2019 USCA

Breaking Barriers:
Expanding Hepatitis Treatment Access

Thursday, September 5, 2019

Edwin C. Chapman, Sr., MD, DABIM, FASAM
Dr. Chapman has practiced in Washington, DC for over 40 years specializing in Internal Medicine and Addiction Medicine. He is board certified in internal medicine and a Fellow of the American Society of Addiction Medicine investigating the complex mix of addiction, undertreated mental illness, infectious diseases (AIDS & hepatitis C), criminal behavior, and chronic diseases in which patients have 20-25 year shorter life expectancies. In January 2019 he was appointed to the National Academy of Science Engineering and Medicine committee “Examination of the Integration of Opioid and Infectious Diseases Prevention Efforts in Select Programs” and currently collaborates with the Howard University School of Pharmacy and College of Medicine as an adjunct assistant professor in the Department of Behavioral Health and Psychiatry.

Dr. Chapman is a nationally recognized leader in efforts to integrate substance use disorder treatment and psychiatry seamlessly into general medical practice. Recognizing the broad social and spiritual needs of his patients, he is a founding member and secretary of the board of directors of the Leadership Council for Healthy Communities (an inter faith 501 c3 with 30+ Metro DC institutions). He has been featured in numerous local and national media including NPR, The Washington Post, EBONY MAGAZINE, Addiction Professional, WUSA in DC, and several international Spanish TV outlets. He was the 2016 National Medical Association “Practitioner of the Year.”
OBJECTIVES

1. Identify Barriers to Infectious Disease Prevention and Care
2. Implement State-of-the-Art, Science-based Solutions for Prevention and Treatment of Infections Related to Opioid Use Disorder
DISTRICT of COLUMBIA: as an Exemplar of the Opioid & Infectious Disease URBAN CRISIS
Map of Opioid Overdoses by Jurisdiction of Residence

The map below displays opioid overdoses in 2017 by jurisdiction of residence. As stated previously, opioid overdoses are prevalent in Wards 5, 6, 7 and 8. The map also highlights a hotspot in Ward 2.
- Address and ward information was available for 74% of newly reported chronic hepatitis C cases.
- Wards 7 had the highest number of newly reported chronic hepatitis C cases between 2008 and 2012 (n=1,665) followed by Wards 8 and 5.
- Ward 3 had the lowest number of newly reported chronic hepatitis C cases between 2008 and 2012 (n=141).
- There were 718 newly reported chronic hepatitis C cases between 2008 and 2012 among individuals reportedly incarcerated at the time of diagnosis, and 219 cases among individuals identified as homeless.
The drug Suboxone tamps down heroin cravings, but cost and access can keep it out of addicts’ hands.

Edwin Chapman treats patients with a Suboxone generic. Prescriptions of the drug are tightly controlled.
(1) AVERAGE AGE - 52YRS
(2) 2/3 MALE VS. FEMALE
(3) AVERAGE YEARS INCARCERATED - 10
(4) > 50% REQUIRE MENTAL HEALTH MEDICATION
(5) 10 - 12% HIV+
(6) 60 - 65% HEPATITIS C+
(7) 90% SMOKE
(8) 25-50% HOMELESS OR INSECURE HOUSING

LIFE EXPECTANCY CUT SHORT
BY 20-25 YEARS
OPIOIDS BECAME a “DISEASE” in WHITE (SUBURBAN and RURAL) AMERICA

Death rates are rising for middle-aged white Americans, while declining in other wealthy countries and among other races and ethnicities. The rise appears to be driven by suicide, drugs and alcohol abuse.
OUR URBAN
“Past is Prologue”
to the
RURAL/SUBURBAN
FUTURE
Overdose deaths per 100,000

Source: The New York Times
The areas in pink show US counties vulnerable to spread of HIV & hepatitis c among people who inject drugs. The green areas show needle/syringe exchange services.
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Tennessee Prison Officials Request Millions to Fight Hepatitis C

Nov 23, 2016  |  Ryan Black

The Tennessean, which has closely followed the story, reported in May that out of nearly 3,500 people incarcerated the state who were known to have the disease, less than 10 were receiving treatment. HCV rates in the Volunteer State’s prisons have risen dramatically and continually, with known diagnoses in almost a fifth of all inmates and likely many more cases undiagnosed.

