### **DISCLOSURES**

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the IMQ/CMA to provide continuing medical education for physicians.

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





### **DISCLOSURES**

### **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 <a href="mailto:mdaugherty@cardeaservices.org">mdaugherty@cardeaservices.org</a> or (206) 447-9538



### 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.



# Acknowledgement

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# ADDRESSING STARTING AN HCV CLINIC AT CROW/NORTHERN CHEYENNE

AUTHORED AND PRESENTED BY:

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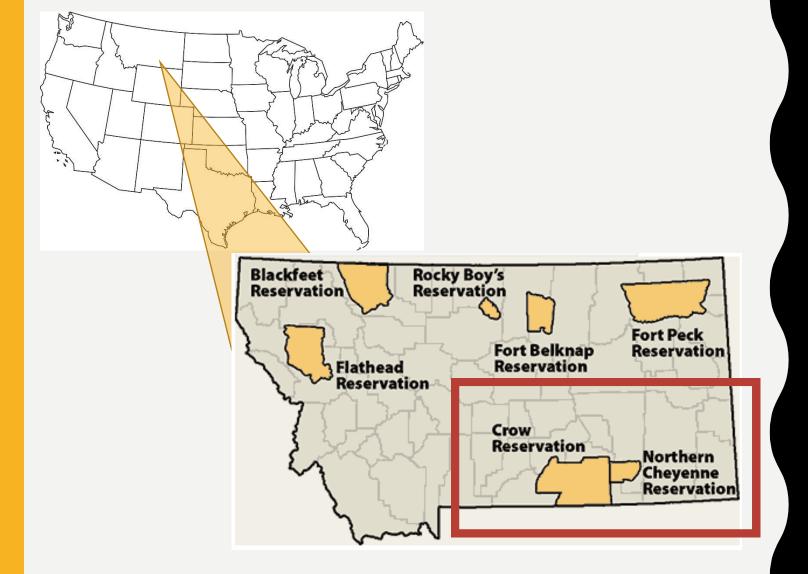
CDR ANGELA TROUTT, PHARMD

AUGUST 22, 2018

# **AGENDA**

- Identify the need for an HCV clinic at Crow/Northern Cheyenne Service Unit
- Summarize the steps taken to establish the HCV clinic
- Explain HCV clinic workflow and team member roles
- Describe current clinic status and future goals





### **OUR FACILITY**

Located on the Crow Reservation

Main hospital in Crow Agency, MT

Two field clinics in Lodge Grass and Pryor, MT

Crow: ~11,200 enrolled with ~8,000 living on reservation

Northern Cheyenne: ~11,266 enrolled and ~5,000 on reservation



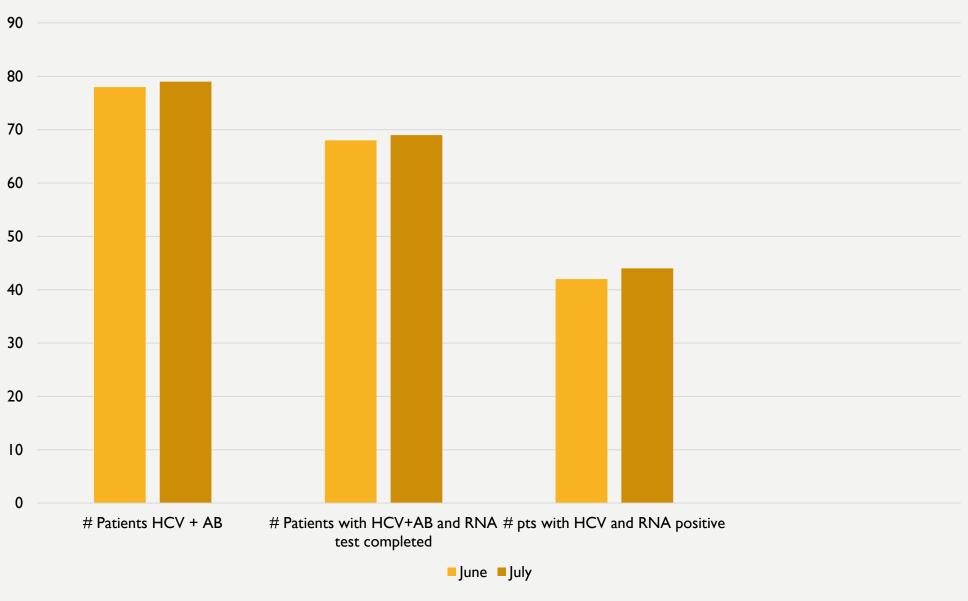
# WHY DID WE NEED AN HCV CLINIC?

