

IOWA Primary Care Association (PCA) Hepatitis C ECHO



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GI-Hepatology, Transplant Hepatology

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University of New Mexico

Hepatitis C ECHO

ORIGINAL ARTICLE

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D., Paulina Deming, Pharm.D., Summers Kalishman, Ph.D., Denise Dion, Ph.D., Brooke Parish, M.D., Thomas Burke, B.S., Wesley Pak, M.B.A., Jeffrey Dunkelberg, M.D., Martin Kistin, M.D., John Brown, M.A., et al.

June 9, 2011

N Engl J Med 2011; 364:2199-2207

Conclusions

- The results of this study show that the ECHO model is an effective way to treat HCV infection in underserved communities. Implementation of this model would allow other states and nations to treat a greater number of patients infected with HCV than they are currently able to treat.

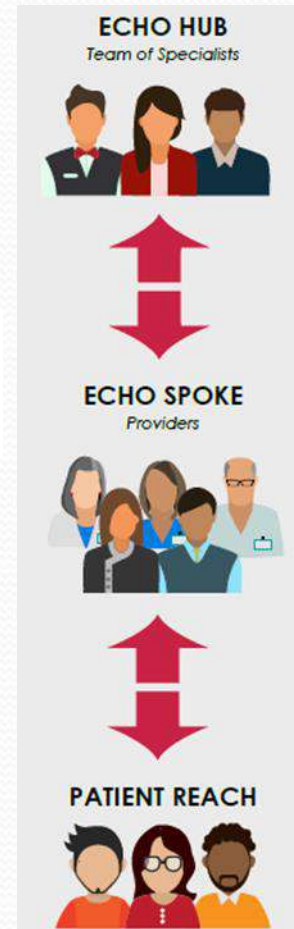
(Funded by the Agency for Healthcare Research and Quality and others.)

IOWA Primary Care Association (PCA) Hepatitis C ECHO

- Statewide HCV ECHO for its Community Health Care Centers (CHCs) to develop knowledge and capacity among CHC clinicians through ongoing tele-mentoring and education.
 - University of New Mexico model
 - Sanjeev Arora, M.D.
- Done using ECHO® model by using technology to
 - leverage scarce resources;
 - share best practices to reduce disparities;
 - use case-based learning to master complexity; and monitor outcomes using a web-based database.



NM SCHOOL OF MEDICINE



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Hepatitis C ECHO

- HCV ECHO is a tele-mentoring program that uses videoconferencing technology (Zoom) to combine MAT didactic presentations with interactive and practical HCV case presentations from participants.
- <https://www.youtube.com/user/ProjectECHOUNM>

ECHO is all
teach, all learn



Interactive



Co-management
of cases



Peer-to-peer
learning



Collaborative
problem solving



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Hepatitis C ECHO



Meet the Hepatitis C ECHO Team at the Iowa PCA



Donald Hillebrand, MD, is the Medical Director of UnityPoint Health Center for Liver Disease in Des Moines, Iowa, with Outreach Clinics in Cedar Rapids, Grinnell, Osceola, Nevada, Boone, and Fort Dodge. He is board certified in GI/Hepatology and Transplant Hepatology by the American Board of Internal Medicine. Dr. Hillebrand has been managing Liver, Intestinal and Multivisceral Transplantation at Indiana University Health (IU Health) and Associate Professor of Clinical Medicine at the Indiana University School of Medicine. Dr. Hillebrand is the lead hepatology expert for this ECHO program.



Megan Srinivas, MD, MPH is a primary care provider with Community Health Center of Fort Dodge in Fort Dodge, Iowa. She is a board certified in infectious disease by the American Board of Internal Medicine. Dr. Srinivas received both her undergraduate and MPH degrees from Harvard, her medical degree from University of Iowa's Carver College of Medicine, and completed her residency training from Johns Hopkins. She will serve as an infectious disease expert for HCV ECHO program.



Steven Donnelly, PharmD, is a specialty pharmacist at Community, A Walgreens Specialty Pharmacy in Des Moines, Iowa. Dr. Donnelly is the lead pharmacy expert for the HCV ECHO program.



Mark Hillenbrand, LICSW, conducts psychotherapy with individuals, couples, families, and groups at his private practice, Authentic Freedom, in Des Moines, Iowa. He is trained in self psychology, object relations, and pastoral counseling. Mark specializes in assisting individuals diagnosed with chronic and traumatic illness, to identify and take steps in continuing their journey of leading health lives. Mark has extensive experience in working with individuals diagnosed with HIV/AIDS, HCV, Huntington's Disease and other significant health diagnoses.



