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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.

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DISCLOSURES

COMPLETING THIS ACTIVITY

Upon successful completion of this activity 6.75 contact hours 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



CONFLICT OF INTEREST

Lisa Townshend-Bulson is a principal co-investigator on a grant that is partially funded by 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

This event is funded in part by:

The Indian Health Service HIV Program
and

The Secretary's Minority AIDS Initiative Fund



Chief Andrew Isaac Health Center Strategies for Hepatitis C Treatment

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Tanana
Chiefs
Conference

Disclosure

No financial disclosures that would be a potential conflict of interest with this presentation



Treatment Numbers

- 212 confirmed Hepatitis C patients (positive HCV RNA) in our service unit
- 102 patients onto new direct-acting antiviral Hepatitis C treatment
 - 93 patients have completed Hepatitis C treatment
 - 14 patients on treatment now
- ***50% of our known Hepatitis C patients have been linked to treatment!!***
- 95% sustained virologic response (SVR) cure rate
 - 5 treatment failures of the 93 patients who have completed treatment



Population Hep C Screening

- Baby boomers, prenatal screen, all STI visits, high risk patients with history of IVDU/heavy alcohol use
- Hep C antibody with reflex HCV RNA PCR Quant



Data Base

- Maintain a data base of chronic Hep C patients (positive HCV RNA) and liver fibrosis/cirrhosis status



Twice a year outreach

- Routine HCC screening
 - alpha-fetoprotein (AFP) and LFTs every 6 months with CBC yearly
 - RUQ US every 6 months if advanced fibrosis/cirrhosis
- Regular PCP or liver specialist visits



Patient Responsibility

- Encourage responsibility/reliability of patient participation in health care. Offer Hep C treatment when patient is ready and reliably available to take daily medications for 2-3 months.
- Consider drug/alcohol treatment
- Assess personal support/significant other involvement
- Apply for health insurance
- ****Strength of PCP involvement****



Hepatitis C Treatment Team

- Patient, PCP, nursing staff, office staff, health insurance personnel, prior authorization personnel, pharmacy, behavioral health



Pretreatment Labs

(Order is variable)

- <https://anthc.org/hep>
- Pregnancy test (if applicable)
- Uric Acid (only with ribavirin treatment)
- Within 1 month: CBC with differential, CMP, PT/INR, HCV RNA
- Within 3 months: HCV Genotype, Hep B core antibody, Hep B surface antigen, HBV DNA (if HBV cAb or sAg +)
- Within 6 months: AFP
- Within 1 year: HIV screening
- Liver Fibrosis screen: Fibroscan (if possible), FibroTest (through Quest)
- Check Hepatitis A vaccine status (If unknown: draw HAV antibody total IgG)
- Check Hepatitis B vaccine status



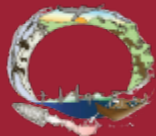
Determine Treatment Medication

- Health insurance often determines medication options
- If no fibrosis, utilize decision tree on <https://anthc.org/hep>
- If fibrosis, present case to ECHO



Pretreatment First Steps and Forms

- Review drug-drug interactions
- PHQ-9 baseline depression screen
- AUDIT-C alcohol use screen
- Counsel about pregnancy prevention
- Treatment Readiness Attestation (patient and PCP must sign, required by some insurances)
- Treatment Agreement
- Release of information for a significant person who can help keep patient on track with treatment, whom PCP can contact



General Pretreatment Policy/Guidelines

- **Refer case to prior authorization and treatment care management personnel**
- Apply for third party plans, patient assistant programs, etc.
- Complete pretreatment labs
- Complete pretreatment forms
- Obtain recommendation for treatment regimen
- Patient to demonstrate a strong commitment to completing treatment:
 - Be seen by PCP at two back-to-back appointments without a no-show appointment
 - Return phone calls in a timely manner
 - Confirm primary telephone number and alternate working phone numbers for contacts to be reached when needed
 - Commit to sobriety. Refer patients with a history of substance abuse or concerns for relapse to SBIRT (required by some insurances)



Prior Authorization Steps

- Help patient obtain insurance. If patient is eligible for Medicaid, he must apply for Medicaid.
- If patient is not eligible for Medicaid and does not have insurance, utilize drug company Support Path
(<\$100,000 income; Gilead/Harvoni, Abbvie/Mavyret, etc)
- Set up pharmacy collaboration
- Have medical/nursing staff assist in completion of paperwork
- Keep all approval documentation, even after treatment has finished
- Don't Give Up!!



During Treatment

- **Set up a calendar with dates for refills, labwork, and a PCP or nursing staff visit every 28 days. Distribute this calendar to patient and all of your staff. Assign one person (RN) to see that the calendar is followed**
- Keep in touch with the patient to determine how many pills have been missed. Actually count pills by phone call/visit, use of mediset, etc. Begin patient outreach by week 2.
- Contact pharmacy a week ahead of time to be sure refill is in stock
- Follow lab work at end of treatment, 12 weeks after treatment (SVR), and 6 months after treatment (may be required by insurance)



After Treatment

- If no fibrosis, yearly physical with routine labs
- If had advanced fibrosis or cirrhosis prior to treatment, continue to obtain AFP & RUQ US every 6 months to screen for HCC. CBC, LFTs, & PT/INR yearly
- Celebrate!!!!



Call us 😊

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