



Saying C YA to Hep C in Philly

C YA: SPNS Program at the Philadelphia Dept. of Public Health

How Close Did We Get to Ending Hep C in PLWH & What Will it Take to Get There?

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CITY OF PHILADELPHIA



Objectives

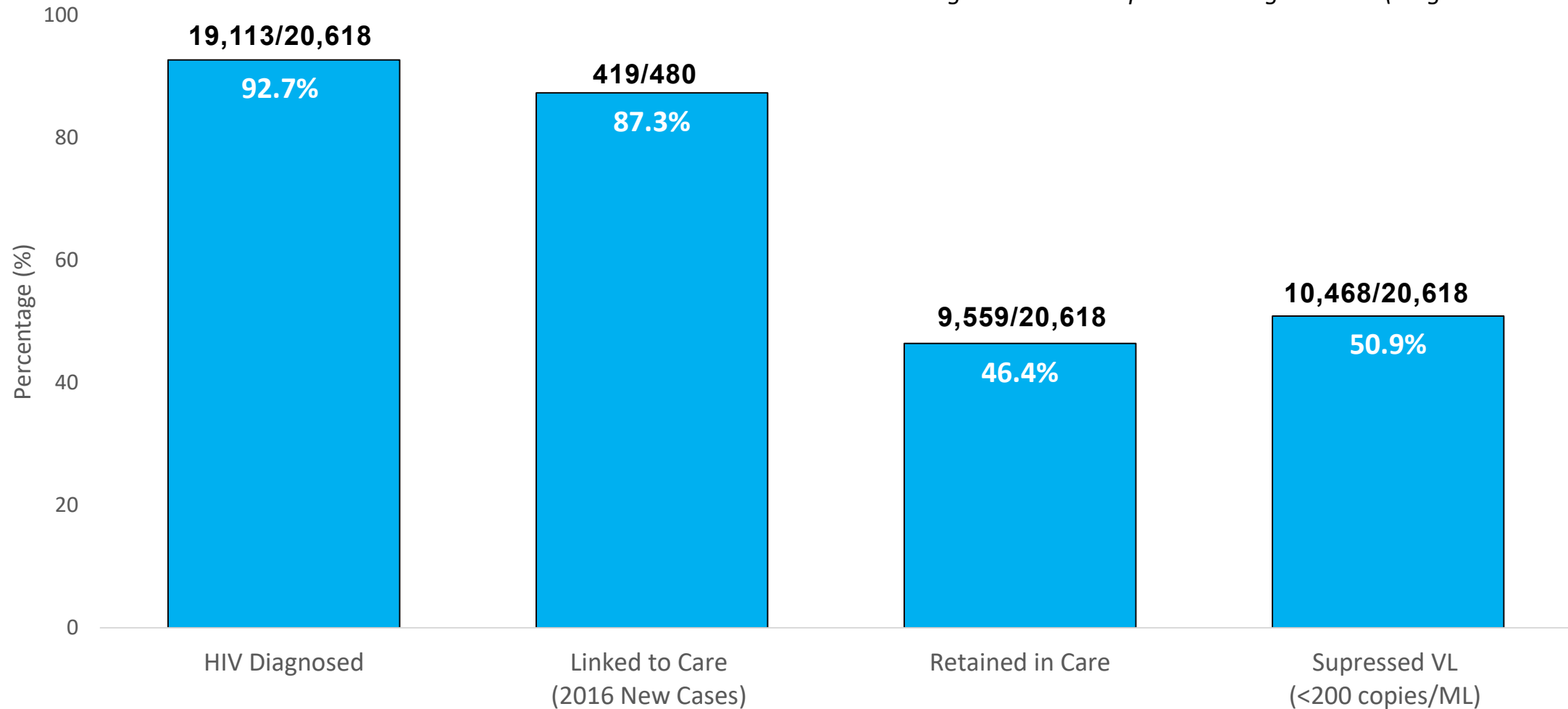
- Highlight the importance of breaking down silos and leveraging the HIV infrastructure to eliminate HCV among PLWH
- Describe the impact of program activities and lessons learned from Philadelphia Department of Public Health's C YA HRSA SPNS Project
- Provide examples of a systems level approach to create integrated and sustainable improvements along the HCV Continuum of Care

