

# Prevention Models, Multidisciplinary Care Teams, and Case Studies of HCV and HIV co-infected patients

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# Disclosures

Presenter(s) has no financial interest to disclose.

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Gain an understanding of the implications of treatment rates amongst non-IVDU MSM patients and recommendations on increasing treatment success via a coordinated team approach.
2. Implementing a multidisciplinary care-team model for treating HIV and HCV co-infected patients.
3. Developing a coordinated prevention model for co-infected communities and instituting this model amongst front-line staff

# Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

# Multidisciplinary Care Teams: Introduction

## Before

**15 tablets** per day plus a **weekly** injection for **24-48 weeks**.

Cure rates: **30-70%**

cure rates were even **lower among HIV/HCV** co-infected patients while drug interaction profiles made treating extremely **complicated**.

## Now

Multiple treatment options.

**Once daily** dosing for **8-12 weeks** that give us cure rates of **>97%**

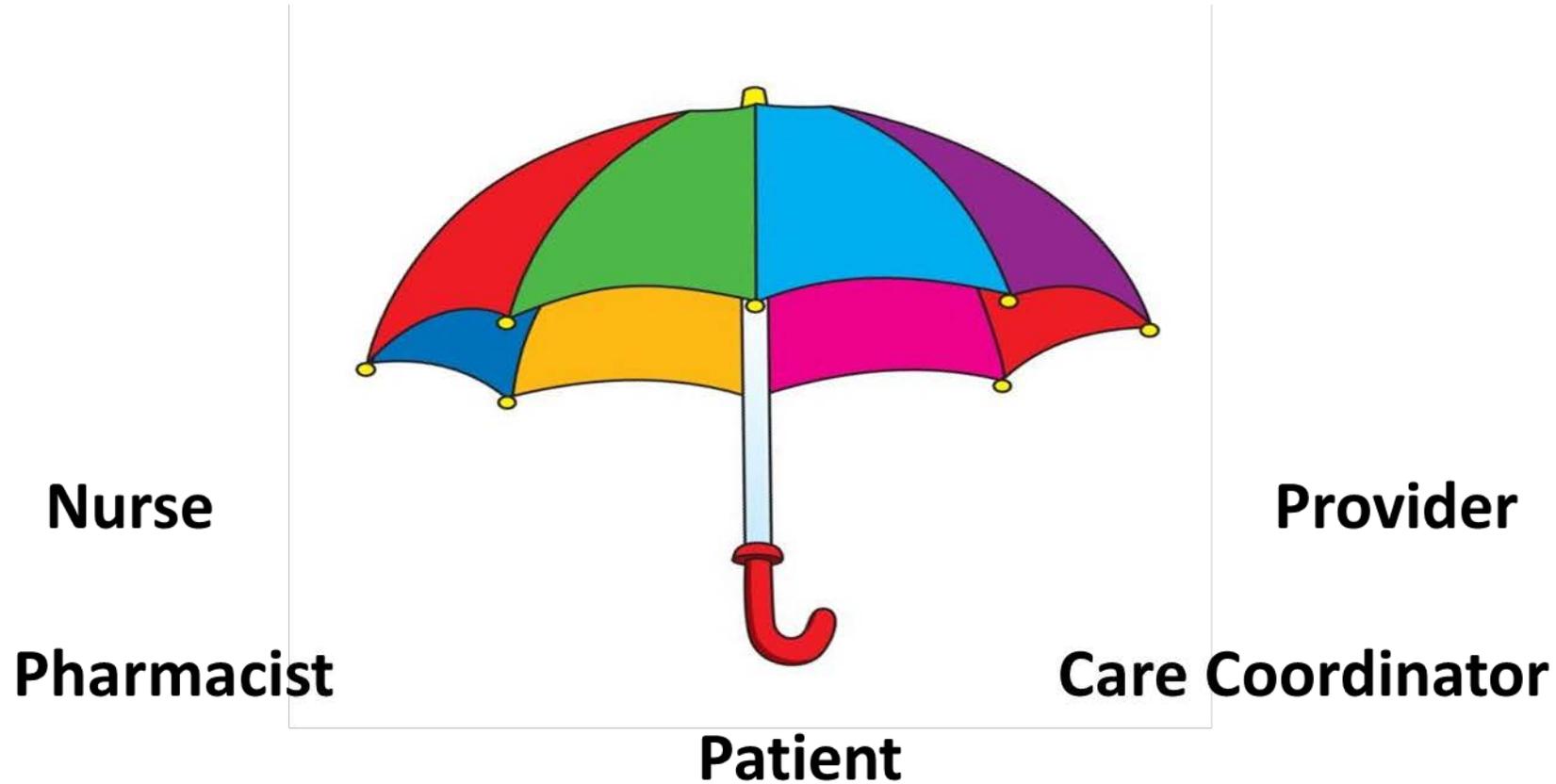
# Fighting Stigma Every Day

Co-infected patients, especially those within the **LGBTQ** community who are already facing barriers to affirming medical care, the stigma that surrounds HCV infection and treatment can create:

1. Debilitating sense of fear
2. Shame
3. Isolation – from their communities and Health Care workers.

Resulting in a decreased desire to see treatment

# Multidisciplinary Care Team Model



# HCV Population

## Patient Example:

- Co-infected, uncontrolled HCV & HIV
- Mental Health/Depression
- Outstanding Bills/Financial Pressures
- Cirrhotic
- Lack of Social Support

## Populations Commonly Affected by Stigma

- Substance Use: (Needles and Paraphernalia)
- LGBTQ
- Baby Boomers



# Lab Requirements

- ✓ Fibroscan (Fibrosis Level, Status of Liver)
- ✓ HCV RNA Viral Load and Genotype, Basic CMP, AST/ALT, INR/PTT.
- ✓ Urine Drug Screening, performed within 2 weeks of PA submission (Medicaid only)
- ✓ Commitment letter- (i.e. completing the full regimen, attending appointments, no alcohol or substance use) (Medicaid only).

