INNOVATION AND EQUITY: NAVIGATING HCV CARE IN VA

Rachel Gonzalez and Angela Park
Hepatic Innovation Team Collaborative Leadership Team
Veterans Health Administration

CONFLICT OF INTEREST DISCLOSURE
RACHEL GONZALEZ, MPH
ANGELA PARK, PHARMD

No conflicts of interest to disclose

OBJECTIVES

- Describe the VA population & identified barriers to accessing HCV Care
- Define assessment used to identify strategies to address barriers
- Review action plan & tailored strategies developed
- Examine the impact of implementing strategies on patient access
- Learn how to connect with subject matter experts to inform strategies to increase patient access

VA POPULATION AND PRIORITY GROUPS

- Organized into 18 regions called Veteran Integrated Service Networks (VISNs)
- 130 Veterans Affairs Medical Centers (VAMCs), with 6-8 per VISN
- ~1000 community-based outpatient clinics (CBOCs), with 3-8 per VAMC
- Provide primary care, specialty care, and mental health services

- VA Priority Groups are **based on:**
  - Your military service history, **and**
  - Your disability rating, **and**
  - Your income level, **and**
  - Whether or not you qualify for Medicaid, **and**
  - Other benefits you may be receiving (like pension benefits)

- This may impact:
  - Copays – up to $50 for specialty appointments, up to $9/month for prescriptions
  - Eligibility for:
    - Certain Transportation Services
    - Nursing Home Services
    - Dental

SYNC 2019

HEPATITIS C INNOVATION TEAM COLLABORATIVE

Collaborative Leadership Team

- Program management and facilitation, including setting national goals
- Coaching Hepatic Innovation Teams (HITs) to improve processes
- Identifying low performers and pairing them with strong practices
- Advocating for patients and on behalf of the HITs
- Building community amongst the HIT members

Hepatic Innovation Teams

- Multidisciplinary, network-level teams led by a HIT Coordinator
- Work locally to contribute to national goals
- Participate in national calls and working groups
- Have monthly virtual meetings and annual face-to-face meetings

RATES OF COMORBID SUBSTANCE USE DISORDERS IN THE HCV-POSITIVE VETERAN POPULATION

Comorbid Condition (By Substance)	Number Ever Diagnoses	Percent Ever Diagnoses
Alcohol	96,076	**55%**
Cannabis	44,693	**26%**
Opioids	38,438	**22%**
Stimulants	61,037	**35%**
Tobacco	115,626	**66%**
Other/Unspecified Drug Use	74,472	**43%**

State of Care for Veterans with Hepatitis C 2014; http://vaww.hepatitis.va.gov/data-reports/ccr-index.asp

SYNC 2019

HEPATITIS C VIRUS TESTING AND PREVALENCE AMONG HOMELESS AND NON-HOMELESS VETERANS

Group and Sex	In VA Care in 2015	HCV Testing	HCV Testing Rate, %	Laboratory Confirmed HCV	HCV Tested Prevalence, %	Problem List or Laboratory-Confirmed HCV	HCV Population Prevalence, %
Homeless	242,740	189, 508	78.1	29,063	15.3	29,311	12.1
Female	26,966	19,792	73.4	1,047	5.3	1,062	3.9
Male	215,774	169,716	78.7	28,016	16.5	28,249	13.1
Non-homeless	5,424,685	3,227,554	59.5	144,964	4.5	148,079	2.7
Female	408,481	255,924	62.7	4,995	2.0	5,112	1.3
Male	5,016,205	2,971,630	59.2	139,969	4.7	142,967	2.9
Total	5,667,425	3,417,062	60.3	174,027	5.1	177,390	3.1

Noska, et al. Clin Inf Dis. 2017;65(2):252–8

CHARACTERISTICS OF 21,142 GENOTYPE 1 VETERANS INITIATING HCV TREATMENT IN VA

Age (years)	61.7±6.4 (23.4-90.8)
< 55	2,040 (9.6%)
55-64	12,841 (60.5%)
≥ 65	6,361 (29.9%)
Sex Male	20,529 (96.6%)
Race/ethnicity	
African-American	8,276 (39.0%)
Caucasian	10,447 (49.2%)
Hispanic	1,143 (5.4%)
Other/multiple	1,376 (6.5%)
Diabetes	6,883 (32.4%)
HIV co-infected	1,092 (5.1%)

