DISCLOSURES

This activity is jointly provided by Northwest Portland Area Indian Health Board and Cardea

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Cardea designates this live web-based training for a maximum of 1 *AMA PRA Category 1 Credit(s)*^{TM}. Physicians should claim credit commensurate with the extent of their participation in the activity.

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COMPLETING THIS ACTIVITY

Upon successful completion of this activity 1 contact hour will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538

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CONFLICT OF INTEREST

Paulina Deming is on an advisory committee for Gilead.

None of the other planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.

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Acknowledgement

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The Indian Health Service HIV Program
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The Secretary's Minority AIDS Initiative Fund

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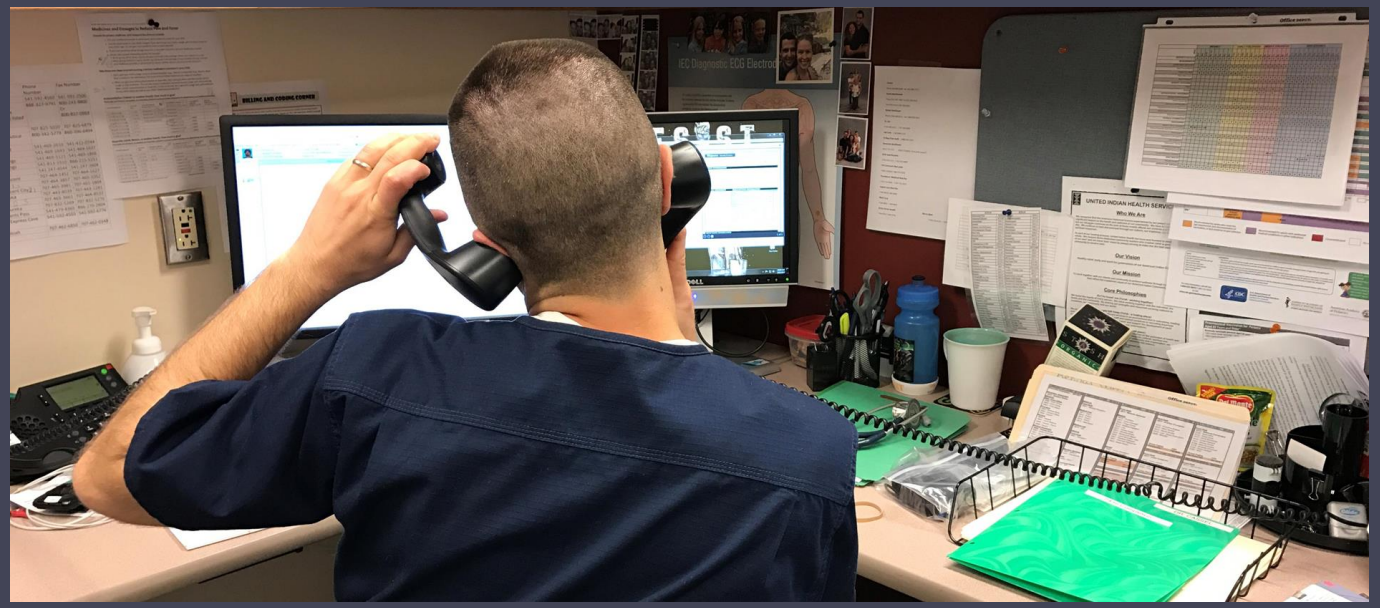
Hepatitis C Linkage to Care



Greg Carlson, RN

Objectives

- 1. Identify one best practice in treatment of HCV that they could utilize in their practice

- 2. Describe successful strategies for retaining patients with Hepatitis C in care until they have reached cure.

About US

- United Indian Health Services ~10,000 clients
- Rural location – 6 clinic sites over area size of Connecticut
- Family Medicine
- Joined UCSF HCV project ECHO group January 2016
- First patient initiated treatment July 2016
- 82 patients started on treatment, 52 with confirmed SVR 12
- Our team: MD, nurse, pharmacy technician
- ½ day per week HCV clinic
- ½ day per week Suboxone clinics

Screening

- Pregnant women
  - Universal screening since ~ 2005
  - Included in pre-natal laboratory panel
- High risk screening
  - Offered annually since ~2013
  - Opt-In for testing via questionnaire (dropped 11/2016)
- Baby boomers
  - Opt out - EMR prompt added in 11/2016
  - Age 50-75, one time screening ordered by MA per protocol
- Universal screening
  - Opt-out, one time screen all 21 years and older
  - Added 3/19/18

