

Testing and Linkage to HCV Care: Lessons Learned from Philadelphia FIGHT

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PHILADELPHIA FIGHT COMMUNITY HEALTH CENTERS

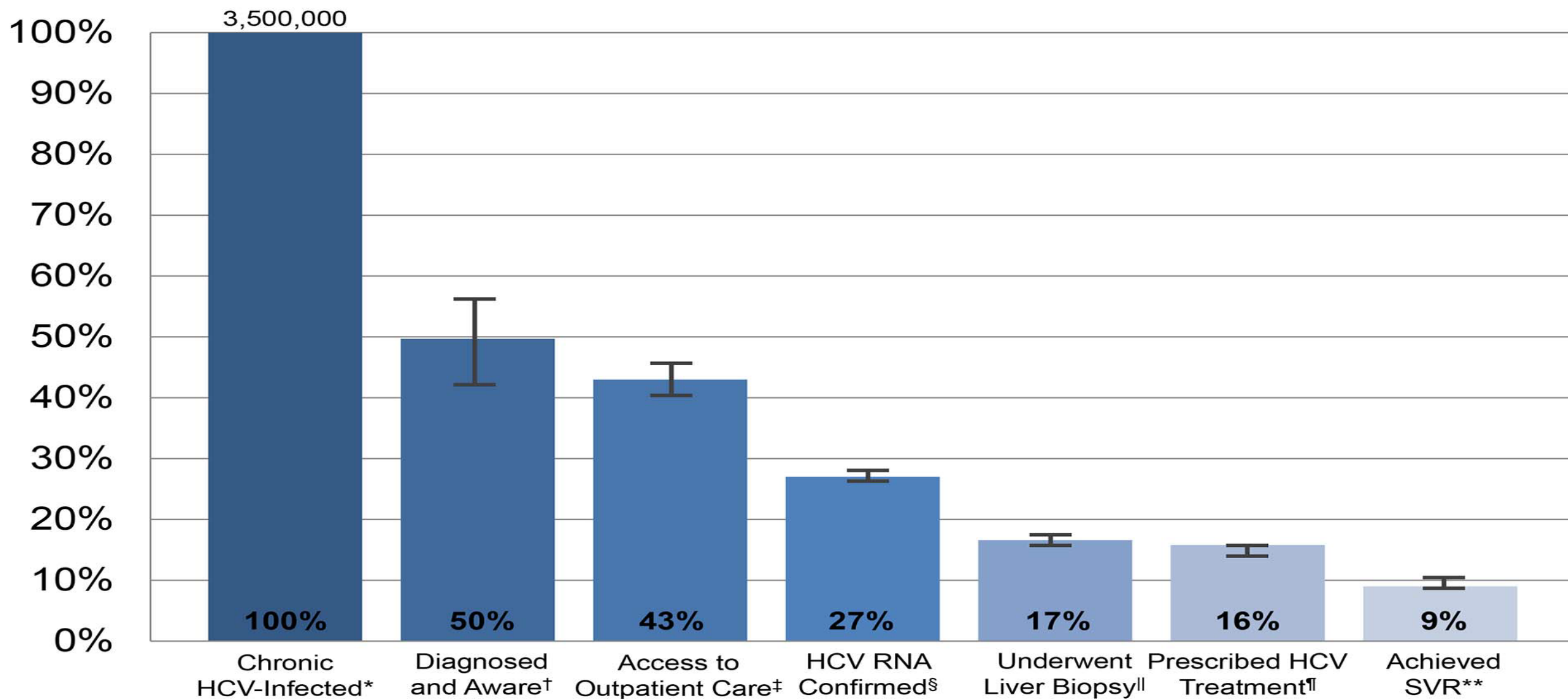
PHILADELPHIA, PA



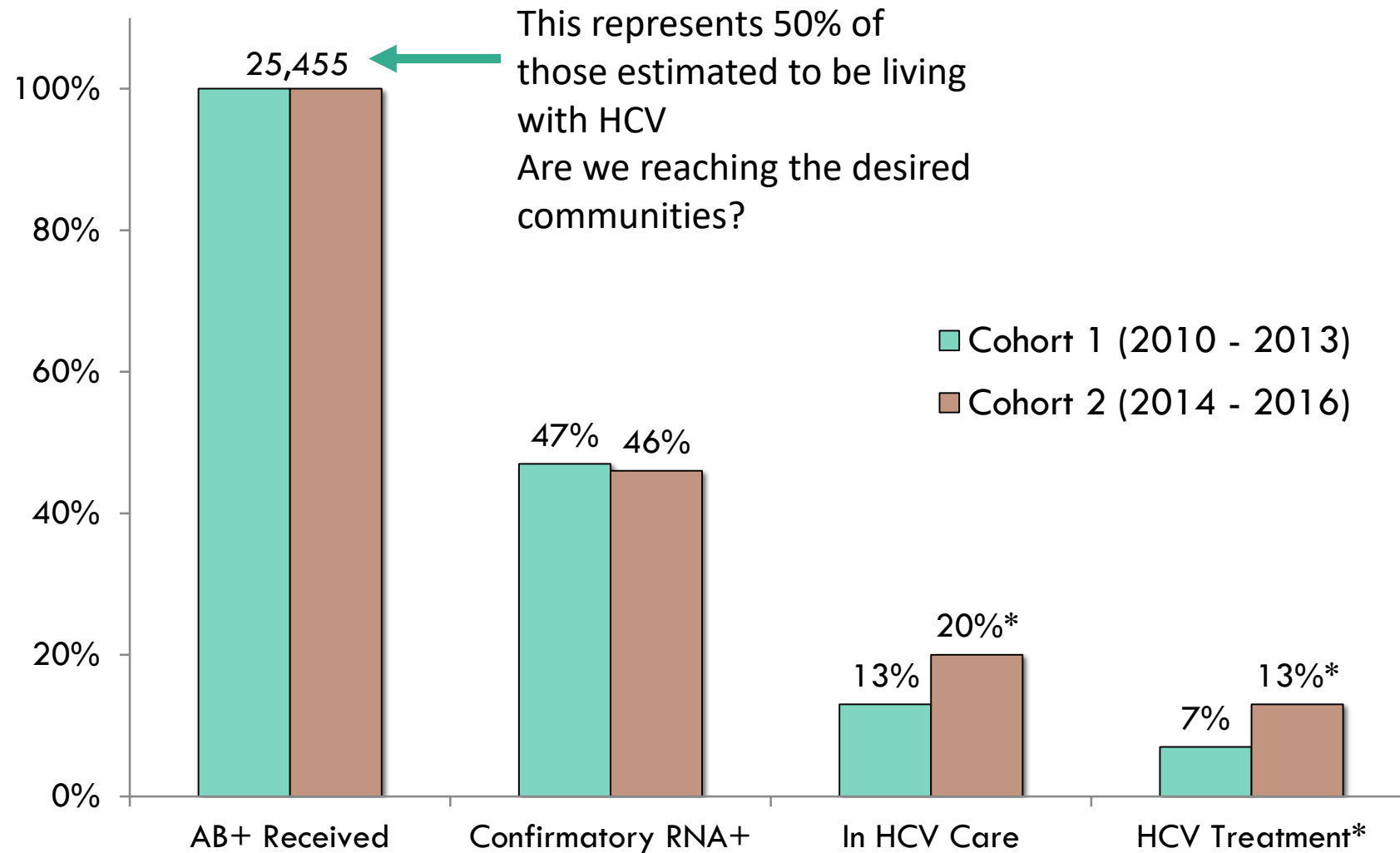
