

# Virginia Department of Health Hepatitis C Treatment Pilot

## How Did We Start?

- University of Virginia (UVA) and the Virginia Department of Health (VDH) had a pre-existing relationship.
  - We were already working with a provider at UVA (Dr. Dillingham) who was willing to see patients and mentor other physicians.
- Telemedicine equipment was previously procured using Ryan White funding and was used in the treatment of HIV and HIV/HCV co-infected patients.
- VDH requested the use of state general funds to pay for hepatitis C medications, lab work, and clinician time. The initial goal was to cure 70 patients.
- Portable Fibroscan (purchased with Ryan White funds) is used by UVA's Registered Nurse (RN-BC) as needed. The RN is experienced with both Abbvie and Gilead Patient Assistance Programs (PAPs) through work at the UVA Hepatitis clinic.
- Focus of the pilot is on the Southwest health region

## How Does it Work?

- All patients were referred to the Pilot by the three physicians that are mentees.
- Dr. Dillingham uses a "teach by doing" method. She is the lead physician on the first 5 patients and the physician being mentored takes the lead on the second group of 5 patients. In total, the two physicians treat 10 patients together.
- Dr. Dillingham uses the telemedicine equipment and the mentees are present in the room with the patient.
- The UVA RN (Terry Knick) travels to the telemed sites as needed for fibroscans and coordinates patients through care including insurance prior authorizations and PAPs.
- Each telemedicine site has a LabCorp account that was set up by VDH. The necessary labs were pre-printed on requisition forms and sent to each telemedicine site.
  - Through the VDH LabCorp account labs are ordered and then directly billed to VDH.
- Monthly case study conference calls are held with UVA staff and all mentees.

## Data

- 41 client referrals made since July 1
  - 23 clients attended first appointment
  - 15 medication approvals
    - 9 Mavyret & 6 Harvoni
    - 5 awaiting approval based on Fibroscan result
  - Multiple ways to procure medication:
    - 7 PAP
    - 9 Medicaid or Medicare
    - 4 Private Insurance
- Clients range in age from 27-65
  - 15 males, 8 females
- Identified risk:
  - 9 clients reported previous incarceration
  - 13 clients reported IDU

## Challenges, Lessons Learned & Next Steps

- Patient labs to verify sustained virologic response (SVR) can be difficult to obtain. It has been more difficult to get patients back in for the final lab work.
  - LabCorp draw stations
- Consultation with GI if indicated by fibrosis score (Medicaid removed fibrosis score restriction in VA but this is still an issue)
- More liability with telemed than with an ECHO project, but can be more cost effective especially if there is pre-existing telemed infrastructure
- Leveraging existing relationships is key
- Planning to ask VDH leadership for financial support for a second year of the pilot. The current MOA and funding expire in April 2019.
- Working with local health department staff in another district to set up a second, very different pilot

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