

# Successful model for providing hepatitis C virus screening and treatment at a federally qualified health center in New Orleans

Monir Shalaby, MD<sup>1</sup>  
 Michael Andry, CEO<sup>1</sup>  
 Michael Galvin, MSW, MPH<sup>1</sup>  
 Linda Luo, MPH<sup>1</sup>



<sup>1</sup> EXCELth Family Health Center

## OBJECTIVE

Federally qualified health centers (FQHC) are fertile ground in which to build effective models for transitioning hepatitis C virus (HCV) treatment from specialty to primary care. EXCELth is a PCMH-certified level-three FQHC that serves primary care needs for those in three medically underserved communities in New Orleans. As a result of the unexpectedly high number of antibody-positive patients identified through screening, EXCELth created an HCV treatment program model based on a modified Project ECHO approach to improving community-delivered healthcare. We examined outcomes from the first 23 months of the program.

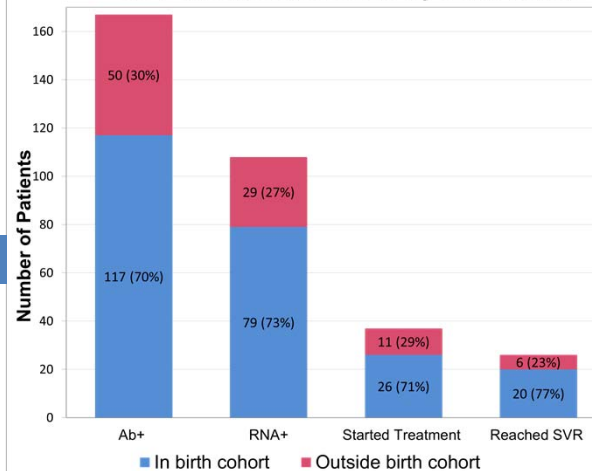
## BACKGROUND

As the most common blood-borne infection in the United States with nearly 2% of the population infected, HCV is a silent epidemic that affects populations traditionally underserved by the medical establishment.<sup>1</sup> Historically, EXCELth screened patients who reported any risk for HCV as defined by the USPSTF: those with prior or current history of intravenous drug use; prior recipients of transfusions or organ transplants; those exposed to HCV-positive blood; and those with HIV, persistently abnormal ALT, or are on long-term hemodialysis.<sup>2</sup> Beginning in early 2013, EXCELth implemented an opt-out HCV program to screen all baby boomers regardless of risk factors, fully aligning with the USPSTF recommendations. Early reports showed surprisingly large numbers of patients with the HCV antibody as well as those who were chronically infected. This included many who were younger than those born from 1945–1965. EXCELth developed an HCV clinic to meet the newly identified needs of these patients.

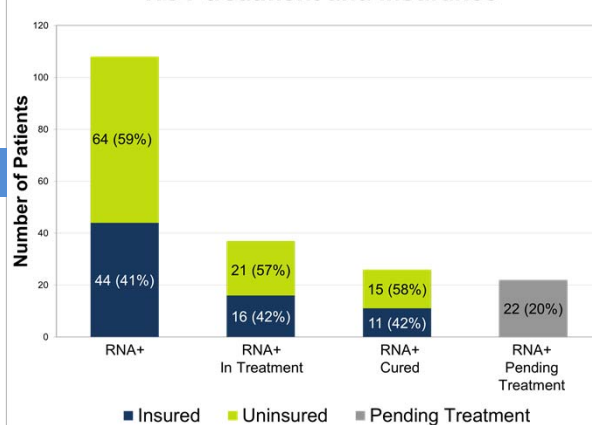
## METHODS

EXCELth implemented the birth cohort HCV screening program in February 2013. For those who were confirmed as having HCV infection, we used a navigator to help patients get insurance, a primary care team to do HCV disease staging and patient education, and a hepatologist for treatment decisions and consultation. The hepatologist, whose main practice was at the largest HMO hospital in the state, spent four hours every other week seeing patients at EXCELth's facility. The program utilized 340B rebates and reimbursements from insured patients to add the needed financial support to provide care to uninsured and underinsured patients.

HCV treatment cascade by birth cohort



HCV treatment and insurance



## RESULTS

EXCELth screened 2,593 patients for HCV and had 108 (4.17%) patients with confirmed infection. Among those with HCV infection, 44 (40.7%) were insured and 64 (59.26%) were uninsured at the time of their diagnosis. There have been 37 (34.26%) patients who started HCV treatment - 16 (43.24%) insured and 21 (56.76%) uninsured. At the end of January 2015, there were 22 patients pending treatment. Among those who have begun treatment, 26 (70.27%) have completed it and have been cured of HCV infection - 11 (42.31%) insured and 15 (57.69%) uninsured. Overall, this is 24.07% of patients diagnosed with HCV having been cured.

## CONCLUSIONS

The EXCELth model has removed a substantial barrier to patients achieving an HCV cure - initial engagement with an HCV treatment team. This was due to better integration of HCV care into other primary care services for the patient, including navigation of health insurance and other reimbursement options for those who were uninsured or underinsured. As exemplified by the data, all individuals should be given access to screening and testing as the impact of HCV reaches beyond those born from 1945-1965. This program has highlighted the HCV prevalence within our community, the need for expanded screening efforts, and the opportunity to treat within a primary care setting. This model should be considered by other community clinics around the country in order to gain a better grasp of the extent of this epidemic, while curing those most in need of treatment.

## LITERATURE CITED

<sup>1</sup>Trooskin et al., 2015. "Results from a Geographically Focused, Community-Based HCV Screening, Linkage-to-Care and Patient Navigation Program." *Journal of General Internal Medicine*.  
<sup>2</sup>U.S. Preventive Services Task Force. *Hepatitis C Screening*, June 2013.

## ACKNOWLEDGMENTS

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