Center for
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THE STATE HEALTHCARE ACCESS RESEARCH PROJECT (SHARP): Successes, Challenges, and Opportunities for People Living With HCV in Massachusetts

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OVERVIEW

Introduction: The State Healthcare Access Research Project (SHARP) report examines the Commonwealth of Massachusetts' capacity to meet the healthcare needs of people living with hepatitis C virus (HCV). Working closely with people living with HCV, their health and social service providers, and government officials, the report identifies successes in meeting the care, treatment, and service needs of people living with HCV as well as the challenges and opportunities for reducing barriers to care and essential support services.

OBJECTIVES

Specifically, our goals were: 1) To identify challenges to access to care and treatment faced by people living with or at risk for HCV in Massachusetts (a post-healthcare reform state in a prereform nation); (2) to identify successful policies that facilitate access to care; and (3) to identify opportunities for improving access to care for persons living with HCV.

MASSACHUSETTS: A POST-HEALTHCARE REFORM STATE IN A PREHEALTHCARE REFORM NATION

- Expanded Medicaid coverage
- Enacted private health insurance reform with a heavily subsidized insurance plan for those with income up to 300% FPL
- Maintains unrestricted AIDS Drug Assistance Program ADAP formulary (that includes HCV treatment drugs) with 500% FPL eligibility

PROCESS

Our law and policy research involved a three-pronged approach:

(1) Meeting with state government officials to review state epidemiological data and state-run HCV testing, care, treatment, and prevention initiatives;

(2) Facilitating focus groups, meetings, and individual interviews with people living with HCV and their health and support service providers; and

(3) Conducting independent research on the HCV epidemic nationally and in Massachusetts.

HCV IN MASSACHUSETTS[1]

- Over 100,000 people have been reported living with HCV in MA since 1992
- 7,000 to 8,000 newly reported cases annually
  - Average age of diagnosis is 43 years
- There is also a rising epidemic among youth
  - 1,000 of the newly reported cases each year are among youth ages 15-25 years

FINDINGS

Successes

Almost universal access to health coverage in Massachusetts has significantly reduced barriers to HCV care and treatment. Among other initiatives, successes in Massachusetts include the following:

Prevention and Testing

- Advanced surveillance and electronic lab reporting
- Access to clean syringes through state-funded sites as well as pharmacies
- Integrated HCV, STD, and HIV testing; referral and counseling sites throughout the state
- Requirements for education and testing in substance use disorder treatment programs

Access to Care and Treatment

- Near universal access to health coverage
- State-funded medical management sites
- State-run Viral Hepatitis Advisory Committee
- Innovative use of tele-health initiatives through the Extension for Community Healthcare Outcomes Project (ECHO) model

Almost universal access to health coverage in Massachusetts has significantly reduced barriers to HCV care and treatment.

Advocacy

- Newly invigorated Massachusetts Viral Hepatitis Coalition (MVHC), which hosted two successful legislative briefings and lobby days in the past year

Challenges

However, barriers to prevention, testing, care, and treatment remain. Challenges include the need for:

(1) Greater prevention, screening, and education efforts targeted to youth and adults at risk for HCV (including intravenous drug users [IDUs] and baby boomers), to increase knowledge, decrease stigma, and promote testing and linkage to care. Primary care providers also need education about HCV;

Preliminary data suggest widespread late testing: among individuals reported with hepatitis C infection who died between 1992-2009, 73% died within the first 5 years after diagnosis (from all causes).[2]

(2) Stronger care coordination and increased support services (such as case management and housing) to support linkage to treatment, retention in care, and effective treatment. Individuals with mental health issues or active substance use need particular attention, given the unclear referral and treatment guidelines for these communities and potential severe side effects of treatment;

(3) Development of training models to educate and support primary care providers in identifying patients at risk, properly testing and monitoring, providing treatment and care coordination, and appropriately referring patients. Given the shortage of treatment providers (50-60 in Massachusetts), educating primary care providers is critical; and

(4) Increased funding to support education and treatment in correctional institutions, since Massachusetts has a high prevalence of individuals living with HCV in state correctional facilities.

