

HEPATITIS C ELIMINATION AT THE LUMMI TRIBAL HEALTH CENTER

A Design Approach to a Public Health
Challenge

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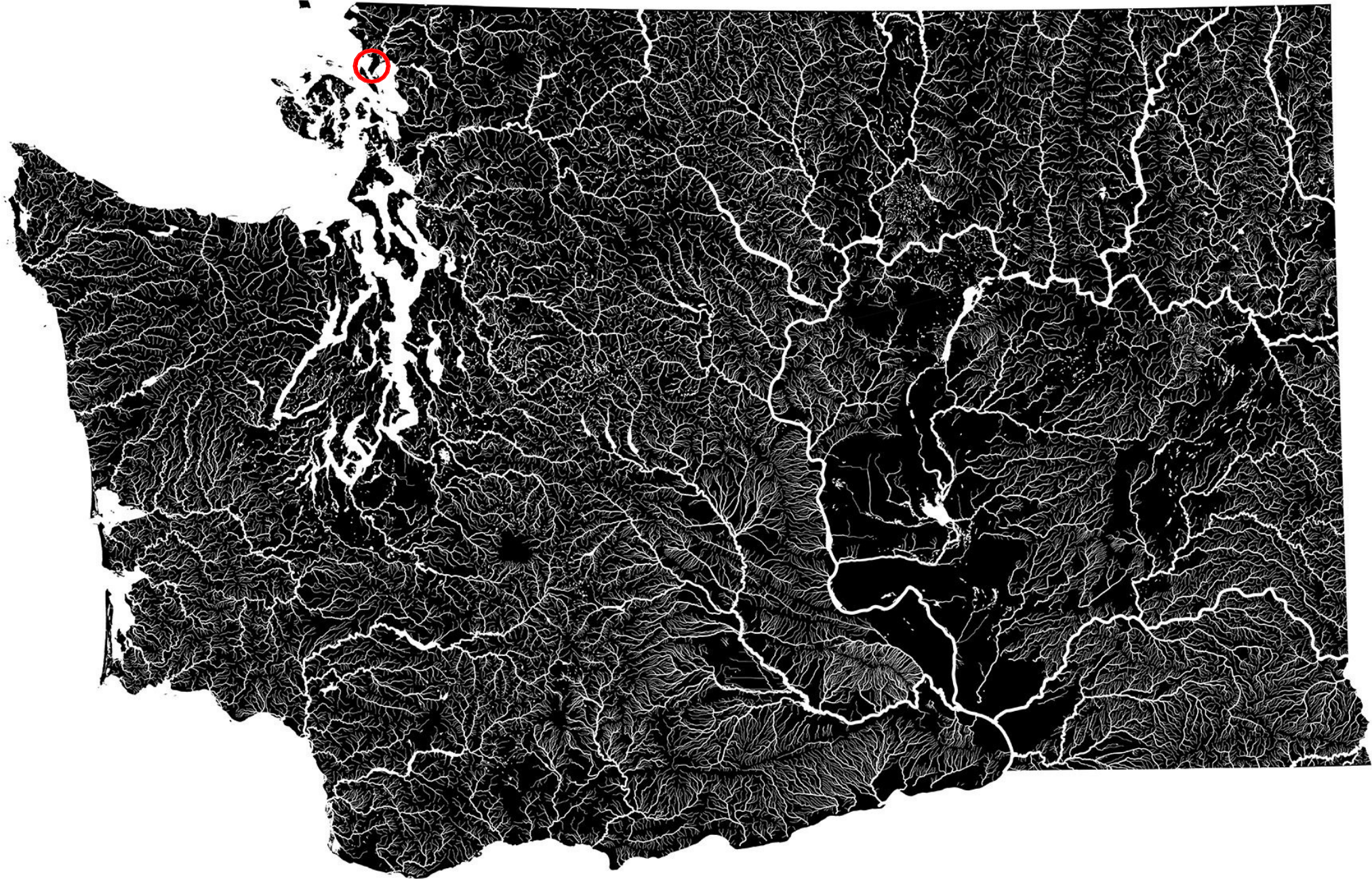
LEARNING OBJECTIVES

