

Alaska ID ECHO: HCV-HIV-PrEP-STIs



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB

Indian Leadership for Indian Health

March 14, 2023

This program is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

Welcome to Alaska Infectious Disease ECHO: HCV, HIV, PrEP, STIs

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>



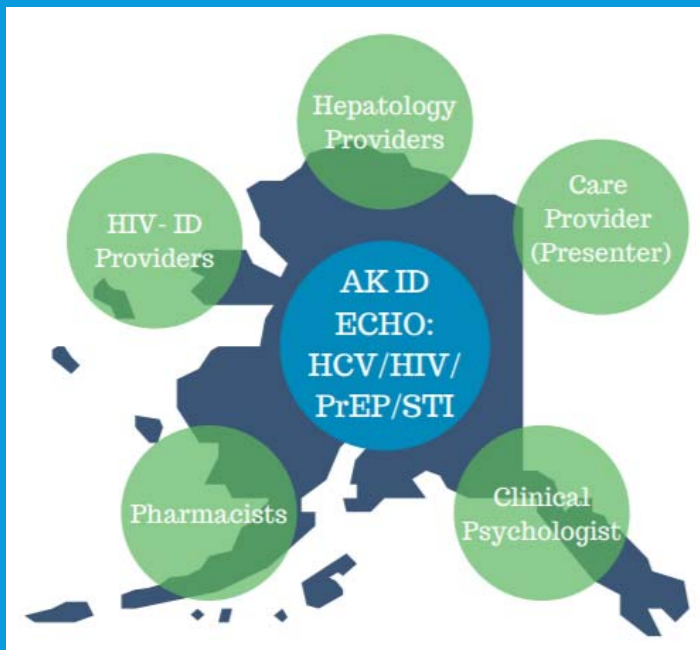
For more information contact
jfielder@anthc.org or (907) 229-1185



ALASKA NATIVE
MEDICAL CENTER



AK ID ECHO: CONSULTANT TEAM



- Youssef Barbour, MD Hepatologist
- Leah Besh, PA-C HIV/Hepatology Provider
- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Lisa Townshend, ANP Hepatology Provider

Programs to Treat and Potentially Eliminate Hepatitis C Virus (HCV) in Rural Alaska

Brian J McMahon MD with a Little Help from my Friends

Peggy McMahon APRN and Lisa Townshend FNP

ANTHC Liver Disease and Hepatitis Program

Conflicts of Interest

- None for Brian McMahon or Peggy McMahon
- Lisa Townshend is a principal investigator of an ANTHC sponsored HCV treatment study that is funded in part by Gilead Sciences. Enrollment was complete on this study in 2018 with 5 years of follow up planned.

Quiz: Pick the Best Answer(s)

1. Screening for HCV is recommended for adults at high risk for getting this viral infection; while HCV is curable, the medication is very expensive (\$50,000/patient) so treat only those at highest risk of cirrhosis or liver cancer
2. President Biden has announced a goal of HCV elimination in US
3. Major insurers cover both screening for and treatment of HCV
4. Pharmaceutical companies have programs to provide HCV medications if someone does not have insurance
5. Most patients at risk live in urban areas where providers are present

Pick the Best Answer(s)

- Antiviral drugs for HCV have high cure rates but everyone needs careful monitoring for potentially serious side effects
- HCV medications are almost 100% curative with minimal side effects, rarely serious.
- Specialized training is needed for every provider who wants to treat HCV
- The CDC and USPSTF recommends all adults 18 years and older need to be tested once for HCV and high risk persons tested frequently
- With a short training course, ancillary health care professionals can be trained to screen and treat HCV

Outline

- It is estimated that 3-5% of Alaska Native People (AN) and non-Native persons are infected with HCV: Total 4,500 to 7,500 AN persons
- Untreated persons after 20 to 30 years, 50% of persons with HCV will develop cirrhosis and/or liver cancer
- Majority of persons with chronic HCV live outside of Anchorage, many in isolated communities
- ANTHC LDHP and the State of Alaska have developed training materials and curriculum for providers to screen and treat HCV
- ANTHC has developed a program to train CHA/P to screen residents for HCV in their communities and treat with providers via telemedicine

