

HEPATITIS C LINKAGE TO CARE AND CASE MANAGEMENT

LHD HCV WEBINAR SERIES

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AGENDA

- HEPATITIS C 101
- DIS 101
- DIS OUTREACH
- HCV BARRIERS
- HCV DIS TIPS AND TRICKS
- MAIN TAKEAWAYS

HEPATITIS C 101

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 transfusions or organ transplants before 1992
 - Birth to an HCV-positive mother (~6% of pregnancies)
 - Unregulated body art
 - Healthcare exposures (e.g., needlestick injury)
- HCV **not** transmitted through breastmilk, food, water, or casual contact (e.g., hugging, kissing, sharing food/drink with someone living with HCV)
- People with HCV are often asymptomatic. When symptoms do appear, they often are a sign of advanced liver disease
- 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
- 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
- >70% of acutely infected persons are asymptomatic
- >75% of acute HCV cases develop chronic HCV infection
- Chronic HCV infection can result in serious, even life-threatening health problems such as cirrhosis (severe liver scarring/damage) and liver cancer

****Recommendations for medical management and monitoring of acute HCV Infection = HCV treatment should be initiated without awaiting spontaneous resolution ([link](#))**

HCV TESTING RECOMMENDATIONS & TESTING

Screening Recommendations

- At least once in a lifetime for all adults 18 years and older
- All pregnant people during each pregnancy
- Routine periodic testing for persons with ongoing risk factors [ex) substance use]
- Any person who requests HCV testing should receive it, regardless of disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks.

Testing

It takes two tests to see if you are living with hepatitis C!

ANTIBODY

- An antibody test detects if you have been exposed to HCV
- A positive result only means that you have been exposed to HCV
- If Ab test is + you need take a RNA test to know if you are currently infected
- Regardless of clearing the virus or receiving treatment, HCV Ab result will ALWAYS be positive!

RNA

- An HCV RNA test can tell if you are currently living with HCV.
- If you test +, there are medications that can cure you.
- Genotype test - identifies the specific strain of virus and is equivalent to an RNA test.

PERINATAL HCV TESTING RECOMMENDATIONS

- All children born to HCV-infected mothers [should be tested for HCV](#).
- Maternal HCV antibodies transfer efficiently from the mother to the child and may not clear for up to 18 months.
- Therefore, the [American Association for the Study of Liver Diseases \(AASLD\)](#) recommends testing infants according to the following algorithm:
 - HCV Ab testing at or after **18 months** of age (maternal antibodies)
 - HCV RNA can be considered as early as at **2 months** of age

**FDA-approved DAA regimens are available for children aged 3 years and older

TREATMENT - HCV IS CURABLE!

PAST

- Interferon-based
- Low efficacy against the most common HCV genotype (treatment often was not curative)
- Patients often experienced significant side effects

PRESENT

- Direct-Acting Antivirals (DAAs) first received FDA approval in 2013
- Curative (95%) for most patients and most genotypes
- Improved patient quality of life: fewer side effects and short treatment duration (8 to 12 weeks)
- Downside: previously very expensive
- Since HCV is a fairly prevalent condition, this caused payers to strategize 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 must be written by, or in consultation with, a specialist (e.g., gastroenterologist, hepatologist, or infectious disease)

Sobriety Restrictions: Patient must be sober from drugs or alcohol for 6 months to be eligible for treatment

BENEFITS OF TREATMENT & CURE

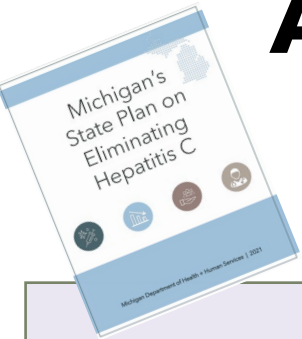
Curative treatment reduces:

- Risk of liver cancer by 75%
- Risk of all cause mortality by 50%

What does it mean to be cured?

- No longer have the virus active in their body
- No risk for transmitting the virus
- Will ALWAYS be HCV Ab positive/reactive
- Past liver damage may heal some
- Re-infection is possible!

