

# *SFDPH Responds to Hepatitis C: Strategic Directions for 2015-2016 and Beyond*

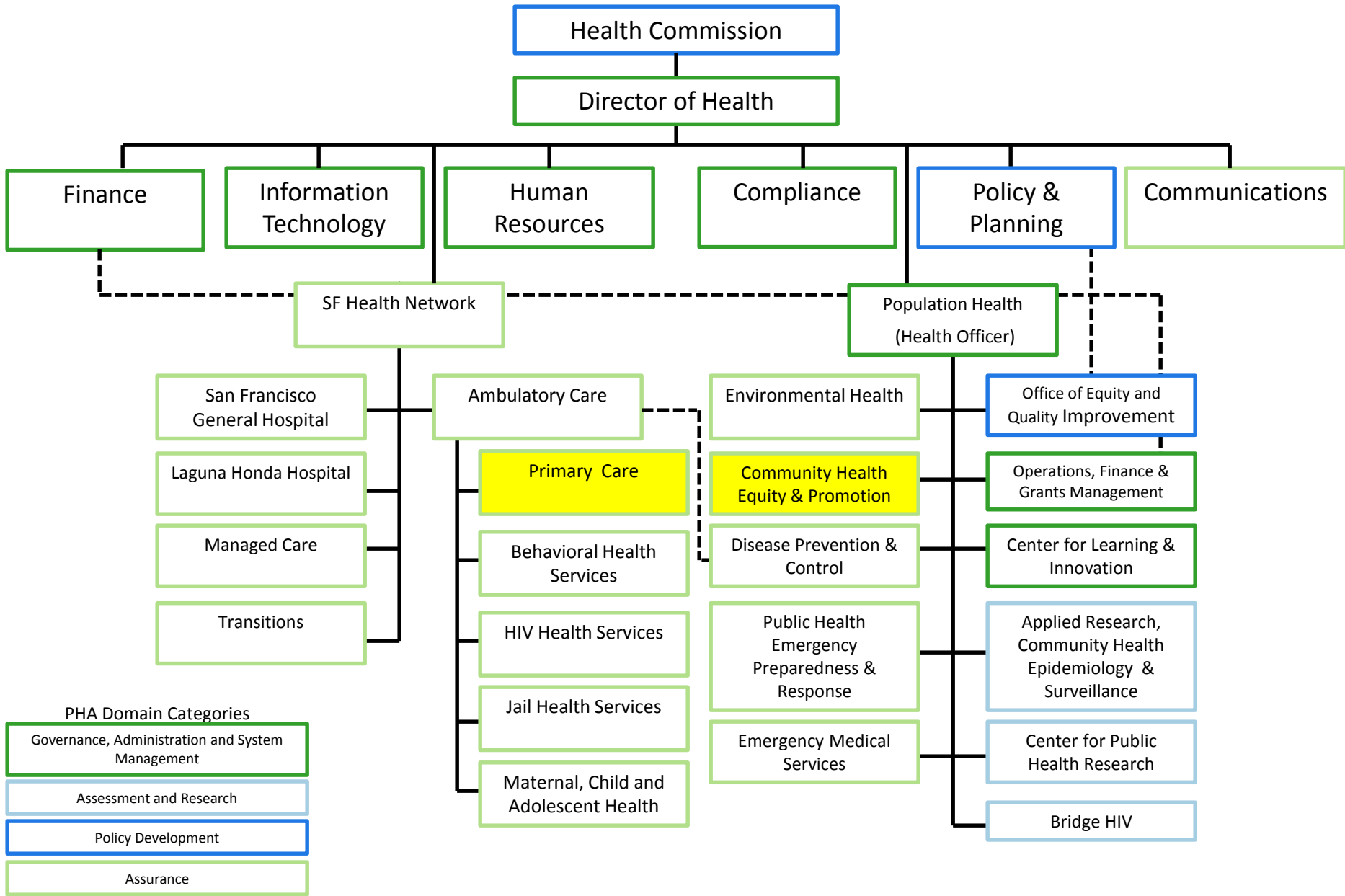


**Presented by:**

**Kelly Eagen, MD  
Physician Specialist  
Tom Waddell Urban Health  
San Francisco Health Network**

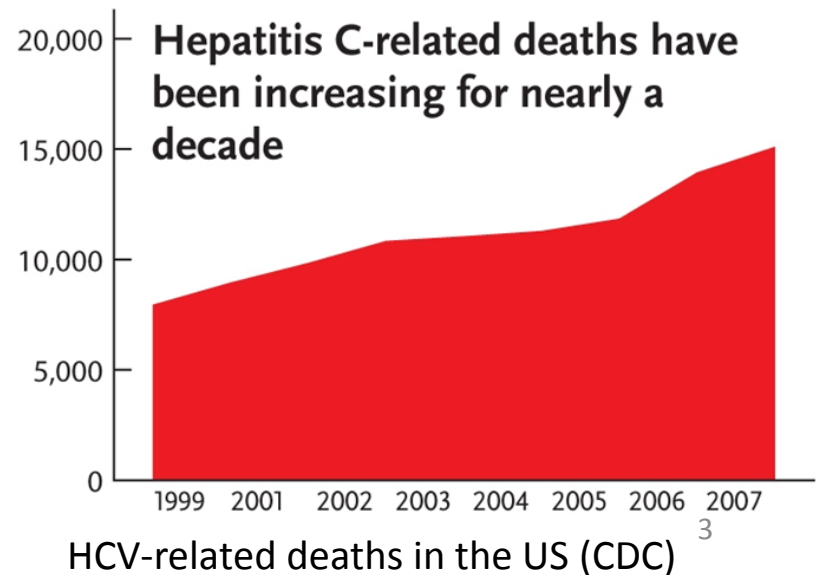


**Katie Burk, MPH  
Viral Hepatitis Coordinator  
Community Health Equity & Promotion Branch  
Population Health Division**



# 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**

Health » Scientific American Volume 311, Issue 3 » The Science of Health 11 :: Email :: Print

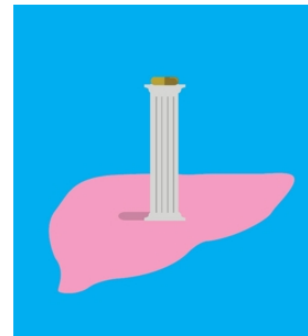
