C-YA!

Philadelphia’s Plan to Connect our Co-infected Community to a Cure for Hep C

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NASTAD TA MEETING
NOVEMBER 29, 2017
Agenda:

• Background

• C YA Project Activities
  • Data and Evaluation
  • Training and Capacity Building
  • Re-Engagement in Care
  • Service Integration

• Low-Resource Strategies for Integration

• Addressing the Opioid Crisis
What is C YA?

Philadelphia’s project under HRSA’s Jurisdictional Approach to Curing Hep C Among HIV/HCV Co-Infected People of Color

Aims:

• Increase capacity to provide hep C screening, care & treatment in HIV system

• Increase number of co-infected people who are diagnosed, treated and cured of hep C
### Before C YA...

**CHALLENGES**

- Hepatitis and HIV siloed
  - Different divisions: Disease Control and AIDS Activities Coordinating Office
  - Physical separation
    - A particular challenge for data sharing
- Competing priorities
  - AACO working to improve their own Continuum
  - Rising STD rates
- Hepatitis underfunded
  - What’s the incentive to prioritize?

**OPPORTUNITIES**

- CURE!!
  - In states w restrictions, cure often more accessible for co-infected
  - CDC PCSI funding 2010-2013 paved way for more collaboration
  - Many HIV care sites have already integrated hepatitis treatment since new drugs came out
    - HIV/ID providers are among the more active HepCAP members
    - Understand role of advocacy in improving access to services
- Opioid crisis
With C YA...

• Moved three DDC hepatitis staff over to AACO
  • Allowed us to expand our pool of hep experts at DOH
  • Retain staff who would have been laid off due to surveillance funding cut
  • Hep team housed at AACO can focus on sustainable, systems-level changes

• Ongoing data matching, analysis allows us to target activities
  • Partnering with local AIDS Education and Training Center to share best practices

• Gets our foot in the door: addressing hep C in HIV population will (hopefully) benefit mono-infected too
  • HIV care sites within FQHCs see both HCV co- and mono-infected patients
  • If we can build capacity to treat starting with co-infected, they can scale up to treat mono-
4 Target Areas:

Data & Evaluation
- C Who is Co-Infected

Training & Capacity Building
- Cross train staff to address hep C

Re-Engagement in Care
- Connecting PLWH to HCV Cure

Service Integration
- Continuity & Sustainability
Target Area 1: Data & Evaluation

- **Match PDPH HCV and HIV datasets**
  - Created a HCV continuum for PLWH in Philadelphia to monitor progress
  - More challenging for PA and NJ counties in our EMA due to lack of robust hepatitis surveillance infrastructure

- **Integrate new HCV measures into CAREWare**
  - New Measures: HCV Screening, Confirmation, & Treatment
  - 2017’s annual QI measure; monitored every 2 months
  - More detailed info on labwork, treatment in HCV subform

- **Develop provider report card tool to measure progress**
  - Can use provider level data to offer targeted Technical Assistance
HIV/AIDS Coinfected & HCV Monoinfected Philadelphia Residents

In City of Philadelphia 3,086 (16%) PLWH are co-infected with HCV
HIV/HCV Coinfected Philadelphia Residents by HIV Care Type (n = 3,086)
Coinfection Trends in Philadelphia

- Historic HCV Infection <2012
- Recent HCV Infection >= 2012

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Current Age</th>
<th>HIV Transmission Risk</th>
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<tbody>
<tr>
<td>Male</td>
<td>NH Black</td>
<td>0-29</td>
<td>MSM</td>
</tr>
<tr>
<td>Female</td>
<td>NH White</td>
<td>30-39</td>
<td>PWD</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>40-49</td>
<td>Heterosexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50+</td>
<td>MSM/PWID</td>
</tr>
</tbody>
</table>

- Male: 70%
- Female: 30%
- NH Black: 60%
- NH White: 40%
- Hispanic: 20%
- 0-29: 10%
- 30-39: 20%
- 40-49: 30%
- 50+: 40%
- MSM: 50%
- PWD: 40%
- Heterosexual: 30%
- MSM/PWID: 20%
Target Area 2: Training & Capacity Building

- Identify best practices and gaps in services
  - Surveys, site visits, focus groups tell story behind data

- Share best practices from sites that have successfully integrated hep C services
  - At meetings for HIV grantees, Office of HIV Planning, local events...

- Partner with local AIDS Education and Training Center to build hep C into existing models of provider training
  - Ex: Peer to Peer Training, Preceptorships, Webinars

- Integrate HCV into existing patient support activities
  - More hep C training for Medical Case Managers
Target Area 3: Re-Engagement in Care

- Find and re-engage lost-to-care clients for hep C cure access
  - Teamwork between AACO, STD, and Hepatitis teams
    - Use multiple PDPH data sets to identify lost to care clients
    - Integrate hep C into protocol for existing data to care projects (START, CoRECT)

- Targeted trainings and materials for patients
  - Promote better, faster, more effective CURE!
  - Messaging to prevent new and re-infections

- Will targeting re-reengagement of co-infected people also help improve HIV outcomes?
Target Area 4: Service Integration

- Ensure continuity by identifying opportunities to integrate HCV into existing Ryan White activities
  - Data collection, education and training...
  - What other resources needed to improve and maintain hep services in HIV programs?

- How can local best practices be shared and replicated?
  - Promote and leverage local successes to bring in additional resources
    - Ex: Gilead Eradication Grant for HepCAP targeting hep C elimination among PWID
Low-Budget Integration Strategies

Use data to drive action
- See what hep data matching or collection can be done with HIV program
- Highlight local trends; encourage data-driven responses

Start small
- Offer yourself as a resource for education and training
  - Share local hep best practices (ex: reflex testing, tx models)
  - Go to meetings hosted by HIV office, HIV planning bodies, local HIV orgs
- Pilot projects can lead to bigger initiatives, bring in new resources

Build relationships and collaborate with community partners
- Facilitate intros between hep C experts and HIV service providers
- Partner with your regional AIDS Education and Training Center (they have a National HIV/HCV Curriculum to use and disseminate!)
Addressing the Opioid Crisis

Treatment as prevention
- Emphasize importance of access to full continuum of HIV and Hep services to prevent new infections

Give providers strategies to integrate services & messages
- Know OD risks, prescribe Narcan/Naloxone
- Refer clients to MAT and/or harm reduction orgs
- Consider becoming a MAT provider/prescriber

Use data to advocate for more resources
- Data also helpful in jurisdictions advocating to expand syringe access, open Supervised Consumption Sites

907 Overdose Deaths in 2016
1,200 Estimated for 2017
HIV/HCV Resources:

National HIV/HCV Curriculum
- www.aidsetc.org/hivhcv

Guide to Hep C Testing for HIV Providers
- www.aahivm.org/hcv-testing-screening/

HCV Guidance for People with Co-Infection
- www.hcvguidelines.org/unique-populations/hiv-hcv

HIV & Hepatitis
- www.hivandhepatitis.com
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www.hepCAP.org
www.phillyhepatitis.org

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