# Eligibility for Treatment

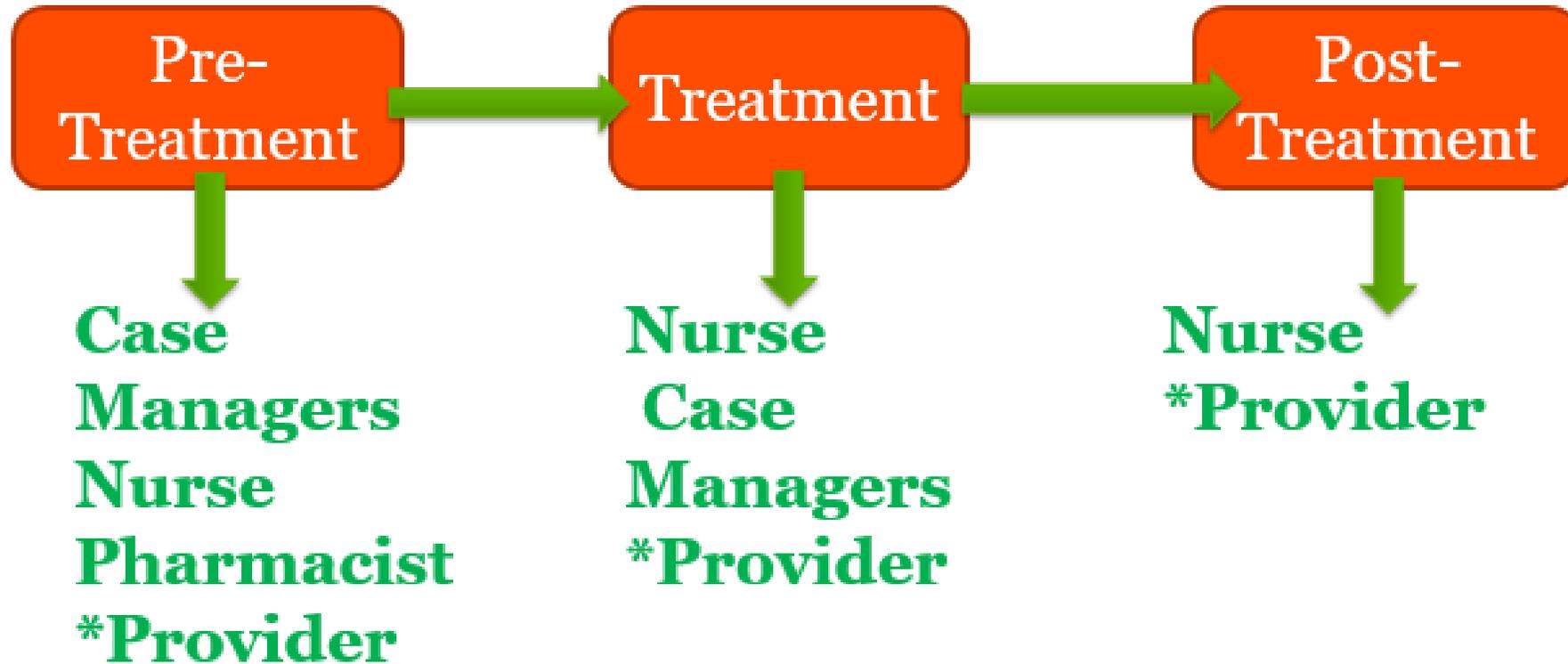
## Medicaid:

Illinois Medicaid Only treats people with F Score of 3 or 4, They will deny any F0-F2 applicants. This necessitates a long appeal