Hepatitis Awareness Month

Providing Care for Patients During COVID-19

Tuesday, May 19, 2020

Lauren Canary, Director with the National Viral Hepatitis Roundtable

Adam Fussaro, Director of the Center of Excellence with Public Health Management Corporation



National Nurse-Led Care Consortium

The National Nurse-Led Care Consortium (NNCC) is a nonprofit member-supported organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Direct, nurse-led healthcare services
- Policy research and advocacy
- Training and technical assistance support





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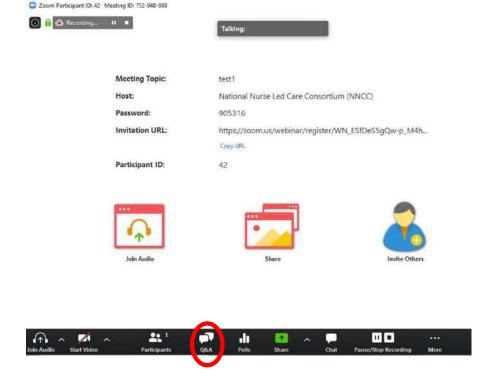
Housekeeping Items

Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

Continuing Education Credits

- Please take the SurveyMonkey evaluation at the end of this webinar to receive CME/CNE
- You must complete survey to receive credit.
- Certificate will arrive within 1 week of completing the survey.



Poll

Has your organization implemented universal HCV screening?

- Yes
- No
- Not applicable

Is your organization continuing to offer MAT services during COVID-19?

- Yes
- No
- Not applicable



Addressing Viral Hepatitis amid the pandemic

Lauren Canary, MPH (Epidemiologist, she/hers)

Director, National Viral Hepatitis Roundtable



Washington State: A case study

- February 29th: First COVID-19 death, state of emergency declared
- March 11: Social distancing measures begin
- March 23: Stay at home order announced

As COVID-19 cases grew, public health resources were re-assigned to address COVID-19

→ less public health outreach for viral hepatitis

Increasingly strict public health requirements & limited personal protective equipment placed additional burden on harm reduction programs

→ lesser availability of and participant engagement in harm reduction services, no HCV screening, limited vaccination



Washington State: A case study

King County faces 2 outbreaks at once, as hepatitis A spreads amid coronavirus pandemic

April 8, 2020 at 3:04 pm | Updated April 9, 2020 at 9:00 am



by Michelle Esteban, KOMO News Reporter | Saturday, May 16th 2020



tone 🕶

lego's homeless population more worried it was only a matter of orridor and landed in Seattle.

ths has showed their concerns been sickened by hepatitis A in v, compared with annual totals of ling to Public Health — Seattle & g people experiencing



Public Health Implications



Limited viral hepatitis testing & vaccination

- Limited access to PPE for lower priority activities or for states with fewer COVID-19 cases
- Different risk-benefit calculation for outreach staff and participants
- Limited guidance on when/how to perform tests
- Capacity for linkage to care and/or liver workup limited
- Some providers not accepting new patients or not initiating treatment

Limited case detection and worsening care cascade Likely fewer <u>reported</u> cases in 2020



Limited syringe services programming

- Limited access to PPE for harm reduction programs or staff not deemed 'essential' by state authorities
- Fewer clients traveling to programs
- Most not receiving COVID response funding
- Limited support to adapt services to comply with public health recommendations and/or to add additional staff
- Limited wound care and vaccination

Fewer persons accessing harm reduction services
Likely increased spread, though among smaller networks
Related harms (overdose, abscess)
Increased uptake of MAT/methadone?
Shift to mobile & mail-based models



Shift of viral hepatitis program resources

- CDC Division of Viral Hepatitis → 1/3 of staff detailed to COVID-19 incl. leadership
- State and local health departments → staff and \$\$ being redirected in several jurisdictions
- COVID-19 response funding does not directly support viral hepatitis activities, may support surveillance & vaccination infrastructure
- Non-specific surveillance resources/staff devoted to COVID

Delays in new viral hepatitis funding awards
Limited guidance on viral hepatitis & COVID
Less reporting of viral hepatitis cases to CDC
Less viral hepatitis testing, vaccination, education, & treatment
Longer term strengthening of surveillance and immunization