Disclosures

Grant Support from Gilead Sciences

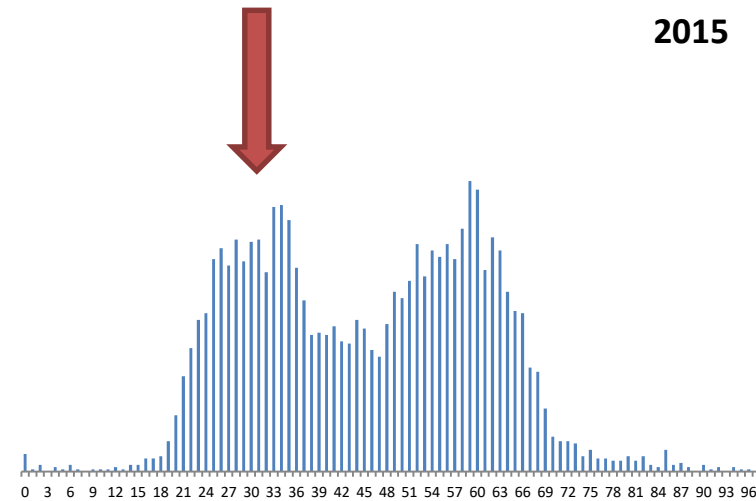
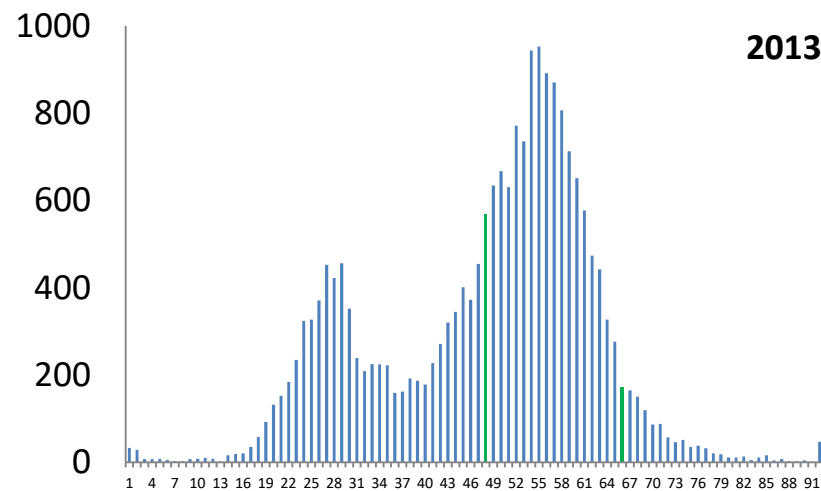
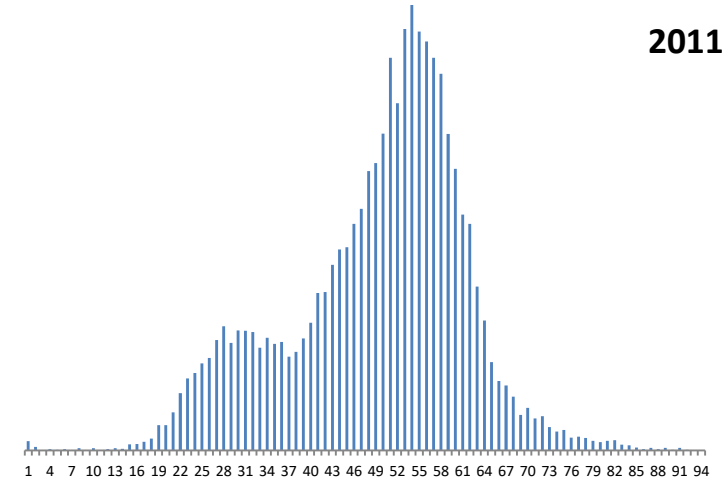
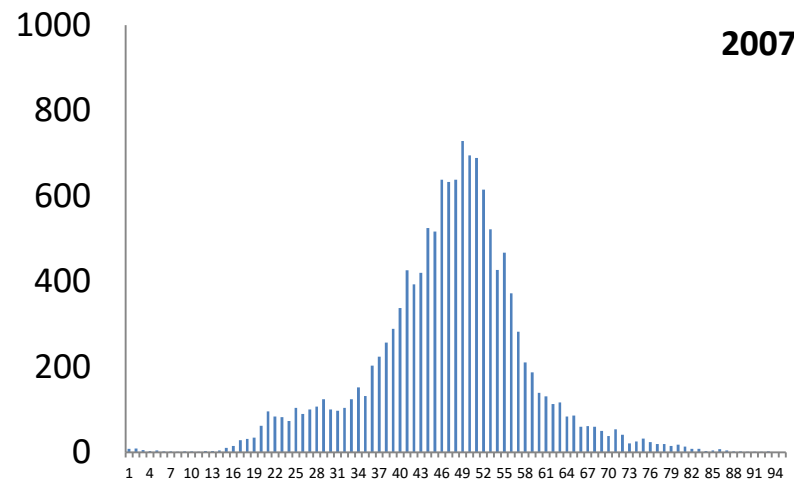
Treatment cascade for people with chronic HCV infection