In Tennessee, the battle for Hepatitis C (HCV) treatment access in prisons continues to intensify. In light of a steady stream of studies about the disease’s untreated prevalence in prison facilities, and a summer in which two inmates sued the state for access to treatment, Department of Corrections officials in Tennessee have requested the Governor more than double funding for the disease’s care.
During 2009–2014, the prevalence of maternal HCV infection among reporting states increased 89%, from 1.8 to 3.4 per 1,000 live births (p<0.001). There was substantial state-to-state variation in maternal HCV rates: in 2014, the highest rate (22.6 per 1,000 live births) was in West Virginia, and the lowest (0.7) was in Hawaii (Figure 1). In Tennessee, the prevalence of maternal HCV infection increased 163%, from 3.8 per 1,000 live births in 2009 to 10.0 in 2014 (p<0.001). Within Tennessee, there was substantial variation among 95 counties, with the highest rates in the 52 Appalachian counties in the eastern part of the state. For example, in 2014, Campbell County had the highest rate in Tennessee (78 per 1,000 births); 19 other counties had rates of ≤1 per 1,000 births, including 18 counties that reported no cases (Figure 2). Analysis of maternal HCV infection rates based on hospital discharge data resulted in similar findings.
More than one-third of hepatitis C patients denied insurance coverage

• Mark Fuerst
Jul 3, 2018
• Hepatology

Despite the availability of new, highly successful direct-acting antiviral (DAA) regimens, more than one third of chronic hepatitis C (HCV) patients are denied access to treatment by their insurance provider, according to a new study.

Some 35.5 percent of patients who were prescribed a DAA regimen for chronic HCV were denied the treatment by their insurer. Denials of treatment were more common among patients with commercial insurance (52.4 percent) compared with those with Medicaid (34.5 percent) or Medicare (14.7 percent).

What’s more, the proportion of HCV patients whose DAA prescriptions were denied by their insurance company increased over a period of 16 months. The incidence of absolute denial increased across the study period from 27.7 percent in the first quarter to 43.8 percent in the last quarter.

“Absolute denials of DAA regimens by insurers have remained high and increased over time, regardless of type of insurance. These data provide evidence of a continued lack of access to HCV therapy across insurance types. To achieve the goal of HCV elimination, access to antiviral treatment must be improved,” stated the authors, led by senior author Vincent Lo Re, III, MD, MSCE, associate professor of medicine at the University of Pennsylvania.
Too few young opioid drug users tested for hepatitis C infection

Mark L. Fuerst
Nov 6, 2018
Hepatology

Only one-third of teens and young adults who regularly inject opioid drugs are tested for hepatitis C virus (HCV) infections, according to a new study, the first to look at opioid use and hepatitis C testing in at-risk youth. The opioid crisis has been associated with an increase in HCV infections among those aged 15 to 30 years. Healthcare providers may not test young people they suspect of misusing opioids because the drugs are available in pill form, which does not increase the risk of HCV infection. But studies show many youths who misuse prescription oral opioids eventually begin injecting them.
US Counties Lacking Any Publicly Available Medication for Opioid Use Disorder (MOUD) Provider, 2017
Opioid Death Rates per 100,000 People by US County, 2015-2017

Characteristics of US Counties With High Opioid Overdose Mortality and Low Capacity to Deliver Medications for Opioid Use Disorder

Rebecca L. Haffajee, JD, PhD, MPH; Liewei Allison Lin, MD, MS; Amy S. B. Bohnert, PhD, MHS; Jason E. Goldstock, PhD

Figure 1. Opioid Overdose Death Rate per 100,000 People by US County, 2015-2017

Opioid overdose deaths were classified using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), based on the ICD-10 underlying cause-of-death codes X40 to X44 (intentional), X60 to X64 (suicide), or Y10 to Y15 (undetermined intent). Among the deaths with drug overdose as the underlying cause, opioid overdose deaths were identified using the following ICD-10 multiple cause-of-death codes: opium (T40.0), heroin (T40.1), natural and semi-synthetic opioids (T40.2), methadone (T40.3), synthetic opioids excluding methadone (T40.4), or other and unspecified narcotics (T40.6).
Opioid High-Risk Counties with Low Rates of Medication for Opioid Use Disorder (MOUD) Treatment Providers and High Rates of Overdose Death

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Figure 3. Opioid High-Risk Counties With Low Rates of Medication for Opioid Use Disorder (MOUD) Treatment Providers and High Rates of Opioid Overdose Death
Buprenorphine Integrated Care Delivery Project: Correlates of Mental Health Screening and Primary Care Outcomes

Tanya Allm, MD, Firrie Richardson, MPH, Beverlyn Settles-Reaves, PhD, Suneeta Kumari, MD, Elizabeth Akinfiresoye, MPH, Edwin Chapman, MD, Walier Bland, MD, Mark Johnson, MD, MPH
Howard University College of Medicine, Washington, D.C.; 1 Community-Based Private Family Practice, Washington, D.C.; 2