# BEFORE CLINIC WAS ESTABLISHED

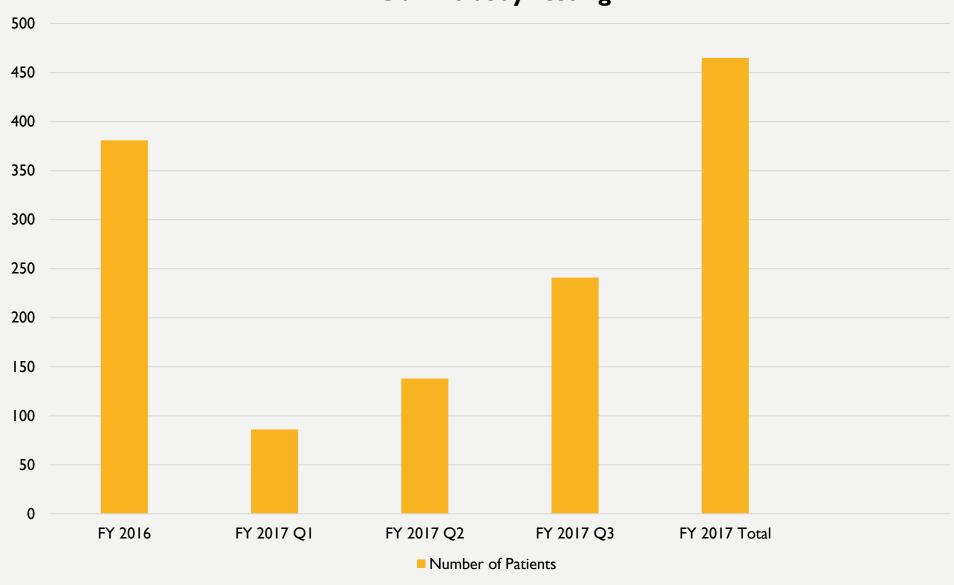
- Hepatitis C positive patients were being referred to Billings for care
  - High cost
  - No patient transportation
  - Many lost to follow-up
- Patients without insurance had limited options
- Low screening rate



### **Patient Overview**



### **HCV** Antibody Testing



# STEPS TO START CLINIC

# STARTING OUT

- Attended Hepatitis C Clinical Training
- Completed online modules: Hepatitis C Online by University of Washington
  - www.hepatitisc.uw.edu
- Created a protocol and collaborative practice agreement
- Presented at Med Staff and clinic was approved in November 2017
- All Hepatitis C medications approved for use with restrictions to HCV Clinic December 2017
- Approved as non-specialist site by MT Medicaid May
   2018

# MONTANA MEDICAID APPROVAL

- Applied to be included on Montana Medicaid's "panel of providers" for Hepatitis C treatment
- Documents submitted
  - Letter from the medical director discussing clinic workflow and support
  - Policy outlining practice principles
- Phone Interview
  - Answered questions regarding submitted materials
  - Discussed Montana Medicaid readiness criteria and preferred Hepatitis C treatment regimens



# CLINIC AND TEAM WORKFLOW

# TEAM APPROACH



# CLINIC PROCESS SUMMARY

Screen for HCV

Refer to HCV Clinic Initial Visit

- •Educate
- •Labs
- Immunizations
- •ECHO Form

Present to ECHO

Medication Authorization Process

Initiate Treatment End of Treatment Labs

SVR

- 12 weeks after end of treatment
- Counsel about reinfection and prevention

# PUBLIC HEALTH NURSING ROLE

# Locate existing patients

 iCare, RPMS/QMAN, Montana Infectious Disease Information System (MIDIS), Chart Reviews, Diagnosis Codes and Problem Lists

