

Using Pharmacist to Advance HCV Testing and Treatment

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“I do not have any relevant financial relationships with any commercial interests.”

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Educational Objectives

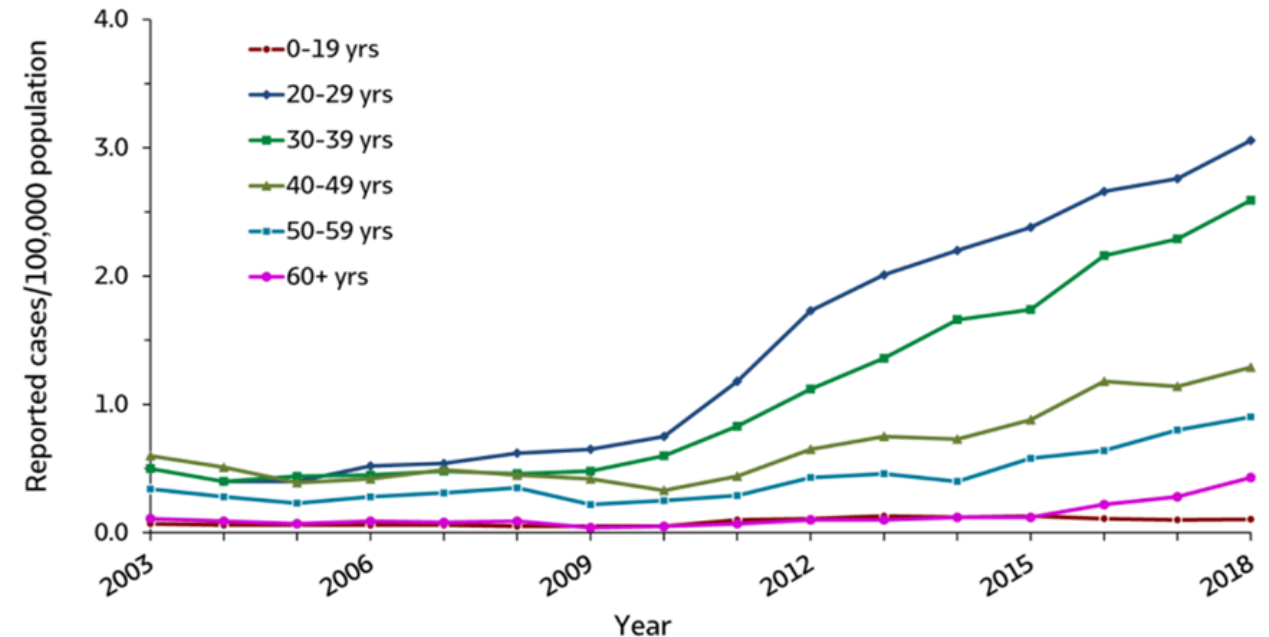
- Identify barriers to Hepatitis C treatment within corrections
- Review strategies for implementing a pharmacist-led HCV collaborative practice
- Assess opportunities for advancement of clinical services in corrections utilizing pharmacists



Hepatitis C in Corrections

- It is estimated that approximately 30% individuals living with Hepatitis C (HCV) infection in the U.S pass through a correctional facility in a given year
- In U.S. prisons, 16-41% of adults have serologic evidence of HCV infection, and 12-35% have chronic HCV infection

Figure 3.4. Rates of reported acute hepatitis C, by age group — United States, 2003–2018



Barriers to treatment

- Medication cost
- Medication side effects
- Infection awareness
- Provider availability/willingness
- Clinic appointment wait times
- Fibrosis restrictions
- Logistical concerns
 - Facilities with 24-hr medical care



Hepatitis C in VADOC

Testing

- Opt-out testing on intake
- Opt-in testing on release
- Testing upon request at any time during incarceration



SOURCES: CDC Recommendations for Hepatitis C Screening, MMWR, April 2020
CDC Vital Signs, April 2020



