

Treating Hepatitis C in the Recovery Setting

Matthew Barnes, CRNP, FNP-BC



Objectives:

- Understand why hepatitis C is such a huge problem
- Be able to explain to patients what is involved in treatment
- Understand when to screen and when to refer for treatment
- Harm Reduction

Hepatitis C General information

- Hepatitis C virus (HCV) is an RNA virus with more than 6 genotypes (1a, 3, 1b, 2b, etc).
- Every PWID who has HCV is likely to transmit it to 20 other people within the first 3 years of infection.
- About 20% of HCV cases clear spontaneously (i.e. without treatment).
- HCV RNA level fluctuates. The viral level is not an indication of disease severity or prognosis. Anyone with a detectable HCV RNA should be treated.
- It is a bloodborne infection that can be transmitted by:
 - **Sharing drug paraphernalia or personal items (i.e. needles for injecting drugs or jail tattoos, straws/bills when snorting drugs, toothbrushes, nail clippers, or razors)**
 - Sexually (extremely rare: 0.07% in monogamous relationships annually. NIH doesn't even recommend condom use in serodiscordant partners)
 - Blood transfusions (<1:1,000,000 risk)

Hepatitis C Statistics - #1 killer infection (pre-covid)

- Deaths associated with hepatitis C account for more than the next 60 reportable infectious diseases combined.
- 19,000 deaths per year in the US
- Greater than 70% of people show never symptoms of hepatitis C – until it is too late. Some may only have symptoms within the first 6 months of infection (i.e. acute hepatitis C). Others may have symptoms that persist to a lesser extent in chronic infection. Symptoms include:
 - General: **fatigue**, depression, weakness
 - GI/GU: nausea, vomiting, GI bleed, abdominal pain, dark urine
 - Integ: jaundice, pruritus, other skin changes (porphyria cutanea tarda, lichen planus)
 - Extrahepatic manifestations: DM2, kidney disease, autoimmune disorders, lymphoma

Why aren't patients lining up for treatment?

- Asymptomatic; "I feel fine;" "doctor said my levels are low;" previously denied tx
- The longer a person has hepatitis C, the more likely they are to develop liver disease progression & hepatocellular carcinoma (HCC):
 - Liver fibrosis stages: (each stage increases risk of HCC exponentially)
 - F0 - no fibrosis (Annual HCC incidence: 0.68%)
 - F1 – minimal fibrosis(1.22% - extrapolated)
 - F2 – minimal fibrosis(1.48% - extrapolated)
 - F3 – advanced fibrosis (2.19% - extrapolated) EASL: start HCC surveillance (liver ultrasounds every 6-12 months, AFP, EGD)
 - F4 – cirrhosis (4.81%) AASLD: start HCC surveillance; F4 & Child-Pugh score greater than or equal to 7 (I.e. class B) carries the risk of 10% mortality per year
 - Liver disease progression is greatly accelerated by alcohol consumption.
 - Someone who is not treated for hepatitis C lives 15-20 years less than a person who gets treatment.

What we can do: Screening

- All new patients
- Existing patients who have not been screened
- Patients who think they may have been exposed to hepatitis C recently
- Note: it takes ~3 months after exposure for hepatitis C antibody to be reactive.
- Give them the "new patient blood testing order."




crossroads treatment centers

Please Take This Form To The Lab That Your Health Plan Participates With!

Patient Name: _____ Date: _____

LAB TESTS - BLOOD DRAW

Diagnosis Code: Z79.899, Z01.89, F11.20, Z20.828, Z20.6, Z11.3

Blood Tests:	Quest	ACL	LabCorp
Hepatitis B Surface Antigen with Reflex	498	498	006510
HEPATIC FUNCTION PANEL - **IF MEDICARE USE 190.33**	10256	10256	322755
HEPATITIS C Antibody with Reflex to HCV RNA, Quantity	8472	97280	144050
HIV1/2 ANTIGEN/ANTIBODY, 4th GEN. W/RFL	91431	91431	083935
HCG,TOTAL,QL - **IF FEMALE**	8435	8435	004036
ARS Treatment Centers Account	69045334	69455616	37018160

Numbers:

With patient's permission please send a copy of the patient's results to the patient's Primary Care Physician.

