



Achieving Comprehensive Coverage Early, Systematically and Sustainably
Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color

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City of Hartford Health and Human Services, Ryan White Part A Program

Disclosures

Presenter(s) has no financial interest to disclose.

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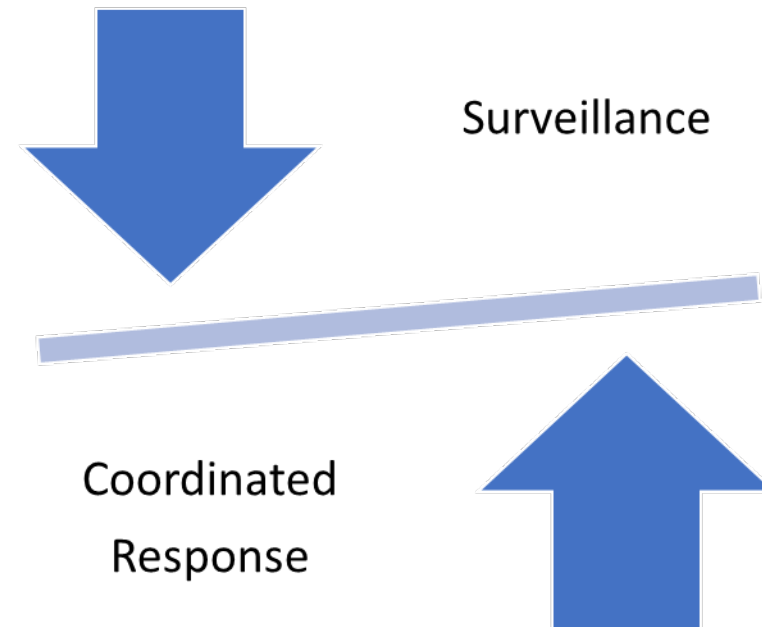
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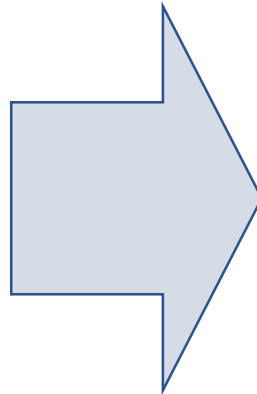
PROJECT OVERVIEW

7 Ryan White Clinics enrolled to implement patient navigation, medication adherence and provide ID care for low income individuals co-infected with HIV/HCV throughout the Hartford Transitional Grant Area.

Implementation decision based to managed competing barriers:



PROJECT IMPLEMENTATION PLAN



Intervention sites implementing:

- Patient Navigation
- Medication Adherence
- Treatment Management

Jurisdiction-wide implementing:

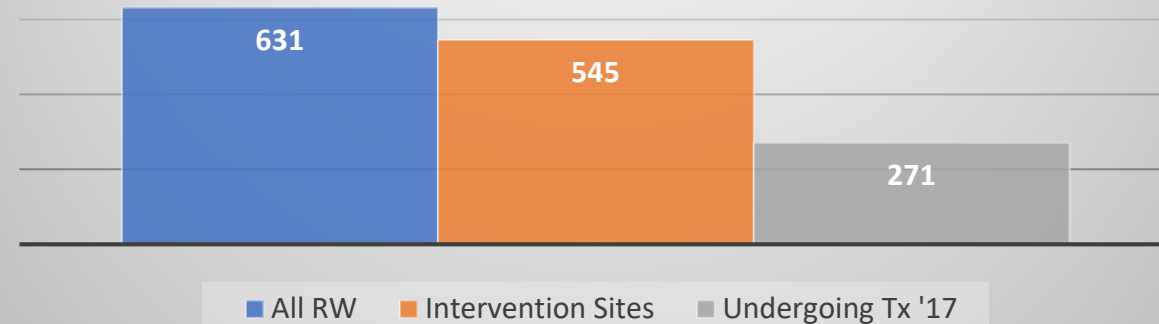
- HCV workforce development
- Community awareness

Evolving Surveillance

The Viral Hepatitis Action
Plan benchmarks **2015** for
the national HCV
surveillance project