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Hepatitis C Tracking in VADOC

- Pharmacy staff consulted with VADOC IT staff to create an internal tracking system for patients with HCV
- Patient's HCV labs, fibroscans, appointments, treatments, etc. are logged into this system
- Creates a step-wise treatment algorithm to alert facility staff where the patient is in their HCV work-up and what the next step is





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Quality Medical Care (QMC) System

Hepatitis C Testing



Offender #: 1608711

Age: 26

Medical Location Code:

DOB: 5/17/1993



Offender Name: Banks, Sidney

Race: Black

Sex: Male

Location: Cold Springs Correctional Unit

Release Date (Est): 08/22/2022

Disease & Disability Codes:

PRIORITY:

NEXT STEP: HCV AB Test

STEP STATUS: HCV AB Pending

Treatment Cases:

10/2019 (Current)

Treatment Plans:

10/2019 (Current)

Hepatitis C Testing

Add New Test

Clinic Appointments

Add Clinic Appointment

Add Appointment Hold

Non-Treatment

Add New Non-Treatment

Treatment and Medication



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Hepatitis C Tracking in VADOC



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Quality Medical Care (QMC) System Hepatitis C Testing



Offender #: 1608711	Offender Name: Banks, Sidney	Location: Cold Springs Correctional Unit
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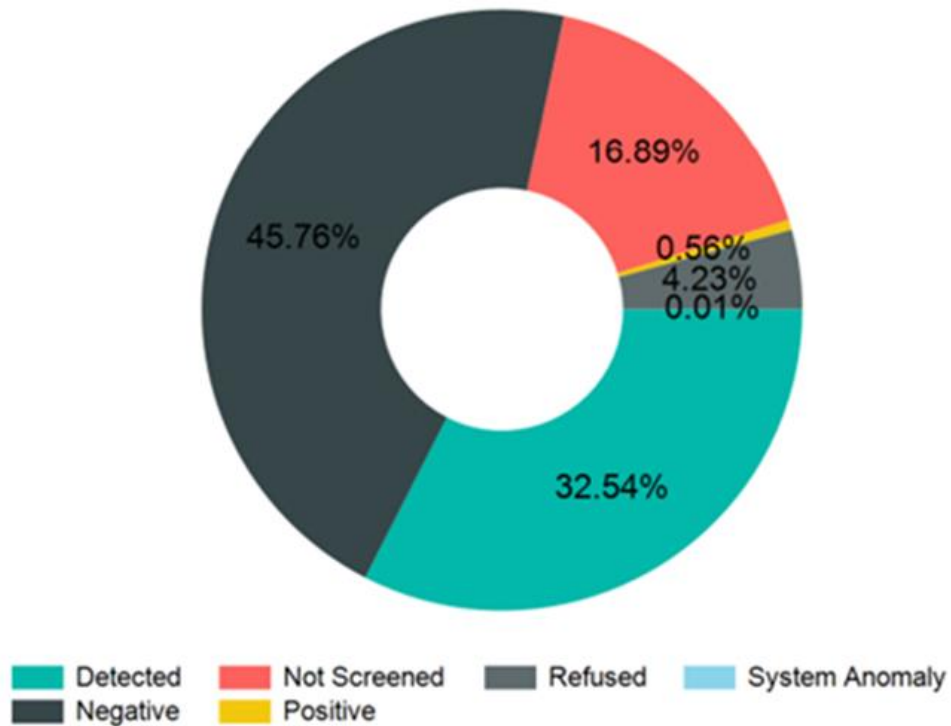
PRIORITY: Priority 2 **NEXT STEP:** Clinical Appointment **STEP STATUS:** Pending Schedule of Clinical Appointment



