Leveraging ADAP to Increase Routine Hepatitis C Screening for Persons Living with HIV in Hawai‘i

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Disclosures

Presenter(s) has no financial interest to disclose.

Learning Objectives

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

1. Describe an example approach to increasing HCV screening for PLWH
2. Identify the cost for the Hawai‘i HCV screening project and cost per newly identified infection
3. Describe lessons learned in the implementation of the Hawai‘i HCV screening project

Agenda

- Background
  - HCV as a comorbidity of HIV
  - Current HCV Treatments; ADAP coverage
  - Current recommendations regarding HCV screening of PLWH
- Context
  - Hawai‘i: population; geography; HIV epidemiology
  - Hawai‘i ADAP & Link-to-Care Programs
    - Past HCV testing
    - Utilization of HCV treatments by ADAP clients
- HCV Screening Project
- Limitations
- Implementation & Results
- HCV Ab+
- Lessons/Next Steps

HCV as a Comorbidity of HIV

- Approximately 25% of HIV-infected patients in the US are coinfected with HCV[1]
- HCV is an opportunistic infection
  - HIV coinfection is associated with more rapid progress of HCV[1]
  - HIV coinfection more than triples the risk for liver disease, liver failure, and liver-related death from HCV[1]
  - HCV disease is a leading non-AIDS cause of death in PLWH[1]
- Primary mode of HCV transmission is sharing of syringes and other equipment to inject drugs
- Sexual transmission is an important mode of HCV acquisition among HIV-infected men who have sex with men (MSM)[2]

1. CDC, HIV and Viral Hepatitis Fact Sheet. March 2014.
2. van de Laar TJ *et al*. Acute hepatitis C in HIV-infected men who have sex with men: an emerging sexually transmitted infection. *AIDS*. 2010;24(12):1799-1812.

Current HCV Treatments

- Highly effective and well tolerated Direct Acting Antiviral (DAA) medications available beginning in 2013
  - Treatment efficacy rates for coinfected patients similar to HCV monoinfected patients
  - Typical course of treatment: 12 weeks
  - Post-treatment sustained virologic response (SVR) >90%
  - DAAs are priced very high
- ADAPs can cover DAAs (for coinfected patients)
- Hawai‘i ADAP has covered DAAs since March 2014
- 18 other ADAPs cover at least some of the DAAs currently recommended as first line treatment[1]

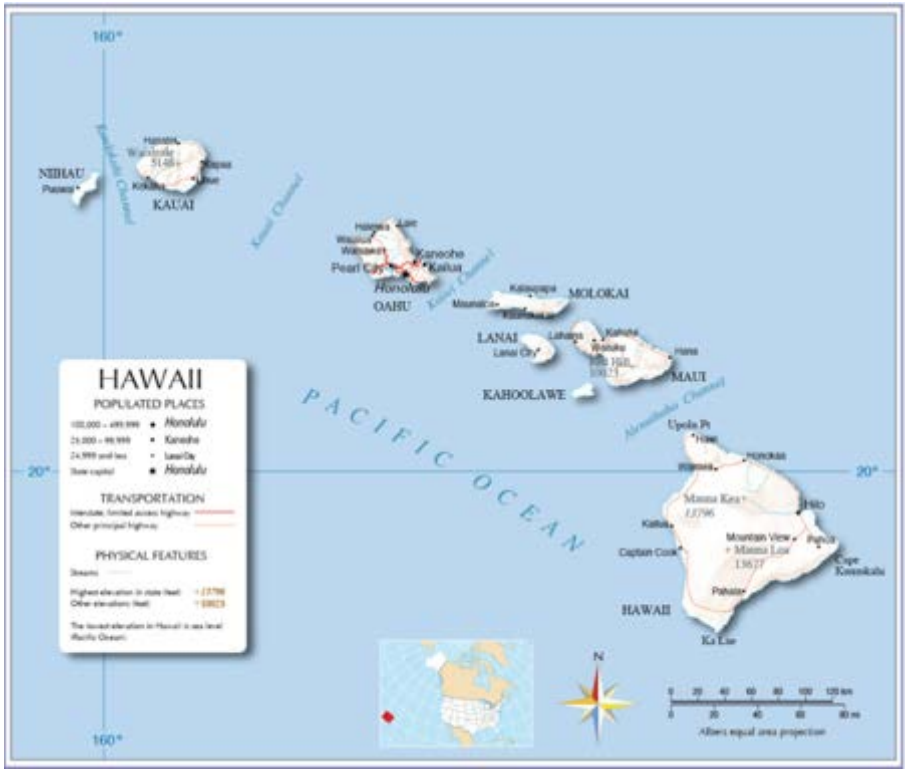
1. Based on NASTAD 2016 ADAP Formulary Database. *Formularies as of 12/31/2015.*

HCV Screening Recommendations for PLWH

- All PLWH should be screened for HCV at entry into HIV care[1]
- Re-testing is recommended annually or as indicated by risk exposure[1]
  - Annually for HIV+ MSM[2]
  - At least annually for people who inject drugs[3]

1. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed August 8, 2016.
2. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
3. AASLD-IDSA. HCV testing and linkage to care. Recommendations for testing, managing, and treating hepatitis C. http://www.hcvguidelines.org/full-report/hcv-testing-and-linkage-care. Accessed August 8, 2016.

