

We Treat Hep C Initiative & Wayne County Jail Project

Communicable Disease Conference
April 19, 2022

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OUTLINE

- ✓ **Background on HCV**
- ✓ **Epidemiology of HCV in Michigan**
- ✓ **We Treat Hep C Initiative**
- ✓ **Wayne County Jail Project**

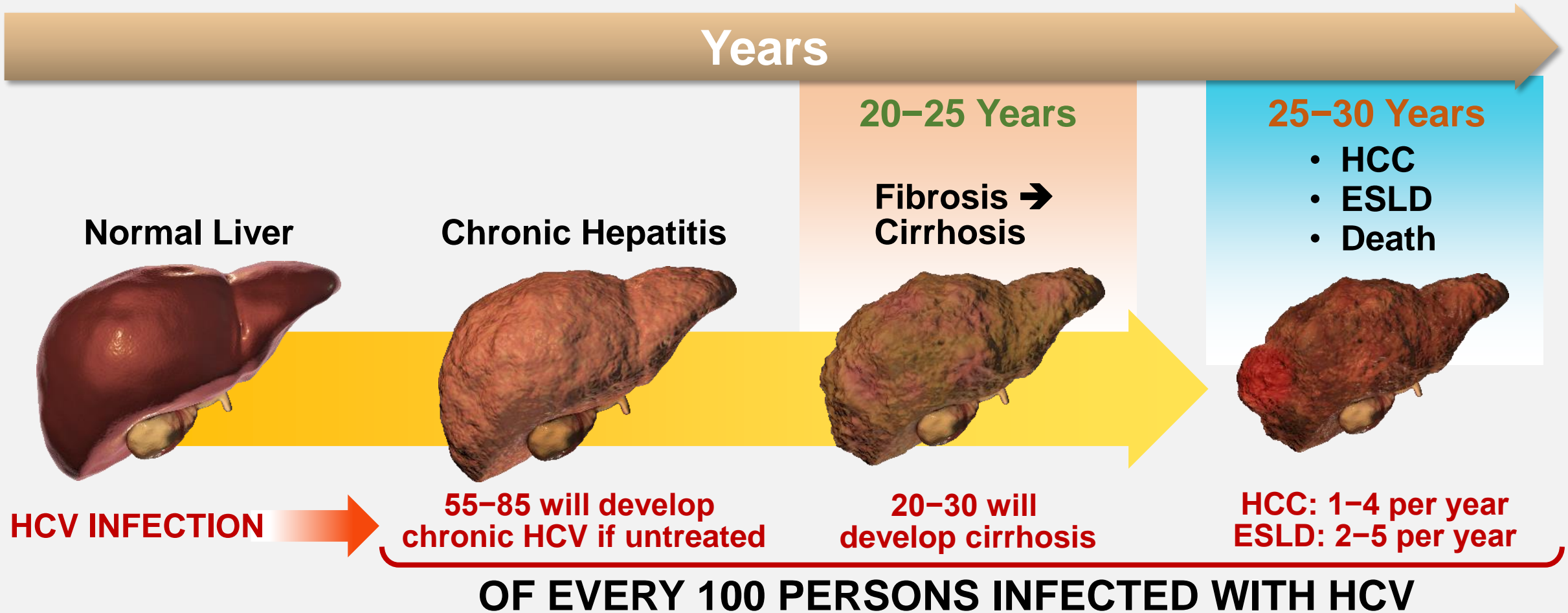
HEPATITIS C

- Liver infection caused by the Hepatitis C Virus (HCV) and transmitted through contact with blood from an infected person
 - Sharing of drug injection or preparation equipment, e.g., needles, syringes, snorting straws, cottons, cookers
 - Traumatic sexual practices, e.g., receptive, unprotected anal sex
 - Blood transfusion or organ transplant before 1992
 - Birth to an HCV-positive mother
- People with HCV often have no symptoms and don't feel sick. When symptoms do appear, they often are a sign of advanced liver disease
 - Often underdiagnosed and underreported
- There is no vaccine for HCV

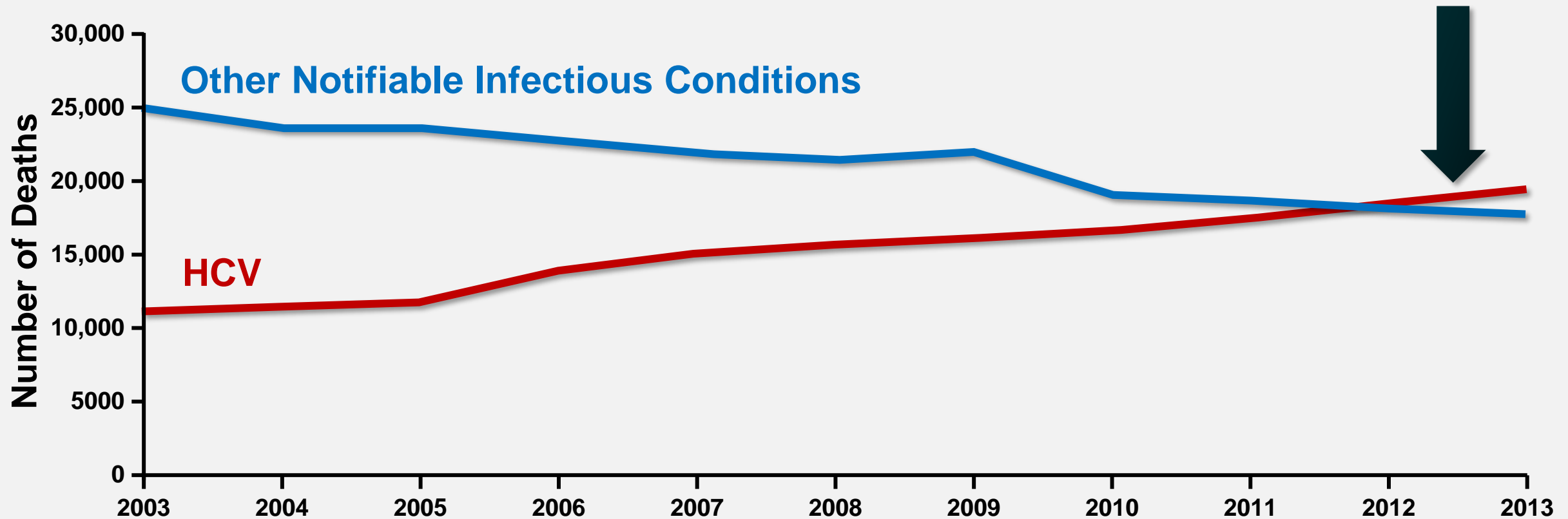
ACUTE vs CHRONIC HCV

- HCV infection can range from an acute, mild illness, lasting a few weeks, to a serious, lifelong chronic infection
- Chronic HCV infection can result in serious, even life-threatening health problems such as cirrhosis (severe liver scarring/damage) and liver cancer
- Signs and symptoms of acute HCV include jaundice, elevated liver enzymes (ALT >200 IU/L), fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain
- HCV has an incubation period of up to 6 months, and >70% of acutely infected persons are asymptomatic
- >75% of acute HCV cases develop chronic HCV infection