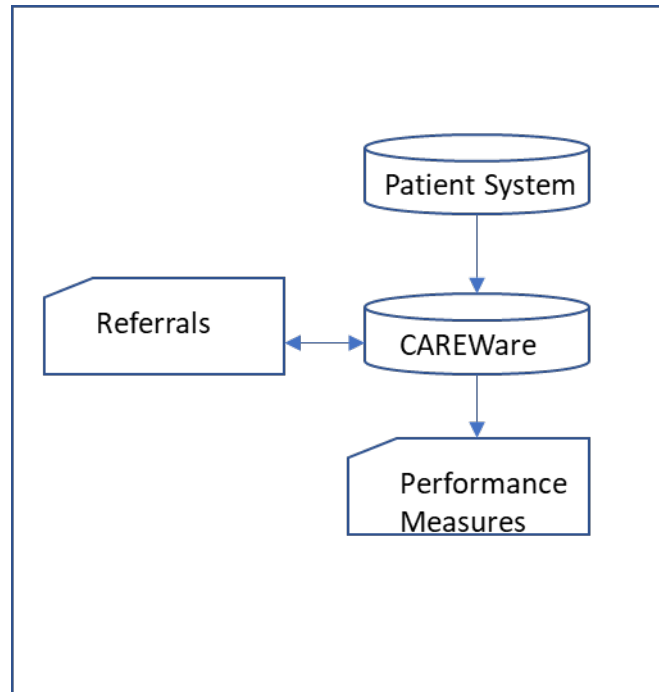
The Hartford TGA
benchmarks **July 1, 2016**
for its CAREWare HCV
surveillance project

Identifying Co-infected Population in CAREWare 2014 – 2017



How Data was Used to Locate & Facilitate Linkage to Care

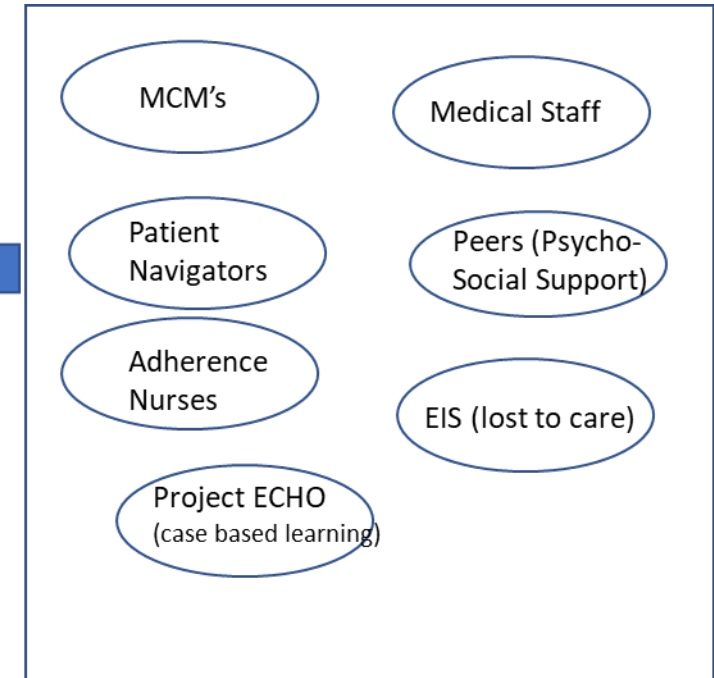
Data Provided by Systems



Functions

- Identification of co-infected individuals
- Identification of patient complexities (active SA, MH issues, homelessness, not virally suppressed, etc.)
- Track patients (being worked up; in treatment; cured; lost to care)
- Monitor performance measures for gaps
- Identify pops. at risk for reinfection and individuals within those populations