National Attention Directed at Hepatitis Virus (HCV) C Elimination

- US has a National Goal to eliminate HCV by 2030 in US
- President Biden requesting 11 Billion Dollars to eliminate HCV in 5-years in 2024 budget request. JAMA March 9, 2023 on Line
- USHSTF and CDC recommends all adults be screened one time for HCV and those using injection drugs more frequently (e.g. yearly)
 - Major insurers cover HCV screening for all adults and medications for treatment
 - Pharmaceuticals have programs to supply free DAA meds to those uninsured
- ANTHC has an active program working with Tribal Partners and State to eliminate HCV but needs ideas and support to implement
 - Cost of treatment is slightly revenue positive thus no impact on cost of care

Finding and Treating all Alaska Native Persons with HCV infection Will Impact Health Care

- Study conducted by ANTHC Liver Disease and Hepatitis Program prior to licensure of HCV Direct Acting Antiviral Meds found 70% of those persons with cirrhosis developed liver cancer (HCC), liver failure, or needed a liver transplant in the next 7-years (Bruden et al. Hepatology)
- ANTHC and Tribal Health Corporations have treated over 1200 persons with HCV and cured 96% of persons in 8-12 weeks. Medications have no serious side effects.
- VA study showed **annual** cost of care for HCV before DAAs averaged **\$17,556/year**. (Applied Health Econ Health Policy. 2019;17:513-521)
 - \$20,791 for advanced fibrosis, \$46,089 for liver cancer, \$261,959 for liver transplantation and \$18,643 per year for care after liver transplantation

Finding Alaska Native (AN) Persons with HCV

- 30% of AN persons who acquired this infection prior to 1990 did not have a history of injecting drug use
 - Other ways HCV spread then: tattoos, ear and body piercing, transfusions, use of jet guns for vaccination, multiuse vials
- 40% of persons with HCV do not know they have this viral infection
- 70%-80% don't have any symptoms that would alert them
- We estimate that more than 50% of AN Persons with HCV live in rural communities
- We need ideas and strategies from Tribal Leaders, Community Members and Tribal Health Care Staff on how to reach these folks to offer them a screening test for HCV

Some Alaska Native Tribal Health Corporations have Made Great Strides Already

- CAIHC has screened 64% of population served for HCV through 2022
- SEARHC is instituting a program to screen all adults for HCV
- SCF has introduced a unique program using pharmacists to manage HCV treatment after licensed provider has written DAA prescription
- In Lower 48: Cherokee Nation has screened 80% of the population they serve
 - Several other Tribal organizations have started or are planning programs
- In Alaska because HCV knows no boundaries, successful elimination will require working closely with the State to eliminate HCV in all Alaskans

Finding and Treating for Cure of HCV is a WIN-WIN Situation

- We estimate 3,000 to 5,000 AN have HCV who have not been identified
- Coverage for laboratory testing or drugs for treatment
 - Revenue positive
- Benefits of finding and treating HCV
 - Thousands of livers/lives saved
 - Millions of dollars in future cost savings
- We can do this as we have a very strong health care system and experience eradicating transmission of other infectious diseases (hepatitis B, hepatitis A)

HCV Facts and Figures

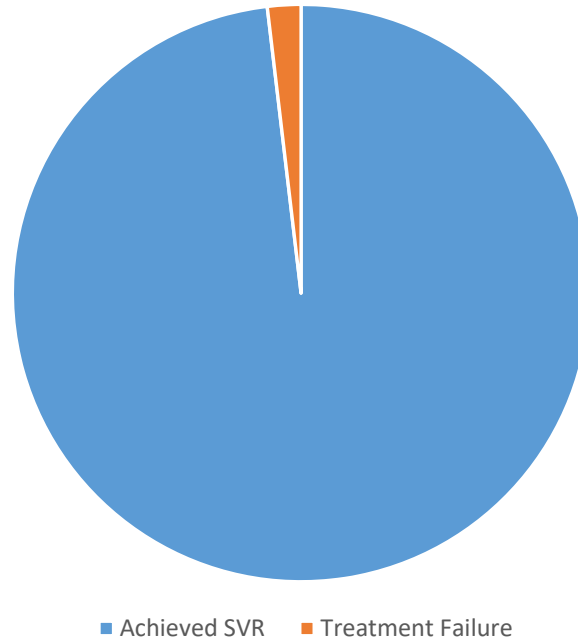
- Liver disease is the number 6 cause of death on AN people compared to ninth cause if all Alaskans combined.
- HCV is a major contributor to this high death rate.
- The CDC and USPSTF recommend all adults ages 18 and over be tested for HCV one time
 - 30% of persons born before 1990 who are infected with HCV got it from other sources than using injecting drugs including ear piercing, tattooing, vaccination from injection guns and other causes prior to discovery of a test for the virus
- Up to 50% of persons infected for 20+ years will get cirrhosis or hepatocellular carcinoma if not cured.
 - Most persons infected have no symptoms
- Screening and treatment is revenue neutral as major insurers pay and the manufacturers of the drugs have programs to supply free drugs
- In addition, treating HCV will save hundreds on AN lives and save millions of future dollars in costs of taking care of persons not for cure who develop liver failure or HCC

