

Increasing Hepatitis C Knowledge for Behavioral Health and Medical Providers



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Substance Abuse and Mental Health Services Administration
SAMHSA
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HCV Current and Curriculum Authors

HCV Current is a national initiative developed by the ATTC Regional Centers, funded by Substance Abuse and Mental Health Services Administration (SAMHSA) as a comprehensive response to the hepatitis C (HCV) epidemic in the US.

HCV Current is designed to help increase HCV knowledge among medical and behavioral health professionals, especially staff at federally qualified health centers. The project offers an array of resources and tools for health professionals, including online and in-person curriculum and training, downloadable provider tools, and region-specific resources.

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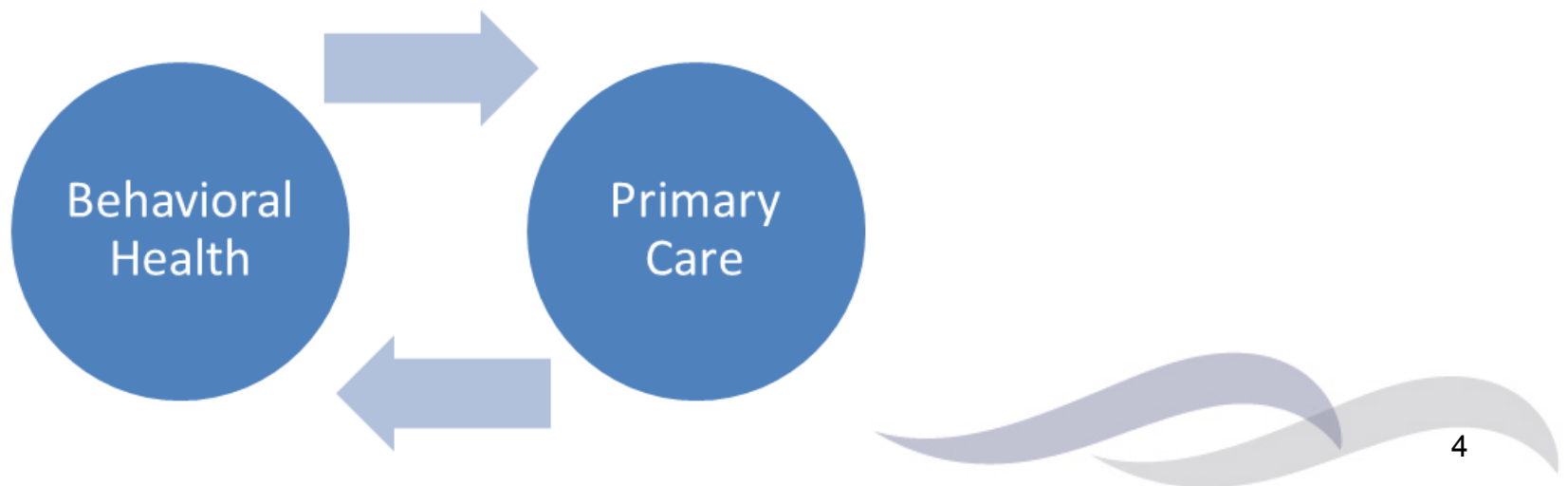
Logistical Aspects

- 9:00am – 4:00pm
- Curriculum design
 - 6-hour or 3-hour deliveries
 - ‘Movable’ parts
- Breaks and lunch
- GPRAs and accreditation

Training Goals

To instruct behavioral health and medical providers on:

- Hepatitis C infection and disease burden
- Promoting hepatitis C screening and testing
- Treatment options and patient considerations
- Linkage of hepatitis C infected patients to health care



Training Agenda

Module 1: Training Rationale and Populations at Risk

Module 2: Hepatitis C Infection

Module 3: Promoting Screening and Testing for Hepatitis C Infection

Module 4: Hepatitis C Treatment Monitoring, Evaluation, and Therapies

Module 5: Linking Patients Infected with Hepatitis C to Health Care Services



Poll #1

Who is *not* at risk?