Data Provided by Care Team



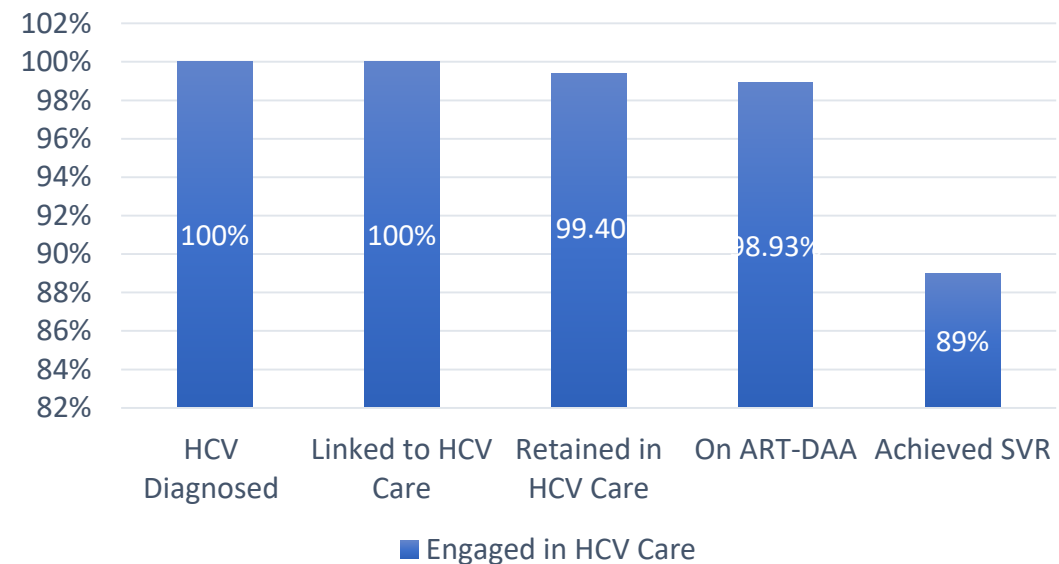
Identifying, Linking, Supporting Patients

Step 1: Integrated HCV surveillance between CAREWare and EHRs from data migration to identify co-infection through HAB measures.

Step 2: Enhanced CAREWare with additional HIV/HCV subservices fields to track patients along the care continuum.

Step 3: Developed clinical performance indicators as part of comprehensive quality management plan

Brownstone Clinic HCV Cascade
n=188



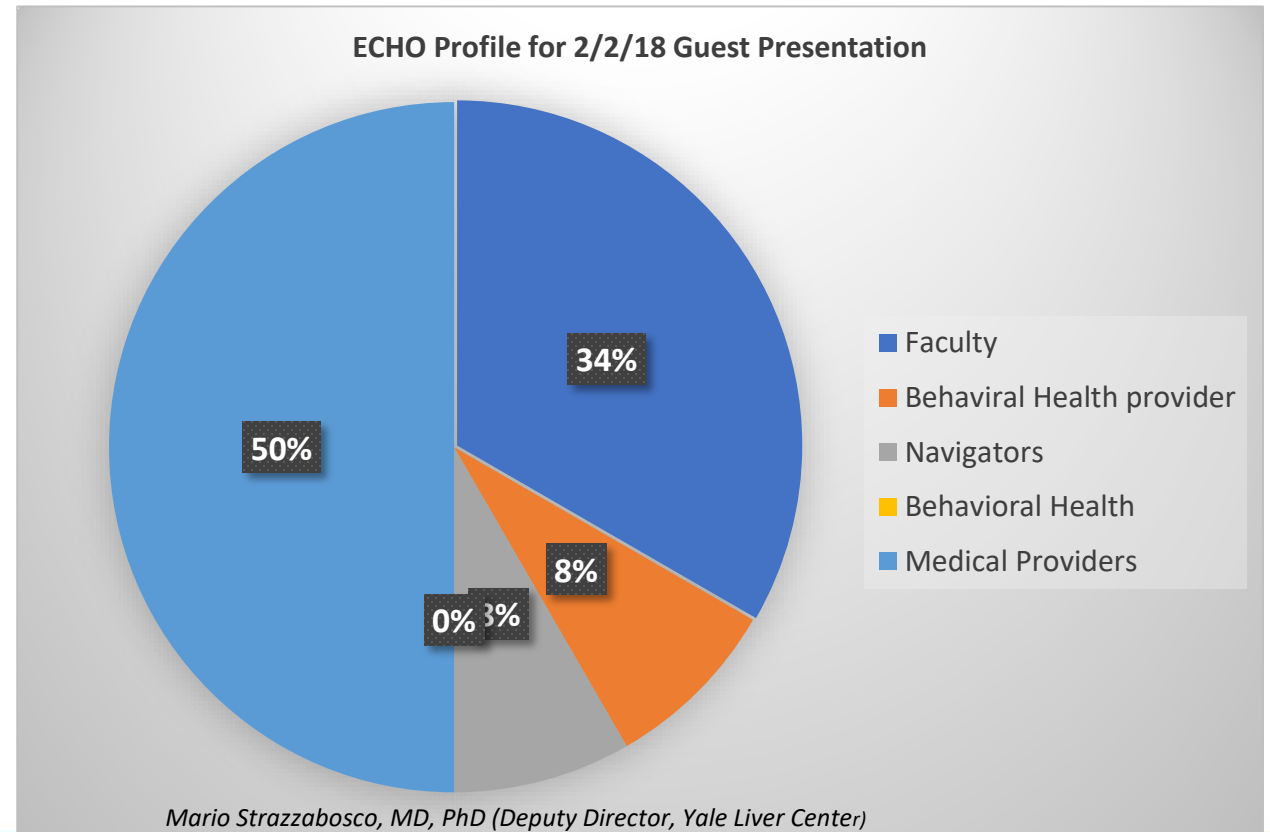
Identifying, Linking, Supporting Patients, Cont'd

