



Cass Lake IHS Hepatitis C Clinic

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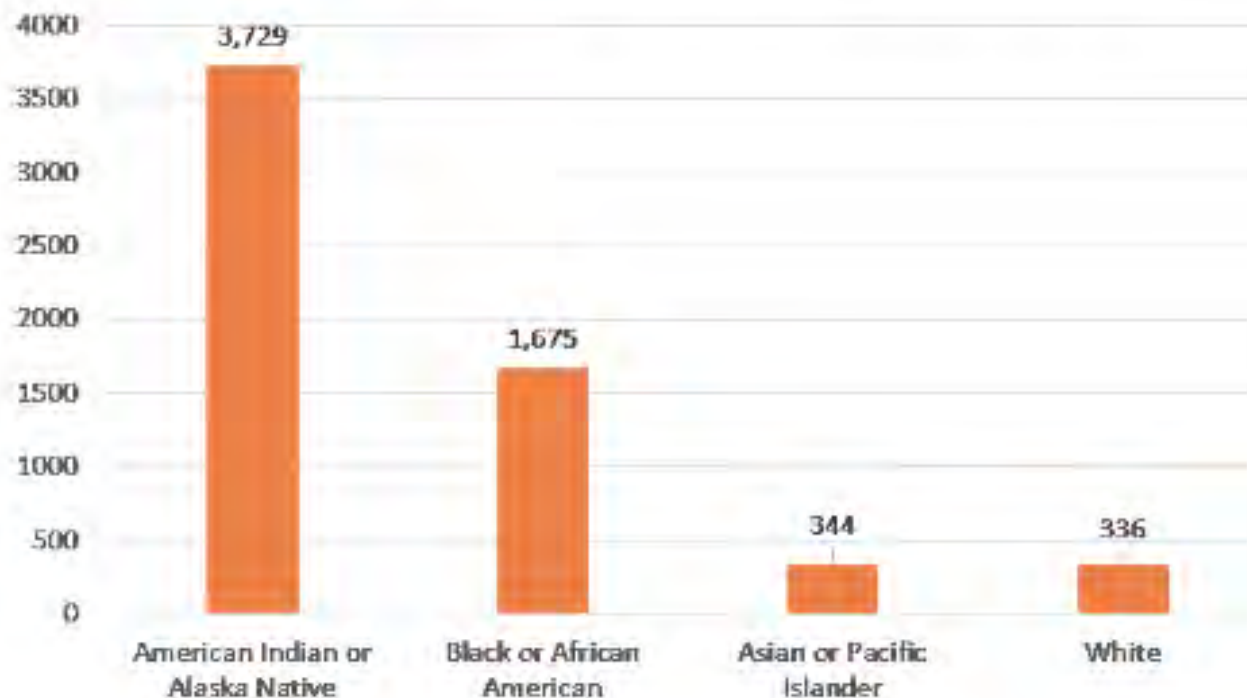
About Cass Lake IHS

- ▶ Located in Northern Minnesota
- ▶ Outpatient Ambulatory Care Clinic
 - ▶ 1 physician
 - ▶ 4 nurse practitioners
- ▶ Active user population of ~12,000 clients
- ▶ Pharmacy also serves 4 area tribal clinics
- ▶ Services provided
 - ▶ Medical
 - ▶ Dental
 - ▶ Pharmacy
 - ▶ Lab
 - ▶ Radiology
 - ▶ Physical Therapy
 - ▶ Podiatry



HCV in Minnesota

Persons Living with Chronic HCV in MN by Race
Rates (per 100,000 persons*), 2016



Previous Hep C Treatment Process

- ▶ Refer to outside specialist
 - ▶ Typically Bemidji, Duluth, Fargo (range from 30 min-2 hours away)
 - ▶ No further screening/testing done here after Ab/RNA positive
- ▶ Often patients referred with only Ab + (Not detectable RNA)
- ▶ Patients screened positive and lost to follow up
- ▶ Unclear what percentage of patients received care/completed treatment
- ▶ Paid for by patient's insurance or purchased referred care
- ▶ No medications filled at our pharmacy

