Challenges and Transformations in Hepatitis C Care: The Kaiser Permanente Northern California Experience

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The Kaiser Permanente Medical Care Program of Northern California

- Group practice, prepaid, integrated health care program
- 3.2 million members

Sacramento

Fresno

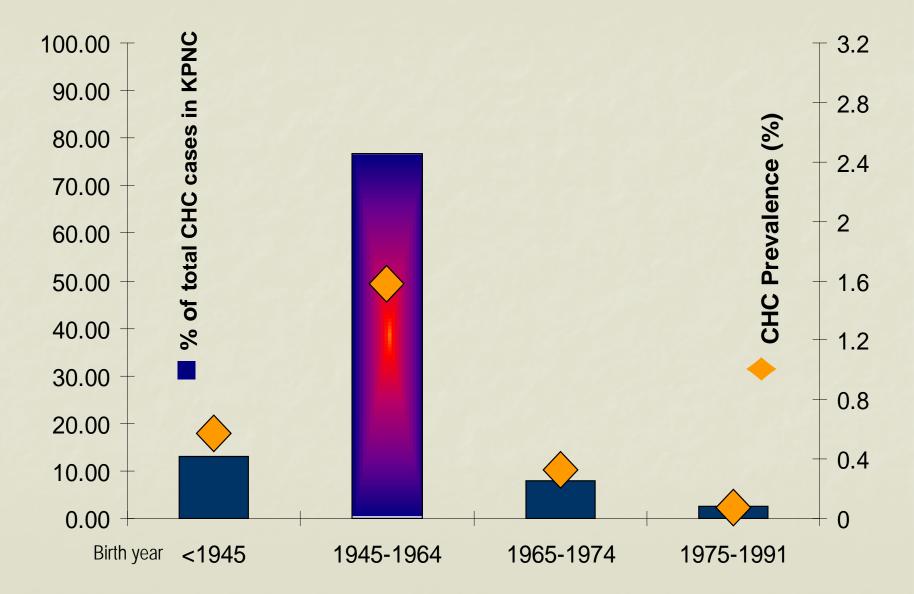
San Francisco

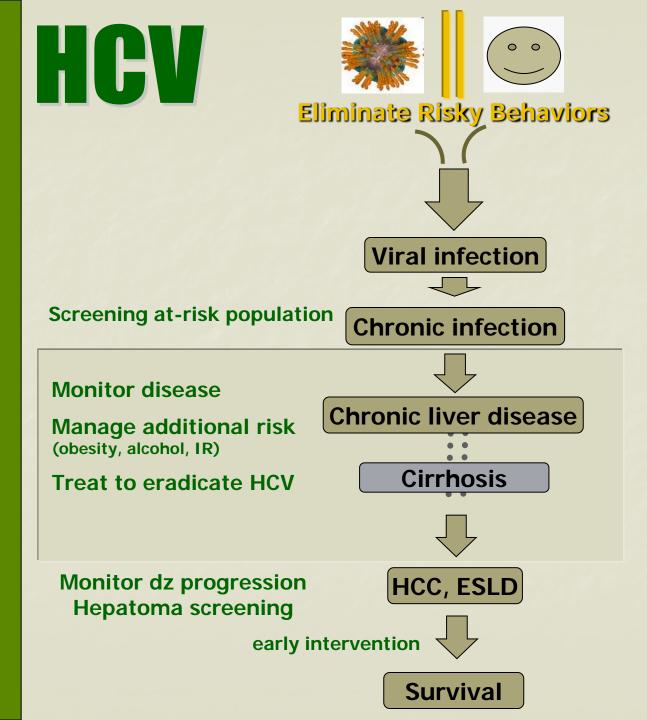
San Jose

- 15 medical service areas, >50 outpatient clinics
- Serves 20-30% of insured in geographic region
 - Representative of total population except for extremes of income
 - ~18,000 patients with hepatitis C
 - >10,000 still undetected

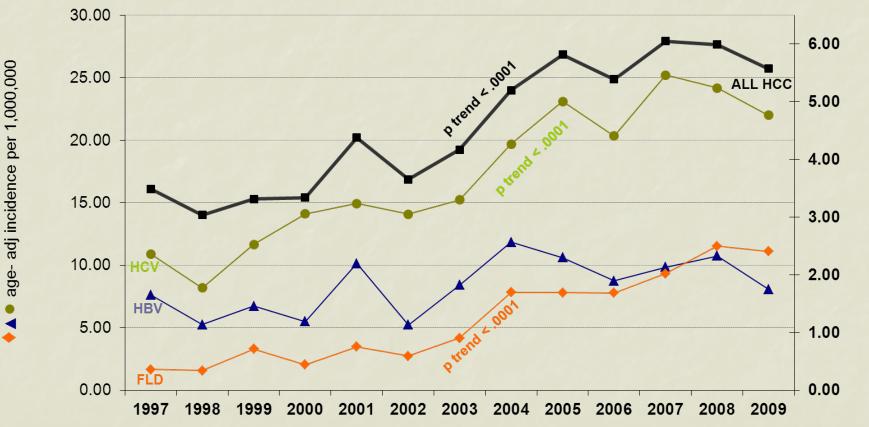
KPNC CHC Patients by Birth Year (n~17,600)