## We Now Have the Cure for Hepatitis C, but Can We Afford It?

A long, difficult and costly research effort gives doctors a new cure for hepatitis C

By Jessica Wapner | Aug 19, 2014

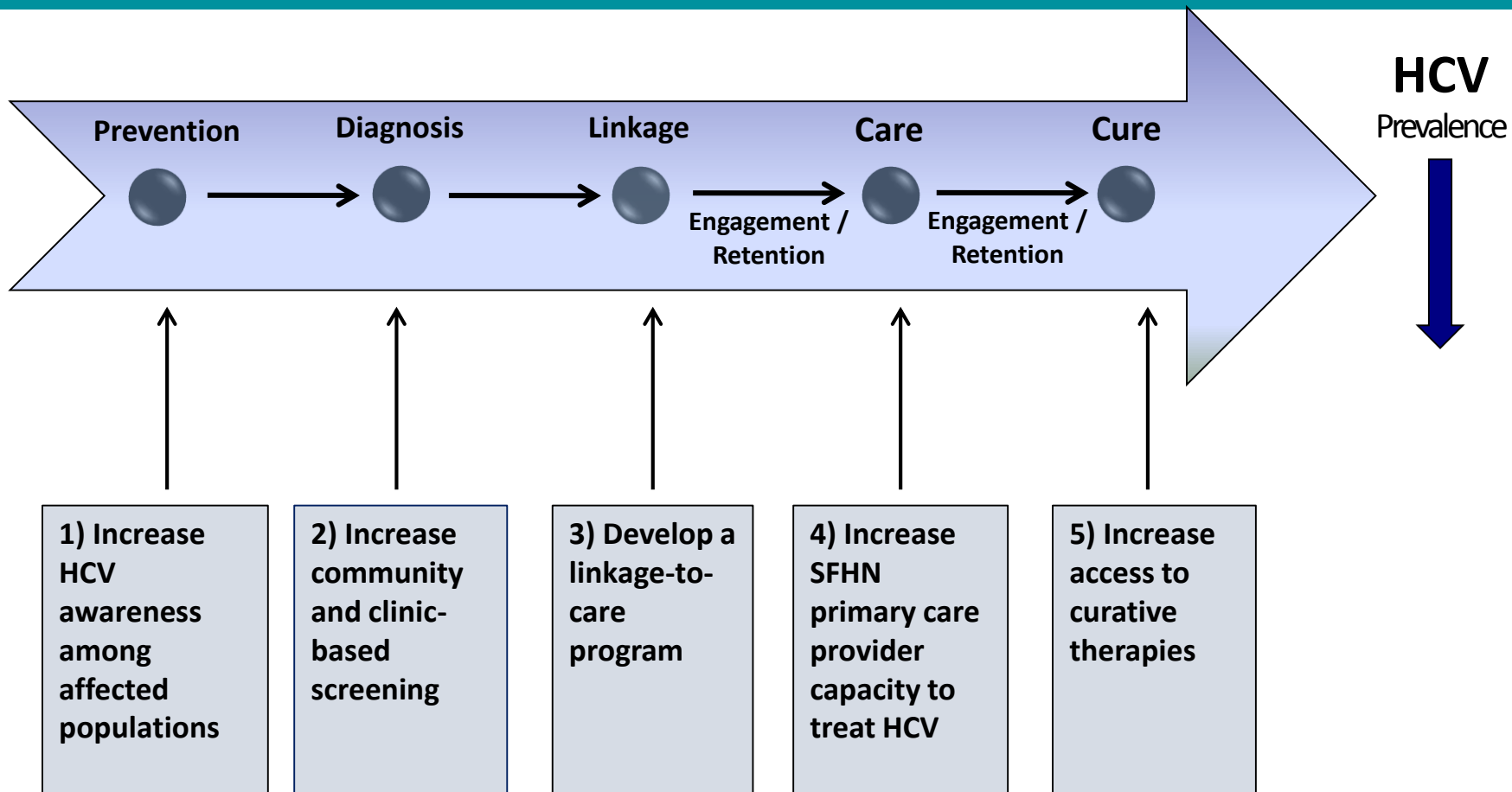
A decades-long search for better treatments for a debilitating liver disorder is finally coming to fruition. Later this year the U.S. Food and Drug Administration is expected to approve a new pill that can cure hepatitis C—a chronic infection that afflicts about 170 million people worldwide and annually kills 350,000 people, including 15,000 in the U.S.—faster and with fewer side effects than current remedies.