**INTRODUCE A DESIGN FRAMEWORK TO
PUBLIC HEALTH PROGRAM DEVELOPMENT**

**OUTLINE THE COMPONENTS OF A
HEPATITIS C ELIMINATION PROGRAM**

**REINFORCE THE NECESSITY OF HARM
REDUCTION STRATEGIES AS A
COMPONENT OF HEPATITIS C
ELIMINATION**

NO DISCLOSURES







2014



2016



2021



WHY

**WHY DID WE START TREATING
HEPATITIS C?**



WHY

**80% OF NEW HEPATITIS C
INFECTIONS OCCUR IN
PEOPLE WHO INJECT DRUGS**



WHY

**20-30% OF PEOPLE WHO
INJECT DRUGS BECOME
INFECTED WITH HEPATITIS C
WITHIN THE FIRST 2 YEARS OF
STARTING TO INJECT DRUGS
AND 50% WITHIN 5 YEARS**



WHY

**NEARLY 4 OUT OF 10
PATIENTS AT OUR OPIOID
TREATMENT PROGRAM
TESTED POSITIVE FOR
HEPATITIS C ANTIBODY**



WHY

**50% OF OUR PATIENTS WITH
CHRONIC HEPATITIS C ARE
UNDER AGE 40**

HEPATITIS C IS A PUBLIC HEALTH PROBLEM



microELIMINATION

REDUCTION TO ZERO OF NEW
CASES OF HEPATITIS C
INFECTION ON THE LUMMI
RESERVATION



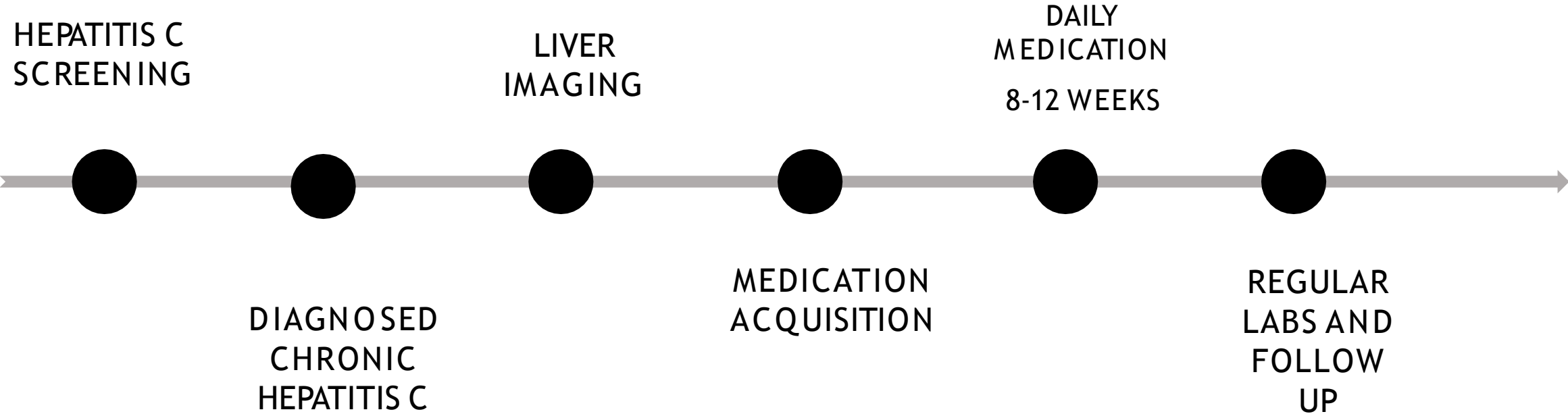
microELIMINATION

**SCREEN AND TREAT HIGH-RISK
PATIENTS**

TREATMENT AS PREVENTION

HARM REDUCTION AS PREVENTION

INITIAL APPROACH REQUIRED ROUTINE ENGAGEMENT WITH HEALTHCARE FOR 4-6 MONTHS



**OUR EXISTING SYSTEM DIDN'T MEET
THE NEEDS OF OUR PATIENTS**

WE EXPECTED

SCHEDULED OFFICE VISITS &
FOLLOW UP
SAFE STORAGE OF
MEDICATION
PREDICTABLE HOME
TELEPHONE FOLLOW-UP
FAMILY SUPPORT

PEOPLE NEEDED

FLEXIBILITY
WALK-INS
RIDES
HELP MANAGE MEDICATIONS
OUTREACH
BUILD SUPPORT



micro**ELIMINATION**

REDESIGN THE HEALTHCARE
EXPERIENCE FOR PEOPLE WHO
USE DRUGS

DESIGN THINKING PROCESS

EMPATHIZE

UNDERSTAND
AND CARE- WHY
DO PEOPLE ACT,
THINK, FEEL
THEY WAY THEY
DO?

DEFINE

CREATE A POINT
OF VIEW- WHAT
DO YOU THINK IS
HAPPENING?

IDEATE

EXPLORE A
WIDE RANGE OF
POSSIBLE
SOLUTIONS

PROTOTYPE

TAKE THE IDEAS
AND MAKE
THEM REAL

TEST

TRY SOMETHING!
LEARN.
MAKE IT BETTER .
REPEAT.



HIRED HCV COORDINATOR AND ASSISTANT (1.5 FTE->2.0 FTE)