Shift of clinical resources

- Infectious disease specialists in some jurisdictions overwhelmed with COVID-19 response
- Hepatology/gastroenterology providers limited capacity in some jurisdictions
- Some guidance indicates not to treat HBV & HCV
- Patient risk-benefit decision making shift
- PPE preserved for high-acuity cases
- Provider education activities may be limited

Delays in HBV & HCV treatment starts
Increased primary care provider demand for viral hepatitis
care though training & motivation may be negatively
impacted



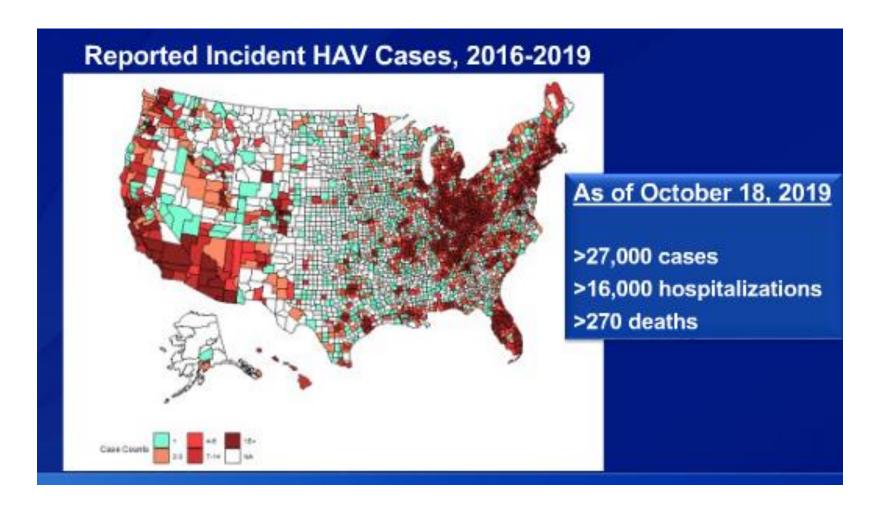
Limited syringe services programming

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Fewer persons accessing harm reduction services
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Related harms (overdose, abscess)
Impact on seeking emergency care?
Increased uptake of MAT/methadone?
Shift to mobile delivery

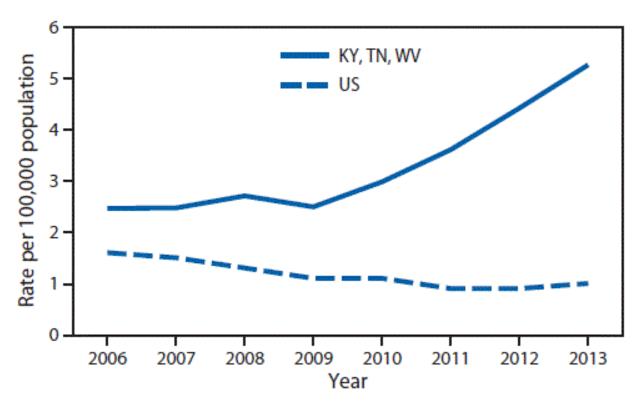


Hepatitis A Widespread Outbreaks





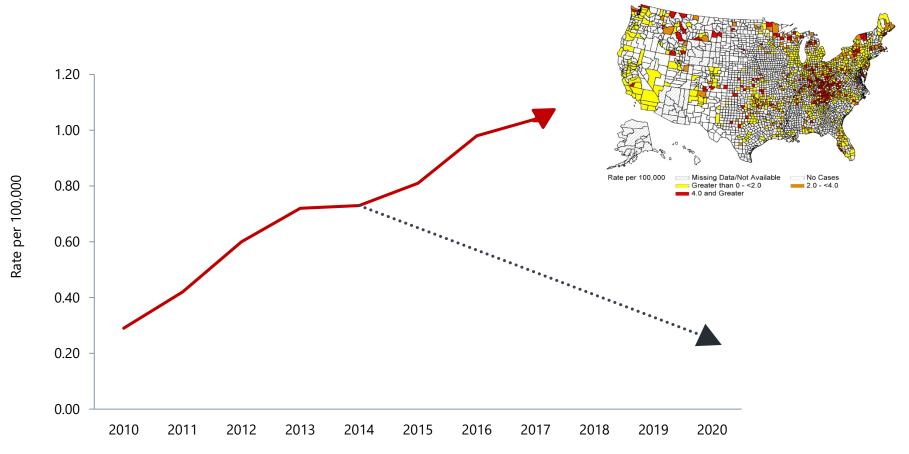
Hepatitis B associated with unsafe injection drug use