A Tale of TWO Siloes



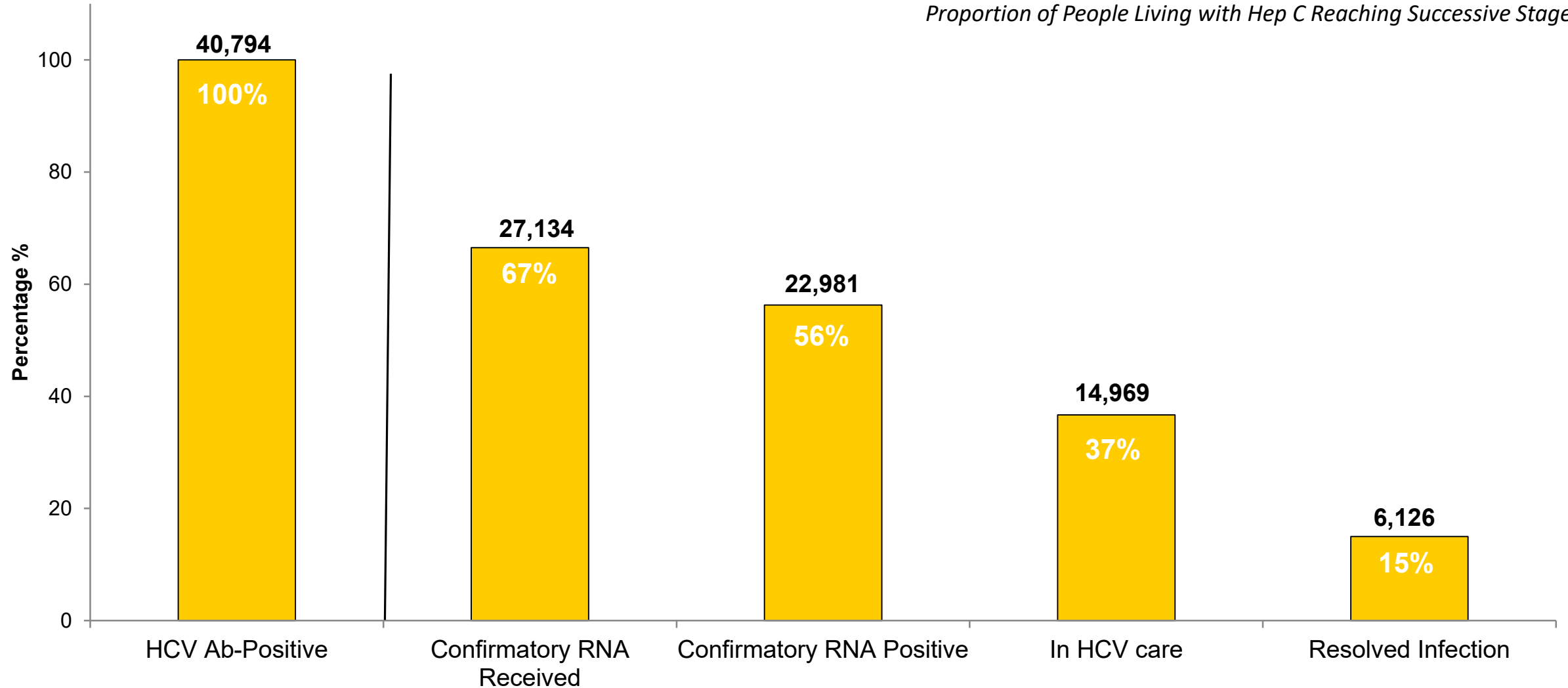
HIV CARE CONTINUUM: PHILADELPHIA, 2016

Percentages based on all persons living with HIV (diagnosed and undiagnosed)



HEPATITIS C CARE CONTINUUM: PHILADELPHIA

Proportion of People Living with Hep C Reaching Successive Stages





Integration First Steps...

HIV/HCV Data Matches

- MOU Established
- Quarterly data matches conducted by Epidemiologist at AACO

Prevalence, Disparities, Emerging Trends, and Overlapping Comorbidities

- Establish Co-Infection Prevalence and baseline Co-infection Care Continuum
- Identify disparities among PLWH-HCV Co-infection
- Highlight emerging trends
- Demonstrate overlapping priorities

Case Follow-Up

- Since 2016, HEP Program performs patient/provider interviews to better understand population and barriers to care

C Ya Background

Project Background and Overview

Snapshot of Philadelphia EMA (2016)*

HIV

- **19,199** people living with HIV

Hepatitis C (HCV)