### Find new patients

- Provider/nurse education (in-house, local facilities, regional)
- Screening reminder in EHR for baby boomers (working towards changing)
- Community screenings

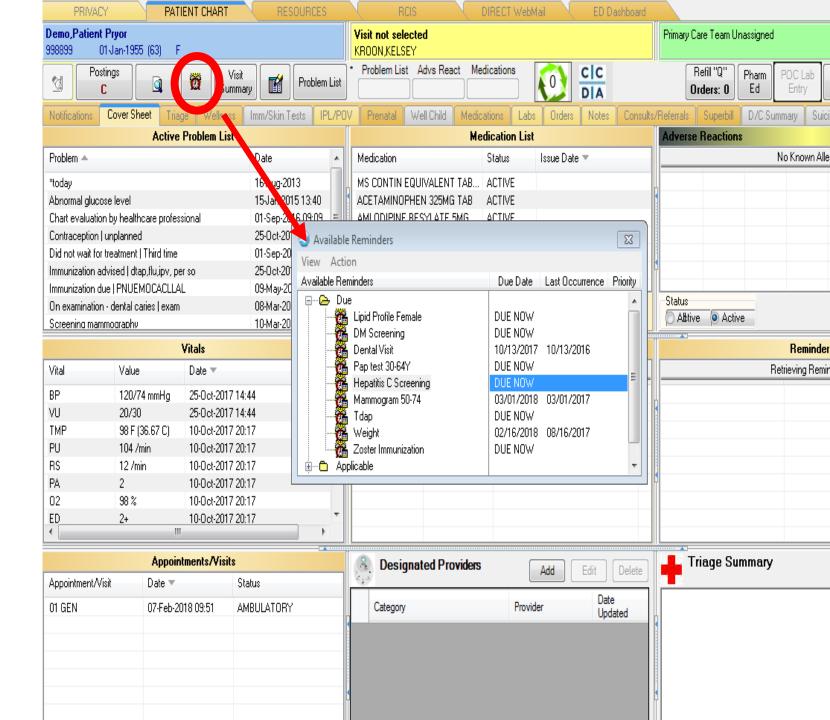
# Initial patient contact and investigation

- At clinic, home visits, phone calls, neutral locations
- Provide patient education, ECHO investigation, draw labs, collect documents and signatures

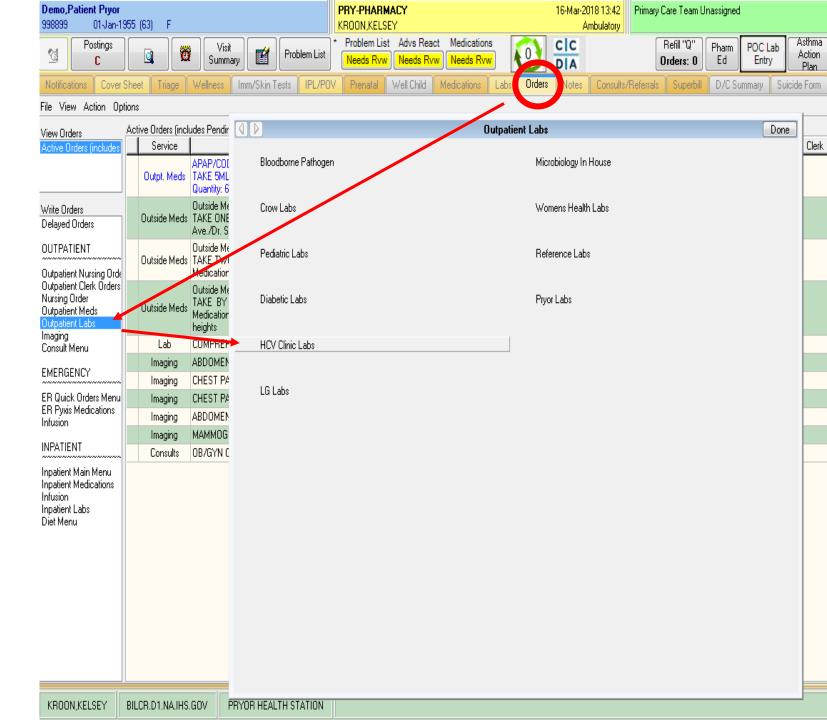
# Patient follow-up throughout treatment process and after