Malissa Sprenger, MS, IAADC, is currently the Coordinator of Turning Point Treatment Center, including Medication Assisted Treatment Services, and is the Clinical Opioid Lead for MercyOne Dubuque Medical Center. She holds a Master of Science degree in Clinical Psychology and an International Advanced Alcohol and Drug Counselor Certification. For the past three years, Malissa has facilitated an Opioid Response Team with city, county, state, and federal representation. Malissa is Vice President of the Iowa Board of Certification Board of Directors and Chair of the MercyOne System Opioid Task Force.



Julie Baker, MPH, CHCEP, is the Director of Preventive Services at the Iowa PCA providing training, technical assistance, and program development focused around HIV, Hepatitis and STDs, and related areas. Julie serves as the ECHO Program Coordinator for the HCV ECHO program.



Gagandeep Lamba, MA, MS, MBA, CSM, is a Performance Improvement Manager at Iowa PCA providing training, technical assistance, and quality improvement support to Iowa's health centers. Gagan will assist with the ECHO program coordination.



Estelle Montgomery, MPA, is an Emerging Programs Project Manager at Iowa PCA. She has an extensive background in healthcare public policy, research, and implementation. Estelle will serve as the MAT ECHO Coordinator and assist with the HCV ECHO.



Alicia Huguete, MPH, MSW, is the Director of Transformation at Iowa PCA leading the performance improvement team in their work to assist health centers in implement process change, developing and strengthening programming and data tools to better manage work support programs.



Sarah Dixon, MPA, is a member of the Iowa PCA's senior leadership team and currently serves as Senior Director for Emerging Programs. She is responsible for leading the Association's response to members' needs in the areas of health care delivery system reforms and clinical quality, performance improvement, and transformation work. Sarah provides leadership to the interdisciplinary Transformation Collaborative team and the operations of IowaHealth+, a clinically integrated network of health centers in Iowa. Sarah also leads the development work and emerging programs for the PCA, many of which specifically focus on vulnerable populations, innovative partnerships and programming related to social determinants of health and assisting the health centers in Iowa to better connect to the needs of the communities they serve.



Kristi Roose, BA, CPHIMS, is the Technology Director of Iowa PCA where she supports technology operations for the statewide iNConcertCare Health Information Technology Network. Kristi has over 20 years experience in Information Technology including 10+ years in Health Information Technology. Kristi is a Certified Professional of Health Information & Management Systems and received a Bachelor of Science degree in Management Information Systems and Finance from Iowa State University.



Des Moines University Continuing Medical Education provides the management and awarding of CME credits. The CME staff designated to this project include:

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education



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Hepatitis C ECHO

Hepatitis C 101
Initial Evaluation of Patients with HCV
Community A Walgreens Specialty Pharmacy Program Overview
Accessing Treatment for Un/Underinsured Patients
HCV Treatment Medications Overview: What's New on the Market
Treatment Considerations for People Living with HCV
(re-infection; genotyping; people who use substances)
Drug User Health and Person-Centered Language
Treating Patients with Substance Use Disorders and HCV
HIV and HCV Co-Infection Overview
Populations Disproportionately Impacted by HCV and/or HIV
(LGBTQ+; Persons experiencing human trafficking, intimate partner violence, homelessness; racial and ethnic groups)
HCV Screening Among Pregnant Women
Chronic Hepatitis C Treatment in Genotype 1 Patients WITHOUT Cirrhosis
Extrahepatic Manifestations of Hepatitis C Virus Infection
Chronic Hepatitis C Treatment in Genotype 1 Patients WITH Compensated Cirrhosis
Drug Interaction Considerations for Hepatitis C Genotype 1 Therapies
Monitoring Patients Who Are Starting HCV Treatment, Are On Treatment, Or Have Completed Therapy
House File 2377: Iowa's Opioid Act
Alcohol Use Disorder Medications
When HCV Treatment is Deferred
Hepatitis C Epidemiology in Iowa
Screening and Surveillance for Hepatocellular Carcinoma (HCC)
Hepatitis B Overview
Treatment Options for Chronic Hepatitis B
Hepatitis C & B Co-Infection
HIV Pre-Exposure Prophylaxis (PrEP)
Non-Alcoholic Fatty Liver Disease (NAFLD)
HIV Testing Overview
Screening for Hemochromatosis
Health Economics 101: Standard v. Enhanced Screening and Treatment



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EASL HCV Guidelines: Drug and Alcohol Use, Incarceration Are Not Contraindications to HCV Therapy

- “PWIDs who are infected with HCV have an **indication for antiviral therapy**”
 - “DAA-based therapies are safe and effective in HCV-infected patients receiving OST, those with a history of injecting drug use, and those who recently injected drugs”
- “Excess alcohol **should not preclude treatment**”
 - “Patients with harmful alcohol consumption during treatment should receive additional support during antiviral therapy”
- “HCV **treatment should be offered** to HCV-infected patients in prison”

EASL HCV Guidelines 2018.