BARRIERS TO SUCCESSFUL TREATMENT

Figure 1. Nearly half (42%) of the participants reported a lack of access to behavioral health care services. N=99

- All patients received referral for behavioral health services with M3 scores ≥33

Access to Behavioral Health Services

- No
- Yes

Non-Clinical Referrals Requested

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<th>Count</th>
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By Amy Goldstein March 15, 2017

Hours after she was sworn in, the Trump administration’s top official for Medicaid and her boss dispatched a letter to the nation’s governors, urging states to alter the insurance program for the nation’s poor by imposing insurance premiums, charging them for part of emergency room bills and prodding them to get jobs.
Baltimore — The latest disaster in Baltimore’s deadly and worsening opioid epidemic was a small one: The addition treatment van, now 13 years old, wouldn’t
Models of Buprenorphine Treatment

- **Office Based Treatment (Low)**
  - MD Rx
  - Brief Counseling
  - Referral, 12-Step

- **OTP (High)**
  - Directly Observed Therapy
  - Counseling
  - Case Management

- **Specialty Outpatient (Medium)**
  - MD Rx
  - Group & Individual Counseling
Two Tiered Treatment System

• Buprenorphine
  – 92% of buprenorphine patients were white
  – Majority employed
  – Majority paid out of pocket or privately insured

SAMHSA Evaluation Data, 2006

– Of 13,600 buprenorphine prescriptions, 80% were filled using private insurance

NYC Health Department, 2016

Susan Whitney, MD (psychiatrist)
Director of Chemical Dependency Services & Integrated Ambulatory Behavioral Health Services NYC H+H/Kings County
FEDERAL, STATE, and LOCAL GOVERNMENT POLICY

Two Tiered Treatment System

• Analysis of treatment rates by zip code in NYC
  – Buprenorphine Prescriptions
    • Associated with higher income
    • Associate with lower percentage of Black and Hispanic residents
  – Methadone Clinic Visits
    • Associated with low income
    • Associate with higher percentage of Black and Hispanic residents

Hansen et. al. J Behav Health Serv Res. 2013 July; 40(3)

Susan Whitney, MD (psychiatrist)
Director of Chemical Dependency Services & Integrated Ambulatory Behavioral Health Services NYC H+H/Kings County
Causes of Inequity

- Prescriber attitudes
- Fear of diversion
- Cost/reimbursement

- Heroin versus Prescription Opioids
- “War on Drugs” versus “Chronic Brain Disease”

Susan Whitney, MD (psychiatrist)
Director of Chemical Dependency Services
& Integrated Ambulatory Behavioral Health Services
NYC H+H/Kings County

Kings County Hospital Behavioral Health Services
(1) No Insurance
(2) Medicaid Work Requirements
(3) Prefer Incarceration for Opioid Rx
(4) Shun Medication for Opioid Use Disorder (MOUD) Treatment
(5) Shun Needle Exchange
(6) Shun Safe Injection Sites

(7) Staged Treatment Requirements for Hepatitis C

ALL INFECTIONS
## INFECTIONOUS DISEASE (HIV & Hepatitis) ACCESS to CARE RISK: as Related to Opioid Rx Access & Public Health Policy

<table>
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<th>Expansion State YES</th>
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<td>2</td>
<td>3</td>
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<td>5</td>
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### TABLE 1
States Classified by Medicaid Expansion Status

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<th>State</th>
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<td>4/1/2012</td>
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<td>4/1/2010</td>
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<td>District of Columbia</td>
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<td>Massachusetts</td>
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<td>Michigan</td>
<td>4/1/2014</td>
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<td>3/1/2010</td>
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<table>
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<td>1/1/2016</td>
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<td>Pennsylvania</td>
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<td>Virginia</td>
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<td>Wyoming</td>
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Notes:
1. These states used Section 1115 waivers for Medicaid expansion.
2. These states approved Medicaid expansion via ballot initiatives but have yet to implement it.
3. Wisconsin did not expand Medicaid under the Affordable Care Act but has Medicaid eligibility for adults with incomes up to the federal poverty level.
## Table 5

### Buprenorphine Maintenance Treatment. Overall and per 1,000 Medicaid Enrollees Ages 12 and Older, by State, 2011, 2014, and 2018

