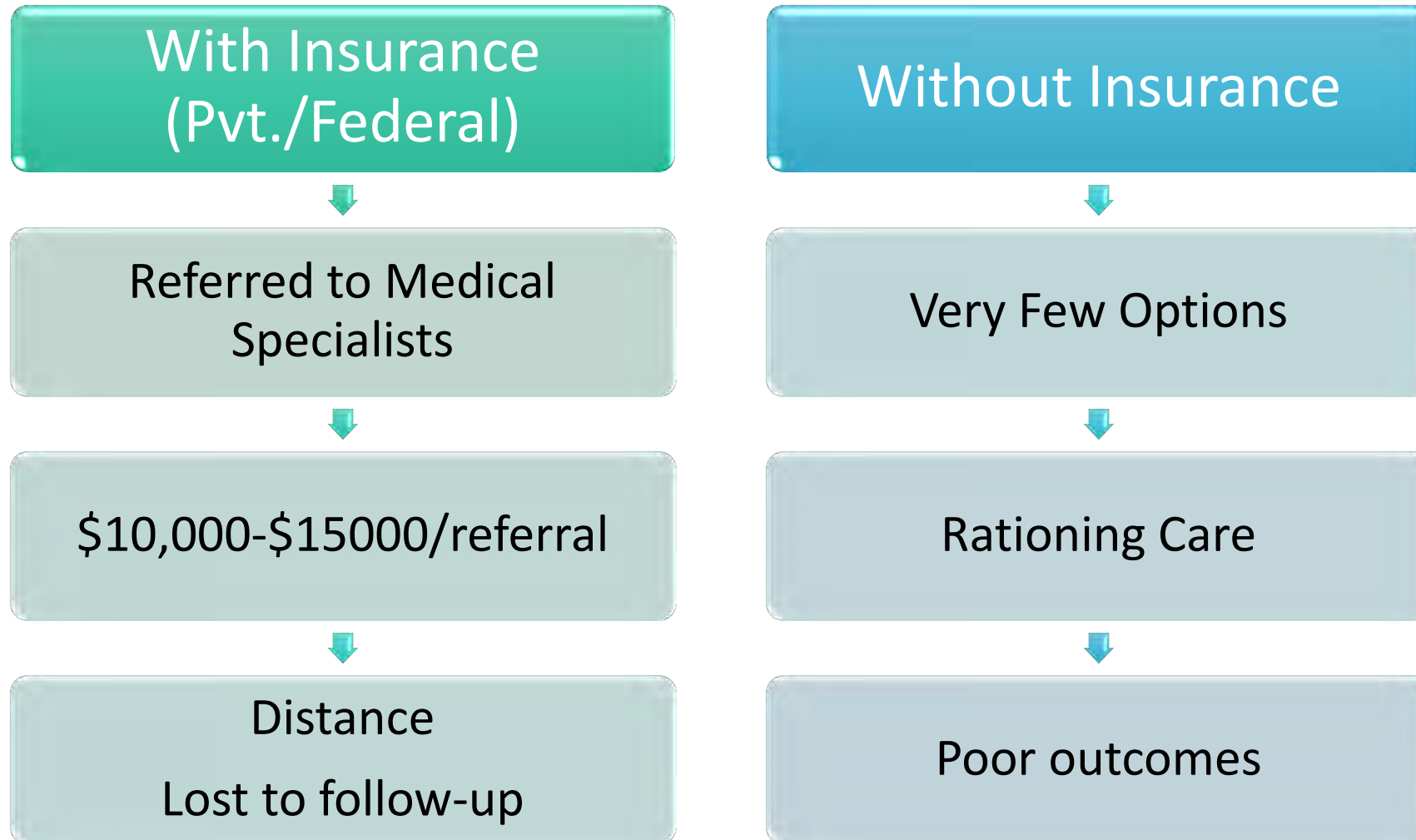


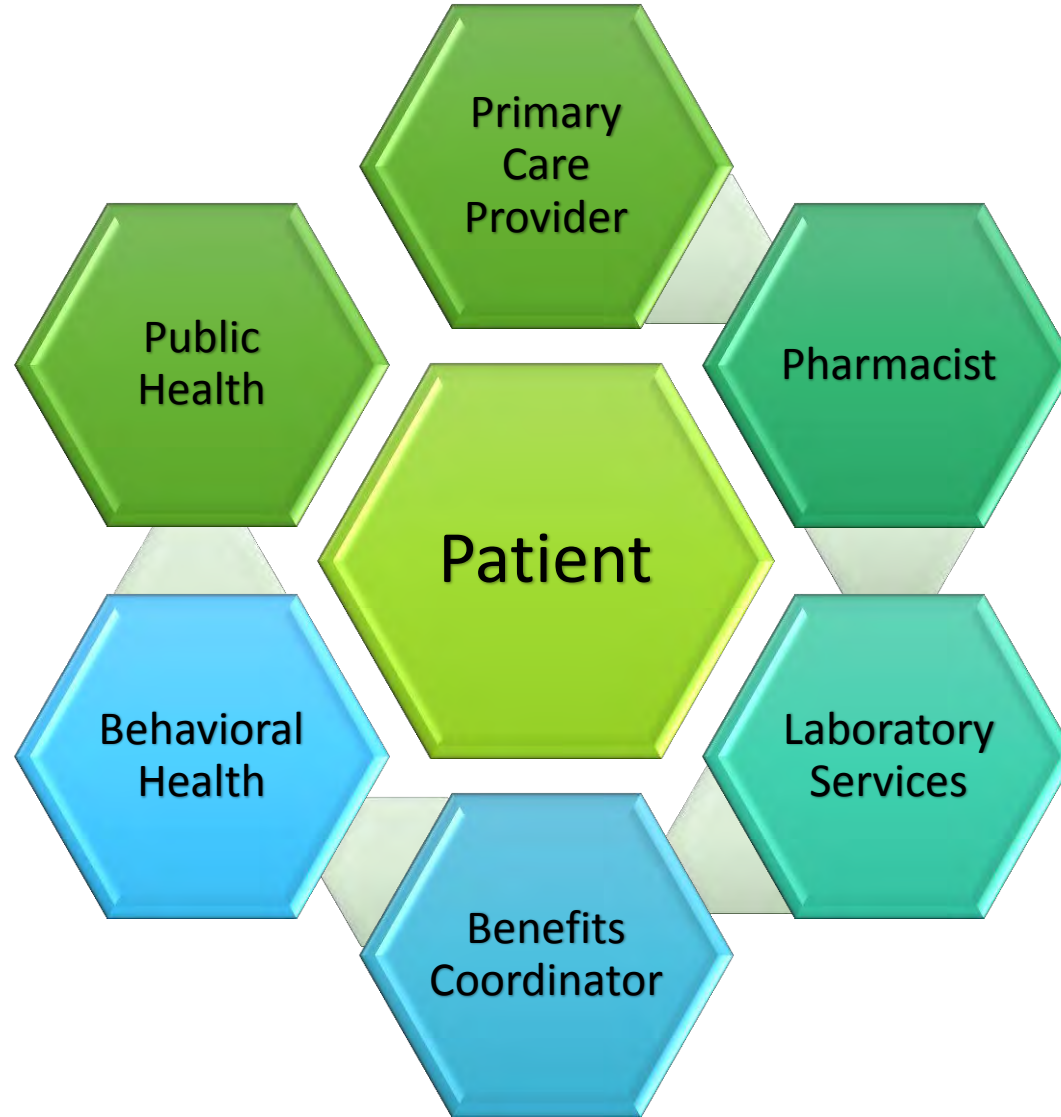
Establishing a Pharmacy Managed HCV Service