ADDRESSING HCV IN MICHIGAN

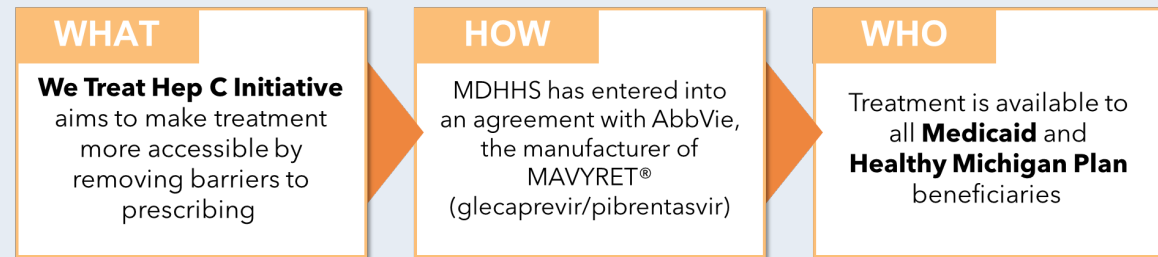


HCV Elimination Plan

- For Michigan to become hepatitis C free - the MDHHS along with the support and expertise from critical partners across the state created the Michigan's Hepatitis C Elimination Plan.
- **Vision:** Michigan residents will have equitable access to programs and services to prevent the spread of HCV, which will be a curable disease for all
- **Mission:** Through a collaborative approach, eliminate HCV in Michigan and improve quality of life through equitable and affordable access to testing, curative treatment, and supportive services that are stigma- and barrier-free
- Implementing 5 overarching goals focused on data, community-based interventions, and clinical strategies.
- Created in early 2021

We Treat Hep C Initiative

- MDHHS launched the WTHC on April 1, 2021, as a key strategy to increase access to HCV treatment and eliminate HCV in Michigan.



- Mavyret no longer requires prior authorization (PA)
- PA requirements for non-preferred DAAs have been streamlined
- Removal of ALL HCV DAA restrictions:
 - Substance use
 - Any prescriber w/ prescriptive authority can tx!

ADDRESSING HCV IN MICHIGAN CONT.

MDHHS Hepatitis C Disease Intervention Specialist (DIS) Unit:

- Started in August 2021 with **5** HCV DIS → **7** HCV DIS!
- Working remotely and method of contact: text, phone calls, and emails
- **Goal:** identify and link Michiganders at risk or living with HCV to medical care
- **Data:**
 - From October 2021 to June 2022, the HCV DIS have:
 - Attempted to contact **1,239** HCV cases
 - Interviewed, educated, and attempted to link to care **433** HCV cases

DIS 101

WHAT IS A DIS?

DIS have long been a critical part of public health efforts, working directly with health care providers, community organizations, and the general public. Historically DIS have worked in STI and HIV programs and have now expanded to include Hepatitis C outreach.

We are not just performing interviews and collecting case investigation info, but assisting the case through the entire treatment process with our case management services.

HCV DIS GOALS



Educate cases about HCV



Refer cases to healthcare/community resources



Link cases to HCV testing and treatment



Help cases achieve adherence and cure

SKILLS OF A DIS

Confidentiality: maintain confidentiality, work with sensitive information, familiar navigating health privacy laws

Soft skills: creative, empathetic, problem-solving, and tech savvy

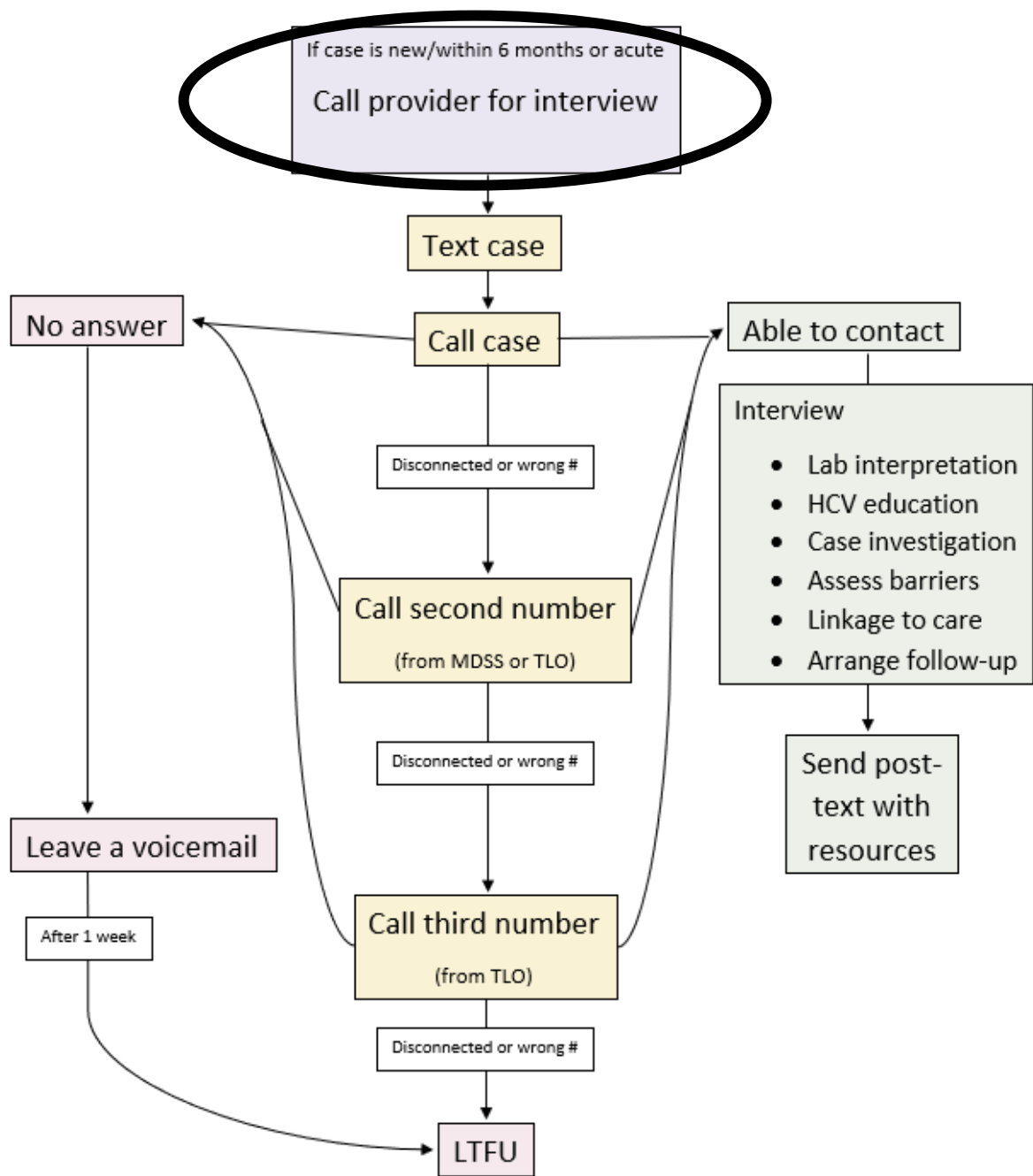
Communication: non-judgmental, familiar with motivational interviewing techniques, patient-first language, active listener

