
Hepatitis C at W 17th St Family Practice

*Identifying population needs and
proposing a clinical workflow*

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Background & Rationale

- Hepatitis C Virus (HCV) infection prevalence in US is 3.5 million
- Prior to now, HCV prevalence at W 17th St. Family Practice was unknown
- Our clinic serves **a particularly high-risk** population
- Untreated or partially-treated HCV can lead to cirrhosis and cancer



Background & Rationale

Fortunately, new Hepatitis C treatment regimens are highly safe and effective:

- Direct-Acting Anti-HCV Medications
- Cure rates >95%
- Previous treatments (interferon, ribavirin) were not highly effective or well- tolerated

Background & Rationale

Unfortunately, direct acting Anti-HCV medications are difficult to access:

- \$\$\$ Extremely expensive (\$94K for 12 weeks)
- Require HCV specialist to prescribe
- Require lengthy insurance prior authorization

Background & Rationale

It is more important than ever to help our HCV-infected patients access treatment

- **HCV can be successfully treated in a primary care center.** A few providers do currently treat HCV at West 17th St Clinic. However, we do not have an established HCV clinical workflow to identify patients and initiate treatment.

Goals of this project

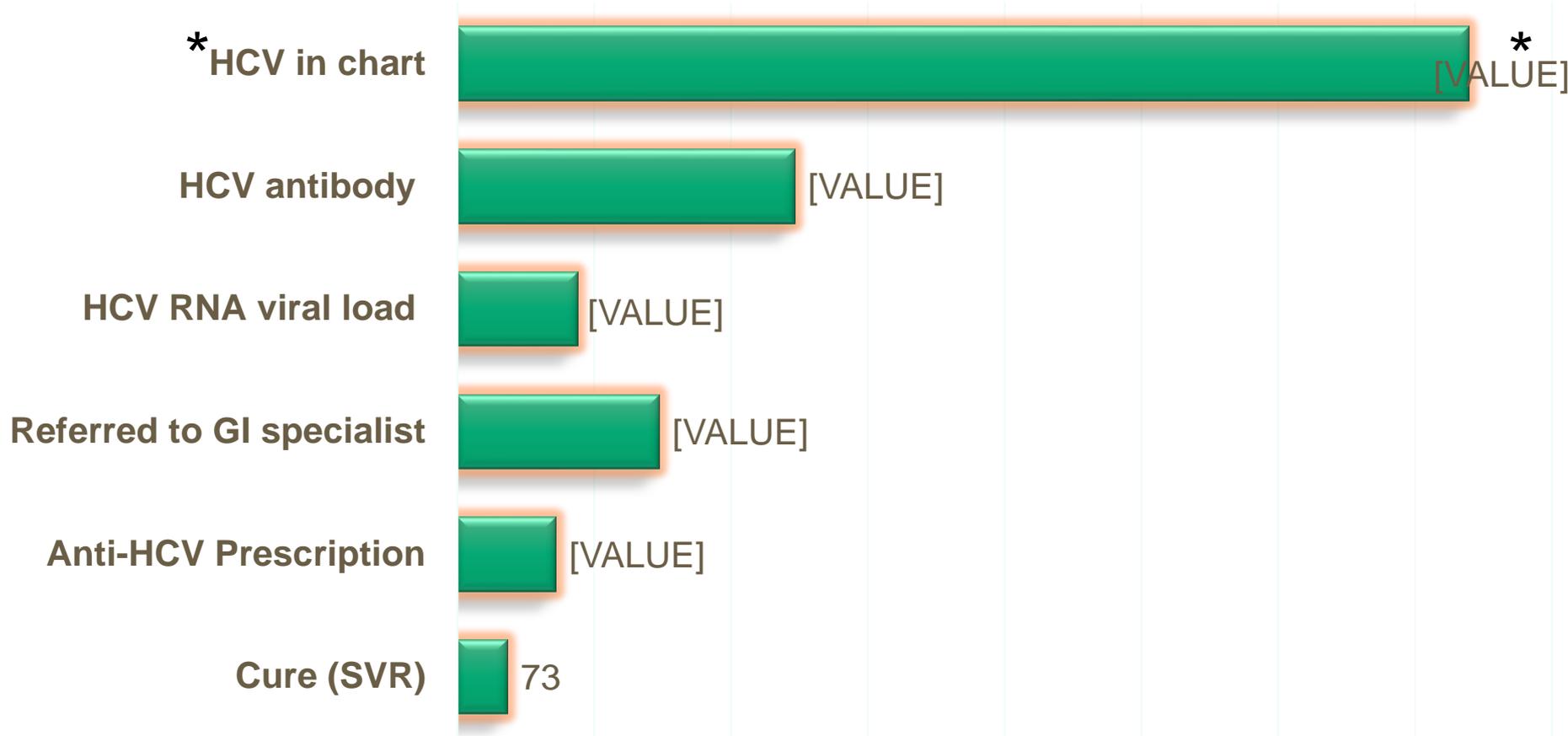
- ★ Within our population of patients living with HCV, quantify how many have completed key steps in the HCV treatment process (“Cascade of HCV Care”)
- ★ Develop a local clinical workflow to address gaps in HCV care

