



SAMHSA-HRSA Center for Integrated Health Solutions

Why Integrated Care Providers Must Address Viral Hepatitis

July 8, 2015



SAMHSA-HRSA Center for Integrated Health Solutions



Aaron Williams, MA (webinar moderator)
Director Training and Technical Assistance for
Substance Abuse for the SAMHSA-HRSA Center
for Integrated Health Solutions (CIHS)



SAMHSA-HRSA Center for Integrated Health Solutions

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Before We Begin

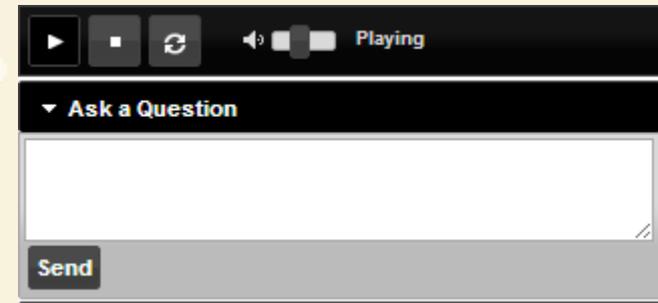
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Before We Begin

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Today's Purpose

In partnership with the SAMHSA-funded Addiction Technology Transfer Centers, this webinar will share information about providing services to people with HCV and to those at risk for the infection in safety-net settings. You will learn how to address both the HCV-related medical issues and the underlying behavioral health issues that increase risk of infection. You'll also learn about a new resource for continuing education on treating HCV.



Today's Speakers

- **Marjean Searcy**
Project Director, Central Rockies ATTC, Utah Addiction Center/University of Utah
- **Diana Padilla**
Program Manager/Senior Staff Trainer
NDRI-USA, Inc.
- **Dominique Saunders**
Viral Hepatitis Prevention Coordinator/Public Health Educator
Bureau of Disease Control and Prevention, HIV/AIDS Program
Kansas Department of Health and Environment

Presented By:

Marjean Searcy

**Project Director, Central Rockies ATTC, Utah
Addiction Center/University of Utah**



Marjean Searcy is the Project Director for the Central Rockies Addiction Technology Transfer Center Network. Specifically, she assists the Principle Investigator to provide training and technical assistance to Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. Through these efforts the Central Rockies improves and strengthens the addiction treatment workforce and upgrades practice standards. Ms. Searcy's professional experience includes assisting individuals with severe and persistent mental illness to obtain employment, housing and rebuild social networks through a Clubhouse model program. Additionally, she coordinated two multiagency taskforces, the Salt Lake City COPS Methamphetamine Initiative and the Utah Pharmaceutical Drug Crime Project. Ms. Searcy also served as the Logistic Coordinator for the 2002 Olympics Medals Plaza and Grant Director for the Salt Lake City Police Department providing strategic planning, design, development and project oversight. Ms. Searcy received her Bachelors of Arts from Southern Utah University and is licensed as a Social Service Worker in Utah.

Why hepatitis C?

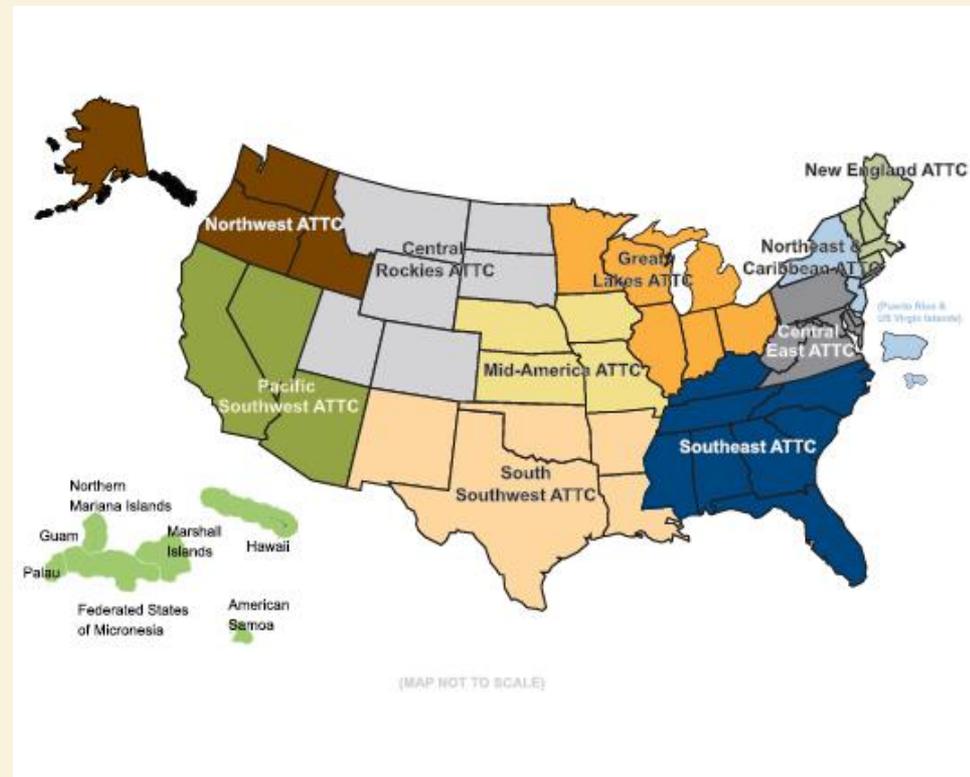
- Approximately **2.5 to 4 million people are infected** with hepatitis C virus (HCV) in the United States (SAMHSA, 2014).
- *Baby boomers* (those born between 1945-1965) and *persons with mental health and substance use disorders* face *increased risk for infection* (CDC, 2014).
- Among people who have used or currently use **intravenous drugs**, one in three young adults and three in four older adults are HCV-infected (CDC, 2014).
- **Dramatic medical advances** in the past year have revolutionized the course of HCV treatment.

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Why the ATTCs?

- ATTC Regional Centers align with the Health and Human Services Regional Offices throughout the United States.
- ATTCs disseminate evidence-based practices (EBPs) to treat people with substance use disorders.
- ATTCs advance the integration of substance use disorder services and healthcare.
- Federal health reform laws are transforming the health care system increasing access to behavioral healthcare.