How Are We Doing at Screening and Treating HCV

- We have screened several thousand persons
- We have treated over 1,200
- With the State, we have conducted five training courses for providers and nurses
- COVID has greatly diminished our progress to eliminate HCV over the past 3 years

AN/AI DAA Treatment Response

HCV Treatment Response



1223 treated
96% SVR
32 re-infected

Where is Screening and Treatment Occurring

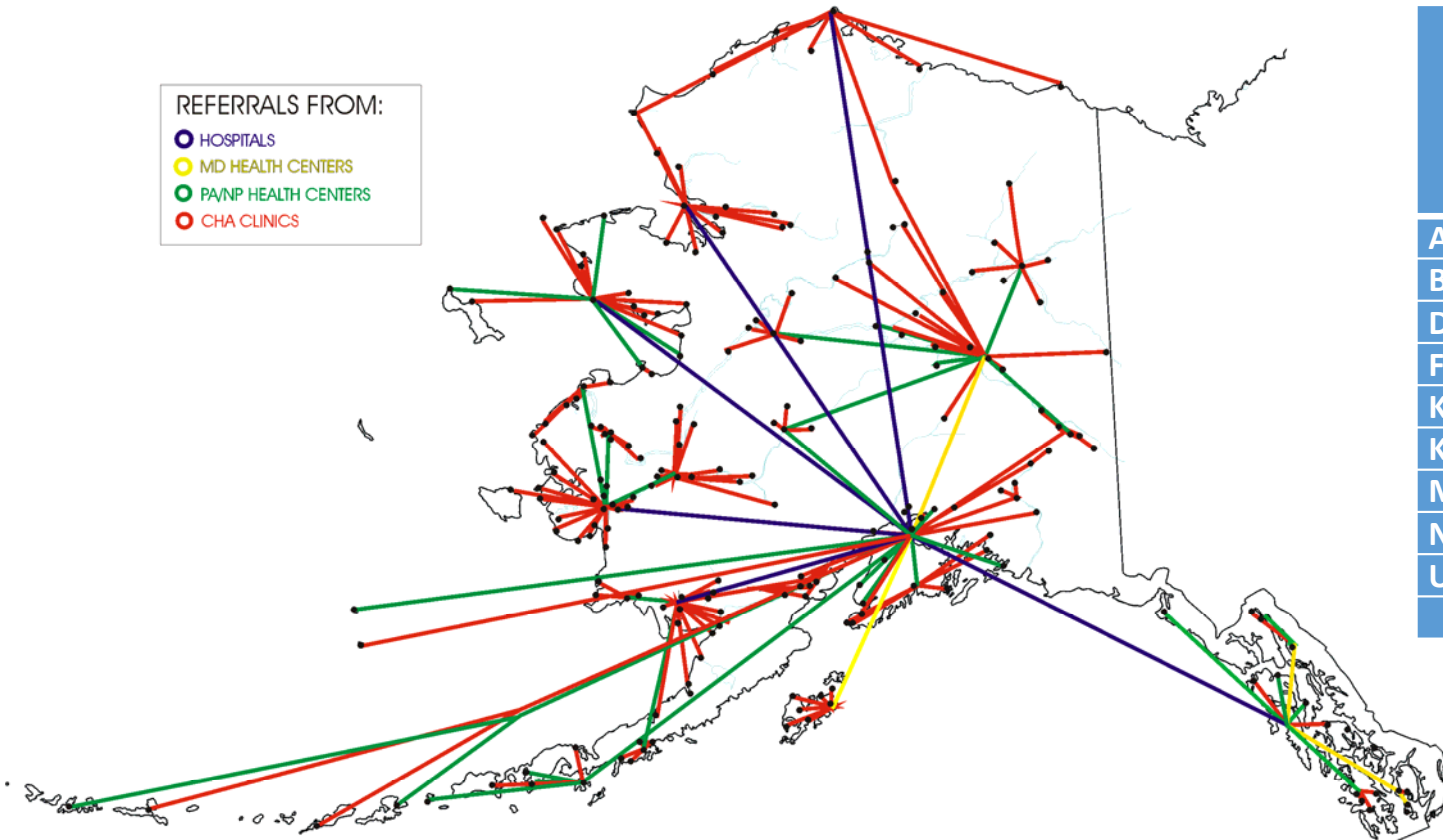
- Screening at most Alaska Native Tribal Health Programs including ANMC is sporadic
 - Aggressive in TCC and SEARHC
 - Unclear at Other THOs – Please let us know if you have ongoing screening programs in place
 - While Treatment of HCV is Established in Tribal Health Centers With Licensed Providers, it is Lacking in Rural Isolated Communities
 - Of over 2,000 AN persons with HCV identified, over 1,000 have yet to be treated

