Diagnosing and Treating Hepatitis C in Primary Care and Addiction Medicine Settings

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Learning Objectives

- Recognize the impact of hepatitis C in underserved and marginalized communities in Wisconsin.
- Describe how stigma plays a role in successful prevention, care and treatment of hepatitis C.
- Summarize the role primary care and addiction medicine teams have in screening for and treating hepatitis C.
- Identify existing learning resources and clinical guidelines.

Trends in Hepatitis C
Transmission of hepatitis C

- Injection drug use with shared, unsterilized equipment
- Medical and dental procedures in settings with inadequate infection control
- Unscreened blood, blood products, organs
- Mother to infant (perinatal)
Transmission of hepatitis C

- Injection drug use with shared, unsterilized equipment
- Medical and dental procedures in settings with inadequate infection control
- Unscreened blood, blood products, organs
- Mother to infant (perinatal)
- Unprotected sex; higher risk with male-to-male sexual contact with certain risk factors
- Tattooing in unlicensed setting

Two groups with highest rates of hepatitis C

- Baby boomers (people born between 1945 and 1965)
  - More likely infected many years ago
- Younger adults
  - More likely infected recently
  - More likely infected through injection drug use

Hepatitis C increased dramatically because of injection drug use from 2004–2014.

- Among people aged 18–29, HCV increased by 16.9% and admission for opioid injection by 62.2%
- Among people aged 30–39, HCV increased by 32.3% and admission for opioid injection by 85%

Hepatitis C in the United States

- An estimated 2.4 million adults are living with chronic hepatitis C in the United States, but only 60% are aware of their diagnosis.

- New infections have increased, and rates of new infections are highest among young adults and American Indian and Alaska Natives.

- Most people have not yet received treatment.

4. CDC: https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm
Hepatitis C in the United States

- An estimated 2.4 million adults are living with chronic hepatitis C in the United States, but only 60% are aware of their diagnosis.\(^1\)
- New infections have increased, and rates of new infections are highest among young adults and American Indian and Alaska Natives.\(^3\)
- Most people have not yet received treatment.\(^4\)
- Rates of hepatitis C-related deaths have declined, but rates of death remain higher among people of color.\(^3\)

4. CDC: https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm

Race or ethnicity does not make a person more or less likely to acquire hepatitis C. Other factors such as structural racism, stigma, and poverty, as well as unequal access to health care, education, and housing affect communities of color disproportionately and can put individuals at greater risk for acquiring hepatitis C.

Hepatitis C in Wisconsin

- The prevalence of hepatitis C in Wisconsin is significant.
In Wisconsin there are an estimated 47,000 people age 18 and older living with chronic hepatitis C. But only half have been diagnosed.

47,000 people age 18 and older are living with chronic hepatitis C. 26,303 people have been diagnosed with hepatitis C and reported to public health.

Hepatitis C in Wisconsin

- The prevalence of hepatitis C in Wisconsin is significant.
- Infections have increased among younger adults as a result of increased injection drug use.
Heroin and fentanyl deaths have increased dramatically in Wisconsin.

Number of heroin and synthetic (including fentanyl and fentanyl analogues) opioid overdose deaths, Wisconsin, 2009–2019


During this time, hepatitis C among young adults increased substantially.

Number of people age 15–29 newly reported with positive hepatitis C test results, Wisconsin, 2009–2019


Hepatitis C has increased among women of childbearing age.

Number of women aged 15–44 newly reported with positive hepatitis C test results, Wisconsin, 2009–2019

Rates among young adults increased among all racial and ethnic groups.

Rate per 100,000 of people age 15–29 newly reported with positive hepatitis C test results by year of report, by race/ethnicity, Wisconsin


But rates were highest and increased the most among Native Americans.

Rate per 100,000 of people age 15–29 newly reported with positive hepatitis C test results by year of report, by race/ethnicity, Wisconsin


Most newly reported hepatitis C cases among young adults live in urban areas.

Number of new HCV cases, age 15–29, 2018–2020

But rates of hepatitis C among young adults are highest in rural counties.


