PHILADELPHIA HEALTH CORPS

Who are We and How Can We Support Your Organization and Community?

February HepCAP Meeting
Wednesday, February 4, 2015

- One of 4 operating sites of the National Health Corps, an AmeriCorps national direct program established in 1994 and funded by the Corporation for National and Community Service
- 88 members serving at over 60 community host sites including community health centers, county health departments, schools and community-based public health organizations.
- The Philadelphia Health Corps has 27 members, and is administered by the Health Federation of Philadelphia
- Host Site Partners include Philadelphia Department of Public Health Ambulatory Health Service Centers, Family Practice & Counseling Network FQHCs, and community-based organization such as Prevention Point Philadelphia and the Nationalities Service Center.

NATIONAL HEALTH CORPS/
PHILADELPHIA HEALTH CORPS
ROLE OF THE PHC MEMBER

- Serve 1700 hours over a 46 week term.
  - Host Site Service (daily)
  - Member Meetings/In Service training (monthly)
  - Group Service Projects/Outside Service Projects (monthly)
  - Member Committees (monthly)
- Gain and utilize key skills that will prepare her/him for a future in medicine, public health, social work or a health-related field.
- Represent AmeriCorps at Host Site, in Corps-related activities, and in the community.
- Update and maintain NHC Performance Measures (biweekly).
- Complete timesheets promptly (biweekly).
- Adhere to NHC/PHC policies.

WHY JOIN PHILADELPHIA HEALTH CORPS?

BENEFITS:

- Living stipend ($12,100)
- Health insurance
- Student loan deferment/forbearance
- Training & professional development
- Education award ($5,645)
• Gain understanding of health care, public health and social service systems in America, and barriers to accessing care
• Gain experience in a medical/clinical setting, including how to engage with patients, and medical and health care professionals
• Integration of public health into medical practice

• Become a more empathetic and understanding provider
• Build confidence and develop leadership skills
• Learn effective communication skills
• Balance working independently with working as a part of a team

• Tangibly serve and make an impact on individuals of the community and population members serve
• Contribute positively to the host by leaving the organization better than when the member entered it
• Contribute to the Philadelphia community and the well-being of people in Philadelphia

ROLE OF THE HOST SITE MENTOR

► Engage in weekly supervision meetings with your member(s).
► Provide thoughtful and consistent feedback to your member(s) regarding host site performance and future professional goals.
► Monitor the member’s progress in meeting her/his host site goals and objectives.
► Encourage and support your member(s) pursuit of health-related careers.
► Adhere to NHC/PHC policies.
► Monitor your member’s adherence to policies of the host site.
► Communicate with the member and the Program Director, should any issues arise.
► Attend quarterly Host Site Mentor meetings with PHC Program Staff.
Seeking strong community-based partners interested in expanding their capacity to deliver critical health services to their clients/patients.

Provide opportunities for Corps members to perform direct service activities that address the health needs of underserved communities and neighborhoods in PHC geographic region, and are consistent with NHC Performance Measures.

Demonstrate the capacity to provide on-site mentoring and supervision, as well as personal and professional development opportunities, for the member(s) it is assigned.

Host Site RFP to be released on Friday, February 6th; due on Friday, March 13th by 5pm.

Member Recruitment to begin mid to late March.

2015-16 HOST SITE RECRUITMENT

ANY QUESTIONS?
THANK YOU!

Sara Grainger, Program Director
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TALES OF
HEPATITIS C
OUTBREAK INVESTIGATION

HepCAP
February 4, 2015

Jennifer Gutowski
Philadelphia Department of Public Health
Overview

• Hepatitis transmission within healthcare settings
• Public Health actions
• Looking forward
Healthcare-Associated Hepatitis Outbreaks in the US, 2008-2013

• Total of 18 hepatitis C virus (HCV) outbreaks
  • 228 outbreak-associated cases
  • >92,550 at-risk persons notified for screening