THE ALASKA NATIVE HEALTH CARE SYSTEM

Typical Referral Patterns

REFERRALS FROM:

- HOSPITALS
- MD HEALTH CENTERS
- PA/NP HEALTH CENTERS
- CHA CLINICS



ANHS Service Unit	# of Patients with HCV Still to Treat
Anchorage	751
Bethel	36
Dillingham	58
Fairbanks	60
Ketchikan	26
Kotzebue	11
Mt. Edgecumbe	108
Nome	17
Utqiagvik	11
	1078

How Can We Improve Screening and Treatment Especially in Rural Alaska?

- Develop innovative screening programs
 - Ask every persons getting a blood draw if an HCV test can be added on.
 - Offer Screening at Health Fairs
 - Other ideas?
- Treatment programs
 - SCF has developed an innovative program using Pharmacists to manage HCV treatment after a provider has written the prescription
 - The LDHP has developed a program to train CHA/P to screen and treat via telemedicine persons with HCV in 11 communities in YKHC, BBHC and Fort Yukon area (CATG).

The Alaska Community Health Aide Program



Alaska Native Tribal Health Consortium
web: www.akchap.org | www.anthc.org



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

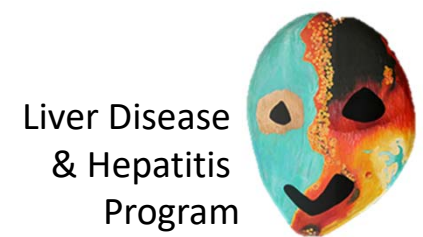
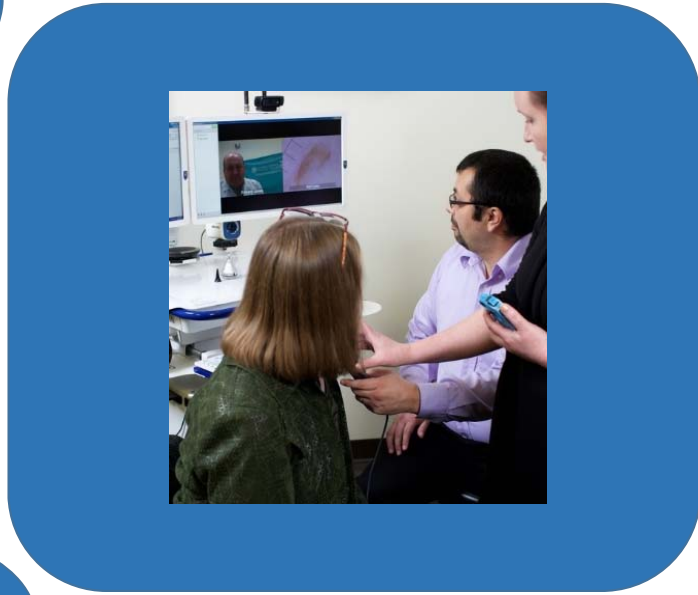
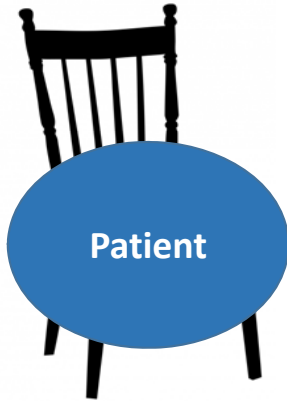
Training for CHA/Ps: Hepatitis C Screening and Treatment in Rural Communities