- Over **55,000** people living with HCV

HIV/HCV Co-Infection

- Estimated **3,086** co-infected PLWH at start of C Ya in 2016

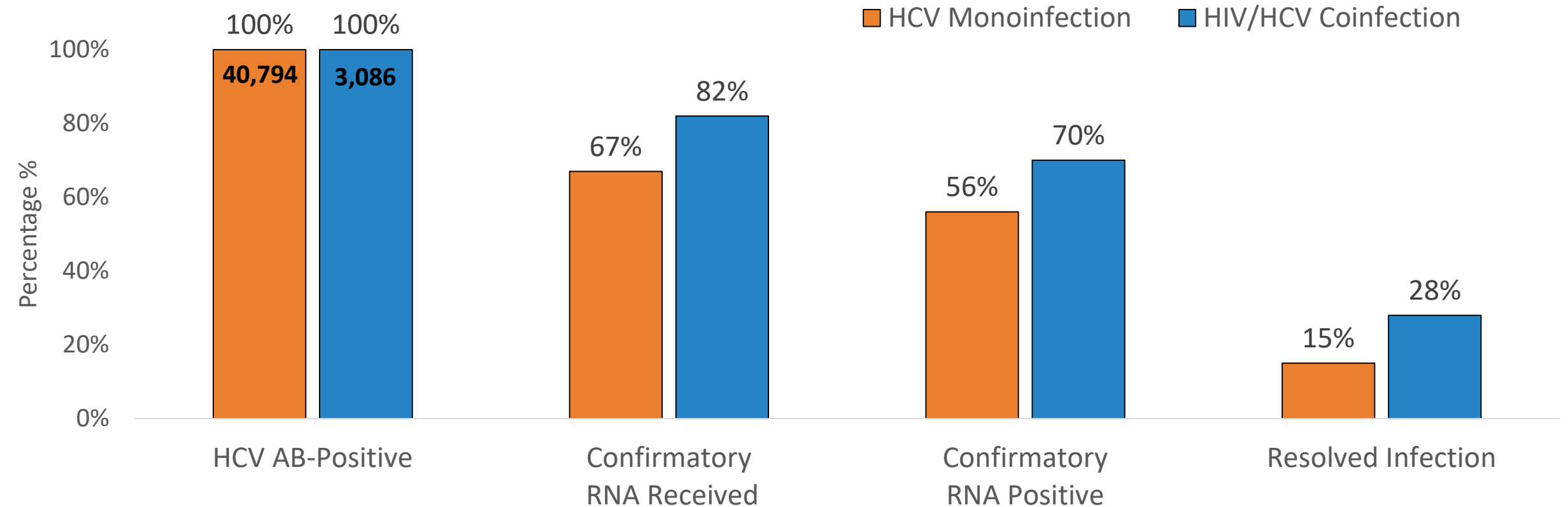


HepCAP Town Hall in North Philadelphia

HIV Infrastructure Boosts HCV Outcomes

Philadelphia HCV Care Continuums (2016)

39% of HCV RNA+ PLWH had already been CURED at the start of C Ya, compared to 27% among HCV mono-infected individuals.

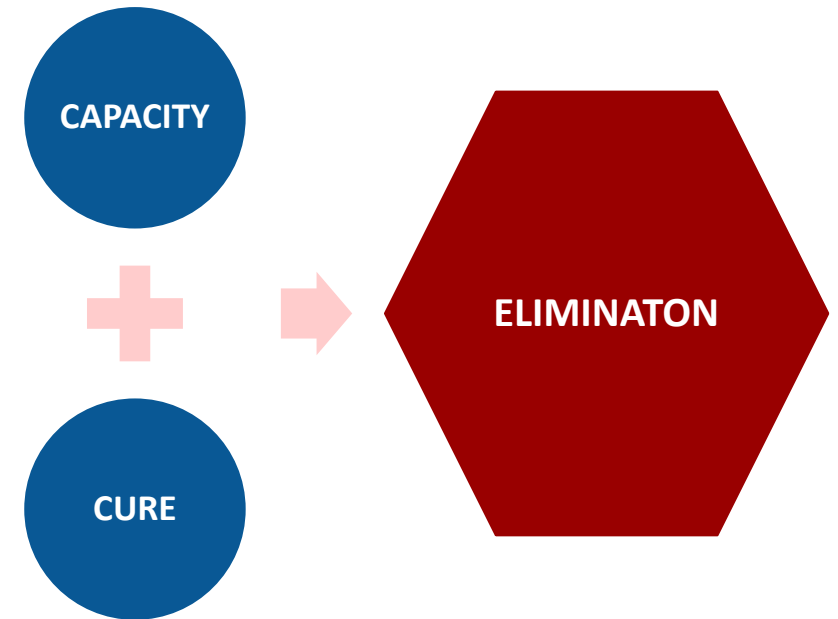




C YA: Philadelphia's Plan to Connect our Co-infected Community to a Cure

Jurisdictional Approach to Curing HCV Among HIV/HCV Co-Infected People of Color

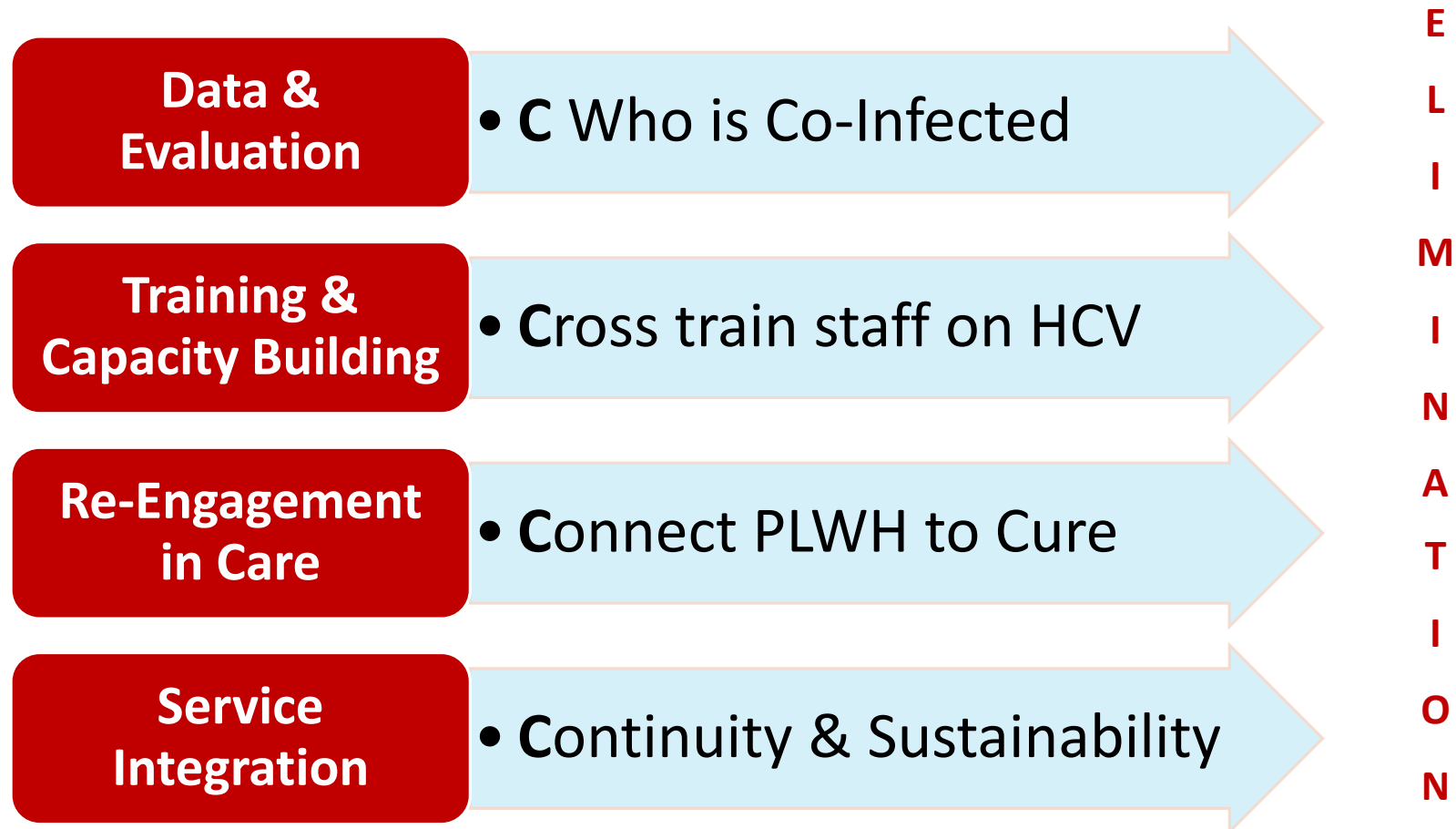
- 3-year HRSA/SPNS cooperative agreement; September 2016 – September 2019
- Increase **capacity** in the HIV service system to provide HCV screening, care and treatment
- Increase **number** of HIV/HCV co-infected people who are diagnosed, treated and cured of HCV