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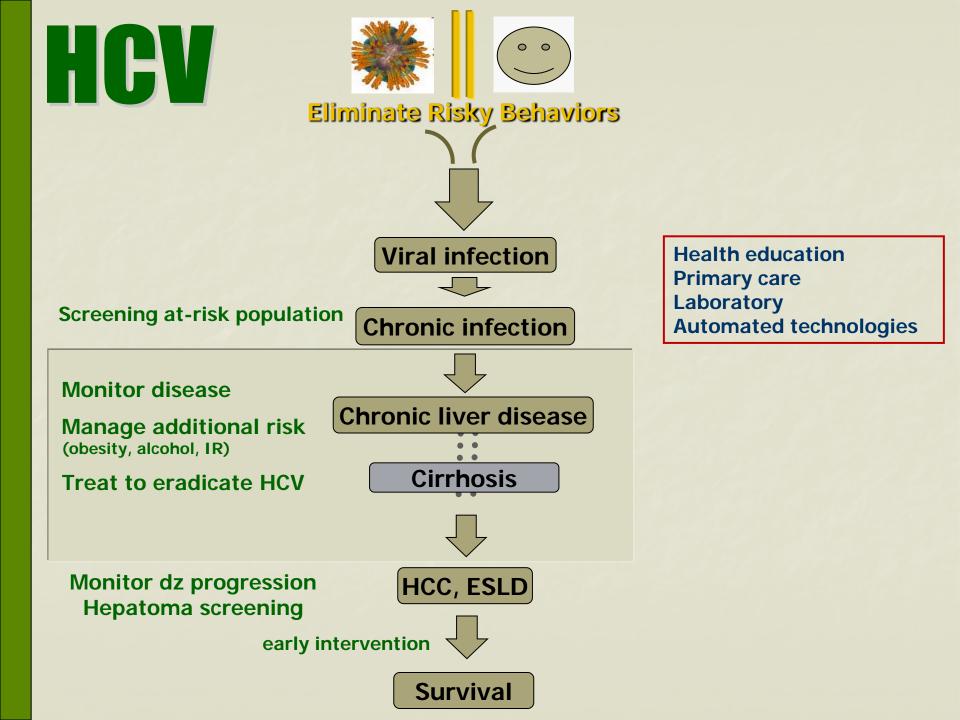


