

HRSA Initiatives to Address Hepatitis C and Health Disparities September 7, 2017

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Health Resources and Services Administration HIV/AIDS Bureau

Vision

Optimal HIV/AIDS care and treatment for all

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families

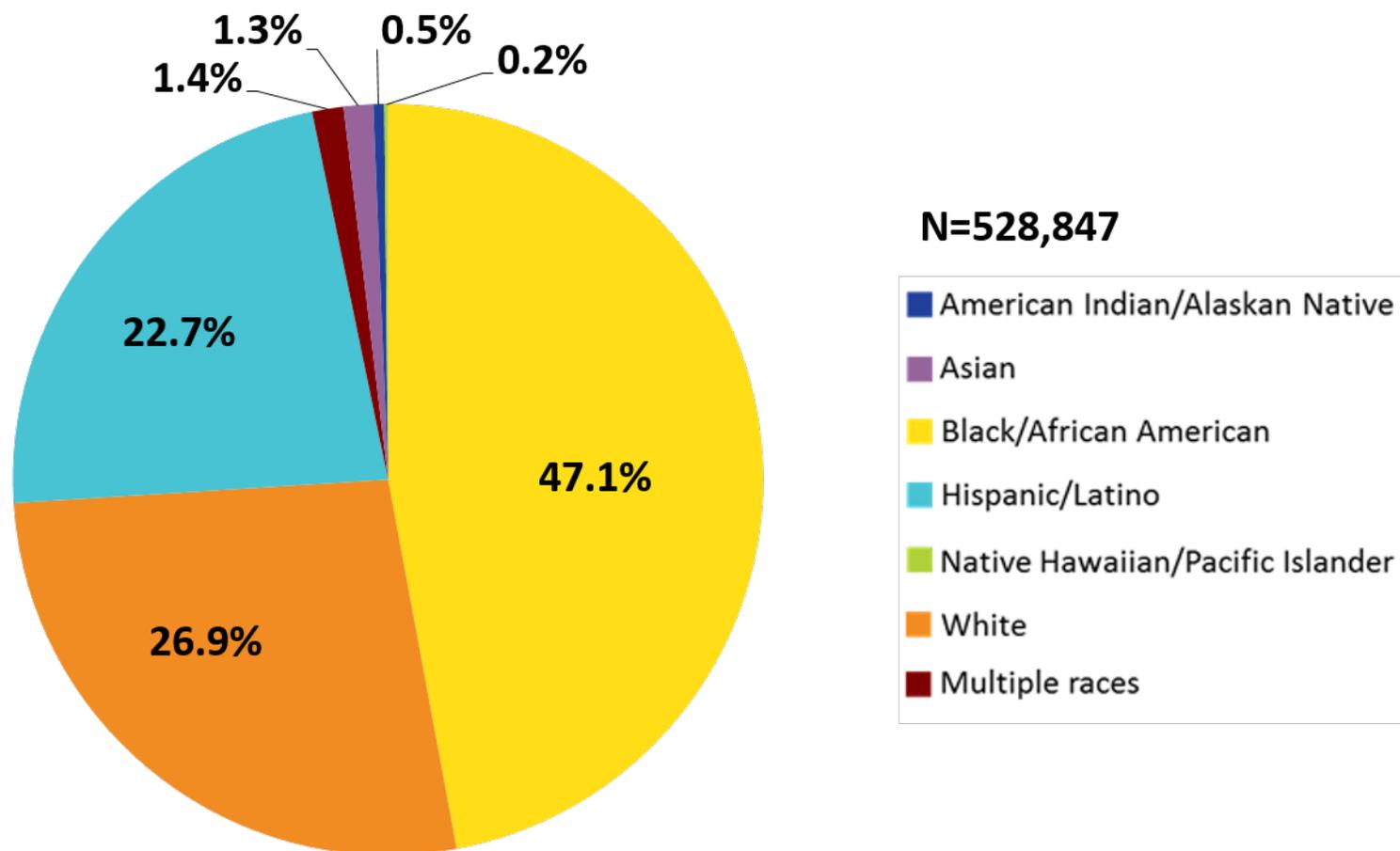
RWHAP Moving Forward

**RYAN WHITE
HIV/AIDS PROGRAM
MOVING FORWARD
FRAMEWORK**



- Public health approach to provide a comprehensive system of care
- Ensure low-income people living with HIV (PLWH) receive optimal care and treatment