C Ya: Philly's Plan to End HCV in PLWH

Jurisdictional Approach to Curing HCV Among HIV/HCV Co-Infected People of Color

- 3-year HRSA/SPNS cooperative agreement; September 2016 – September 2019



C Ya Data Sources

QUANTITATIVE

Illustrate progress and gaps along the HCV Continuum

PDPH Surveillance Databases:

- Hepatitis Registry
- eHARS
- CAREWare

Data Activities:

- Routine Monthly Matches
- Data-To-Care Integration (CoRECT)
- CAREWare Measures and Quality Improvement Reports

QUALITATIVE

Describes why gaps exist and where project might have biggest impact

- Clinical Site Visits
- HepCAP & Community Meetings
- Focus Groups
- Practice Surveys
- Training Feedback
- Data-to-Care Case Conferences
- Cross-Program Meetings

C Ya Implementation Highlights

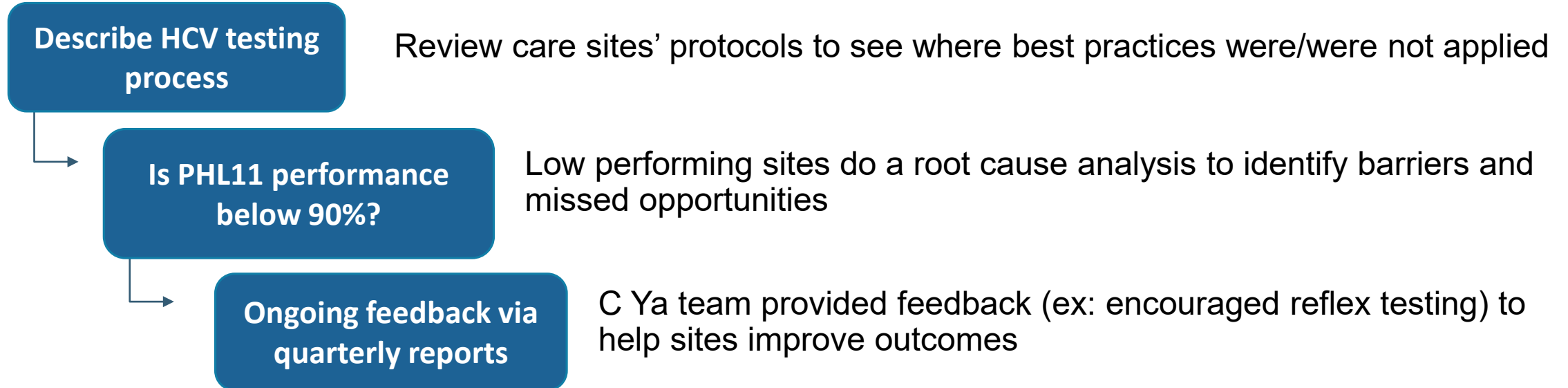
How will C Ya develop and **promote best practices that lead to sustainable improvements** in the local HCV care continuum?