Mental health diagnosis, ever	15,102 (71.1%)
Mental health diagnosis, ever	
Anxiety	9,529 (44.9%)
Bipolar	2,708 (12.7%)
Depression	13,338 (62.8%)
PTSD	6,740 (31.7%)
Schizophrenia	1,968 (9.3%)
Mental health diagnosis in the past year	
Anxiety	3,632 (17.1%)
Bipolar	1,115 (5.2%)
Depression	7,379 (34.7%)
PTSD	4,351 (20.5%)
Schizophrenia	838 (3.9%)

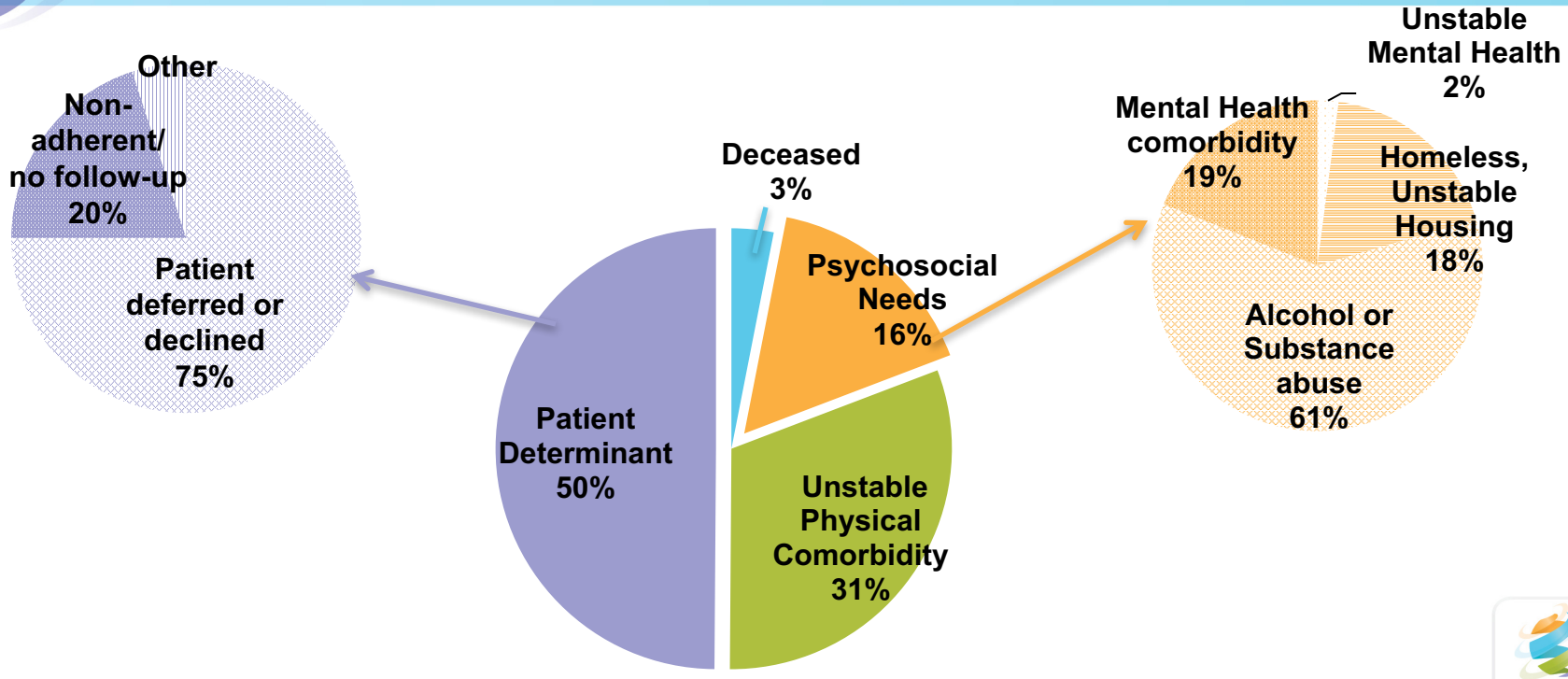
Backus et al, AASLD 2016 poster 2011

SVR RATES AMONG GT-1 HCV-INFECTED VETERANS: IMPACT OF MENTAL HEALTH

	%	n/N
Mental health diagnosis		
No	91.6	(5,201/5,679)
Yes	89.8	(12,408/13,825)
Mental health diagnosis, ever		
Anxiety	89.6	(7,787/8,695)
Bipolar	89.6	(2,182/2,434)
Depression	89.7	(10,959/12,216)
PTSD	89.7	(5,522/6,158)
Schizophrenia	89.7	(1,606/1,791)
Mental health diagnosis in past year		
Anxiety	90.3	(2,983/3,305)
Bipolar	90.3	(908/1,006)
Depression	89.8	(6,046/6,734)
PTSD	89.3	(3,558/3,985)
Schizophrenia	89.7	(689/768)