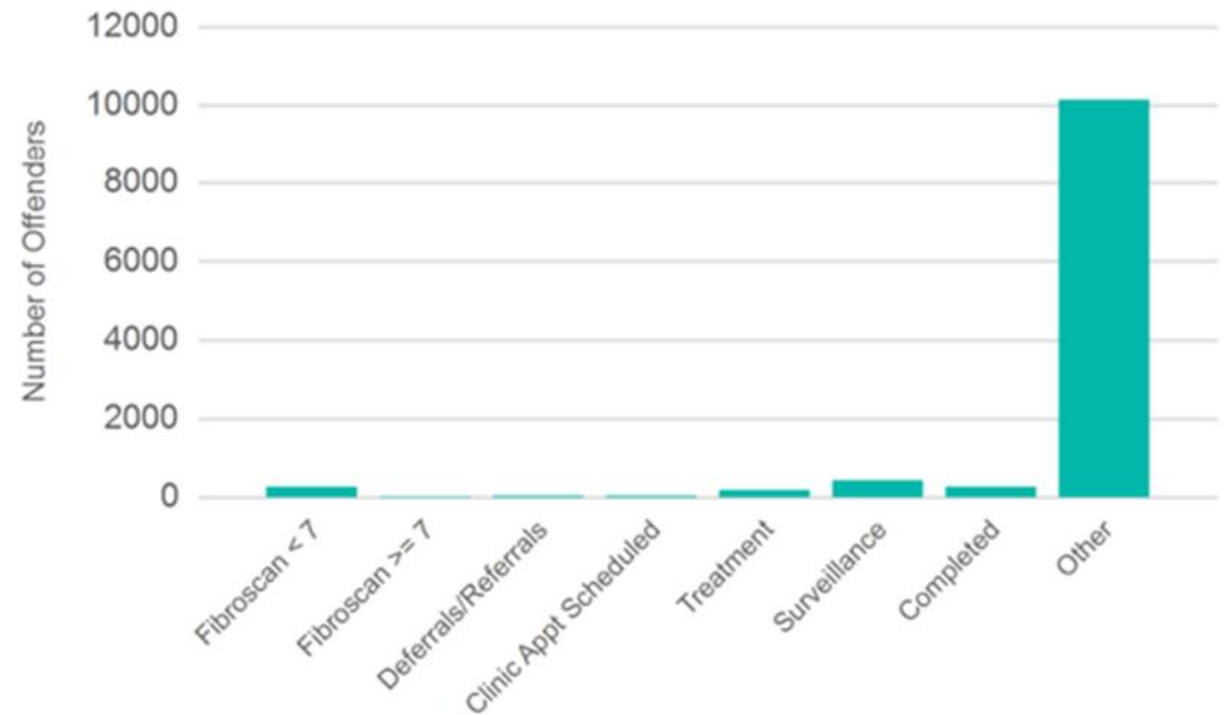
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Hepatitis C Tracking in VADOC

Screening of Active Offenders



Treatment of Active/RNA Detected Offenders



Hepatitis C in VADOC

Treatment

- Virginia Department of Corrections began HCV treatment in 2015 through Virginia Commonwealth University (VCU)
- In order to accommodate provider capacity at VCU, patients were prioritized based on disease severity
- Due to the capacity, many inmates were released before they could be treated

Priority 1 (High)

- Fibroscan > 9
- Advanced liver dysfunction

Priority 2 (Intermediate)

- Fibroscan 7-9
- Comorbid medical conditions associated with more rapid progression of disease

Priority 3 (Low)

- Fibroscan < 7



Hepatitis C Referral Program

- In June 2018, the Virginia Department of Health and University of Virginia joined to help connect persons infected with HCV to treatment.
 - Telemedicine in local clinics with treatment by an Infectious Disease Specialist
 - Training opportunities for providers and clinical staff to increase local treatment capacity
 - Helping people with HCV recently released from incarceration access treatment.
- **Beginning in July 2019 a direct referral program was started with VADOC for inmates not treated while incarcerated**
- Release information and medical records are sent to Terry Knick at UVA one month prior to release to coordinate treatment in the community



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Referral on Release Numbers

Since the programs inception in July 2019 VADOC has referred **1,183** patients to care through coordination with Virginia HEPC.