• Total of 20 hepatitis B virus (HBV) outbreaks
  • 162 outbreak-associated cases
  • >10,500 persons notified for screening

1 CDC. Healthcare-Associated Hepatitis B and C Outbreaks Reported to the Centers for Disease Control and Prevention (CDC) in 2008-2013.
http://www.cdc.gov/hepatitis/Statistics/HealthcareOutbreakTable.htm

Location and Suspected Cause of Healthcare-Associated Hepatitis C Outbreaks, United States, 2008-2013

- Unknown
- Drug diversion
- Multiple lapses in infection control
- Unsafe injection practices

Long-term Care Hospital Outpatient Hemodialysis
Long-term Care
Hospital
Outpatient Clinic
Oral Health Clinic

Location and Suspected Cause of Healthcare-Associated Hepatitis B Outbreaks, United States, 2008-2013

Unknown
Other lapses
Unsafe injection practices
Unsafe practices related to glucose monitoring

LOCAL INVESTIGATIONS
Philadelphia 2009-present
Drug Diversion leads to Multi-State Hepatitis C Outbreak

Background

• Traveling radiographer was source of Hepatitis C transmission for at least 45 hospital patients in multiple states
  • Injected himself with syringes of fentanyl, then filled them with saline for patient use

• Arrested in July 2012 in New Hampshire

• Temporarily employed within Philadelphia hospital in 2010
Public Health Actions

- Public health investigation of employment history between 2005-2012
  - Multiple conference calls with CDC and other states

- Patient notification and screening at employment locations 2005-2012

- Case finding through matching patient lists with public health surveillance data

PDPH Actions

- Worked with hospital to determine which patients were exposed

- 310 letters were sent by hospital to patients notifying them of exposure and advising HCV screening
  - 47 patients were screened for HCV by the hospital

- Matched exposed patients to HCV records in PDPH and PA DOH communicable disease databases and to death certificates
  - Identified 5 individuals who were exposed and had a positive HCV test after their 2010 exposure
    - Four patients interviewed and had either prior laboratory confirmed positive tests and/or traditional HCV risk factors
    - One patient was not located
Lessons learned

• PDPH’s partnership with the hospital was essential for a successful investigation and ongoing communication

• Low response rate (patients seeking screening) among exposed population
  • Higher rate of response in other states with suburban hospitals

• Hospital will reevaluate procedures regarding temporary employees

Outbreak of Hepatitis C at Outpatient Dialysis Facility
Background

- Dialysis facilities are not licensed in Pennsylvania
  - Receive Center for Medicaid Services (CMS) CORE Survey every three years

- Hemodialysis is recognized as a risk factor for HCV infection
  - Involves filtration of blood through direct access to vascular system for 3-5 hours, 3 days a week

- CDC recommends bi-annual HCV screening for patients undergoing hemodialysis
  - Some facilities also measure ALT/AST monthly

Outbreak Detection

- PDPH was notified by dialysis facility management of five patient HCV seroconversions and one indeterminate result in December 2012

- Facility had previously reported two seroconversions in 2009 and one seroconversion in 2011, which were investigation by PDPH
  - No cause for transmission was detected
PDPH Initial Response

- PDPH visited the facility to observe infection control practices and environmental cleaning, review patient charts, and discuss seroconversions with management
- The 6 patients who seroconverted were interviewed by phone to determine risk factors and medical history
- Blood specimens from all HCV positive patients were sent to CDC for genotype testing and quasispecies analysis
- Requested CDC assistance in April 2013, after additional seroconversion

Findings

- Among 66 dialysis patients at the time of investigation:
  - 40 (61%) were susceptible
  - 26 (39%) were infected with HCV, including seroconversion cases (n=14) and previously-infected patients (n=12)
- Review of test results and chart review identified 18 cases who seroconverted between 2007-2013
  - 3 were deceased at the time of investigation
- Investigation did not identify point source for outbreak
- Lapses in infection control and environmental cleaning were found
Cluster 3: 6 cases, most seroconverted in 2012