Key Steps in HCV Care: “HCV Cascade of Care”

1. Screening test: HCV Antibody
2. Confirmation of Infection: HCV RNA (viral load)
3. Specialist Referral
4. Anti-HCV Medication Prescription
5. Cure: Undetectable HCV RNA (sustained virologic response, “SVR”)

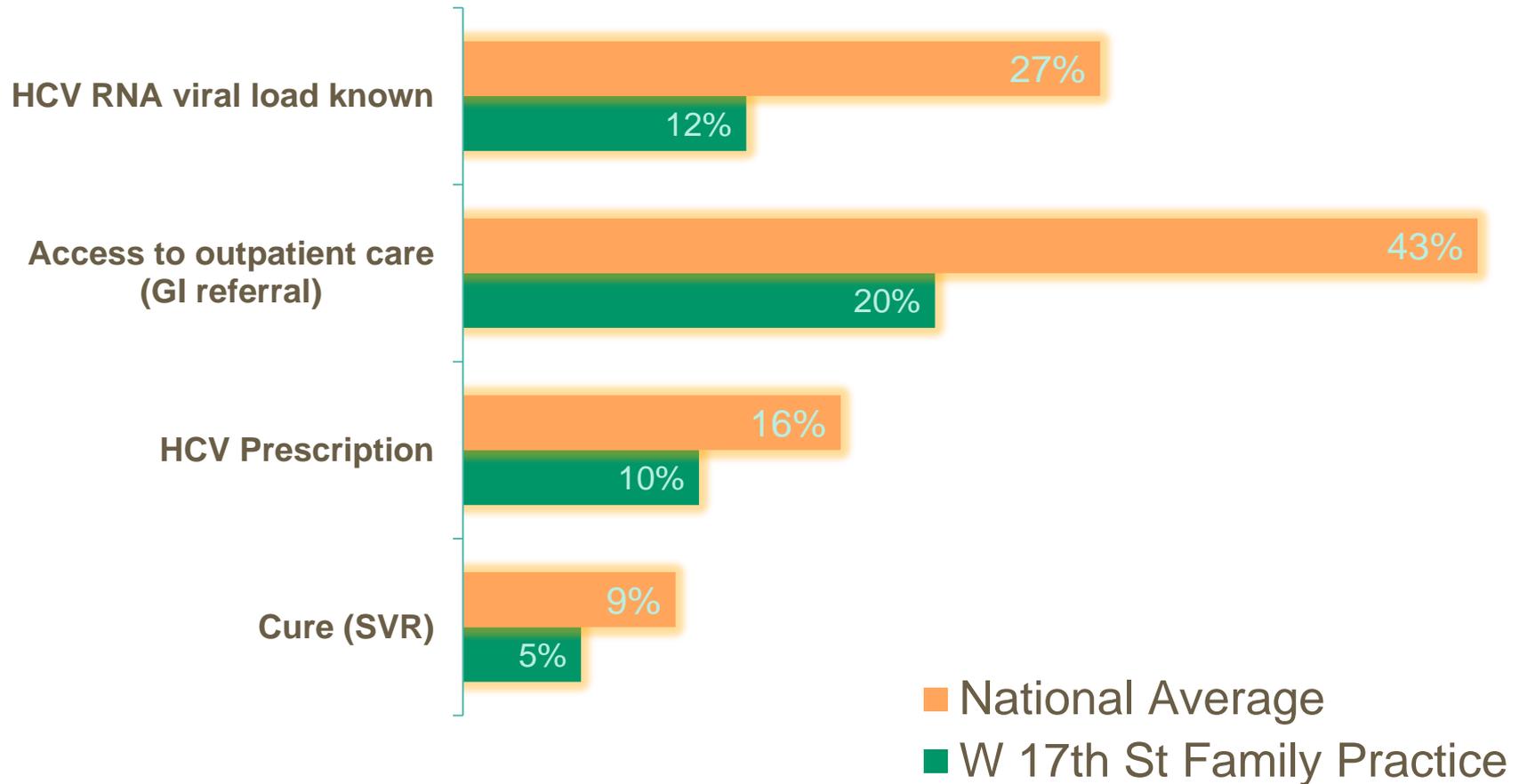
Cascade of HCV Care at W 17th St Clinic, a snapshot search of the EMR from 2012-17