Backus et al, AASLD 2016 poster 2011

PERCEIVED BARRIERS TO ACCESSING HCV CARE
PATIENT-LEVEL BARRIERS



;

NHCRC/VERC *Based on VA data collected from VISNs 3, 7, 8, 17, 19, 21, 22, & 23; July 2016*

IDENTIFIED BARRIERS TO CARE

- Patient Determinants
  - Non-adherent to treatment; lost to follow-up (didn't return to complete evaluation, initiation)
  - Patient Deferred or Declined
- Unstable Medical Comorbidity
  - Uncontrolled diabetes, cancer, etc.
- Psychosocial needs
  - *Homelessness, housing instability*
  - *Uncontrolled/unstable mental health co-morbidity*
  - *Alcohol or substance use*
  - *Mental Health comorbidity*
  - *Transportation barriers*

ASSESSMENT PHASE - HCV ENVIRONMENTAL SCAN 2017

- Identified areas with opportunities to collaborate in order to optimize care within VA:
    - Office of Case Management & Social Work
    - National Center on Homelessness
    - National Mental Health Program, Policy
    - National Mental Health Program, Operations
    - Peer Support Program
    - Transportation Program
- Conducted Semi-Structured Interviews

A FEW QUESTIONS TO GET US STARTED

- Raise your hand if you've:
  - Heard of Environmental Scan
  - Conducted an Environmental Scan
  - Used this process to strategically plan for HCV care

Environmental scanning is a process that systematically surveys and interprets relevant data to identify external opportunities and threats.

ASSESSMENT PHASE - HCV ENVIRONMENTAL SCAN 2017

- **Objective:** Complete a comprehensive internal and external scan related to Barriers to HCV Care
- **Approach:**
  - Complete interviews with external SMEs
  - Provide a brief overview of HCV, the HIT program and how they can help
  - Obtain names of other SMEs/Stakeholders who may broaden our understanding
  - Establish connections
  - Collect existing strong practices related to addressing/removing barriers to care
  - Collate strong practices/strategies into guide for field/VISN HITs

SAMPLE INTERVIEW QUESTIONS

- Office of Social Work: We understand that there are many aspects of case management and social work…
- National Center on Homelessness: Our understanding is that there is Homeless Program Coordinator at each medical center…
- Substance Use: Our understanding is that there may not be a Substance Use Treatment clinic at each facility…
  - How can we direct HITs/care teams to locate resources for Social Work, Homeless Program Coordinators, Substance Use Treatment coordinators…Where do they begin? With whom specifically? What is your recommendation for partnering with these programs locally?
- What is the best way to approach educating social workers, case managers, homeless coordinators, substance use treatment center personnel, etc. about HCV care?
- How can we best partner with….?
- Describe the organizational structure of….?
- Who are other national/local leaders, what add'l resources you can direct us to…?

ACTION PHASE - COMPILING AND SHARING RESOURCES

- Compiled guidance for each sub-population
- Created a linked slide deck, including medical center-specific POCs
- Held virtual education session – recorded, posted slides and recording online
- Invited program office directors to an SME Q&A panel
- Turned Environmental Scan results over to a new working group - Social Work Working Group
- SW WG built on results & created a Social Work Resource Guide

EXAMPLE OF INITIAL RESOURCE DEVELOPED AND SHARED

National Mental Health Program (Policy); Substance Use Disorder

"I am concerned that my patient's substance use disorder (SUD) will be a barrier for starting/completing HCV treatment."

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

SUD Program Locator

National Mental Health Program (Policy); Substance Use Disorder

Overview:

- Opioid Treatment Programs (OTP)
  - 32 methadone-based Opioid Treatment Programs (OTP) in VA
  - All others are outpatient buprenorphine-based OTP
  - Every facility offers buprenorphine
- Organizational Structure:
  - SUD Program Director/Coordinator (can be through SW, Psychology, Psychiatry or MH)→ reports to Chief of MH (could be part of SW) → VISN SUD Lead
  - VISN SUD Lead often a collateral duty; can be a facility SUD Program Director/Coordinator

Contacts:

- Karen Drexler, National MH Program Director
- Adam Gordon, Director of the Buprenorphine in VA Initiative
- https://vaww.portal.va.gov/sites/OMHS/SUD/default.aspx
  - SUD Program Locator (searchable map with POC information; updated every 2 years)
  - SUD POC (top right)
  - National and VISN POCs

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Clinics, local and national and resources