Data is Critical (we use NextGen)

Find all HCV patients in system

- Problem/diagnosis list reports
  - all with "hepatitis"
- Lab module data
  - Positive HCV Ab screens
  - Any HCV RNA test
- Confidential Morbidity Reports

Clarify diagnoses in a way you can track

- Problem list update (snomed code)
- May need to update differently in your EMR

History of Hepatitis C

- Spontaneous cure or treated with SVR 12

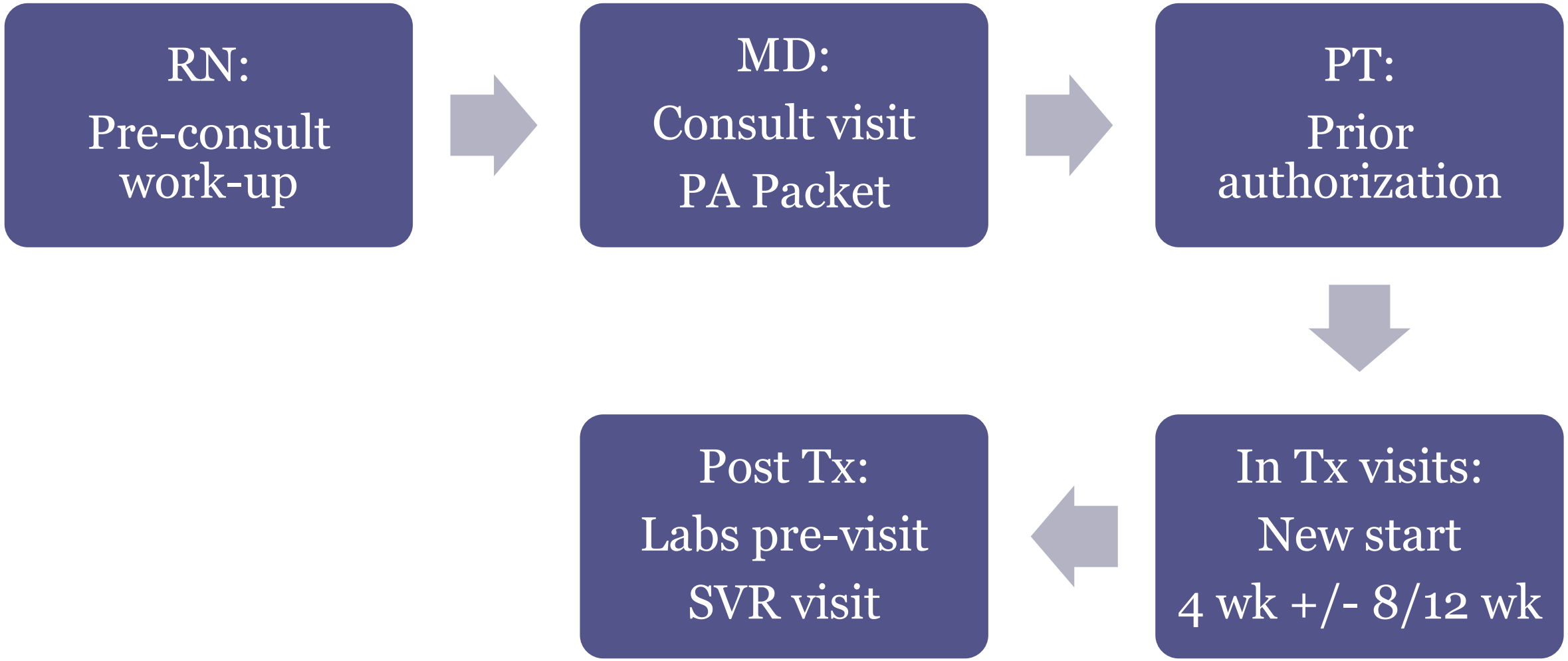
Hepatitis C Antibody Positive

- Missing RNA testing
- Put in future order for HCV RNA test

Chronic Viral Hepatitis C

- Positive RNA

Workflow


RN:
Pre-consult work-up
MD:
Consult visit
PA Packet
PT:
Prior authorization
In Tx visits:
New start
4 wk +/- 8/12 wk
Post Tx:
Labs pre-visit
SVR visit