and patient assistance program process.

## Commercial Insurance & Medicare:

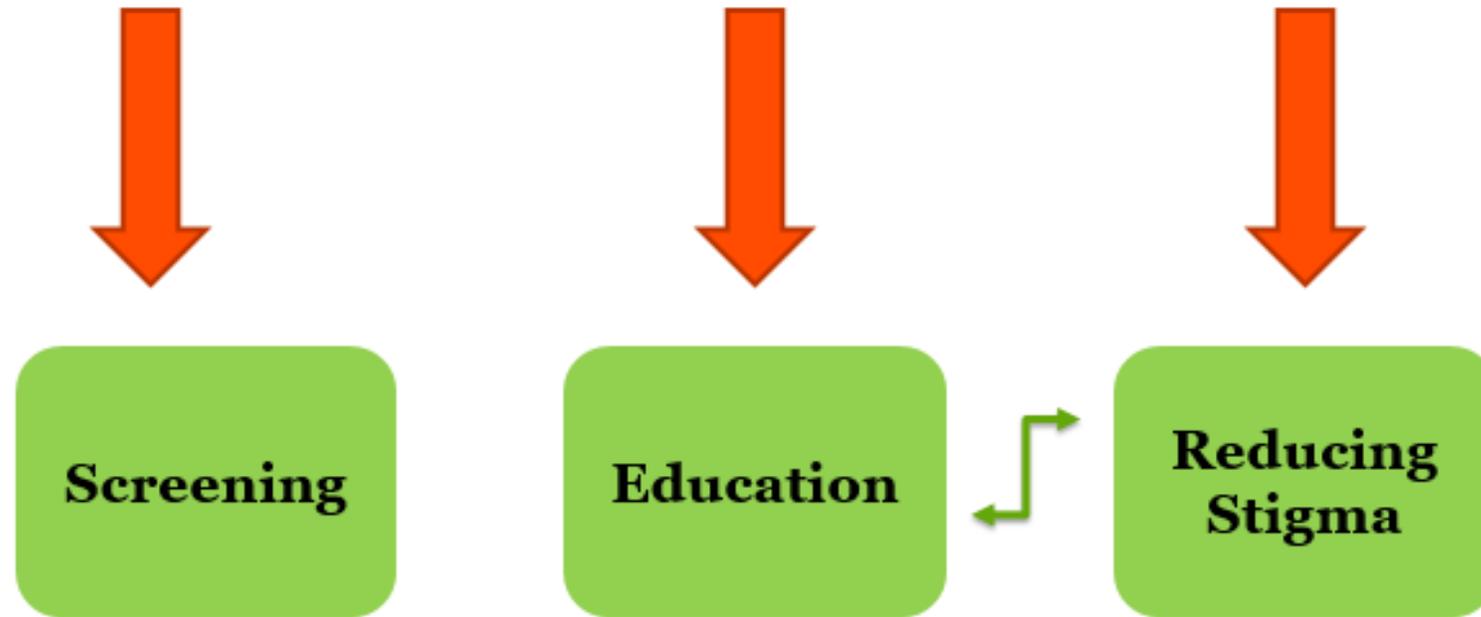
Applicants of any F Score can access treatment though commercial insurance or Medicare.

