

Hepatitis C Elimination:

Micro elimination is “pursuing elimination goals in discrete populations through multi-stakeholder initiatives that tailor interventions to the needs of these populations”. In contrast, macro elimination programs are usually done at a National or State level in which the major stakeholder is the government and it covers the whole HCV infected population. Interventions are designed by mathematical modeling using population-based information and resources needed for HCV screening, linkage to care, treatment and harm reduction are provided and readily available. In lieu of National or State macro-elimination programs, micro-elimination is a great opportunity to reduce the burden of HCV at a community or health system level.

Screening for Hepatitis C:

The Indian Health Service has recommended one-time HCV Ab screening for all patients over the age of 18 (Universal Screening). Screening using HCV Ab with a Reflex to RNA increases the number of patients who know their status and decreases time to treatment. An electronic system identifying all patients who have been screened, diagnosed, had liver staging, and are either in treatment or completed treatment, serves as the information hub to guide the elimination program. 17 Identify, monitor, and link to treatment all patients in the community who need treatment for the Hepatitis C Virus (HCV). Expanded screening programs, electronic disease registries, and community outreach and follow-up with CHR or peers are needed in this phase of HCV elimination. Many patients who need treatment for HCV are lost to follow-up from screening to the start of treatment. Developing standardized lab order sets and clinical workflow for screening and liver staging that minimize office visits and blood draws, will increase the number of patients who will start treatment.

Patient Centered Care:

Many patients who need treatment for HCV require additional support to make and keep appointments, may benefit from transportation and appreciate follow-up for missed appointments. In most clinical settings, it can take up to a week from the time labs are ordered, sent out, and results returned. Creating a connection with patients and planning for outreach with phone calls, letters, home visits, and scheduling future appointments with transportation is often necessary to make sure patients who test positive for HCV get the treatment they need. After patients start treatment, it's important to follow-up periodically to ensure there are no barriers to taking the medication. Some patients may become incarcerated, enter substance use disorder treatment, or lose housing while taking DAA's. Helping patients continue to receive their medications across care settings can be critical to help patients complete their HCV treatment.

Accessing Medications:

Each State Medicaid Plan has different prior authorization requirements for acquiring DAAs. It's important to review these to make sure you have the right documentation to meet your State's Medicaid requirements. Almost all pharmaceutical companies who provide DAAs offer some form of Patient Assistance Program (charity care) for eligible patients, which can be accessed if a patient is uninsured or denied the medication by their primary insurance provider. Streamlining medication access can greatly reduce time-to treatment and increase the number of patients who can be treated. For programs that operate their own pharmacy, providing access to DAAs for patients whose pharmacy benefit covers the medication can significantly improve program budgets. Exploring options to opt-out of specialty pharmacy benefits from commercial payers can also be advantageous, especially for self-insured tribal employee health plans.

MAT/SUD Treatment:

Medication-Assisted Treatment uses medications alongside behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. It is also important to address other health conditions during treatment. MAT programs offer unique points of contact for HCV screening and treatment and with planning the two programs can work seamlessly together to offer best health outcomes to our community members.

Harm Reduction:

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. This practice is seen throughout health care as we aim to mitigate risks that patients face. Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they're at,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. HCV elimination efforts are increased and realized where robust harm reduction programs are present.