Organization: being able to track/manage many cases at different stages of the HCV care continuum

Determination: re-engage individuals LTFU into care, staying motivated through higher LTFU rate

Patient navigators and network-builders: familiarity with community-specific resources to ensure that patients have equitable access to linkage to care services

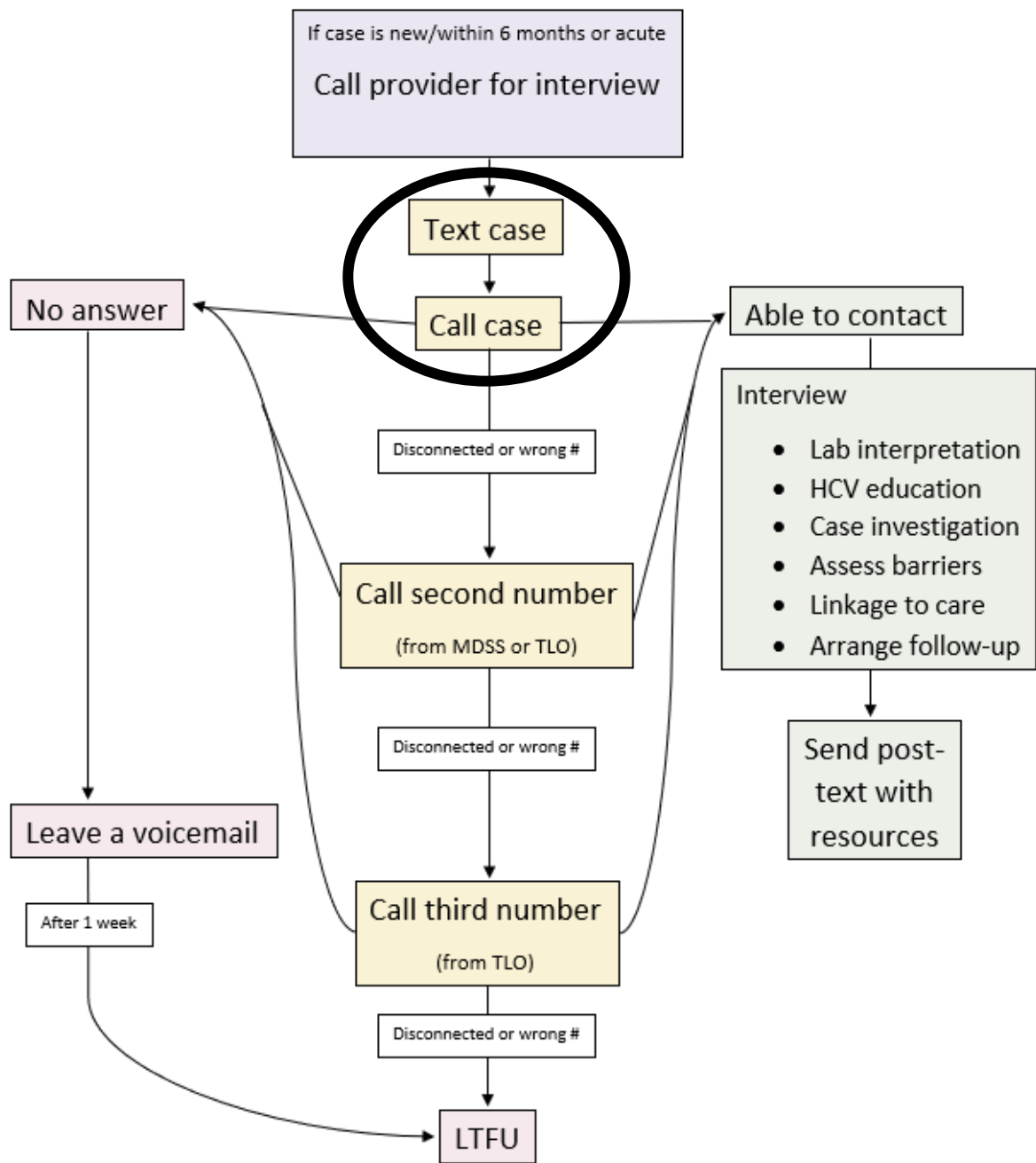
CASE OUTREACH



Step 1: provider interview (if applicable)

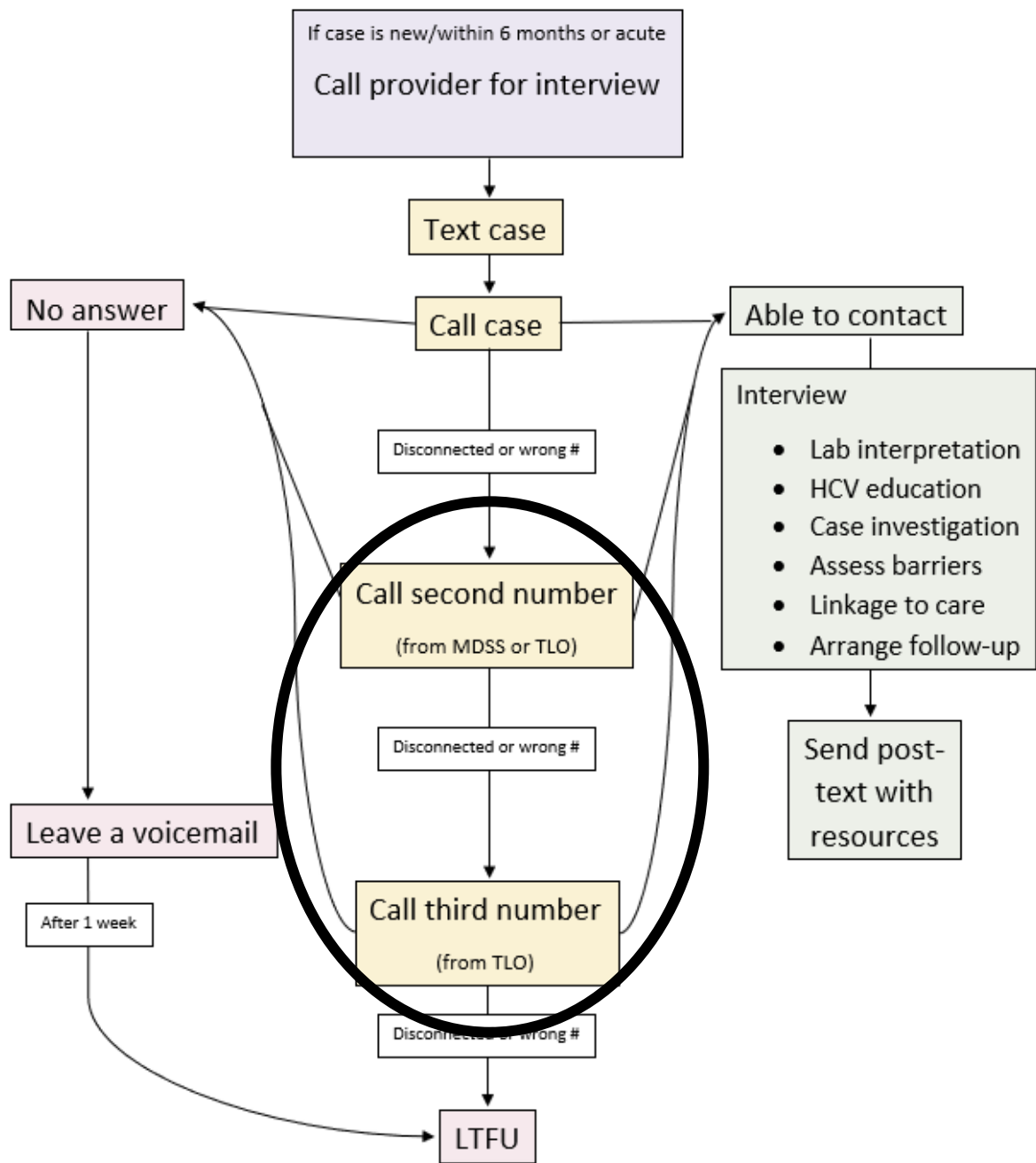
Call providers if a case is new to MDSS (current calendar year) or is in acute status