Project Home

Products & Resources

Trainings & Events

Face to Face Training Curriculum

HCV Snapshot (free online course)

Regional Resources

HCV Current Initiative

HCV Current is a national initiative among the ATTC Regional Centers to **increase hepatitis C (HCV) knowledge** among medical and behavioral health professionals, especially staff at **federally qualified health centers**.

To disseminate the latest on the rapidly evolving field of HCV, this initiative provides comprehensive resources for health professionals, including:

- online and in-person curriculum and training
- downloadable provider tools
- region-specific resources



Presented By:

Dominique Saunders

Viral Hepatitis Prevention Coordinator

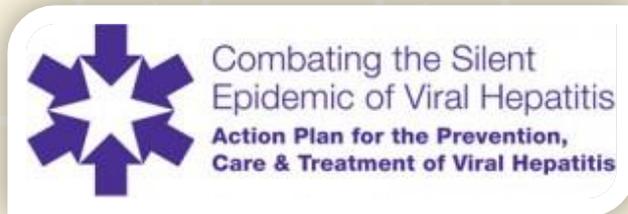
Kansas Department of Health and Environment



Dominique Saunders is a Viral Hepatitis Prevention Coordinator and Health Educator in the STI-HIV Program at the Kansas Department of Health and Environment. With over 11 years in public health, infectious disease prevention, Ms. Saunders acts as the primary contact to the Centers of Disease Control and Prevention (CDC) pertaining to viral hepatitis coordination. Ms. Saunders develops viral hepatitis, HIV, and STI specific curricula and facilitates state-wide training. Additionally, Ms. Saunders has experience working directly with clients in diverse service areas, including substance abuse, behavioral health, and youth educational development. Presently she serves as a member of a viral hepatitis C specific stakeholder group for the Mid-America ATTC and is one of the authors of the new, '*HCV Snapshot*' curricula, a product of the *HCV Current* initiative, funded by SAMHSA

Webcast Topics

- Populations at Risk for Hepatitis C
- Promotion of Hepatitis C Screening and Testing
- Advances in Hepatitis C Treatment
- Accessing Hepatitis C Treatment Providers
- Hepatitis C Information and Educational Resources



Department of Health and Human Services
(HHS) Viral Hepatitis Action Plan

*Combating the Silent Epidemic of Viral
Hepatitis: Action Plan for the Prevention,
Care and Treatment of Viral Hepatitis*

USPSTF Recommendations:

- Screening for hepatitis C virus (HCV) infection in persons at high risk for infection
- One (1) time screening for HCV infection to adults born between 1945 and 1965 (age cohort)

Populations at Risk





5-7 Million¹

Americans are living
with **hepatitis C**

At least half of infected
individuals are unaware
of their status.²

- Despite advances in serologic screening and testing and other preventative strategies, **approximately 17,000 persons are newly infected** with HCV in the United States each year.
- HCV infection is the **leading cause** of cirrhosis, liver cancer, and liver transplantation.
- **Up to 37% of infected people** in the United States will die from HCV-related complications if untreated.

SOURCE: Centers for Disease Control and Prevention. Hepatitis C FAQs for Health Professionals. <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Accessed July 30, 2014; Hepatitis C Online, University of Washington. (2015). *HCV Epidemiology in the United States*. Retrieved from <http://www.hepatitisc.uw.edu/pdf/screening-diagnosis/epidemiology-us/core-concept/all>; The Epidemiology of hepatitis C: How Did We Get Here? John W. Ward, Director, Division of Viral Hepatitis, <http://www.cdc.gov/cdcgrandrounds/pdf/gr-hepc-6-17-2014.pdf>.

Risk Factors | HCV Testing

- Persons with a history of substance use
- All persons born between 1945-1965 (age cohort – baby boomers)
- All persons with HIV infection
- Person presenting with symptoms of hepatitis or elevated liver enzymes

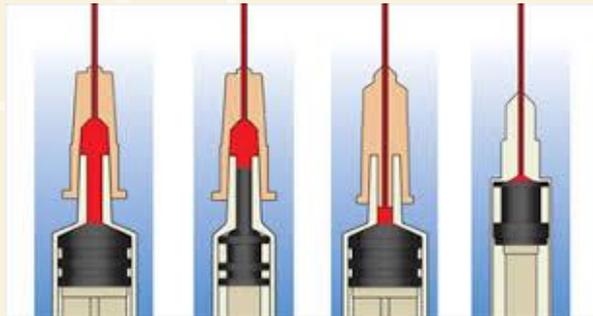
Injection Drug Use:

Higher HCV prevalence contributes to higher HCV incidence

- 30-70% of IDUs will acquire HCV within 1-3 years of injecting

Viral Infectivity of HCV persists for:

- Up to 63 days in syringe barrel and dead space
- Up to 21 days in H₂O (in plastic container)
- Up to 14 days on inanimate faces (cookers and injection surfaces)



The space between the tip of the syringe i.e. the hub of the needle and the needle itself contains small amounts of solution when the plunger is fully depressed

Paintsil et al. Survival of Hepatitis C Virus in Syringes: Implication for Transmission among Injection Drug Users. *JID*, 2010

Doerrbecker et al. Inactivation and survival of hepatitis C virus on inanimate surfaces. *JID*, 2011

Doerrbecker et al. Transmission of Hepatitis C Virus Among PWID: Viral Stability and Association With Drug Preparation Equipment, *JID*, 2012

Baby Boomers (Age Cohort: 1945-1965):

While anyone can get Hepatitis C, more than 75% of adults infected are baby boomers, people born from 1945 through 1965. Most people with Hepatitis C don't know they are infected.

Baby boomers are five times more likely to have Hepatitis C.



Centers for Disease Control and Prevention. [Prevalence of HCV Infection in the 1945–1965 Birth Cohort]. MMWR 2012;61(No. RR-4):6-7.

