Medicaid and Viral Hepatitis Treatment in Kentucky

Kentucky 9th Annual Viral Hepatitis Conference
Ending the Epidemic: The Role of Professionals in Hepatitis Elimination

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To be covered

- HCV Treatment
  - Treatment Evolution
  - Treatment Benefits
- University of Kentucky: Barriers to Treatment
- The Path to HCV Elimination
- University of Kentucky: Modified ECHO for Kentucky

WHO: Elimination of HCV as a Public Health Threat

- Defined as achievement of measurable global targets in relation to infection and burden of disease
- Intensity of interventions required will vary by setting
  - Setting-specific model required to determine what is necessary to achieve the impact targets

WHO targets for global HCV elimination as public health threat

2030 Targets
90% Diagnosed
80% Treated
65% Reduced Mortality

Current All-Oral Therapies Highly Effective, Simple, Well Tolerated, and Short

References in slidenotes.

The Evolution of HCV Therapy

References in slidenotes.
Background: Projected HCV Complications

SVR With DAA Therapy: Mortality and HCC Risk

- Patients with HCV infection, FIB-4 > 3.25 in VA HCV Clinical Case Registry (N = 15,059)
- SVR with DAA therapy significantly lowered all-cause mortality and incident HCC

All-Cause Mortality

Survival

No SVR

SVR

P < .001

Incident HCC

HCC-Free Survival

No SVR

SVR

P < .001

Time Since DAA EOT (Yrs)

79% reduction with SVR

84% reduction with SVR

Acute HCV Disease Burden in Kentucky

Modeling: Elimination Among PWIDs Achievable With Combination Treatment and Prevention

- 15-Yr Impact on Incidence Assumption: 40% HCV Prevalence Among PWIDs

- Assuming 40% HCV Prevalence Among PWIDs

- White area: > 90% incidence reduction within 10 yrs

Patient Characteristics

- Characteristics of cohort: n=881 new referrals with chronic Hepatitis C to UK outpatient clinic from 7/2014 to 6/2015, followed until 12/2016
  - Avg age 43 +/- 12
  - Born after 1965 (64%), Born 1945-1965 (36%)
  - Male (53%)
  - White (93%)
  - Genotype 1 (68%)
  - Low fibrosis (F0-F2) (64%)
  - Medicaid insurance (73%)
  - Lifetime injection drug use (73%)
Overall HCV Treatment Initiation Rate

<table>
<thead>
<tr>
<th>Not Treated</th>
<th>Treated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>685 (78%)</td>
<td>196 (22%)</td>
<td>881</td>
</tr>
</tbody>
</table>

- 16% started treatment within 12 months of initial visit
- Overall treatment initiation rate over the 17-29 month follow-up period was 22%

Patient Follow-up

<table>
<thead>
<tr>
<th>Follow-up (1-year)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>324 (37%)</td>
</tr>
<tr>
<td>Yes</td>
<td>557 (63%)</td>
</tr>
</tbody>
</table>

- 37% lost to follow-up at 1-year

Treatment Initiation Rates in Medicaid Patients

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Not Treated</th>
<th>Treated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>685 (78%)</td>
<td>196 (22%)</td>
<td>881</td>
</tr>
<tr>
<td>Medicare</td>
<td>57 (50%)</td>
<td>56 (50%)</td>
<td>113 (13%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>553 (86%)</td>
<td>93 (14%)</td>
<td>646 (73%)</td>
</tr>
<tr>
<td>Private</td>
<td>75 (61%)</td>
<td>47 (39%)</td>
<td>122 (14%)</td>
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</table>

- Patients with Medicaid:
  - 73% of cohort
  - 14% of patients initiated treatment

Impact of Insurance Type on Treatment Initiation

Fibrosis Stage and Treatment Initiation

<table>
<thead>
<tr>
<th>Fibrosis Stage</th>
<th>Not Treated</th>
<th>Treated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>685 (78%)</td>
<td>196 (22%)</td>
<td>881</td>
</tr>
<tr>
<td>Low (F0-2)</td>
<td>503 (90%)</td>
<td>58 (10%)</td>
<td>561 (64%)</td>
</tr>
<tr>
<td>Advanced (F3+F4)</td>
<td>182 (57%)</td>
<td>138 (43%)</td>
<td>320 (36%)</td>
</tr>
</tbody>
</table>

- 43% of patients with advanced fibrosis and cirrhosis started treatment
- 10% of patients with low fibrosis started treatment

Impact of Fibrosis Stage on Treatment Initiation Rates
Conclusions

• Treatment uptake was overall low
  – only 16% started treatment within 12 months
  – only 22% started treatment within observation period of up to 2.5 years

• Treatment uptake in advanced fibrosis/cirrhosis group was unsatisfactory
  – only 43% of patients with stage 3-4 fibrosis initiated treatment
  – about 1/3 had ongoing substance use, another 1/3 was lost to follow up

• Treatment uptake in low fibrosis group with Medicaid insurances was sporadic
  – only about 3% within 12 months

  Key Barrier: Medicaid - Fibrosis Stage Restrictions

Medicaid Managed Care Members with no Hepatitis C Drug Claims

 MMC Members with no Hepatitis C Drug Claims

Multiple Logistic Regression

Factors Associated with Low Healthcare Use

Demographic factors
  • Sex (male vs. female) OR 1.3, 95% CI 1.2–1.4
  • Age, <50 vs. ≥50 years OR 1.2, 95% CI 1.1–1.3
  • Geographic region (South vs. other) OR 1.2, 95% CI 1.1–1.3
  • Urban vs. rural OR 1.2, 95% CI 1.1–1.3
  • Medicaid (yes vs. no) OR 1.2, 95% CI 1.1–1.3