Slide credit: clinicaloptions.com

Components of PWID Care

“A combination of prevention strategies, including **HCV treatment as prevention**, are critical to substantially reduce HCV transmission and prevalence in these populations, especially in settings with high existing harm reduction coverage”

Harm Reduction and Care/Support Services

OST and overdose prevention	Sterile needle/syringe programme
Peer support	Psychological care and social support
HCV/HIV screening and diagnosis	Antiviral therapy

Grebely. Nat Rev Gastroenterol Hepatol. 2017;14:641. Dillon. Hepatol Med Policy. 2016;1:2.

Slide credit: clinicaloptions.com



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Hepatitis C ECHO

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Hepatitis C Initial Presentation Form

Presentation Date: [redacted] Siouland Community Health Center Clinician: [redacted]

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNM-HSC clinician and any patient whose case is being presented in a Project ECHO setting. Always use ECHO ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

Screening Encounter Date: [redacted] (required)

General Information/Demographics

Patient Name/ECHO ID:	[redacted] Age: 59
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity – Hispanic or Latino:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Race:	<input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American <input type="checkbox"/> Native Hawaiian, Pacific Islander <input checked="" type="checkbox"/> White
Insurance:	<input type="checkbox"/> None <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid, MCO: UnitedHealthcare Community Plan <input type="checkbox"/> Commercial Health Insurance: <input type="checkbox"/> Other:

Suspected Route of HCV Transmission (Check all that apply)

Suspected Route of Transmission	Yes	Description
Current or former injection drug user (even once)	<input checked="" type="checkbox"/>	If yes, Injection Drug Use in the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Recipient of clotting factor concentrates made before 1987	<input type="checkbox"/>	
Blood transfusion or solid organ transplant before July 1992	<input type="checkbox"/>	
Needlestick injury in healthcare setting	<input type="checkbox"/>	
Birth to an HCV-infected mother	<input type="checkbox"/>	
Sex with an HCV infected person	<input type="checkbox"/>	
Sharing contaminated personal items, such as razors or tooth brushes with an HCV infected person	<input type="checkbox"/>	
Non-professional tattoo	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	

Medical Diagnoses (Check all that apply)

Liver Related History (select all that apply)	Yes	Description/Comments
HCV	<input checked="" type="checkbox"/>	Year of diagnosis: 2010
Cirrhosis	<input type="checkbox"/>	Any evidence of decompensation? <input type="checkbox"/> Ascites <input type="checkbox"/> Hepatic encephalopathy <input type="checkbox"/> Variceal bleed
Previous HCV Treatment	<input type="checkbox"/>	Year: _____ Drug Regimen: _____ Duration of treatment in weeks: _____
Liver Biopsy	<input type="checkbox"/>	Year: _____ Results: _____
Hepatocellular Carcinoma	<input type="checkbox"/>	Year of diagnosis: _____

Medical Diagnoses (select all that apply)	Yes	Description/Comments
Asthma	<input type="checkbox"/>	
Auto Immune Disease	<input type="checkbox"/>	Type of disease: _____
Brain injury	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	Year: _____ Type of Cancer: _____
Chronic Pain	<input type="checkbox"/>	
COPD	<input type="checkbox"/>	
Coronary Artery Disease	<input type="checkbox"/>	
Cryoglobulinemia	<input type="checkbox"/>	
Diabetes Mellitus	<input type="checkbox"/>	
Hepatitis B, chronic	<input type="checkbox"/>	
HIV	<input type="checkbox"/>	
Hypertension	<input checked="" type="checkbox"/>	
Peripheral Neuropathy	<input type="checkbox"/>	
Renal Insufficiency	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	
Solid Organ Transplant	<input type="checkbox"/>	Year of transplant: _____ Organ transplanted: _____

Hepatitis Vaccinations

Vaccination	Yes	No	Description/Comments
Is patient immune to hepatitis A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REMINDER: Patients with hepatitis C need to be vaccinated for both hepatitis A and B. Patient has started but not completed the series.
Is patient immune to hepatitis B?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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Psychiatric Diagnosis