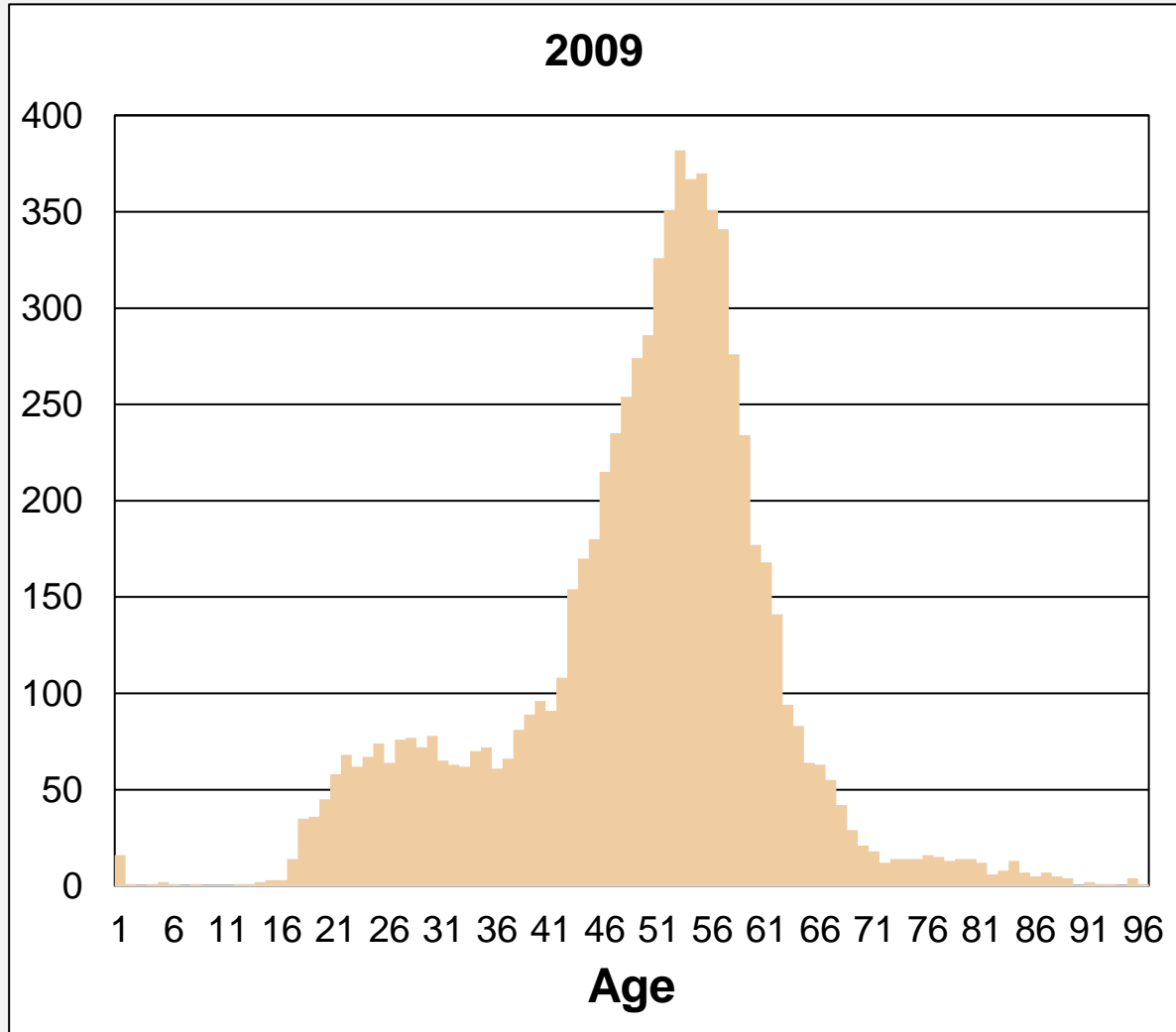
The Natural History of the Disease



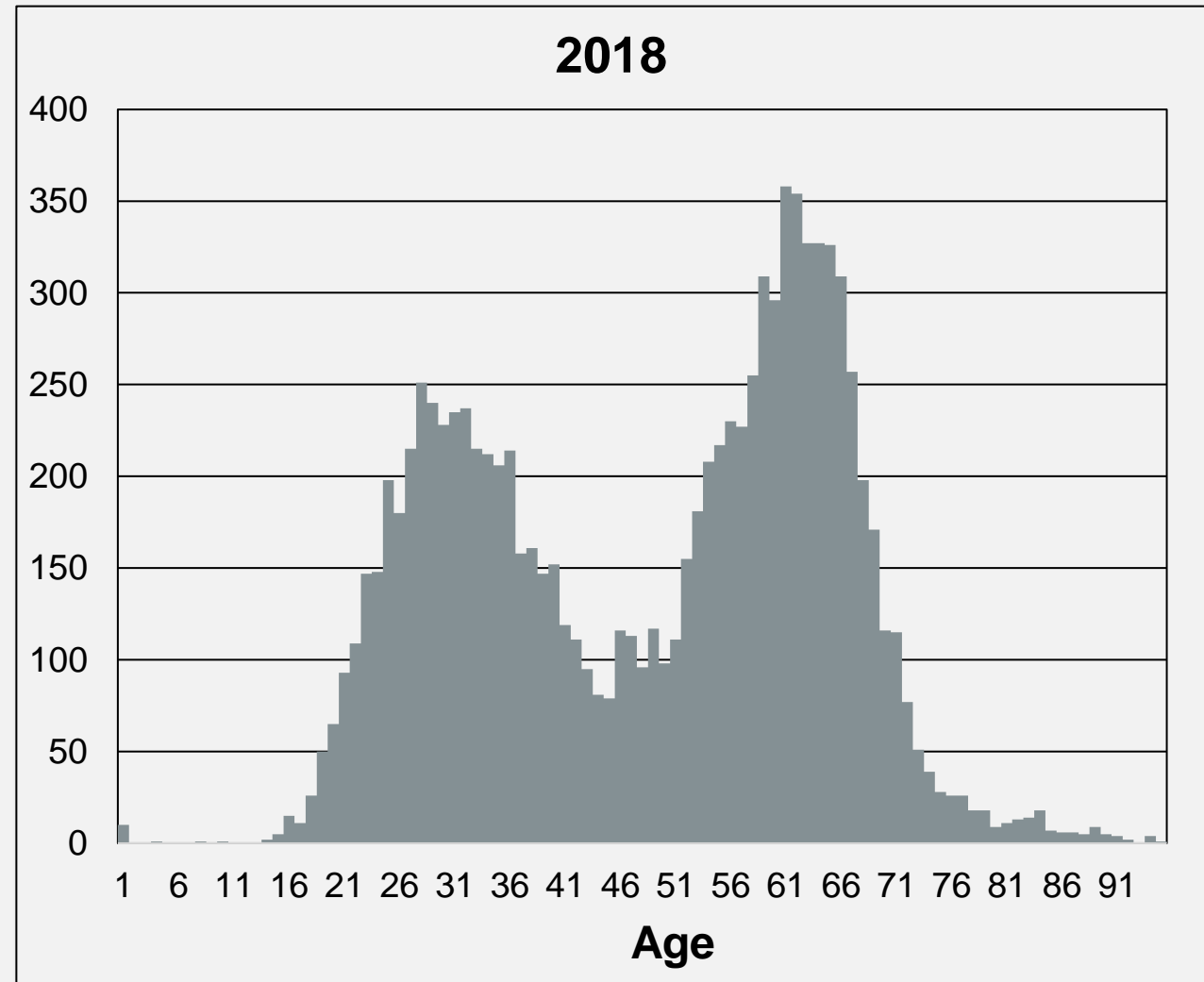
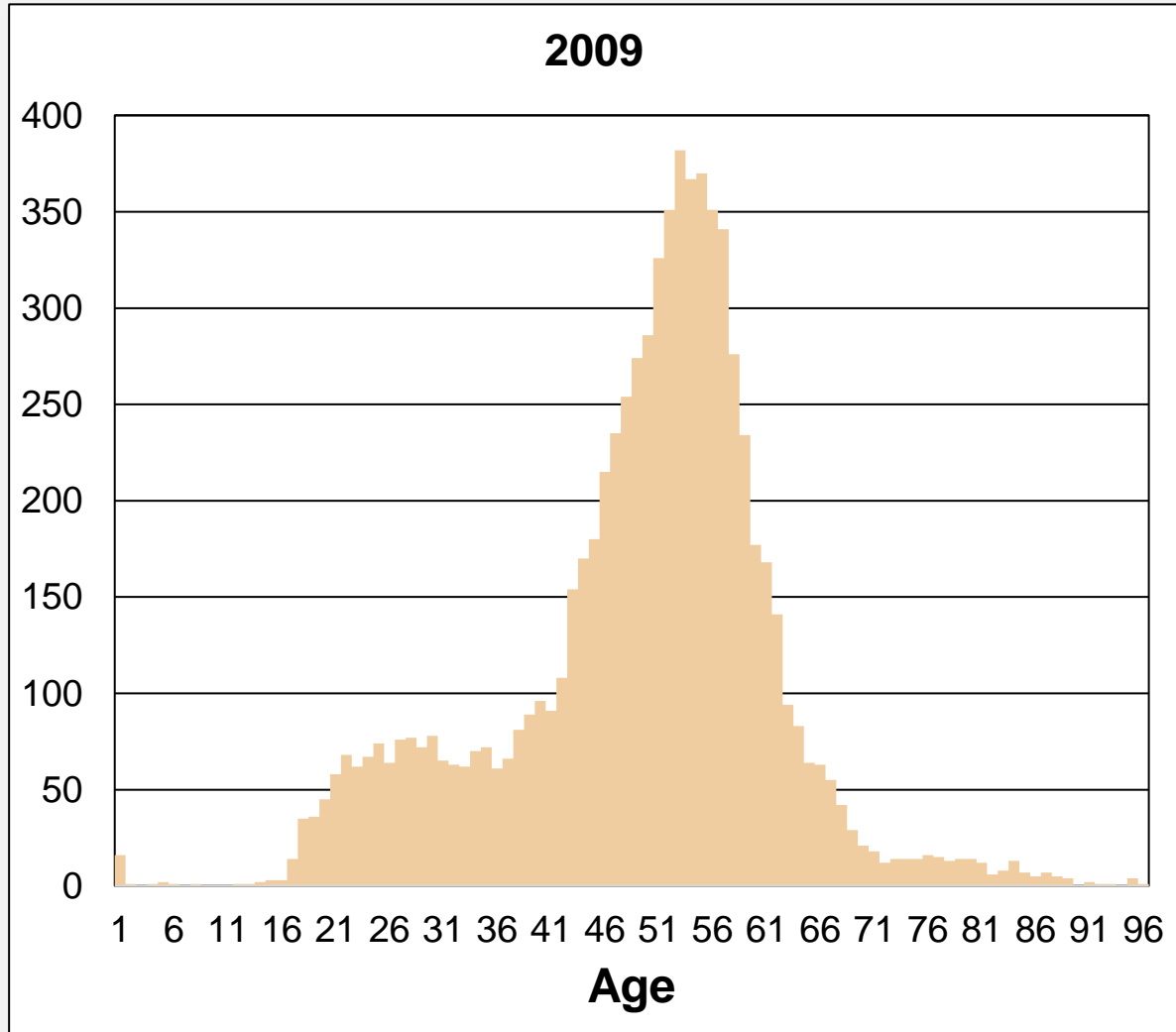
HCV Kills More Americans Per Year Than HIV, TB, and 58 Other Infections Combined *before COVID-19, that is*