- Obtain relevant labs to determine acute vs. chronic
- Check treatment progress
- Check if they have been in contact with the case and have additional phone number(s) to reach them



Step 2: calling the case

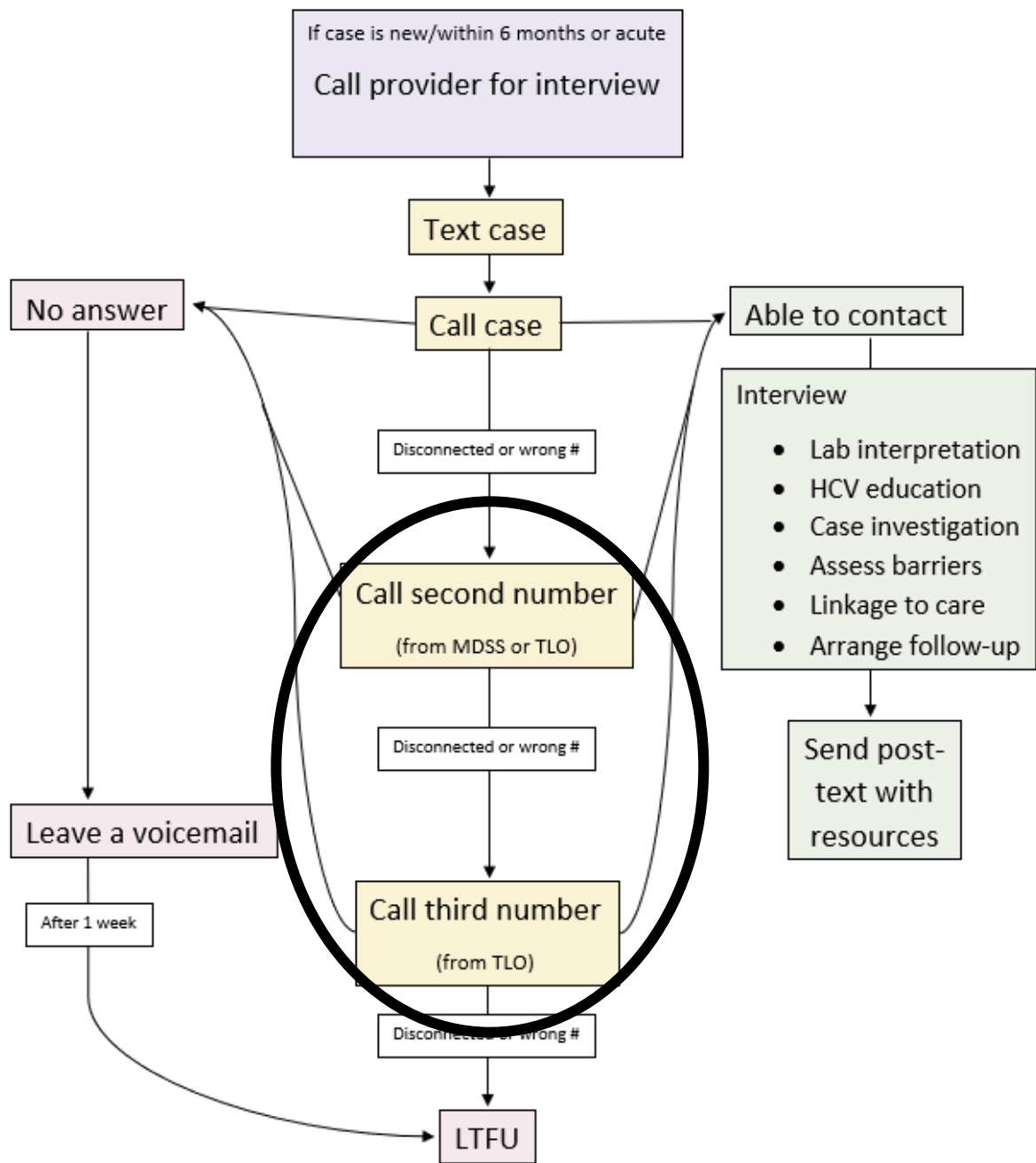
- Prepare resources beforehand
- Review labs and any existing notes to understand where case falls on the care continuum
- Some DIS prefer to text before calling the case and others find more success sending a text after calling the case
- Maintain confidentiality and encourage a call back when leaving a voice message
 - Can be helpful to include your direct number and work schedule



Step 3: problem-solving (if needed)