- Three Training Sessions have been done, two in Bethel and one in Anchorage
 - 7 villages in YKHC- 9 CHA/Ps in person, 4 CHA/Ps self-study virtual
 - 3 villages in BBAHC- 3 in person, 4 self-study virtual
 - 1 village in CATG- 1 in person
 - 4 CHA/P Supervisor/Instructors at YKHC
 - Total: 11 villages, 25 CHA/Ps
- Training curriculum includes didactic sessions on Hepatitis C Epidemiology, Pre-evaluation for Treatment, Treatment, Surveillance for HCC, Harm Reduction and Role of Behavior Health and HCV
- Plan for follow up training in Bethel for previously trained YKHC CHA/Ps and SIs. Discussions to include: Barriers to Testing, How to Increase Testing, CHA/Ps' Experiences with Positive Results
- Hands on training- How to perform OraQuick HCV Rapid Antibody Test



- Positive Test Results reported to RN at ANTHC LDHP
 - Blood draw for HCV RNA
 - If positive, treatment recommended
 - Treatment via telemedicine
 - Total number of OraQuick tests done
 - 3 positive test results to date in YK villages

Treatment via Telemedicine



How are we doing in the ATHS?

- >1200 persons treated
- Training Programs to Build Capacity
- LDHP website includes HCV Treatment page to walk providers through treatment www.anthc.org/hep
- Providers following the Simplified Treatment Model
- Robust screening and treatment program CAIHC
- Successful Pharmacist led treatment initiative at SCF
- SEARHC has made HCV screening a 2023 quality measure

Still 1200 people untreated

Estimated 2000-3000 persons not yet diagnosed

So we have a ways to go to get to an elimination goal of 90% of persons with hepatitis C diagnosed and treated/cured



What Can We Do Next to Increase Screening and Treatment in Rural Alaska

Patient Outreach

- Expand direct outreach
- Public Service Announcements (PSAs)
- Health Fairs
- Normalize testing
- Future: Test & treat model

Provider Outreach

- Every THO
- Clinical Directors
- Other Providers
- CHAP Program

Pharmacist Outreach

- Ensure that medications are on formulary
- Pharmacist champions (SCF)

Community Outreach

- Shelters
- Detox Centers
- Syringe Exchange Programs
- Rehabilitation Centers
- DOC
- Meeting with stakeholders (THOs, State, Private Partners, patients)

Conclusions

- Hepatitis C is easily cured
- Identifying those infected and treating for cure is at least revenue neutral
- Hundreds of deaths and suffering for those infected can be prevented if we identify and treat those infected
- We need ideas on how to find persons who have HCV infection and to offer them curative treatment
- The program we have develop to reach persons living in rural communities with participation CHA/P to offer screening and treatment is now going on in 11 rural communities

Quiz: Pick the Best Answer(s)

1. Screening for HCV is recommended for adults at high risk for getting this viral infection; while HCV is curable, the medication is very expensive (\$50,000/patient) so treat only those at highest risk of cirrhosis or liver cancer
2. President Biden has announced a goal of HCV elimination in US
3. Major insurers cover both screening for and treatment of HCV
4. Pharmaceutical companies have programs to provide HCV medications if someone does not have insurance
5. Most patients at risk live in urban areas where providers are present

Quiz: Pick the Best Answer

1. Screening for HCV is recommended for adults at high risk for getting this viral infection
2. While HCV is curable, the medication is very expensive (\$50,000/patient) so we need to treat only those at highest risk of cirrhosis or liver cancer
3. Major insurers cover both screening for and treatment of HCV. **Correct**
4. Pharmaceutical companies have programs to provide HCV medication to those without insurance - at no cost to Alaska Native Tribal Health Corporations
5. Most patients at risk live in urban areas where providers are present

Pick the Best Answer(s)