Opportunities

Recommendations to address these challenges include:

- Garner greater participation in the development of the statewide HCV strategy from a cross section of the community, including: substance use disorder treatment programs, consumers, primary care providers, community health centers, mental health providers, payers (Medicaid, Medicare, and private insurers), and state officials from the Department of Health's Bureau of Substance Abuse Services, Department of Education, Department of Mental Health, and Department of Corrections;
- Concurrent development of regional, community-level strategic plans to address HCV;
- Creation of a statewide HCV Consumer Advisory Board;
- Increased funding for prevention and testing, including implementation of broad-based rapid testing initiatives and point-of care surveillance capabilities;
- Expansion of tele-health models;
- Utilization of federal health reform opportunities, such as Medicaid Health Homes, to increase funding of coordinated care models; and
- Increased funding for education and treatment of incarcerated persons.

EXPANSION OF ECHO MODELS IN MASSACHUSETTS

Two major academic teaching hospitals in Massachusetts have already begun utilizing models similar to the Extension for Community Healthcare Outcomes Project (ECHO)[3]:

- Utilizes a tele-health model to provide consultations on HCV treatment to providers in community health centers through the use of Internet and video
- Helps create niches of expertise in HCV care in more localized, community-based settings
- Increases the number of treatment providers while decreasing patient barriers, such as transportation
- Development of effective reimbursement models through health coverage is still needed

CONCLUSION

Massachusetts provides an important example of how federal healthcare reform could increase access to care, treatment, and support services for persons living with HCV. However, opportunities to increase HCV prevention, screening, and linkage to and retention in care still exist, and can be addressed through effective implementation of health reform and other initiatives on the state and local levels.

[1] Interview with Dan Church, Massachusetts Adult Viral Hepatitis Prevention Coordinator, Massachusetts Department of Public Health, November 7, 2011; Centers for Disease Control and Prevention, "Hepatitis C Virus Infection Among Adolescents and Young Adults, 2002-2009," *Morbidity and Mortality Weekly Report*, 60: 17, 537-41, May 6, 2011; Kevin Cranston, Director, Bureau of Infectious Disease, Massachusetts Department of Public Health, "Viral Hepatitis Trends in Massachusetts," February 6, 2012 (slides on file with author).

[2] Virginia Lijewski, et al., Division of Epidemiology and Immunization, Bureau of Infectious Disease, Massachusetts Department of Public Health, "Mortality Trends Among People Diagnosed With Hepatitis C Virus Infection: Massachusetts 1992-2009." Abstract submitted to the Council of State and Territorial Epidemiologists, fall 2012. (Although mortality rates are not readily available, the Department recently undertook a project matching the names of persons in Massachusetts reported as having an HCV diagnosis with the names of people in Massachusetts who had died (vital records), from 1992-2009. Massachusetts' data indicate that the mean age of death among those infected with hepatitis C was 53 years (including both HCV and other causes), while the mean age of death among non HCV-infected people was 75 years. Among individuals reported with hepatitis C infection who died during this time period, 73% died within the first 5 years after diagnosis (from all causes). These data suggest that many people with hepatitis C may be getting diagnosed and entering care late in their illness.

[3] For information about the development of the ECHO model, see Sanjeev Arora, et al., "Expanding Access to Hepatitis C Virus Treatment—Extension for Community Healthcare Outcomes (ECHO) Project: Disruptive Innovation in Specialty Care," *Hepatology*, 52:3, 1124-33, September 2010; Sanjeev Arora, et al., "Outcomes of Treatment for HCV Virus Infection by Primary Care Providers," *New England Journal of Medicine*, 364: 23, 2199-2207, June 9, 2011.

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