Matthew Barnes, CRNP
SP018797



Fax Results to: 724-591-5436
Mail Results to: 2100 Corporate Dr Suite 350 Wexford, PA 15090

Crossroads Treatment Centers
Corporate Office
2100 Corporate Drive Suite 350
Wexford, PA 15090
T: 866-686-9277 F: 724-591-5436 www.crossroadstreatmentcenters.com

What we can do: Screening



Please Take This Form To The Lab That Your Health Plan Participates With!

Patient Name: _____ Date: _____

LAB TESTS - BLOOD DRAW

Diagnosis Code: Z79.899, Z01.89, F11.20, Z20.828, Z20.6, Z11.3

<u>Blood Tests:</u>	<u>Quest</u>	<u>ACL</u>	<u>LabCorp</u>
Hepatitis B Surface Antigen with Reflex	498	498	006510
HEPATIC FUNCTION PANEL - **IF MEDICARE USE 190.33**	10256	10256	322755
HEPATITIS C Antibody with Reflex to HCV RNA, Quantity	8472	<u>97280</u>	144050
<u>HIV1/2</u> ANTIGEN/ANTIBODY, 4th GEN. W/RFL	91431	91431	083935
HCG,TOTAL,QL - **IF FEMALE**	8435	8435	004036
ARS Treatment Centers Account	69045334	69455616	37018160
Numbers:			

With patient's permission please send a copy of the patient's results to the patient's Primary Care Physician.

Matthew Barnes, CRNP
SP018797

A handwritten signature in black ink, appearing to read "Matthew Barnes".

Fax Results to: 724-591-5436

Mail Results to: 2100 Corporate Dr Suite 350 Wexford, PA 15090

Crossroads Treatment Centers
Corporate Office
2100 Corporate Drive Suite 350
Wexford, PA 15090

T: 866-866-9277 · F: 724-591-5436 · www.crossroadstreatmentcenters.com

What we can do: Referral for treatment

- Patients who know that they have hepatitis C
- Schedule appointment: TELE-VISIT with me, 9a – 5p, Monday-Friday (please avoid scheduling the hep C visit on the same day as their regular OUD visit – we cannot bill for 2 visits on the same day)

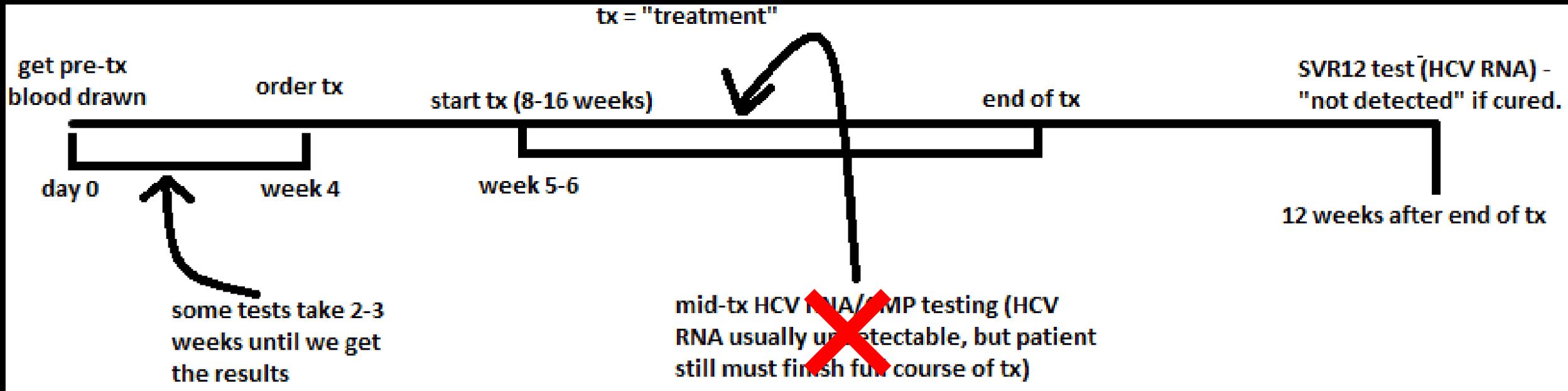
Treatment

- First-time treatment: 8-12 weeks of pills (e.g. Mavyret, Epclusa)
- Second-time (extremely rare): 8-16 weeks of pills (e.g. Epclusa, Mavyret, Vosevi)
- Blood testing at least 2 times:
 1. before treatment (HCV RNA, FibroSure, genotype, hep A&B testing, HIV, CBC, CMP)
 2. 12 weeks after completing treatment (HCV RNA, aka SVR12 - "sustained virologic response" aka cure)

On-treatment testing for uncomplicated cases of hepatitis C is no longer recommended by the AASLD/IDSA

- Please pay attention to alerts in Medgen: there are sometimes reminders for patients to get their final HCV RNA test (SVR12) drawn when I can't reach them by phone.