Case Management

Pre-Treatment Work-up

- Client call – referred and cold-calls
- Provide education
- Order pre-consult work-up labs and ultrasound as needed
- Schedule for provider consult

Post-Consult follow-up

- Monitor for missing diagnostic tests
- Relay information between Pharm Tech and provider
- Clinical interface with insurance companies
- Outreach for missed labs/visits

4 hours per week for ~ 25 clients

Prior authorization Packet – all Insurers

- Treatment letter (or visit notes)
- Pertinent labs
  - CBC, CMP, HCV viral load and genotype, HIV, HBV cAb/sAg
  - + fibrosure (if APRI <0.7)
  - + INR if cirrhotic
  - + resistance testing if needed for medication prescribed
- Pertinent imaging (if needed)
- Prescription or prescription form

Treatment Letter

- Copy of treatment letter in packet
- Includes statement of experience
- Includes all questions asked on prior authorizations
- Questionnaire in packet
- Remove what isn't relevant
- Bold and enlarge key clinical info
- Drop in or print out labs/imaging

I am a physician with board certification in Family Medicine. I have clinical experience in treating Hepatitis C during/post residency using interferon/ribavirin, completed the Hepatitis C 101 treatment course from UCSF in 2016, and am an active participant in the UCSF Hepatitis C project ECHO group. I have experience with treating Hepatitis C using AASLD guidelines and have access to hepatology consultation as needed during treatment.

I have evaluated the above patient for readiness to initiate treatment and they are willing/able to strictly adhere to the treatment protocol I have prescribed. This patient has been educated regarding the risks and benefits of hepatitis c virus treatment, including the potential for resistance if the therapy fails due to medication non-adherence.

Clinical Information:

Chronic active hepatitis C genotype 1a 1b 2 3 4 5 6

Year acquired ~

How acquired -

Year diagnosed –

Treatment naïve

Treatment experienced - interferon and ribavirin

Result of prior treatment – null responder, partial responder, relapse/reinfection, failed to complete treatment

No history of treatment with Incivio (telepravir) or Victrelis (bocepravir)

Liver Biopsy – None

APRI Score – Does not suggest advanced fibrosis

Fibrosure –

Cirrhosis – confirmed suspected but unconfirmed none

CTP score -

Childs Class – NA A B C

Treatment Letter cont.

- List chosen regimen first
- List acceptable alternatives
- Saves a lot of PA time
- If off formulary, ECHO note helps

Medication List:

Chosen regimen:

Acceptable alternate regimen:
Daclatasvir 60mg/sofosbuvir 400mg by mouth once daily for 12 weeks
Epclusa – velpatasvir 100mg/sofosbuvir 400mg by mouth once daily for 12 weeks
Harvoni - ledipasvir 90mg/sofosbuvir 400mg by mouth once daily for 8 or 12 weeks
Mavyret – glecaprevir 100mg/pibrentasvir 40mg – 3 tablets by mouth daily for 8 or 12 weeks
Vosevi – sofosbuvir 400mg/velpatasvir 100mg/voxilaprevir 100mg – 1 tablet daily for 12 weeks
Zepatier – elbasvir 50mg /Grazoprevir 100mg by mouth once daily for 12 weeks

See attached ultrasound report

Patient Assistance Programs

- Each manufacturer has their own program – online application
- Patient must provide income information
- Must have no insurance AND not be MCal/MCare eligible
- Copayment “coupon” for private insurance

Grant Programs

PANF – Patient Access Network Foundation (up to $7,000 twice yearly)

- 866-316-7263, www.panfoundation.org/hepatitis-c
- Requirements:
  - Insurance must cover a portion of medication cost
  - Must reside in US, Doctor must be in US
  - At or below 500% poverty level

PAF – Patient Advocate Foundation (up to $24,000)

- 866-512-3861, www.copays.org/diseases/hepatitis
- Requirements:
  - Insurance must cover a portion of medication cost
  - Must reside in US, Doctor must be in US
  - At or below 400% poverty level

Good Days (up to $30,000)

- 877-968-7233, www.mygooddays.org
- Requirements:
  - Insurance must cover 50% of medication cost
  - Must reside in US, Doctor must be in US
  - At or below 500% poverty level