Risk Factors | HCV Testing

- Persons who received transfusion or blood products before 1992
- Persons who received clotting factor prior to 1987
- Persons who were ever on hemodialysis
- Healthcare, emergency, public safety workers after exposures to HCV-positive blood



Emerging Trends:



ALMOST HALF

of new hepatitis C cases in the U.S. are associated with injection drug use.³

Rising rates (22.3%) of HCV infection among young injection drug users

- Over 5 million young people used pharmaceutical opioids non-medically in the past year
- Increase of HCV infection among white young adults (ages 18-29) in rural and suburban areas

SOURCES: Altarum Institute. (2013). *Technical Consultation: Hepatitis C Virus Infection in Young Persons who Inject Drugs, February 26-27, 2013*. Washington, DC: Office of HIV/AIDS and Infectious Disease Policy; Martin, T.C., et al., (2013). Hepatitis C virus reinfection incidence and treatment outcome among HIV-positive MSM. *AIDS*, 27(16), 2551-2557; Ward, J.W. (2014). The epidemiology of hepatitis C: How did we get here? Available at: <http://www.cdc.gov/cdcgrandrounds/pdf/gr-hepc-6-17-2014.pdf>

Emerging Trends:

Sexual transmission of HCV amongst HIV-infected and HIV-uninfected people through sex that is traumatic to tissue (blood involved)



Latrogenic transmission
(healthcare exposure)

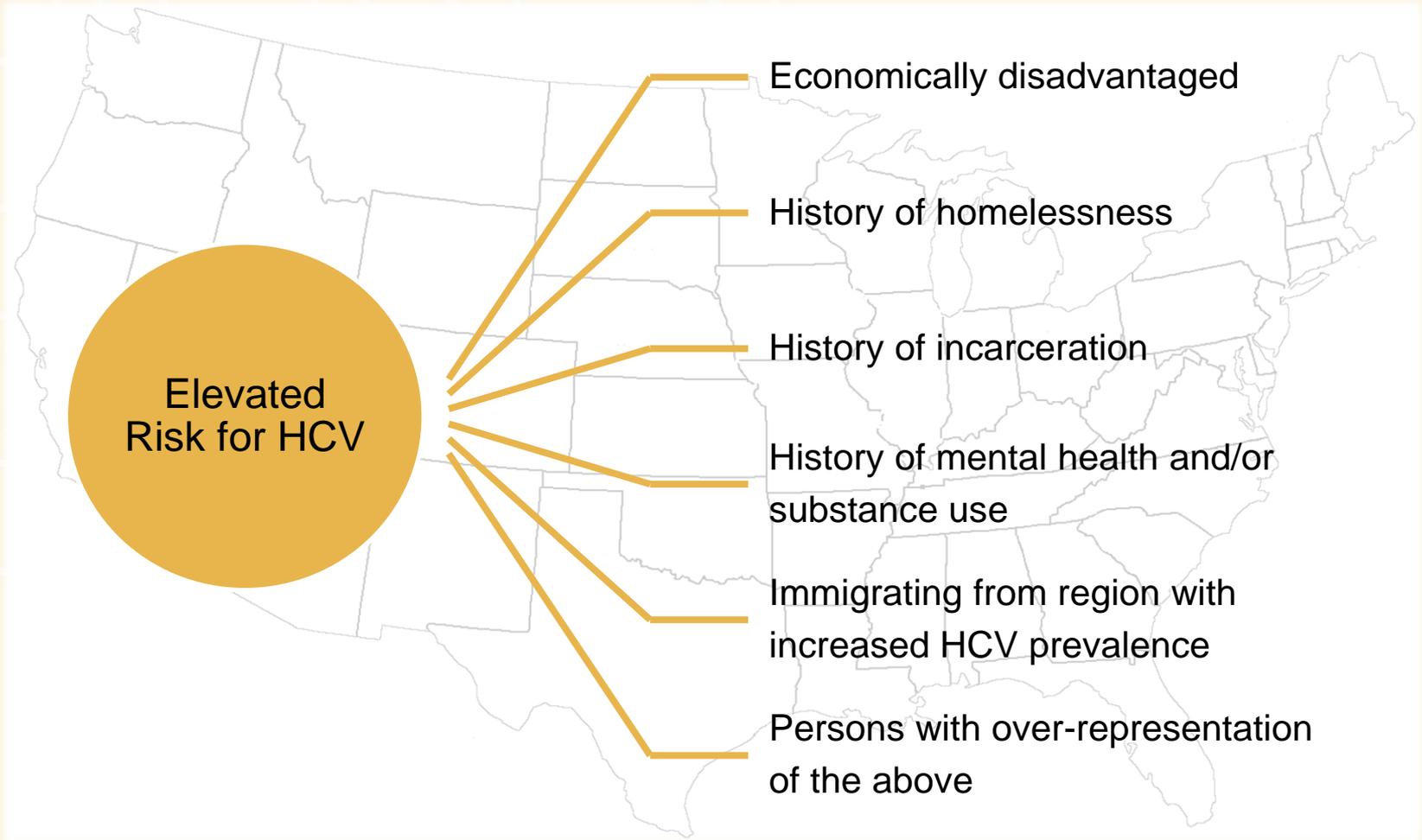
SOURCES: Altarum Institute. (2013). *Technical Consultation: Hepatitis C Virus Infection in Young Persons who Inject Drugs, February 26-27, 2013*. Washington, DC: Office of HIV/AIDS and Infectious Disease Policy; Martin, T.C., et al., (2013). Hepatitis C virus reinfection incidence and treatment outcome among HIV-positive MSM. *AIDS*, 27(16), 2551-2557; NIDA. (2015). *Who*
<http://www.drugabuse.gov/publications/research-reports/hivaids/who-risk-hiv-infection-which-populations-are-most-affected>

Risk Factors | Social Determinants of Health

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for **health inequities - the unfair and avoidable differences in health status** seen within and between countries.”

- World Health Organization

SOURCE: World Health Organization, http://www.who.int/social_determinants/en/



Promotion of Screening and Testing



Poll Question:

Is your agency currently screening for HCV?

- a. Yes**
- b. No**



Identifying HCV “Outside of the Box”

In order to increase the identification of people living with HCV, it will be essential to screen and test for HCV in non-traditional settings.

- Substance Abuse Treatment Centers
- Medication-Assisted Treatment Centers
- HIV/AIDS Service Organizations
- Behavioral Healthcare Centers (Inpatient/Outpatient)
- Homeless Shelters
- Healthcare settings:
 - Inpatient Wards
 - Emergency Rescue (ERs) Departments

Keys to Promoting HCV Testing

- Keep in mind patient factors such as **fear, stigma, lack of HCV information, and relatedness**, initiate a conversation around a **patient's identified risk behavior for HCV** and the benefits of screening and testing.
- Discuss the **entire testing process and possible test results**. Include availability of **provider support, tailored risk reduction counseling, and current treatment options**.