TLO

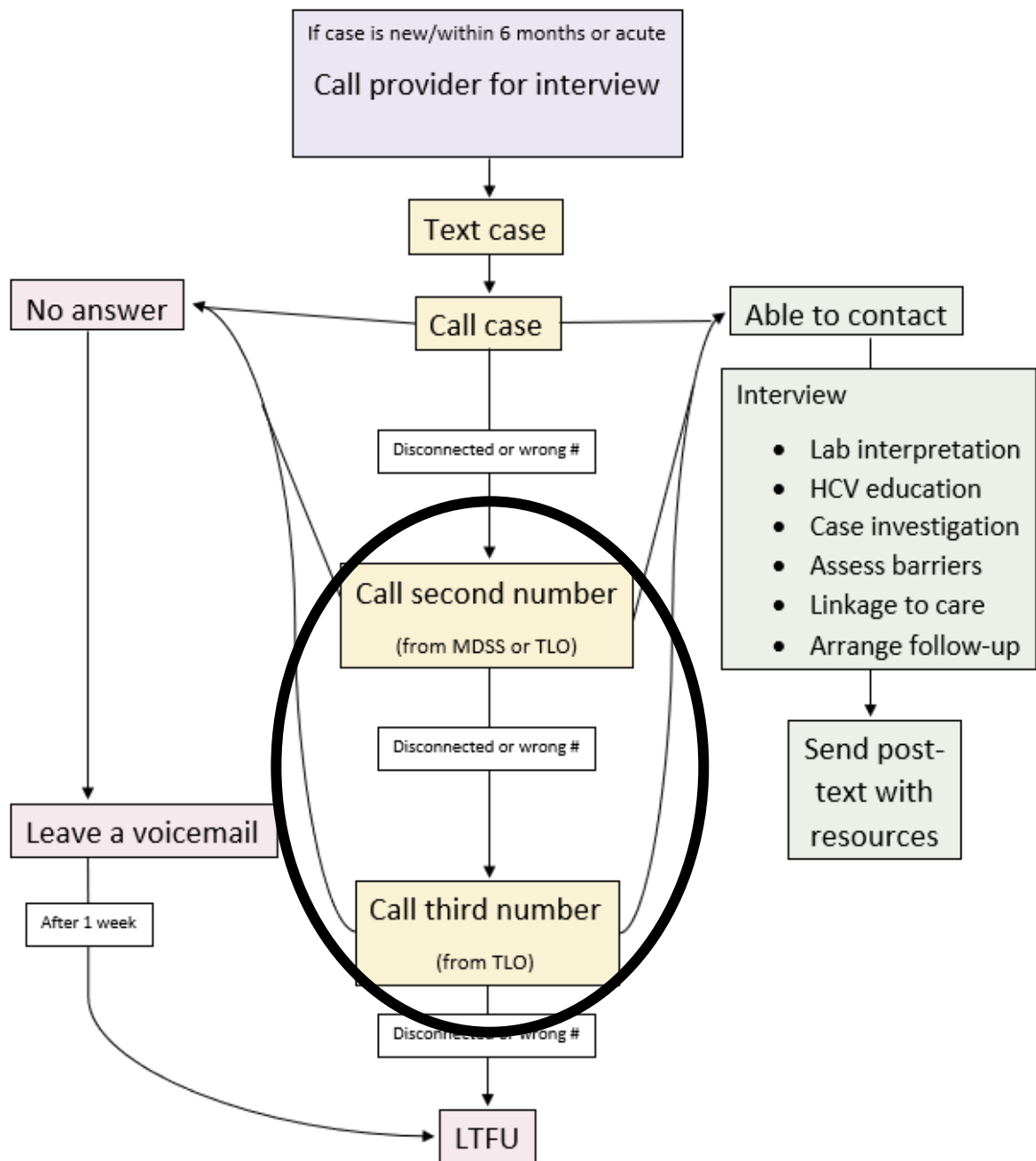
- [TLO](#) allows us to look up all phone numbers associated with a person
- Most numbers we find are also disconnected or inaccurate
- Contains additional information like address, family members, deceased
- Contains sensitive info like drivers license no., social security no. (which we avoid accessing)



Step 3: problem-solving (continued)