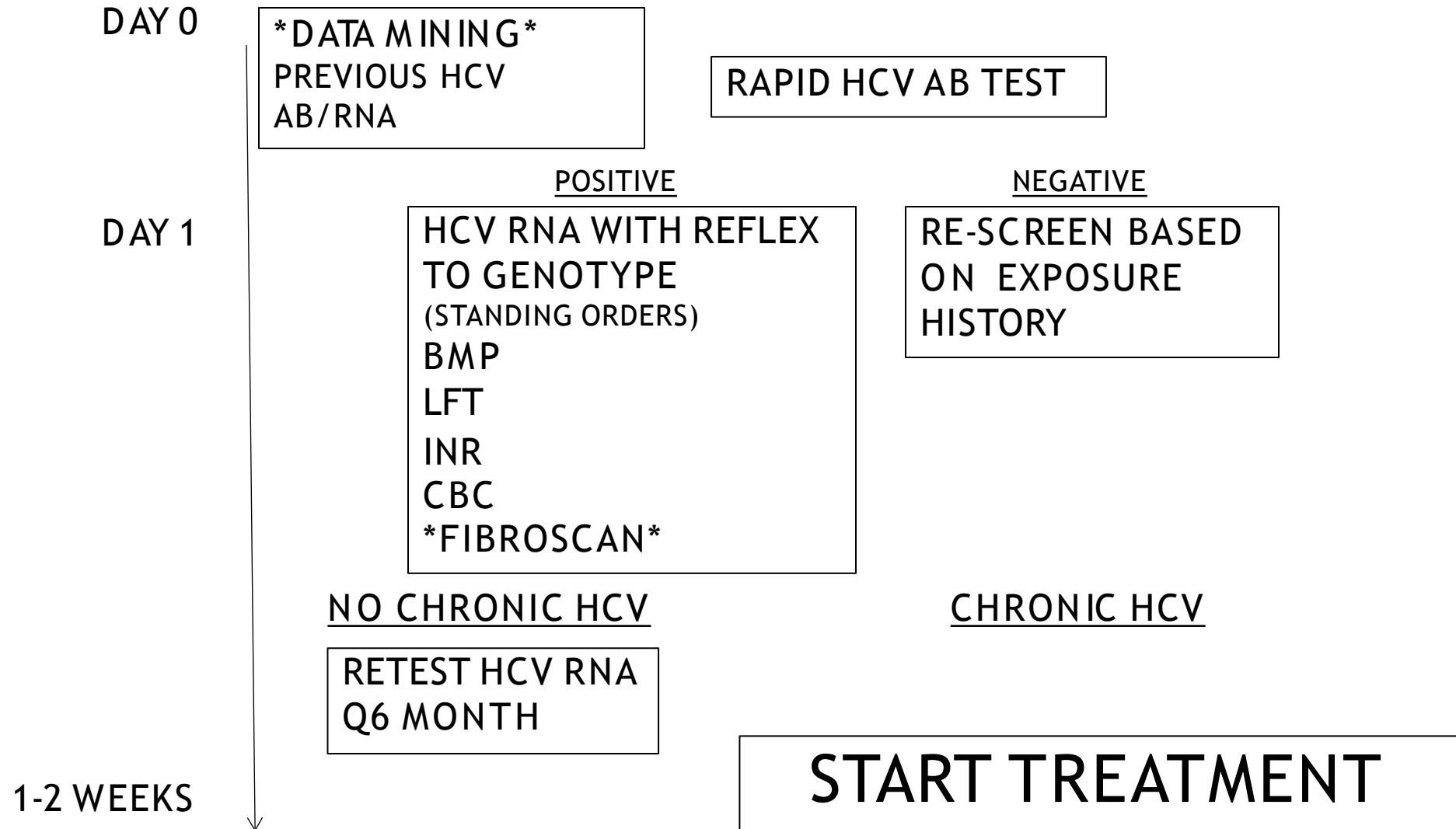
STREAMLINED WORKFLOWS

ON-SITE FIBROSCAN