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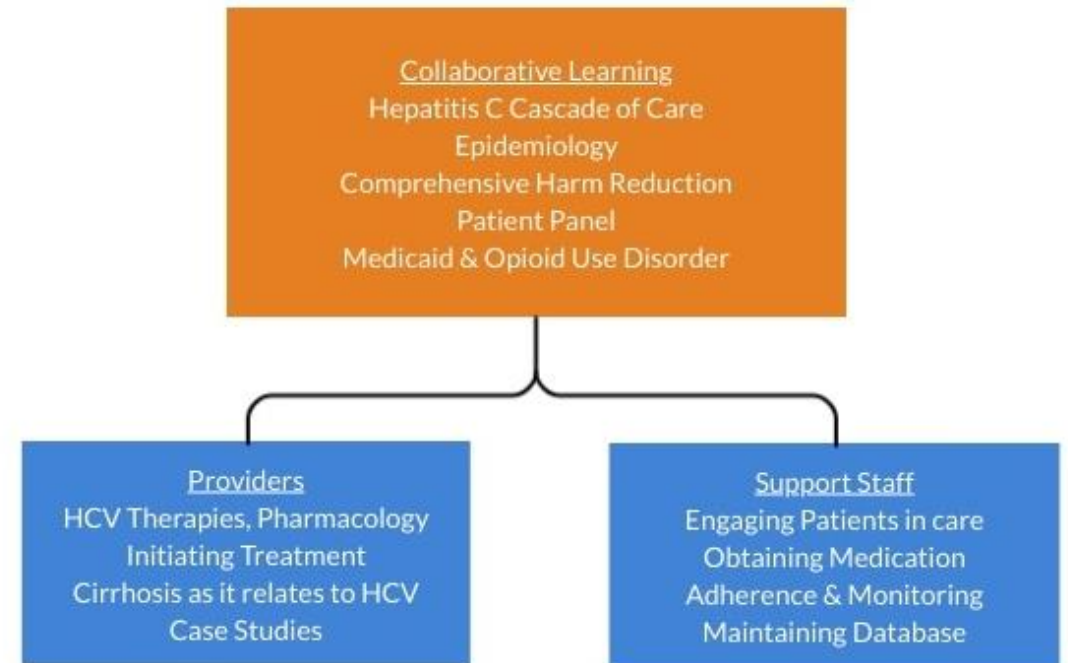
Hepatitis C Referral Program Expansion

- Beginning in 2021 the referral program was expanded through a collaborative MOA between UVA and VADOC. This MOA includes:
 - Consultations with UVA infectious disease physician on patients through once monthly webinars, note reviews, and consultation on individual patients' treatment plans as needed
 - Provide education for incarcerated patients in the DOC that have current HCV infection and < 2 months until release
 - Coordinate HCV treatment upon release including follow-up to first visit with HCV treatment provider



Hepatitis C Provider Training

“HEPC training helps primary providers develop the skills to diagnose, prescribe, and successfully navigate their patients through cure of HCV.”



Hepatitis C Provider Training

- Consultation from UVA Infectious Disease Specialist for HCV cases.
- A monthly Extension for Community Healthcare Outcomes (ECHO) program webinar and case study to further knowledge and keep up to date with treatment guidelines.
- Support from HEPC staff to implement program changes



Internal Treatment Program

- A collaborative practice agreement was created under the Chief Physician of the department for pharmacist clinicians to be able to treat patients diagnosed with Hepatitis C with specific direct acting antivirals
 - Patients are seen by facility physician and given a diagnosis of HCV then referred to VCU or internal treatment