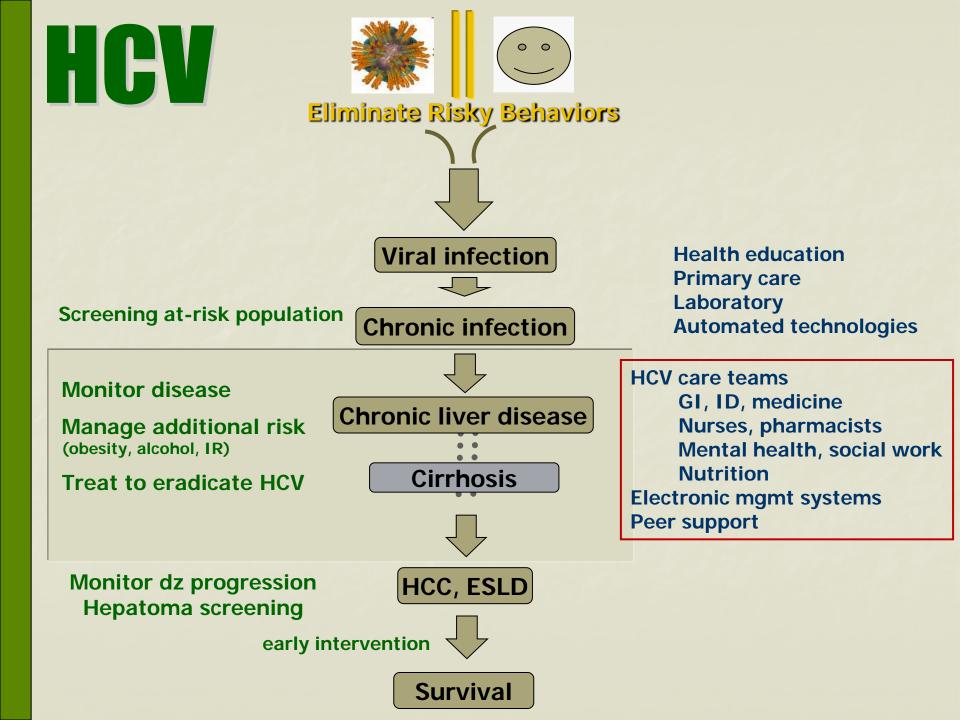


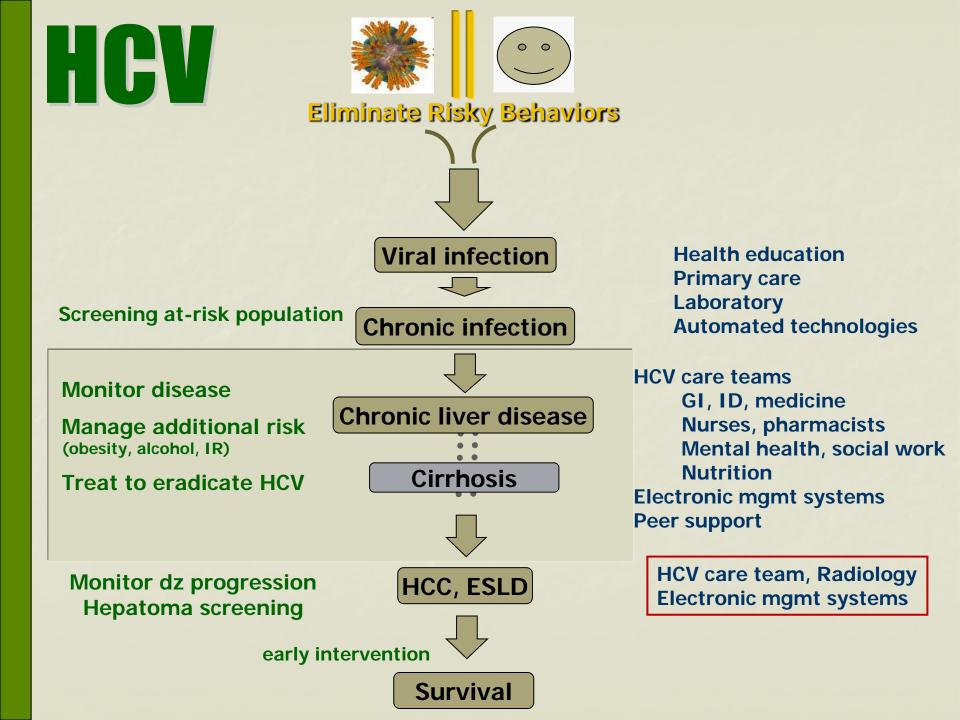
Trends in the Incidence of HCC: 1997 - 2009