Hepatitis C in Wisconsin

- The prevalence of hepatitis C in Wisconsin is significant.
- Infections have increased among younger adults as a result of increased injection drug use.
- *Baby boomers* continue to be diagnosed and reported with hepatitis C.

Last year, most newly reported cases among baby boomers were among white people.

Number and rate of newly reported cases of HCV among people born during 1945–1965, by race/ethnicity, Wisconsin, 2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>391</td>
</tr>
<tr>
<td>Black</td>
<td>129</td>
</tr>
<tr>
<td>Hispanic</td>
<td>30</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
</tr>
<tr>
<td>Native American</td>
<td>6</td>
</tr>
</tbody>
</table>

But Black, Hispanic, and Native American people were disproportionately affected.

Number and rate of newly reported cases of HCV among people born during 1945–1965, by race/ethnicity, Wisconsin, 2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of cases</th>
<th>Cases per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>391</td>
<td>28.5</td>
</tr>
<tr>
<td>Black</td>
<td>129</td>
<td>206.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>30</td>
<td>72.8</td>
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<tr>
<td>Asian</td>
<td>8</td>
<td>37.0</td>
</tr>
<tr>
<td>Native American</td>
<td>6</td>
<td>51.3</td>
</tr>
</tbody>
</table>


Hepatitis C in Wisconsin

- The prevalence of hepatitis C in Wisconsin is significant.
- Infections have increased among younger adults as a result of increased injection drug use.
- Baby boomers continue to be diagnosed and reported with hepatitis C.
- Local and national data indicate most people with hepatitis C have not received treatment.
- Hepatitis C-related deaths have declined in recent years, but people of color are disproportionately affected.
Hepatitis C-related deaths increased until 2016, but have declined in recent years.

Comparison of the number of HCV-associated deaths and HIV-associated deaths among Wisconsin residents, by year of death, 2000–2019

During 2014–2019, rates of hepatitis C-associated deaths were highest among people of color.

Age-adjusted rate per 100,000 population of HCV-associated deaths, by race/ethnicity, Wisconsin, 2014-2019

Summary

- Rates of new hepatitis C infections have increased because of injection drug use, and many baby boomers and older adults infected many years ago are still not aware of their diagnosis and are at risk for premature death.
- Communities of color, including indigenous people, are disproportionately affected by hepatitis C.
- Most people have not received the treatment that cures hepatitis C.
Hepatitis C can be cured!

- But most people with hepatitis C have not yet received treatment.
- CDC\(^1\) and other federal agencies\(^2\) recommend removing all barriers to receiving treatment and expanding access through primary care providers.

1. Division of Viral Hepatitis 2025 Strategic Plan: https://www.cdc.gov/hepatitis/pdfs/DVH-StrategicPlan2020-2025.pdf

Wisconsin Medicaid used to restrict access to hepatitis C treatment with direct-acting antivirals (DAAs).

- Provider specialty restriction
- Disease severity restriction
- Sobriety restriction
- Prior authorization
In 2020, the final barrier was removed.

- Provider specialty restriction (July 2017)
- Disease severity restriction (July 2017)
- Sobriety restriction (July 2019)
- Prior authorization (July 2020)

Wisconsin now has an A+ rating!

Wisconsin

Hepatitis C: State of Me

SEE HOW YOUR STATE MATCHES UP

Source: Wisconsin Medicaid claims data, July 2019 - June 2020

There are few hepatitis C treatment providers in rural areas.

Hepatitis C treatment provider location

45-minute driving time service area
Primary care providers are allowed to prescribe treatment covered by Medicaid, but very few do.

600
Family medicine physicians in Wisconsin responded to survey in 2018


1%
Had prescribed DAAs themselves

Primary care providers are allowed to prescribe treatment covered by Medicaid, but very few do.

600
Family medicine physicians in Wisconsin responded to survey in 2018

1%
 Had prescribed DAAs themselves

6%
 Had prescribed DAAs in consultation with specialist


Why aren’t more primary care providers prescribing DAAs?