The breakthrough treatment comes, however, at a price that may place it out of reach for all but the wealthiest or best-insured patients. It will contain two drugs, one of which is already available at \$1,000 per day, or \$28,000 for a complete



Oliver Munday

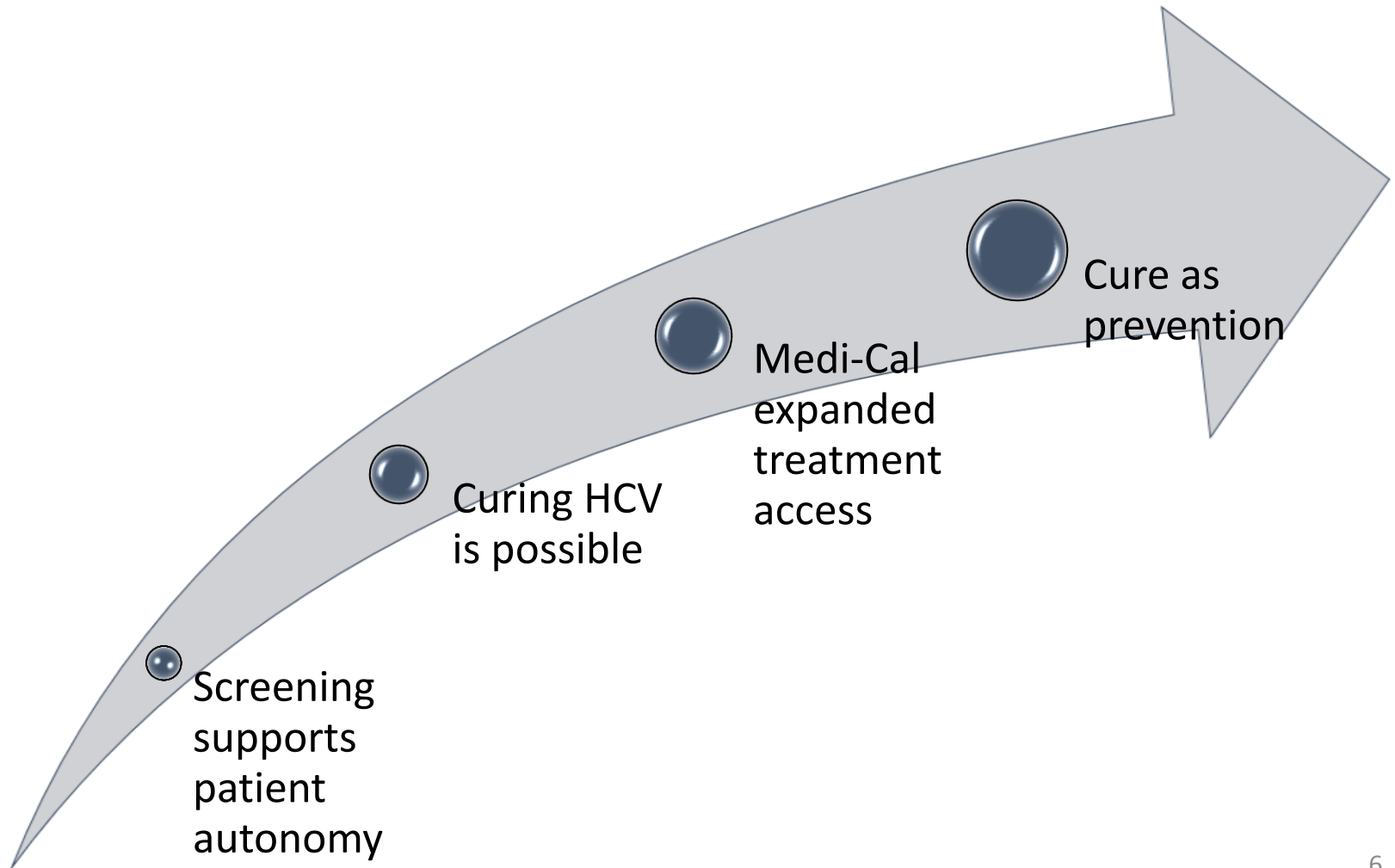
# SFDPH's 5 HCV Programmatic Goals



## Necessary conditions for success

- ✓ Integrated service models
- ✓ Partnerships within DPH and with external organizations