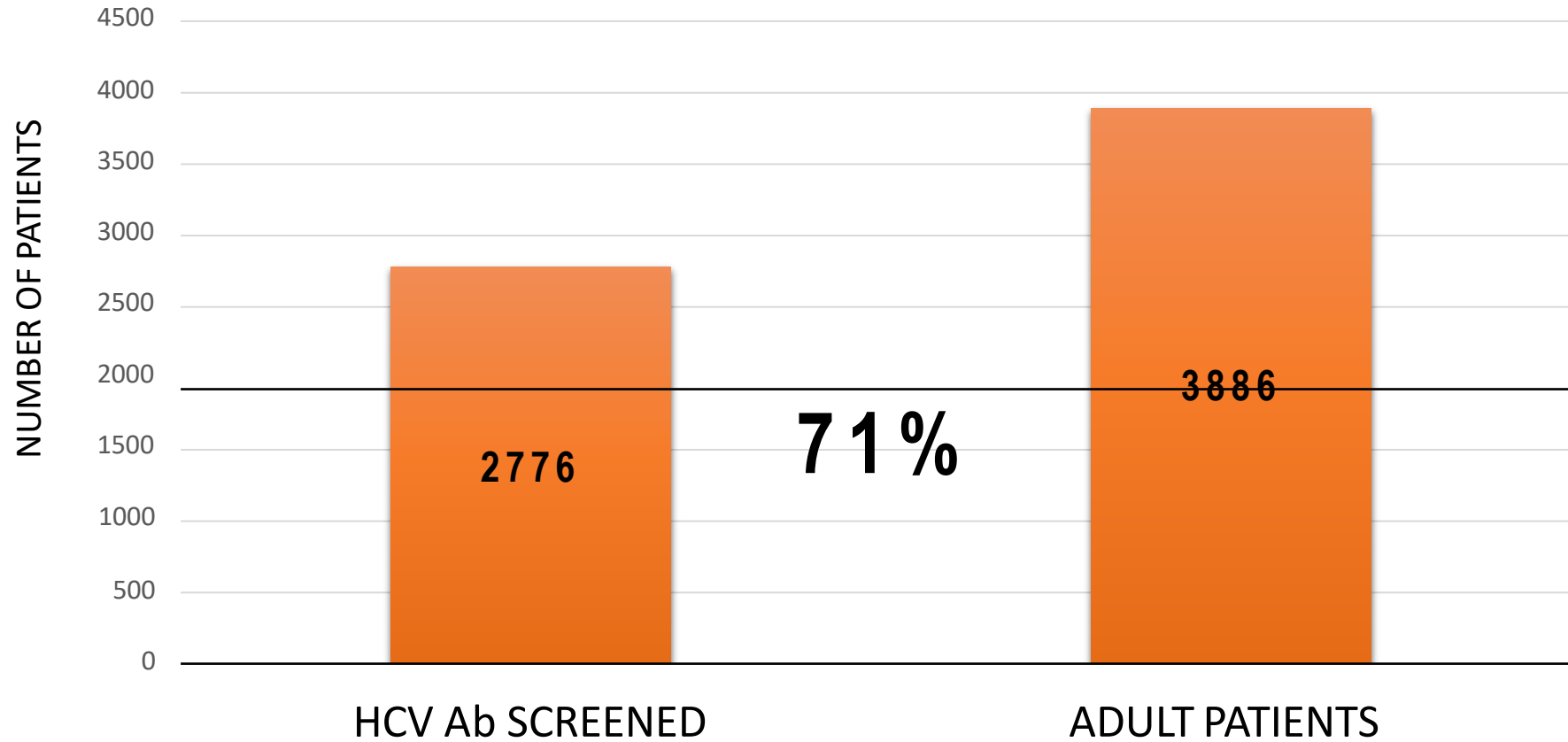
MEDICATION MANAGEMENT

FOLLOW-UP AND OUTREACH

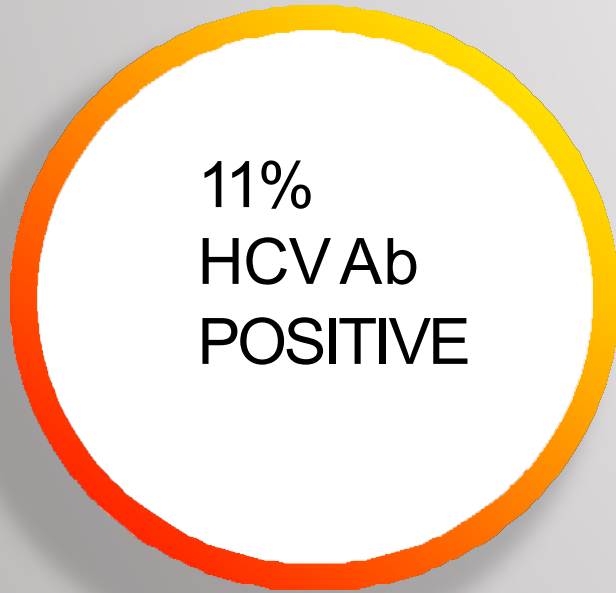
