#### Patient Engagement Learning Series

### Solutions to Improve HCV Cure Rates in HIV/HCV Coinfected Patients

Thursday, March 18, 2021 at 2:00 pm ET



#### NURSE-LED CARE CONSORTIUM a PHMC affiliate



Through the Patient Engagement Learning Series, we intend to create a space where providers, community advocates, and patient representatives can engage thoughtfully on challenging topics surrounding patient care. We commit to providing evidence-based data and research to support all content presented.

We believe that addressing this topic aligns with the aims of the Learning Series and is therefore integral to our discussion. We welcome your feedback to continue guiding our content development.

Funding for this webinar has been provided to the National Nurse-Led Care Consortium through the Patient-Centered Outcomes Research Institute (PCORI) Contract Number 14507. Contents are solely the responsibility of the authors and do not necessarily represent the official views of PCORI.



## National Nurse-Led Care Consortium

The National Nurse-Led Care Consortium (NNCC) is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Policy research and advocacy
- Program development and management
- Technical assistance and support
- Direct, nurse-led healthcare services



### Speakers







#### Carole Treston, RN, MPH, ACRN, FAAN

Executive Director Association of Nurses in AIDS Care

#### Laura Starbird, PhD, RN

Assistant Professor in the Department of Family and Community Health at the University of Pennsylvania School Ivy Clark NNCC Board Member, Patient Representative Public Health Management Corporation

## Objectives

- Participants will describe national, state, and local health policies that impact HCV cure rates.
- Participants will discuss opportunities for health systems improvements that will support better HCV cure rates in HIV/HCV co-infected patients
- Participants will explore individual clinician-level responses that can hinder or help HCV cure rates in HIV HCV co-infected individuals.



## **Panel Discussion**







#### Carole Treston, RN, MPH, ACRN, FAAN

Executive Director Association of Nurses in AIDS Care

#### Laura Starbird, PhD, RN

Assistant Professor in the Department of Family and Community Health at the University of Pennsylvania School Ivy Clark NNCC Board Member, Patient Representative Public Health Management Corporation

## Pop Up Question

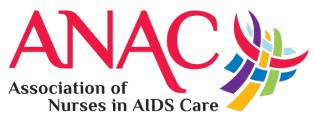
What are some ways you try to build trust in your patient relationships even within the constraints of time most of us experience in the setting?



Nurses Identify Clinical, Systemic & Policy Solutions to Improve HCV cure rates in HIV/HCV Co-infected Patients

Carole Treston, RN MPH ACRN FAAN Association of Nurses in AIDS Care

NATIONAL NURSE-LED CARE CONSORTIUM Thursday, March 18, 2021



# Association of Nurses in AIDS Care

**Mission**: ANAC fosters the professional development of nurses and others involved in the delivery of health care for persons at risk for, living with, and/or affected by HIV and its comorbidities. ANAC promotes the health, welfare, and rights of people living with HIV around the world.



# Disclosures

Carole Treston has no conflict of interest to disclose related to this presentation.

ANAC was the recipient of a program grant from Gilead Sciences Identifying Clinical, Systemic & Policy Solutions to Address HIV/HCV Coinfection. This presentation is based on a position paper written as part of that project.

Carole Treston is the Project Director



# Learning Objectives

At the completion of this session participants will be able to:

- Describe national, state and local health policies that impact HCV cure rates
- Discuss opportunities for health systems improvements that will support better HCV cure rates in HIV/HCV coinfected patients
- Explore individual clinician level responses that can hinder or help HCV cure rates in HIV HCV co-infected individuals.



# **Project Overview**

"Why aren't we curing all people who are co-infected with HIV/HCV?"

- Literature review of policy, health systems & provider factors
- 15 interviews conducted with clinical, research and policy experts during 2018-2019.
- Developed a paper on practical, clinical and policy insights related to treatment and care for people living with HIV and HCV.
- Focus: examining the critical role of nurses in impacting system design, patient relationships and clinical norms and biases



# Problem

- 25% of people living with HIV are co-infected with HCV
- Co-infection = 3-fold increase in end stage liver disease and cirrhosis
- 2015-2019, approval of various therapeutic agents, direct acting anti-virials to achieve a sustained virologic response (SVR), or no detectable amount of HCV after treatment presented the reality of a cure for HCV
- Uptake/cure delayed due to cost containment measures, system barriers, provider and other clinical gaps
- Increased risk of HIV/HCV due to opioid epidemic and increase in PWID
- Impact of Incarceration, housing crisis and other social factors



# **Policy Context**

- WHO Test & treat guidelines
- HHS Adolescent and Adult HIV/AIDS Treatment Guidelines
- Ryan White HIV AIDS Program directive to follow guidelines & for ADAPs to add DAA to formulary
- ACA & Medicaid expansion increased coverage
- Expensive wholesale costs of DAA
- Cost containment measures by insurers, state Medicaid & ADAP programs
- Intersectional policies: SSP, Drug Policy, Prison policies



# Health System Context

- Specialist led care
- Fragmented services
- Dynamic & expanded practice authority
- Testing protocols
- Linkage to Care
- Navigators
- Mobile units and technologies



# **Clinician Context**

- Dynamic & expanded practice authority
- Provider knowledge
- Patient provider relationship
- Implicit bias
- Team based care
- Prior Authorizations
- Provider fatigue



# **Recommendations: Policy**

Leverage "Nurses as trusted profession" in advocacy

National coalitions & actions: Funding & guidelines/directives

Local & state-based coalitions & actions: practice limitations, cost containment restrictions

Community communications & education



# Recommendations: Health Systems

- Subscribe to, implement, promote and evaluate HRSA/HAB evidence based resources
  - Jurisdictional Approach
  - National HIV Curriculum
  - <mark>A</mark>ETC
- Team based & co-located care
- Expand practice scope
- Off site care
- Mobile units
- Standardize PA and other E-forms



# **Recommendations: Clinical Practice**

- Team roles
- On-going education
- Explore implicit bias
- Support Relationships
- Non-stigmatizing communications & language
- Build partnerships for referrals, off-site care, advocacy



### Summary

### "We can cure a lot of people who are co-infected with HIV/HCV"

- DAA available & cost containment barriers lessening
- State differences remain
- Data driven programs
- Nurses as innovators, leaders
- Team approach is best
- Stress wins for patients
- Explore self & team implicit bias
- Resources available
- Nurses as patient & community advocates



#### **POLICY:**

#### Resources

#### **National Viral Hepatitis Roundtable**

https://nvhr.org

**Center for Health Law and Policy @ Harvard** 

https://stateofhepc.org

Systems:

Jurisdictional Approach to Curing HCV in Ryan White Programs

https://targethiv.org/library/using-a-jurisdictional-approach-cure-hepatitis-cryan-white-hivaids-program

Clinical:

AASLD : HCV Guidelines

https://www.hcvguidelines.org

ASCEND: Expansion of Treatment for Hepatitis C Virus Infection by Task Shifting to Community-Based Non-specialist Providers

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5736381



### **Pop Up Question**

#### How can providers help treat patients with co-infection?



## Discussion







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