OTIS

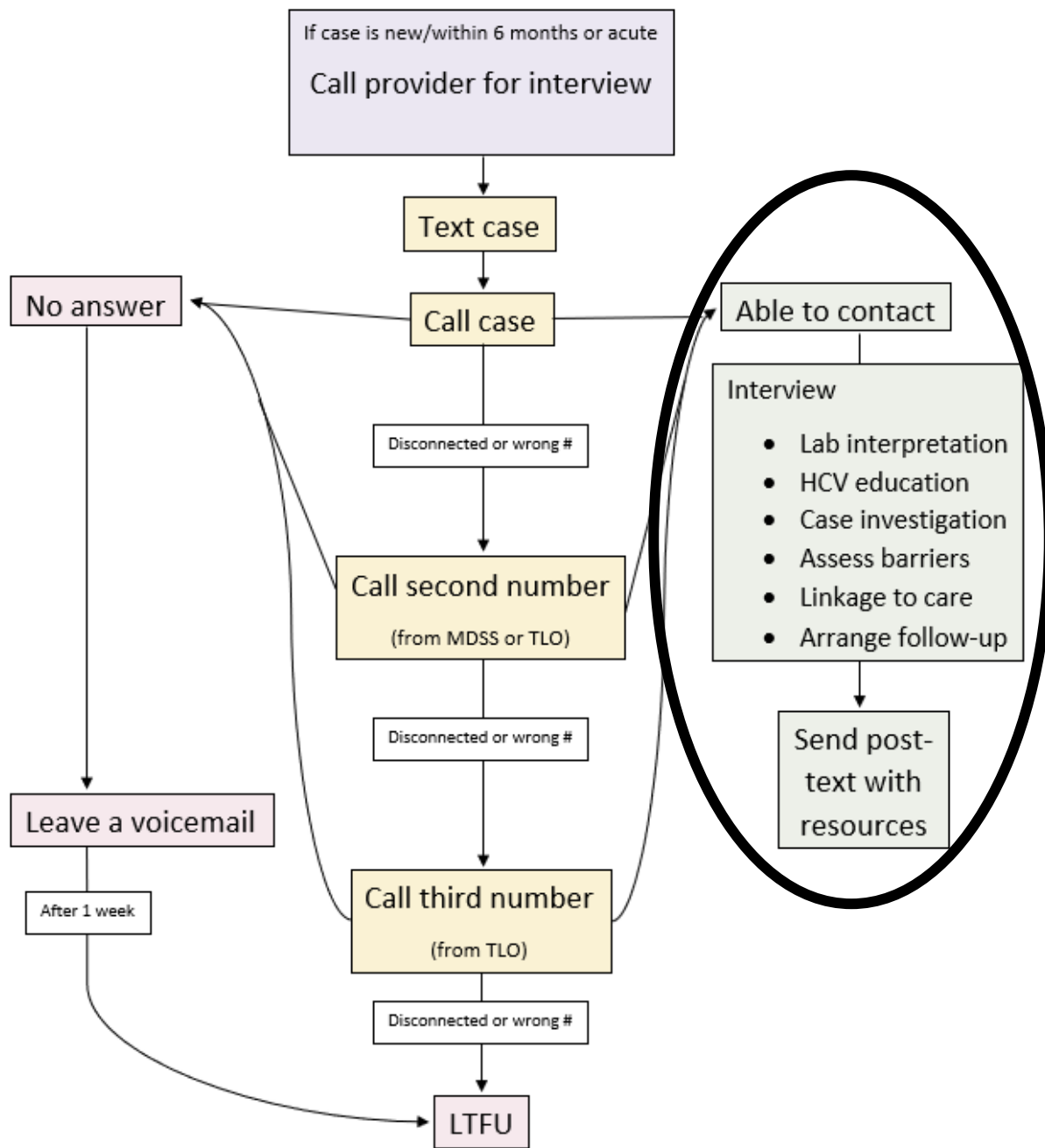
- Perform a search for the case in [OTIS](#) to see if they are currently incarcerated
- If case is on parole, reaching out to parole officer can be a good way to get an accurate contact number for case



Step 3: problem-solving (continued)

Additional LTFU outreach

- Send out an email asking case to return call
 - Email address found from MDSS or from TLO
- Call cases from previous months to interview and provide case management services
 - Update our data with the most recent labs, mark as deceased or incarcerated if applicable



Step 4: interview and initial case management – use your DIS skills!

- Build trust and meet the case where they're at
- Cover info most important to the case first: lab results/interpretation, HCV education
- Be sensitive when asking MDSS case investigation questions
- Locate an HCV treatment provider, set up appointments as needed
- Help cases apply for Medicaid and patient/pharmaceutical assistance programs
- Provide referrals to local services: SSPs, transportation, food, housing, birth certificates and IDs

CONTINUING CASE MANAGEMENT

Purpose

- Continue to follow-up with cases through the entire HCV continuum of care
- Assist cases with any barriers, questions, and concerns that come up throughout the treatment process
- Encourage adherence to treatment regimen

Tips

- Work with case's contact preference
- Stay organized
- Text/email cases to remind them of follow-up
- Be flexible - reschedule as needed

Ending case management

- Case management is completed after SVR-12 negative
- Some request discontinuing case management or are LTFU
- Some experience barriers like illness and insurance coverage that prevent treatment

BARRIERS

BARRIERS TO OUTREACH

Inaccurate
phone
numbers

Blocked by
cases

Mistrust of
government

Language
barriers

Lab
information

Case
management
LTFU

BARRIERS TO THE CASE

Difficulty in navigating health systems

Negative past experiences with healthcare providers

Lack of provider HCV knowledge

Substance use

HCV Tx not top priority for patients with comorbidities

Health insurance

Transportation

Documentation

PERINATAL BARRIERS TO TREATMENT

Disconnect between OBGYN, birthing hospital, and pediatrician

Inappropriate pediatric testing

Child may be with foster parents or adoptive parents

Inability to swallow pills

MISCONCEPTIONS



"Treatment is expensive"