C YA Activity: Data-Driven Quality Improvement

Challenge: HRSA's one-time HCV screening measure gives limited snapshot of HCV in PLWH

PHL11	HCV RNA Performed if HCV Antibody Positive
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV and positive Hepatitis C antibody who had an HCV RNA performed

Solution: Set PHL11 as a new 2017 QI measure to drive improvements in RNA testing outcomes





C YA Impact: Increased HCV Testing

HCV reflex testing availability results in better clinical outcomes

- Facilities using reflex testing had mean PHL11 outcome of **86%**, compared to **76.3%** in facilities without reflex
- C Ya activities - QI process and site visits – encouraged all 21 RW care sites to standardize HCV reflex testing
 - 2016: **9** sites (43%) → 2019: **19** sites (90%)

Increase in RNA testing for PLWH with a HCV Ab+ test result

- By end of the QI period (Dec 2017), **19** RW care sites reported PHL11 performance greater than 90%
- Patients receiving care at RW sites more likely to get a complete HCV diagnosis
 - **92%** confirmatory testing in RW site patients compared to 83% confirmatory testing overall



C Ya Activity: Integrate HCV into AETC clinical training activities

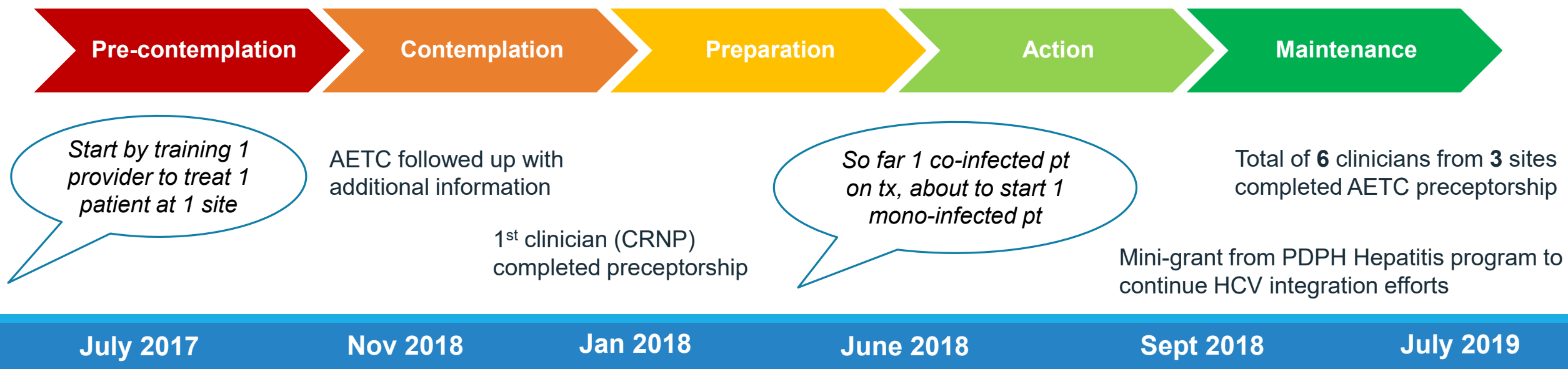
Ongoing opportunities for dialogue with RW care sites to identify best practices and barriers

- Y1&2: Site visits to **20** RW sites to assess existing HCV activities, target sites for preceptorship
- Y3: Community Forum – **49** participants, **14** RW care sites

Built off of existing Mid-Atlantic AETC relationships and training activities

- Apply “Stages of Change” approach to move sites towards HCV treatment readiness

Case Study: Small HIV practice in FQHC system: <100 RW patients; 3 sites serving >22,000 patients annually





C Ya Impact: Increased HCV Treatment Capacity

All 21 RW adult care sites in the EMA have at least 1 HCV treater onsite

- Increased HCV treatment capacity in the Philadelphia EMA from **14** sites in 2016
 - *½ Day Didactic*: **89** clinicians from 23 care sites representing 12 health care agencies
 - ↳ *½ Day Shadowing*: **46** of these spent 4 clinical hours in clinic with HCV tx experts

Impact of HCV capacity building benefits people living with AND at-risk for HIV

- Messaging in training activities emphasized harm reduction and strategies to treat active drug users
- HCV training also helped feed clinicians into AETC's HIV training (ex: homeless health center, MAT site)
- Health Fed/AETC is well-positioned to address intersecting health issues of PLWH
 - Recently added MAT preceptorship to build capacity to treat opioid addiction in Philadelphia



C Ya Activity: Integrate HCV into Existing HIV Data to Care Processes

Identify Co-infected PLWH who are Out of HIV Care and Leverage existing infrastructure to re-link PLWH to Care and prioritize co-infection needs

- **Data Driven**
 - Monthly data uploads and matches between select care sites and AACO
 - Routine SAS coding to generate out of care lists and identify high priority patients (including PWLH-HCV Co-infection)
- **Discussion Based**
 - Monthly case conferences with all care sites to appropriate prioritize cases for DIS services
 - Opportunity to understand complexity of cases & engage with care sites
- **DIS Intervention**
 - STD DIS re-engage out of care patients back into HIV Care
 - STD DIS Cross Trained on HCV