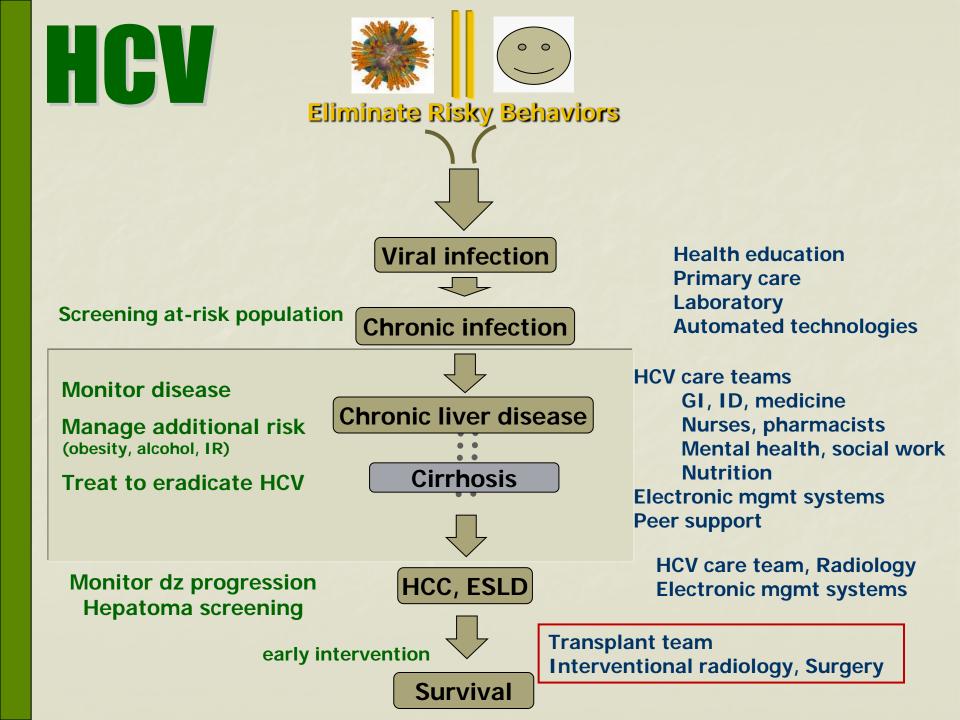


Cases (n = 1,987) from the Kaiser Permanente Northern Calif. Cancer Registry







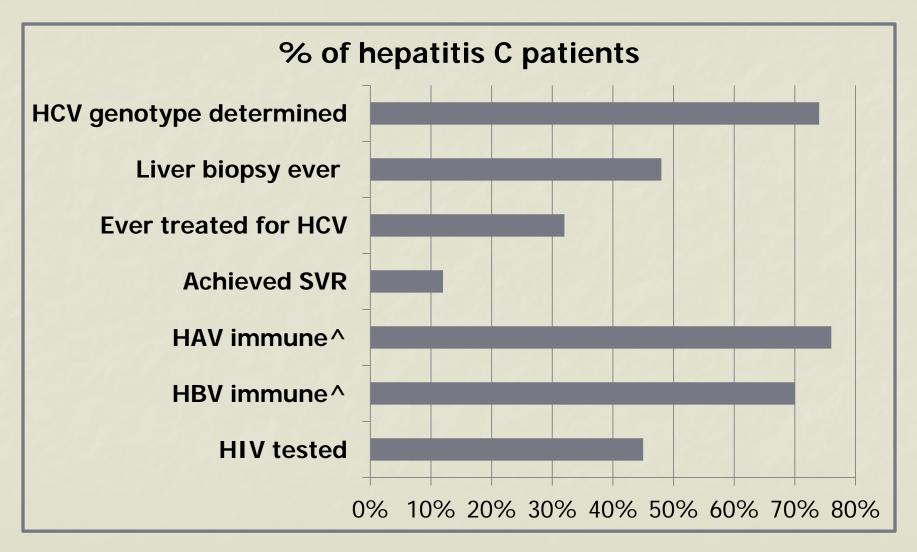


Co-morbidities Among HCV Patients in KPNC (it's not just about HCV!)

Obesity	32%
Depression	27%
Drug (any) abuse history	27%
Diabetes	18%
Chronic opioid use	16%
Current alcohol diagnosis*	7%
HIV	<3%

* Insensitive assessment.

General indicators of care



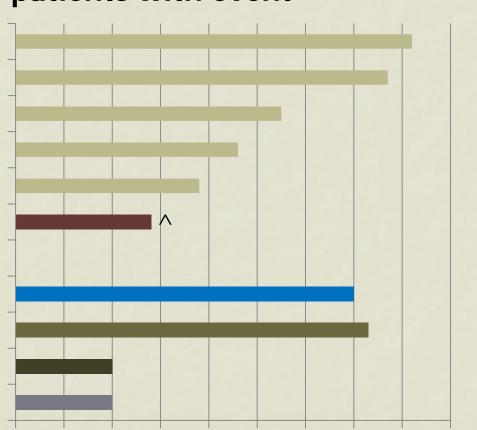
*successful treatment course prior to study period; ^patients with record of immunity and/or vaccination

Care during recent 18 month period

% of hepatitis C patients with event

ALT test Platelet count done Total bilirubin test INR test Albumin test Complete liver panel (all 5 above)

> Hepatoma screen by imaging* Any visit for hepatitis C Visit to specialist for HCV Psychiatry visit



0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

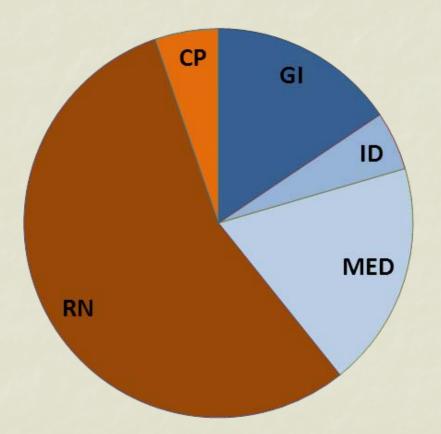
*among patients with cirrhosis;^ 61% of patients with specialist visit