"Treatment is painful and ineffective"



"My levels are 'too good' for treatment"



"My insurance won't cover Hep C treatment"



"There aren't any patient assistance programs"



"I can't access treatment until I no longer inject drugs"

**OTHER
COMMON
THINGS WE
ENCOUNTER**

PCPs being hesitant to treat
Hepatitis C

Parole officers are very helpful
with formerly incarcerated cases

UP/Rural Cases inability to
access care and treatment

TIPS AND TRICKS

- Calling cases with a recent referral date yields more success
- Final attempt to contact 30 days after LTFU
- If your Health Department has TLO, utilize those phone numbers, and you can also send cases an "attempt to contact email"
- Explaining confidentiality and HIPPA to your cases instills trust
- Explain why and how you have their personal information, including test results

Order of asking Epidemiologic Questions

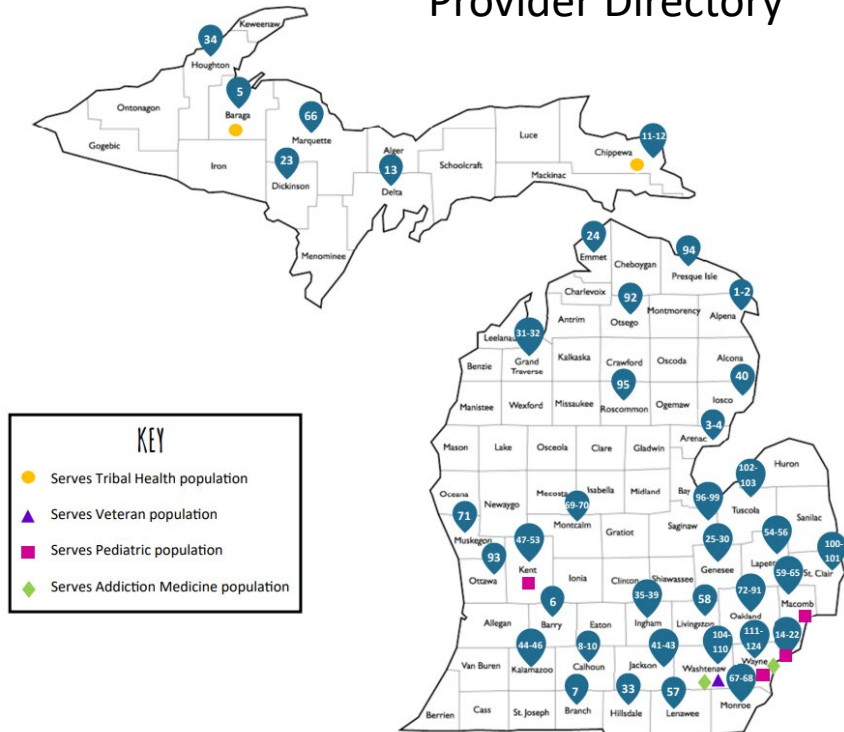
TIPS AND TRICKS

Epidemiologic Information	
<i>The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.</i>	
Did the patient receive a blood transfusion prior to 1992? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Did the patient receive an organ transplant prior to 1992? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Did the patient receive clotting factor concentrates produced prior to 1987? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Was the patient ever on long-term hemodialysis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	How many sex partners has the patient had (approximate lifetime)? <input type="text"/>
Was the patient ever incarcerated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Was the patient ever treated for a sexually transmitted disease? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Was the patient ever a contact of a person who had hepatitis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, type of contact: Sexual <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Household (Non-sexual) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Other <input type="text"/>	
Was the patient ever employed in a medical or dental field involving direct contact with human blood? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Has the patient received medication for the type of hepatitis being reported? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Tips and Tricks

- Bookmark the [MDHHS SSP](#) and [HCV Provider Maps](#)

Provider Directory



SSP Directory



HELPFUL PHRASES

If they are skeptical about your identity before verifying DOB, these phrases give you credibility:

- "Everything we talk about today is confidential, but I need to verify I am speaking to the correct person I have your year of birth listed as 1990, can you verify the month and the day for me?"
- "I am calling to discuss lab results reported to us from Dr Ordering Lab Provider"

HELPFUL PHRASES

If you are calling a case where the labs are older, these phrases give context to why you're calling now:

- "I see you've had a few hepatitis C tests done over the years. I'm calling just to check in, see how you've been doing, and talk a little bit about treatment/next steps if you haven't done that already."
- "Due to COVID-19, we were pulled away from reaching out to people about Hep C"
- "Due to Michigan's new hepatitis c elimination strategy, we are now focusing on reaching out people with Hep C"

MAIN TAKEAWAYS

- Be the hepatitis C expert
- Hepatitis C linkage to care/case management work is a marathon not a sprint
 - Can take months to even years to get someone linked to care and cured
- Meet the person where they are at
- HCV LTFU is real!

THANKS!!

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