

Implementation of an HCV linkage-to-cure program at an urban safety-net hospital

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Sinai Health System**

**The National Summit on HCV and HIV
Diagnosis, Prevention and Access to Care**

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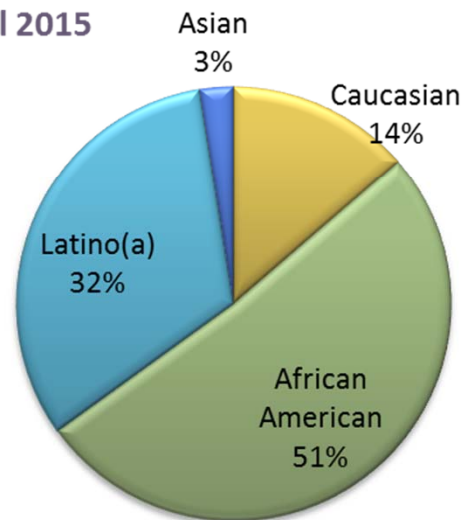
Mount Sinai Hospital

- Westside of Chicago
- 319-bed teaching hospital
- Level 1 trauma center
- Outpatient care (primary and specialty care)
- ED Census about 60,000 patients/year
- Payer mix: 50% Medicaid coverage, 10% no coverage

Hepatitis C at Mount Sinai Hospital

HCV-Antibody Tested

Oct. 2014 – April 2015



- 1,195 Hepatitis C Ab tests in 2013
- 13.64% prevalence rate
- About 45% HCV RNA confirmed
- About 33% received HCV-related medical referrals
- Initiated FOCUS HCV linkage to care pilot in July 2014 to develop and examine models of linkage to care

Case Study

- 38y/o Male
- Known HCV positive since 2009
- No insurance
- Unsuccessfully treated with Interferon therapy
- Spanish speaker, limited English
- History of injecting heroin 7 years ago

3/8/15

Patient presents at Emergency Department for gallstones

- Patient Navigator (PN) **identified patient from EMR** report of HCV-Ab Tests.
- PN met patient in hospital, patient accepted navigation services.
- Scheduled FibroScan and HCV medical appointment

3/20/15

FibroScan appointment, identified with **Stage 4 Cirrhosis**

- PN met patient at appointment



3/23/15

Medical visit with Infectious Disease specialist

- Attempted to apply for Public Aid Insurance. **Denied because U.S. Resident** <5 years

3/27-3/29/15

Application for HCV Therapy to Gilead's My Support Path

- HCV PN called patient to request copy of patient's ID and pay stubs
- HCV PN Received documents.
- **Submitted new documentation twice**