- Present during ECHO presentation
- Reminder calls to patients
- Home visits for lab draws and medication delivery
- Administer Immunizations

# S C R E E N I N G R E M I N D E R



# LAB ORDER MENU



# HCV CLINIC LAB MENU



Hep C Screen (antibody)

If HCV Antibody Positive order:

HCV RNA QNT Reflex GENOTYPE

### Labs required within 3 months of ECHO Presentation

CMP

CBC with Auto Diff

PT/INB

Anemia Panel

Vitamin D

Alpha Fetoprotein Tumor Marker

ANC

Prefer 2 UDS 3 months apart in past 12 months

Urine Drug Screen

Pregnancy Test

Hepatitis C Initial Labs Order Set

Hepatitis Clab set 4 weeks into treatment

Hepatitis C lab set 8 weeks into treatment

Hepatitis C End of Treatment Response Labs

HCV RNA QUANT ONLY

Done

HIV Screen

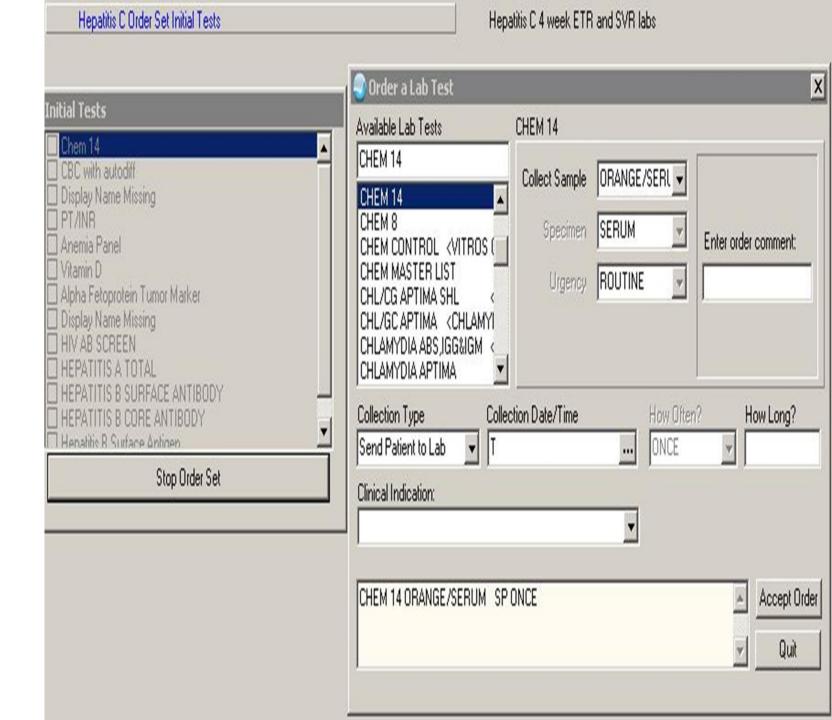
Hep A Total Antibody

Hep B Surface Antibody

Hep B Core Antibody

Hep B Surface Antigen

# LAB ORDER SET



# MONTANA MEDICAID PRIOR AUTHORIZATION

# Readiness Criteria

- Sobriety from alcohol and injectable drugs for at least 6 months
- Compliance with all current medications prescribed for all disease states/conditions at least 3 consecutive months
- Compliance with scheduled appointments/labs
- Mental health consult to assess for patient readiness in patients with mental health conditions

# Clinical Requirements

- HCV genotype and RNA
- Fibrosis Stage by Fibrosure
- Liver assessment (cirrhosis, extrahepatic manifestations, etc)
- List of medications and previous HCV treatments
- Labs
- Any visit notes pertaining to HCV

