Addressing HCV among People Living with HIV
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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

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

- 47.1% Hispanic/Latino
- 26.9% White
- 14.0% Black/African American
- 1.4% American Indian/Alaskan Native
- 1.3% Asian
- 0.5% Native Hawaiian/Pacific Islander
- 0.2% Multiple races

N=528,847

Hispanics/Latinos can be of any race.

*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 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

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

HAB Letter to AIDS Drug Assistance Programs (ADAPs)

• Sent on February, 13, 2015

• Encouraged ADAPs to add HCV Direct Acting Antivirals (DAAs) to their formularies

# HCV Measure in the Ryan White Services Report

## 3.6.12 ScreenedHepatitisCSinceHivDiagnosisID

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference ID</td>
<td>60</td>
</tr>
<tr>
<td>Element Name</td>
<td>ScreenedHepatitisCSinceHivDiagnosisID</td>
</tr>
<tr>
<td>Parent Element</td>
<td>ClientReport</td>
</tr>
<tr>
<td>Definition</td>
<td>Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis.</td>
</tr>
<tr>
<td>Required</td>
<td>OA</td>
</tr>
<tr>
<td>Occurrence</td>
<td>0-1 per required client</td>
</tr>
<tr>
<td>Allowed Values</td>
<td>1 = No</td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
</tr>
<tr>
<td></td>
<td>3 = Not medically indicated</td>
</tr>
<tr>
<td></td>
<td>4 = Unknown</td>
</tr>
<tr>
<td>Schema</td>
<td><code>&lt;ScreenedHepatitisCSinceHivDiagnosisID&gt; 1-4&lt;/ScreenedHepatitisCSinceHivDiagnosisID&gt;</code></td>
</tr>
</tbody>
</table>
# HAB HCV Performance Measure

**Performance Measure: Hepatitis C Screening**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients with a diagnosis of HIV who have documented HCV status in chart[^1]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges[^2] at least once in the measurement year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Exclusions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Elements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the patient have a diagnosis of HIV? (Y/N)</td>
</tr>
<tr>
<td>a. If yes, is there documentation of the patient’s Hepatitis C status in the medical record? (Y/N)</td>
</tr>
</tbody>
</table>

[^1]: Unless there is concern about ongoing exposure (e.g., via active injection drug use), annual re-screening is not generally recommended.

[^2]: A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.
Study to Identify Barriers to Hepatitis C Treatment among People Living with HIV

Aims (specific to PLWH coinfected 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
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 recipients (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 coinfected people of color

• Increase numbers of HIV/HCV coinfected 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

Updates on Jurisdictional Approach to Curing Hepatitis C among People of Color Living with HIV

• Provider and patient needs assessments were part of the first year activities

• Just starting implementation of the jurisdictional projects

• Data to build an HCV Care Continuum has been an issue
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

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
HIV/HCV Co-infection: An AETC National Curriculum

• Goal is to provide an evidence-based curriculum to increase provider knowledge on HIV/HCV coinfection

• CME/CEUs are expected to be available in winter 2017

• Resource available: https://aidsetc.org/hivhcv
Summary

- HCV is curable among coinfected PLWH
- Barriers to HCV testing, care, and treatment exist
- HAB has multiple initiatives aimed at identifying and addressing barriers
Thank you

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