4/19/15

Patient **approved for HCV therapy!**

4/23/15

Patient met with PN and pharmacist for treatment adherence

- Initiated 24 weeks of HCV Therapy

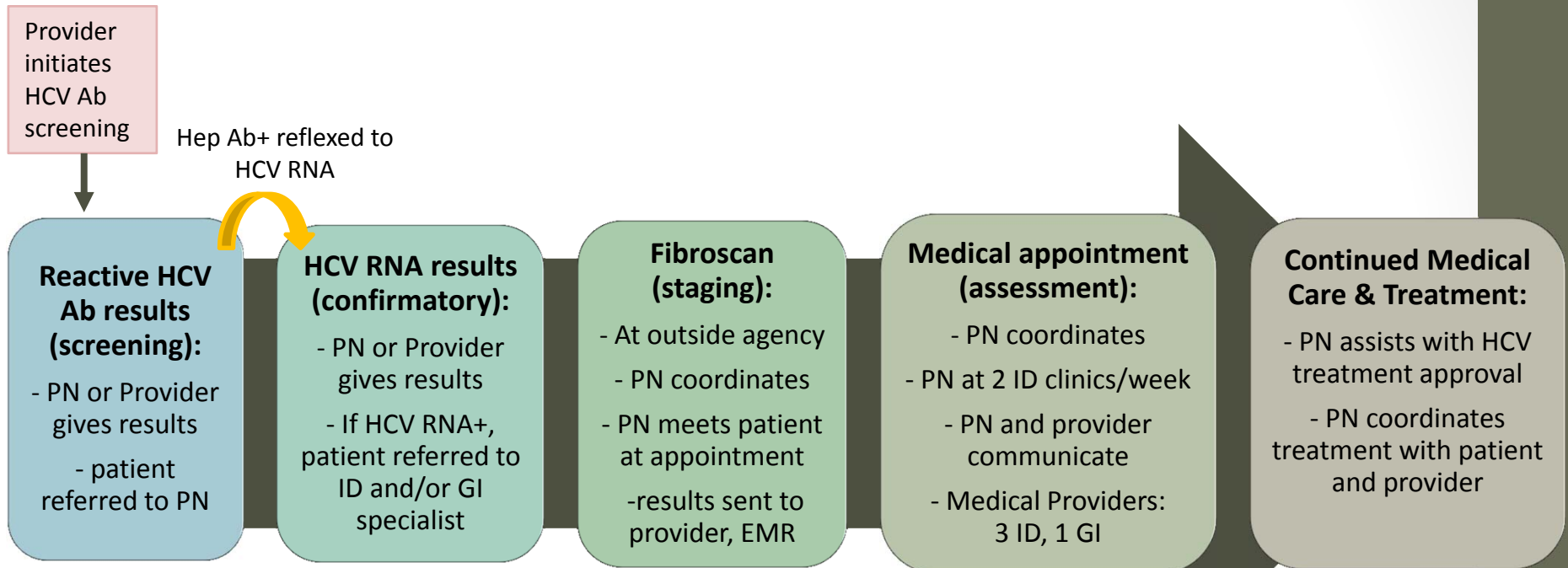
5/20/15

Patient has UNDETECTABLE HCV RNA!

- * Patient currently on therapy

Time from test to treat: 2.5 months!

