Hepatitis C has been a silent public health crisis.
3.2 million to 5.2 million people in the US are chronically infected with hepatitis C.

Up to 75% of chronically infected individuals are unaware of their infection.

3.27% of Baby Boomers have been exposed to hepatitis C.*

6.31% of African American Baby Boomers have been exposed to hepatitis C.

*This includes anyone born between 1945-1965.
More people are now dying of hepatitis C than HIV.


Funding for hepatitis C does not match the need for resources.


**US RESPONSE TO HIV AND VIRAL HEPATITIS EPIDEMICS**

Hepatitis C infection is at least five times more prevalent as HIV infection in the United States, yet funding lags far behind.

Investing in hepatitis C now will prevent expensive long term costs

McAlpin-Mann C. J Manag Care Pharm. 2011; 17(7): 531-46.
Medical costs for hepatitis C patients will double in the next 20 years.

Now is the time for change:

- New CDC Recommendations
- New Testing Modalities
- New Therapies, Improved Cure Rates

HepCAP will end the silence in Philadelphia.
PREVENTION
- Telemedicine
- Mobile apps
- Partner with school district
- Flexible clinical availability

CARE & TREATMENT
- Testing & Counseling Protocol
- Harm Reduction resources
- Partner with recovery agencies
- Target youth

AWARENESS
- Harm Reduction resources
- Partner with recovery agencies
- Target youth
- Flexible clinical availability

RESOURCE DEVELOPMENT
- Support system for patients
- Disseminate best practices
- Build clinical capacity

ADVOCACY
- Awareness Campaign

COMMUNITY
- Ideas
- Action

HepCAP
HEPATITIS C ALLIES OF PHILADELPHIA

IDEAS
ACTION
Where do you fit in?
Structural Barriers to Hepatitis C Care

Amy B. Jessop, Ph.D., MPH
Director, HepTREC
Assistant Professor of Public Health
University of the Sciences in Philadelphia

HepTREC is a nonprofit organization established in 2002 to reduce the impact of viral hepatitis in the Delaware Valley

- HepTREC was incorporated into University of the Sciences in 2009

HepTREC services include:

- Education and training to the public, patients, social service and healthcare providers
- Support services, website, toll free number
- Immunization and screening programs
- Health Service Research

www.heptrec.org
Reducing the Impact of Viral Hepatitis
Patient – Provider – Systems

- Barriers to appropriate care exist at all levels
- Potential to reduce barriers if we work together and change perspective
- Is a “patient” problem really a system problem?
- Is a “provider” problem a systems problem?
- Is “system” problem a training problem?
Can small changes reduce barriers?

**Time**

- **CLIENT**
  - The doctor’s office, they just don’t get it. I can’t get treatment. They’re only open on weekdays, 9-5. When you get there they make you wait sometimes 3 hours. By the time you get there and back it’s a whole work day. Then they want you back couple a times a month. If you lose your job ‘cause of this, then you got no insurance. Then what?

- **INSURANCE REPRESENTATIVE**
  - We’re here to help from 9 to 5. But they say we’re never available. They’re not willing to wait for us to get to their call. They want immediate assistance. Then they never have the right information.

- **CLINICIAN**
  - If patients wanted treatment they’d find time.

Hepatitis C is not just health problem for individuals – it is a population health problem. Reduction of barriers will come through community-level approaches.

- We can **leverage resources** (including ideas!) to improve prevention, diagnosis, and care.

- We need a **systematic approach** in the region to increase:
  - Awareness  Perspective  Coordination

- We need **leadership and commitment** from all stakeholder groups to achieve this.
Hepatitis C Prevention Among Injection Drug Users

José Benitez, MSW
Prevention Point Philadelphia (PPP)

Prevention Point Philadelphia

PPP is a non-profit, public health organization committed to protecting the health and welfare of drug users and sex workers. PPP works to reduce the harm associated with substance use and sex industry work by offering a safe and humane alternative to the war on drugs.
What is Harm Reduction?

A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities without necessarily reducing drug use.

Harm Reduction in Philly

% of new HIV infections attributed to unsafe injection drug use*:

1980’s: nearly 50%
PPP legalized in 1992

2002: 30.5%
2006: 19.8%
2008: 17.0%
2010: 11.0%

*All values cited from the AIDS Activities Coordinating Office for the City of Philadelphia
Cost of prevention

- Average cost of lifetime treatment for a person with HIV using ART:
  - $618,900

- Estimated lifetime costs for Hepatitis C care:
  - $300,000

- Average price of a box of 100 sterile syringes:
  - $40

- Number of HIV/AIDS cases one box of 100 sterile syringes could prevent:
  - 100

*Medical Care, November 2006. "The lifetime costs of current HIV care in the United States".