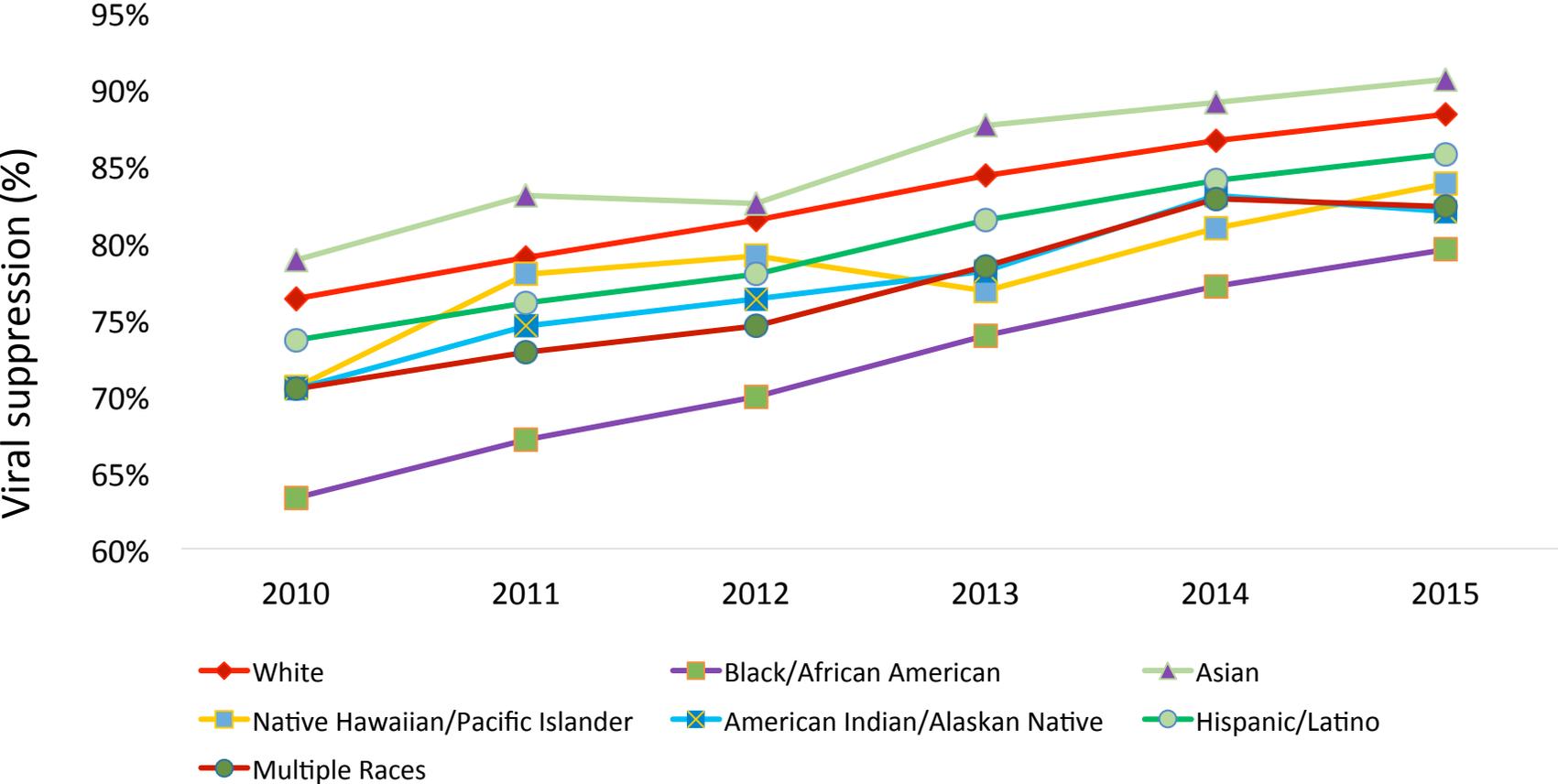
Clients Served by the Ryan White HIV/AIDS Program, by Race/Ethnicity, 2015—United States and 3 Territories^a



Hispanics/Latinos can be of any race.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Ryan White HIV/AIDS Program Clients (non-ADAP) Viral Suppression by Race/Ethnicity 2010–2015—United States and 3 Territories



Viral suppression: ≥ 1 OAMC visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.
Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2015CCC

Why Should HIV Providers Care About HCV?