Context



- State population: 1.2m
- Geography
- HIV epidemiology
  - Incidence, 2014: 9.2[1]
  - Prevalence, 2013: 205.6[1]
  - Transmission risk[2]:
    - 71% MSM
    - 8% IDU
    - 7% MSM/IDU

1. *Adults and adolescence; per 100,000.* CDC, HIV Surveillance Report, Vol. 26; published November 2015.
2. *Cumulative HIV cases reported in Hawaii through December 31, 2014*. Hawaii HIV/AIDS Surveillance Program, Hawaii Department of Health. 2014 HIV/AIDS Surveillance Annual Report. October 14, 2015.

Hawai‘i ADAP

- Income eligibility limit: 400% FPL ($54,680 for single person in 2016)
- Enrollment in case management is required
- ~ 70% clients are insured
- ~ 350 individuals annually receive pharmacy services

Link-to-Care (LTC) Program

- Covers cost of HIV-related laboratory tests
- Can pay medical provider for office visit
- State funded
- Intended to be very low threshold
  - No income eligibility limits
  - Enrollment in case management is not required
  - Can be provided through any in-state medical provider with authority to order labs
  - Providers are encourage to use the program if the individual might otherwise postpone of forgo labs
- Lab requisition for standard panel is automatically sent to provider every six months
  - HIV RNA, CD4, CBC, ESR, Lipid Profile, Chem 10, UA, RPR
- Additional labs are available upon provider request
  - resistance testing, HLA-B*5701, hepatitis serologies…
- Lab send results to ADAP/LTC office and to the ordering provider
- LTC labs can be provided to any ADAP-enrolled individual
- 2015: LTC covered 266 lab visits for 187 unduplicated individuals

Past HCV Testing & Treatment

- LTC: HCV Ab was previously available upon request
  - In the 12 month preceding the screening project, LTC provided HCV Ab testing to four patients. (No request for testing were denied.)
- ADAP: has covered HCV DAAs since March 2014, but uptake has been very modest
  - ADAP has covered treatment for just four patients: 2 in 2014; 2 in 2015.

Project

- Increase provider awareness of current screening recommendations
- Provide low threshold screening option
- Increase provider awareness of ADAP support for HCV treatment
- Description:
  - Letter describing screening recommendation; availability of screening and treatment support through LTC/ADAP; provide lab requisition for HCV antibody testing at no cost to patient (state funded)
  - Follow up on HCV Ab+ to:
    - Identify any situations in which HCV infection was previously known to medical provider
    - Offer HCV RNA confirmatory testing
    - Ascertain HCV risk factors

Limitations

- No HCV surveillance data
- Little data on rate of HCV/HIV co-infection
- No information on previously diagnosed HCV infections within the cohort
- No mechanism for measuring increase in screening through other payers
- Limited information of variability among providers:
  - Normal screening practices (e.g., perception of risk; perceived coverage/payment issues)
  - Use of project screening requisitions

Implementation & Results

- In October 2015, letter sent to 34 medical providers with patient(s) in ADAP and/or LTC
  - Providers had 1 to 119 ADAP/LTC patients; median 2 patients
  - One third of the providers care for >90% ADAP/LTC patients
- Lab requisitions for HCV Ab test were sent for 441 patients
  - 46% ADAP; 41% LTC; 13% both
  - HCV Ab tests: $20.93; Possible liability: $9,230
- Mailed lab requisition have expiration of 11/30/2016. As of mid July:
- 84 (19%) requisitions used
  - Requisitions were used for: 8% of clients in ADAP only, 27% of clients in LTC only; 30% of clients in both
  - 12/34 (35%) of medical providers used at least one requisition; providers who used ≥1 care for 70% of the ADAP and/or LTC clients
  - ≥**2,100%** increased over screening during preceding 12 months when HCV Ab reqs were available upon request

HCV Ab+

- 7 (8%) of HCV Ab tests were positive
- Follow up determined that one individual had been previously diagnosed (excluded below); 6 were previously undiagnosed:
- Age 46-66; median age 53 years
- 5 Caucasian (non-Hispanic); 1 Native Hawaiian
- All MSM with no IDU hx indicated
- All living with HIV for many years (range 6 to 28; median 20)
- *No results yet for HCV RNA quant*
- Total cost for testing, including 6 confirmatory: $2,166
- $361/new HCV+ identified (lab costs; assumes all 6 are confirmed)

Lessons/Next Steps

Lessons Learned

- **Screening PLWH for HCV is important!**
  - Including ongoing screening as recommended.
- HCV screening was significantly increased by making the process easier for medical providers
  - At least among these Hawai‘i providers

Next Steps

- We are adding HCV Ab screening to the LTC enrollment lab panel
- We are considering a repeat mailing of HCV Ab requisitions late this year and possibly annually

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