Clinical factors
  • Diabetes (yes vs. no) OR 1.2, 95% CI 1.1–1.3
  • Stroke (yes vs. no) OR 1.2, 95% CI 1.1–1.3

Health care access-related factors
  • MMC (current vs. prior) OR 1.2, 95% CI 1.1–1.3
  • MMC (no vs. yes) OR 1.2, 95% CI 1.1–1.3

Focus Report 4/2017 prepared on behalf of the Commonwealth of Kentucky Department for Medicaid Services, Division of Program Quality and Outcomes

The Path to HCV Elimination
Major Barriers to HCV Elimination in Kentucky - Perspective of the treating provider

- Structural barriers in reimbursement requirements
  - Fibrosis stage, substance use disorders
- Patient-level barriers
- Lack of access to clinician who is prepared to provide comprehensive management

2017 NVHR Update: Reduced Treatment Access in Many Settings for Pts With Mild Liver Disease

2017 NVHR Update: Drug/Alcohol Use Leads to Reduced Treatment Access in Some Settings

2017 NVHR Update: Reduced Treatment Access for Pts Receiving Care From Non-Specialists

Treatment initiations UK Hepatology January 2018 to July 2018

- No Restrictions
- By or in Consultation w/Specialist
- Specialist Must Prescribe
- Restrictions Unknown
Major Barriers to HCV Elimination in Kentucky

- Structural barriers in reimbursement requirements
  - Fibrosis stage, substance use disorders
- Patient-level barriers
  - Lack of access to clinician who is prepared to provide comprehensive management

Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment: PREP-C

- Motivation:
  - Reasons client wants to begin HCV treatment, concerns about treatment, and importance of treatment
- Information:
  - Knowledge about HCV treatment and one's own HCV disease status
- Medication Adherence:
  - Self-Efficacy:
- Social Support and Stability:
- Alcohol and Substance Use:
- Psychiatric Stability:
- Energy Level:
- Cognitive Functioning:

Multiple Models for Supporting Nonspecialists in Expanding HCV Treatment Provision

- Project ECHO: virtual networks link interdisciplinary specialist teams with primary care clinician teams
- Cotreatment: specialist sees the pt, makes suggestions for a treatment regimen and the primary care provider/nonspecialist prescribes and follows the pt
- Telemedicine: specialist manages pt remotely
- CME programs to provide education for nonspecialty HCV treatment
- Fellowships/preceptorships

Project ECHO: Extension for Community Healthcare Outcomes

- Addresses critical gap in availability of specialty care for pts with complex health conditions in rural and underserved settings

Project ECHO: Extension for Community Healthcare Outcomes

- Hub provides training in specialty care services
- Community-based primary care teams are the “spokes”
- Trained primary care providers deliver specialty care services
- Pts receive specialty care services where they need them
University of Kentucky:
Modified ECHO for Kentucky

CARE-C Study: Community Access, Retention in Care, and Engagement in Hepatitis C Treatment

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**Community Provider**

**UKMC Interdisciplinary Care Team**

**Pre-Treatment**

- CBC, CMP, INR
- HCV RNA
- HCV Genotype
- HBsAB/HBsAg/Anti-HBc, HAV-AB, HIV screen

Follow up with completed testing

- Discuss test results
- Determine Tx Candidacy
- Hepatitis A and B vaccinations

**Post-Treatment**

- Check compliance
- Check tolerability

**Treatment Surveillance Database**

- Tx start
- TW 4
- SSV 12
- SSV 24
- Pre-Treatment
- Post-Treatment
- Lab Visit EOT
- 12 weeks post Tx
- Check for SVR 12
- TAs to documented sustained negativity
- Lab Visits: Week 2, 4 plus Surveillance

**Case Presentations**

**Didactic Presentations**

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**Fibrosis Assessment: Fibroscan**

**Partnership Benefits (1)**

- Education and Training for Hepatitis C management including treatment
  - Access to weekly teleECHO clinics
  - Access to interdisciplinary specialty team (including hepatologist, addiction specialist)
  - Contact with other community providers
  - Weekly case presentations with case-based learning
  - Free CME Credits
- Preferred fast access to UK appointment within 2 weeks

**Partnership Benefits (2)**

- Comprehensive support package to provide high quality care with minimal effort
  - Specialty Pharmacy Support
  - Review therapy options
  - Drug-drug interaction assessment
  - Prior authorization and appeals
  - Treatment education
  - Monitor Tx adherence
- Social Worker Support
  - Initial patient readiness assessment (PREP-C), UK will provide report
  - Continuous support to overcome treatment barriers
- Patient Navigator Support
  - Continuous support with retention in care
- Fibroscan Report
  - UK will perform Fibroscan and provide report
- Access to database and management tools
  - Database will track treatment uptake and outcomes, helps to manage patients with minimal effort
  - Access to information materials

**Modified HCV ECHO for Kentucky - CARE-C:** Community Access, Retention in Care, and Engagement for Hepatitis C Treatment

**ECHO Partnership Benefits**

- Universal screening began 7/16/16
- All adult patients are screened with hard-stops built into nursing triage notes
- Opt-out methodology
- HCV Ab and rapid RNA are ordered if other blood work was obtained as part of routine ED care
  - Not age cohort or risk targeted screening
  - ED linkage to Care team follow up results minimizing ED workflow interruptions

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**UK HealthCare ED Adult Universal HCV Screening and Linkage to Care**
Results

- 772 Ab tests performed
- 96 Antibody Positive (12.6%)
- Of those Ab +, 78% RNA positive

UK HealthCare ED’s likely encounter
~7200 HCV Ab + patients annually

Source: Hepatitis C UK 2020-2021