# Benefits of Increased Access to Screening, Linkage, and Treatment



# Existing and Planned SFDPH Activities

## 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

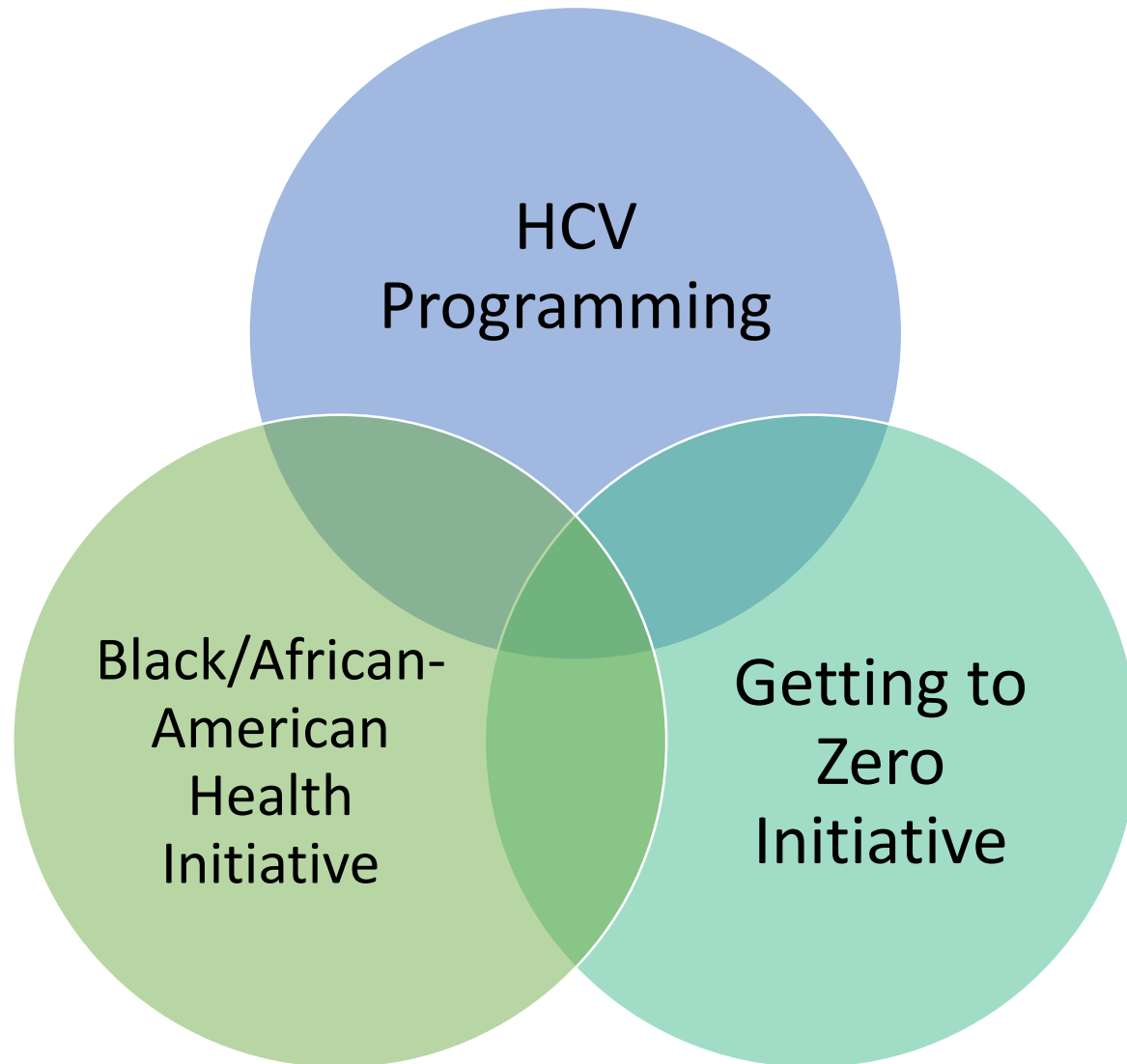
## Future

*\$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