Documented in IFH electronic medical record



* Note: The number of patients with HCV somewhere in their chart greatly overestimates the number of patients who actually have an HCV infection

W 17th St HCV Cascade Compared to National Statistics



Discussion

- There are many more patients with HCV in their charts than with any documented steps toward treatment
- However many patients whose search result returned HCV in the chart somewhere do not actually have HCV infection, or have already been treated
- The true prevalence of HCV at 17th St Clinic is likely closer to the number of patients with positive antibody
- Many patients may have received HCV care outside of IFH and we don't have the records
- A more extensive review of each chart linked to HCV would enable outreach to those in need

Discussion

- Non-specialist, Primary Doctors (PMDs) are often the first to catch a true untreated HCV infection
- PMDs need clinical support to efficiently initiate HCV work-up
- Currently most patients with untreated HCV are referred to outside GI specialists
- Improving HCV care at IFH could keep patients within our system for treatment, and would help PMDs identify gaps in patients' HCV care

HCV Treatment within IFH



Benefits:

- **Easy for patients, in a familiar setting**
- **All labs and documentation in same medical record**
- **Ease of communication between specialist and PMD**
- **Ease of care navigation and social work support**

Barriers:

- Insurance prior authorization is a burden for providers
- Most PMDs not anti-HCV medication prescribers

External Referral to GI

Benefits:

- More streamlined prior authorization for meds
- May be necessary for more advanced liver disease

Barriers:

- May be difficult to get records into our EMR
- May not have social work support for at-risk patients
- Follow-up recommendations may not be communicated to PMDs