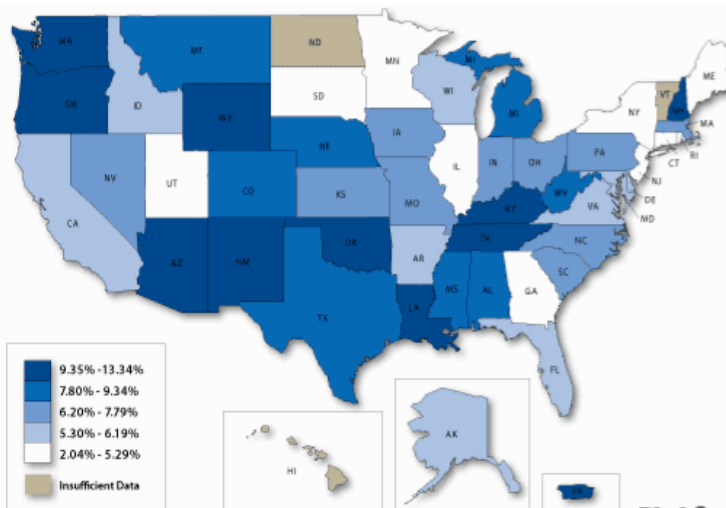
1. Past or present injection drug users
2. People who smoke marijuana
3. HIV positive persons
4. People born between 1945 and 1965

Populations at Risk

Module 1: Training Rationale and Populations at Risk

Module 1 looks at hepatitis C infection (HCV) and why it's a major public health issue. Discussion will review present and long term impact to populations at risk and the urgency to increase efforts immediately.

- HCV disease burden
- HCV Transmission
- Populations infected



Screening for Hepatitis C Infection

The CDC & USPSTF recommend:

- Screening for HCV infection in persons at elevated risk for infection
- Offer one time screening for HCV infection to adults born between 1945 and 1965



Risk Based Recommendations for HCV Testing

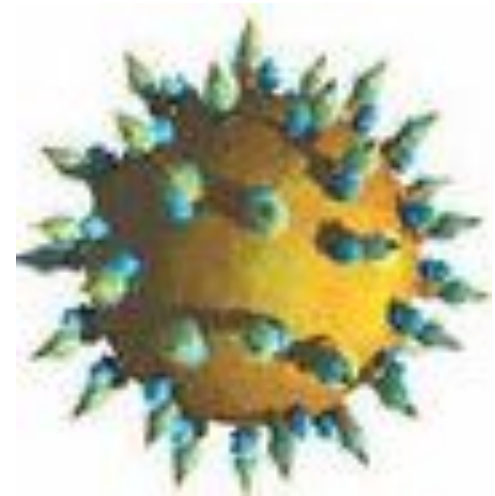
- Persons who have ever injected illegal drugs, including those who injected only once many years ago, ever shared needles and works
- All persons born between 1945 - 1965
- All persons with HIV infection
- Persons presenting with symptoms of hepatitis, or elevated enzyme levels
- Received transfusion or blood products before 1992
- Received clotting factor prior to 1987
- Ever on hemodialysis
- Healthcare, emergency, public safety workers after exposures to HCV through infected blood
- Children >1 year born to HCV-positive women
- Tattoo and/or body piercing done while incarcerated or by an unlicensed artist