C YA Impact: Re-Engaged & Cured People Who Fell Out of Care

Including HCV in Data to Care activities reached untreated co-infected people

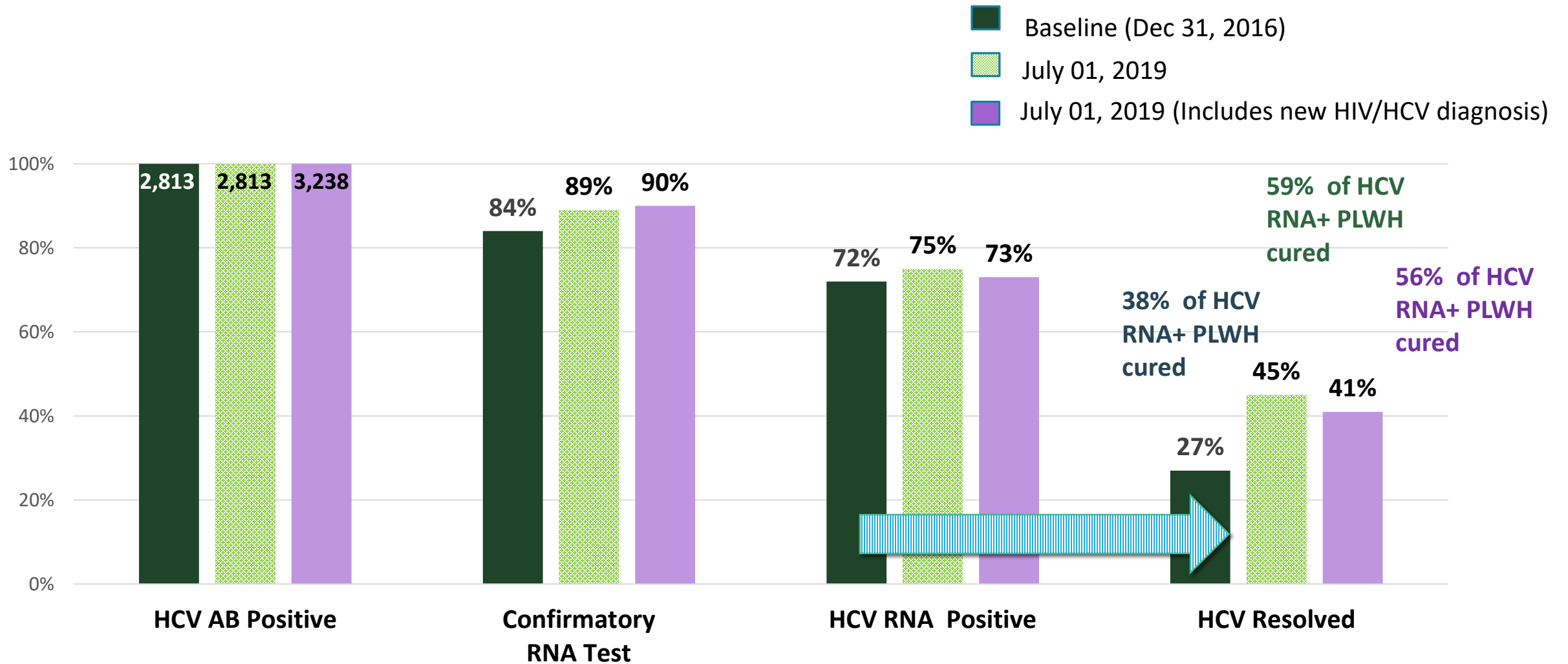
- May 2018 to April 2019: **394** HIV/HCV Ab+ patients
- **149** HIV/HCV RNA+ patients discussed at facility-level case conferences
 - **65 (44%) Confirmed Not In Care**
 - 48 (32%) Confirmed In Care
- **65** HIV/HCV RNA+ Confirmed Not in Care patients sent to DIS for re-linkage services
 - **35 (54%) had interaction with DIS services**
 - 26 (40%) had no interaction with DIS services (standard services)
- **35** HIV/HCV RNA+ Patients with DIS services
 - **10 (30%) Cured HCV Infection**

C Ya Care Outcomes

How will C Ya improve HCV care outcomes
among co-infected people?