DISTRIBUTION OF NEW HCV DIAGNOSES BY YEAR OF BIRTH IN MICHIGAN, 2009



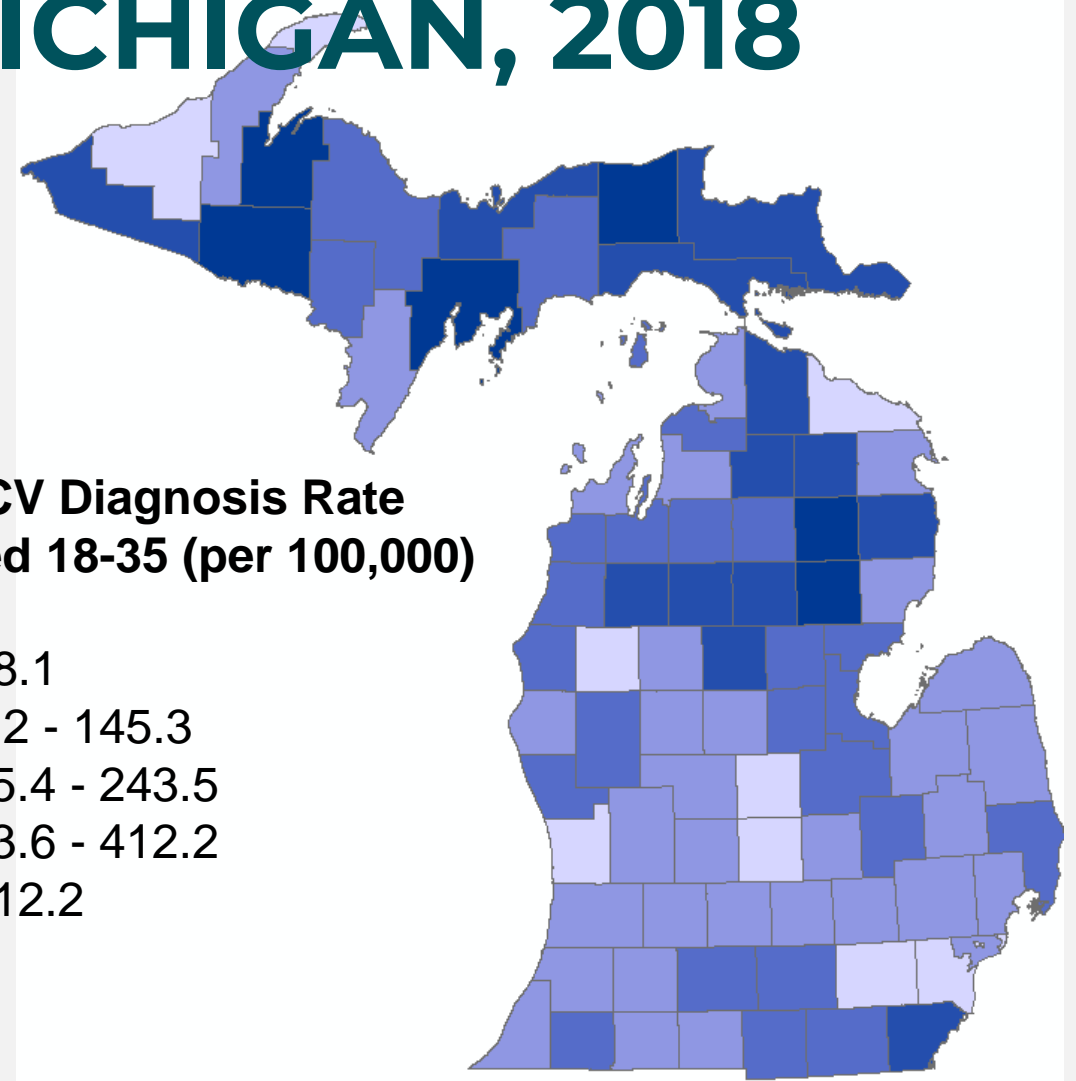
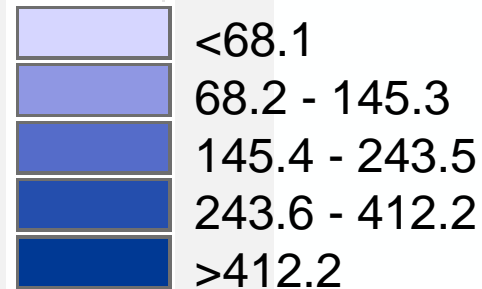
DISTRIBUTION OF NEW HCV DIAGNOSES BY YEAR OF BIRTH IN MICHIGAN, 2009 v. 2018



DEMOGRAPHICS AND COUNTY RATE MAP OF NEW HCV DIAGNOSES AMONG 18-35 YEAR OLDS, MICHIGAN, 2018

Age (n = 3062)		
Median	29	
Mean	28.3	
Range	18 - 35	
Sex (n = 3048)		Rate per 100,000
Female	1467 (48.1%)	140.6
Male	1581 (52.9%)	134.3
Race (n = 2292)		Rate per 100,000
White	2047 (89.3%)	123.3
Black	183 (8.0%)	51.4
American Indian	49 (2.1%)	396.5
Asian	13 (0.6%)	14.0
Hispanic Ethnicity (n = 1862)		Rate per 100,000
Hispanic or Latino	75 (4.0%)	Not Available
Not hispanic or Latino	1787 (96.0%)	Not Available
Arab Ethnicity (n = 1141)		Rate per 100,000
Arab Ethnicity	4 (0.4%)	Not Available
Non-Arab	1137 (99.6%)	Not Available
History of IVDU (n = 1289)		
Yes	1079 (83.7%)	
No	210 (16.3%)	

**2018 New HCV Diagnosis Rate
Persons Aged 18-35 (per 100,000)**



HCV TESTING RECOMMENDATIONS (CDC, 2020)

Universal HCV screening **NEW RECOMMENDATION**

- HCV screening at least once in a lifetime for all adults aged ≥ 18 years
- HCV screening for all pregnant people during each pregnancy

One-time HCV testing regardless of age or setting prevalence among persons with recognized conditions or exposures