Question:

Which of the following are the roles/responsibilities of both clinical and behavioral healthcare providers:

- *Patient education and risk assessment*
- *Screening and/or referral for screening*
- *Referrals to treatment/specialist*
- *Referrals for support networks/groups/hotlines*
- *Assistance in navigating the treatment options*
- *Risk reduction strategies/behavior change counseling*
- *Referral for additional testing, as needed*
- *Risk reduction strategies*
- *Additional testing, as needed*

Hepatitis Risk Assessments

Designed to assess an individual's risk for viral hepatitis, based on CDC recommendations for testing and vaccination.

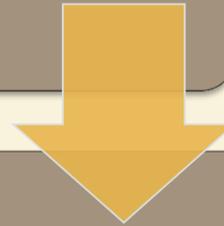
- Center for Disease Control and Prevention, DVH
<http://www.cdc.gov/hepatitis/RiskAssessment/start.html>
- Minnesota DOH, HIV/STD/Hepatitis Risk Assessment
<http://www.health.state.mn.us/divs/idepc/diseases/hiv/riskassessment>
- New York State Department of Health
<https://www.health.ny.gov/diseases/communicable/hepatitis/assessment.htm>

Screening and Testing for HCV

Step 1: HCV Antibody Test

Possible Results:

- Nonreactive (Negative)
- Reactive (Positive)



Step 2: HCV RNA (PCR) Test

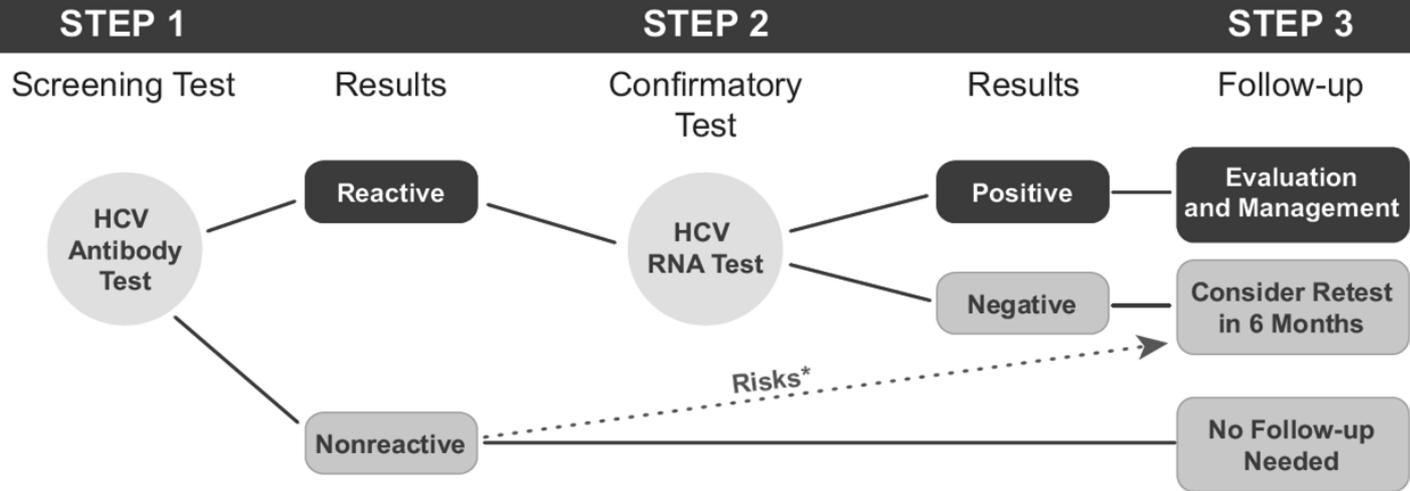
Possible Results:

- Negative (Undetected)
- Positive (Detected)

SOURCE: NYS Department of Health, HIV Education and Training Programs, Viral Hepatitis Training Center. (2014). *Hepatitis C: Screening, Diagnosis, and Linkage to Care*. Albany, NY: Author.

Screening and Testing Algorithm

Understanding Your HCV RNA Test Results



*Retest if the person has engaged in risky behavior within 6 months or if risky behavior occurs.

HCVcurrent
 Resources for Medical and Behavioral Health Professionals.

ATTC Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

Step 1: HCV Antibody Test

Understanding **HCV antibodies**:

- When a person is infected with HCV, the immune system produces antibodies against the virus.
- It usually takes the immune system a few weeks to develop enough antibodies to be detected by an antibody test.

SOURCE: HCV Advocate. (2013). *HCV Antibody Tests*. Retrieved from http://www.hcvadvocate.org/hepatitis/factsheets_pdf/antibody_test.pdf

Examples of HCV Antibody Tests

Serologic Antibody Assays

- EIA (enzyme immunoassay)
- CIA (enhanced chemiluminescence immunoassay)



OraQuick® HCV Rapid Antibody Test

- Point-of-care antibody test results in 20 minutes
- Fingertstick, venipuncture, serum, or plasma (not oral fluid)

Step 2: Diagnosing HCV Infection

Diagnostic Tests:

HCV RNA (PCR) or Viral Load

Qualitative – test for presence or absence of HCV virus

- *Not detected result means no current infection*
- *Detected result means hepatitis C virus was found, confirming HCV infection*

Quantitative – test for amount of HCV in blood (viral load)

Steps 2: Working with HCV RNA Results

HCV RNA Negative (Undetected)

- No current infection (*some recommend another test in 6 months to be sure*)
- Even if you cleared HCV infection in past, you can still get infected again

HCV RNA Positive (Detected) or Viral Load

- Diagnosis of active infection
- Evaluation and management:
 - Conduct genotype testing
 - *Several genotypes, sub-types, and strains of HCV*
 - *75% of US infections are Genotype 1*
 - *Knowing your genotype is important: genotypes affect type of treatment needed*
 - Evaluate for treatment eligibility

Negative (Undetected) Counseling Messages

POSITIVE

Explain results clearly and simply.

"The HCV RNA test result is positive, which means you are infected with the hepatitis C virus."

Assess patient reactions.

"How do you feel about knowing you have hepatitis C?
What does this result mean to you?"

Provide encouragement and respond to patient concerns.

"Hepatitis C is very serious, but it does not have to be life-threatening.
You can do many things to protect your liver."

Provide education on liver health.