HCV Care Continuum is Improving

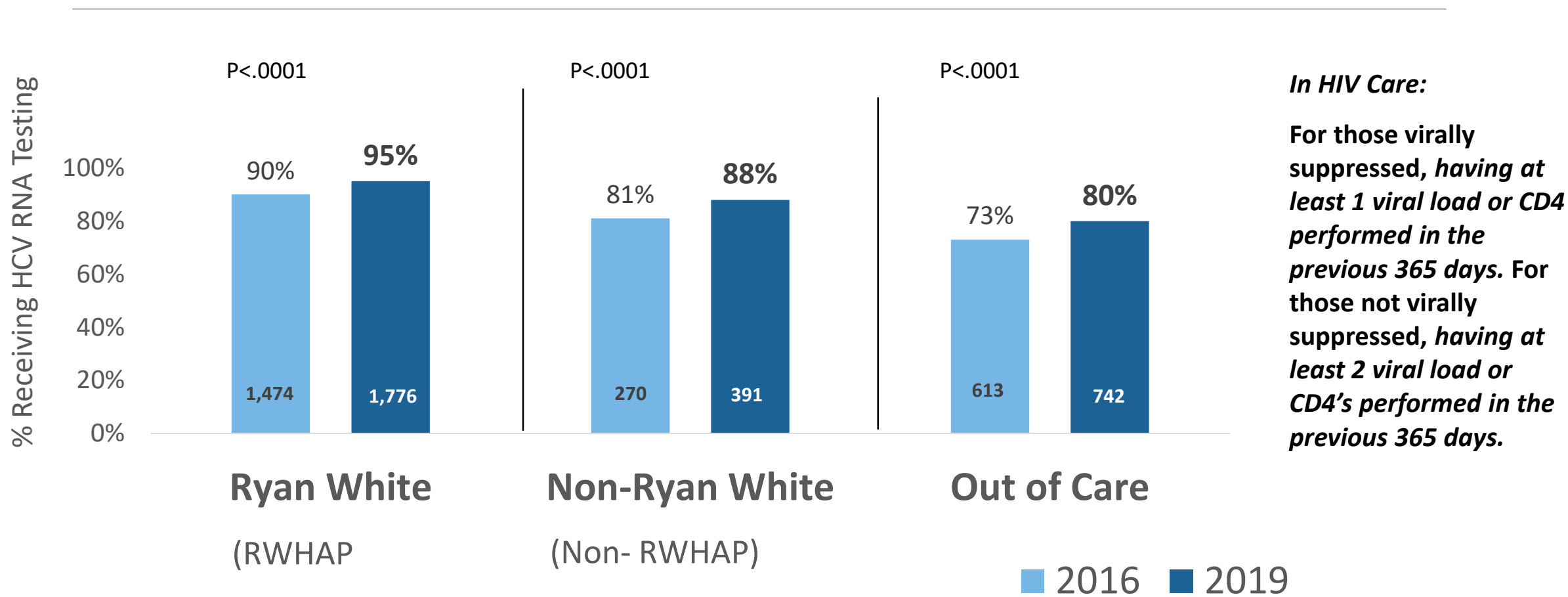
PLWH & HCV Diagnosis





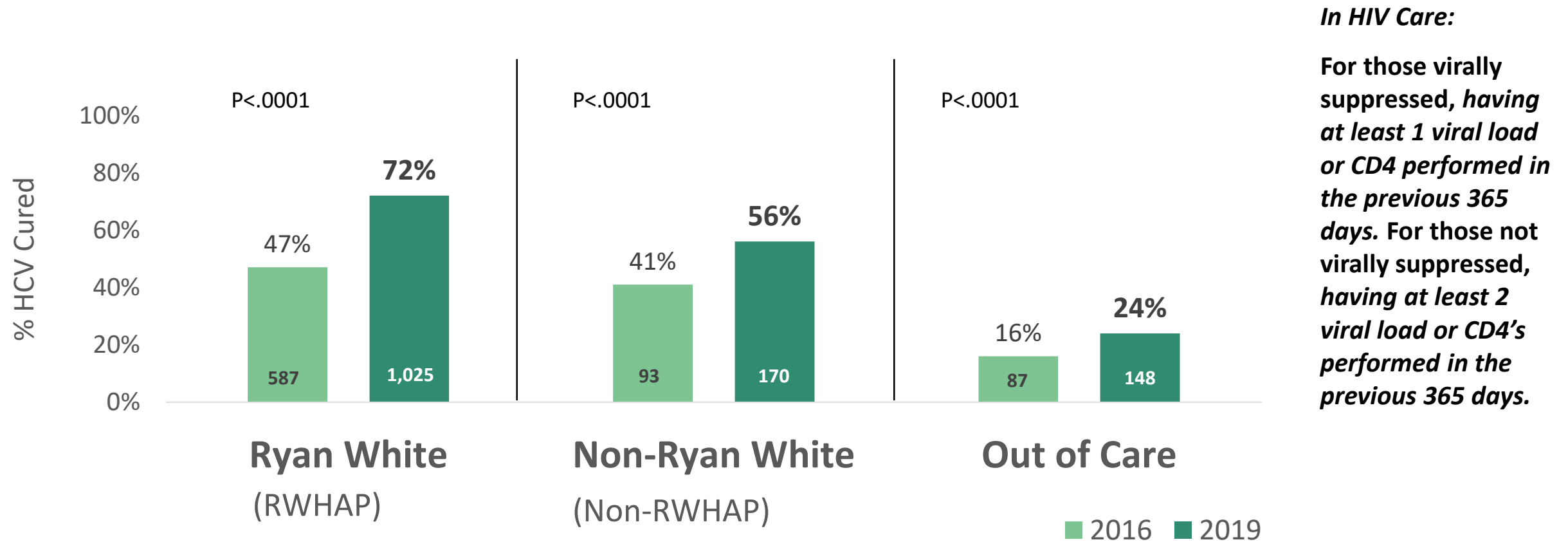
Confirmatory HCV RNA Testing Is Improving