**Fibroscan
>7**

**Refer to
VCU**

**Fibroscan
< 7**

**Refer to
VADOC
Provider**



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Internal Treatment Program

- Facilities collect necessary labs and complete registration packet for patient
- Patient referrals are sent to a pharmacy technician who schedules patient appointments via telemedicine

Hep C Clinic Pre-Registration Checklist

In order to forward the patient's pre-registration form to our appointment schedulers, the following information is needed:

DATE: _____

PATIENT: _____

Inmate Number: _____

- Pre-registration form
- Abdominal US Results (within 5 months of initial appointment date)
 - If not please schedule one ASAP
- Fibroscan, if score 9 or above needs an ultrasound
- Consent signed by patient

RESULTS WITHIN 3 MONTHS OF INITIAL APPOINTMENT DATE:

- CBC with platelets
- BMP(not CMP)
- Hepatic Panel
- PT/INR
- AFP (Only needed if Fibroscan score is 9 or above).

RESULTS WITHIN 4 YEARS OF INITIAL APPOINTMENT DATE:

- HIV
- HCV Genotype (LabCorp Test #550475)
- HCV RNA Quant (LabCorp Test #550080)
- Hep B Surface Ag (LabCorp Test #006510)
- Hep B Surface Ab (LabCorp Test #006395)
- Hep B Core Total Ab (LabCorp Test #006718)
 - If positive need HBV DNA Quant
- Hep A Total Ab (LabCorp Test #06726)



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Internal Treatment Program

Initial Visit

- Patient education
- Disease state overview
- Healthy liver habits education
- Risk factors overview
- Transmission overview
- Medication overview
- Medication interactions education
- Treatment plan
- Lab review

Follow-Up

- Patients are seen at 4 weeks, end of treatment, and for SVR12 labwork
- Side effects assessed
- Med adherence
- Labs reviewed
 - CBC
 - BMP
 - Hepatic Panel
 - PT/INR
 - HCV RNA Quantitative



Internal Treatment Expansion

- Hired 2 full-time pharmacists to treat patients
- Expanded treatment to all facilities in Virginia
- Expanded treatment to all priority levels
- Created mobile screening teams to test all incarcerated individuals across VA
- UVA partnership to include education for staff and inmates, consults from Dr. Dillingham, additional release referral resources, etc