"To protect your liver health, it is very important that you:

- Get vaccinated against hepatitis A and B.
- Do not use alcohol.
- Check with your provider before taking prescription or over-the-counter medications.
- Learn your HIV status."

NEGATIVE

Explain results clearly and simply.

"Your HCV RNA test result was negative. That means you do not have hepatitis C virus (clarify risk factors*)."

Emphasize the need for re-testing.

"There is a chance you spontaneously cleared the virus, but I recommend you get re-tested in 6 months to confirm."

Discuss precautions to avoid infection.

"You should take precautions to avoid infection. If you inject drugs, avoid sharing any drug equipment ('works'). This includes cookers, cotton, water, needles, syringes, pipes, and straws."

Provide education on preventative liver health.

"To protect your liver health, it is very important that you:

- Get vaccinated against hepatitis A and B.
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*HCV RISK FACTORS INCLUDE:

- Born between 1945 and 1964 (baby boomer)
- Blood transfusion before 1992
- Veteran
- Shared a needle or stuck with unclean needle
- Unprotected sex with multiple partners
- Born to a mother with hepatitis C
- Shared a razor or toothbrush
- Tattoos or body piercing
- Manicures and pedicures (if instruments are not disinfected)

Positive (Detected) Counseling Messages

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Positive & Negative Test Results

Preventing Reinfection

- Do not share needles or other injection equipment, or anything that may have blood on them
- Body modifications from a licensed artist
- Vaccinate against hepatitis A and B
- Safer sex practices, get treated for STDs

Counseling the HCV+ Client/Patient

Lifestyle options/changes for liver health

- Reducing or abstaining from alcohol
- Maintaining a healthy diet (high in vitamins A and C, avoiding iron, low in fats and refined sugars, high in fresh vegetables and fruits)
- Being vaccinated for HAV and HBV
- Reducing the intake of painkillers
- Getting daily exercise

Training and Educational Resources



Hepatitis C Training Resources

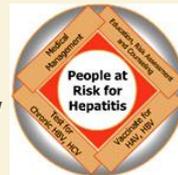
Hepatitis C Online:

<http://www.hepatitisc.uw.edu/>



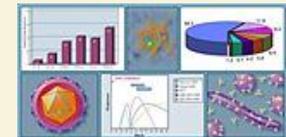
Know Hepatitis:

<http://www.knowhepatitis.org/>



Hepatitis Web Study:

<http://depts.washington.edu/hepstudy/>



Viral Hepatitis Serology Online Training:

<http://www.cdc.gov/hepatitis/resources/professionals/training/serologystart.htm>

ATTC HCV Current Initiative:

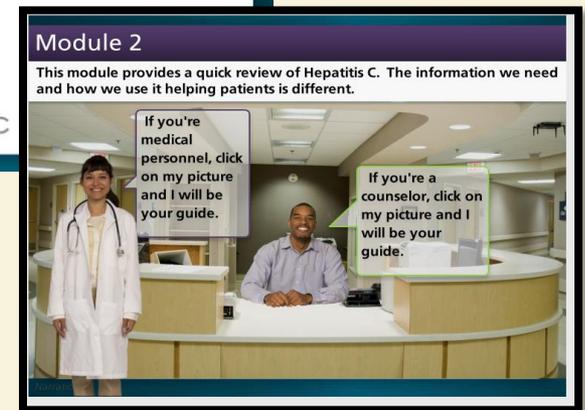
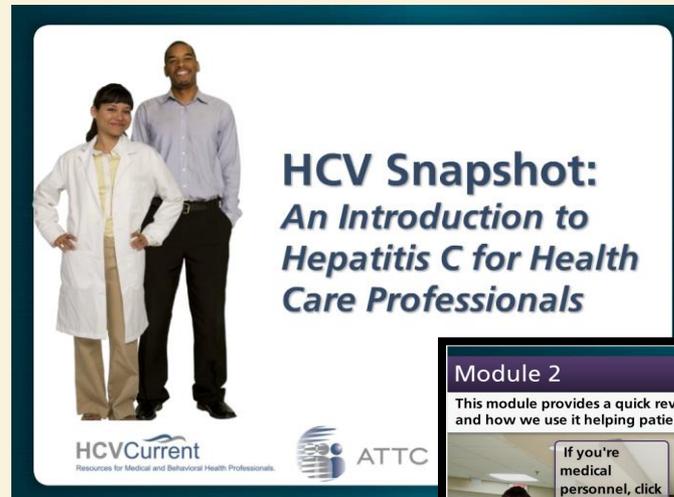
http://attcnetwork.org/projects/HCV_Home.aspx



FREE Online Training: Learn the Basics of Hepatitis C

HCV Snapshot.

- Free online course
- 90-minute, self-paced
- Behavioral and medical health practitioners
- 1.5 contact hours of continuing education available for \$7.50 (CNE, NASW, CHES, and NAADAC)
- Register at:
www.HealtheKnowledge.org



**HealtheKnowledge.org**

Increasing Hepatitis C Knowledge for Behavioral Health and Medical Providers:

- Free in-person training course
- 6 hours, instructor led
- Behavioral and medical health practitioners
- Downloadable curriculum
- Register at:

<http://www.attcnetwork.org/calendar/hcv-initiative-trainings.aspx>



Presented By:



Diana Padilla
Program Manager, NDRI-USA
Hepatitis C Specialist, NeC ATTC

Diana Padilla is a Program Manager at NDRI-USA, Inc. With over 18 years in public health, Ms Padilla is a senior staff trainer and develops curricula for the Northeast & Caribbean Addiction Technology Transfer Center, (NeC ATTC), which provides workforce development in the regions of NY, NJ, PR, and Virgin Islands. Ms Padilla has worked on research projects focusing on hepatitis C, and has developed hepatitis C courses for the NYS DOH, Education & Training Programs, Viral Hepatitis Training Center. Presently she serves as the hepatitis C specialist for the NeC ATTC and is one of the authors of the new, 'Increasing HCV Knowledge for Behavioral Health and Medical Providers,' curricula, a product of the HCV Current Initiative, funded by SAMHSA.