# Team Treatment Model

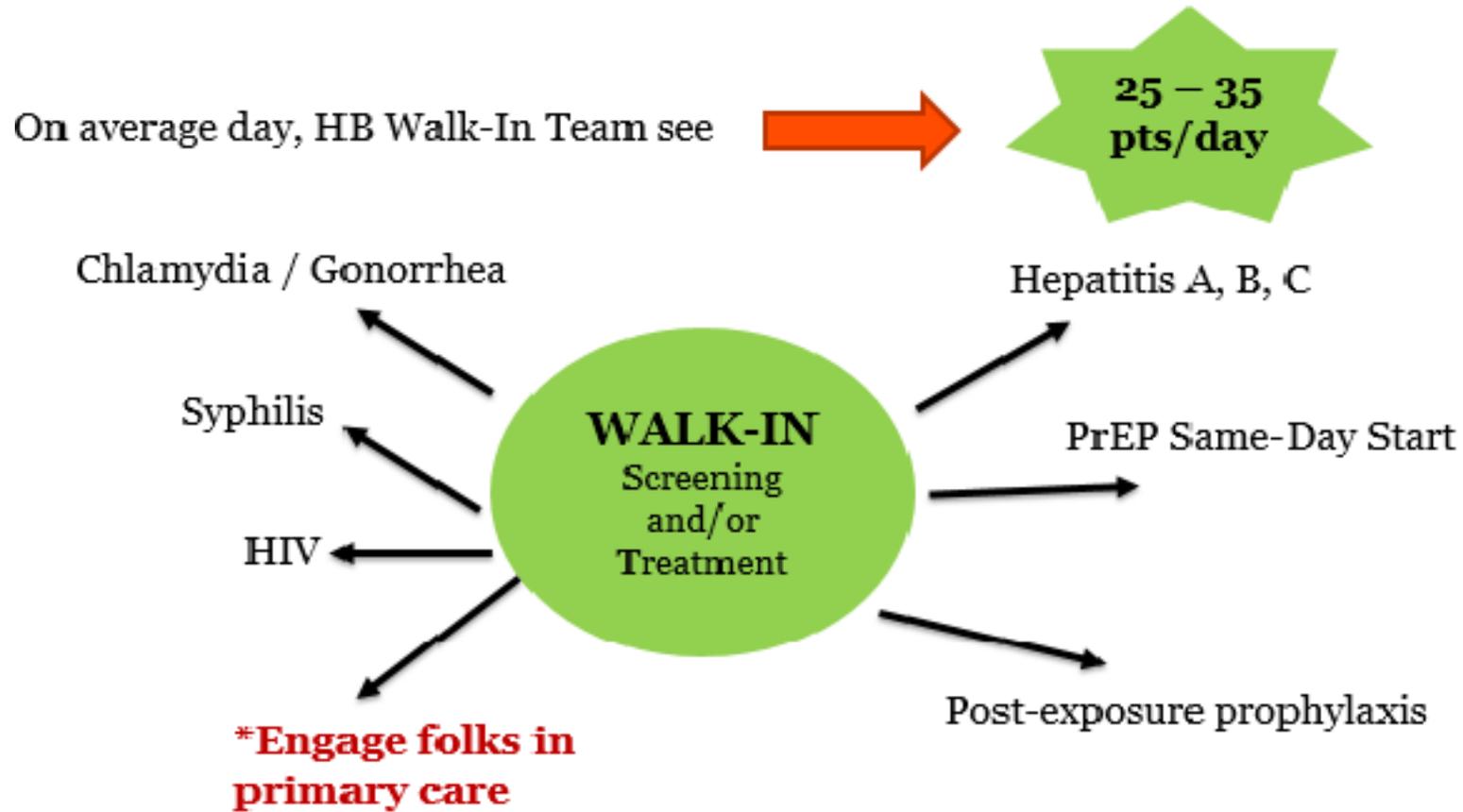


# Nursing Clinical Perspective

## WALK - IN



# Nursing Clinical Perspective - Screening



# Nursing Clinical Perspective - Reducing Stigma ( through Walk – in)

## Normalization.

**Routine:** Standard testing for Return HIV/PrEP patients through PC.

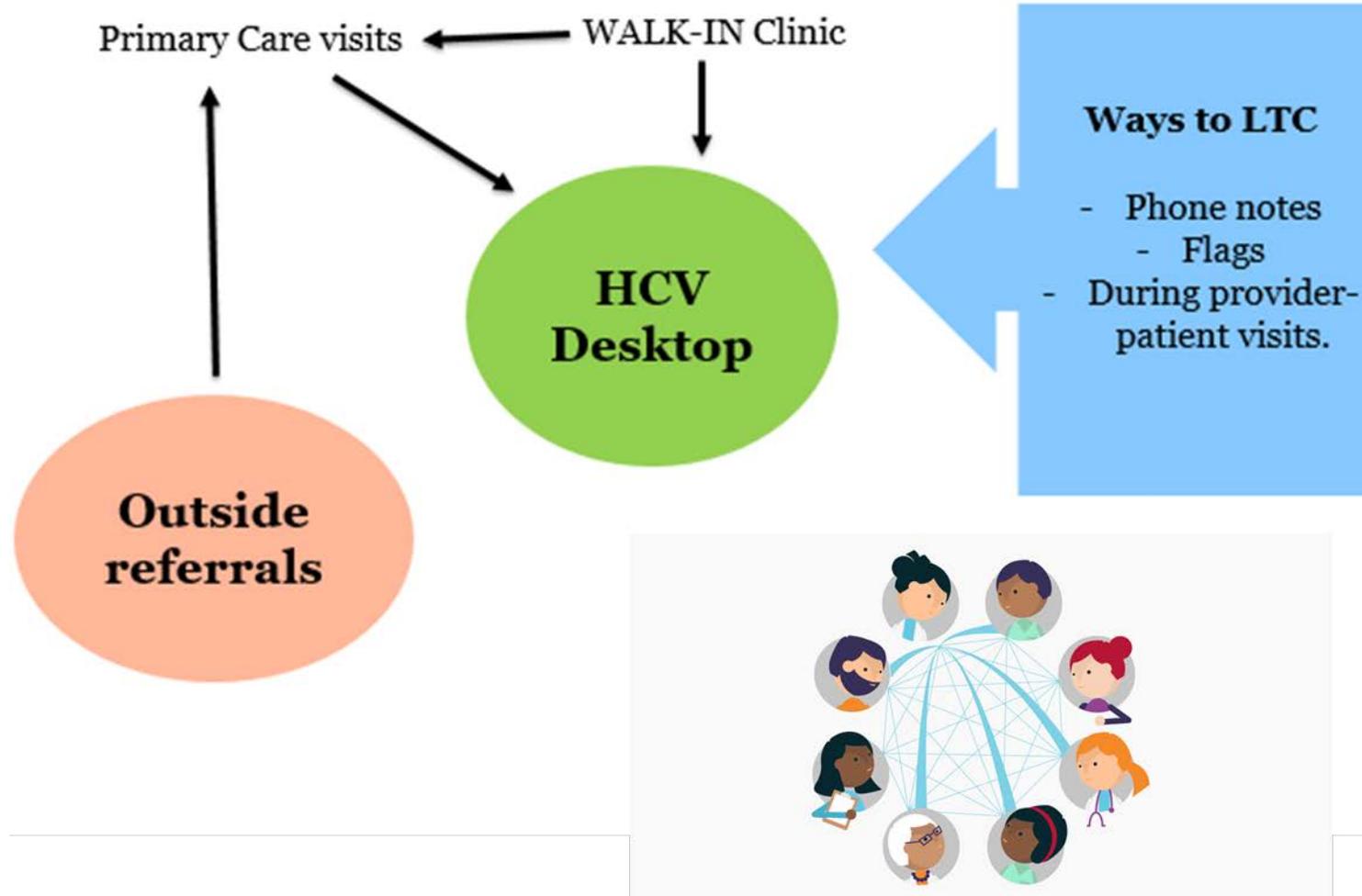
It is important that our systems are **not rigid**.