LCDR Jessica L. Steinert, PharmD, MHA, BCGP
LT Neelam Gazarian, PharmD

Prior to HCV Clinic



Inter-collaborative Approach



Identifying Patients with Hepatitis C

iCare

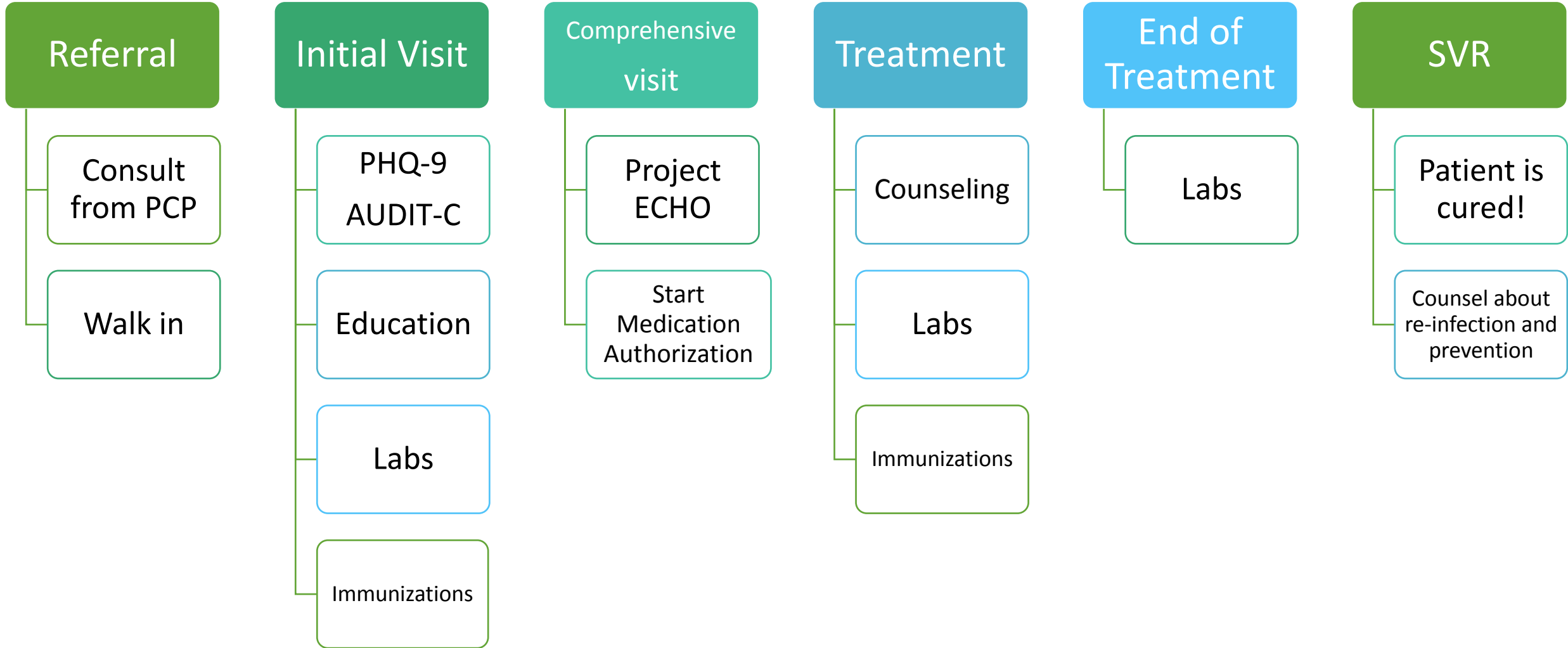
168 patients

- 25% screening rate

VGEN

155 patients

EHR Documentation



Consult Template

Template: HCV Consult Pharmacy Demo

Quentin N. Burdick Memorial Health Care Facility
HEPATITIS C TREATMENT PROGRAM

PCP:

DEMO, PATIENT ARCELAY(00-00-03) is a 10 year old FEMALE being referred to the pharmacy managed hepatitis C treatment clinic at the Quentin N. Burdick Memorial Health Care Facility:

ALL THE FOLLOWING MUST BE ANSWERED BEFORE PATIENT WILL BE ACCEPTED INTO THE CLINIC.

Does the patient have a history of compliance and adherence with prescribed treatment plans?
* Yes No

Do you feel that the patient is ready to begin treatment for chronic HCV?
* Yes No

Does patient have recent labs within the last 3 months to establish a baseline prior to initiating treatment? Please see the Hepatitis C menu in the outpatient lab menu for a full list of required labs necessary for initiating treatment.
* Yes No

Do you want us to order required labs for this patient on your behalf? If not, lab orders will be sent to provider to sign off on.
* Yes No

Please evaluate and enroll patient into the program and treat for hepatitis c.

* Indicates a Required Field Preview OK Cancel

EHR Note Templates

Template: HCV

Quentin N. Burdick Memorial Health Care Facility
HEPATITIS C TREATMENT PROGRAM

PCP: [REDACTED]

DEMO, PATIENT ARCELAY(00-00-03)

CHIEF COMPLAINT: Invalid visit

OBJECTIVE:

132/64 (Nov 20, 2017@13:42)98 (Nov 20, 2017@13:42) Qualifiers: 80 (Nov 20, 2017@13:42)16 (Nov 20, 2017@13:42)97.6 F [36.4 C] (Nov 20, 2017@13:42) 120.00 lb [54.48 kg]

HCV Treatment Program: Initial Visit with Patient

Patient is 10 year old FEMALE referred to the HCV clinic for hepatitis c treatment. Labs and vaccinations were reviewed and ordered if necessary. Patient is counseled and educated on the disease, labs and vaccination required, the process of treatment and all other requirements before initiating. All concerns and questions by the patient are answered and explained.

Patient verbalized understanding.

Project Echo presentation is tentatively scheduled for: [REDACTED]
Patient's insurance is [REDACTED].
All documents are requested from patient if necessary to enroll in patient assistance program.

Additional Counseling points or notes:

Patient's best contact number is [REDACTED].

PHQ-9 Questionnaire

Over the last 2 weeks, how often has the patient been bothered by any of the following problems?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

1. Little interest or pleasure in doing things. [REDACTED]
2. Feeling down, depressed, or hopeless. [REDACTED]
3. Trouble falling or staying asleep, or sleeping too much. [REDACTED]
4. Feeling tired or having little energy. [REDACTED]
5. Poor appetite or overeating [REDACTED]

All None * Indicates a Required Field Preview OK Cancel

Hepatitis C Labs Order Menu

HEPATITIS C LAB PANEL

Hep C Screen
IF POSITIVE OR KNOWN HISTORY OF HCV DO
HCV RNA QT REFLEX GENOTYPE

Hep C PCR QUANT

Lab values required within past 3 months

Chem 14
CBC/Auto Diff
Fibrotest
PT/INR
Anemia Panel
Vitamin D
Alpha Fetoprotein Tumor Marker

HIV Screen
Hepatitis A Total Antibody
Hepatitis B Surface Antibody
Hepatitis B Core Antibody
Hepatitis B Surface Antigen

Must have at least 2 UDS in last 12 months
at least 3 months apart
Urine Drug Screen
Pregnancy Test

Hepatitis C Order Set Initial Tests

Hepatitis C 4 week ETR and SVR labs

Hepatitis C 8 week labs
All other labs

Hepatitis C Labs Order Set

Hepatitis C Order Set Initial Tests

Hepatitis C 4 week ETR and SVR labs

Initial Tests

- Chem 14
- CBC with autodiff
- Display Name Missing
- PT/INR
- Anemia Panel
- Vitamin D
- Alpha Fetoprotein Tumor Marker
- Display Name Missing
- HIV AB SCREEN
- HEPATITIS A TOTAL
- HEPATITIS B SURFACE ANTIBODY
- HEPATITIS B CORE ANTIBODY
- Hepatitis B Surface Antigen