Data Snapshot: Individuals In HIV Care and Out of HIV Care



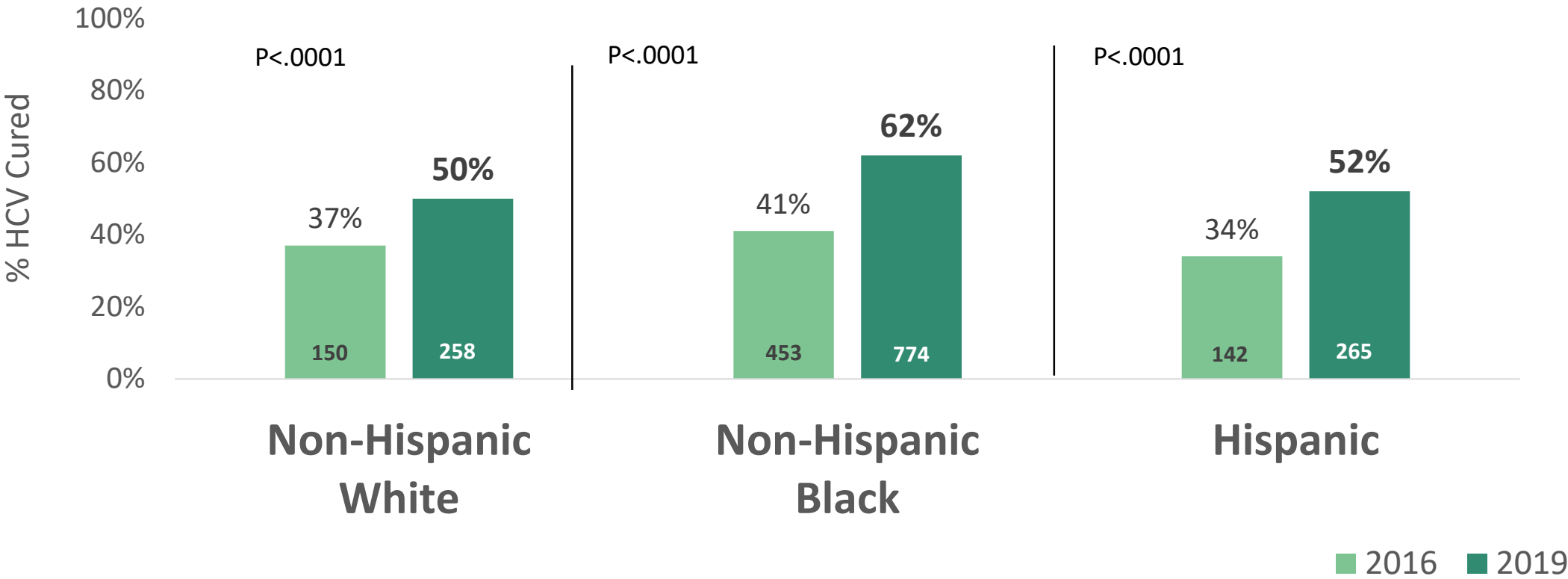
HCV Cure Access Is Improving

Data Snapshot: PLWH/HCV RNA+ In HIV Care and Out of HIV Care who Cured their HCV



Greatest Improvements in HCV Cure in Persons of Color

Data Snapshot: PLWH/HCV RNA+ who Cured their HCV



Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office & Viral Hepatitis Program

HIV OUTBREAK AMONG PWID

HIV-HCV Coinfection Outbreak

- Increase in HIV among PWID by 115% in 2018 compared to 2016
- 63% coinfection rate with HCV
- People with incarceration, drug use, and/or homeless history are often hard to reach
 - Hepatitis team aiding in capacity and outreach, and linkage to HIV care
- Importance of coordinated outreach is critical in either program's success



Philadelphia Department of Public Health

AIDS Activities Coordinating Office

THOMAS A. FARLEY, MD, MPH
Health Commissioner

CAROLINE C. JOHNSON, MD
Deputy Health Commissioner

COLEMAN TERRELL
AIDS Activities Coordinating Office, Director

Health Advisory

HIV Outbreak Among People Who Inject Drugs (PWID)

October 16, 2019

Sustainability & Key Findings



Key Successes

C Ya improved diagnosis and treatment of HCV in PLWH

- 95% of HCV AB+ patients in the RW care system received confirmatory HCV RNA testing
- 75% of HCV RNA+ patients in care in the RW care system were cured of their HCV

HCV surveillance data is critical

- Ability to assess scope of co-infection necessary to monitor progress towards micro-elimination

Providers are open to integrating HCV into their practices

- RW providers supported each other in building HCV capacity in our jurisdiction

AACO and local providers should continue to invest in HCV elimination - it is a feasible goal!



Who is left to treat?

Data can be used to identify remaining gaps and target ongoing micro-elimination efforts

1,018 RNA+ coinfecting PLWH left to treat for HCV

Left to Treat	Strategies to Engage
53% are in HIV care “low hanging fruit”	Break down by care site – RW or non-RW; distribute info to non-RW providers and encourage training
32% out of HIV care for two years or longer	
58% not virally suppressed for HIV	
92% diagnosed with HIV before 2017 90% diagnosed with HCV before 2017	These people are at risk for ongoing HIV AND HCV transmission and should be prioritized – HCV should be included in care reengagement efforts
	Disseminate new information about “when to treat” HCV as new studies on test and treat and/or acute treatment emerges

*Exclusions: Does not include 877 individuals that did not receive any confirmatory testing.



Sustainability

Sustainability Priorities for PDPH:

- Encourage non-RW providers to integrate HCV by disseminating C Ya best practices & resources
- Reach out of care individuals through ongoing HCV integration in HIV data-to-care activities
- Continue using data to monitor progress towards HCV elimination and address care gaps

Philadelphia's Sustainability Wish List for Local Providers:

- Standardize HCV reflex testing as tool to improve HCV diagnosis
- Maintain HCV treatment capacity at all HIV care sites – ongoing trainings to support new treaters
- Share models of how you address complex cases – need to scale up best practices that address patients' complex health and social issues if we want to see HIV and HCV outcomes improve!

THANK YOU!



Philadelphia Department of Public Health

Viral Hepatitis Team

AIDS Activities Coordinating Office

C Ya & Data-to-Care Teams

Community Partners

HepCAP & the C Change Team

MidAtlantic AETC

Philadelphia Performance Site at Health Federation

Philly's HIV Service Providers

Philadelphians living with HIV & Hep C



National Partners

HRSA Bureau of HIV/AIDS

RAND



Department of
Public Health

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