Advances in HCV Treatment



Clinical Evaluation

- Blood tests
 - Liver enzymes (ALT, AST)
 - Liver function tests (bilirubin, albumin, pt)
 - Platelet count
- Anti-HCV, HCV RNA (viral load)
- HCV Genotype
- Assess degree of hepatic fibrosis, using noninvasive testing (*FibroSure* or *FibroScan*) or liver biopsy.
- Liver cancer screening for patients with cirrhosis (every six months)
 - Serum alpha-fetoprotein
 - Hepatic ultrasound



Treatment Markers & Benefits

- Sustained virologic response (SVR) 12 weeks after treatment completion, (no virus detected) means cure
- Reduction in liver failure, liver cancer, and liver-related deaths
- Oral therapies
- HCV therapy is shorter duration (8-24 weeks)
- Increased treatment tolerability

CURE!

HCV Treatment Timeline

Peginterferon
Injections,
Ribavirin
(PEG-IFN, RBV)
G1 & G2 & G3

Peginterferon
Injections,
Ribavirin
and
Boceprevir
or Teleprevir
(PEG-IFN, RBV)
G1

Simprevir, Interferon,
Ribavirin
(SIM, PEG-IFN, RBV)
G1

Sofosbuvir, Interferon,
Ribavirin
(SOF, PEG-IFN, RBV)
G1

Sofosbuvir, Ribavirin
(SOF, RBV) G2 & G3

Sofosbuvir, Interferon,
Ribavirin
(SOF, PEG-IFN, RBV)
G3

Sofosbuvir, Ledipasvir
(SOF, LDV) G1

Sofosbuvir, Simprevir
(SOF, SIM) G1

Paritaprevir, Ritonavir,
Ombitasvir, Dasabuvir
± Ribavirin
(3D ± RBV) G1

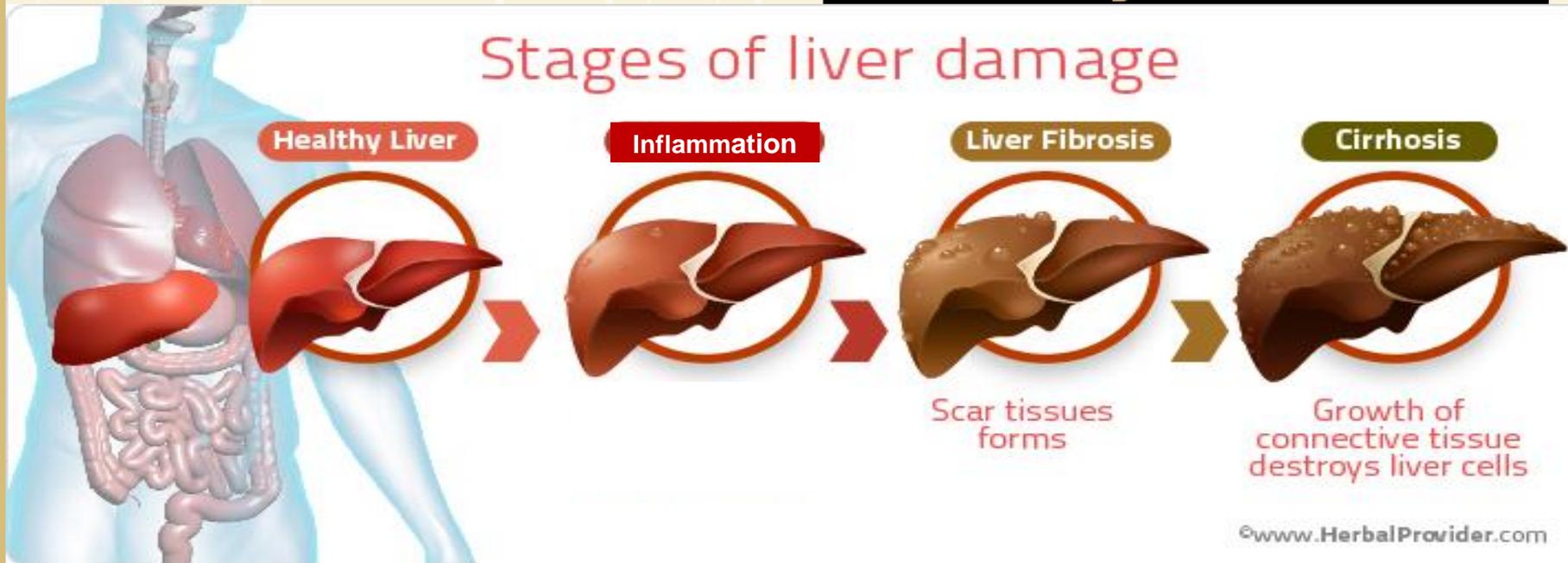
2001

2011

2013

2014

Stages of liver damage



Fibrosis

- F0 - no fibrosis
- F1 - mild fibrosis
- F2 - moderate fibrosis
- F3 - severe fibrosis
- F4 - cirrhosis

Cirrhosis

- Stage A (compensated)
- Stage B (beginning to decompensate)
- Stage C (decompensated, end stage)

Hepatitis C New Research and Liver Health,
<http://hepatitisnewdrugresearch.com/staging-cirrhosis.html>

High Priorities for Treatment

Chronic Hepatitis Cohort Study 2014 (CHeCS)

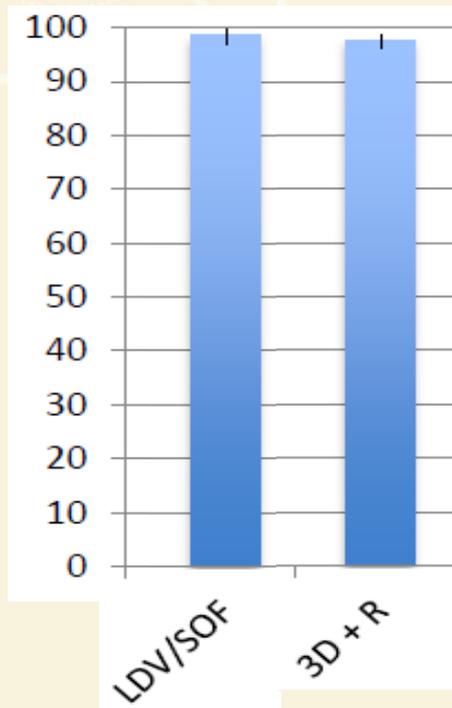
- **Highest** priority consisting of F3 or higher, fibrosis and kidney disease, currently at 532,000.
- **High** priority consisting of F2 and comorbidities, currently at 513,000