SINGLE VISIT READY TO TREAT PROGRAM



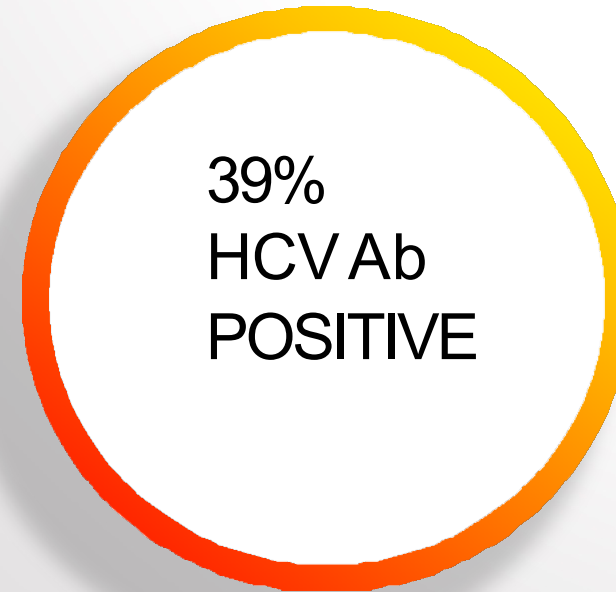
HEPATITIS C SCREENING PROGRAM



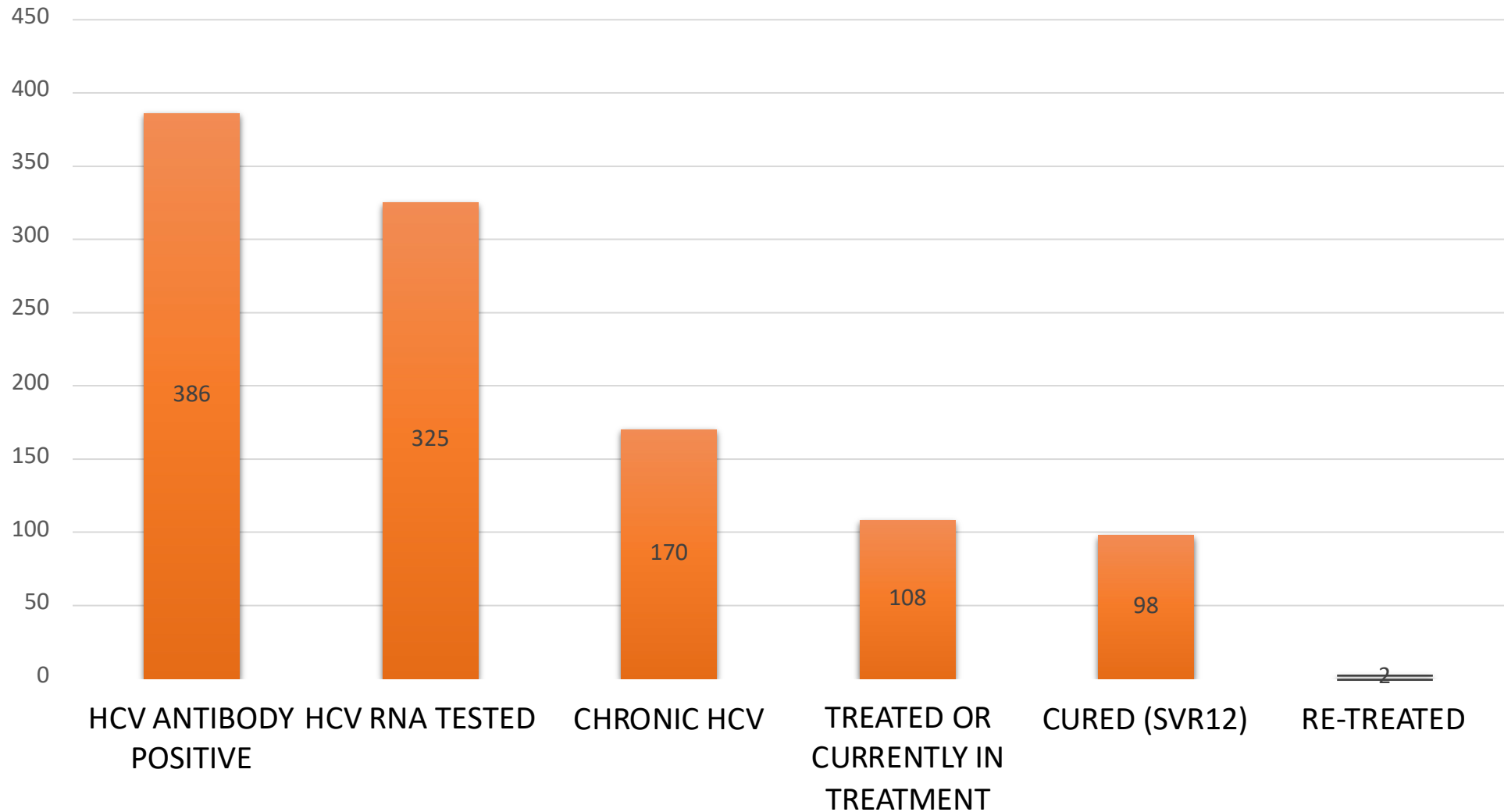
GENERAL SCREENING