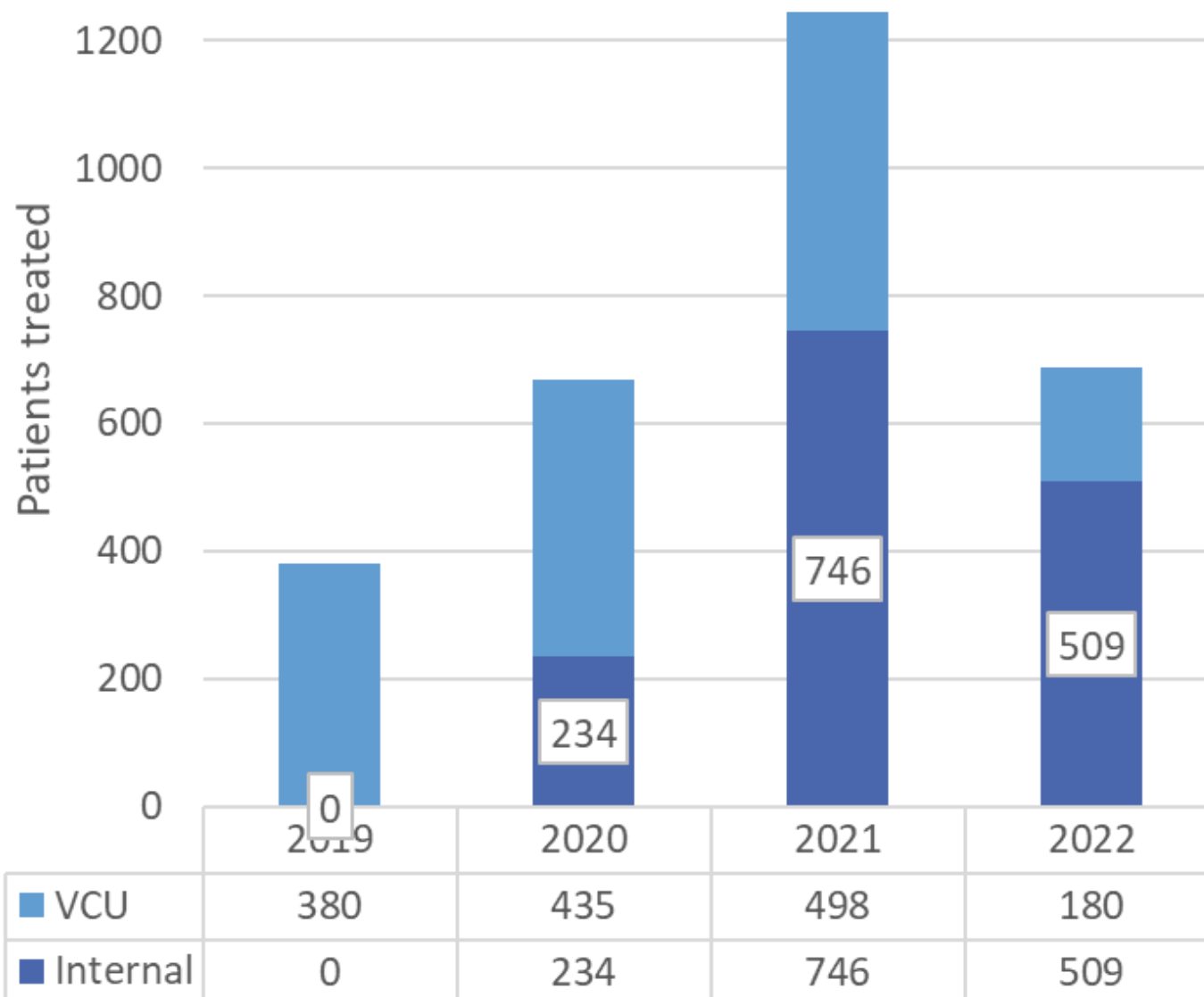


Mobile Screening Teams

- Consists of 1 clinical coordinator, 1 RN, 2 LPNs, and 2 administrative support staff
- Traveling to each facility to do chart reviews, draw labs, perform fibroscans, data entry into internal tracking system (QMC), and refer patients for treatment
 - **June 2022 – Further expansion of the mobile team was approved to include an additional 3 administrative support staff members and 2 additional RNs**
- More than 500 patients identified and seen internally
 - Additional 250 referred to VCU



Treatment Numbers



Total Treated 2020-2022

VCU	1,113
Internal	1,489

VCU
Internal



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Overcoming Barriers

Barrier	Solution
Medication Cost	Direct contract with Gilead; 340b agreement
Medication Side Effects	Newer DAAs offer better tolerability
Infection awareness	Enhance testing and surveillance strategies Opt-out testing Screening clinics Testing reminders sent to inmates via Jpay
Provider availability/willingness	Training advanced practice providers to treat (pharmacists)



Overcoming Barriers

Barrier	Solution
Clinic appointment wait times	Utilize telemedicine to expand clinics Collaborative Practice Agreements
Fibrosis restrictions	Utilize APPs to treat early stage disease to free up clinic availability with specialists for advanced disease
Logistical concerns Facilities with 24-hr medical care	Provide educational sessions to staff to familiarize them with the treatments in order to expand



References

- “CDC Recommendations for Hepatitis C Screening Among Adults - United States, 2020.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 9 Apr. 2020, <https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm#B1> down.
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- Practice Guidelines: AASLD.” *American Association for the Study of Liver Diseases*, <https://www.aasld.org/publications/practice-guidelines>.
- *Virginia HEPC*, <https://virginiahepc.com/>.



Questions?

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