# PATIENT ASSISTANCE PROGRAMS

- "American Indians and Alaska Natives (AI/ANs) and other people eligible for services through the Indian Health Service, tribal programs, or urban Indian programs (like the spouse or child of an eligible Indian) **don't** have to pay the fee for not having health coverage. This is called having an Indian health coverage exemption."
  - We have found that this statement no longer holds true
- When applying, be sure to provide a copy of:
  - Tribal ID card
  - Income documents (pay stub, tax forms, social security, statement letter of no income notarized, etc)
  - Number in household
- Gilead's Support Path patient Assistance Program can provide Sovaldi ®, Harvoni ®, or Epclusa ® at no charge for eligible and qualified uninsured patients
- Abbvie's Patient Assistance Program can provide Mavyret®

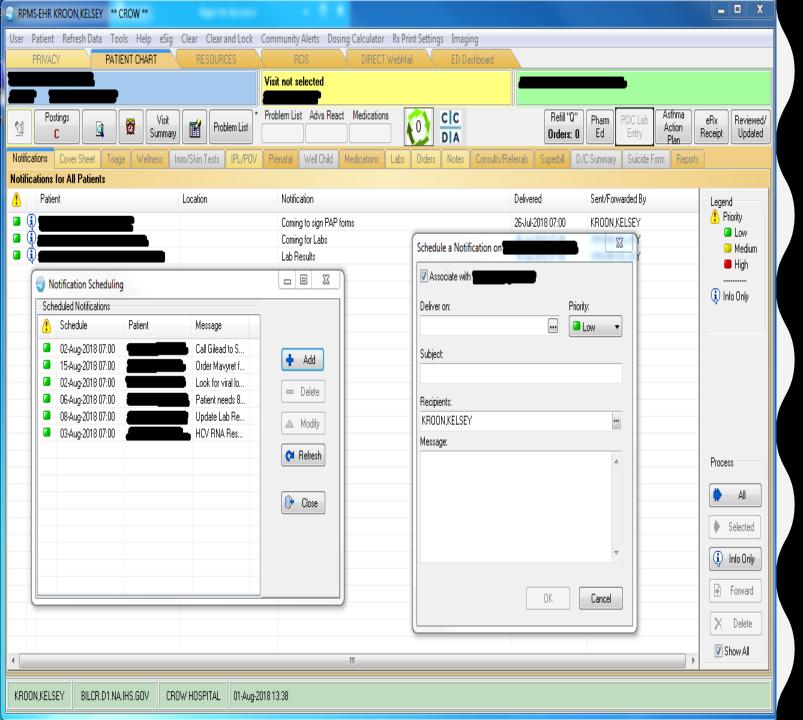
# MANAGEMENT TOOLS

- NICE Hepatitis C Tool (created by Jessica Leston, Brigg Reilley, David Stephens, and Belcourt HCV Team)
- Reminders in EHR
- Note Templates