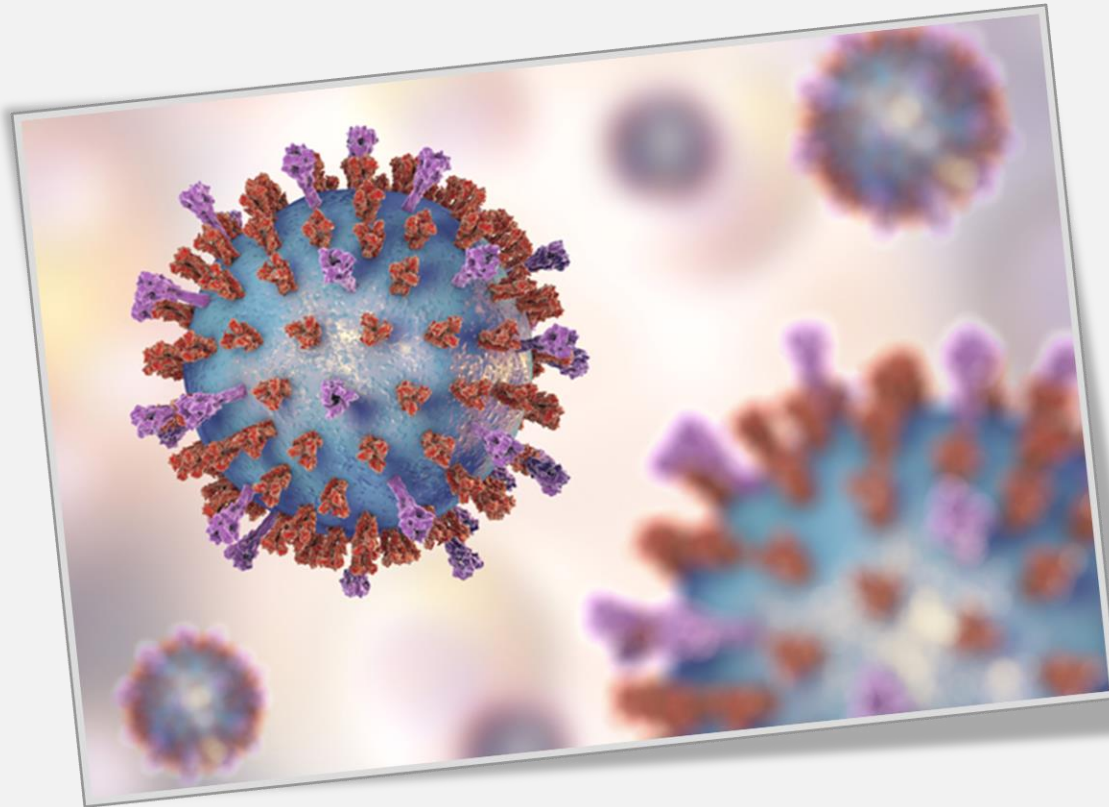
- Persons with HIV
- Persons who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
- Children born to mothers with HCV infection

Routine periodic testing for persons with ongoing risk factors, while risk factors persist

- Persons who inject drugs and share needles, syringes, or other drug preparation equipment
- Persons with selected medical conditions, including persons who ever received maintenance hemodialysis

Any person who requests HCV testing should receive it, *regardless* of disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks

HEPATITIS C IS CURABLE



- HCV direct-acting antivirals (DAA) first received FDA approval in 2013
- Major improvement over previous treatments: simple, effective, short in duration, and well-tolerated
- All oral medications taken only once daily
- Cure rates are $\geq 95\%$
- HCV cure improves health outcomes, reduces risk of decompensated cirrhosis and liver-related death
- Since HCV is a fairly prevalent condition, payers strategized on how to curtail costs without an infinite budget

COMMON STRATEGIES TO CURTAILING COSTS

- **Prior Authorization:** Before medications can be prescribed, a provider must submit paperwork to gain approval for writing the script
- **Fibrosis Restrictions:** Limiting prescriptions to only those patients with severe liver damage (e.g., F3 or F4 Fibrosis Score)
- **Provider Restrictions:** Prescriptions can be written by or in consultation with a specialist (e.g., infectious disease, gastroenterologist, or hepatologist)
- **Sobriety Restrictions:** Patient must be sober from drugs or alcohol for 6 months to be eligible for treatment

MICHIGAN MEDICAID HCV COVERAGE BACKGROUND

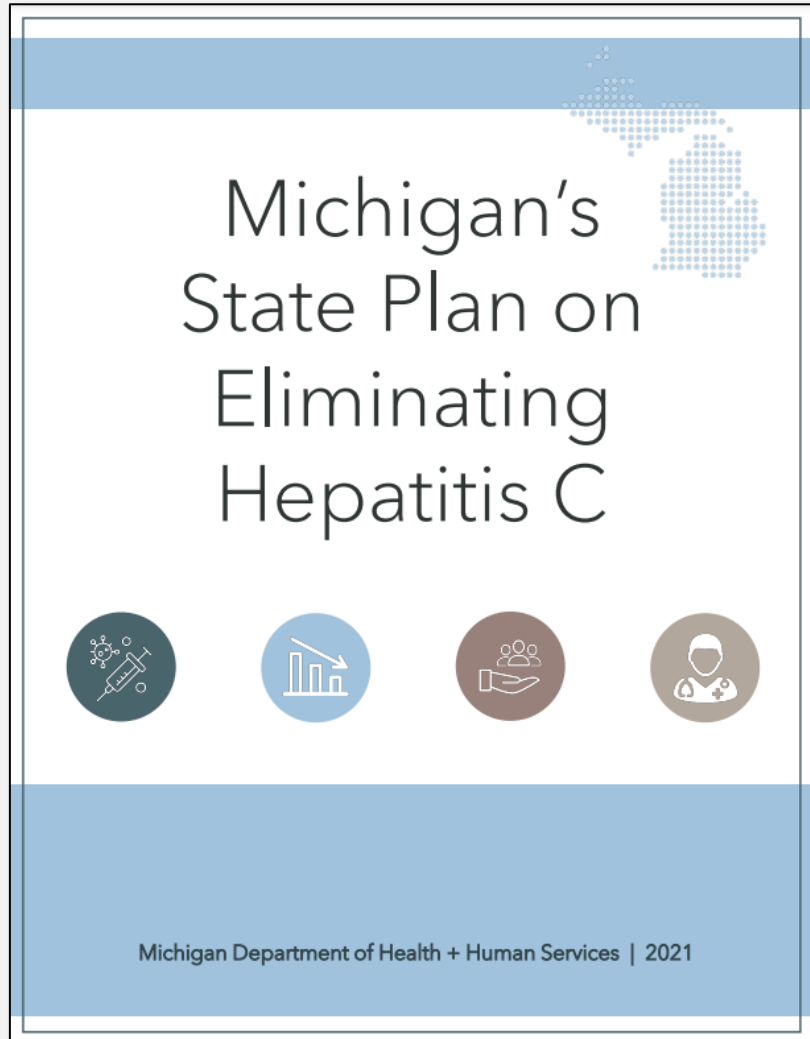
- Initiated formal coverage of HCV DAAs in January of 2016
 - F3/F4 Fibrosis
 - Prescription must be written by, or in consultation with, a hepatologist, gastroenterologist, or infectious disease specialist
 - Patient must demonstrate 6 months of sobriety

2017 – Fibrosis score lowered to F2

2018 – Fibrosis score lowered to F1

2019 – Fibrosis score requirement removed

HEPATITIS C ELIMINATION PLAN



- **Goal 1:** Quantitatively demonstrate the impact of HCV infection and treatment
- **Goal 2:** Use data to better describe populations impacted by HCV to inform prevention strategies and program planning
- **Goal 3:** *Reduce stigma and increase engagement in communities disproportionately impacted by HCV*
- **Goal 4:** Improve access to quality, equitable, and comprehensive HCV screening, testing, and treatment options regardless of location, age, race, and income
- **Goal 5:** Support providers become confident in testing and treating HCV by providing trainings, tools, and resources

HEPATITIS C ELIMINATION PLAN

Community-Based Responses and Interventions

- **Objective 3.1:** Support stigma reduction and HCV education through stakeholder engagement (e.g., health care providers/clinicians, substance use disorder treatment centers, correctional facilities and jails, medical and nursing schools, the public)
- **Objective 3.2:** Expand access to HCV testing and treatment among vulnerable populations, such as persons who inject drugs, justice-involved populations, American Indians or Blacks or African Americans
- **Objective 3.3:** Promote provider involvement in community-based activities for individuals with HCV
- **Objective 3.5:** Establish formal referral system to provide seamless services, from initial screening to prevention of reinfection, using all available resources

WE TREAT HEP C INITIATIVE

- MDHHS launched the **We Treat Hep C Initiative** on April 1, 2021, as a strategy to increase access to HCV treatment and eliminate HCV in Michigan

WHAT

We Treat Hep C Initiative aims to make treatment more accessible by removing barriers to prescribing

HOW

MDHHS has entered into an agreement with AbbVie, the manufacturer of glecaprevir/pibrentasvir (GLE/PIB)


WHO

Treatment is available to all **Medicaid** and **Healthy Michigan Plan** beneficiaries

WE TREAT HEP C INITIATIVE

- GLE/PIB no longer requires prior authorization (PA), effective April 1, 2021
- PA requirements for non-preferred DAAs have been streamlined
- Removal of all HCV DAA restrictions: documentation of recent/current substance use and specialist requirement have been removed
- **Any prescriber with prescriptive authority can treat HCV!**

