## **Cherokee Nation HCV Program: From Evaluation to Cure to Elimination**

Jorge Mera, MD, FACP Whitney Essex, MSN, FNP-BC

# **Objectives**

- Define elimination as it relates to infectious diseases
- Identify interventions required to achieve HCV elimination
- Describe the CNHS HCV Elimination program

# **Considerations: Elimination**



Available at: nas.edu/hepatitiselimination

- National Academies of Sciences, Engineering and Medicine (formerly IOM)
  - Released report on April 11, 2016
  - Committee determined that:
    - Both hepatitis B and C could be rare diseases in the US
    - Considerable will and resources would be required to do this
  - Released report in April 2017 addresses what steps must be taken

Decrease the incidence of HCV by 90 % and mortality by 65 % by the year 2030

#### Linkage to Care

#### Screening

#### **Unsafe Medical Practices**

#### IVDU

HCV

#### Prevention

Poverty Domestic Violence Mental Illness Historical Trauma Cultural Disconnection others Harm Reduction Strategies

#### Quality of Care

#### **Discovery of HCV and Impact on HCV Incidence in US**



Year

# 22,000 cases of incident HCV infection reported in 2012



# Definitions

- Control:
  - The reduction of disease incidence, prevalence, morbidity or mortality to a *locally acceptable level* as a result of deliberate efforts; continued intervention measures are required to maintain reduction. *Example*: diarrheal diseases

#### • Elimination:

- Reduction to zero of the incidence of infection caused by a specific agent in a *defined geographical area* as a result of deliberate efforts; continued measures to prevent re- establishment of transmission are required. <u>Example</u>: measles, poliomyelitis.
- Eradication
  - Permanent reduction to zero of the worldwide incidence of infection caused by a specific agent as a result of deliberate efforts; intervention measures are no longer needed. <u>Example</u>: Smallpox

# **Feasibility Criteria for Elimination**

In General <sup>1</sup>	Hepatitis C Virus	Check list
No non- human reservoir and the organism can not multiply in the environment	No human reservoir	$\checkmark$
There are simple and accurate diagnostic tools	Serology widely available	$\checkmark$
Practical interventions to interrupt transmission	Treatment as prevention Needle exchange programs Opioid substitution programs	$\checkmark$
The infection can in most cases be cleared from the host	Treatment is 95 % curative	$\checkmark$

1. Hopkins DR NEJM 2013. 368;1

# **Essential Goals to Eliminate HCV**

- Prevent sequelae of advancing liver disease in those already infected
  - Baby Boomers, born 1945 -1965
- Prevent new or "incident" infections
  - Persons who inject drugs
  - Unsafe healthcare practices
  - Sexual exposures in Immunocompromised individuals

# **Cherokee Nation Jurisdiction**

#### Sovereign Nation within a Nation





- 14 county area (over 9,200 sq mi.)
- Largest tribal operated health system (U.S.)
- Second largest Indian Nation in the U.S.
- 322,855 Registered citizens world-wide
- Medically serves 130,000 AI/AN

AI/AN: American Indians/ Alaskan Natives

## **Cherokee Nation Jurisdiction**



- Rural area with high HCV prevalence
- 130,000 AI/AN
- 80,928 citizens ages 20 69
- HCV program since in 2012
  - ECHO model for delivery of HCV care
  - Clear pathways for medication procurement

Source: Cherokee Nation, 2017

# **CNHS HCV Clinic 2012-2014**



- > 262 HCV infected patients waiting to be treated
- Prevalence unknown, possibly 5.8 %
- Possibly 3,285 patients!!!!!

- ➤ How do we increase screening?
- How we do we engage and treat more patients?

# Hepatitis C Screening Electronic Health Reminders Work!!!!!!



July 1, 2012 - June 30, 2013

July 1,2014 - June 30, 2015



## Moving Knowledge Instead of Patients

#### **GOALS:**

- Develop capacity to safely and effectively treat HCV in all areas and to monitor outcomes
- Develop a model to treat complex diseases in rural locations and developing countries

## HCV Services Available at CNHS 1/2012 -6/2014





### HCV Services Available at CNHS 7/2014 – 7/2015





# First ProjectECHO HCV Team 2014













## CNHS HCV Elimination Program Goals 8/2015 – 10/2018

- 1. Secure political commitment for HCV elimination
- 2. Expand the HCV screening program
- 3. Establish robust programs to link to care, treat, and cure patients with HCV.
- 4. Reduce the incidence of new HCV infections