Stop Order Set

Order a Lab Test

Available Lab Tests

- CHEM 14
- CHEM 8
- CHEM CONTROL <VITROS
- CHEM MASTER LIST
- CHL/CG APTIMA SHL <
- CHL/GC APTIMA <CHLAMY
- CHLAMYDIA ABS,IIG&IGM <
- CHLAMYDIA APTIMA

CHEM 14

Collect Sample: ORANGE/SERUM

Specimen: SERUM

Urgency: ROUTINE

Enter order comment:

Collection Type: Send Patient to Lab

Collection Date/Time: T

How Often?: ONCE

How Long?:

Clinical Indication:

CHEM 14 ORANGE/SERUM SP ONCE

Accept Order

Quit

Managing Patients

Snapshot of stage in treatment process drop down menus (these can be adjusted)

White: Unable to contact

Green Ready to present to ECHO

Blue Started treatment

Yellow Pending Appt need labs

Red UDS Positive

Purple Medication Approval Pending

Orange Completed treatment, pending SVR labs

Grey CURED

Patient Panel



NICE Project- Northern Tier Initiative for Hep C Elimination

Hepatitis C Patient Panel List

Developed by: LT Neelam 'Nelly' Gazarian, PharmD. QNBMHCF, Belcourt ND

with LCDR Jonathan Owen, PharmD.

email: neelam.gazarian@ihs.gov, jonathan.owen@ihs.gov

NICE Project- Northern Tier Initiative for Hep C Elimination

Hepatitis C Patient Panel List

Developed by: LT Neelam 'Nelly' Gazarian, PharmD.

with LCDR Jonathan Owen, PharmD.

email: neelam.gazarian@ihs.gov, jonathan.owen@ihs.gov

Patient Name	ID	DOB	Patient Status	Age in 2017	Date for Next	AST/SGOT	ALT SGPT	Platelets	>0.7 APRI likely fibrosis or cirrhosis	APRI Stage	>3.25 likely advanced fibrosis, <1.45 unlikely advanced fibrosis	Viral Load	Genotype	Labs ordered	Notes	
					Appt				APRI		FIB 4					FIB 4 Stage Calc
Pending Appt need labs				31	10/2/2017	140	180	250	1.4	3	1.293938	1	3800000	1a	Sheet11A1	HARVO
Already started treatment				56	11/5/2017	48	48	299	0.401337793	1	1.2975899	1	4100000	1a or 1b	Sheet21E2	FO, Exp
May need Beh Health Consult				36	10/7/2017	42	60	348	0.301724138	1	0.56091483	1	200	unknown	Sheet31A1	Medic
Pending Appt need labs				40	10/2/2017	28	36	297	0.235690236	1	0.6285073	1	18000000	2b	Sheet41A1	Expan
Ready to present to ECHO				30	10/13/2017	30	41	239	0.313807531	1	0.58810203	1	200		Sheet51A1	Expan
Pending Appt need labs				2	11/14/2017	484	624	223	5.426008969	3	0.17377136	1	370000	1a or 1b	Sheet61A1	Medic
Purple Medication Approval Pending				84	10/15/2017	96	104	169	1.420118343	3	4.67893643	3		1a or 1b	Sheet71A1	
Ready to present to ECHO				72	11/16/2017	50	70	333.5	0.374812594	1	1.2902018	1	430000	1a	Sheet81A1	echo 9
Already started treatment				52	10/17/2017	34	31	195.6	0.434560327	1	1.62342625	3	2600	1	Sheet91A1	Medic
Medication Approval Pending				0	9/26/2017	55	41	277	0.496389892	1	0	1	920000	1a or 1 b	Sheet101A1	
Already started treatment				62	8/1/2017	38	42	177	0.536723164	1	2.05389092	3	9200000	2b	Sheet111A1	2b EP
Pending Appt need labs				18		105	133	212	1.238207547	3	0.77303672	1			Sheet121A1	Expan
Already started treatment				51		43	56	345	0.311594203	1	0.84942595	1	4400000	1	Sheet131A1	1a or
Completed treatment, pending SVR labs				29		47	67	211	0.556872038	1	0.78917987	1		#REF!	Sheet141A1	Harvo
Cannot contact				73			37		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#REF!	Sheet151A1	no ins
May need Beh Health Consult				25		50	110	244	0.512295082	1	0.4884542	1	4000000	3	Sheet161A1	medic
Pending Appt need labs				32		88	216	314.5	0.699523052	1	0.60923539	1	3600	3	Sheet171A1	expan
CURED				30					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	15000	3	Sheet181A1	no ins
Cannot contact				62		48	54	230	0.52173913	1	1.76079263	3			Sheet191A1	expan
Ready to present to ECHO				19		129	116	78	4.134615385	3	2.91755945	3	120000		Sheet201A1	no ins
Medication Approval Pending				52		95	150	204	1.164215686	3	1.9772025	3		1	Sheet211A1	medic
Ready to present to ECHO				67		96	90	268	0.895522388	3	2.52982213	3			Sheet221A1	Expan
Pending Appt need labs				56					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			Sheet231A1	Expan

