

Can You Hear Me Now?

Improving Communications and Access to Hepatitis C Care Across the State

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Background

The University of Kentucky works to improve access to hepatitis C treatment across the region. Eastern Kentucky has been identified as the epicenter of the US hepatitis C epidemic, so it is vital to address this national problem at a local level. Due to known treatment barriers such as lack of transportation and difficulty arranging travel time to Lexington, UK is working to meet patients where they are to provide specialist care without patients leaving their local communities. Telehealth became a necessity due to the COVID pandemic, but we hypothesized patients will be more engaged in care when they are treated from home.

Mission

Our mission is to increase access to HCV treatment within the state of Kentucky by reducing treatment barriers and increasing patient autonomy.

Goals of Policy Changes

Goal 1: Increase patient support and engagement as evidenced by increased treatment uptake and completion.

Goal 2: Improve access to care for current and future patients, leading to a decrease in the HCV burden in Kentucky and reduction in HCV transmission.

Goal 3: Expand SVR outcomes lab completion to enable providers and pharmacies to demonstrate HCV cure rates for patients, as requested by third party payers.

Goal 4: With our diverse population, including PWIDs, patients coinfecting with HIV and hepatitis B, and patients with decompensated cirrhosis, we aim to decrease stigma of disease and increase patient knowledge, quality of life, and empowerment by participating in their own care.

Impacts of Policy Changes

Local: Patients are using their local diagnostic centers for labs, keeping healthcare dollars in their communities. This also allows potential treatment of cohorts of hepatitis C positive patients and reduce local transmission.

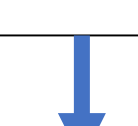
State: Statewide services impact the statewide prevalence of hepatitis C. Long term, reduced transmission impacts state health insurance providers by lowering the number of patients who need HCV treatment and liver-related care, such as cirrhosis and hepatocellular carcinoma (HCC) surveillance.

National: As the epicenter of the US hepatitis C epidemic, treating in Kentucky to reduce transmission and disease burden ultimately impacts the national rates of new hepatitis C diagnoses and viral transmission.

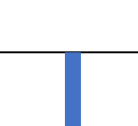
Treatment Workflow

Pre-Treatment

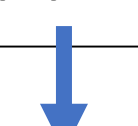
Provider identifies potential HCV treatment candidates



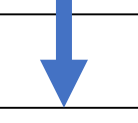
Pharmacists work up patient (Meet and Greet- M&G) and follow for labs



Pharmacy Technicians complete the prior authorization(s)



Pharmacists complete the New Start Teach (NST)



Treatment Coordinators coordinate treatment labs and appointments

On Treatment

	RPh	CPhT	Prov	Tx Coord
M&G	X		X	
NST	X			X
TW2	X			X
TW3		X		
TW4	X		X	
TW7		X		
TW8	X			
EOT	X			X
SVR12				X
SVR14			X	

Pharmacists complete assessments on the phone

Pharmacy Technicians call for refill assessments and coordination

Provider sees patient via telehealth for office visits

Treatment coordinators set up and follow for labs and appointment attendance

Discussion

Benefits of Telehealth Model:

- Interdisciplinary team coordinating treatment by national experts in HCV care
- Protects the health of patients and providers by removing face-to-face encounters and opportunities for disease transmission
- High touch workflow with many contacts for support within the clinic
- Prior authorization and financial assistance expertise from specialty pharmacy staff
- 24/7 access to a pharmacist
- Anonymity being treated outside of home community
- Patients are able to schedule appointments sooner
- Faster turn around time from treatment approval to treatment start
- No transportation or navigation issues
- Decreased cost of travel (ex. gasoline, missed work time)

Barriers to Telehealth Model:

- Require patients to have access to a telephone and/or internet
- Limited face-to-face interactions with providers may lead to decreased relationship building and/or missing non-verbal cues
- Unable to complete FibroScan in clinic, therefore more reliant on expensive imaging or bloodwork for fibrosis assessment
- Increased effort to follow up on laboratory results from outside facilities

Intended Outcomes

- Increase rate of SVR through increased patient engagement and education
- Improve patient Quality of Life
- Expand patient knowledge of their disease state, risk factors for transmission, and medical care
- Empower patients to take control of their healthcare and increase autonomy in decision making related to their treatment choices
- Decrease spending by both the healthcare system and patients
- Decrease rate of reinfection and transmission

Interim Outcomes

- On a qualitative level, patients have verbalized appreciation of being able to social distance and stay in their local communities.
- On a quantitative level, we saw non-inferior outcomes among patients who completed their post-treatment lab work, although there was a statistically significant difference in the percentage of patients who were lost to follow up after completing treatment.

Future Directions

We are involved in projects across the UK Enterprise and across the state, including:

- University of Kentucky Pediatric Specialties clinic- treating children with HCV (often from MTCT) as young as 3 years of age
- University of Kentucky Transplant Center- transplanting HCV positive organs (kidneys and hearts) in HCV negative patients and then treating the HCV post-transplant
- Participating in the Hepatitis C Elimination Plan for Kentucky with the Kentucky DPH Viral Hepatitis Elimination Technical Advisory Committee.

Disclosures

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References

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