HEPATITIS C: STATE OF MEDICAID ACCESS REPORT CARD

Hepatitis C: State of Medicaid Access Report Card	
Michigan	
Estimated Number of Individuals Living with Hepatitis C: 115,000 ¹	
Grade	Summary
A+	<p>Liver Damage (Fibrosis) Restrictions: Michigan does not impose liver damage restrictions.</p> <p>Sobriety Restrictions: Michigan does not impose sobriety restrictions.</p> <p>Prescriber Restrictions: Michigan does not impose prescriber restrictions</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none">• Expand awareness among providers about the ability to treat without prior authorization.• Maintain transparency regarding coverage criteria and parity across the Medicaid program. <p><i>Grade Rationale: Michigan has taken significant steps to open access to hepatitis C treatment. The state imposes no restrictions on treatment, and allows providers to prescribe the preferred agent without first obtaining a prior authorization.</i></p>

BUILDING CLINICAL INFRASTRUCTURE IS CRITICAL TO ACHIEVING HCV ELIMINATION

- Lack of provider expertise in HCV treatment and limited access to specialists are well-demonstrated barriers to HCV treatment
- With advances in HCV treatment, expanding clinical capacity to manage and deliver HCV care is integral to successful HCV treatment
- Studies have demonstrated success through expanding clinical capacity to primary care and advanced practice providers to treat HCV infection
- One study demonstrated a high rate of sustained virologic response (equivalent to cure) among patients of primary care providers and nurse practitioners providing independent HCV care using DAAs

CLINICAL CONSULTATION PROGRAMS/RESOURCES

- **Henry Ford Health System:** Complimentary clinical consultation line for health care professionals with questions about HCV treatment. Operated from 8 A.M. – 5 P.M. M-F (313) 575-0332
- **Wayne State University/Midwest AIDS Training and Education Center (MATEC):** On-demand didactic webinars, live training events, office hours, and monthly case discussions. Available for all health care professionals at (313) 962-2000.
- **Michigan Opioid Collaborative:** Biweekly HCV education and case consultation to support primary care and community providers with diagnosis, treatment planning, and medication management of people living with HCV
- Additional trainings and resources available at Michigan.gov/WeTreatHepC
- Join the We Treat Hep C listserv by e-mailing MDHHS-Hepatitis@Michigan.gov!

MDHHS OUTREACH



Michigan HHS Dept @MichiganHHS · Oct 8

October is [#LiverCancerAwarenessMonth](#)! Hepatitis C, a virus spread by contact with infected blood, is a leading cause of liver cancer. However, many don't know they have hep C because there are often no symptoms. Know your status and get tested! Learn more Michigan.gov/Hepatitis



MDHHS / INSIDE MDHHS / NEWSROOM

MDHHS highlights We Treat Hep C Initiative progress in recognition of World Hepatitis Day

FOR IMMEDIATE RELEASE

July 28, 2021

Contact: Chelsea Wuth, 517-241-2112

LANSING, Mich. - [World Hepatitis Day](#) is commemorated worldwide on July 28 to raise awareness of viral hepatitis, an inflammation of the liver that causes severe liver disease. There are five main strains of the hepatitis virus: A, B, C, D and E; however, hepatitis C is the most common hepatitis virus in the United States.

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which can cause both acute (short-term) and chronic (long-term) illness. It is spread through contact with blood from an infected person. People with HCV infection are often undiagnosed because they remain asymptomatic until decades after infection when symptoms due to advanced liver disease manifest. There is no vaccine for HCV; however, there are effective medications that can cure HCV infection when taken once daily for eight to 12 weeks.



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(UPDATED) MPCA Continues Support of MDHHS "We Treat Hepatitis C" Initiative

Tuesday, June 22, 2021

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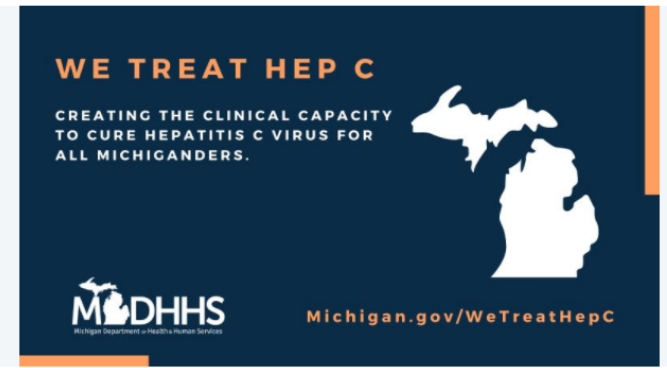
LANSING, Mich.--The Michigan Department of Health and Human Services (MDHHS) recently launched the [We Treat Hep C Initiative](#) to eliminate hepatitis C and improve access to hepatitis C treatment among Michigan Medicaid and Healthy Michigan Plan beneficiaries. As part of the We Treat Hep C Initiative, Michigan Medicaid removed the prescriber requirement. As a result, all providers with prescriptive authority are now able to prescribe hepatitis C treatment.



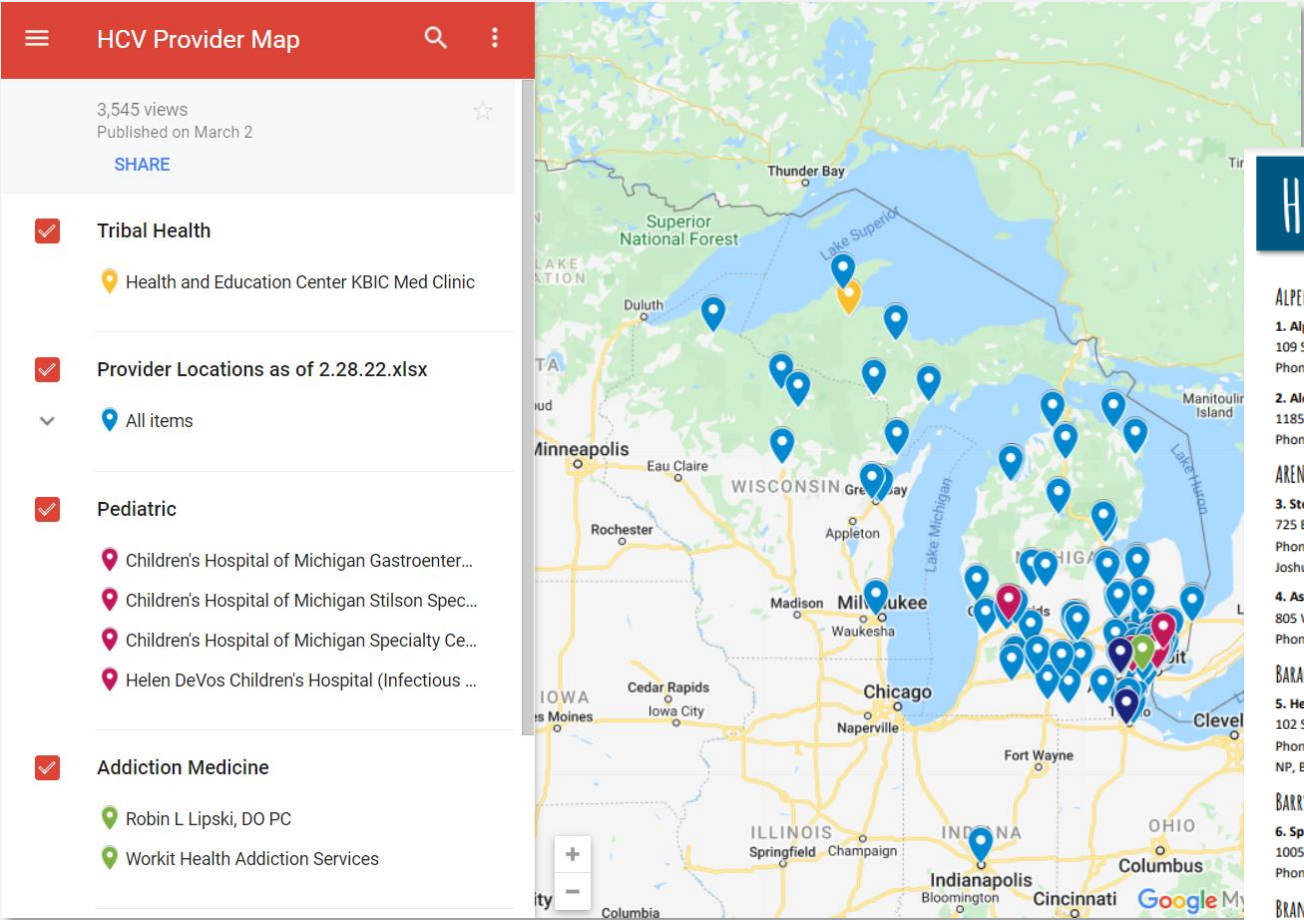
Michigan Department of Health & Human Services

14,273 followers
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Calling all providers! Don't forget to register for AbbVie's webinar on the Path to Hepatitis C Elimination: Always Forward. The webinar will be hosted on Oct. 12 at 12:15 P.M. EST and will discuss the clinical impact of hepatitis C and how to address gaps in care to eliminate hepatitis C. Presented by AbbVie Senior Medical Science Liaisons Arina Kuznetsova, MD, and Alexandra Oumanets, APRN, FNP-C. To register, please visit <https://bit.ly/3DpJoJe>.