SCREENING AT OPIOID TREATMENT PROGRAM



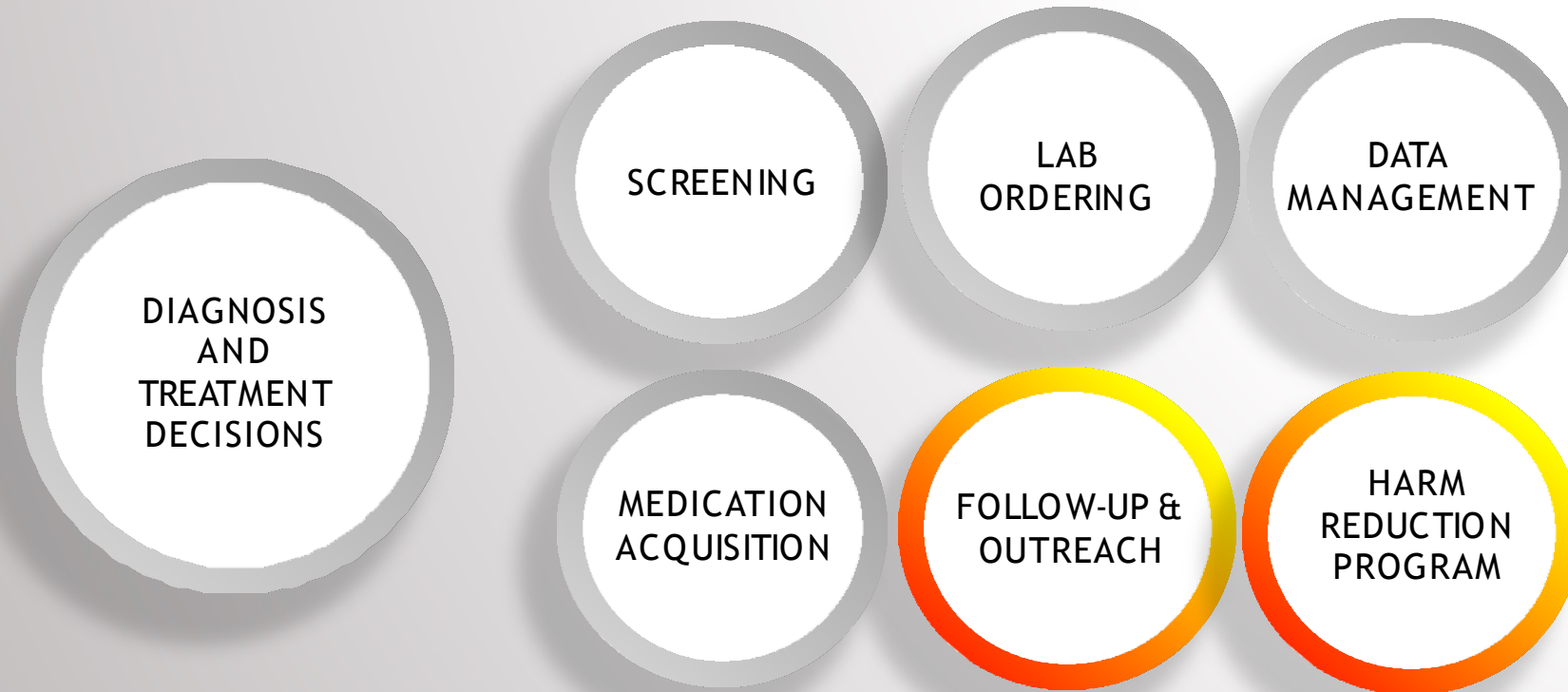
LUMMI CASCADE OF CARE (2019)




