Curing Hepatitis C in the Ryan White HIV/AIDS Program

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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
Ryan White HIV/AIDS Program

• Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  • More than half of people living with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program

• Funds grants to states, cities/counties, and local community based organizations
  • Recipients determine service delivery and funding priorities based on local needs and planning process

• Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
Ryan White HIV/AIDS Program – Parts

• Parts A (Cities), B (States), C (Community based organizations), and D (Community based organizations for women, infants, children, and youth) Services include:
  • Medical care, medications, and laboratory services
  • Clinical quality management and improvement
  • Support services including case management, medical transportation, and other services

• Part F Services
  • Clinician training, dental services, and dental provider training
  • Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations

• 83.4% of Ryan White HIV/AIDS Program clients were virally suppressed in 2015, exceeding national average of 54.7%
RWHAP Moving Forward

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

- Serious Mental Illness
- Substance Abuse
- Childhood Obesity
Another outbreak related to the nation’s opioid crisis: hepatitis C

By Katie Zezima  October 17 at 11:11 AM

A patient fills out a form while her blood and saliva are screened for hepatitis C and HIV in the rural town of Spencer, W. Va. Through partnerships, West Virginia Health Right has begun doing mobile screenings alongside harm prevention outreach as hepatitis C cases surge along with opioid abuse. (Philip Scott Andrews for The Washington Post)
HIV/HCV Coinfection – HRSA Timeline

- **2006**: SPNS Initiative to Expand HCV Treatment
- **2010**: HCV & HIV Coinfection Guide
- **2014**: ADAP Dear Colleague Letter
- **2015**: Delivering Hepatitis C Treatment in an HIV Care Setting
- **2017**: HCV Affinity Group
- **Ending Coinfection in RWHAP**
- **SMAIF:** Curing HCV among People of Color Living with HIV
- **SMAIF: Jurisdictional Approach to Curing HCV**
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 coinfected with HCV, then at least 100,000 HIV/HCV coinfected 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
Reflections from my Clinic

• Capacity at hand in my practice location

• Stigma of HCV and HIV

• Success of “closing a chapter”

• Those who remain co-infected
Curing HCV in the RWHAP – Goals

• 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
Curing HCV in the RWHAP – Populations of Focus

• Populations of interest include people of color living with HIV who 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)
Curing HCV in the RWHAP – Messages

• Curing HCV in the RWHAP is achievable

• Opportunities to identify challenges in curing HCV among PLWH
  • Many challenges in curing HCV among PLWH are the same challenges in curing HCV monoinfection

• Opportunities to test strategies to overcome those challenges

• Partnerships throughout a jurisdiction are needed to cure HCV in the RWHAP
  • State health agencies’ efforts to cure HCV among PLWH will benefit from partnerships with local health agencies AND with clinics and clinicians
  • Partnerships with other state agencies, such as those focused on behavioral health
Curing HCV in the RWHAP – What You Can Do

• Engage your RWHAP counterparts
  • What is your state RWHAP doing related to HCV/HIV coinfection?

• Identify and engage clinicians/thought leaders in your jurisdiction
  • In what ways can their expertise be shared
  • Work with community health centers and the primary care associations

• Share successful strategies for screening and treatment of HCV

• Enhance partnerships
  • Build upon existing partnerships
  • Identify new partners throughout your jurisdiction

• Leverage media attention and public awareness of the opioid crisis
  • The opioid crisis extends beyond the use of opioids it includes HIV and HCV
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