	Hepatitis C Patient Panel List Developed by: Neelam Gazarian, QNBMHCF, Belcourt ND													White: Unable to contact Green Ready to present to ECHO			
	email: neelam.gazarian@ihs.gov													Blue Started treatment Yellow Pending Appt need labs			
		emaii: neei	am.gazarıan@in	is.gov												Red UDS Positive	
																Purple Medication Approval Pending	g
								> 0.7 ADDI 1011-		3 05 10b - b do	d & b cd AF					Orange Completed treatment, pend	ing SVR labs
								>0.7 APRI likely fibrosis or cirrhosis	~		nced fibrosis, <1.45   anced fibrosis		•			Grey CURED	·
Patient Name	ID [	ООВ		Age in 2017 A	ST/SGOT AI	LT SGPT	Platelets		APRI Stage FI		FIB 4 Stage Calc	Viral Load	Genotype	Labs ordered	Notes		Contact Info
Smith,Jane	12345	1/1/1980	Completed treatme	37	140	180	250	1.4	3 1	.544377616	3	3800000	1a	Sheet1!A1	HARVONI X 8 WE	EKS, MEDICAID APPROVED. Labs 10/31	
smith,s	12346	1/1/1961	Ready to present to	56	48	48	299	0.401337793	1 1	.297589903	1	4100000	1a or 1b	Sheet2!E2	FO, Expansion. EC	HO 10/4/17	
doe,j	12347	1/2/1981	Pending Appt need	36	42	60	348	0.301724138	1 0	.560914829	1	200	unknown	Sheet3!A1	Medicaid, F0 try F	AP, self clearer? Labs on 9/14/17.	
doe,john	12348	1/3/1991	Pending Appt need	26	28	36	297	0.235690236	1 0	.408529742	1	18000000	2b	Sheet4!A1	Expansion, pt will	come in for labs today	
smith,m	123	1/4/1987	Pending Appt need	30	30	41	239	0.313807531	1 0	.588102032	1	200	)	Sheet5!A1	Expansion, Manua	al genotype to NS5A when comes in. Call	led 9/7
smith,a	1234	1/5/1915	Pending Appt need	102	484	624	223	5.426008969	3 8	.862339346	3	370000	1a or 1b	Sheet6!A1	Medicaid, depres	sion, no appt in past 2 years	
smith,b	111	1/6/1933	Purple Medication .	84	96	104	169	1.420118343	3 4	.678936431	3		1a or 1b	Sheet7!A1			
smith,c	1112	1/7/1945	Ready to present to	72	50	70	333.5	0.374812594	1 1	.290201797	1	430000	1a	Sheet8!A1	echo 9/20		
smith,d	1549	1/8/1965	Already started trea	52	34	31	195.6	0.434560327	1 1	.623426247	3	2600	1	Sheet9!A1	Medicaid, will try	PAP bring in income docs, need how viral	l load in Nov
duck,donald	1456	2/8/2017	Already started tre	0	55	41	277	0.496389892	1	0	1	920000	1a or 1 b	Sheet10!A1	Harvoni X 8 WEEk	S, PAP, theracom pharmacy called 877-3	98-0966 awaitin
Mouse,Mickey	78946	8/15/1955	Already started tre	62	38	42	177	0.536723164	1 2	.053890918	3	9200000	2b	Sheet11!A1	2b EPCLUSA order	from Mckesson, 12 weeks	c 278-5311 h 5
mouse,Minnie	4568	8/8/1999	Pending Appt need	18	105	133	212	1.238207547	3 0	.773036718	1			Sheet12!A1	Expansion, waitin	g pt to call back need to enter all labs	
Pan,peter	45566	1/12/1966	Already started trea	51	43	56	345	0.311594203	1 0	.849425947	1	4400000	1	Sheet13!A1	1a or 1b		
Poppins,Mary	4848	5/9/1988	Completed treatme	29	47	67	211	0.556872038	1	0.78917987	1		#REF!	Sheet14!A1	Harvoni X 8 WEEk	S, PAP, called on 9/11 no vmail to get ET	re <mark>harvoni x 8 v</mark>
Wonka,Willy	89621	5/9/1944	Cannot contact	73		37		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#REF!	Sheet15!A1	no insurance, no	ocp appt in past year. Unable to Contact	
Free,Willy	4576	3/8/1992	May need Beh Healt	25	50	110	244	0.512295082	1 (	.488454195	1	4000000	) 3	Sheet16!A1	medicaid. Call in N	ovember. Need clean UDS	
doe,a	4562	5/9/1985	Pending Appt need	32	88	216	314.5	0.699523052	1 0	.609235393	1	3600	3	Sheet17!A1	expansion, needs r	nore labs, called on 9/7/17, left VM	
doe,b	78956	12/12/1986	Cannot contact	30				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	15000	3	Sheet18!A1	no insurance, calle	d in aug and sept cannot leave vmail	
doe,c	7778	1/18/1955	Cannot contact	62	48	54	230	0.52173913	1 1	.760792627	3			Sheet19!A1	expansion,calle dp	t and left a msg on 9/7, no labs done, need	ls screen?
doe,d	98686	9/8/1998	Ready to present to	19	129	116	78	4.134615385	3 2	.917559448	3	120000		Sheet20!A1	no insurance, labs	entered pt coming in 9/7	
doe,e	8587	8/7/1965	Medication Approva	52	95	150	204	1.164215686	3 1	.977202505	3		1	Sheet21!A1	medicaid, will try f	PAP	
doe,f	78456	12/21/1949	Ready to present to	67	96	90	268	0.895522388	3 2	.529822128	3			Sheet22!A1	Expansion. Spoke 9	9/7. Appt in 2 weeks. Watch for HCV load	
doe,g	32625	1/22/1961	Pending Appt need	56				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			Sheet23!A1	Expansion. Left VN	1	
smith,I	79856	1/26/1988	Pending Appt need	29	384	269	250	3.84	3 2	.715895613	3	9700000	1	Sheet24!A1	PART D. Called 9/7	. Appt 10/18 Ness	
smith,z	42641	1/25/1966	Red May need Beh F	51				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			Sheet25!A1	Expansion. Meth in	ntoxication	
smith,k	93325	5/5/1988	Blue Already started	29	91	81	166	1.370481928	3 1	.766398929	3			Sheet26!A1	Expansion		
Smith,Jane	7816	9/8/1999	Cannot contact	18	34	39	337	0.252225519	1 0	.290796529	1		1	Sheet27!A1	Expansion. Meth		