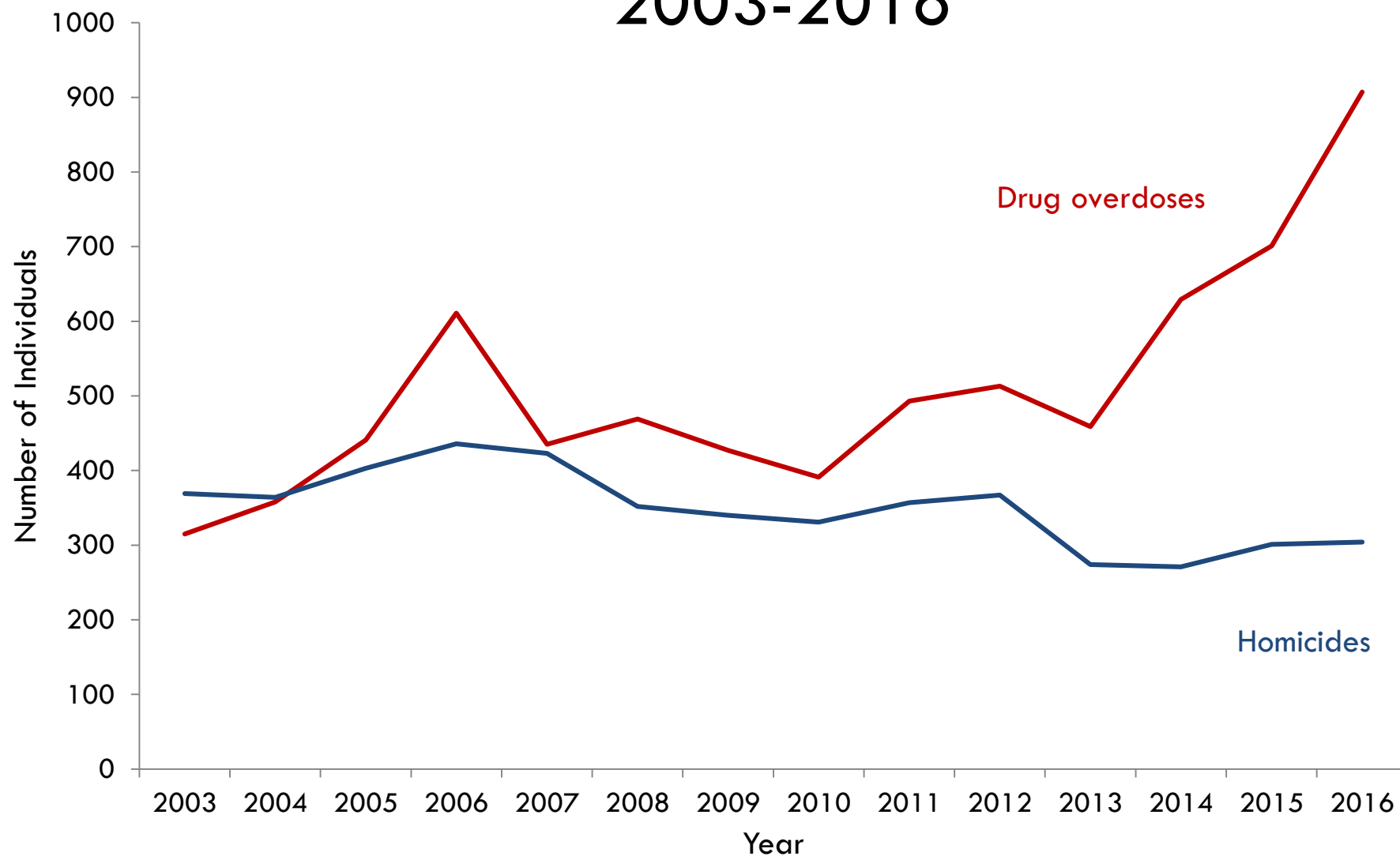
Philadelphia DPH HCV Care Cascade



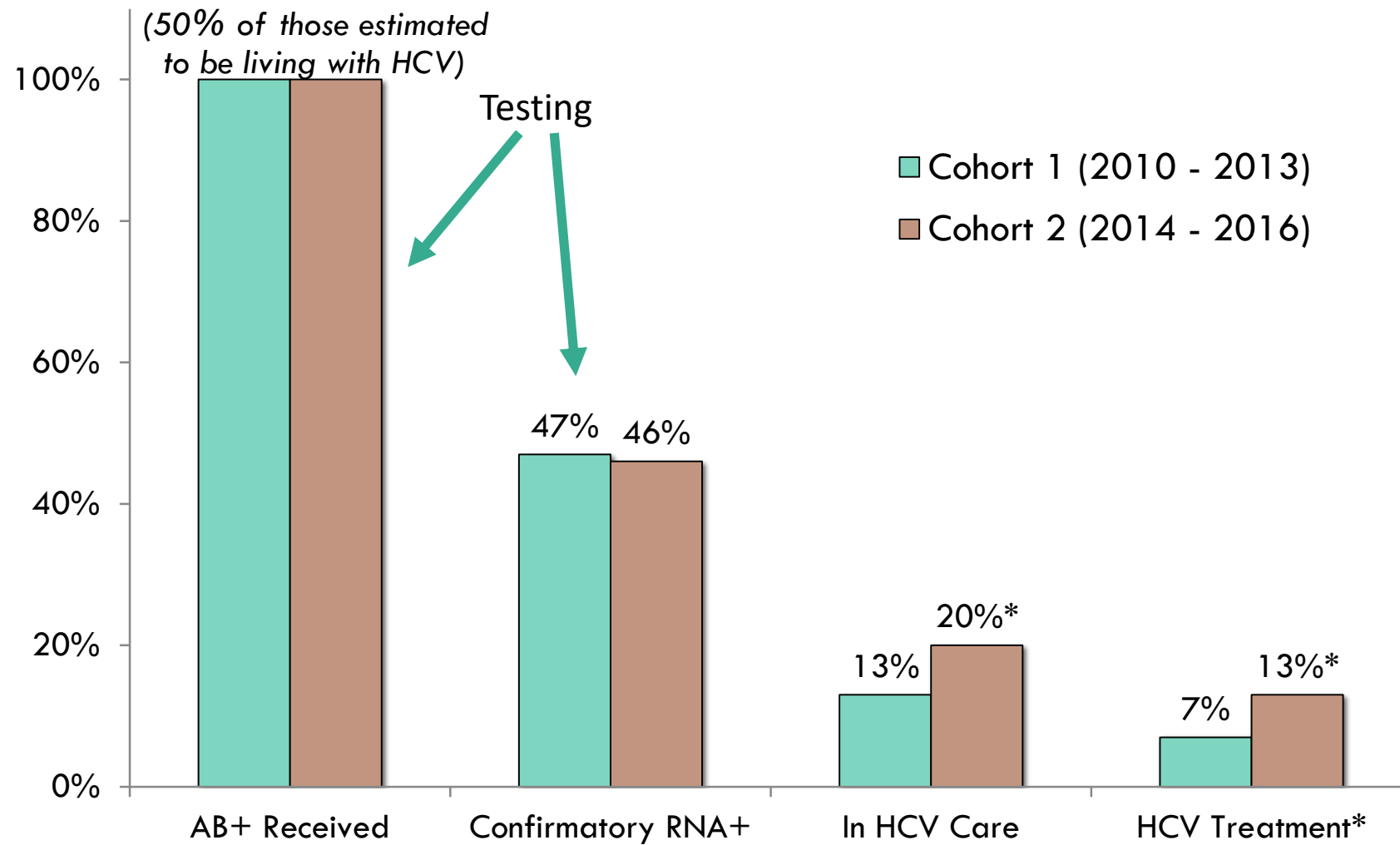
Age Groups Tested, Philadelphia DPH Data