OCTOBER 2017

NOTE:

ENTER MONTH:

ENTER YEAR:

ENTER START DAY:

[Link to Ongoing Patients](#)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01	02 Smith,Jane: 12345 doe,John: 12348	03	04	05	06	07 doe,j: 12347
08	09	10	11	12	13 smith,m: 123	14
15 smith,b: 111	16	17 smith,d: 1549	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Navigating Insurance/Prior Authorizations

Comprehensive Visit Clinic Notes

Project ECHO

- Recommended regimen

Lab Values

- Chem 14, CBC, anemia panel, Vit D, AFT, HIV, Hep A & B, pregnancy
- Viral load and genotype
- Fibrosis Score: APRI, FIB4, Fibrotest

Abstinence requirements

- Urine drug screens and/or clinical notes

Compliance

Patient Assistance Program

Gilead's Support Path

- Harvoni[®], Epclusa[®]
- iAssist: <https://www.assistrx.com/iassist/>

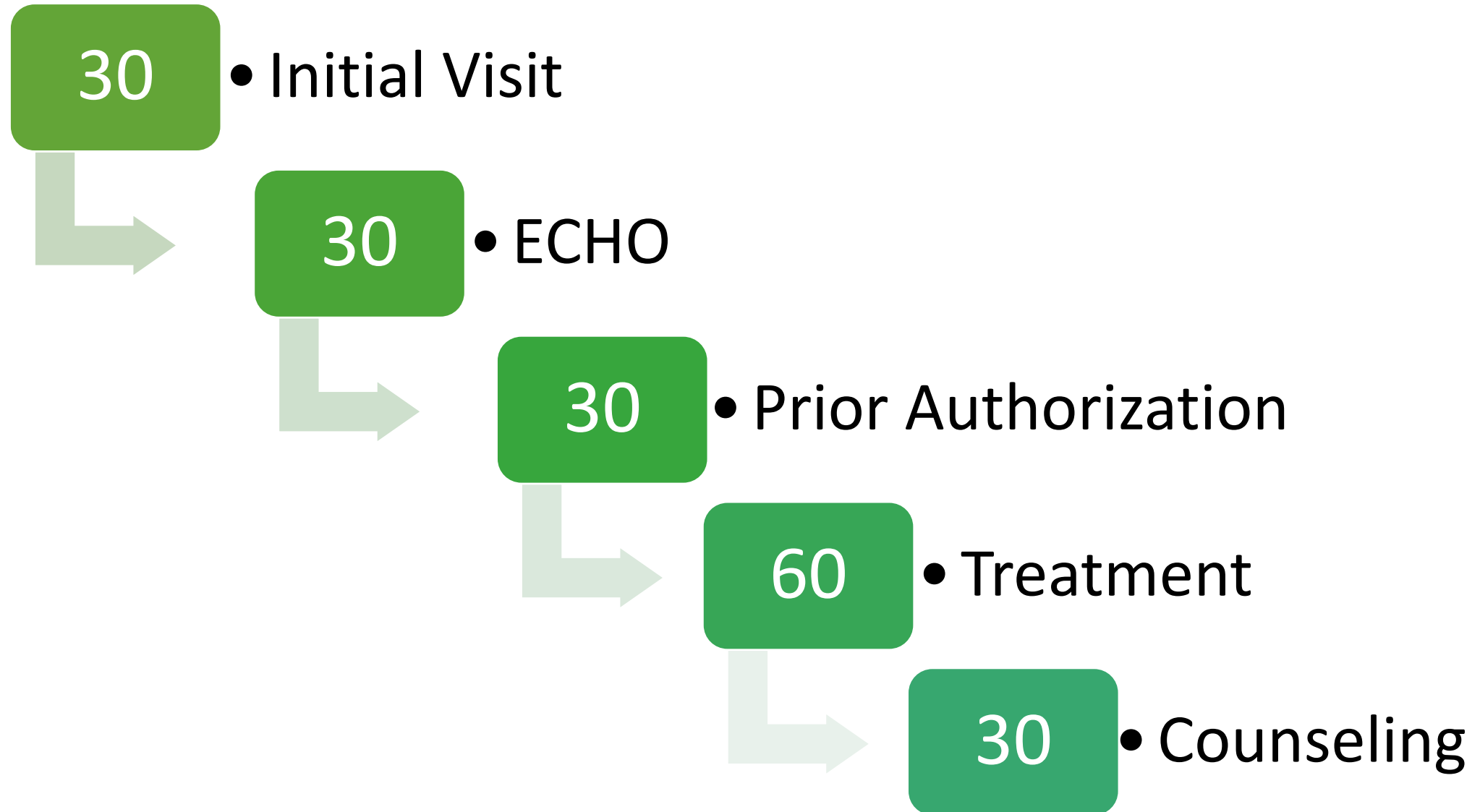
AbbVie Patient Assistance Foundation

- **Mavyret[®]**

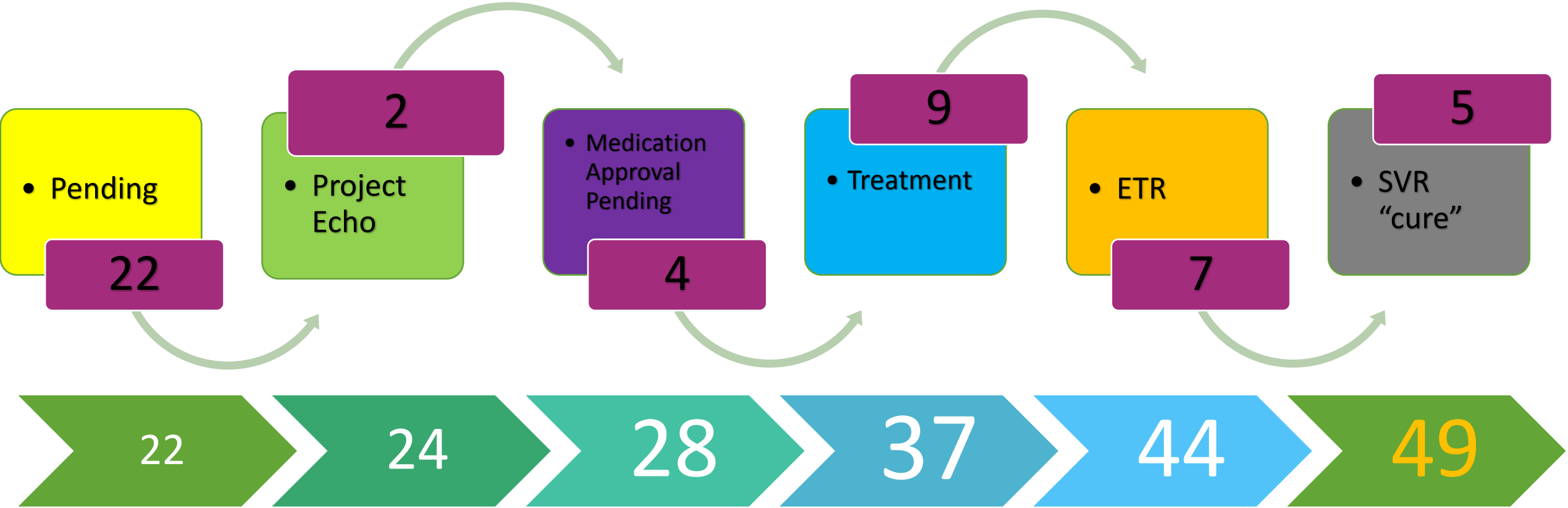
Patient Assistance Programs

- Tribal ID card
- Income documents
 - Max income allowed differs by program
- Proof of no insurance
 - American Indians/Alaska Natives (AI/AN): Indian Health Coverage Exemption
- “American Indians and Alaska Natives (AI/ANs) and other people eligible for services through the Indian Health Service, tribal programs, or urban Indian programs (like the spouse or child of an eligible Indian) **don't** have to pay the fee for not having health coverage. This is called having an Indian health coverage exemption.”