- **Many patients have both HIV and Hepatitis C Virus (HCV)**
 - Estimated 20-25% of PLWH in the U.S. are co-infected with HCV
 - Among HIV+ injection drug users (IDUs): up to 80-90% are co-infected with HCV (HCV is usually acquired before HIV)
 - If 20-25% are coinfecting with HCV, then at least 100,000 HIV/HCV coinfecting individuals are served by the RWHAP annually.
- **Having HIV accelerates liver damage**
- **PLWH are dying of liver disease**
 - Liver disease is a leading cause of non-AIDS death among PLWH

Ragni MV and Belle SH. *J Infect Dis* 2001;183:1112–5. Weber et al for the D:A:D Study Group. *Arch Intern Med.* 2006;166:1632-1641. Spradling PR et al. *J Acquir Immune Defic Syndr* 2010;53:388-396. Platt L et al. *Lancet Infect Dis* 2016;16(7):797-808.

Models of Care for HCV Treatment Among HIV/HCV Coinfected Patients

- Primary care delivery with expert back-up
- Integrated care without a designated HCV clinic (expert consultation used for severe complications)
- Integrated care with a designated HCV clinic internally
- Co-located care with specialist who manages treatment at Ryan White HIV/AIDS Program clinical site

Special Projects of National Significance (SPNS) Hepatitis C Treatment Expansion Initiative <http://hab.hrsa.gov/about/hab/special/spnshepatitisc.html>

HRSA/HAB Priority to Cure HCV in PLWH

- **New initiatives demonstrate commitment to curing HCV in PLWH through the infrastructure of the RWHAP**
 - Jurisdictional approaches to screening, treatment and cure of HCV
 - Contract to study barriers to screening, treatment and cure of HCV
 - Enhancing HCV surveillance systems and treatment of HCV in conjunction with mental health and substance abuse treatment

Target Population for HCV Initiatives

- **Populations of interest include people of color living with HIV that have a high prevalence of coinfection with HCV**
- **Inclusive of blacks/African Americans, Latinos/as, American Indians/Alaska Natives**
 - People who inject drugs (PWID)
 - Men who have sex with men (MSM)

Goals of HRSA HAB HCV Initiatives

- Identify existing barriers to care (providers and patients)
- Increase capacity of HCV surveillance systems
- Establish practice model incorporating mental health/substance abuse treatment with HCV care
- Defining the HCV care continuum in the RWHAP

Initiative: Jurisdictional Approach to Curing Hepatitis C among People of Color Living with HIV

- **Funded by FY 2016 Secretary's Minority AIDS Initiative Fund**
- **Jurisdictional Sites**
 - Up to \$650,000 per year for 3 years
 - Three RWHAP Part A (New York City; Hartford; Philadelphia)
 - National Alliance of State and Territorial AIDS Directors (NASTAD) awarded to serve as TA provider to selected RWHAP Part B subrecipients (Louisiana; North Carolina)
- **Evaluation and Technical Assistance Center**
 - Up to \$550,000 per year for three years – RAND Corporation

Purpose: Jurisdictional Sites

- Increase jurisdiction-level capacity to provide comprehensive screening, care and treatment of HCV among HIV/HCV coinfecting people of color
- Increase numbers of HIV/HCV coinfecting people of color who are diagnosed, treated, and cured of HCV infection

Purpose: HIV/HCV Evaluation Technical Assistance Center

- **Technical Assistance/Capacity Building Assistance:**
 - Achieve a centrally coordinated, comprehensive system of HCV screening, care, and treatment among people of color living with HIV
- **Publication and Dissemination:**
 - Publication and dissemination of best practices, lessons learned, and other findings from the initiative
- **Multisite Evaluation:**
 - Design and implement a rigorous multisite evaluation to assess the implementation of the five comprehensive HCV screening, care, and treatment systems

Initiative: Curing Hepatitis C among People of Color Living with HIV

- **Curing Hepatitis C among People of Color Living with HIV**
 - Funds two recipients up to \$2,500,000 each per year for 3 years
 - Recipients expected to sub-award and work with clinical sites
 - Improve coordination with SAMHSA-funded Substance Use Disorder (SUD) treatment providers to deliver behavioral health and SUD treatment support to achieve treatment completion and prevent HCV infection and re-infection
 - Enhance state, local, and tribal health department surveillance systems to increase their capacity to monitor acute and chronic coinfections of HIV and HCV

