Presentation Outline

• Hepatitis C Virus (HCV) overview

• HCV response implementation plan at SFDPH

• Existing and future HCV activities at SFDPH

• Community-based HCV treatment expansion

• Proposed HCV metrics and goals
Hepatitis C (HCV): What is it?

- Chronic liver infection
- 3-4 million people in U.S. chronically infected (likely higher)
- 10x more infectious and 5x more prevalent than HIV
- More HCV than HIV deaths in the United States annually
- No vaccine
- Goal of treatment is CURE
SFPD’s 5 HCV Programmatic Goals

1) Increase HCV awareness among affected populations
2) Increase community and clinic-based screening
3) Develop a linkage-to-care program
4) Increase SFHN primary care provider capacity to treat HCV
5) Increase access to curative therapies

Necessary conditions for success
✓ Integrated service models
✓ Partnerships within DPH and with external organizations
Benefits of Increased Access to Screening, Linkage, and Treatment

- Screening supports patient autonomy
- Curing HCV is possible
- Medi-Cal expanded treatment access
- Cure as prevention

Curing HCV is possible
Medi-Cal expanded treatment access
Cure as prevention
Screening supports patient autonomy
Existing

- CDC-funded hepatitis surveillance program
- Integrated HCV and HIV community-based screening
- HCV training for non-clinical community providers
- Partnership with HCV Task Force
- Update HCV messaging with Glide Foundation
  - Create social marketing materials
- SFHN clinicians treating and curing HCV

Future

$250,000/year from mayor’s budget for HCV Priorities 2015-2016

- Prevention
  - Social marketing campaigns for baby boomers and people who inject drugs
- Screening
  - Expand community screening program
- Linkage to care
  - Create linkage-to-care program for new diagnoses
  - Request for Proposals (RFP) in development
- Treatment
  - Increase capacity of SFHN primary care providers to treat HCV.
Alignment with existing PHD/SFHN collaborations

*HCV initiative will help meet the goals of existing initiatives*
Proposed SFHN Model for Primary Care-Based HCV Treatment

**Primary Care Roles**

- **Adherence and Monitoring Support**
- **Med Access Support**
- **PCP**

**Centralized Roles**

- **Regimen Selection Consultation (Pharmacy)**
- **Clinician Backup**

**New HCV treatments**
- high efficacy
- short duration
- minimal side effects

FEWER barriers to treatment ➔ MORE cures
Successful Outcomes at Tom Waddell Urban Health

- 80 referrals since 12/2013
- 71 evaluated for PC treatment
  - 29 initiated treatment
  - 28 awaiting med authorization treatment
  - 12 currently on treatment
- 2 referred to SFGH Liver Clinic due to medical complexity
- 5 awaiting evaluation
- 2 participated in clinical trials
  - 2 cured
  - 2 transferred care outside of SFHN before treatment
- 1 stopped treatment due to perceived side effects

- ✔ No hospitalizations
- ✔ No one lost to follow-up
- ✔ No reinfections identified
Coverage of SFHN Patients with Chronic HCV
(inclusive of SFGH patients)

Expanded Medi-Cal Eligibility Includes:
- Co-infection with HIV or Hepatitis B
- Diabetes
- MSM
- Woman of childbearing age
- Active injection drug use
- Debilitating fatigue

Estimated number of people with HCV within SFHN Primary Care
→ 3,355
(October 2015)
## SFDPH Budget Unimpacted by Vast Majority of HCV Treatment Costs

### HCV Treatment Cost Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Payer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>Medi-Cal</td>
<td>Covered for majority of HCV patients with some notable gaps —most people in gaps coverable by Abbvie PAP</td>
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<tr>
<td>Medicare</td>
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</tr>
<tr>
<td>Healthy SF/uninsured</td>
<td>Gilead or Abbvie PAP</td>
<td>Covered - Constitute “uninsured population”</td>
</tr>
</tbody>
</table>
| Healthy Workers      | Abbvie PAP 
(Gilead PAP under negotiation) | Covered under Abbvie PAP for G1 and G4 patients (70% of people with HCV) |
| Commercial           | Commercial plan               | Covered, but more restricted eligibility requirements than Medi-Cal/Medicare |

### 2015-2016 HCV Programmatic Annual Budgetary Estimations

<table>
<thead>
<tr>
<th>Program element</th>
<th>Program</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Social Marketing—Development</td>
<td>$40,000 General Fund</td>
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<tr>
<td></td>
<td>Social Marketing Dissemination</td>
<td>$15,000 Mayor’s HCV budget</td>
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<tr>
<td>Screening</td>
<td>Test kits purchase</td>
<td>$70,000 CDC Carry-forward funding</td>
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<td></td>
<td>Pharmacy screening pilot</td>
<td>$20,000 Mayor’s HCV budget</td>
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<tr>
<td>Linkage-to-Care</td>
<td>Linkage-to-care program</td>
<td>$165,000 Mayor’s HCV budget</td>
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<tr>
<td>Primary care HCV treatment capacity</td>
<td>SFHN primary care</td>
<td>$50,000 Mayor’s HCV budget</td>
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# Proposed HCV Metrics and Goals:
## HCV Testing and Treatment, 2015-2016

<table>
<thead>
<tr>
<th>Testing</th>
<th>Linkage</th>
<th>Assessment</th>
<th>Treatment Access</th>
<th>SVR/Cure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Achieve 5% Relative Improvement in HCV antibody screening within the SFHN “Baby Boomer” cohort</td>
<td>- Link 50 newly diagnosed clients to care with support of DPH-funded staff</td>
<td>- Establish a baseline using electronic data reporting to determine the % of chronically HCV infected patients with genotyping performed</td>
<td>- Start 5% of chronically HCV infected patients within the SFHN on treatment</td>
<td>- Maintain HCV cure rate within the SFHN at 90% or greater</td>
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<td>- Achieve 10% Relative Improvement in the % of SFHN HCV Ab+ patients with confirmatory testing</td>
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<td>- Achieve 40% Relative Improvement in # of community-based screenings</td>
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Next Steps: 2015-2016

Population Health

• Launch social marketing campaign
• Expand screening program
  • Quality assurance
  • RFP in development
• Implement a linkage-to-care program
  • RFP in development
• Support SFHN efforts

SFHN (Primary Care)

• Develop central pharmacist support for treatment
• Education for clinical staff
  • Primary care providers
  • Nursing
  • Social Work/Health Workers
• Formalize treatment and referral guidelines
• Formalize treatment workflow
• Create an electronic method of data collection for HCV genotyping
• Establish QI metrics
Thank you

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Physician Specialist
Tom Waddell Urban Health
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