Psychiatric Diagnosis	Yes	Description
Depression	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	If yes, is patient on medication for anxiety? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mania/Hypomania	<input type="checkbox"/>	If yes, is patient on medication for Mania/Hypomania? <input type="checkbox"/> Yes <input type="checkbox"/> No

Survey Scores

PHQ-9 Score: 0	Date of survey: 5 / 13 / 2019
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Substance Use History

Substance Use History	Yes	No	Description/Comments
Does patient currently drink alcohol?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If no, has the patient ever had a drinking problem? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last drink: 4 / 3 / 2019
Does patient currently use drugs other than alcohol?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, check all that apply: <input type="checkbox"/> Opiates <input checked="" type="checkbox"/> Stimulants (cocaine, amphetamine, etc.) <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Marijuana <i>Patient had recent relapse after years of being clean but is back on track now</i>
Does patient smoke cigarettes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Current Medications: (Please include dosage)

Medication Name	Dosage	Frequency	Medication Name	Dosage	Frequency
atorvastatin	20 mg	q day			
lisinopril/hctz	20/25 mg	q day			

Body Mass Index

Height:	71	<input type="checkbox"/> Centimeters <input checked="" type="checkbox"/> Inches
Weight:	227.5	<input type="checkbox"/> Kilograms <input checked="" type="checkbox"/> Pounds
BMI:	31.84	

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Laboratory

Basic Laboratories				Other Essential Results	Date	Result
Date of Lab Draw: 4 / 8 / 2019				Fe	___ / ___ / ___	
WBC	6.8	INR	1.0	TIBC	___ / ___ / ___	
ANC		Albumin	4.3	Ferritin	___ / ___ / ___	
HGB	13.5	ALT	55	Vitamin D 25-OH	___ / ___ / ___	
HCT	38.8	AST	40	AFP	4 / 8 / 2019	2.0
Platelets	266	Alk Phos	55	HIV Ab s	3 / 24 / 2019	NEG
Creatinine	1.5	T. Bili	0.50	HCV Genotype	4 / 8 / 2019	1a
Glucose	116	Direct Bili	0.2	HCV Viral Load	4 / 8 / 2019	345,814
Protime		Total Prot	6.90	Other: FIB-4 Score	5 / 16 / 2019	1.20

APRI= 100 X	AST/40	APRI =	.0521
	Plt		

For Clinical Calculators (APRI, MELD, etc.), visit:
<http://www.hepatitisc.uw.edu/page/clinical-calculators/meld>

Please email the completed form to
Julie Baker at jbaker@iowapca.org.

IOWA Primary Care Association (PCA) Hepatitis C ECHO

HCV ECHO HUB TEAM

- Donald Hillebrand, MD,
 - Medical Director, UnityPoint Health – Center for Liver Disease
- Steven Donnelly, PharmD
 - Community A Walgreens Specialty Pharmacy
- Mark Hillenbrand, LICSW
 - Authentic Freedom Counseling Center
- Megan Srinivas, MD,
 - Infectious Disease Community Health Centers of Fort Dodge
- Malissa S. Sprenger, MS, IAADC,
 - Coordinator Turning Point Treatment Center



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AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C

IDSA
Infectious Diseases Society of America

Home Test, Evaluate, Monitor Treatment-Naïve Treatment-Experienced Unique & Key Populations About

Start Here: Choose a patient profile from the menu above.

Welcome to HCVGuidelines.org

The AASLD and IDSA in partnership with the panel have created an updated web experience to facilitate easier and faster access to this important resource. Please select a patient profile from the menu above, click on a guidance section below, or use the search box to begin.

- Contents and Introduction - Select a Page
- Testing, Evaluation, and Monitoring of Hepatitis C - Browse Topics
- Initial Treatment of HCV Infection - Choose Patient Genotype
- Retreatment of Persons in Whom Prior Therapy Has Failed - Choose Patient Genotype
- Management of Unique & Key Populations - Review Recommendations

New and updated:
Management of HCV in MSM
The determinants of sexually transmitted incident HCV among HIV-positive men who have sex with men (MSM) have not been thoroughly characterized, but risk factors have been identified.