Harris et al. MMWR (2016)



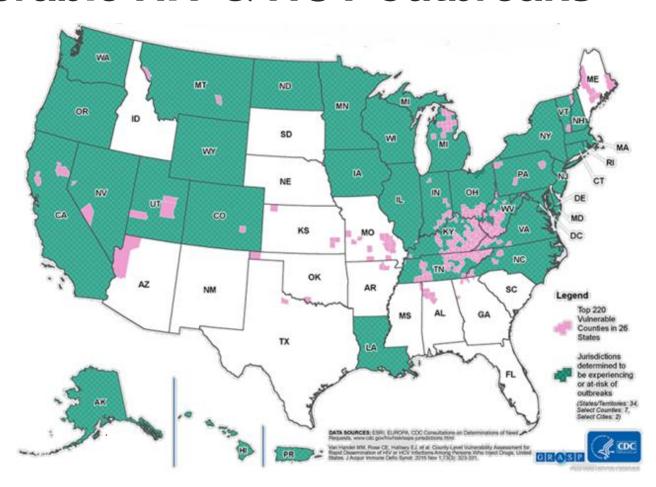
Hepatitis C incidence increasing



Source: CDC, National Notifiable Diseases Surveillance System (data run, July 7, 2019 *Rate per 100,000 U.S. population



Many jurisdictions were already vulnerable HIV & HCV outbreaks







COVID-19 Complications

- People with chronic liver disease have a higher likelihood of complications and death from COVID-19
- Most of those living with HBV and HCV are unaware of their status, increased risk
- Many who are aware of their status are still unable to access HCV cure
- Compounded risk: incarceration, unstable housing, substance use
- Limited messaging on intersecting conditions
- Some antiviral treatments may pose toxicity to liver

Impact on assessment of personal risk?
Clinical impact of COVID on persons with viral hepatitis



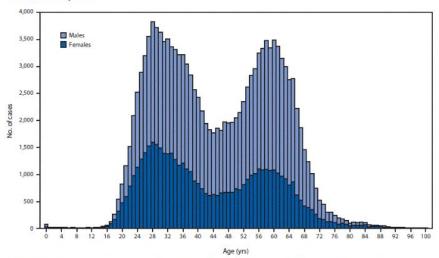
Opportunities



Adopt routine opt-out HCV screening

The Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force now recommended hepatitis C screening for ALL adults & during every pregnancy (CDC)

FIGURE 2. Number of newly reported* chronic hepatitis C cases, by sex and age — National Notifiable Diseases Surveillance System, United States, 2018



^{*} During 2018, cases of chronic hepatitis C were either not reportable by law, statute, or regulation; not reported; or otherwise unavailable to CDC from Alabama, Arkansas, California, Delaware, District of Columbia, Hawaii, Indiana, Kentucky, Mississippi, Nevada, North Carolina, Rhode Island, and Texas.

Only confirmed, newly diagnosed, chronic hepatitis C cases with information regarding both sex and age are included. Complete case definition is available at https://wwwn.cdc.gov/nndss/conditions/hepatitis-c-chronic/case-definition/2016/.