We don't turn patients away, **regardless of ability to pay**, their previous history or future health outlook.

**Communication** and **open-mindedness** are emphasized, and meeting people where they are at is considered normal practice.



# Referrals



# HCV Assessment Tool

## CONTACT INFORMATION

Primary Address: \_\_\_\_\_ *Receive Mail?*  Yes  No *Discretion?*  Yes  No

Phone Number: \_\_\_\_\_ *Discretion?*  Yes  No Alt. #: \_\_\_\_\_ *Discretion?*  Yes  No

Email Address: \_\_\_\_\_ *Discretion?*  Yes  No

Preferred Method:  Phone  Email  Mail Best Time:  Morning  Midday  Evening  Any  Actual Time: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Gender: \_\_\_\_\_ PGP: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_

Race:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  English  American Sign Language  
 Native Hawaiian/Pacific Islander  White  Unknown  Not Hispanic/Latino  Spanish  Other: \_\_\_\_\_  
 More than one/Other: \_\_\_\_\_  Unknown  Polish *Translator Needed?*  Yes  No

## CLIENT INFORMATION

*Previous Treatment*  Yes  No

Where: \_\_\_\_\_

Treatment Used: \_\_\_\_\_

Dates: \_\_\_\_\_

*Obstacles Present* Obstacles:  Insurance  Substance Use  Patient Reports Readiness  
 Adherence  Food Access  Transportation  Patient Unsure  
 BHS  Housing  Psychosocial  Other: \_\_\_\_\_

Notes: \_\_\_\_\_

*Tx Readiness*

Insurance Status:  Private  Medicaid HMO \_\_\_\_\_  Medicare  None

## PRIMARY CARE AND HEALTH INFORMATION

# HCV Care Plan Tool

Referral Source:  Walk-In/Outreach  Primary Care  BYC  Self-Referral  Community Partner: \_\_\_\_\_

Next Outpatient Visit: \_\_\_\_\_ Next Lab Appt: \_\_\_\_\_

## INDIVIDUALIZED CARE PLAN

**Goal #1: Complete Pre Treatment labs**

Task #1: Phlebotomy scheduled 8/29 @ 10am, Sheridan location

Task #2: \_\_\_\_\_

Task #3: \_\_\_\_\_

Task #4: \_\_\_\_\_

**Goal #2: Meet with CM/ Nurse**

Task #1: Assess readiness for Tx, review Tx requirements with pt

Task #2: Fibroscan visit scheduled 9/10 @ 63<sup>rd</sup> location.