My Background

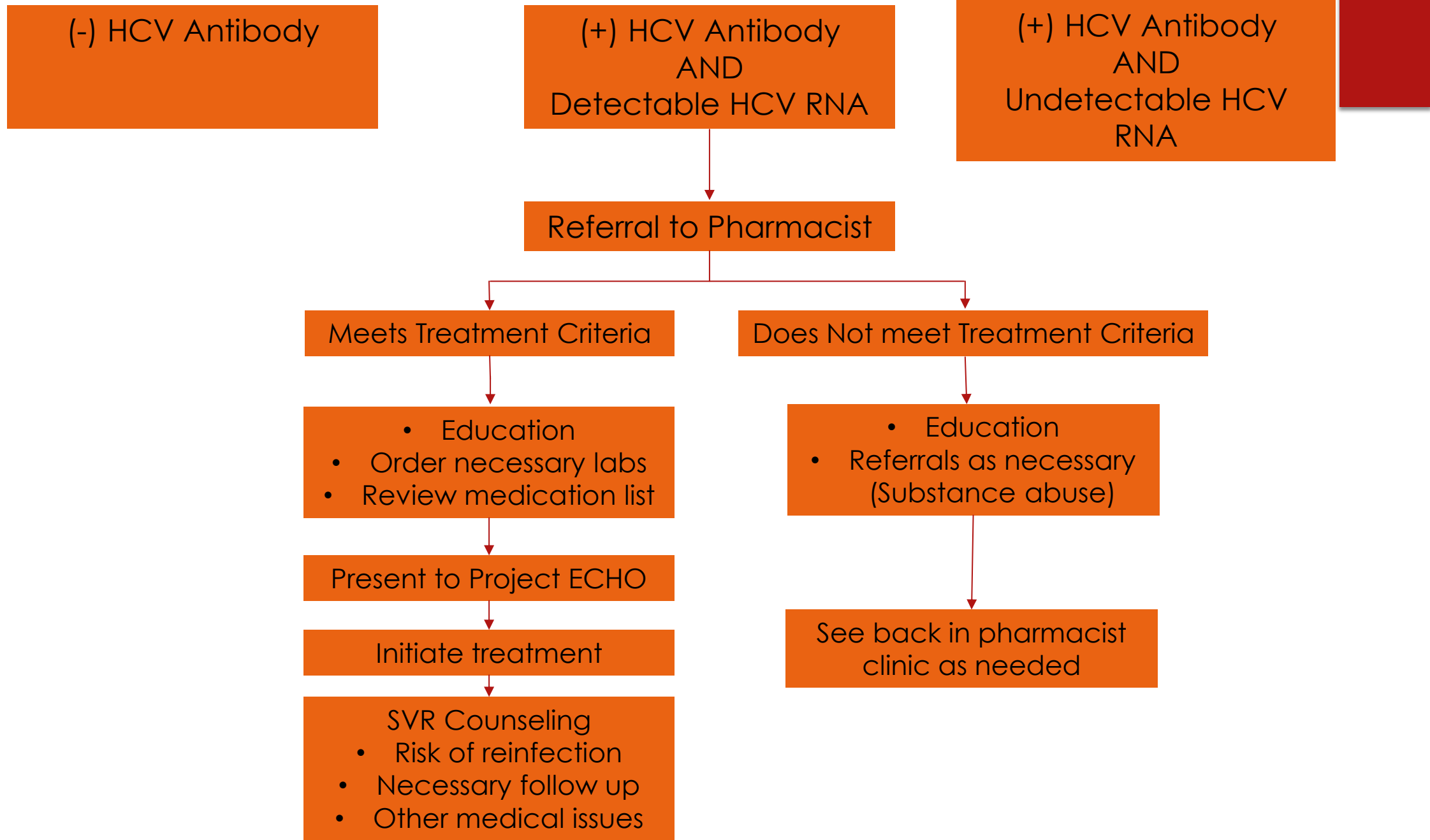
- ▶ Pharmacy School: University of California San Diego
- ▶ Pharmacy Practice Residency (PGY1): University of Illinois at Chicago
- ▶ HIV/Hep C Specialty Residency (PGY2): University of Illinois at Chicago
 - ▶ Cook County CORE Center
 - ▶ Illinois Department of Corrections: Hep C Telemedicine Program
 - ▶ UIC Hepatitis C Clinic
 - ▶ Inpatient liver service
- ▶ JPS Hospital, Fort Worth Texas: Healing Wings HIV Clinic
- ▶ RISE CLINIC Nigeria

Getting Started

- ▶ My ideas down on paper- July
 - ▶ Gathering baseline data
 - ▶ How I saw clinic working
 - ▶ Current referral process
- ▶ Spoke with my manager- July
- ▶ Attend NPAIHB training in Portland- September
- ▶ Provided lunch and learn to interested providers- October
 - ▶ First patients referred days after presentation
- ▶ Presented formally to Med Staff meeting- November

Pharmacist Run HCV Clinic

- ▶ Patient with + HCV antibody and HCV RNA detectable
- ▶ Referral to pharmacist
- ▶ Initial pharmacy visit
 - ▶ Discuss treatment
 - ▶ Assess readiness/appropriateness for treatment
 - ▶ If ready/willing to be treated order required labs
 - ▶ If not ready for treatment (ex. Substance abuse)
 - ▶ Counsel on prevention of transmission
 - ▶ Requirements for treatment
- ▶ Presentation to project ECHO
- ▶ Initiate prior authorization or Patient assistance
- ▶ Start treatment
- ▶ Pharmacist monitoring/follow up throughout treatment and SVR
- ▶ SVR Counseling
 - ▶ Risk of reinfection
 - ▶ Necessary follow up (ex. Cirrhotic patients still require ultrasounds and monitoring for HCC)
 - ▶ Opportunity to discuss other medical issues with motivated patients (ex. Tobacco cessation, diabetes management)



Recruiting Patients

- ▶ Currently all patients have been referred by primary care providers

Future

- ▶ Lab report for 2017 cases
- ▶ iCare panel of HCV + patients

Current Clinic Status

- ▶ 14 patients referred
 - ▶ 1 patient approved- Patient assistance
 - ▶ 3 patients waiting on insurance approval
 - ▶ 2 patients pending ECHO presentation
 - ▶ 4 patients waiting to be scheduled for 1st pharmacist visit
 - ▶ 4 patients not eligible for treatment at this time
 - ▶ Insurance restrictions
 - ▶ Actively using drugs
 - ▶ Waiting to meet sobriety requirements

Future Goals

- ▶ More dedicated clinic time
- ▶ Education to tribal providers
- ▶ Go back to historically positive patients
 - ▶ iCare Panel
 - ▶ Lab reporting records
- ▶ Start needle exchange program
- ▶ Incorporate point of care testing into pharmacist clinic
 - ▶ Needle exchange
 - ▶ OTC Clinic



Questions?