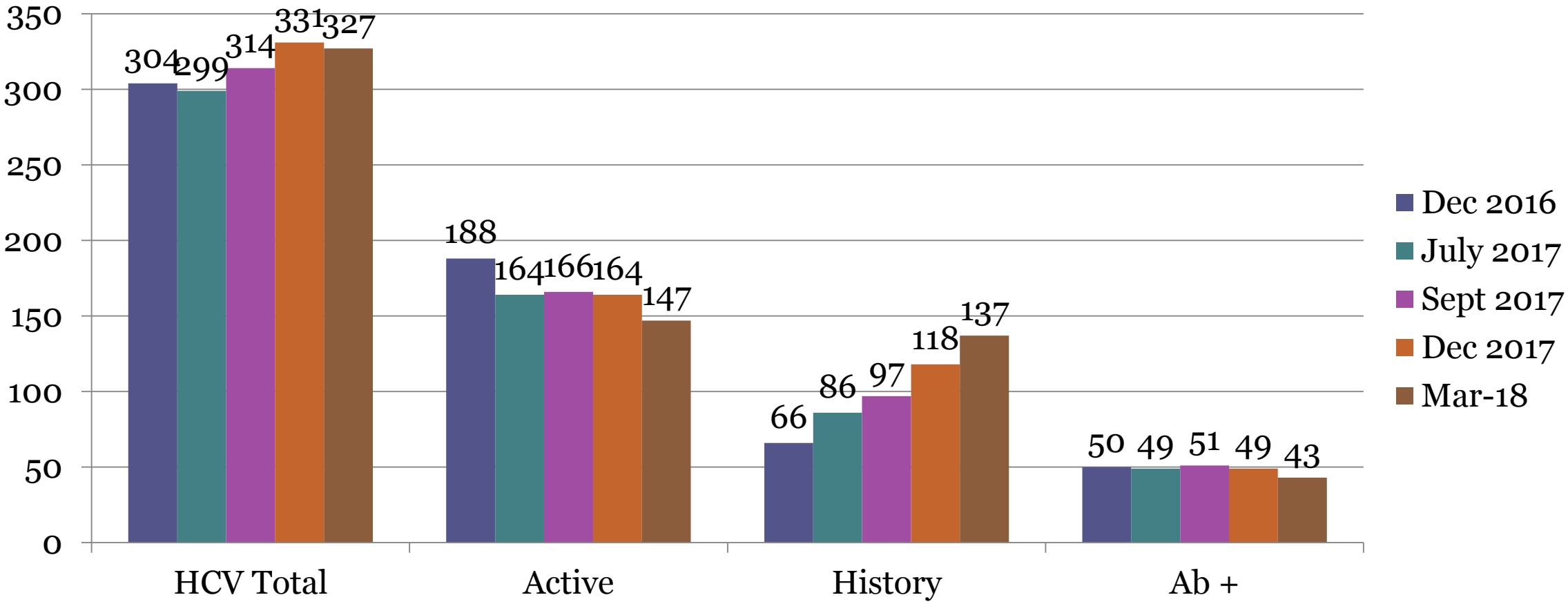
Healthwell Foundation (up to $30,000)

- 800-675-8416, www.healthwellfoundation.org/disease
- Requirements:
  - Medication copay must be greater than $5
  - Must reside in US, Doctor must be in US
  - At or below 500% poverty level