Number of Overdose and Injury-related Deaths – Philadelphia, 2003-2016

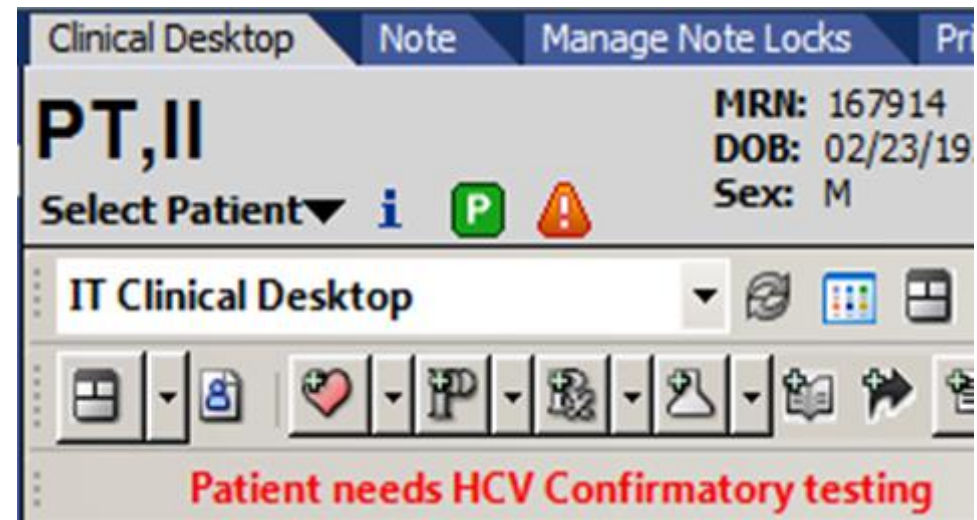
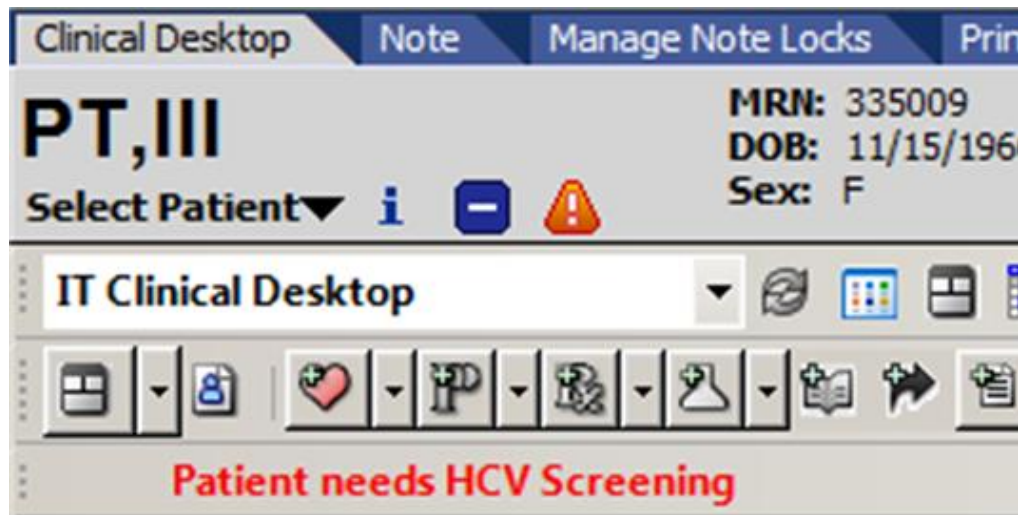