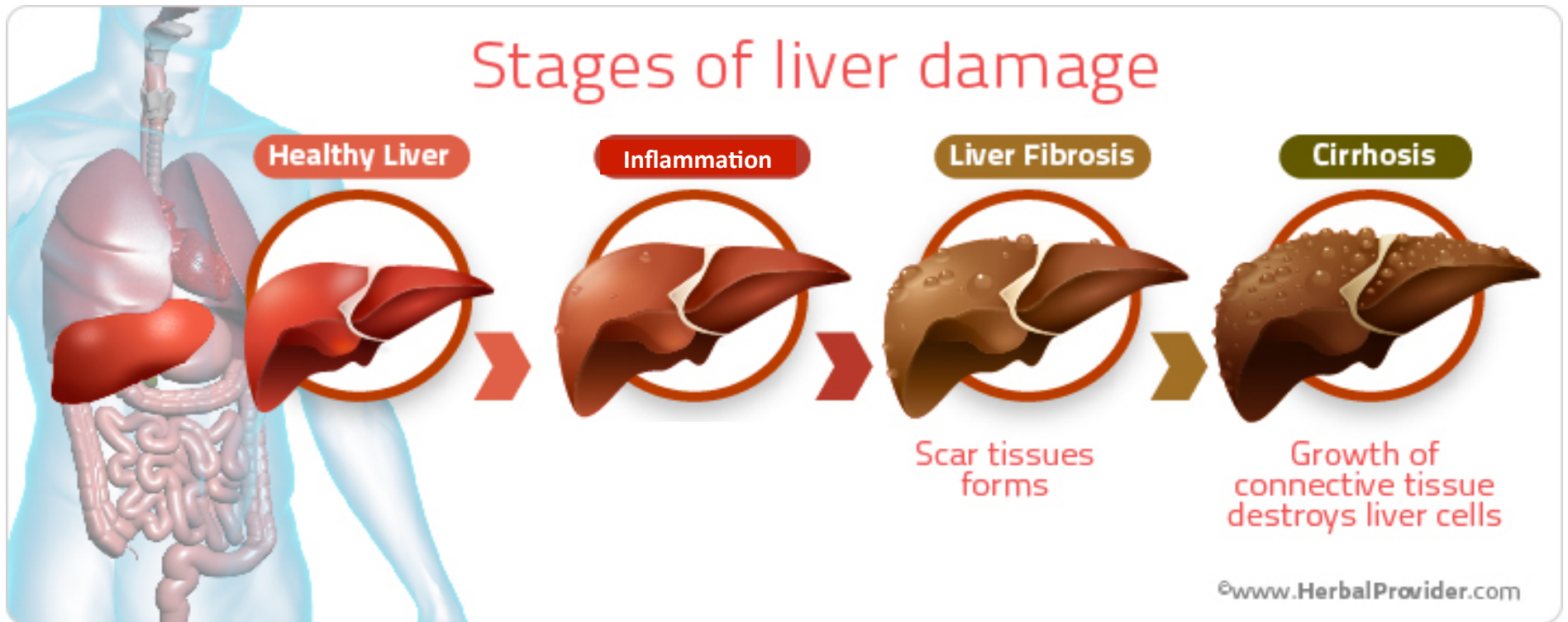
Hepatitis C Infection

Module 2: Hepatitis C Infection

This module provides an overview of hepatitis C infection, including risk factors that help identify persons at risk for potential infection.

- HCV epidemiology
- HCV progression and liver impact
- Disease symptomatology





- HCV infection causes inflammation of the liver
- Over years, inflammation leads to scarring (**scarring = fibrosis**)
- Severe scarring (**F4=stage 4 fibrosis or cirrhosis**)
- Cirrhosis can lead to end stage liver disease (**decompensated cirrhosis**), hepatocellular carcinoma (**liver cancer**), which is fatal without a liver transplant

Nonspecific Symptoms of Chronic Hepatitis C

- Chronic fatigue, memory loss, cognitive impairment (“brain fog”)
- Not related to severity of liver disease (can be early or late)



- Can be severe, disabling
- May be passed off as not due to hepatitis C
- May not be recognized until it goes away with treatment

Poll #2

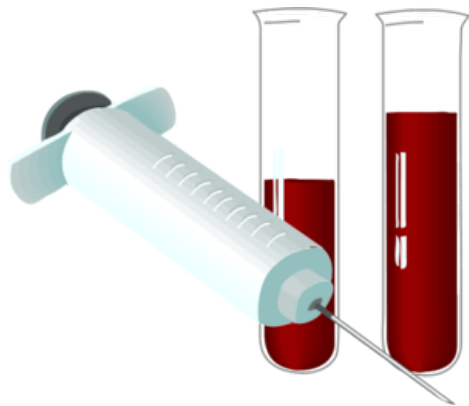
An HCV RNA or Viral load test result is 'not detected,' this means:

1. Like HIV, HCV infection is current but tests can't find it
2. HCV antibodies can't be found
3. HCV infection is cured
4. The amount of hepatitis C virus is minimal

Diagnosing Hepatitis C

Module 3: Promoting Screening and Testing for Hepatitis C Infection

This module informs on how to engage and facilitate a conversation promoting HCV testing, the tests used to diagnose HCV infection, and the entire step by step testing process



- Tests used to diagnose Infection
- Test results and counseling
- Skills practice: case scenarios

HCV Testing

2 step process for diagnosis

1) Anti-HCV (antibody)

- Non reactive (negative)
- Reactive (positive)

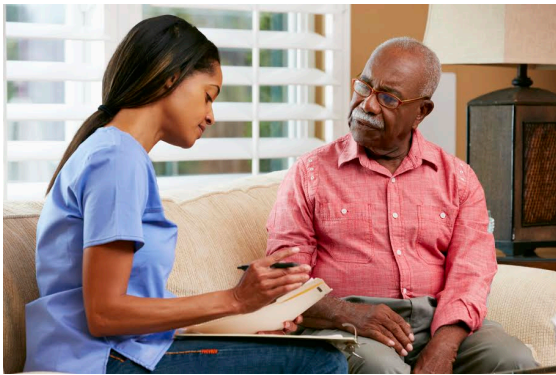
2) HCV RNA (viral load)

- Not detected
- Detected



The 'Conversation'