86%
Did not know non-specialists could now prescribe DAAs covered by Medicaid

Physicians affiliated with health systems less often prescribed DAAs

Summary

- Wisconsin Medicaid has removed all restrictions for receiving and prescribing hepatitis C treatment.
- But many barriers to accessing treatment in Wisconsin still exist, including geographic access, health care system access and commercial insurance policies.
- Providing treatment through primary care providers may be one method of overcoming these and other barriers.

Hepatitis C Services in the Primary Care Setting

“Guess what Doc! I repotted all my bonsai plants and finally moved my couch this weekend. I haven’t had energy like this in years!”

Question for the Audience:
What medical intervention has the remarkable effect of allowing for bonsai repotting and furniture rearranging?
Answer…
Hepatitis C Treatment CURE

* Disclaimer: HCV cure is not guaranteed to provide boundless energy for gardening, but will have significant positive effects on health nonetheless.

Adding HCV Treatment to your practice as a caregiver for underserved and vulnerable populations will bring JOY to your practice.

“They don’t treat people like me.”
- My patient (2012)
Hepatitis C and HIV Screening

- **Hepatitis C**
  - USPSTF recommends HCV screening in adults 18-79 years. (Grade B)
  - CDC recommends:
    - One-time HCV testing for all adults (18+ yrs).
    - HCV testing for all pregnant women during every pregnancy.
    - Regular HCV testing if ongoing risk factors.
  - Availability of effective and tolerable treatments.
  - Treatment reduces all-cause mortality and liver-related health consequences.

- **HIV**
  - USPSTF recommends HIV screening in adolescents and adults ages 15-65. Younger and older individuals at risk should also be screened. (Grade A)
  - HIV screening recommended for all pregnant women.

Who is an HCV treatment candidate?

Recommends for when and in whom to initiate treatment

Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancy that cannot be remedied by treating HCV. In patients with advanced disease, patients with short life expectancy ending in liver disease should be managed in consultation with an expert.

Rating: Class I, Level A

Primary care-based HCV Treatment

- Patient-centered
- Efficient
- Satisfying (to staff and patients alike)
- Increases access for vulnerable populations
- Eliminates specialty care bottlenecks
- Safe
- Effective

"In a real-world cohort of patients at urban FQHCs, HCV treatment administered by non-specialist providers was as safe and effective as that provided by specialists." (Kattakuzhy et al., 2017)
Who is appropriate for primary care-based HCV treatment?

- Suggested reasons to refer to specialty care:
  - Decompensated cirrhosis
  - HBV co-infection
  - Prior treatment failure with Direct Acting Antivirals
  - End Stage Renal Disease (eGFR < 30)
  - Hepatocellular carcinoma
  - Pregnancy
  - h/o liver transplant

- Note I did not say:
  - Active substance use, HIV-infection, experiencing homelessness, severe mental illness

Realities of treatment (today)

- All oral regimens (“Direct Acting Antivirals”)
- Well tolerated
  - Most common side effects (“if any”): fatigue, headache, nausea
- 8-12 weeks
- Minimal lab work
- Pan-genotypic regimens
- Effective > 90%
  - Data has been reproduced in vulnerable populations

Accessibility of Treatment

- Wisconsin Medicaid
  - Covered benefit
  - No Prior Authorization
  - No sobriety restriction
  - No fibrosis/cirrhosis restriction
  - No specialty prescriber restriction

- Other payors
  - Varies → In general, expanded coverage

- Tips
  - Establish relationship with local pharmacy for assistance
  - Patient assistance programs
  - Ask us for tips!
Barriers to Treatment

- Limited awareness on part of patients and providers
- Psychosocial issues
- Substance use
- Access to and coordination of care
- Obtaining medications
- Stable mode of communication for follow-up
- Stigma

Primary care is the ideal setting to overcome these barriers!

Next Steps

- Review the resources available.
- Send us one comment or question about implementing universal screening or treatment into your primary care or addiction medicine setting.

Resources


Clinical Resources:

- University of Washington: Hepatitis C (course modules): https://www.hepatitis.uw.edu/
- UCSF National Clinician Consultation Center (HCV): https://nccc.ucsf.edu/clinician-consultation/hepatitis-c-management/