Philadelphia DPH HCV Care Cascade

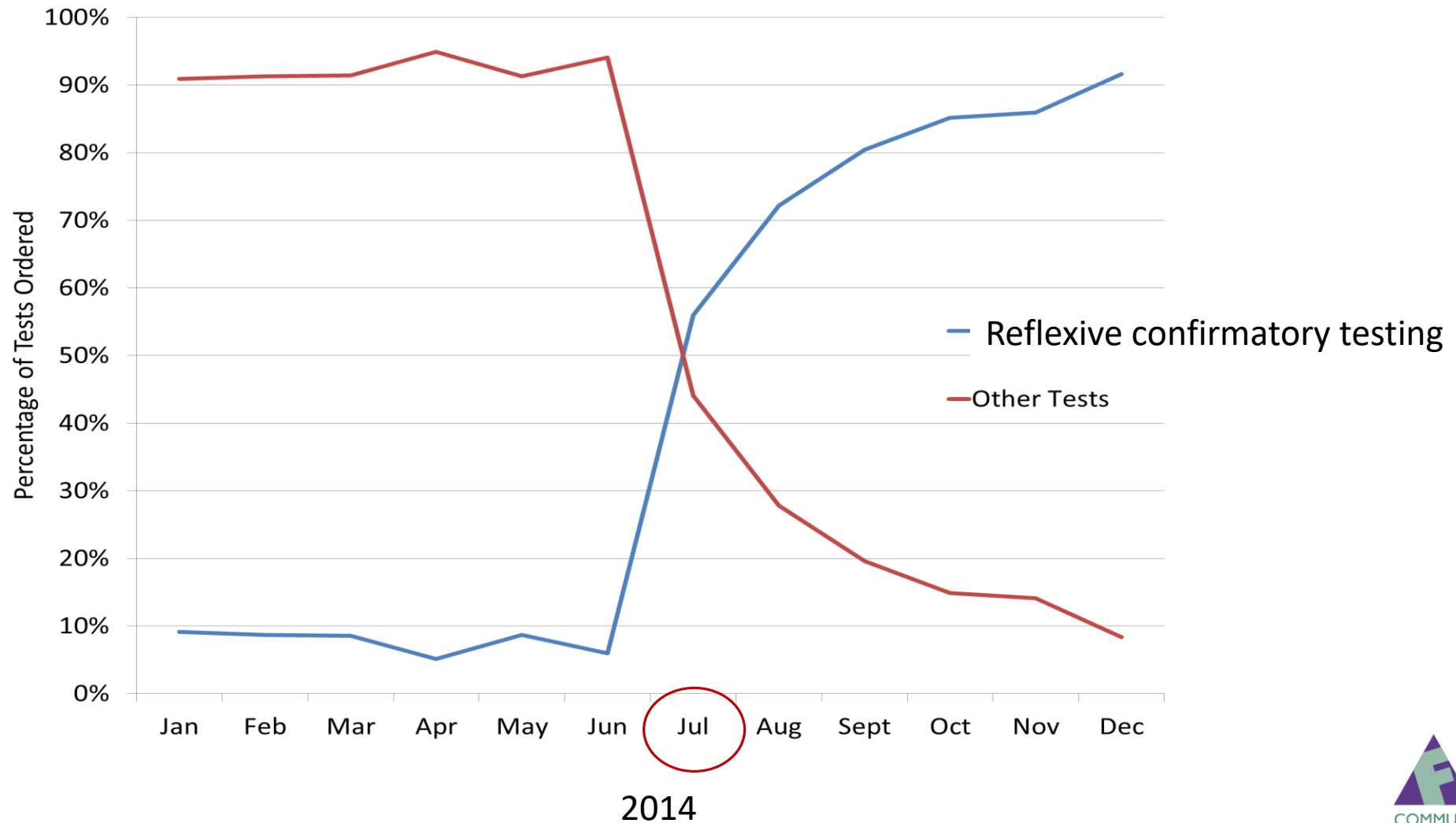


Strategies for Enhanced Testing in the Clinic

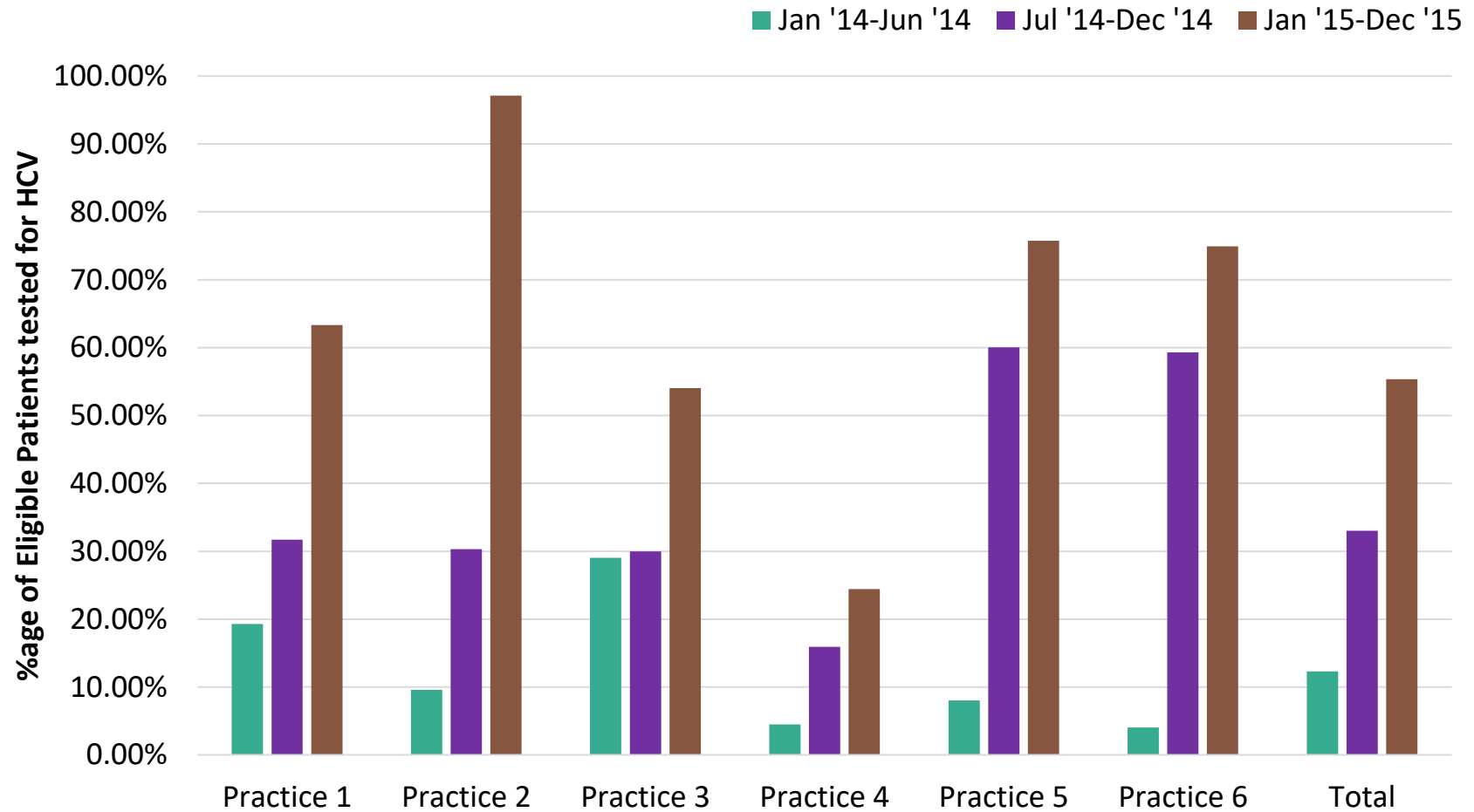
- EMR modifications
- Integration into clinic work flow
- Antibody with Reflexive confirmatory testing only
- Automated ordering