HCV TREATMENT PROVIDER MAP AND DIRECTORY



Michigan.gov/WeTreatHepC

HEPATITIS C TREATMENT PROVIDER DIRECTORY

ALPENA COUNTY

1. Alpena Express Care and Family Practice
109 S Thirteenth Avenue, Alpena, MI 49707
Phone: 989-356-2400 | Providers: Dr. David Dargis, Dr. Douglas King

2. Alcona Health Center
1185 U.S. 23 North, Alpena, MI 49707
Phone: 989-356-4049 | Providers: Dr. Maureen Mead

ARENAC COUNTY

3. Sterling Area Health Center
725 East State Street, Sterling, MI 48659
Phone: 989-654-3501; 989-654-2491 | Providers: Dr. Linda Runyon, Elizabeth Kitchen, NP, Joshua Leonard, NP, Vivian Gallofin, NP

4. Ascension Standish Hospital
805 West Cedar Street, Standish, MI 48658
Phone: 989-846-3500 | Providers: Dr. Ibrahim Shamieh

BARAGA COUNTY

5. Health and Education Center KBIC Med Clinic
102 South Superior Avenue, Baraga, MI 49908
Phone: 906-353-8787 | Providers: Dr. Edward Lelonek, Jody Jinkerson, NP, Jennifer Scott, NP, Brittany Wadaga, NP

BARRY COUNTY

6. Spectrum Health Clinic General Surgeon—Hastings Surgeons PC
1005 West Green Street Suite 300, Hastings, MI 49058
Phone: 269-948-8411 | Providers: Dr. David Dargis

BRANCH COUNTY

7. Charles Whitaker, MD Family Medicine
436 Marshall Street, Coldwater, MI 49036
Phone: 517-278-6600 | Providers: Dr. Charles Whitaker

CALHOUN COUNTY

8. Digestive Health Center
3770 Capital Avenue SW Suite B, Battle Creek, MI 49015
Phone: 269-385-9900 | Providers: Amy Ball, PA, Dr. Tarun Sharma, Dr. Silviu Locovei, Dr. Aljaz Turk, Dr. Brij Dewan

9. Calhoun County Health Department
190 East Michigan Avenue, Battle Creek, MI 49014
Phone: 269-969-6363 | Providers: Michelle Thorne, MSN, FNP-BC

10. Calhoun County Health Department
214 East Michigan Avenue, Albion, MI 49224
Phone: 517-629-9434 | Providers: Michelle Thorne, MSN, FNP-BC

DELTA COUNTY

11. Bellin Health Escanaba
610 S Lincoln, Escanaba, MI 49829
Phone: 906-786-6488 | Providers: Stephen Young, PA, Brian Guindon, PA

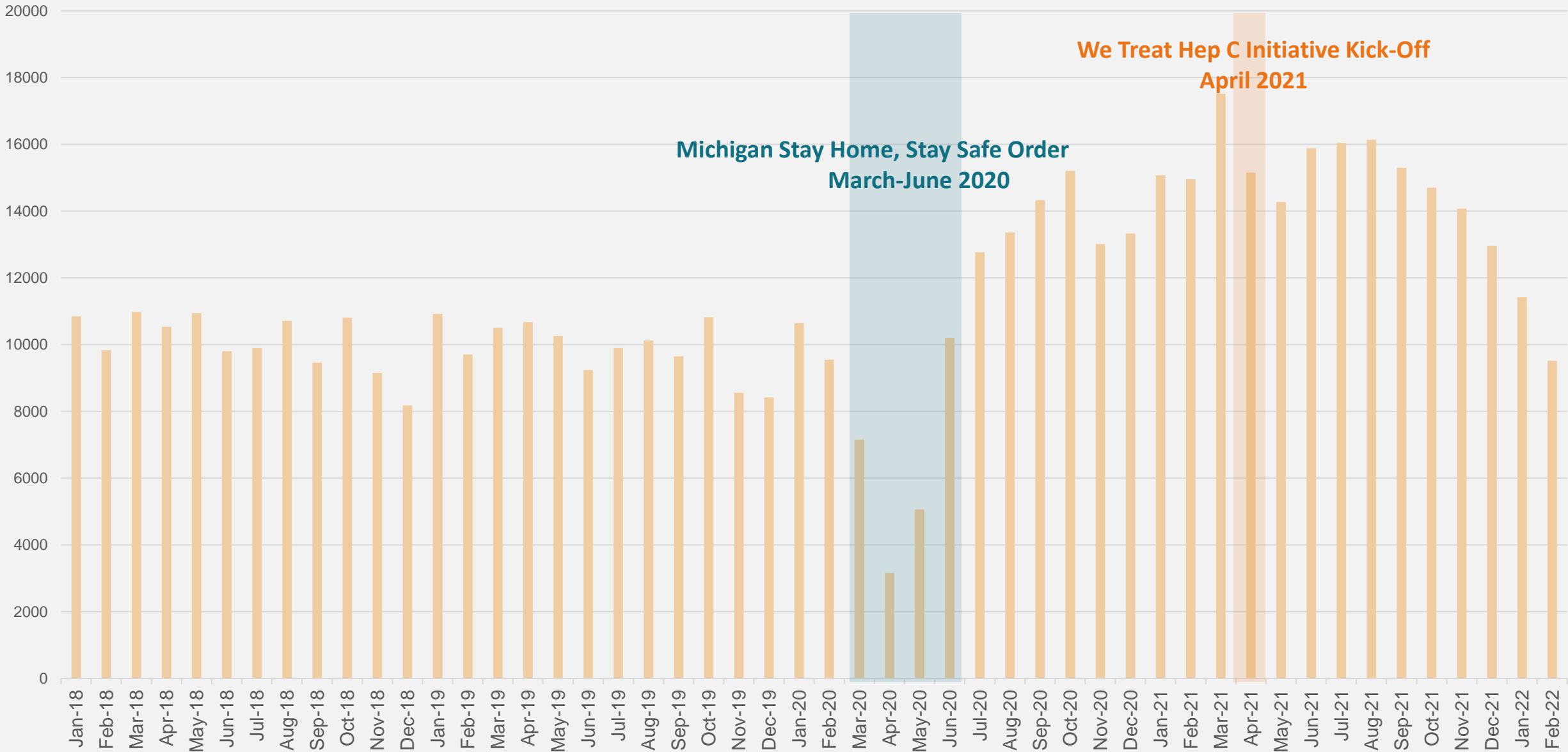
DETROIT

12. Wayne Health—Multispecialty Clinic
4160 John R Suite 917, Detroit, MI 48201
Phone: 313-745-4525 | Providers: Jennifer Gideon, NP, Dr. Milton Mutchnick, Dr. Katherine Wong, Dr. Thomas Kelley, Dr. Bashar Mohamad, Sharlet Geevarughese, NP