Cluster 1: 2 cases and 2 previously infected patients

Cluster 2: 2 cases

Cluster 4: 1 case and 1 previously infected patient

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**Additional PDPH Response**

- Patient notification and education
  - Presentations in facility lobby
  - Direct discussions with patients while they were being dialyzed

- Staff education

- Continued monitoring of monthly and then quarterly HCV screening results

- Worked with facility to address lapses in infection control practices
  - Changes to patient flow, time between patients, cleaning of stations
Lessons Learned

• Patient notification of Hepatitis C infection was not well documented in medical records
  • Lack of follow-up to ensure patient sought care
  • No written information given to patients regarding diagnosis

• Few positive patients followed-up with specialists or sought treatment
  • Patients voiced that they had too many other pressing healthcare issues – hepatitis was not high on their list of concerns

• Patient concern was limited
  • The majority of patients were not concerned with infection control or how

LOOKING FORWARD
PDPH Initiatives

• Hemodialysis infection prevention project

• Educational materials provided on the Health Information Portal: [https://hip.phila.gov](https://hip.phila.gov)

• Blood borne pathogen training included during infection prevention education provided to healthcare facilities

• Educational materials provided in long-term care facility toolkit

The One and Only Campaign
Reporting HCV to PDPH

- Viral hepatitis is reportable in Philadelphia
- If an acute case is discovered to have a history of healthcare exposure, PDPH will investigate potential transmission
- Please report viral hepatitis to 215-685-6748
  - Potential healthcare exposure should be noted on the report

Thank you!

Questions?

Contact information:
Jennifer Gutowski, BSN, RN, MPH, CIC
Surveillance Coordinator, Acute Communicable Disease
215-685-6742
jenifer.gutowski@phila.gov
Guidelines and Recommendations

- Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm)

- Preventing HCV transmission in hemodialysis units Kidney International (2008) 73 (Suppl 109), S46–S52

- Guideline for Disinfection and Sterilization in Healthcare Facilities
  [http://www.cdc.gov/hicpac/Disinfection_Sterilization/6_0disinfection.html](http://www.cdc.gov/hicpac/Disinfection_Sterilization/6_0disinfection.html)

- Guidelines for Environmental Infection Control in Health-Care Facilities

Hepatitis C Treatment Access
Treatment updates

Viekira Pak approval 12/19/2014
- Ombitasvir, paritaprevir, ritonavir, dasabuvir

Cost saving deals

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State Coalition Building

Meeting with David K. Kelly, MD, MPA  Chief Medical Officer
- Office of Medical Assistance Programs, PA Department of Human Services (formerly DPW)

Community Liver Alliance, Pittsburgh

Gili Ronen – Public Affairs for HepCAP
- Helping HepCAP build new partners across PA
- Hospital Systems, Professional Associations, Health Networks

Gray Global Advisors
- Political strategy, key political leaders

Material Development and Outreach

• Issue Brief: Hepatitis C Cure for All Pennsylvanians
  - Endorsed and co-branded by Community Liver Alliance
  - Distributed to other national partners to borrow language
  - Way to introduce new partners to the issue of hep C CURE access

• Using partners to help spread the word
  - Letters to the editor & other media outreach
  - Calls/letters to policy makers and legislative visits
  - How else to make noise about this issue?
Working with Policy Makers

• **Hepatitis on the Hill**
  - NVHR-sponsored advocacy training (March 9th) and advocacy in DC (March 10th)
  - Scholarships available for people living with or families affected by hepatitis B or C
  - More info: [http://nvhr.org/heponthehill](http://nvhr.org/heponthehill)
  - HepCAP & Hep B United Bus/Van on March 10th?

• **CDC-Sponsored Forum to Improve PA’s Response to Hepatitis C**
  - In May (??), probably in Harrisburg
  - Engage state stakeholders in conversation about hepatitis C testing, linkage to care, and treatment access

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Community Feedback

• **Are you still having issues with insurance companies?**

• **Issues with Patient Assistance Programs?**