

*Patient Engagement Learning Series*

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

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



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate

# Disclaimer

*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**  
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# 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 co-infected 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-virals 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
  - AETC
- 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

# Resources

## **POLICY:**

**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-c-ryan-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



# Thank you

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