	Labs to Order	Date Order	Hep A serology/shot	Hep B Ab/Shot , If no	Hep A Shot	6 months	Hep B 0 week	1 month	6 months
	HCV Screen	FALSE			9/22/2017				2/13/2018
lacksquare	HCV Viral Load	9/22/2017							
$\checkmark$	HCV GT	9/22/2017							
	NS5A Resistance	9/22/2017							
	Pregnancy Test	FALSE							
	HIV Screem	FALSE							
	Chem 14	FALSE							
<b>~</b>	CBC	9/22/2017							
	PT/INR	FALSE							
	Anemia Panel	FALSE							
	Vit D	FALSE							
$\overline{\mathbf{v}}$	AFP Marker	9/22/2017							
	Fibrotest	FALSE							
	Hep A Ab	FALSE	Negative						
	Hep B s Ab	FALSE		Positive					
	Hep B s Ag	FALSE		Positive					
	Hep B core Ab	FALSE		Positive					
	UDS	FALSE							
			9/17/2017	Treatment Start Date					
	At 4 week		10/15/2017	At 4 week					
	HCV Viral Load	FALSE							
	Chem 14	FALSE							
	СВС	FALSE							
	At 8 weeks		11/12/2017	At 8 weeks					
	HCV Viral Load	FALSE							
	Chem 14	FALSE							
	CBC	FALSE							
	At ETR		12/10/2017	At ETR					
	HCV Viral Load	FALSE							
	Chem 14	FALSE							
	CBC	FALSE							
	At SVR		3/4/2018	At SVR					
	HCV Viral Load	FALSE							