HCV linkage-to-cure flow

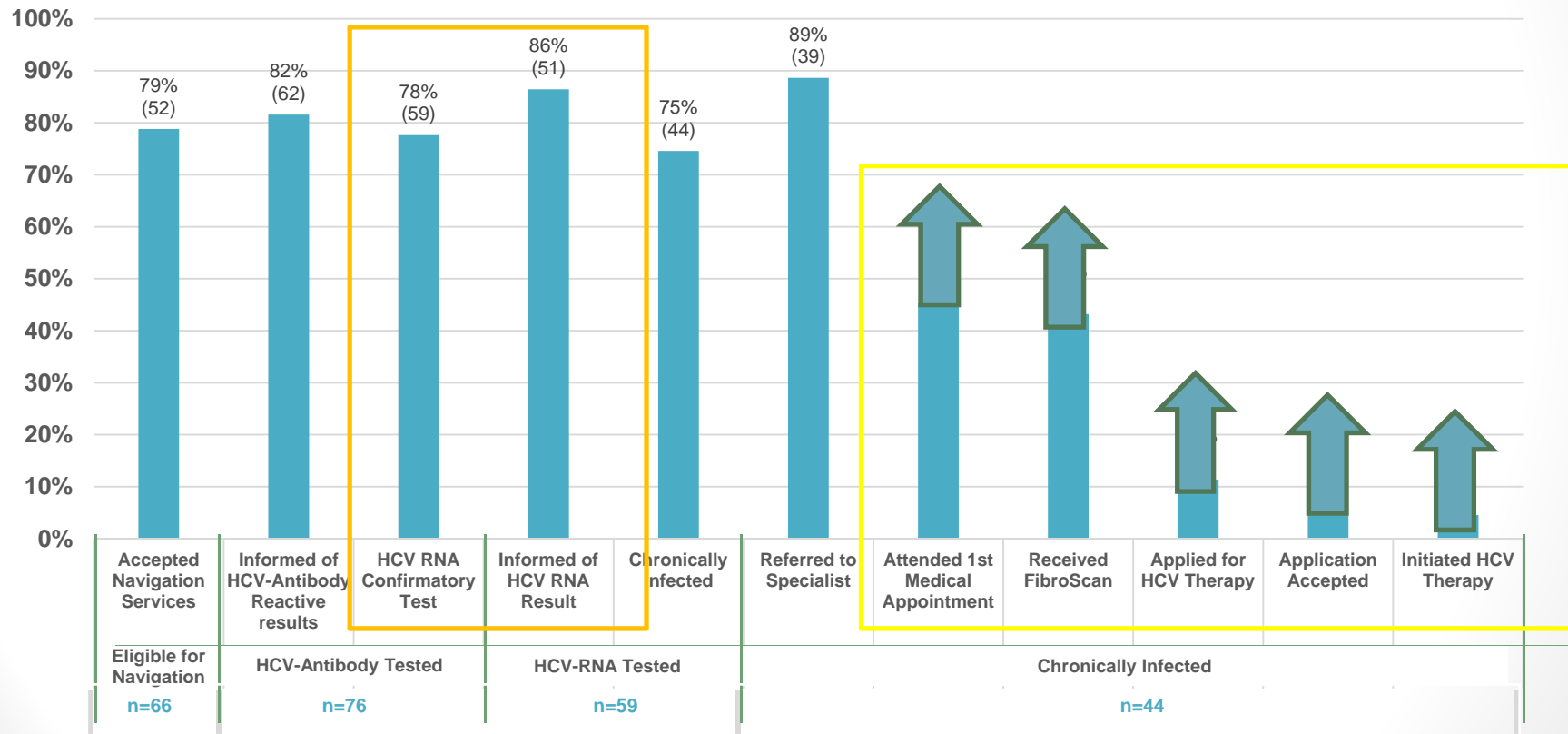


Hep C education • Harm reduction counseling • Relationship building • Transportation assistance