CAREWare had to be changed to reflect the HCV care continuum for reporting and quality management by establishing indicators and subservice categories

Measure	Definition	Sources	Subservices
Screening	% total of patients in the denominator receiving 1 Reactive HCV Ab test in the measurement period Denominator: Number of People living with HIV receiving and/or eligible for Ryan White services ¹	HAB 08 (HBV Vaccine) HAB 09 (HCV screening) HAB 17 (HBV screening)	HIV/HCV Outreach HIV/HCV Screening HIV/HCV Initial Face to Face
		OR ICD 10 B16 – B19	
		OR EHR/Lab/Pharmacy Hepatic Panel: • HCV RNA/Viral Load	
Linkage	% total of patients in the denominator with first HCV RNA (>15c/mL) within 9 months of reactive recent HCV Ab test ² Denominator: Number of people with documented HIV diagnosis and reactive HCV Ab receiving and/or eligible for Ryan White services	ICD 10 B16 – B19	HIV/HCV Initial Face to Face HIV/HCV Adherence Assessment HIV/HCV Patient Education HIV/HCV Care Coordination HIV/HCV Treatment Initiated
		OR EHR/Lab/Pharmacy Hepatic Panel: • Liver function • HCV Genotype • HAV/BV Screening • HAV/BV C Vaccine HIV Labs	
Retention	% total of patients in denominator with second viral load/medical appointment within 4 weeks of beginning treatment ³ Denominator: Number of people with HCV viral load (>15 c/mL) linked to treatment receiving and/or eligible for Ryan White services	ICD 10 B16 – B19	HIV/HCV Patient Education HIV/HCV Referral Services HIV/HCV Case Conference HIV/HCV Adherence Advocacy HIV/HCV ID Services Face to Face
		OR EHR/Lab/Pharmacy Hepatic Panel: • Liver function • HCV Genotype • HAV/BV Screening • HAV/BV C Vaccine HIV Labs	
Sustained Virologic Response (SVR)	% total of patients in denominator with documented last HCV viral load (<15c/mL) 12 weeks after completing treatment Denominator: Number of people retained in care with at least 1 HCV medical visit since first treatment prescription receiving and/or eligible for Ryan White services	ICD 10 B16 – B19	HIV/HCV Care Coordination / Education HIV/HCV Referral Services HIV/HCV Treatment Completed HIV/HCV Post Treatment Follow-up 1/2
		OR EHR/Lab/Pharmacy Hepatic Panel: • Liver function • HCV RNA	

Coordinated Prevention through Telehealth

We are implementing the AETC curriculum through Project ECHO in partnership with the Weitzman Institute at Community Health Center, Inc. which meets bi-weekly and offers guest lectures quarterly on treatment guidelines and emergent issues in hepatology and HIV, cultural competency.



PROJECT ECHO PERCEIVED IMPACT

- Integration and implementation of National AETC HIV/HCV curriculum in Project ECHO:
 - Approx. **26 bi-monthly sessions**
 - 3 expert lecture-lead sessions (HCV and Oncology, HCV and Pregnancy and HCV and Substance Use)
 - Providers that attended sessions have **increase HCV treatment engagement** from 72% to 97% among clients identified and linked to treatment. (Note: Overall SVR rates fluctuate around 85%)

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THANK YOU!!

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