Mobilize and decentralize services

Mail-based services



Mobile outreach



Telemedicine



Interprofessional approach



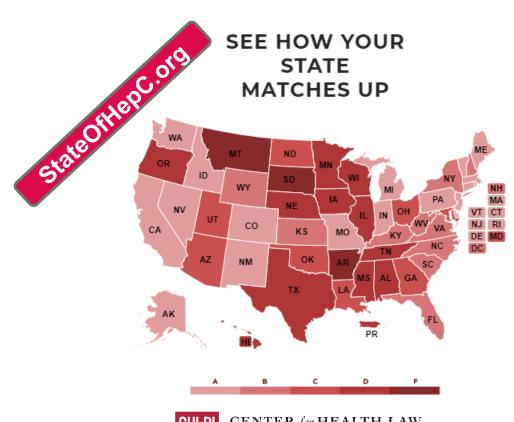


Remove barriers to viral hepatitis prevention & treatment access

Adopt syringe decriminalization & non-rx retail sales

Lift the ban on the use of federal funds to purchase syringes

Remove illegal HCV restrictions





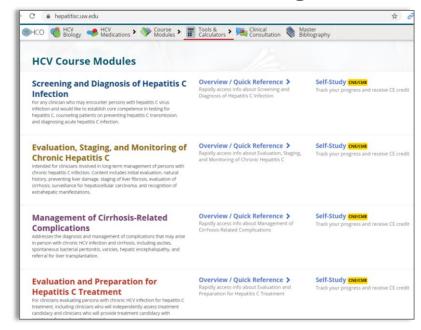


Expand access to HCV treatment in primary care setting



Remove Medicaid
Prescriber
Restrictions

Virtual training









Support vulnerable communities disproportionately impacted by both diseases

- Racial/ethnic minorities
- Uninsured/underinsured
- Incarcerated
- Medically underserved communities
- Houseless persons
- Non-native English speakers



Investment in public health infrastructure

- Vaccination registries
- Surveillance systems, staff
- Interoperability of EMR systems
- Correctional health services
- Outreach
- Development of novel testing methods



How is COVID-19 impacting your community?

Survey for patients, clinicians, communitybased organizations, and public health available at www.nvhr.org



PHMC Health Network

Providing affordable, high-quality, patient-centered health services for communities throughout the Philadelphia area at our five Federally Qualified Health Centers



Our Integrated Team of Professionals

- Doctors (MDs)
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Psychiatric Nurse Practitioners (Psych NPs)
- Behavioral Health Consultants (LCSWs, Licensed Psychologists)
- Nurse Care Managers (RNs)
- Medical Assistants (MAs)
- Social Workers
- Nutritionists
- Specialty Providers Dentist, Podiatrist, Cardiologist



Primary Care Services

- Wellness visits
- Physical evaluations
- Immunizations
- Sick visits
- Chronic disease management
- Hospital follow-ups
- Family planning/basic gynecologic care





Behavioral Health Consultant Model

- Behavioral Health Consultations tailored to the primary care environment
 - Brief, short-term interventions; no caseloads
- Depression, trauma, and substance use screening
- Crisis intervention
- Evidence-based interventions (MI, CBT, ACT, SBIRT)
- Support groups
- Collaboration with primary care providers
- Referrals for psychiatry, outpatient mental health care, substance use treatment, and crisis response centers



Social Services

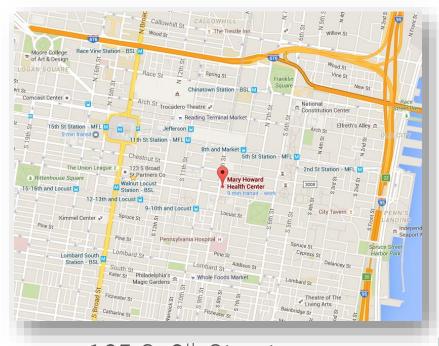
- Health insurance eligibility assessment and application support (Medicaid, CHIP, Health Insurance Marketplace, Medicare)
- Assistance navigating healthcare system
- Public benefits and entitlements
- Specialized medical case management
- Referrals for housing, food access, utility assistance, employment, legal, child care, financial, education, and other services and programs

Mary Howard Health Center

 Specializing in primary health care for adults experiencing homelessness







125 S. 9th Street (9th & Sansom Streets) 215.592.4500



Mary Howard Health Center

Specializing in primary health care for adults experiencing homelessness

- Primary Care Services
- Psychiatric Nurse Practitioners
- Behavioral Health Consultation
- Health Resiliency Program



