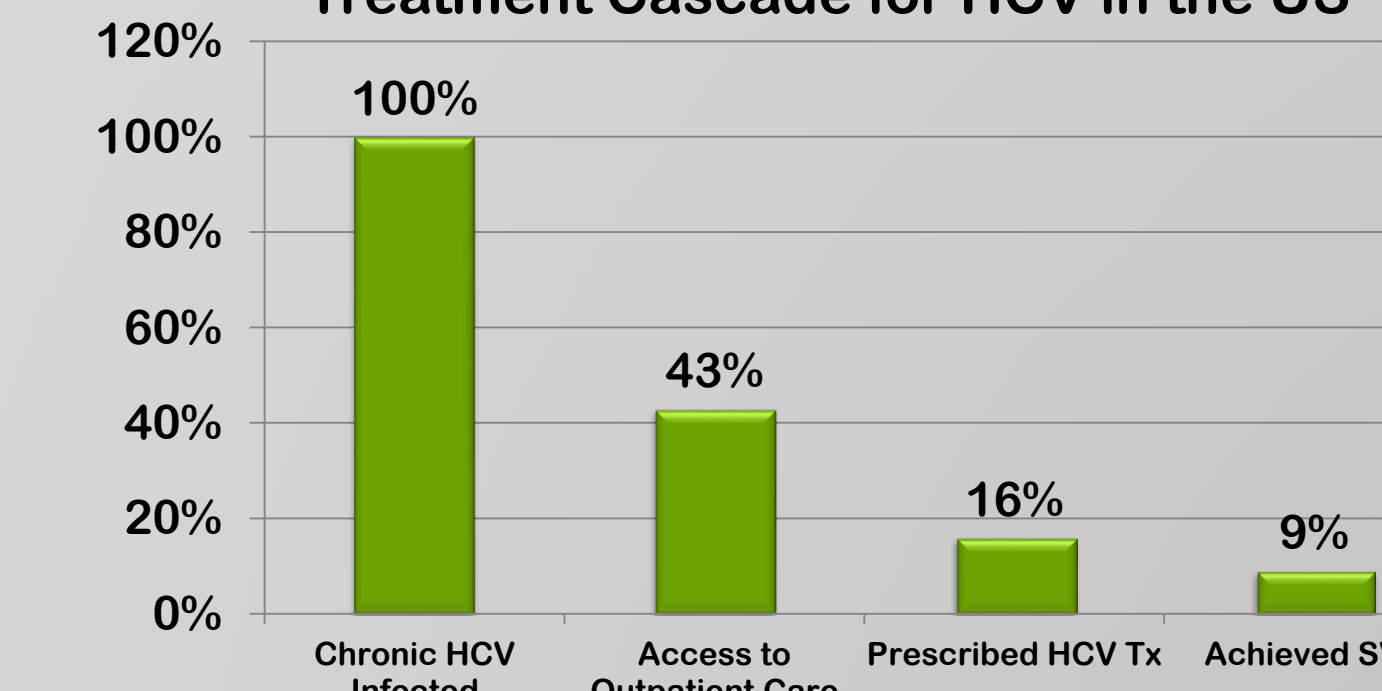
Results After One Year

- 35 referred patients have been successfully enrolled in the program by the Recruitment Coordinator
- 35 participants have received formal Hepatitis C Education by Treatment Health Educator
- 35 participants have received Hepatitis C Medical Evaluation by a Provider
- 30 enrolled mono-infected participants have received a psychosocial evaluation by a medical case manager
- 23 enrolled participants have received Hepatitis C treatment
- 17 enrolled patients have completed Hepatitis C treatment all with a successful end of treatment response (ETR)

The Cascade of HCV Care



Treatment Cascade for HCV in the US*



*Yehia B, Schranz A, Umscheid C, and Lo Re V. The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United States: A Systematic Review and Meta-Analysis. PLoS ONE 9(7), July 2014.

CONCLUSIONS

- Successful HCV treatment for complex patient populations is achievable in the community based clinical setting
- A multidisciplinary model facilitates treatment readiness and contributes to positive HCV treatment outcomes. Core components include behavioral health, medical care, HCV education, and treatment access support
- Current treatments are well tolerated and stable patients require minimal support to complete therapy
- With psychosocial support, active substance users can engage in HCV care, adhere to treatment and make a plan to avoid reinfection
- Health education is important for both treated patients and for those who decide to delay treatment
- Collaboration with specialty pharmacies decreases staff workload and facilitates medication approval

“With the support of a multidisciplinary team, we can cure Hepatitis C here in our own community clinic, even for patients with barriers to care such as substance abuse, mental illness and homelessness”
-Dr. Joanna Eveland, Clinical Coordinator for Special Populations

Challenges

- Even an internal referral was a barrier to accessing services, with only 50% of referred MNHC patients engaging in HCV care. Treatment directly by the PCP may be more accessible than a co-located specialty clinic
- Obtaining HCV medications through both insurance and Patient Assistance Programs is time intensive and requires dedicated support
- Primary care/HIV providers require ongoing training to build internal clinic capacity for HCV treatment
- Anecdotally, patients expressed attitudes that HCV treatment was unnecessary, toxic or cost prohibitive. More education is needed for both patients and providers
- While pilot funding began in April, 2014, treatment was deferred until Fall 2014 for most patients while awaiting FDA approval of new drugs