PCP

PCP

## New HCV treatments

- high efficacy
- short duration
- minimal side effects

Specialty Pharmacy

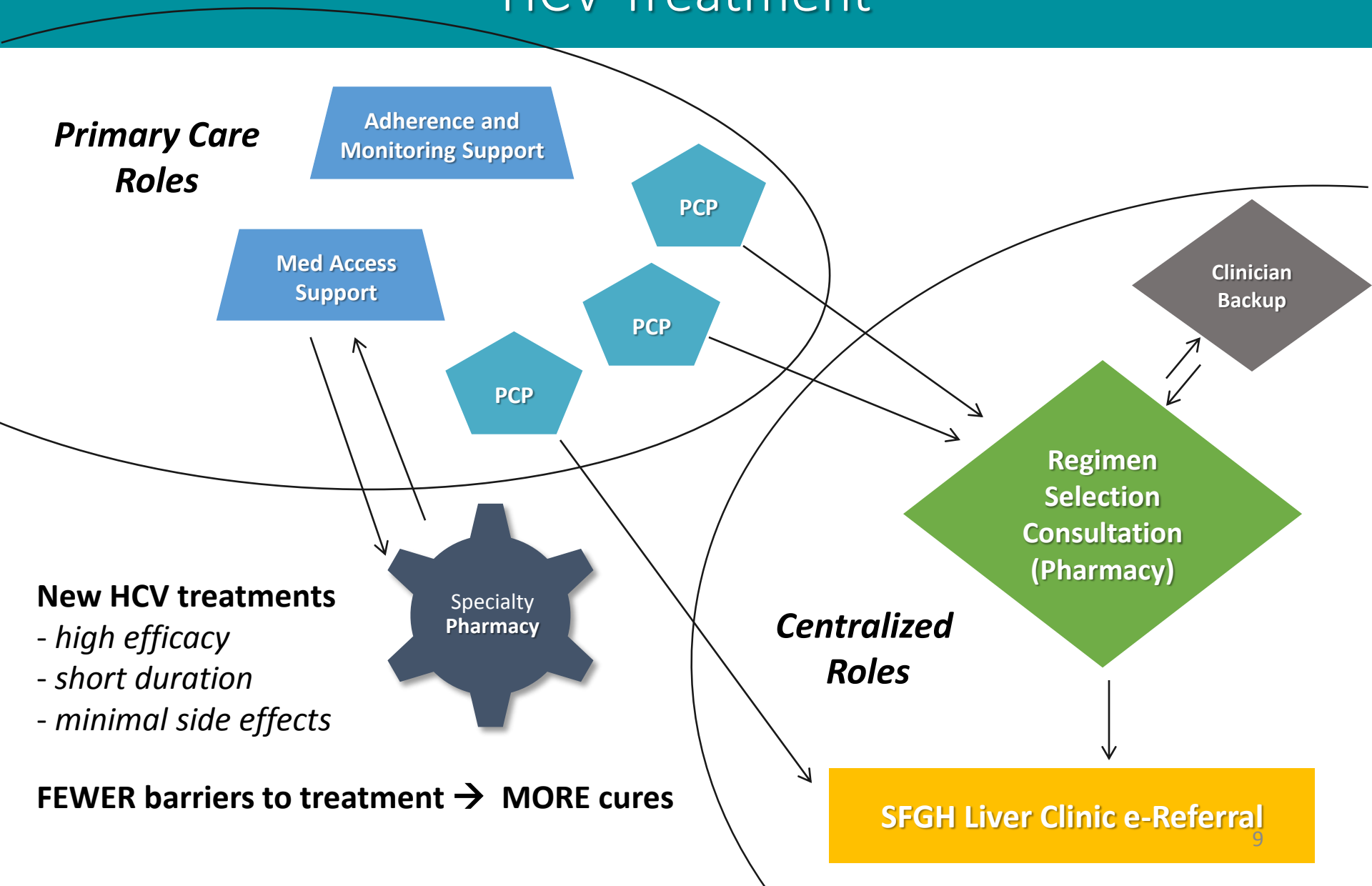
## Centralized Roles

Regimen Selection Consultation (Pharmacy)