Impact of EMR Prompts on Type of HCV Screening Test Ordered



Impact of EMR prompts on Percentage of Eligible Baby Boomers Tested for HCV

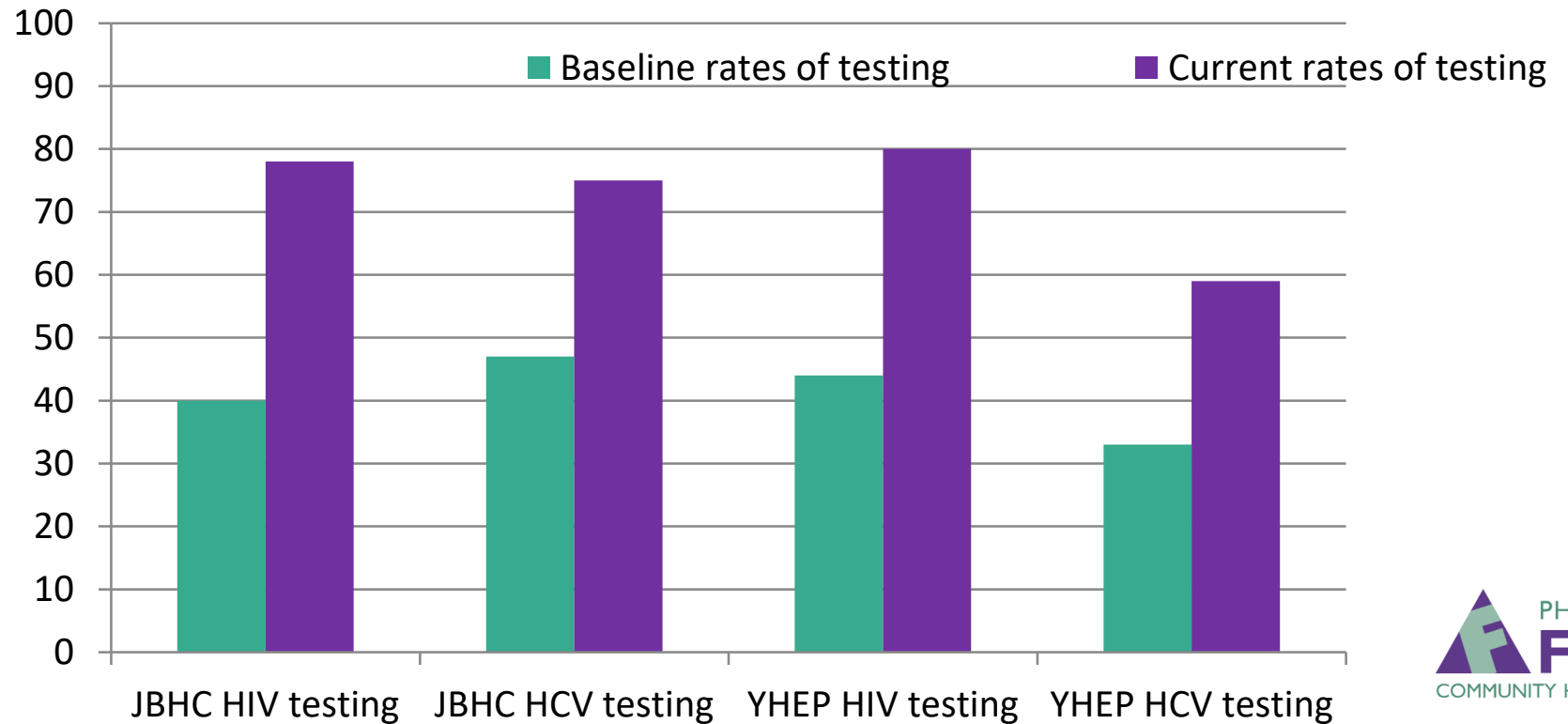


***EMR prompts added July 2014**

Strategies for Enhanced Testing in the Clinic

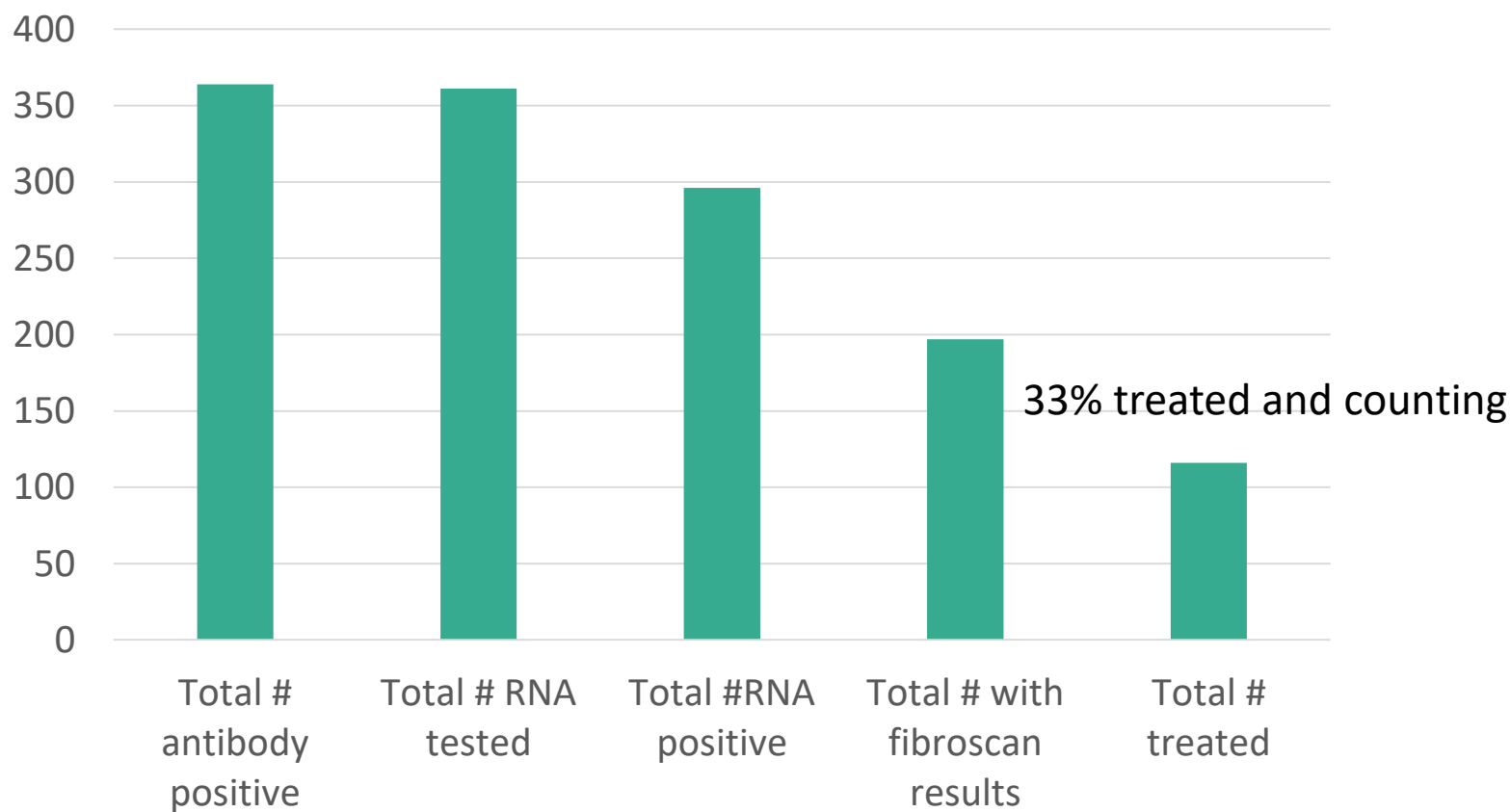
In FQHC setting

- Visit notes with prepopulated orders for HIV and HCV testing
- Provider education



JBHC Clinical HCV Care Cascade

1199 patients tested, 30% anti-HCV seroprevalence



Strategies for enhanced testing in the community

Testing Technology

- Rapid point of care (POC) testing with immediate results
- Immediate confirmatory testing
- Focus on methods that eliminate the need for venipuncture (DBS testing)
- Development of affordable, reliable 1 step POC testing
- Decrease waste and repeat antibody testing

Tester

- Peer
- Designated testing staff at community based organization (CBO)
- Navigator/ Tester
- Health care worker/ nursing

Location

- Colocation with harm reduction services and MAT
- Outreach
- Peer referral with monetary incentive

Philadelphia FIGHT



The Jonathan Lax Treatment Center
The Youth Health Empowerment Project
The John Bell Health Center



COMMUNITY BASED TESTING

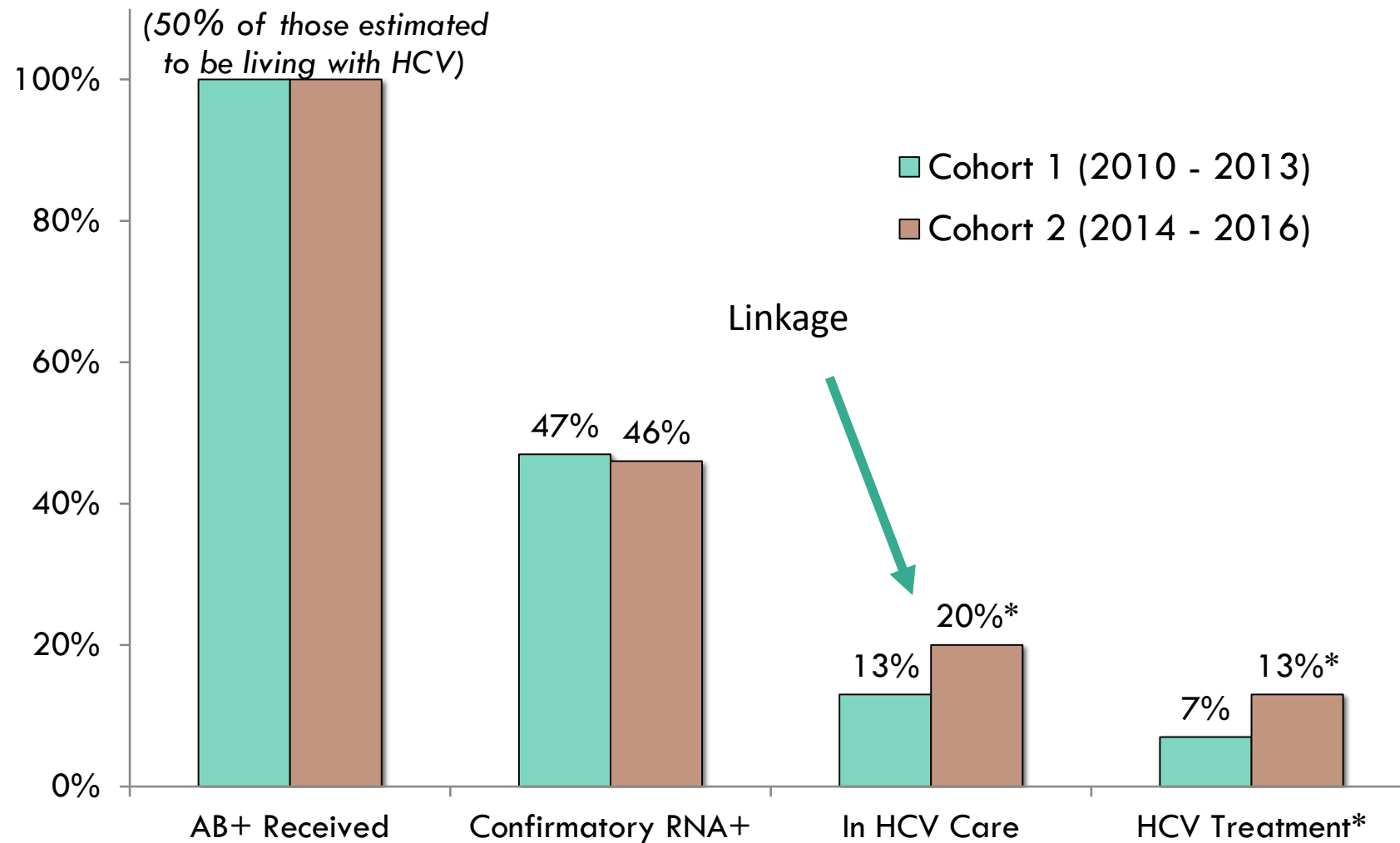
Syringe Exchange Program
Drug Treatment Programs
Homeless shelters
Opioid substitution programs
(Philadelphia Dept of Prisons)



