



Leveraging Health Systems Transformation to Cure Hepatitis C Among People Living with HIV

 TARGET POPULATION	HIV providers (medical and non-medical)
 LOCATION	Baton Rouge and New Orleans, Louisiana
 PROGRAM DESIGN	Demonstration site project
 ESTIMATED COST	\$105,00.00 (includes expanded testing, treatment, and educational efforts)
 FUNDING SOURCE	HRSA-16-189 funding

SUMMARY

The Louisiana Curing Co-Infection project launched in May 2017 with the goal of increasing provider knowledge about screening, diagnosis, and treatment of HCV among co-infected individuals. The Department of Health partnered with three clinic sites in high-prevalence areas to increase HCV screening, retention, and cure among co-infected people of color through provider education and practice transformation.

BACKGROUND

In the United States, approximately 20% of people living with HIV are co-infected with HCV. Louisiana has the fifth highest HIV/HCV coinfection rate in the US and nearly 6% of persons living with HIV in Louisiana are co-infected. The majority of people living with HIV and HCV coinfection in Louisiana are people of color (72% (68% Black, 2% Latinx, 2% other/multi-race)) and primarily reside in Baton Rouge (24%) and New Orleans (33%). HCV infection increases the rate of liver disease progression in people living with HIV and liver disease has become the leading cause of death among people co-infected with HIV and HCV. With the advent of direct acting antivirals (DAAs) that cure HCV, we have an important opportunity to eliminate HCV among people living with HIV and dramatically improve their health outcomes.

CORE ACTIVITIES

The Louisiana Department of Health partnered with three clinic sites that serve individuals disproportionately affected by HIV and HCV. Currently, these clinic sites offer robust services, but were lacking co-infection specific training and the curing co-infection project set out to overcome this knowledge gap. The project's concept is a set of 90-90-80 goals that will shift HCV screenings from one-time to annually and ensure patients are supported across the cascade to reach SVR. The project will also lead to the development of clinical continuous quality improvement teams. These teams will use clinic level care cascades to identify gaps and barriers to linkage, retention, and cure along their health system's cure pathway.

The health department partnered with the Tulane School of Medicine AIDS Education and Training Center (AETC) for the provider and practice transformation components of this project. The Tulane AETC has developed work plans for each of the HIV clinics based on a needs assessment, and is conducting provider training activities, developing communities of practice and learning (CPL), and revising clinic protocols. The non-medical providers will receive training monthly, while the medical providers will be offered training quarterly through CPLs. CPLs offer the opportunity to discuss cases with expert hepatitis providers and build skills on critical topics such as drug user health and cultural responsiveness. Changes planned to clinic protocols are to address system-level barriers to care, streamline clinic efforts to retain clients in care, and improve the care cascade to achieve cure.

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In addition, the health department is supporting practice transformation activities by empowering clinics to internally develop and drive hepatitis C continuous quality improvement (QI) teams. Clinic QI teams built learning environments to leverage data to care and determine underlying issues along their HIV/HCV care cascade. The cascades monitor screening, linkage, treatment and cure based on data from each site's electronic health record. The first step was uncovering data quality issues and electronic health record limitations for needed enhancement. Subsequently, through quarterly data reviews, QI teams identified gaps and barriers across the HCV continuum and each clinic has prioritized their improvement aims and developed improvement plans to address those gaps. Although with recognition that quality improvement is a mindset and not a tool, the Viral Hepatitis Coordinator is developing tools based on identified gaps and barriers that clinics may then select to pilot. The first is a mHealth intervention to improve medication adherence. The next step will be to improve patient engagement and retention between prior authorization submission and approval. The aim is that through provider education and continuous quality improvement, sustainable health system change will blossom.

DATA

The AIDS Education Training Center will collect the number of providers who have received training through this program. This will be stratified by medical and non-medical providers. The number of providers being trained will vary dependent upon the size of the clinic staff at each site. Data will be routinely reviewed to ensure that all staff are participating in the activities. Data will also be collected to generate HIV/HCV care cascades. This will be reviewed on a quarterly basis to gauge project success and process improvement.

FUNDING & COST

The project spans 3 years, with a funding ceiling of \$300,000 per year; however, sustainable practices are being explored to continue the provider activities and quality improvement teams beyond the scope of the project. The clinics are serving as the pilot for provider engagement efforts and are intended to continue activities after the project's conclusion.

STRENGTHS

- Participating clinics serve a population with high rates of HIV/HCV co-infection
- Leverages a successful HIV patient education intervention (HM)
- Strong investment from providers to implement systems-level change
- All clinics are reporting aggregate data from their EHR quarterly to help monitor the impact of provider education on client care
- The Louisiana Health Department Office of Public Health STD/HIV/Hepatitis Program (LDH OPH SHP) is also participating in a Medicaid Affinity group which helps facilitate a change in local Medicaid practices to increase access to treatment
- LDH OPH SHP is leveraging broader HCV activities at the state level

LIMITATIONS

- Clinical data must be abstracted from the EHR, which is both time consuming and may result in variations in measurement for data being reported
- Provider trainings are clinic-specific due to challenges in providers leaving the clinical site during business hours
- Practice transformation is a mindset, not a tool

STAKEHOLDERS

Louisiana Health Department Office of Public Health STD/HIV/Hepatitis Program; CrescentCare; Open Health Care Clinic; Priority Health Care; Tulane AETC; NASTAD; the RAND Corporation; Health Resources and Services Administration; HIV/AIDS Bureau (HRSA/HAB).

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