Insurance assistance • HCV treatment coordination • Specialist Referrals

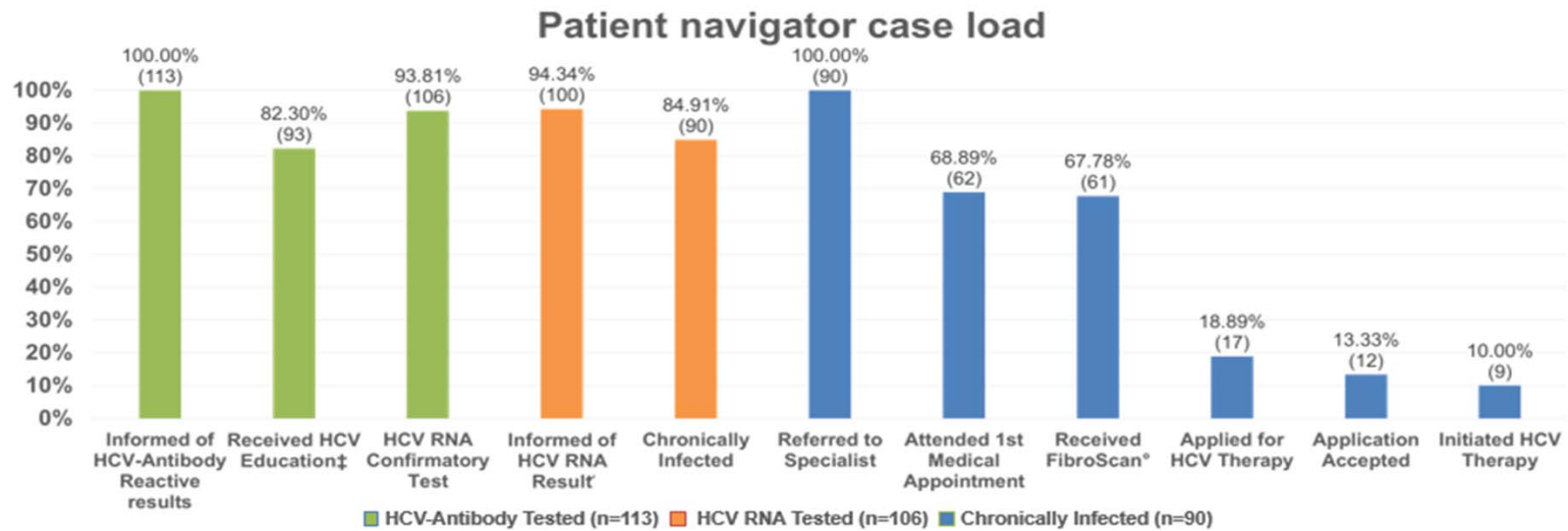
In-hospital Navigation Outcomes

In-hospital HCV testing & linkage-to-care cascades
Oct 2014 – April 2015



Patient Navigator Case Load

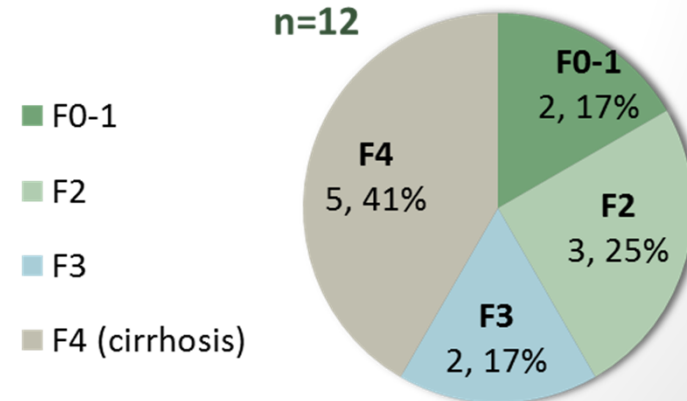
Oct 2014 – April 2015



HCV Treatment by Insurance Coverage for 12 Approved Applications

Insurance Coverage	Total	Time from submission to approval (weeks)	Average time to approval (weeks)
Public Aid	5	1.5 - 6	3.3
Medicare	2	4 - 5	4.5
Private	1	7	7
Self Pay	4	1.5 - 4	3.125

Metavir Score (liver staging), n=12



Lessons Learned

Lesson

Testing and diagnosis

- Patients often tested without knowing their HCV results
- HCV testing sequence not always followed
- Many individuals with acute Hepatitis C believe they are chronically infected

Education

- Limited education is provided to patients on HCV
- How HCV affects the body is often confused and misunderstood by patients

Referral and medical evaluation

- Patients often leave the hospital without a referral or follow up appointment
- Providers are not clear who to refer patients to for HCV treatment
- Providers want a streamlined process to connect patients to HCV medical care and treatment

Linkage to medical care

- Follow up post discharge is difficult! Phone #s in EMR are disconnected, incorrect, or there is no #
- Persons with Hepatitis C are interested in treatment for HCV
- Patients are excited about FibroScan over Liver Biopsy

Treatment

- Obtaining HCV therapy requires extensive monitoring and follow up
- Rejections and appeals are common and require coordination among staff

Solution

Testing and diagnosis

- PN runs EMR reports daily
- PN provides HCV lab results
- Provider education
- Hep C AB+ reflexed to HCV RNA

Education

- PN counsels on HCV 101, liver health, and harm reduction.

Referral and medical evaluation

- PN schedules appointment
- PN refers and schedules FibroScan
- Provider education

Linkage to medical care

- PN builds relationship w/patient
- PN calls patient's networks & sends letters

Treatment

- PN, L2C coordinator, MD, and pharmacy coordinate treatment approval process and treatment