Search the Guidance
Enter your keywords:
Search

Recent Announcements

<https://www.hcvguidelines.org/>

HEP Drug Interactions

UNIVERSITY OF LIVERPOOL

Interaction Checker →
Apps ▾

About Us Interaction Checkers Prescribing Resources Videos Site News Contact Us Support Us

<https://www.hep-druginteractions.org/>



JOIN THE HCV ECHO

- Learn how to treat HCV
- Get no cost CME credit
- Meet Iowa Medicaid prescribing requirements to allow PCPs to treat HCV patients

90-minute sessions every 3rd Tuesday of the month from
11:45 am – 1:15 pm | May 21 – December 2019

REGISTRATION

To register, email Julie Baker at jbaker@iowapca.org the following information:

- Name
- Title
- Organization Name
- Email



UnityPoint Health



UnityPoint Health Des Moines

Bringing
Specialty Liver Care
to
Patients
in their Communities



UnityPoint Health



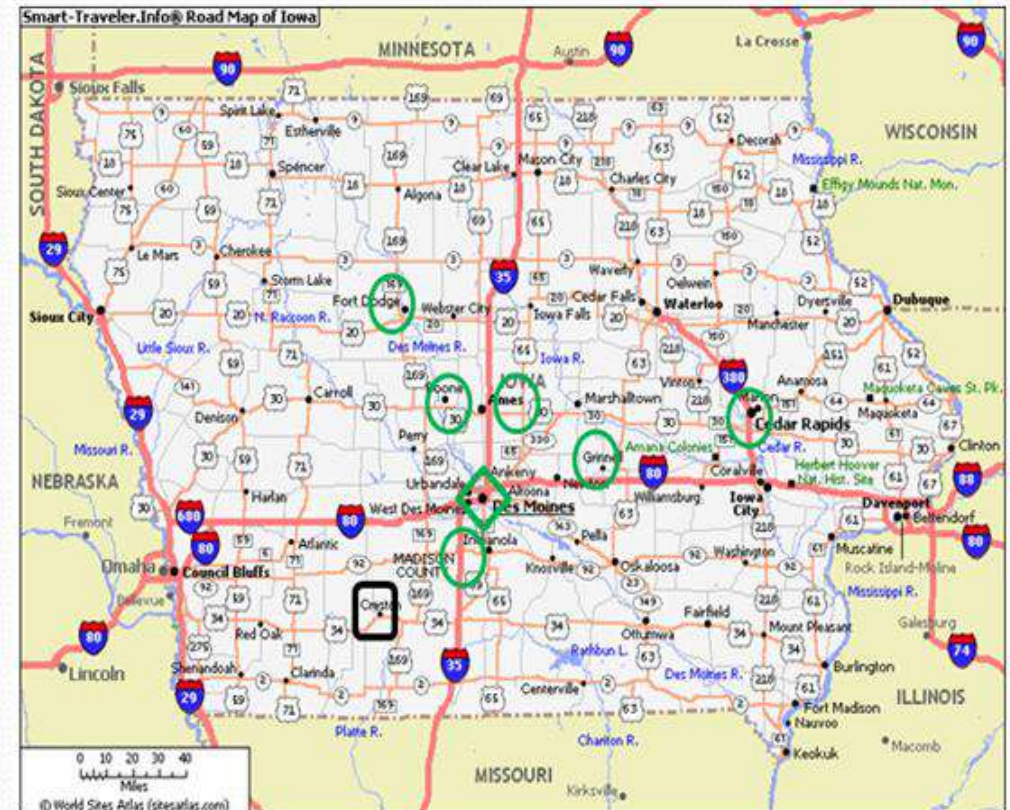
UnityPoint Health – Center for Liver Disease

• Outreach Clinics

- Boone County Hospital (Boone)
- Story County Medical Center (Nevada)
- Clarke County Hospital (Osceola)
- UPH GI Clinic (Cedar Rapids)
- *Grinnell Regional Medical Center (Grinnell)*
- *Trinity Regional Medical Center (Fort Dodge)*
- *Greater Regional Medical Center (Creston)*

• Telemedicine Services

- Clarke County (Osceola)*
- Greene County (Jefferson)



UnityPoint Health Des Moines

Bringing Specialists to Your Communities

UPH Center for Liver Disease

Iowa PCA HCV ECHO

Outreach Clinics

Telemedicine Clinics

Mentoring community providers in management of Chronic Hepatitis

- Mentorship & collaborative care of patients with liver disease
- Iowa Medicaid HCV Treatment Prior Authorization ***in collaboration with a specialist*** requirement



Iowa Harm Reduction Summit

Iowa HCV ECHO

**Empowering providers
to manage HCV
in the community**

*Moving knowledge instead of
patients*

ECHO Coordinators

- Julie Baker,
 - Director of Preventive Services, Iowa Primary Care Association
 - JBaker@iowapca.org
- Gagan Lamba,
 - Performance Improvement Manager Iowa Primary Care Association