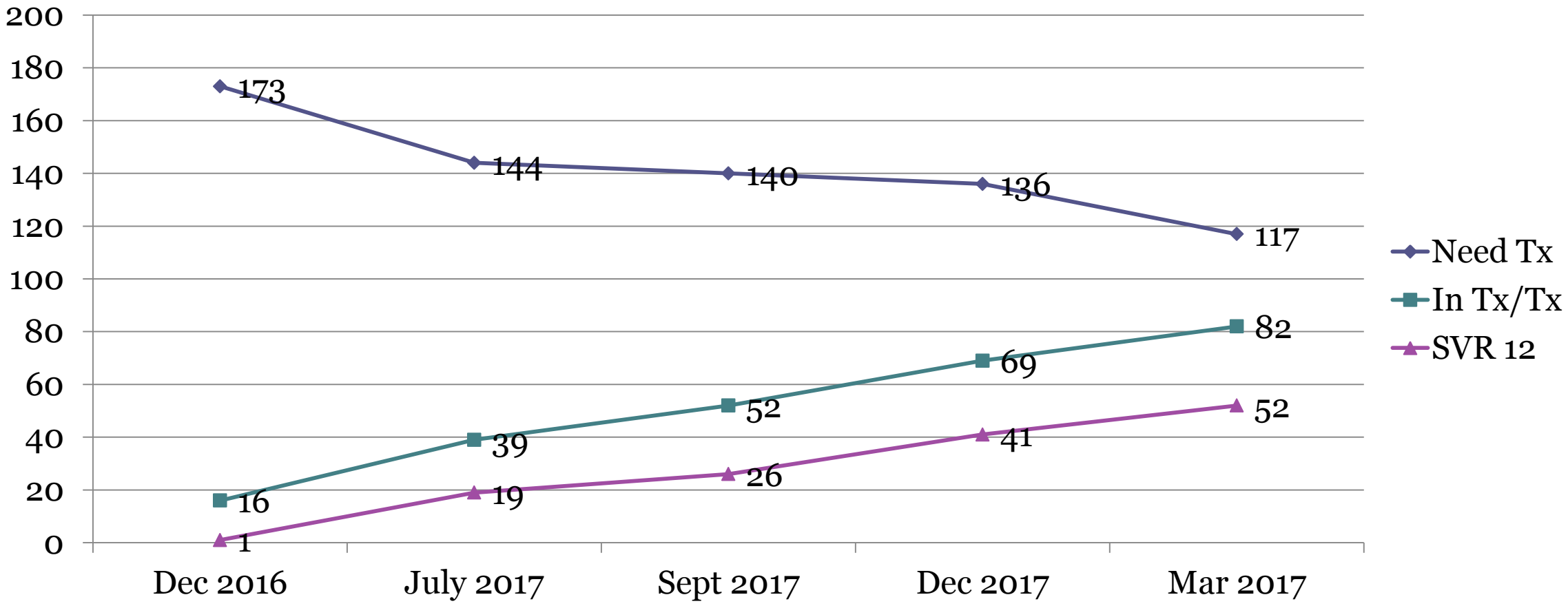
Denials

- Most common reasons
  - Not a gastroenterologist/ID specialist
  - Doesn’t meet insurers treatment criteria
- Sample letter in packets
  - Site guidelines AASLD and research
- Appeal denials
  - Abvie (Mavyret manufacturer) approved on pt. assistance, I have heard of success with Gilead but haven’t had success myself

UIHS HCV Statistics



UIHS HCV Treatment Data



Tracking

- All HCV cases – active, Ab+, prior infection
  - EMR report by active problem
- Pre-consultation case management
  - Future tasks
- Prior Auths
  - Shared folder
- Clients in treatment
  - Shared spreadsheet

Name	DOB	PCP	ECHO ID	Insurer	Pharm	Genotype	Fibrosure (.48)	Regimen	TAR submitted	TAR Approved	Notes(provider only to enter)
				PHP		1a	p	zepatier			seen 4/17 - Needs fibrosure (drawn 4/14)
				Pend		1a	0.42	zepatier			seen 4/17 - needs new insurance card - fatty liver, fatigue
				(P) PHP		1b	0.53				seen 4/20/17 - awaiting PHP insurance sign up
				BC		1a	0.72	harvoni			PA to pharm 4/24
				PHP		1a	0.86				PA to pharm 4/19
				Moda		1a	0.01	harvoni			denial - new info sent 3/30, denied - appeal sent 4/4/17
				BC		1a	UTC	harvoni			To Pharm 3/22/17
				None		1a	0.38	harvoni	4/7/2017	4/11/2017	To Pharm 4/3/17
				Cigna		1a	0.06	harvoni	4/7/2017		To Pharm 4/3/17
				BC		3	0.15	harvoni	3/20/2017	3/28/2017	Start 4/14. End 7/17. TOC 9/29.
				PHP		2a	0.27	epclusa			Start 3/28. End 6/20. TOC 9/12.

Challenges

- Medication Adherence
  - Not as much of an issue as feared
  - Lost/stolen medications – police report
  - Bubble packing
- Active Addiction
  - Case worker as reminder and delivery location
  - Medication delivery to clinic
- No phone and/or transportation
  - Weekly visits to clinic
  - Outreach worker assistance
  - Minimize unnecessary clinic visits
  - Phone visits at remote clinic locations

Prevention

- Needle-syringe exchange
  - Humboldt County Public Health – active exchange
  - Weitchpec Clinic
  - Del Norte County Public Health – no active exchange
  - Klamath Clinic

- Suboxone program
  - Prevention and adherence

Tools shared

- Nurse protocol
- Patient questionnaire
- Patient handout
- Prior authorization letter template example
- Appeal letter template example

Contact Information

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