Service Delivery Methods
PPP Programs, Services & Integrated Support to Syringe Exchange

- Varied locations and times of SEP sites with in-building emergency distribution
- Street side and in-building medical clinics serving different populations
- Overdose prevention and response training
- SCOPE (syringe and biohazard collection)
- Harm Reduction counseling and case management services
- Pilot Buprenorphine program
- Group Harm Reduction education around HIV, HCV
- Street-based outreach and social network outreach

Common Health Issues at the Street-side Health Project

- HIV & Hepatitis C
- Endocarditis
- Depression
- Abscesses & Cellulitis
- Wounds
- Upper respiratory infections
- Overdose
- Malnutrition
- Sexually Transmitted Diseases
- Chronic pain/pain management
Areas for Programmatic Development:

- Increase opportunities for HCV testing which are “low threshold”

- Increase care outreach programs for HCV
  - Navigators project

- Development of education programs
  - Care Providers
  - Public

- Coordinate services
Treatment Barriers to Hepatitis C Care

Jay Kostman, M.D.
Presbyterian Medical Center
University of Pennsylvania Medicine

Evolution of Hepatitis C Treatment

- 1991
  - Standard interferon (6 mos)
- 1995
  - Standard interferon (12-18 mos)
- 1998
  - Interferon/ribavirin (6-12 mos)
- 2001
  - PegIFN/ribavirin (6-12 mos)
- 2011
  - PI + PegIFN/RBV (6-12 mos)

References:
Consequences of Untreated Chronic HCV

- Chronic HCV is often asymptomatic
  - ~75% chance of developing chronic infection

- Progression of liver disease
  - 20% develop cirrhosis after ~20 years
  - Patients may become too sick to be treated
  - 36% of people on liver transplant waiting list have HCV

- 50% of people with HCC are HCV infected
  - Liver cancer is the fastest growing cause of cancer-related death in the US

Economic Burden of Untreated HCV

- Cost of caring for a patient with chronic HCV: ~$24,000 a year
  - Without cirrhosis: $17,277/yr
  - Compensated cirrhosis: $22,752/yr

- End stage liver disease: Up to $59,995 a year

- Liver transplant: ~$150,000 to ~$250,000
Why are so many people undiagnosed?

- Providers are not screening patients for HCV
  - HCV is often asymptomatic
  - HCV is not in providers’ forefront of thought
  - HCV screening tools have not been used
- Failure to screen and diagnose results in failure to treat

HCV Treatment Misperceptions Among IDU

- Unaware response rates are higher with new therapies
  - Especially in Black and Hispanic people
- Cannot differentiate flu-like symptoms associated with Interferon from symptoms of methadone withdrawal
- Misinformation from peers

Barriers to Treatment for IDU

- Lack of training and expertise in treatment of HCV by opioid treatment providers
- Providers unwilling to treat HCV
- Failure to establish and coordinate a multidisciplinary team
- Frustration with patients
  - Active IDU
  - Missed appointments
  - Non-adherence to treatment


Other Reasons People are Not Being Treated

<table>
<thead>
<tr>
<th>Patients</th>
<th>Clinicians</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not think they need treatment</td>
<td>Do not believe patients need treatment</td>
<td>Difficult to navigate</td>
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<tr>
<td></td>
<td>Do not understand who may benefit from treatment</td>
<td>Lack of access to specialists</td>
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<td></td>
<td>Biased against treatment for IDUs and inmates, who account for large proportion of disease prevalence</td>
<td>Treatment requires travel</td>
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<tr>
<td></td>
<td></td>
<td>Patients cannot or will not travel for specialist care</td>
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<td></td>
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<td>Referral process is not effective</td>
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</tbody>
</table>

Complexities of Current HCV Therapy

- Co-morbidities
- Drug-Drug Interactions
- Management of Drug Toxicities
- When to Treat Decisions

Overcoming Complexities Leads to Better Outcomes

- Establish multidisciplinary management team
- Provide support and education
- Treat psychiatric disorders / substance abuse
- Administer CES-D and AUDIT
- Vaccinate against hepatitis A and/or B
- Avoidance of hepatotoxins
- Provide anti-HCV therapy
- Offer weekly adherence visits, monitoring

Priorities

- Treat underserved populations
- Educate providers and patients
- Increase awareness of treatment efficacy and consequences of untreated chronic HCV
- Prevent new HCV infections


Moving Forward

- What we have been doing is not working
- Screening is not happening; people are not being referred for treatment and evaluation
- An HCV bottleneck is created resulting in year long delays for linkage to care
- We now have a new model of care for screening
- Birth cohort screening will lead to early identification of individuals unaware of their diagnosis
- If we don’t have an effective system for linkage, management, and communication enhanced screening efforts will not result in improved outcomes
You’ve heard about the problem…

Will you join us in building solutions?

What can I do?

Spread the word – distribute flyers, table an event or bring someone new to a meeting!

Keep coming to meetings!

Join a workgroup!

Share skills that can help improve HepCAP projects – from education to grantwriting!

Stay informed: sign up for the monthly hepatitis newsletter!
Current HepCAP Workgroups

• Clinician Education Workgroup
  • Speaker’s Bureau
  • Quarterly Case Conferences

• Public Awareness Workgroup
  • Telling Philadelphia’s hepatitis story
  • Creating local campaign
  • Developing outreach strategies

Think big with us…
HCV awareness, testing and linkage to care should be a **political** priority

HCV awareness, testing and linkage to care should be a **budgetary** priority

Through HepCAP we can **collaborate** to maximize our City’s existing resources
Next Meeting:
Wed, November 7th
5:30pm – 7pm
500 S. Broad Street