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A Time to Act: Community-based Hepatitis Intervention

Frederick County Hepatitis Clinic, Inc.

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*“Knowing is not enough; we must apply.
Willing is not enough; we must do.”*

— Goethe

The Frederick County Hepatitis Clinic Mission:

“The principle purpose of the organization is to diagnose and treat viral hepatitis in the indigent and medically indigent sectors of the Frederick County region, while providing leadership, education, and research on hepatitis-related issues for the county at-large.”

Component	In State Plan, %	Acted Upon, %
Public Education	96.6	83.9
Surveillance	90.6	64.5
Training For Providers	87.5	90.3
Advocacy, community planning	84.4	Not reported
Counseling, testing	81.3	83.9
Vaccination	78.1	90.3
Medical Management	62.5	25.8

IOM Recommendations*	FCHC
Community Awareness	
Community & provider awareness	✓ Done
Prevention	
Vaccination	✓ Done
Harm reduction	Not offered
Drug and Alcohol treatment	✓ Referral
Identification of Affected Persons	
Risk Factor Assessment	✓ Done
Laboratory Screening and Diagnosis**	✓ Done
Pre- and post test counseling**	✓ Done

* [Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C](#) (2010, p. 155)

** Not included in IOM recommendations

IOM Recommends **	FCHC Offers
Social and Peer Support	
Education and other referrals	✓ done
Medical Management	
Evaluation & selection for treatment	✓ Done
Treatment*	✓ Done
End-stage care*	✓ Done
Hepatoma surveillance*	✓ Done
Mental health care	✓ Done
Adherence support	✓ Done

* Absent from IOM recommendation list

** [Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C \(2010\)](#) , p 155.

Why Medical Management?

“In the next 10 years, about 150,000 people in the United States will die from liver cancer and end-stage liver disease associated with chronic hepatitis B and hepatitis C.”

Hepatitis is can be lethal and given treatments now available, most of these deaths are preventable.

[Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C](#) (2010), p 1

Board on Population Health and Public Health Practice ([BPH](#))

But Wait! There's more

	HCV+	HCV-	Odds Ratio
All liver deaths	90	2	46
Cardiovascular	60	28	2.2
Trauma/Suicide	106	36	3
Drugs/Alcohol	64	6	10.8
Stroke	13	6	2.2
Infection	23	2	11.7
Other	33	8	4.3
All deaths	453	148	3.1

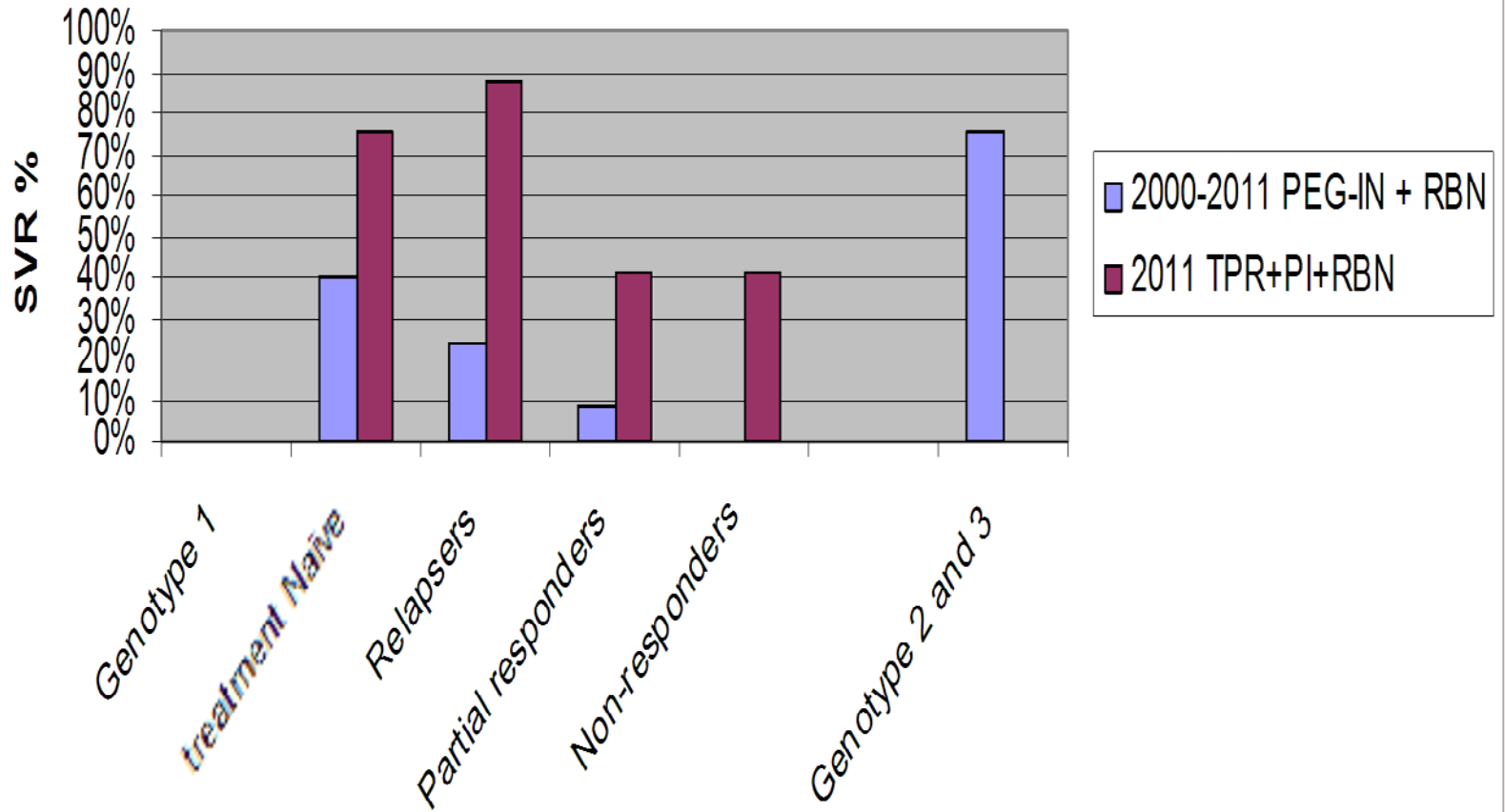
Gultinan AM, Kaidarova Z, Custer B, Orland J, Stollo A, Cyrus S,⁴ Busch MP, and Murphy. Am J Epidemiol. Increased All-Cause, Liver, and Cardiac Mortality among Hepatitis C Virus-seropositive Blood Donors [2008 March 15; 167\(6\): 743–750](#). Increased All-Cause, Liver, and Cardiac Mortality among Hepatitis C Virus-seropositive Blood Donors