Patient perspectives about resources for managing HCV treatment*

- Interviews of 200 patients after dual therapy in KPNC
- Key findings:
 - Nurse and pharmacist managers preferred
 - Need broader preparatory and treatment support, including for family members
 - Side effects continue post Rx need continued care
 - Nutritional support is desired
 - Want help with workplace accommodations (LOA, decreased hours, temporary disability)
 - Telephone check-in is highly appreciated, effective
 - Wish to give and receive peer support

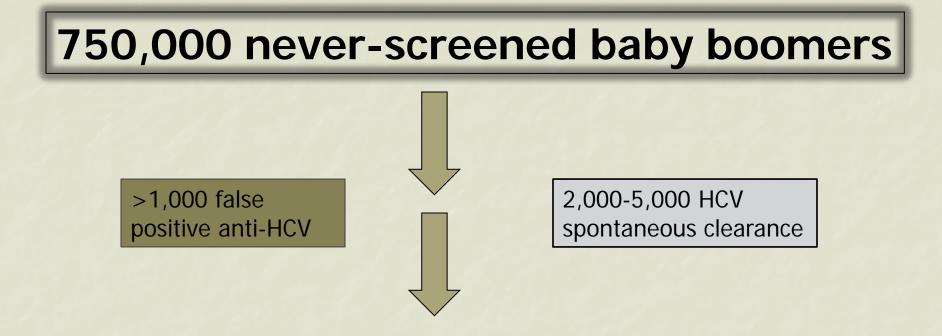
*Manos, Ho, Murphy, Shvachko; *The Patient*, in press, 2013.

Management of DAA Therapy: Year 1 in KPNC n=494



"First line" management by physician extenders for more than 60% of patients.

Almost 25% of treated patients were cirrhotic.



10,000 - 18,000 currently undetected chronic hepatitis C



750,000 never-screened baby boomers

Does everyone really need screening? Can we accurately identify behavioral and medical risks? Could a confidential, automated risk assessment tool allow patients to score their risk?

> >1,000 false positive anti-HCV

2,000-5,000 HCV spontaneous clearance

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Current process not amenable to reflex RNA testing of screening sample – call back required. Consider rapid antibody screening test, with blood drawn for RNA on Ab+?

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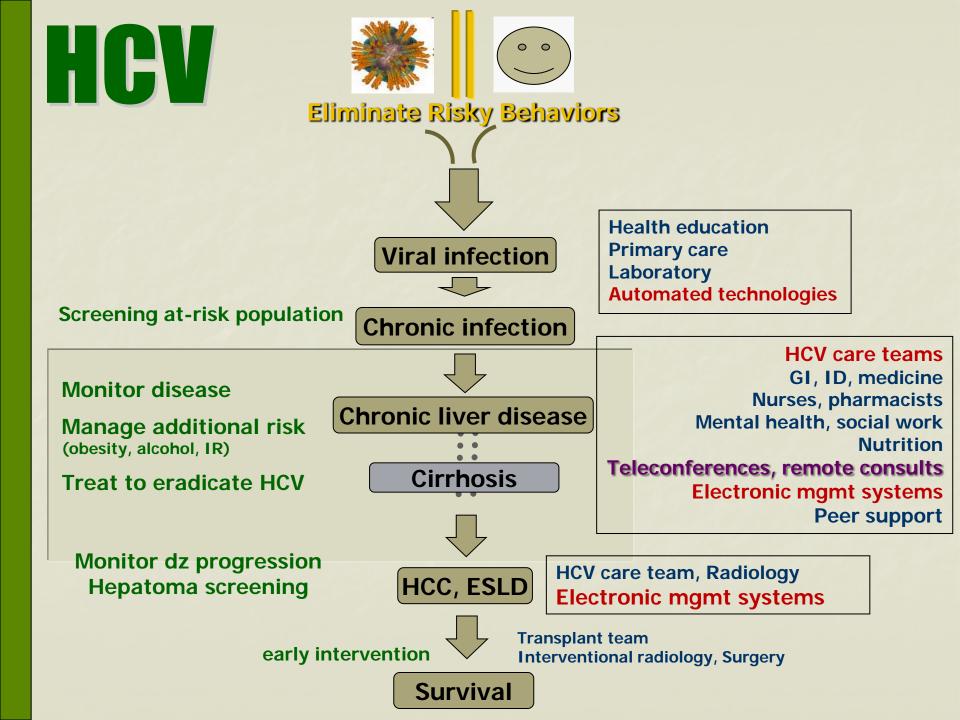
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What do our unscreened baby boomers prefer?

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THANK YOU.....