HEPATITIS C ELIMINATION PROGRAM COMPONENTS



HEPATITIS C ELIMINATION PROGRAM COMPONENTS





HARM
REDUCTION
PROGRAM

HARM REDUCTION IS HCV PREVENTION

HARM REDUCTION PROGRAM CONTINUES TO EVOLVE IN RESPONSE TO PATIENT NEEDS



2014

WEDNESDAY EVENINGS 5-6 PM

1 FOR 1

PROVIDED ~100 STERILE SYRINGES



2016

INTEGRATED INTO THE PRIMARY CARE CLINIC

SAFE INJECTION SUPPLIES

36,000 STERILE SYRINGES



NOW

COMMUNITY BASED WITH SECONDARY EXCHANGE SITES

WEEKLY TRAINING FOR COMMUNITY MEMBERS

300,000+ STERILE SYRINGES



HARM
REDUCTION
PROGRAM

PRIMARY HEALTHCARE ACCESS
POINT FOR MANY OF OUR PATIENTS
WHO INJECT DRUGS

SAFER INJECTION SUPPLIES

HCV POINT OF CARE SCREENING

NALOXONE (NARCAN)

LOW-BARRIER ACCESS TO MEDICATIONS
FOR OPIOID USE DISORDER (Buprenorphine)
~100 PATIENTS AND GROWING



microELIMINATION

FOLLOW UP AND OUTREACH

OUR
THIRD
PATIENT

CHRONIC HCV FROM INJECTION DRUG USE
SCHIZOPHRENIA
HOMELESS
SOMETIMES LIVED ON A SAIL BOAT
YWCA
POLYSUBSTANCE USE
NO PHONE
NO CAR



microELIMINATION

THREE PATIENTS
TREATED IN 2016


TODAY
TREATED OVER 100
NEARING THE GOAL OF
ELIMINATION



microELIMINATION

THANK YOU

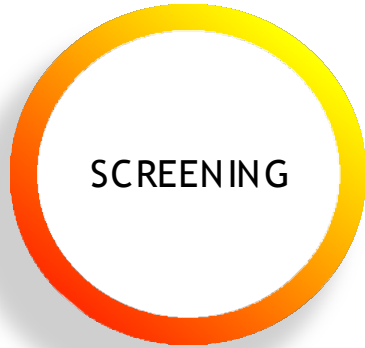
PROGRAM COMPONENTS ARE CARRIED OUT BY A VARIETY OF TRAINED STAFF EXAMPLES FROM FIVE SITES



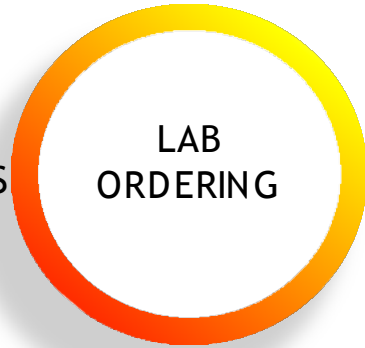
DIAGNOSIS
AND
TREATMENT
DECISIONS

PHYSICIANS
MID-LEVELS
PHARMACISTS

PROGRAM COMPONENTS ARE CARRIED OUT BY A VARIETY OF TRAINED STAFF



PHYSICIANS
MID-LEVELS
PHARMACISTS
NURSES/PHN
CHR



PHYSICIANS
MID LEVELS
PHARMACISTS
NURSES/PHN
CHR



PHARMACIST
S
NURSES/PHN
CHR



PHYSICIANS
MID-LEVELS
PHARMACIST
S
NURSES
CHR
LAB STAFF



PHYSICIANS
MID-LEVELS
PHARMACISTS
NURSES
CHR



PHARMACIST
S
NURSES
CHR
PEERS