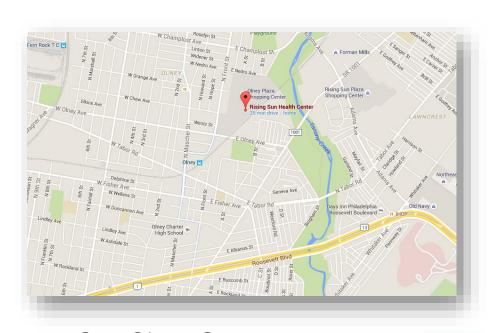
Rising Sun Health Center

 Specializing in primary care for families and services for immigrant

communities







One Olney Square 5675 N Front Street 215.279.9666



Rising Sun Health Center

Specializing in primary care for families and services for immigrant communities

- Primary Care Services
- Behavioral Health Consultation
- Medical-Legal Partnership through Community Legal Services

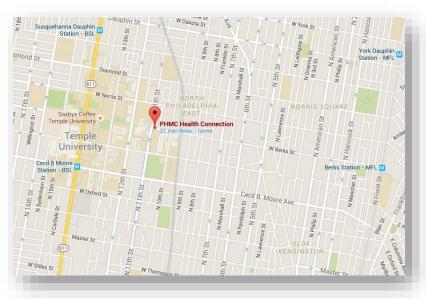


PHMC Health Connection

 Specializing in pediatric and adult primary care







1900 N 9th Street (9th & Berks Streets) Suite 104 215.765.6690



PHMC Health Connection

Specializing in pediatric and adult primary care

- Primary Care
- Behavioral Health Consultation
- Trauma Therapy

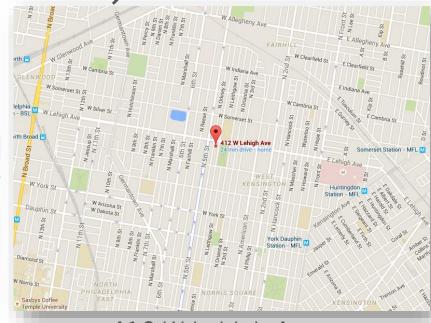


Congreso Health Center

 Specializing in pediatric and adult primary care with a fully bilingual staff (English and Spanish)







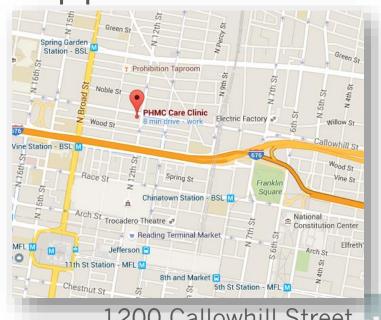
412 W Lehigh Ave (near 5th & Lehigh) 267.765.2272

PHMC Care Clinic

- Specializing in primary care for adults
- HIV management, Hepatitis C treatment, recovery support







1200 Callowhill Street Suite 101 215.825.8220

PHMC Care Clinic

Specializing in primary care for adults, HIV management, Hepatitis C treatment, recovery support

- Primary Care Services
- Psychiatric Nurse Practitioners
- Behavioral Health Consultation
- Health Resiliency Program



Behavioral Health Consultation (BHC)

- Team of Licensed Psychologists and LCSWs
- Goal is to create access to behavioral health
- Imbedded within the primary care clinic and available for on-demand consultations
- Population-based care
- Services:
 - Screenings, Brief targeted behavioral health interventions (MI, CBT, ACT, SBIRT), Crisis Intervention, Health Behavior Coaching
- Groups
 - Pain management, Mind Body, Smoking Cessation

Peer Recovery at Care Clinic

- Certified Recovery Specialists
- Target population is individuals with substance use disorders and a history of criminal justice system involvement
- Individual Recovery Coaching
- Weekly Recovery Groups
- Community Outreach

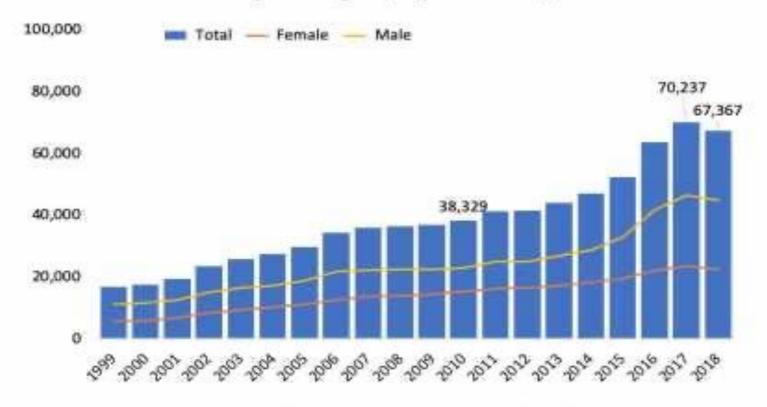


Opioid Epidemic: PHMC Response

- National crisis
 - 69,000 fatal overdoses in 2019
 - 81,779 COVID-19 deaths 5/12
- Philadelphia opioid crisis
 - 2018 1116
 - 2017 1217
 - 2016 907
 - COVID-19 deaths 856 as of 5/12



Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2018



Source: Certiers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released lansary, 2019



Medication Assisted Treatment

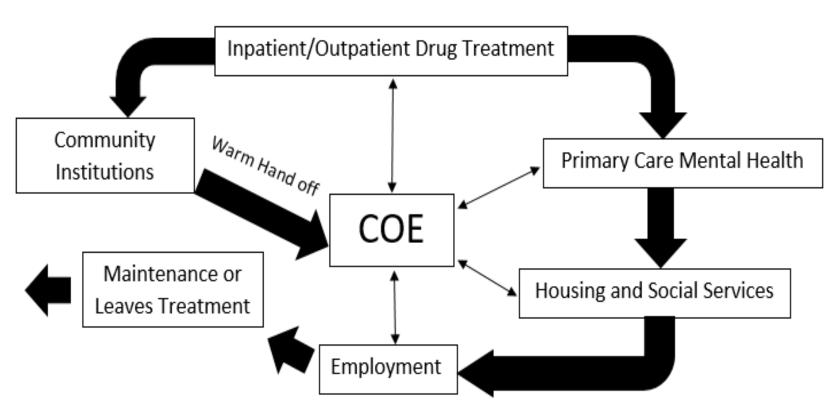
- MAT pairs nondrug therapies, such as counseling and with an FDA-approved medication to treat OUD. These drugs buprenorphine and naltrexone
- Research shows that MAT significantly increases a patient's adherence to treatment and reduces illicit opioid use compared with nondrug approaches. By reducing risk behaviors such as injection of illicit drugs, it also decreases transmission of infectious diseases such as HIV and hepatitis C.

Center of Excellence

- A public health response to the opioid crisis teams of professionals that engage people with opioid use disorder in the community for the purpose of treatment engagement.
- PHMC contributions in the City of Philadelphia Opioid Task Force
- PHMC Physical health COE



Community Warm Handoff





Integrated and Community Health Care

- PHMC incorporates the COE into their integrated health care model.
- COE in your community
- Narcan access
- How community development corporations can partner in ending the opioid epidemic in Philadelphia
- Referral contact (Adam): 267-398-0247

Pre COVID-19 MAT Regulations

- MAT was a highly regulated intervention
- Required UDS at every physician visit
- Required face to face with physician for medication
- Required behavioral health interventions
- Dosage recommendations
- Prior authorizations for dosage access

Patient risk factors for COVID

- 65 or older
- Serious heart conditions
- Lung disease or moderate to severe asthma
- Immunocompromised
- Severe obesity or uncontrolled medical condition



MAT in a COVID world

- Wide adoption and expansion of telehealth (video and telephone)
- Loosening of Ryan Haight restrictions
- HIPPA
- 42 CFR part 2
- OTP requirements and take home medications
- Medicare reimbursement



Increase MAT access and limit COVID exposure

- Insurance carriers approving reimbursements via telehealth
- Providers and patient feeling more comfortable with telehealth
- Pharmacies delivering controlled substances into the community
- Participants willing to accept therapeutic support via telehealth



Questions?

Please type your questions into the Q&A pod.



Emily Kane ekane@phmc.org



NEW RESOURCE

Hepatitis C Virus (HCV) Cost Calculator

Our HCV Cost Calculator uses a numerical valuebased model of health center staff training, screening, and treatment regimen to estimate the cost-benefit comparison and return on investment (ROI) to the health center.

No cost to use on NURSELEDCARE.ORG



Virtual Conference

The Power of Data to Build a Healthier Nation



THE NATIONAL FORMM OF STATE NURSING WORKFORCE CENTERS

June 2020

nursingconference2020.org

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