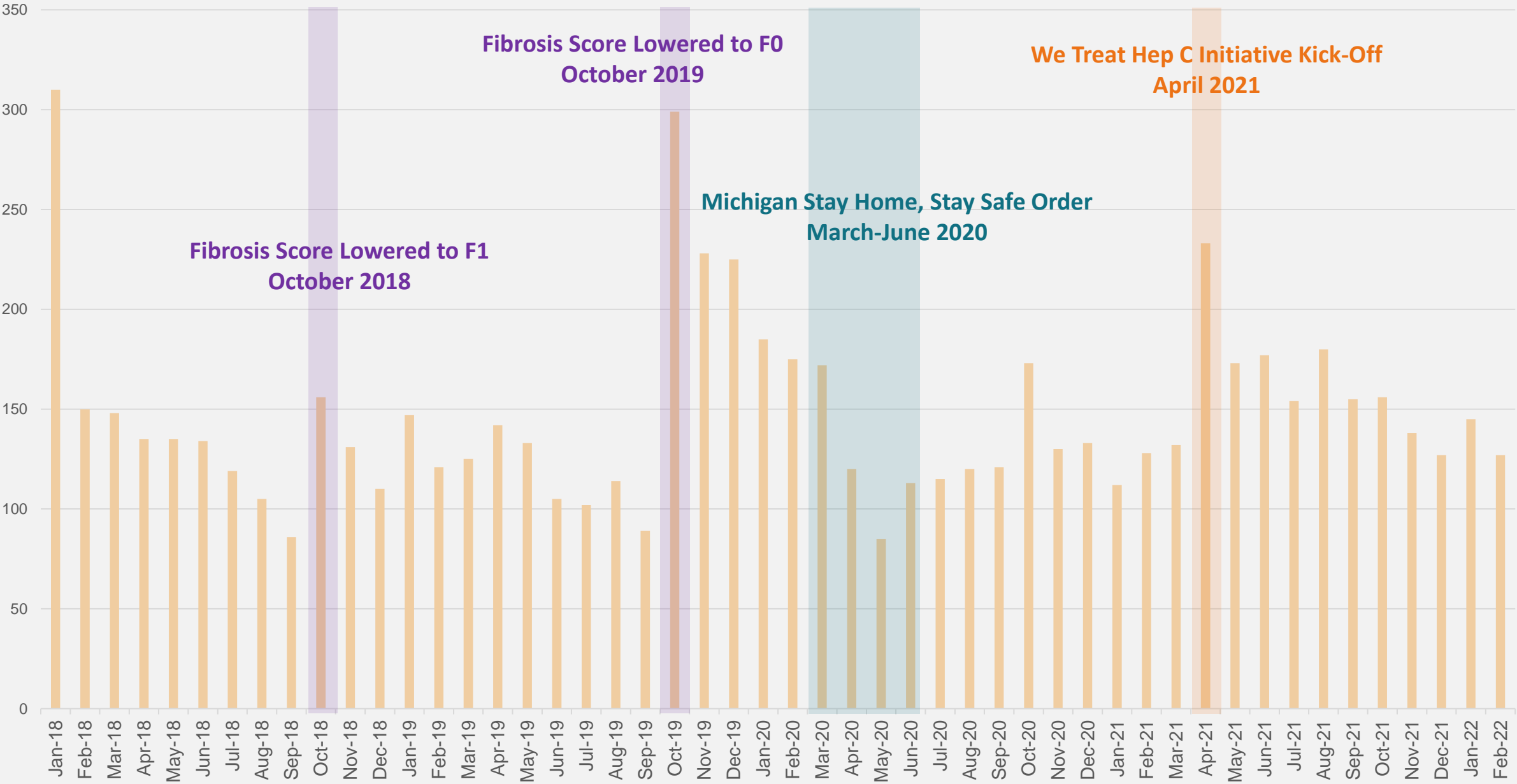
13. Wayne Health—Tolan Park
3901 Chrysler Drive Suite 4A, Detroit, MI 48201
Phone: 313-966-7601 | Providers: Dr. Jonathan Cohn, Dr. Prateek Lohia, Dr. Gretchen Snoeyenbos Newman

DISCLAIMER: Listings in the Hepatitis C Treatment Provider directory are for informational purposes and is not a complete list of all hepatitis C treatment providers in the state of Michigan. Inclusion in the directory is for providers who have given consent to be added and does not constitute MDHHS' endorsement or recommendation of, or for, any individual, service, treatment, or organization. Phone numbers, addresses, and service information are subject to change.

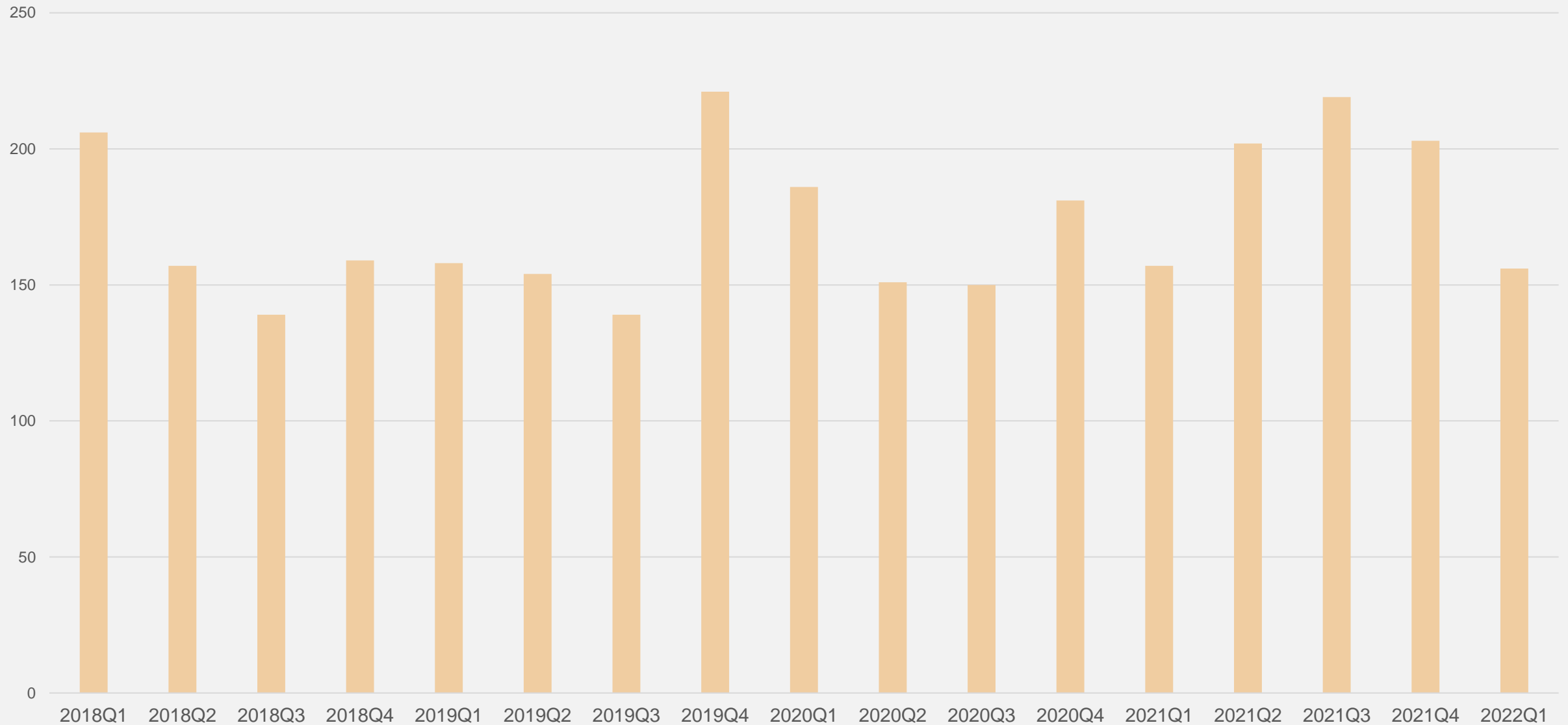
Medicaid Beneficiaries Tested By Month, 2018-2022, MI



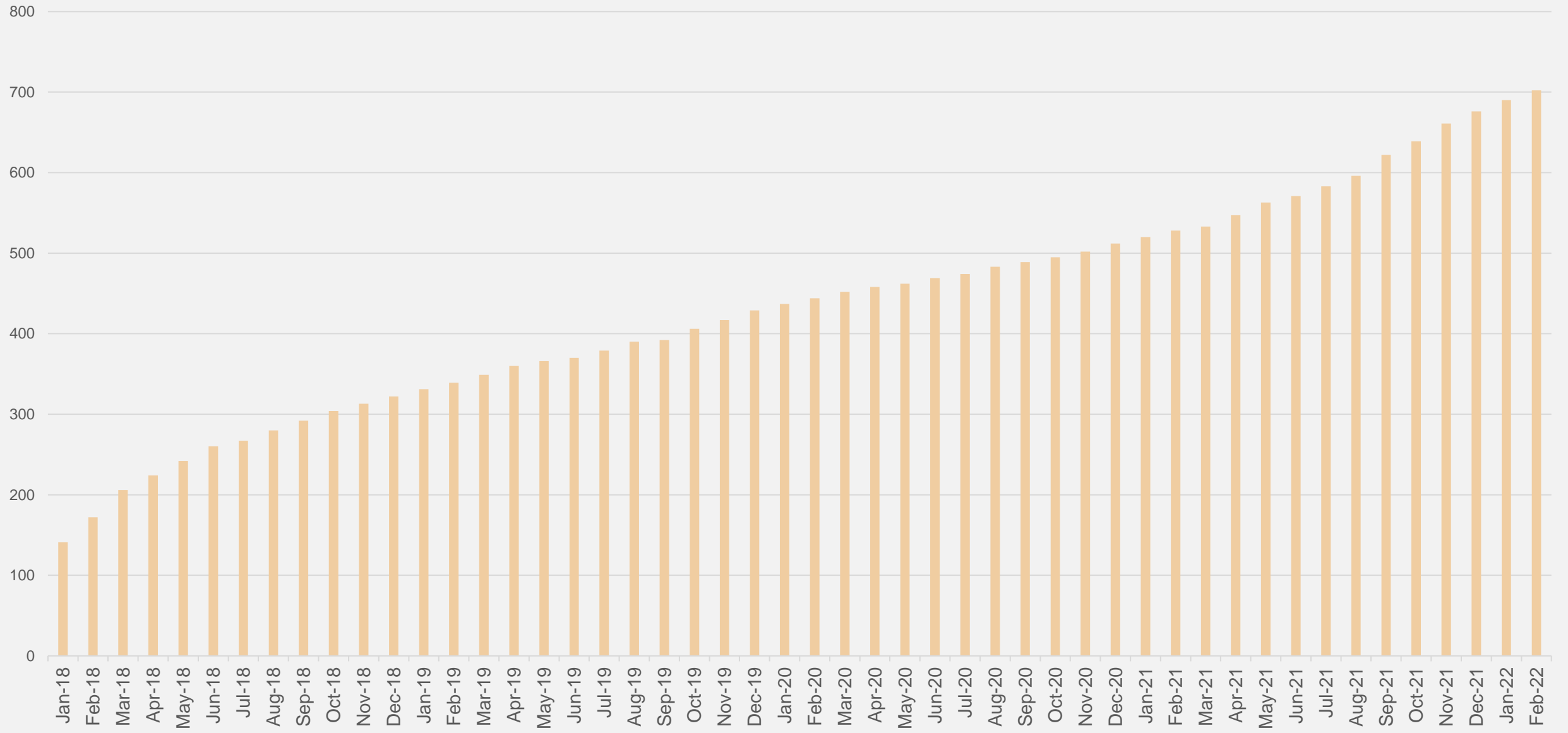
Medicaid Beneficiaries that Started HCV Treatment, 2018-2022, MI