- Assess how much does the client's level of knowledge about hepatitis C
- Building on identified risk factors...
 - *provide the benefits of HCV testing,*
 - *possible test results and meaning,*
 - *and the possibility of linking to HCV health care and treatment*



Ensure the client understands that they will have continues support throughout the entire process

Monitoring and Treatment

Module 4: Hepatitis C Treatment Monitoring, Evaluation, and Therapies

This module provides a review of factors that impact disease progression, clinical evaluation of treatment eligibility, patient and treatment considerations, and current therapies

- Criteria for treatment eligibility
- Current HCV treatments



HCV Treatment Timeline

Peginterferon
Injections
and Ribavirin
(PEG-IFN, RBV)
G1 & G2 & G3

Peginterferon
Injections
and Ribavirin
Boceprevir
& Teleprevir
(PEG-IFN, RBV)
G1

Simeprevir, Interferon,
& Ribavirin
(SIM, PEG-IFN, RBV)
G1

Sofosbuvir, Interferon,
Ribavirin
(SOF, PEG-INF, RBV)
G1

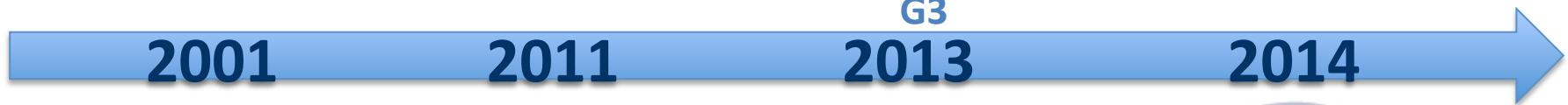
Sofosbuvir & Ribavirin
(SOF, RBV) G2 & G3

Sofosbuvir, Interferon,
Ribavirin
(SOF, PEG-IFN, RBV)
G3

Sofosbuvir,
Ledipasvir
(SOF, LDV) G1

Sofosbuvir,
Simeprevir
(SOF, SIM) G1

Paritaprevir,
Ritonavir,
Ombitasvir,
Dasabuvir ±
Ribavirin
(3D ± RBV) G1



Treatment Recommendations

- Immediate treatment is assigned the highest priority for those patients with advanced fibrosis (F3), those with compensated cirrhosis (F4), liver transplant recipients, and patients with severe extrahepatic hepatitis C
- Transmission can be interrupted by treating those engaging in risk behavior (PWID, MSM)
- Evidence clearly supports treatment in all HCV infected persons (life expectancy >12 months)
- Payers should not deny treatment to anyone

Linkage to Health Care

Module 5: Linking Patients Infected with Hepatitis C to Health Care Services

Review of opportunities for promoting HCV testing and facilitating linkage to health care within various behavioral health settings, and resources to support linkage implementation.



- Key aspects of successful linkage models
- National and regional resources
- Integration practice activity

Strategies for Hepatitis C Testing and Linkage to Care

- 1,345 Mobile Medical Clinic (MMC) clients in New Haven, CT underwent a routine health assessment, including for HCV
- While patients equally preferred POC and standard HCV testing strategies, HCV-infected patients choosing POC testing were significantly more likely to be linked to HCV treatment
- HCV testing strategies should be balanced based on costs, convenience, and ability to link to HCV treatment



Poll #3

Do you know where to locate your HCV regional your resources?

1. Yes, of course I know where to look
2. I can use some help
3. I'm not sure if what I know is current information

HCV Current Resources



- http://www.nattc.org/projects/HCV_Home.aspx

HCV Resources for Patients

- Caring Ambassadors, <http://caringambassadors.org/>
- National Viral Hepatitis Roundtable, <http://nvhr.org/>
- Help-4-Hep, <http://help4hep.org/>
- HCV Advocate: Hepatitis C – Living with Hepatitis C, <http://www.hcvadvocate.org>
- American Liver Foundation Support Services, <http://www.liverfoundation.org/support>

HCV Resources for Providers

- AASLD & IDSA, www.hcvguidelines.org
- CDC, Center for Disease Control and Prevention, Viral Hepatitis, <http://www.cdc.gov/hepatitis>
- US Department of Veteran Affairs, Viral Hepatitis, www.hepatitis.va.gov
- Stakeholders' Workbook: Exploring Vital Roles and Opportunities to Break the Silence, <http://aids.gov/pdf/vhap-workbook-for-stakeholders.pdf>
- Project ECHO, <http://echo.unm.edu>

HCVCurrent

Resources for Medical and Behavioral Health Professionals.

Thank you!



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