# INDIVIDUAL PATIENT SHEET



# EHR NOTIFICATIONS

Schedule for specific patient to be delivered on a certain time/date

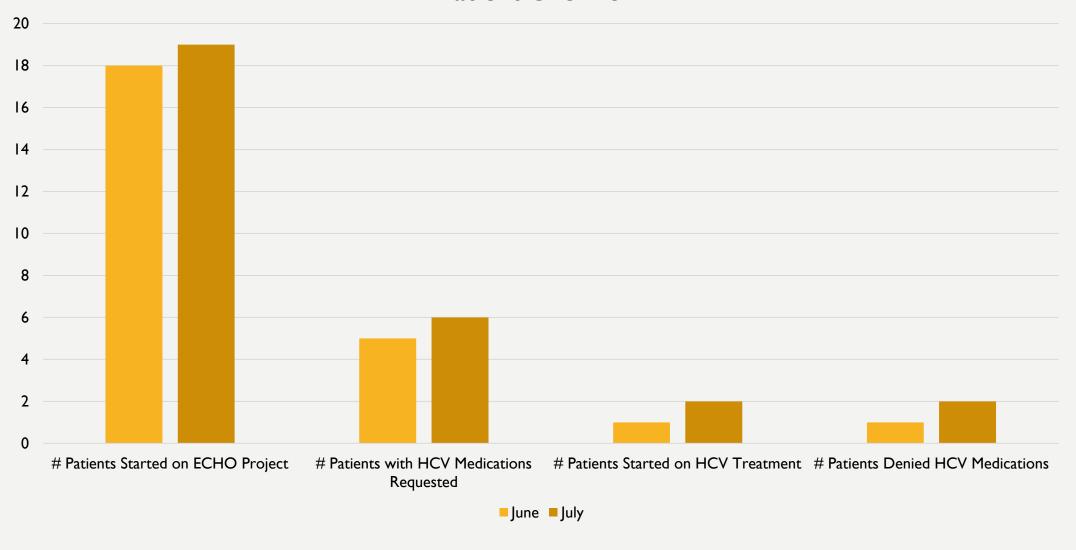
Attach multiple recipients

Mark priority

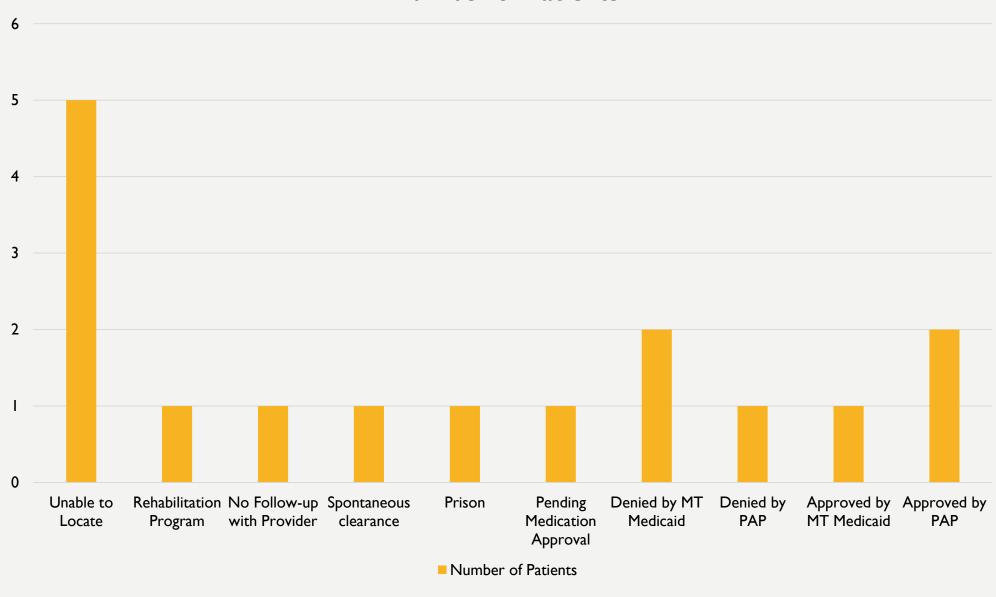
Comment section for notes

# CURRENT STATUS

### **Patient Overview**



### **Number of Patients**



# **NEXT STEPS**

- Hosting the Hepatitis C Clinical Training in Billings, MT
  - October 4-5<sup>th</sup> 2018
- Work with facility to change screening reminder to patients 18 and older
- Continue advocating for HCV patient care by working with MT Medicaid to revise readiness criteria

# SPECIAL THANKS

Jessica Leston, HCV/HIV/STI Clinical Programs Director for the Northwest Portland Area Indian Health Board

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LCDR Jonathan Owen, PharmD. USPHS. AE-C, CTTS

Bradley Moran, RPh, PharmD, Chief of Pharmacy, Fort Peck Service Unit, Indian Health Service

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## **Evaluation and Certificates**

 Please use the link or QR code below to complete the learner evaluation. This link will also be emailed to you within a few days.
 Please check your junk and spam email folders if you don't receive it.

http://sgiz.mobi/s3/Aug-GP-ECHO