Mahajan, R., et. al., Mortality among persons in care with hepatitis C virus infection: the Chronic Hepatitis Cohort Study (CHeCS), 2006-2010, <http://www.ncbi.nlm.nih.gov/pubmed/24523214>

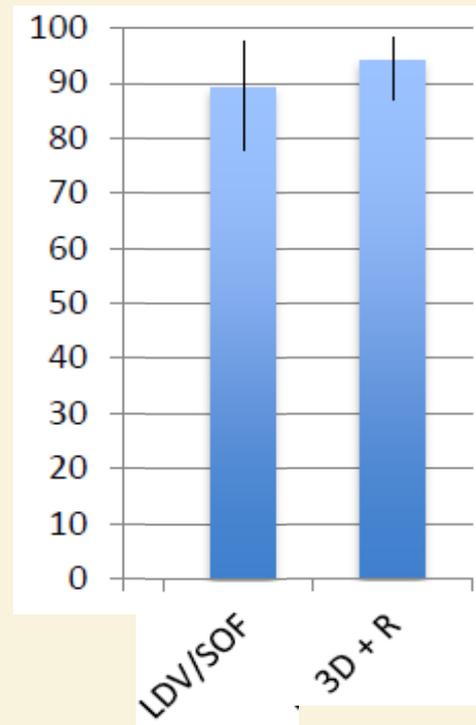
Sustained Virologic Response (SVR) to All-Oral Antiviral Treatment for Hepatitis C

Genotype 1 (treatment-*naïve* patients)

No Cirrhosis



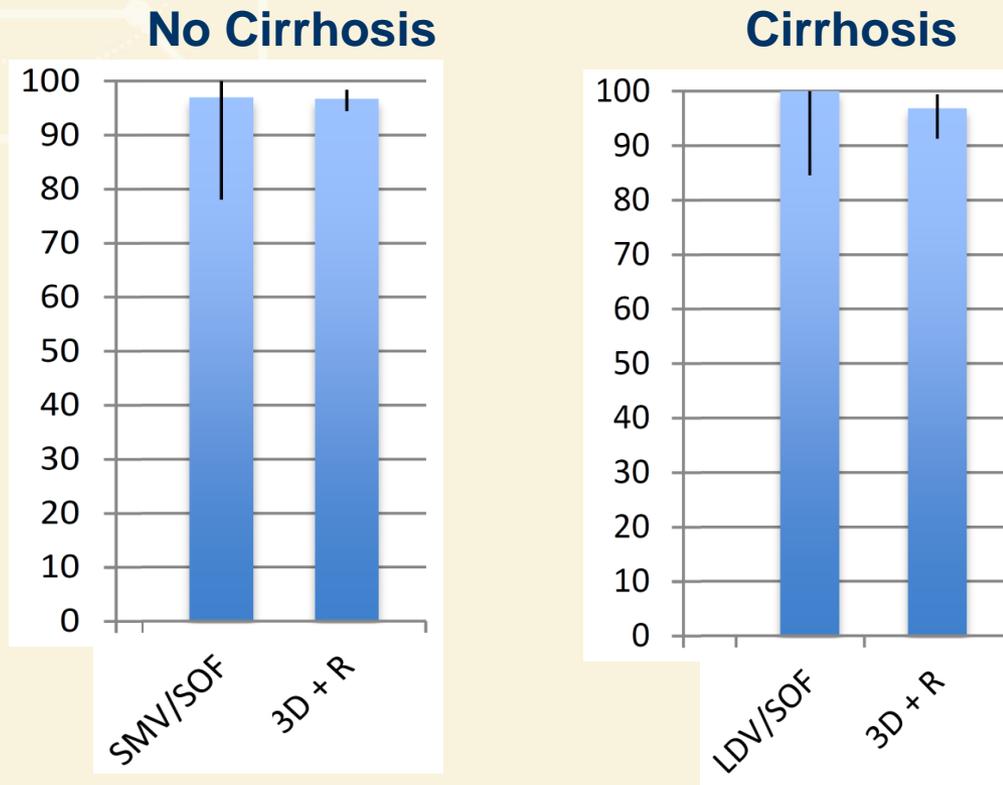
Cirrhosis



SOF=sofosbuvir;
LDV=ledipasvir
3D=paritaprevir,
ritonavir, ombitasvir,
and dasabuvir;
R=ribavirin

Sustained Virologic Response (SVR) to All-Oral Antiviral Treatment for Hepatitis C

Genotype 1 (treatment-*experienced* patients)



SOF=sofosbuvir;
LDV=ledipasvir
3D=paritaprevir,
ritonavir, ombitasvir,
and dasabuvir;
R=ribavirin

Current HCV Treatments

Genotype 1

- **Harvoni /** ledipasvir + sofosbuvir
 - 8 weeks - 97%
 - 12 weeks - 95%
 - 24 weeks - 95%
- **Viekira Pak /** paritaprevir, ritonavir, ombitasvir, dasabuvir ± ribavirin
 - 12 weeks (1a) - 97%
 - 24 weeks (1b) - 99.5%
- **Sovaldi/Olysio /** sofosbuvir + simeprevir
 - 12 weeks - 95%
 - 24 weeks - 95%

Current HCV Treatments

Genotype 2

- **Sovaldi** / sofosbuvir+RBV
 - 12 weeks - 98%
 - 16 weeks - 98%

Genotype 3

- **Sovaldi** / sofosbuvir+RBV
 - 24 weeks - 93%

AASLD, IDSA. (2014). *Recommendations for Testing, Managing, and Treating Hepatitis C*, Accessed April 14, 2015. <http://hcvguidelines.org/full-report/when-and-whom-initiate-hcv-therapy>.

HIV and HCV Coinfection

- Consultation between HCV and HIV practitioners
- Potential drug-drug interactions should be assessed (eg., *sofosbuvir*, *ledipasvir*, and *simeprevir* interact with some antiretrovirals)
- Treatment recommendations should follow the recommendations for mono-infection specific to genotype

NYSDOH AIDS Institute, Office of the Medical Director & Johns Hopkins University, Division of Infectious Disease. (2010). *HCV Clinical Resource, Hepatitis C Virus*. <http://www.hivguidelines.org/clinical-guidelines/adults/hepatitis-c-virus>.