HCV Treatment Providers Prescribing Treatment for Medicaid Beneficiaries Each Quarter, 2018-2022, MI



Cumulative Total of New Providers Who Prescribed HCV Treatment for Medicaid Beneficiaries, 2018-2022, MI



WAYNE COUNTY JAIL PROJECT

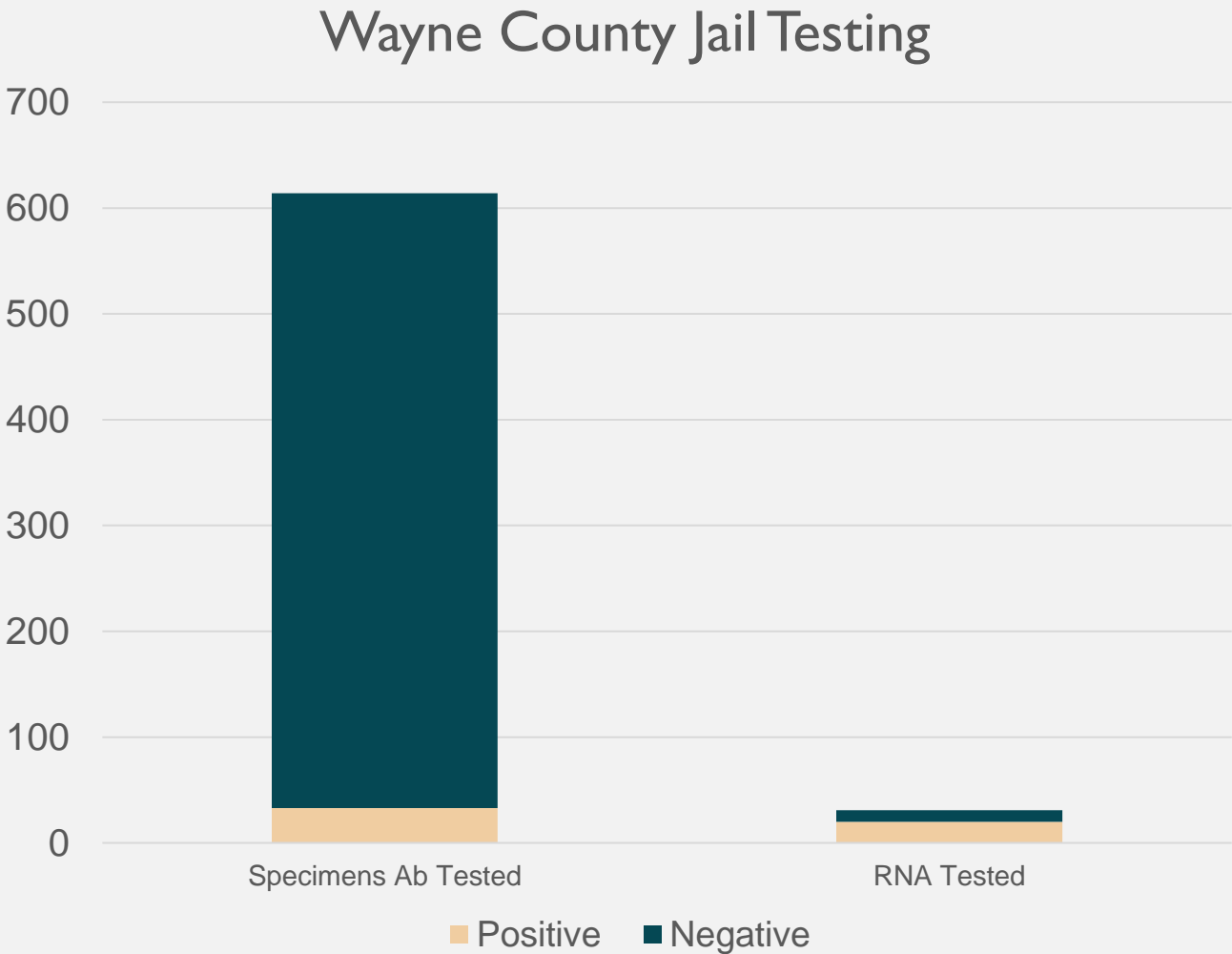
- The MDHHS Viral Hepatitis Unit is partnering with the MDHHS Division of HIV/STIs on the Ending the HIV Epidemic Initiative (EHE) in Wayne County
- Implementing opt-out testing upon intake for inmates for HIV, HCV, and syphilis at Wayne County Jail in November 2021 (testing implementation began November 10th, 2021)
- Specimens collected and sent to the MDHHS Bureau of Laboratories (BOL)
 - HCV specimens automatically reflexed to HCV RNA if HCV Ab is positive
- Wayne County Jail is also partnering with local Federally Qualified Health Center, Wayne County Healthy Communities, to leverage their COVID-19 DIS to assist with HCV Linkage to Care
- Individuals who are HCV-positive to be linked to care and treatment upon release through referral processes that have been developed with Henry Ford Health System and WSU/MATEC

WAYNE COUNTY JAIL PROJECT

# Ab Tests Collected	614
# Ab Positive	33
# RNA Positive	20
# of New Detections (not previously reported in MDSS prior to WCJ testing)	6

Challenges:

- Lack of trust
- Staffing shortages due to COVID-19
- Lack of streamlined coordination between medical staff and sheriff's office when inmates are released
- Loss-to-follow-up



IN SUMMARY

OPTIMIZE HCV TESTING!

- Implement **new** universal HCV testing recommendations in your LHD if you haven't already
 - Without detection and being asymptomatic, they'll never know if they have HCV
 - Some LHDs have incorporated HCV testing in their HIV/STI clinic. Consider implementing **opt-out testing** (all patients get tested, individuals have the opportunity to decline).
 - Advantages: Normalizes testing, reduces stigma
 - Employ reflex testing (automatic confirmatory testing HCV RNA if HCV Ab is positive)
 - Advantages – Reduces incomplete testing, patient barriers, facilitates earlier linkage to treatment
- Raise awareness of HCV. Put up posters/educational materials in your offices/clinics
- Educate patients on HCV during case investigations and link individuals to care using our resources
- Educate providers on the We Treat Hep C Initiative and the clinical resources that are available
- Work with your Public Information Officer to disseminate HCV social media messaging, press releases, update website
- Increase access to HCV testing (e.g., hosting testing events in your community, working with partners such as local jails, substance use treatment centers, etc.)

WE WANT YOUR FEEDBACK!

- We'd like to collect feedback from LHD staff who conduct case classification, case investigation, and linkage to care for HCV to assess LHD capacity and interest in HCV trainings that may be relevant to your work.
- If you have not yet done so, please complete the survey at the link below:
<https://www.surveymonkey.com/r/LHDHCVAssessment>

Thank you!

Contact Information:



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Viral Hepatitis Prevention Coordinator



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Michigan.gov/Hepatitis
Michigan.gov/WeTreatHepC
Michigan.gov/SSP