Task #3: Complete UDS at visit as well as commitment letter with CM.

Task #4: \_\_\_\_\_

**Goal #3: Treatment Initiation Visit with CM/ RN/Provider**

Task #1: Initiation visit TBD

Task #2: Week 4 HCV VL

Task #3: Potentially Week 8 HCV VL (if elevated at week 4)

Task #4: Week 12 VL "complete Treatment" → 12 week post-treatment SVR → Cured!!!

**Goal #4:**

Task #1: \_\_\_\_\_

Task #2: \_\_\_\_\_

Example

Pharmacist submits PA → denial → CM submit Appeal → Denial of appeal → CM submits PAP

Timeline ~2months → until PAP approval

# Initiation Visit Checklist

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## HCV INITIATION VISIT CHECKLIST (PATIENT)

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### AT YOUR INITIATION VISIT YOUR PROVIDER, NURSE, OR PHARMACIST WILL:

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- Collect medication from pharmacy prior to visit and hand to you.
  - If you are receiving your medication at a different pharmacy or via mail-order, please wait until your visit to begin treatment. Bring your unopened bottle to the visit.
- Review Medication Details
  - ✓ Duration of treatment and appropriate dosage
  - ✓ Timing of medication → What to do if you miss a dose
  - ✓ Potential adverse effects
  - ✓ Potential Drug interactions (supplements and Over the Counter included)
- Review Your Treatment Schedule and Provide a Copy to Take Home
  - ✓ Frequency and purpose of lab visits and clinic appointments
- Review What to Expect After Treatment
  - ✓ Evaluating treatment success and ongoing monitoring

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### ASK QUESTIONS

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# Initiation Visit Lab Schedule

Name	<i>Buffy Anne Summers</i>	ID	
Rx	<i>Harvoni</i>	Regimen	<i>12 weeks</i>
Start Date	<i>8/31/18</i>	End Date	<i>11/23/2018</i>
Contacts		Nurse	<i>Alaa Wasfi, 773-388-1600</i>
Pharmacy	<i>Sara Kwasiaroh – 773-248-3160</i>	Provider	<i>Leslie Knope</i>
Case Manager	<i>Tom Ambelang – 773-388-8996</i>		
Case Manager	<i>Sam Forsythe – 773-388-1600 Ext 1927</i>		

	Daily Medication: <i>harvoni</i>	Refill orders:	Pick Up Refill (location)	Lab Appt. (location)
	<ul style="list-style-type: none"> <li><i>Treats Hepatitis C</i></li> <li><i>Take at the same time every day</i></li> <li><i>Take for a total of 12 weeks</i></li> <li><i>Take with or without food</i></li> <li><i>Complete labs as noted on schedule</i></li> </ul>	Call Sarah –  773-248-3160	<i>Delivery or pick up</i>	<i>Sheridan or Clark</i>
Week 1				
Week 2				
Week 3		Call to order 9/18/2018		
Week 4			Delivery	9/28/2018
				After 1 <sup>st</sup> 4wks: New toothbrush New razor or clean With rubbing alcohol – Clean nail clippers and

# Post Treatment - Guidelines

Stage	Recommendation
F0 ,F1, F2	No need for Gastroenterology or Liver/abdominal ultrasound
F3-4	Need Liver/abdominal ultrasound referral every 6-12 months, ongoing to screen for liver cancer
	Also, assessment of other causes of liver disease recommended for patients who develop persistently abnormal liver tests after achieving SVR

# Treatment – Cure – Pending Statistics

From March 2017 through August of 2018

<b>Began Treatment</b>	<b>119</b>
Cured	105
Pending List	110

# Contact Information

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