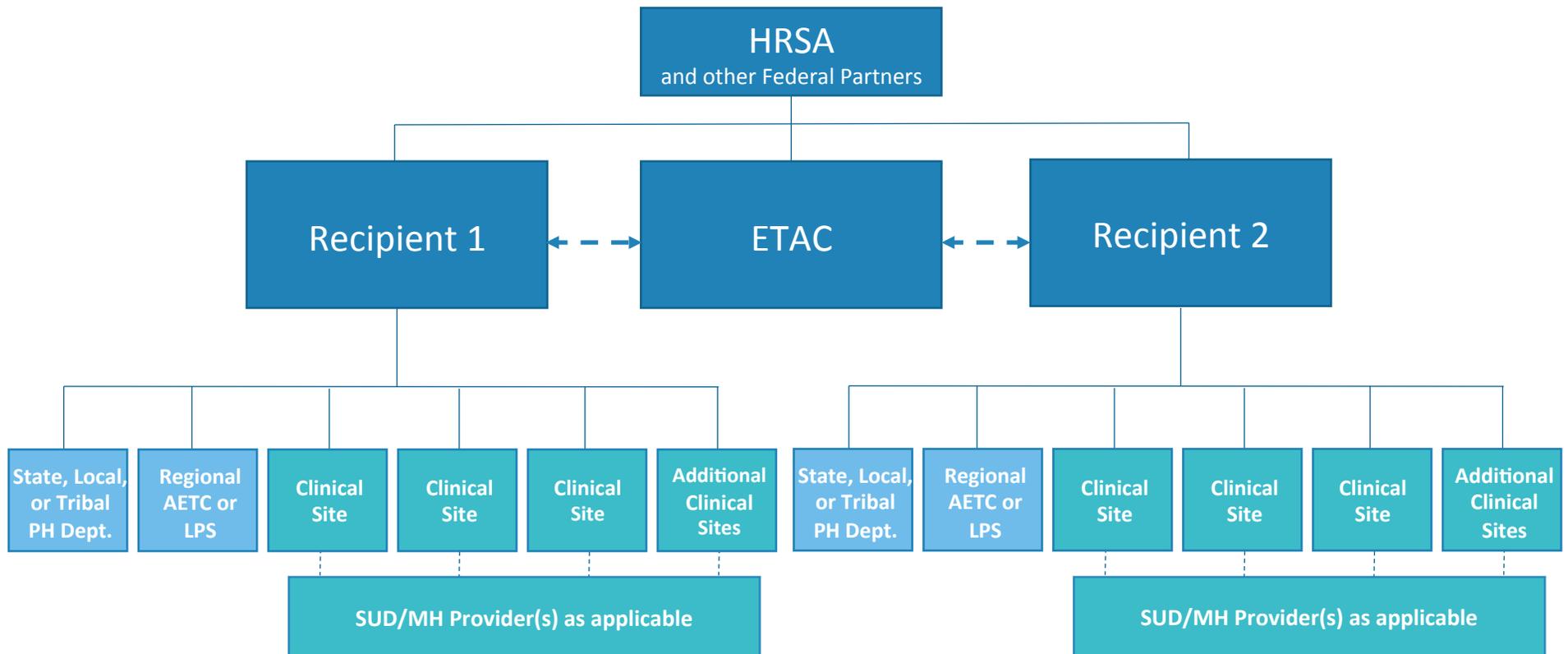
Initiative: Curing Hepatitis C among People of Color Living with HIV

- **Ryan White HIV/AIDS Program Part F AIDS Education Training Center Program (AETCs)**
 - Train providers through the use of a curriculum and provider competencies developed by AETC NCRC
 - Collaboration with Regional AETCs and Local Performance Site (LPS) if applicable
 - Support of practice transformation and other HIV/HCV – specific workforce development activities

Purpose: HIV/HCV Evaluation TA Center

- **Technical Assistance/Capacity Building Assistance:**
 - Enhance public health infrastructure, including surveillance systems
- **Publication and Dissemination:**
 - Publication and dissemination of best practices, lessons learned, and other findings from the initiative
- **Multisite Evaluation:**
 - Assess the implementation of the different comprehensive HCV screening, care, and treatment systems under both initiatives

HRSA-17-047: Curing Hepatitis C Among People of Color



Study to Identify Barriers to Hepatitis C Treatment among People Living with HIV

- **Background:**
 - 14 month study being conducted by George Washington University Milken Institute School of Public Health
 - Expected completion date of September 31, 2017
- **Aims (specific to PLWH coinfectd with HCV who receive services through RWHAP-funded HIV care settings):**
 - Identify the rates of screening, diagnosis, treatment and cure of HCV
 - Estimate the costs related to scale-up of HCV care and treatment
 - Provide recommendations on strategies to overcome barriers to HCV care and treatment, including ways to save costs
 - Identify successes and barriers in care and treatment of HCV, including HCV screening, identification of cases, initiation and completion of treatment, and achievement of a cure

Contact Information

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