National Mental Health Program (Policy); Substance Use Disorder

Action Items:

- Engage the SUD Program Director/Program Coordinator & the prescriber at your facility
  - HCV care teams support Veterans' recovery and be willing to help
  - As an HCV provider eliminate requirement for extraordinarily long periods of abstinence" before treatment
  - Get the message out! SUD is a chronic illness
  - Consider partnership w/ Academic Detailing for Opioid use disorder programs this year
- Facts:
- MH Program sees "tremendous potential" for concurrent treatment
  - Motivates patients when they can engage in clinically relevant treatment
  - Integrate HCV treatment in residential/inpatient SUD treatment settings
  - It may be more challenging to partner with SUD programs that do not have a prescriber

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

What to do next

SYNC 2019

SOCIAL WORK RESOURCE GUID

SharePoint

BROWSE PAGE

VA U.S. Department of Veterans Affairs Veterans Health Administration

Viral Hepatitis SharePoint Home

Social Work Resource Guide

Libraries
Lists
Calendar
Discussions
Team Discussion
Site Contents

The Social Work Resource Guide is being developed by the HIT Social Work Workgroup.

Table of Contents:

Alcohol and Substance Use Disorders

OVERVIEW

Alcohol and substance use is common among hepatitis C (HCV) infected patients; 55% have an Ever Diagnosis of Alcohol Use and 22% have an Ever Diagnosis of Opioid Use. Minimizing alcohol use is one of the most important factors in preserving liver health in patients with HCV. In patients with cirrhosis, complete abstinence from alcohol is recommended. **Per VA policy (Memo), abstinence from alcohol or drug use is not required before beginning HCV antiviral treatment. Patients with active substance or alcohol use disorders may be considered for therapy on a case-by-case basis, and care should be coordinated with SUD treatment specialists.**

Screening and providing brief counseling interventions or treatment referral can decrease drinking and/or substance use and improve health outcomes. Brief counseling with specialty referral as indicated can be effective in reducing hazardous drinking and/or substance use. Some patients may require comprehensive treatment programs that include the services of medical providers, psychologists, psychiatrists to assist with comorbid psychiatric conditions, social workers, housing counselors, case managers, and substance abuse counselors. For more information, refer to the VA/DoD Clinical Practice Guideline on Substance Use Disorders.

SCREENING FOR ALCOHOL USE AND SUBSTANCE USE

Evaluate and treat at-risk and disordered alcohol drinkers with the 4 A's: Ask, Assess, Advise, and Assist.

- Ask about alcohol use, using AUDIT-C (see below)
- Assess for alcohol use disorders (see below)
- Advise all patients with liver disease, even those with no reported heavy drinking, that there is no known "safe" level of alcohol consumption.
- Assist patients with brief interventions and referral for treatment services such as Alcoholics Anonymous, cognitive-behavioral therapy, addiction specialists, and detoxification programs.

The following tools may be used to develop a better understanding of a patient's current state of alcohol use:

- Screening and Assessment Pocket Card Flow Chart
- The AUDIT-C (Alcohol Use Disorder Identification Test) is a validated 3-question screening tool for alcohol misuse and alcohol use disorders (AUD), including alcohol abuse or dependence. Patients with AUDIT-C scores of ≥4 for men and ≥3 for women

RESULTS PHASE – IMPACT ON ACCESS TO TREATMENT

Analysis of 115,389 Veterans Treated with DAAs since 2014

Age (years)	63.6±7.8	
Sex Male	111355	97%
Race/ethnicity		
African-American	43566	38%
Caucasian	64638	56%
Hispanic	6506	6%
HIV co-infected	3400	3%

Mental health diagnosis, ever		
Anxiety	35690	31%
PTSD	33674	29%
Schizophrenia	8912	8%
AUD	52581	46%
OUD	18734	16%
Urban	84962	74%
Rural	30313	26%
Homeless/housing instability	30908	27%

SYNC CHALLENGE

- People at this meeting we have SYNC-ed with:
  - Corinna Dan
  - Alyssa Kitlas,
  - Siddharth Raich
  - Emily Comstock
- Go out into the meeting & scan the SYNC environment for SMEs who can help you increase access for your HCV patients/provide insight or expertise
- Come find us after the last session (we really mean it!) of the HCV track, with your worksheets and tell us about your SYNC environmental scan experience!

ACKNOWLEDGEMENTS

- **VA HHRC Leadership:** David Ross, Maggie Chartier, Lorenzo McFarland, Marge Petrucci, Tim Morgan
- **HIT Leadership Team**
- **HITs**
- **Veterans**

SYNC 2019