A Program of Philadelphia FIGHT

Testing protocol
Oraquick Rapid HCV ab test; if reactive,
Immediate blood draw for RNA
by tester

Philadelphia DPH HCV Care Cascade



Strategies for enhanced linkage

Patient navigation models

- Peer navigators
- Tester/ Navigators
- Non-peer navigators
 - CBO based navigators
 - Clinic based navigators

Embedded models (care within OST, Addiction treatment, CBO)

- Nurse led models
- Physician led models

Mobile models of care

Mixed models

Linkage to Care at Philadelphia FIGHT

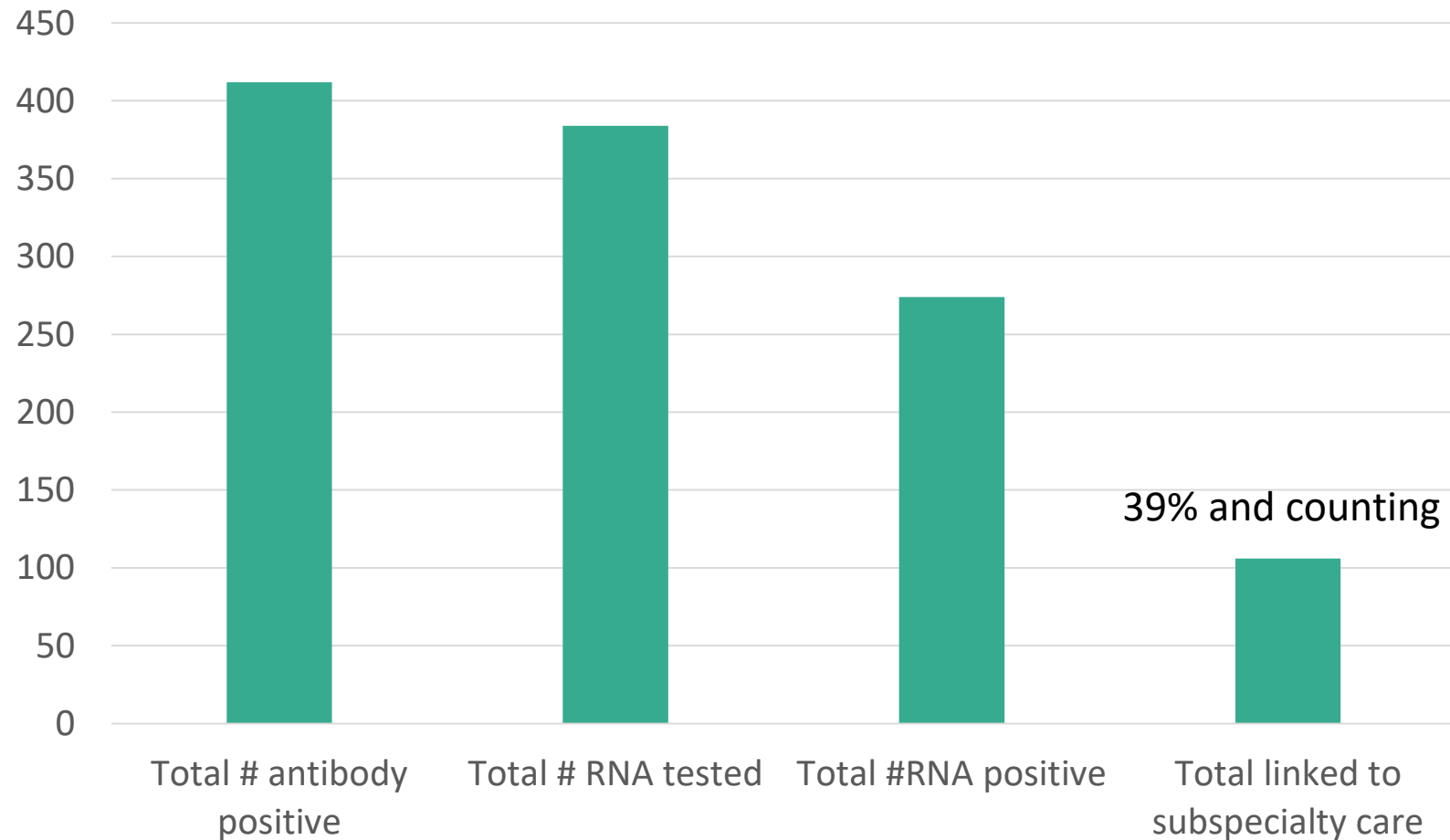
Patient Navigation Model

- Detailed contact information obtained
- Cross disciplinary and multi center weekly “HCV Huddle”
- Open scheduling/ walk in hours
- On site fibroscan
- Federally Qualified Health Center: no insurance or referral required
- Free transportation
- Food, blankets, shoes
- Modified DOT model, nurse led but patient driven
- Blood draws at the syringe exchange, OST site or addiction program if patient cannot get in