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Community-based Intervention

Why and how.

Cure Rates



Viral Hepatitis and HIV

- 35% of people living with HIV have CVH
- Hepatitis C is now killing more people with HIV than AIDS is.
- Once HIV is stabilized, treat HCV.
- Combination therapy is an approved HCV treatment in people with HIV.
- Triple therapy doubles the cure rate in African Americans but is not yet approved for use in HIV+ people.

Community-based Intervention: Rationale

- It works: it is nimble and inexpensive
- Local control: addresses local needs, uses local resources
- It is apolitical: people-oriented not politically-oriented
- **It benefits us tremendously to work together, building on one another's strenghts**

De Novo Community-based Intervention: Start-up Steps

1. Establish local Task Force
2. Define leadership of group
3. Recruit local partners to address local needs— facilities, human resources, lab support.
4. Incorporate [get 501 (c) (3) status]
5. Recruit regional and national partners
6. See patients
7. Report to partners

Local Task Force: Membership

- Provider-activist
- Person living with hepatitis C
- Representatives from local health department, local hospital, local drug-treatment center, local community health center (homeless, federal qualifying agency, etc)
- Representative from local charitable organization

Strategic Alliances 101: The Stone Soup* Approach

3 hungry strangers came into a town. One said, “Let’s ask the townspeople to help us make stone soup.”

“Will they help us?” another asked

“First, we’ll ask. Then, we’ll know.”

** The folk tale “stone soup” illustrates community cooperation in times of scarcity.*

Strategic Partnering

Citizens and institutions *sharing resources to meet a common goal. . .*

**Decreasing morbidity and mortality
from hepatitis B and C.**

FCHC partners

- Frederick Memorial Hospital—lab support
- Dept. of Radiology—sonograms, biopsies
- Dept. of Pathology—pathologic interpretation
- Health department—suite of offices, utilities
- Drug companies—free antiviral meds for the poor
- Local doctors—free evaluation and management
- Volunteers—nursing, accounting, addictions counseling, clerical, grant writers,
- Local government—grants for human services
- Charitable Organizations—Quality Health FDN, Community Foundation, United Way

Our budget 2011-2012

- Expenses: \$147K, including \$113K in salaries
- Income: So far, \$133K, including \$48k from billable services, \$3K in contributions, and \$80k in grants.
- Pending grants, \$120 K

Milestones:

- 1000+ visits for 340 patients annually
- Full-spectrum treatment when indicated
 - Screening *and* diagnostic confirmation
 - Psychosocial support
 - Medical evaluation for and treatment for up to 60 with advanced liver disease per year
 - End-of-life care
 - Transplant referral
 - Hepatoma surveillance
- Educational programming for providers and community
- Advocacy

Summary

- Chronic viral hepatitis is a major public health challenge that has been neglected.
- Medical intervention can save at least 100,000 lives in the next 10 years from liver disease due to viral hepatitis.
- Community-based interventions can apply local resources to meet this challenge when federals and state governments fail to plan or to act effectively on their plans.

What we bring to the table: Valuation of FCHC Services

	Units	Price	Total
Office visits	1,000	\$90	\$90,000
Biopsies	30	\$2,700	\$81,000
Lab support	600	\$300	\$180,000
Medications	60	\$90,000	\$5,400,000
	Total		\$5,751,000
Total for underinsured			\$4,888,350

Where we are now.

- The 2010 IOM report stated that of the 33 representatives from states and territories that had a hepatitis plan, *there was no action for community planning in any state.*
- Only 10% of jurisdictions reported taking *any* action on a state state plan involving medical management.

Where we can be.

- Include communities in your action plans
- Capacitate communities to develop, share, and utilize existing local resources.
- Call us. Visit us. We can help.

Thank you for being here.

Constance Callahan, Executive Director

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