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

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Disclosures

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Philadelphia DPH HCV Care Cascade

This represents 50% of those estimated to be living with HCV. Are we reaching the desired communities?

Age Groups Tested, Philadelphia DPH Data

2007

2011

2013

2015

Slide courtesy of Dr. Viner, PDPH
Number of Overdose and Injury-related Deaths – Philadelphia, 2003-2016

Drug overdoses

Homicides

Philadelphia Office of Medical Examiner
Philadelphia DPH HCV Care Cascade

(50% of those estimated to be living with HCV)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>AB+ Received</td>
<td>47%</td>
<td>46%</td>
</tr>
<tr>
<td>Confirmatory RNA+</td>
<td>47%</td>
<td>46%</td>
</tr>
<tr>
<td>In HCV Care</td>
<td>13%</td>
<td>20%*</td>
</tr>
<tr>
<td>HCV Treatment*</td>
<td>7%</td>
<td>13%*</td>
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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

- Reflexive confirmatory testing
- Other Tests

2014

Percentage of Tests 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

![Bar chart showing baseline and current rates of testing for JBHC HIV and HCV testing, as well as YHEP HIV and HCV testing.](chart.png)
JBHC Clinical HCV Care Cascade
1199 patients tested, 30% anti-HCV seroprevalence

33% treated and counting
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)

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

(50% of those estimated to be living with HCV)

- AB+ Received
- Confirmatory RNA+
- In HCV Care
- HCV Treatment*

Cohort 1 (2010-2013)
- AB+ Received: 100%
- Confirmatory RNA+: 47%
- In HCV Care: 13%
- HCV Treatment*: 7%

Cohort 2 (2014-2016)
- AB+ Received: 100%
- Confirmatory RNA+: 46%
- In HCV Care: 20%*
- HCV Treatment*: 13%*

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

- Total # antibody positive
- Total # RNA tested
- Total #RNA positive
- Total linked to subspecialty care

39% and counting
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

Figure Legend
- Absolute denial of DAA prescription
- Denial of DAA prescription preceding fill

N=2321
Nov 2014 through April 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall</th>
<th>US Medicaid</th>
<th>US Medicare</th>
<th>Commercial Insurance</th>
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<tr>
<td>Absolute denial</td>
<td>29.7%</td>
<td>70.8%</td>
<td>18.0%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Denial preceding</td>
<td>16.2%</td>
<td>46.3%</td>
<td>5.0%</td>
<td>10.2%</td>
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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

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

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