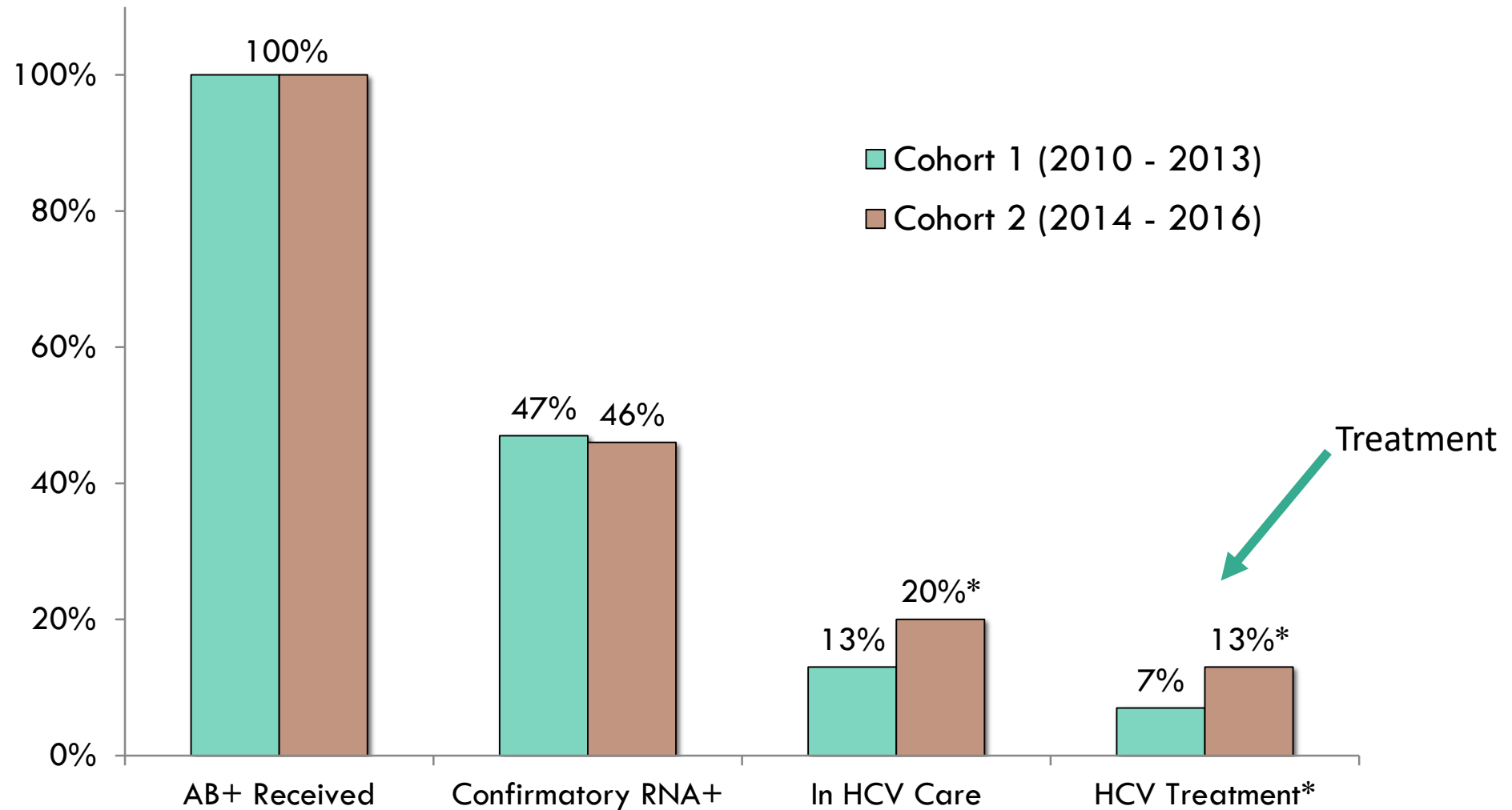
Linkage to care rates are still fluid and vary based on testing site: 25 to 65%

Next steps: Embedded provider model

Community based testing and linkage to care



Philadelphia DPH HCV Care Cascade



AASLD/IDSA: Who should be treated?

Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.

Rating: Class I, Level A

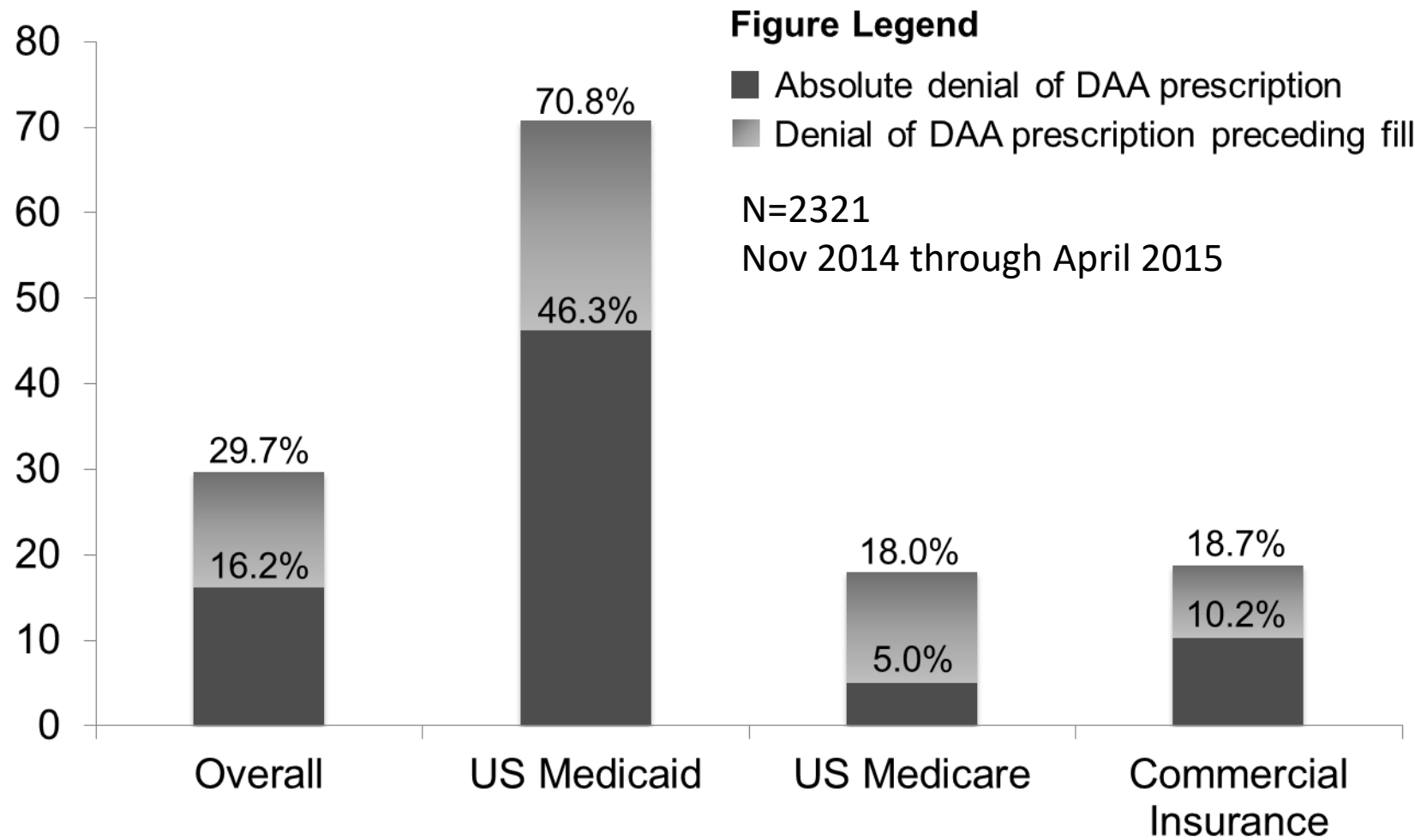
Current Challenges in HCV Care in the US

Restrictive criteria for drug approval for many payers

- Sobriety requirement
- Prescriber requirement
- Disease severity requirement
- HIV may not be a mitigating factor

Arduous prior authorization process for providers

Incidence of Absolute Denial of DAA Therapy, By Insurance





Current Challenges in HCV Care in the US

Restrictive criteria for drug approval for many payers

- ~~Sobriety requirement~~
- Prescriber requirement
- ~~Disease severity requirement~~
- ~~HIV may not be a mitigating factor~~

Training, support, education
- HCV treatment in people actively using drugs
- Harm reduction

Arduous prior authorization process for providers

Thank you!

C a Difference Team

- Lora Magaldi, C a Difference Project Coordinator
- Carla Coleman, Linkage Coordinator
- Ta-Wanda Preston, Lead Outreach specialist
- Ricardo Rivera, HIV/HCV tester and educator
- Nabori Brown, HIV/HCV tester and educator
- Students, volunteers, community partners
- Patients

HepCAP members and leadership

- Alex Shirreffs & Jack Hildick- Smith

Prevention Point Philadelphia

Gilead FOCUS and Prevent Cancer Foundation