Hepatitis C Simplified Treatment Timeline



Who Is Eligible for Simplified Treatment

Adults with chronic hepatitis C (any genotype) who do not have cirrhosis and have not previously received hepatitis C treatment

Harm Reduction

- Harm Reduction is a set of practical public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities *without necessarily reducing drug use*.
- *Objective of Harm Reduction:*
 - **Prevent disease** - Sterile syringe access to prevent HIV and Hepatitis B & C
 - **Reduce mortality** - Overdose prevention with training and Naloxone distribution; links to medical care and social services
 - **Treatment for drug use** - In-house Naltrexone & Buprenorphine and/or referrals to external Methadone Maintenance
 - **Empower participants, communities and reduce stigma** - Community organizing and engagement

Harm Reduction (cont.) - Language Matters

- People who use drugs
- Temporary or Emergency Housing
- People Experiencing Homelessness/Homeless People/the Homeless Population
- A Negative Drug Test Result/Abstinent or Actively Using Drugs
- Person in Recovery
- Not "Junkie/Addict/User"
- Not "Shelter"
- Not - "Homeless/Street people"
- Not "Clean/Dirty"
- Not "substitution/replacement therapy;"
methadone/buprenorphine as "a crutch"

Helpful tips for having a hepatitis C treatment program:

- Administrative buy-in
- Provider treatment training (e.g. Community Liver Alliance)
- Protocol for testing for HCV & linkage to treatment (e.g. Standing order for testing new patients & recurrent for those with risk factors)
- Establish relationship with specialty pharmacy (consider perks of 340B if you are a FQHC/look-alike/RWC-340B – contributes to administrative buy-in)
- Integration of hepatitis C treatment and OUD treatment with MAT with methadone/buprenorphine
- Staff reminding patients about testing, treatment, & SVR testing
- Tracking patients for SVR testing

You can be instrumental in helping decrease the disease burden of hepatitis C!

Authorizing Provider

Matthew Barnes, CRNP

F: 724-591-5436

HCV RT-PCR, QUANT (NON-GRAPH) (Final result)

	Value	Ref. Range
HCV RNA Detect/Quant, S	Not Detected	Not Detected

HEPATITIS C, RNA, QNT, PC

HCV RNA, PCR, Quant <15 (NOTE) IU/mL

HCV RNA Not Detected

HCV RNA, PCR, Quant2 <1.18 (NOTE) Log IU/

HCV RNA Not Detected

Reference Range:

Not Detected IU/mL
Not Detected Log IU/mL

References

- Department of Health and Human Services (2020). "U.S. Preventive Services Task Force Issues New Recommendation Statement on Screening for Hepatitis C in Adolescents and Adults." <https://www.hhs.gov/hepatitis/blog/2020/03/04/uspstf-issues-updated-hepatitis-c-screening-recommendation.html>
- Galle, P. et al (2019). "EASL Clinical Practice Guidelines: Management of Hepatocellular Carcinoma." *Journal of Hepatology*. April (70)4:817. [https://www.journal-of-hepatology.eu/article/S0168-8278\(18\)30215-0/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(18)30215-0/fulltext)
- Guidance (2019). "HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C." <https://www.hcvguidelines.org/evaluate/when-whom>
- Tarao, K. et al (2019). "Real Impact of Liver Cirrhosis on the Development of Hepatocellular Carcinoma in Various Liver Diseases – Meta-analytic Assessment." *Cancer Medicine*. March (8)3:1054-1065. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6434205/>
- Magiorkinis, G. et al (2013). Integrating phylodynamics and epidemiology to estimate transmission diversity in viral epidemics. *PLoS Comput Biol* 9(1):e1002876. <https://nida.nih.gov/publications/research-reports/heroin/why-are-heroin-users-special-risk-contracting-hivaids-hepatitis-b-c>