Treatment Restrictions

Medications are costly (\$64,000 to \$189,000 per treatment course*)

Many payers (*United Health care, Anthem (Wellpoint), and 30 state Medicaid programs*) restrict who they will cover

- Many say patient must have F3 or F4 (advanced fibrosis or cirrhosis)
- Many say patient must be alcohol and drug free (and some require urine testing)
- Many say physician must be hepatitis specialist or have hepatitis treatment experience

*Wholesale acquisition cost: <https://medicalletter.wordpress.com/2015/01/09/hepatitis-c-drug-cost>

•Modern Healthcare, As insurers limit access to hep C drugs, patients and doctors bristle, Virgil Dickson, May 20, 2015

•October 15, 2014. Indianapolis: Anthem Insurance Companies, Inc.; 2014.
https://www.anthem.com/provider/noapplication/f0/s0/t0/pw_e225443.pdf

Treatment Resources

Pharmacy benefit managers, (PBM), (ie: Express Scripts)

Co pay programs :

- Patient Access Network Foundation, PAN
- Patient Assistance Foundation, PAF

Pharmaceutical programs:

- Gilead patient assistance program (“Support Path”)
- AbbVie patient assistance program (“proCeed”)

Accessing Hepatitis C Treatment Providers



Poll Question:

All physicians can treat hepatitis C

- a) True
- b) False



Finding a Specialist

- Physicians:
 - Gastroenterologists
 - Infectious disease specialist
 - Hepatologist
 - Nurse practitioners whose practice concentrates on people with liver diseases
- Health clinics
- Substance abuse treatment facility
- State department of health

American Liver Foundation

<http://hepc.liverfoundation.org/find-a-healthcare-provider>

• [Make a Donation Today](#)

• [Enroll in Hep C 123](#)

Resources

Find a Healthcare Provider

There are many types of healthcare providers who evaluate and treat people with liver disorders. The American Liver Foundation has provided this directory of listings so that you can locate a healthcare provider or treatment facility in an area near you. This tool provides listings for the following:

Physicians

- Gastroenterologists
- Hepatologists
- Infectious Disease Specialists

Health Clinics

- Community Health Centers
- Homeless Health Centers

Substance Abuse Treatment

- Outpatient Treatment Centers
- Halfway Houses

Find a Healthcare Provider in Your Area

State

Montana ▼

This healthcare provider locator is intended to aid and assist you in locating a liver specialist or healthcare center within a specific state. This locator is not a physician referral service. If you wish to verify and/or receive a consultation, please contact these healthcare providers or health centers directly. The American Liver Foundation does not endorse or recommend any individual providers listed here.

Provider-Focused Initiatives

- Improve provider education on hepatitis C
- Incorporate routine screening into clinic workflow and implement testing by non-clinical staff
- Enable providers to apply best practices in monitoring and treating hepatitis C
 - **Telemedicine** (e.g., project ECHO) using video conferencing with clinical hepatitis experts
 - **Data systems** with centralized database to monitor outcomes
 - Develop **screening indicators** (EMR) and share with individual clinics and providers

Provider-Focused Initiatives

- Develop a hepatitis C “champion”
 - Act as a resource for information
 - Monitor screening
 - Monitor follow-up and cascade of care
- Designate a lead clinician who will take on the primary responsibility of HCV treatment and monitoring, or establish and organize a system for evaluation, treatment, and monitoring.

US Dept of Health & Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. (2011). Integrating Hepatitis C Treatment into Ryan White Clinics, Models & Steps. Available at: <http://hab.hrsa.gov/files/hepatitiscmodelstools.pdf>.

Management of HCV via Telemedicine Consultation and Teleconferencing

- Telemedicine can be an effective alternative to provide care to patients with hepatitis C, including those who may be financially or geographically disadvantaged
- Through telemedicine, general health care providers can learn how to make correct diagnoses, stage liver disease severity, decide if therapy is indicated, and appropriately manage the course of treatment



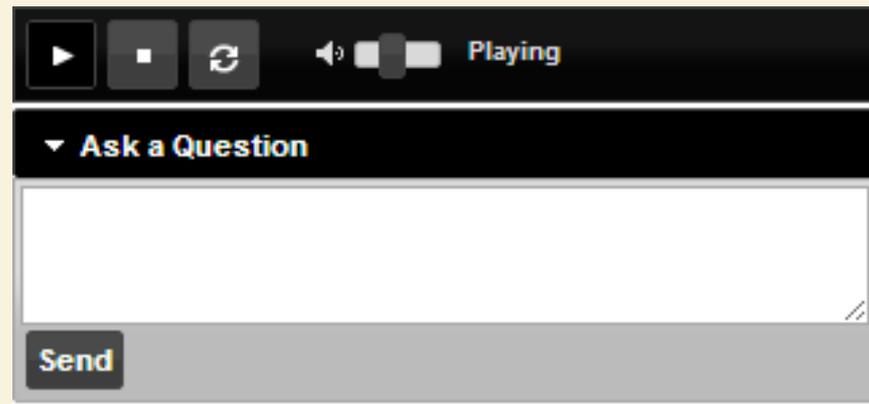
Rossaro, L. (n.d.). Management of HCV via Telemedicine Consultation and Teleconferencing PowerPoint Presentation.

Informational Resources

- **NASTAD:** <http://www.nastad.org/>
- **HRSA-HCV/HIV Co-Infection:**
<http://hab.hrsa.gov/tools/coinfection/coinfection.html>
- **Immunization Action Coalition:** <http://www.immunize.org/>
- **HCV Advocate:** <http://www.hcvadvocate.org/>
- **UFO Model:** <http://www.ufomodel.org/home>
- **Harm Reduction Coalition:** <http://harmreduction.org/>
- **Caring Ambassadors:** <http://caringambassadors.org/>
- **AASLD & IDSA:** www.hcvguidelines.org
- **US Department of Veteran Affairs, Viral Hepatitis:** www.hepatitis.va.gov
- **CDC, Viral Hepatitis:** <http://www.cdc.gov/hepatitis>
- **American Liver Association:** <http://www.liverfoundation.org>
- **Stakeholders' Workbook: Exploring Vital Roles and Opportunities to Break the Silence:** <http://aids.gov/pdf/vhap-workbook-for-stakeholders.pdf>

Questions ?

- You may submit questions at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you require further assistance, you can contact the Technical Support Center. Toll Free: 888-204-5477 or Toll: 402-875-9835



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Additional Questions?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions
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For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





SAMHSA-HRSA Center for Integrated Health Solutions

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