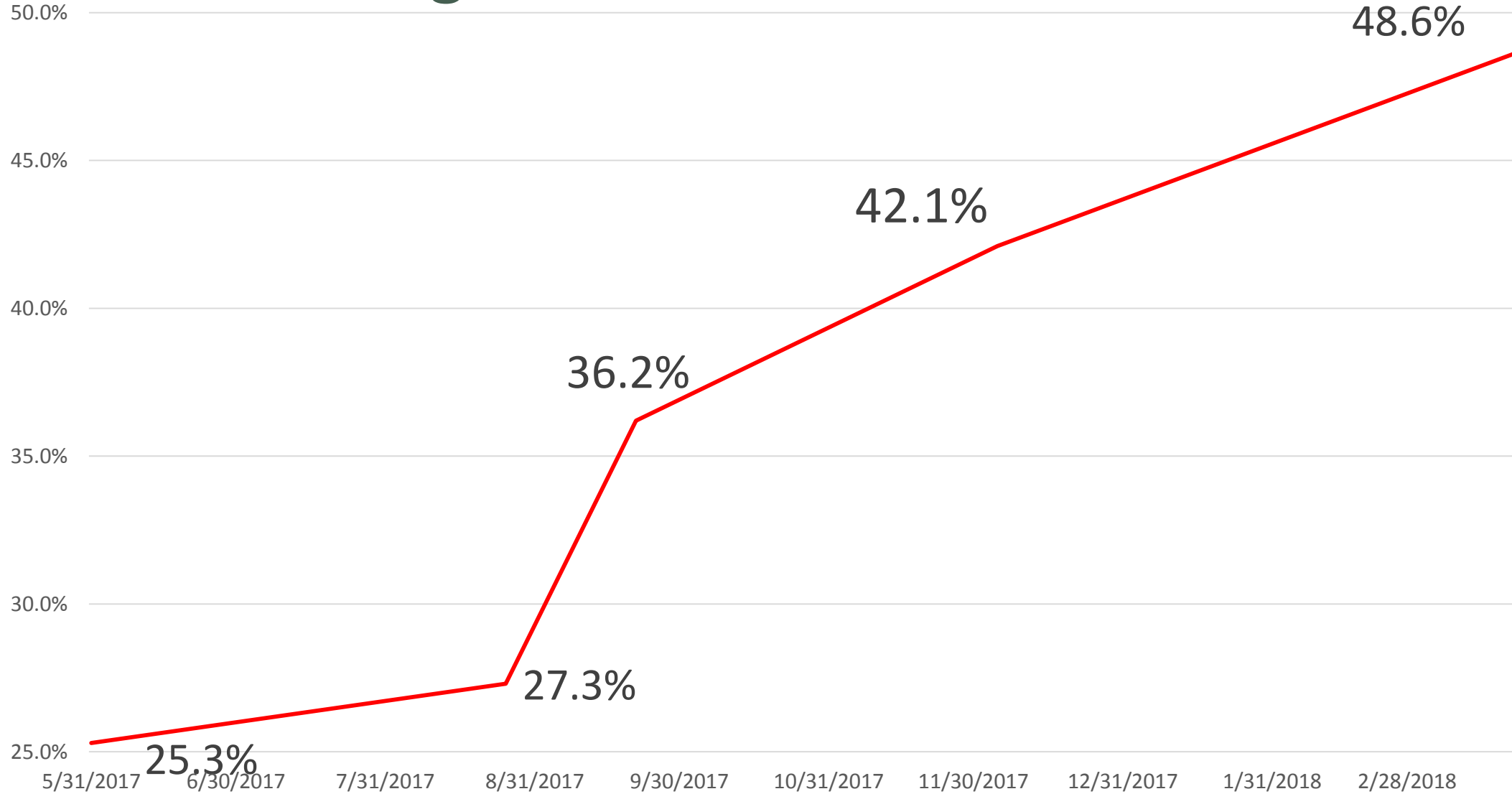
Time Investment and Workload (Minutes)