## **Goal #1: Political Commitment**

#### October 30, 2015, CNHS HCV Awareness Day



"As Native people and as Cherokee Nation citizens, we must keep striving to eliminate hepatitis C from our population." Chief Bill John Baker

#### **CNHS: Cherokee Nation Health Services**

## Goal #2: Expand Screening Program



**Cherokee Nation Health Services** 



## HCV: Prevalence and Age Distribution\* Post Elimination Period, 8/2015 – 5/2017

# PrevalenceAge Distribution of<br/>HCV Ab (+) patients• 31,399 patients screened57%• 1,076 HCV seropositive<br/>– Overall Prevalence ~ 3.4%57%

- Male 4.4%
- Female 2.9%
- Baby boomers
  - 3.7% (12,540)
- Younger than Baby Boomers
  - 3.3% (18,319)

- Baby Boomers
- Younger than Baby Boomers

#### HCV Screening in Cherokee Nation\* 8/2015 – 5/2017



\*preliminary data

## HCV "Lab Triggered" Screening\* WW Hastings Hospital



## Lab Triggered Screening: Location Where Patients Were Screened

97 patients with new HCV antibody screen at WW Hastings Hospital



- Urgent Care
- Emergency Department
- Primary Care
- Women's Clinic
- Podiatry Clinic
- Orthopedic Clinic
- Surgery Clinic
- Behavioral Health
- Infectious Diseases

Dental Clinic 67 % of the HCV seropositive patients were detected in the Urgent Care/Emergency Department

#### **HCV Screening in the Hospital Dental Clinic\***

#### AWARENESS AND ENGAGED IN CARE STATUS AT THE TIME OF SCREENING IN THE DENTAL CLINIC N=36

#### NUMBER OF PATIENTS SCREENED FOR HCV IN THE DENTAL CLINIC, MARCH 2016 – FEB 2017





#### **Cherokee Nation Health Services**

\*preliminary data



**Cherokee Nation Health Services** 

### HCV Services Available at CNHS 8/2015 – 9/2017





#### CNHS HCV Program: Clinical Capacity Expansion\* 1/2014 – 6/2017



\*preliminary data







































## **Treatment Group Characteristics\***





#### Genotypes n= 547





#### **Cherokee Nation Health Services**

\*preliminary data

## CNHS HCV Cascade of Care\* 10/2012 - 6/2017

Number of Patients







Cherokee Nation Health Services. PWID: People Who Inject Drugs OST: Opioid Substitution Therapy, NSEP: Needle and Syringe Exchange Program

## **Public Campaign** September 20, 2016 - September 28, 2016.

#### **Advertisement**

- Gas pumping
- Indoor advertisement
- Radio advertisement
- Digital marketing
- Social media



Through the Cherokee Nation Health Service, you can get tested and treated. Better treatment options are now available with minimal side effects and lasting as little as 8 weeks. If you awant to be tested for Hepatitis C, contact your medical provider and request to be tested.

FIGHT BACK AGAINST HEPATITIS C. GET TESTED TODAY. It could save your life – and our nation. CHEROKEE NATION Public Health

## **Gas Pump Advertising**



## **Provider Education**

#### HCV Providers

- University of Washington HCV Website
- ½ day Preceptorship at the hub HCV clinic
- Shadowing the provider on their first day of HCV clinic
- Biannual workshops in the 8 outlying clinics
- Bimonthly HCV projectECHO telehealth clinics

#### • All providers

- Biannual workshops in the 8 outlying clinics

# **CNHS Buprenorphine Clinic\***

Buprenorphine Clinic started in March 2016 with 2 prescribers currently managing ~ 40 patients each

Drop out rate has been < 10 % since March 2016</p>

No Emergency Department (ED) visits or hospitalizations due to buprenorphine misuse

No ED visits or Hospitalizations for opioid overdose in patients managed with buprenorphine

**Cherokee Nation Health Services** 

## Distribution of HCV Among Young Persons and Location of Syringe Service Programs

Of 29,382 persons 15-29 yrs. with HCV, 20% lived within 10 miles of a syringe service program.



## How are we doing with our 85% Goals?



Percentage

# **Moving Forward**

- Advocate for NSEP
- Expand OST to all CNHS clinics
- Increase public awareness
- Intensify HCV screening in "hot spots"
- Engage and retain in care difficult to reach populations
- Identify networks of transmission to implement focused interventions (GHOST program)
- Adapt program goals to the newly defined recommendations for HCV elimination in the United States
- Define measures to monitor program outcomes
  - HCV incidence
  - HCV related mortality

# **Thank You**