- Antiviral drugs for HCV have high cure rates but everyone needs careful monitoring for potentially serious side effects
- HCV medications are almost 100% curative with minimal side effects, rarely serious.
- Specialized training is needed for every provider who wants to treat HCV
- The CDC and USPSTF recommends all adults 18 years and older need to be tested once for HCV and high risk persons tested frequently
- With a short training course, ancillary health care professionals can be trained to screen and treat HCV

Pick the Best Answer(s)

- Antiviral drugs for HCV have high cure rates but everyone needs careful monitoring for potentially serious side effects
- HCV medications are almost 100% curative with minimal side effects, rarely serious. **Correct**
- Specialized training is needed for every provider who wants to treat HCV
- The CDC and USPSTF recommends all adults 18 years and older need to be tested once for HCV and high risk persons tested frequently **Correct**
- With a short training course, ancillary health care professionals can be trained to screen and treat HCV **Correct**

Discussion

- Any ideas on how we can implement screening and treatment for HCV in Alaska are welcome

Free prevention resources available at iknowmine.org/shop

The screenshot shows the iknowmine.org website interface. At the top, there is a search bar and navigation links for 'About Us', 'Get Care', 'For Caring Adults', and 'Shop'. A 'SIGN IN OR REGISTER' link is also present. The main header features the 'iknowmine.org' logo with the tagline 'Truthful, Accurate Information for You(th)'. Below this is a navigation menu with icons and labels for 'SEXUAL HEALTH', 'LGBTQ2S+', 'MY BODY', 'MY MIND', 'MY SPIRIT', 'MY RELATIONSHIPS', and 'ALCOHOL, TOBACCO & OTHER DRUGS'. A 'get answers' button is also visible. The main content area has a colorful, abstract background with the text 'Order Resources & Supplies' and a vertical red button labeled 'ASK NURSE LISA'.



HARM REDUCTION KIT



CONDOMS FOR ORGANIZATIONS



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



PRESCRIBING THE END OF HIV

Empowering Providers to Prescribe PrEP for HIV Prevention

A Virtual AK ID ECHO Learning Opportunity

TOPICS

April 4, 2023: 12pm-1pm

Integrating PrEP into Your
Clinical Practice

April 11, 2023: 12pm-1pm

PrEP Considerations for Special
Populations (adolescents,
pregnancy, patients with
comorbidities and/or renal
issues, etc.)

April 18, 2023: 12pm-1pm

Incorporating Sex Positivity and
Cultural Responsibility into Your
Clinical Practice & a PrEP User
Experience Panel

April 25, 2023: 12pm-1pm

Putting PrEP into Practice:
A Panel of Alaska Provider
Experiences

REGISTER

[CLICK HERE](#)



CE/CME provided.
Enduring credits
available for 2 years.



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

ADDITIONAL LEARNING OPPORTUNITIES

Alaska Liver Disease ECHO

- Third Thursday of every month from noon-1:00 PM
- 2023 theme ~ *Ways You Can Help Reduce Morbidity of Mortality From Liver Disease*
- March 16th: Ensuring Regular HCC Surveillance
- www.anthc.org/project-echo/alaska-liver-disease-echo

LiverConnect

- Second Tuesday of every month 8:00-9:00 AM
- April 11th: AIH and Overlap
- www.anthc.org/hep/liverconnect



ADDITIONAL LEARNING OPPORTUNITIES

Addiction Medicine ECHO

- Second and fourth Thursday of each month from noon-1 p.m.
- www.anthc.org/project-echo/addiction-medicine-echo
- Email: behavioralhealth@anthc.org

Indian Country ECHO Programs

- Harm Reduction, Infectious Disease, and more!
www.indiancountryecho.org/teleecho-programs



AK ID ECHO Contacts

ANTHC Staff

- Leah Besh PA-C, Program Director: labesh@anthc.org
- Lisa Rea RN, Case Manager: ldrea@anthc.org
- Jennifer Williamson, Program Coordinator: jjwilliamson@anthc.org



ANTHC Liver Disease and Hepatitis Program: 907-729-1560

ANTHC Early Intervention Services/HIV Program: 907-729-2907

Northwest Portland Area Indian Health Board

- David Stephens: Director Indian Country ECHO: dstephens@npaihb.org
- Jessica Leston: Clinical Programs Director: jleston@npaihb.org



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB
Indian Leadership for Indian Health

Thank you!

AK ID ECHO is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.