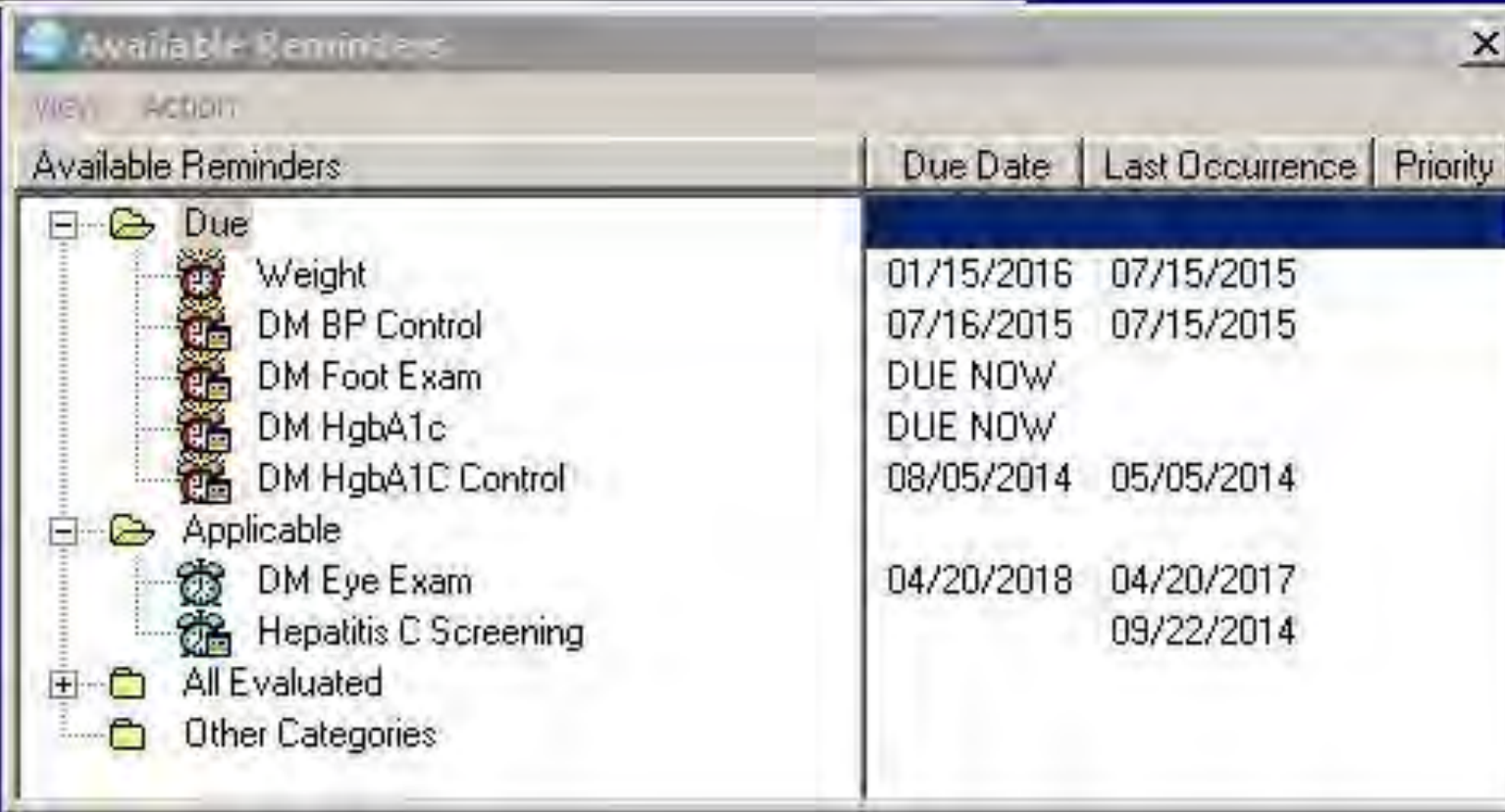
Current Status



HCV Screening Rate



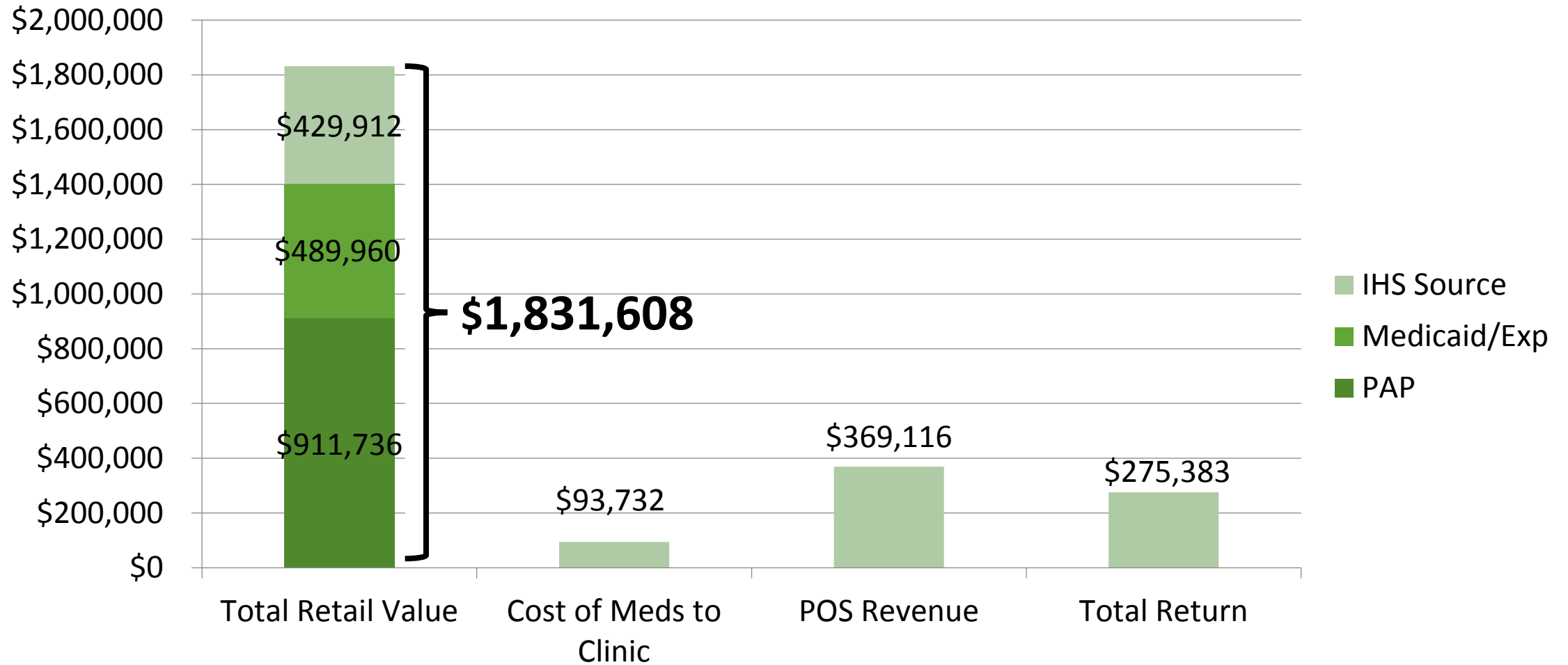
HCV Screening Rate



The screenshot shows a window titled "Available Reminders" with a table of medical reminders. The table has three columns: "Due Date", "Last Occurrence", and "Priority". The reminders are organized into categories: "Due", "Applicable", "All Evaluated", and "Other Categories".

Available Reminders	Due Date	Last Occurrence	Priority
Due			
Weight	01/15/2016	07/15/2015	
DM BP Control	07/16/2015	07/15/2015	
DM Foot Exam	DUE NOW		
DM HgbA1c	DUE NOW		
DM HgbA1C Control	08/05/2014	05/05/2014	
Applicable			
DM Eye Exam	04/20/2018	04/20/2017	
Hepatitis C Screening		09/22/2014	
All Evaluated			
Other Categories			

Cost Analysis: Cumulative



Questions



Thank you

- Contact Info:

Jessica.Steinert@ihs.gov

Neelam.Gazarian@ihs.gov