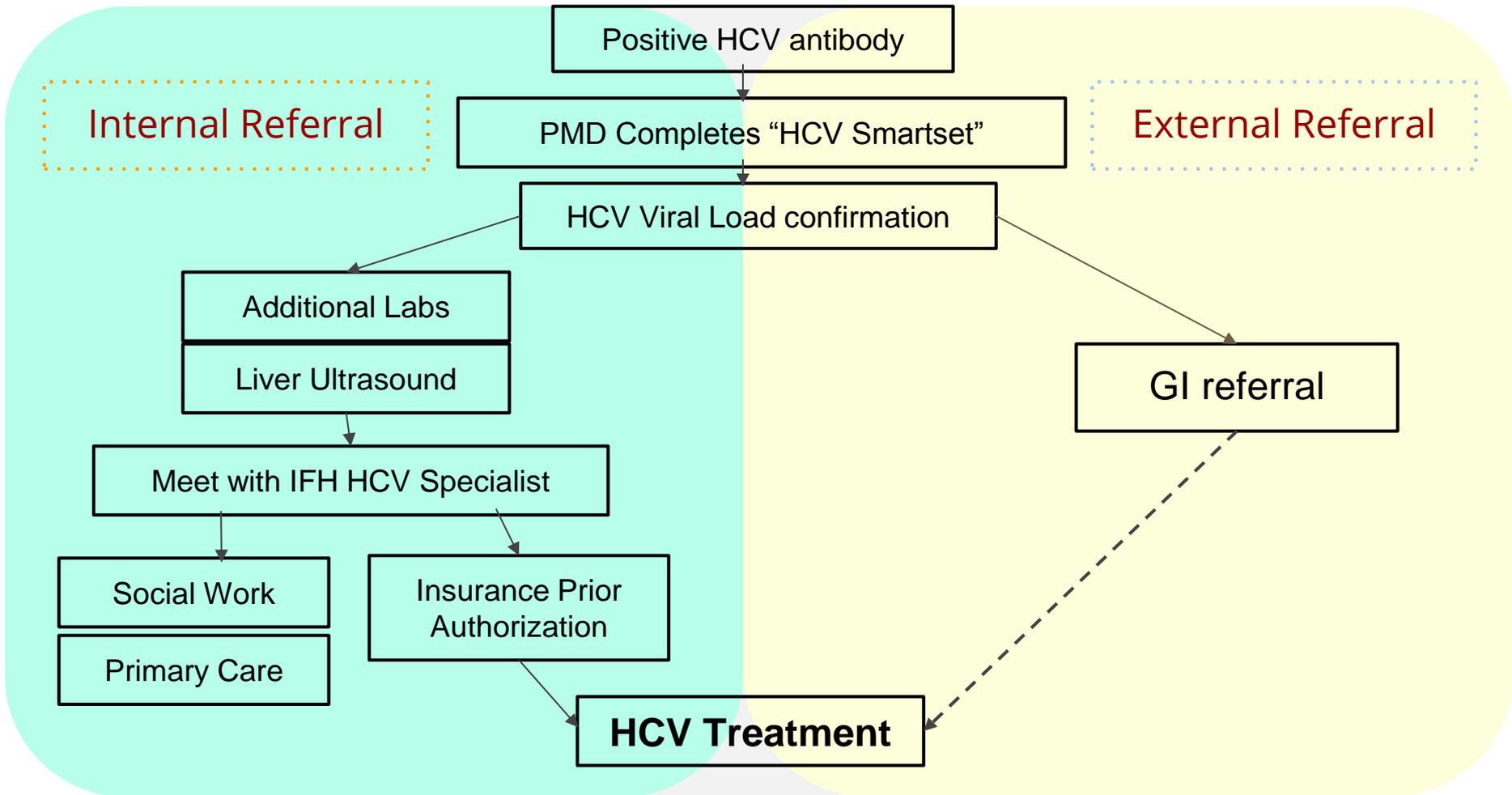
Moving toward HCV Treatment within IFH



Next Steps:

- Identify HCV specialists at IFH
- Clinical decision support for PMDs or walk-in providers (Smart Set)
- Specialized pharmacy relationship for insurance prior authorization
- Social work for barriers to adherence
- Clinical staff workflow training

Framework for new IFH HCV Workflow



Conclusion



- As a safety-net clinic, IFH has a population at higher risk for HCV.
- There are safe and curative medications available, however they are very costly and insurance companies create a lot of barriers to getting the best treatment.
- Specialist GI referral is not a highly successful treatment route for many patients
- We should optimize internal resources to identify patients living with HCV and allow them to receive excellent HCV care within the primary clinic.