Sharing the Cure: Transforming Primary Care Practices Into Hepatitis C Treatment Centers (#0587)

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Introduction

The hepatitis C virus (HCV) specialist workforce is insufficient to attain the 2030 WHO elimination targets of 90% diagnosed and 80% treated.

Furthermore, linkage to HCV specialist care is a significant barrier to many patients with HCV and for some patients the ability to be treated for HCV within the primary care home may improve care delivery.

To expand HCV treatment access in an underserved area with high HCV prevalence, we developed Sharing the Cure, a primary care provider training program.

Objective

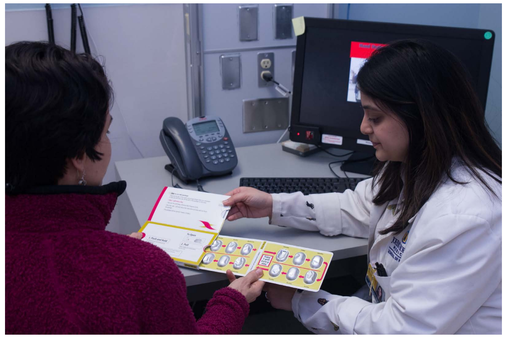
- To describe Sharing the Cure, a comprehensive HCV training program for primary care clinicians, and the impact on treatment access/outcomes

Materials and Methods

Sharing the Cure was developed by the Johns Hopkins Division of Infectious Diseases in consultation with the Maryland Department of Health, the Division of Viral Hepatitis at the Centers for Disease Control and Prevention, and primary care sites in Baltimore.

Through qualitative interviews with providers and expert HCV clinicians a core curriculum was established. Then, using State reporting data, key primary care venues were approached for participation. At each site at least one clinician volunteer was identified for training.

The program was designed to offer comprehensive training in HCV testing, education, treatment, counseling, and the medication approval process. This program specifically helped clinicians and their sites prepare for the Medicaid pre-authorization paperwork process.



Materials and Methods Cont.

Each clinician, at the satisfactory completion of the intensive training, received certification of completion of the Hepatitis C Education Program. The following minimum qualifications were required prior to being awarded Certification:

- **Full one day conference in HCV evaluation, treatment and cure**. Presentations and case discussion by leaders and experts in HCV care. CME credit provided.
- **Mini clinical preceptorship**. One (or more, as needed) half-day clinical preceptorship in the JHU Viral Hepatitis Center.
- **Weekly Videoconferences**, one hour each. 10 – 15 minute topical didactic presentation by JHU experts in the field of HCV, followed by trainee case presentations and discussion. 70% attendance required.
    - Topics included: Initial evaluation and staging of disease, Treatment initiation and monitoring, Drug-drug interactions, Cirrhosis and recognizing related complications in decompensated cirrhosis, Pharmacy access and issues, Alcohol use, Risk assessment and brief interventions, ESRD and HCV treatment, Staging of disease and transplant evaluation, Extrahepatic manifestations of HCV, Prevention and management of gastroesophageal varices and variceal hemorrhage in cirrhosis, Contraception management and pregnancy planning, Post-SVR care, Overdose prevention, Acute HCV, HBV management considerations, Non-HCV causes of cirrhosis including alcoholic and fatty liver disease.
    - Each provider was required to present a minimum of 10 cases. Each provider, prior to certification, co-managed their HCV patients in conjunction with JHU's experts. An on-call clinician (ID Faculty) was available for consultation outside of the time designated for weekly videoconferences.
- **Certification Exam**. Trainees were eligible to take the exam after meeting the above requirements; passing score was 70%. Those who did not pass on first attempt had the option of attending the HCV Conference held for the next cohort of trainees, and taking another exam using questions distinct from the initial ones.



Acknowledgements and References

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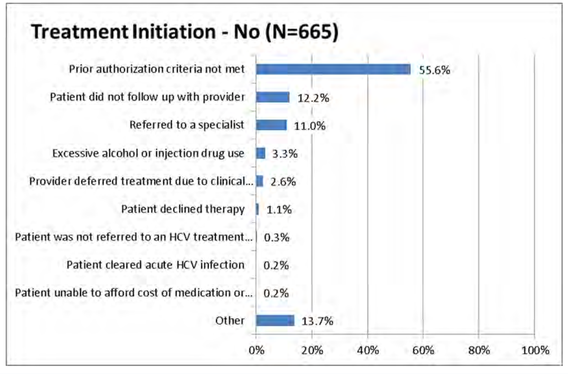
Results

- Forty-nine clinicians from nine partner primary care sites completed the program requirements (2014-2018)
- Forty-two clinicians (86%) passed the exam (score ≥ 70%) on the first attempt; 3 passed on second attempt (which included a different subset of twenty questions, 92% passage rate); 4 clinicians were denied initial certification and were offered additional instruction

Table 1. Patients Seen By Sharing the Cure Providers (as of 3/31/2018)

Treatment initiation decision (N=1,483)	
No	665 (44.8)
Yes	818 (55.2)
Started treatment	702 (85.8)
Pending	57 (7.7)
Reason given for not starting treatment	59 (7.2)
Among those who started treatment (N=702)	
Treatment ongoing (or no treatment end date reported)	71 (10.1)
Did not complete treatment	33 (4.7)
Treatment complete *(including 39 who ended treatment with treatment status unknown but NOT listed as incomplete)*	598 (85.2)
Among those who ended treatment (N=631)	
Post treatment RNA results reported	582 (92.2)
Undetectable	569 (97.8)
Detectable	13 (2.2)
12 weeks post treatment end (as of 3/31/2018)	592 (93.8)
SVR achieved	449 (75.8)
SVR not achieved	13 (2.2)
No SVR results reported	130 (22.0)

Table 2. Reasons for Not Initiating Treatment



Conclusions

- Coordinated education of previously inexperienced medical providers is an elimination strategy whose effectiveness is chiefly attenuated by formulary restrictions in Maryland