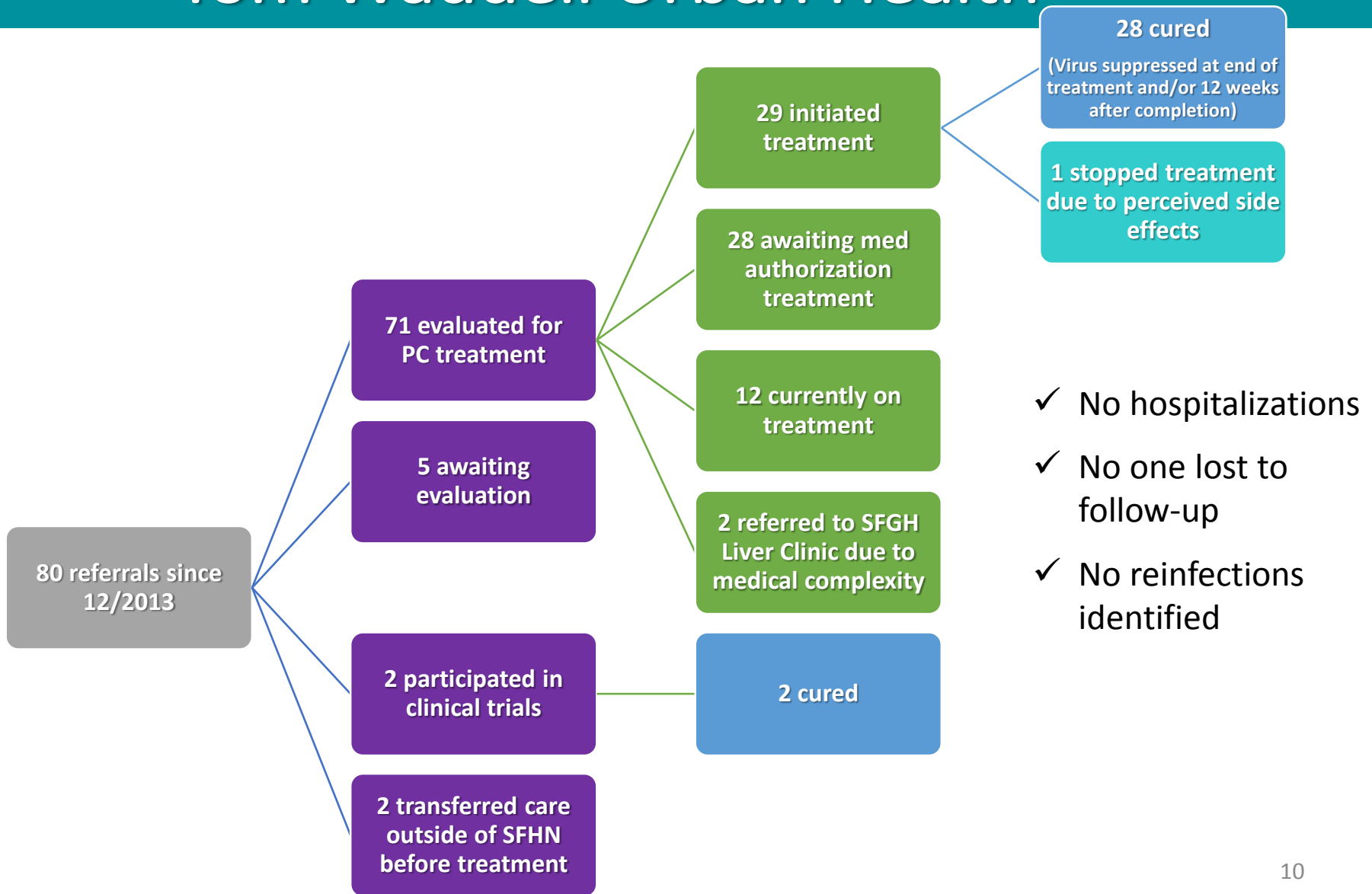
Clinician Backup

FEWER barriers to treatment → MORE cures

SFGH Liver Clinic e-Referral

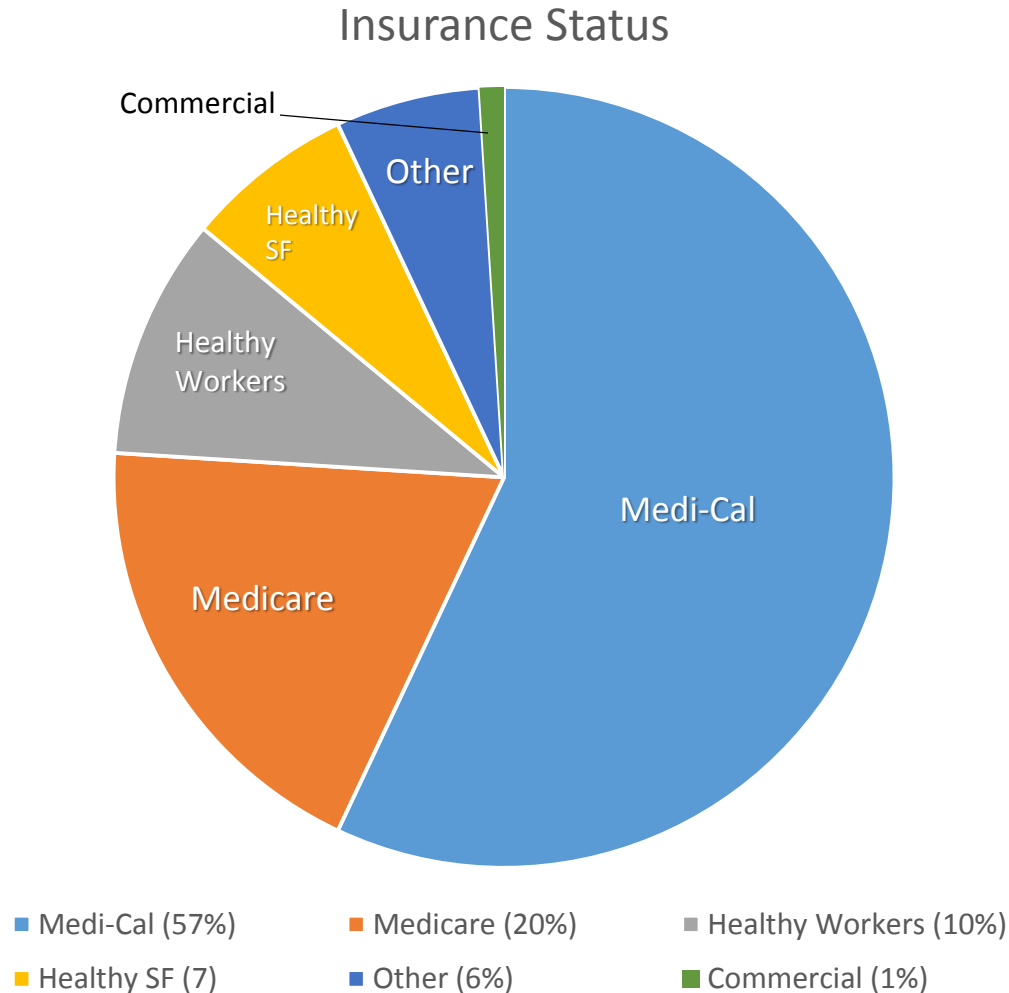


# Successful Outcomes at Tom Waddell Urban Health



- ✓ 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)*

# HCV Initiative Budgetary Information

## SFDPH Budget Unimpacted by Vast Majority of HCV Treatment Costs

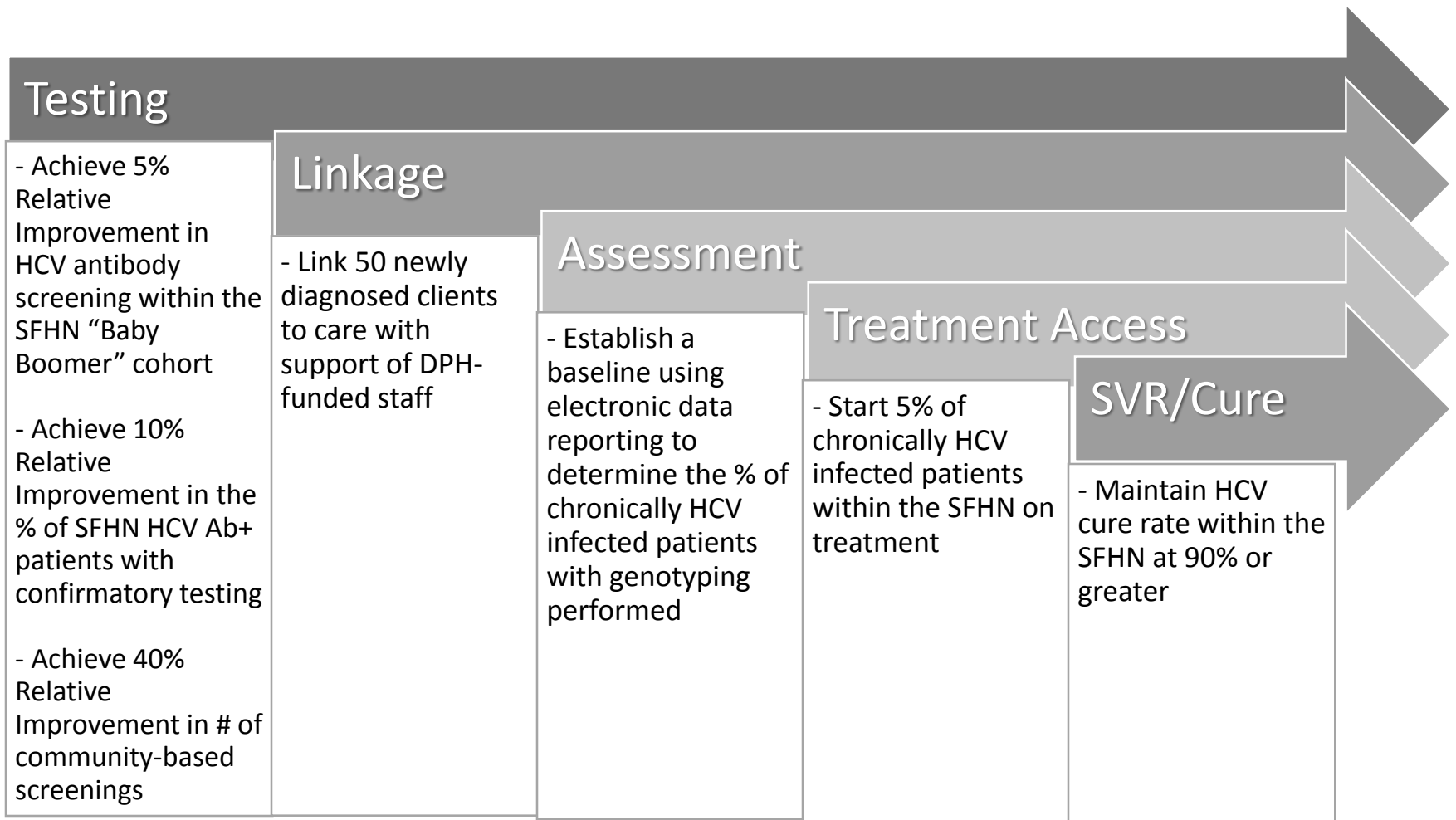
### HCV Treatment Cost Coverage

Plan	Payer	Notes
Medi-Cal	Medi-Cal	Covered for majority of HCV patients with some notable gaps -most people in gaps coverable by Abbvie PAP
Medicare	Medicare	Covered for majority of HCV patients with some notable gaps -most people in gaps coverable by Abbvie PAP
Healthy SF/uninsured	Gilead or Abbvie PAP	Covered - Constitute “uninsured population”
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

Program element	Program		Funding Source
Prevention	Social Marketing—Development	\$40,000	General Fund
	Social Marketing Dissemination	\$15,000	Mayor’s HCV budget
Screening	Test kits purchase	\$70,000	CDC Carry-forward funding
	Pharmacy screening pilot	\$20,000	Mayor’s HCV budget
Linkage-to-Care	Linkage-to-care program	\$165,000	Mayor’s HCV budget
Primary care HCV treatment capacity	SFHN primary care	\$50,000	Mayor’s HCV budget

# Proposed HCV Metrics and Goals: HCV Testing and Treatment, 2015-2016



# 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



# San Francisco Department of Public Health

## Thank you

Katie Burk, MPH  
Viral Hepatitis Coordinator  
Community Health Equity and  
Promotion Branch  
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