<table>
<thead>
<tr>
<th>State</th>
<th>Total BMT Prescriptions</th>
<th>BMT Prescriptions per 1,000 Medicaid Enrollees Ages 12 and Older</th>
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<td></td>
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<tr>
<td>VT</td>
<td>66,661</td>
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<td>MCI</td>
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**Sources:** Urban Institute analysis of Medicaid State Drug Utilization Data from the Centers for Medicare & Medicaid Services and Multiple Cause of Death, 1999-2017; data from the Centers for Disease Control and Prevention WONDER online database, released December 2018 and available at https://wonder.cdc.gov/medicaid-10.html. Data from the Multiple Cause of Death, 1999-2017. This was compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Notes: BMT = buprenorphine maintenance treatment. All buprenorphine maintenance treatment prescriptions and those per 1,000 Medicaid enrollees ages 12 and older were derived from all buprenorphine maintenance treatment prescriptions in Medicaid State Drug Utilization Data for each state and the District of Columbia in that year. The Medicaid State Drug Utilization Data exclude prescriptions written by prescribers at some safety net providers participating in the 340B medication rebate program, such as federally funded clinics. See the methodological appendices for more details (Clemans-Cope, Eby, Winski, et al. 2019; Lynch, Winski, and Clemans-Cope 2019).
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Figure 3. Opioid High-Risk Counties With Low Rates of Medication for Opioid Use Disorder (MOUD) Treatment Providers and High Rates of Opioid Overdose Death
As gentrification swallows Chocolate City, report finds DC cops targeted black residents

After years of fighting transparency, D.C. police released data that show black people are arrested 10 times as often as whites.

Alan Pyke Twitter May 14, 2019, 10:18 am

Metropolitan Police Department Chief Peter Newsham with his boss, Mayor Muriel Bowser (D). CREDIT: Michael S. Williamson/The Washington Post via Getty Images

CREDIT: ACLU-DC
Gentrification
1. Universal Health Coverage

2. Universal Addiction (MOUD) Treatment

3. Eliminate Related Infectious Diseases
A lawyer’s either a social engineer or ... a parasite on society ... A social engineer [is] a highly skilled, perceptive, sensitive lawyer who [understands] the Constitution of the United States and [knows] how to explore its uses in the solving of problems of local communities and in bettering conditions of the underprivileged citizens.

Charles Hamilton Houston
Algorithm of Opioid Treatment Options: RELATED to OUTCOMES

ABSTINENCE ONLY vs. MEDICATION ASSISTED TREATMENT

- Abstinence
  - Out Patient Counseling Only
  - In Patient Confinement
    - Jail
    - Residential Only
- Medication Options
  - Clinic
  - Office Based
    - Buprenorphine and/or Vivitrol
      - Personalized Substance Use Treatment Only
      - Integrated Substance Use + Primary Care + Mental Health

Worst
Very Poor
Poor
Good
Better
Best
Algorithm of Opioid Treatment Options: RELATED to OUTCOMES

ABTINENCE ONLY vs. MEDICATION ASSISTED TREATMENT

- Abstinence
  - Out Patient Counseling Only
  - In Patient Confinement
  - Jail
  - Residential Only

- Medication Options
  - Clinic
  - Office Based
    - Buprenorphine and/or Vivitrol
      - Personalized Substance Use Treatment Only
      - Integrated Substance Use = Primary Care + Mental Health
  - Methadone
    - Usually Does Not Address Comprehensive Primary, Secondary and Tertiary Care
    - Often Will Not Address Comprehensive Primary, Secondary and Tertiary Care
    - Addresses and Reduces Primary, Secondary & Tertiary Death Rates
Algorithm of Opioid Treatment Options: RELATED to OUTCOMES

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Worst → Very Poor → Poor → Good → Better
Using Telemedicine to Combat the Opioid Epidemic

ADM Brett P Giroir | SEPTEMBER 18, 2018

Combatting the opioid crisis is a top priority for the Trump Administration and the U.S. Department of Health and Human Services (HHS). We are making progress. Just last week we released the 2017 National Survey on Drug Use and Health (NSDUH) data, which showed significantly more people received treatment for substance use disorder in 2017 than in 2016; this was especially true for those with heroin-related opioid use disorders. In addition, the number of people who initiated use of heroin in 2017 was less than half of the number in 2016.
Telemedicine is a two-way, real-time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment.
Buprenorphine Treatment

AFROCENTRIC “VILLAGE” HEALTH ECOSYSTEM of CARE for INTEGRATED and COLLABORATIVE OPIOID TREATMENT

Chapman, PC
Integrated Practice

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Buprenorphine Treatment

Toxicology Screening & Laboratory Draw

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HOWARD UNIVERSITY

Tele-Health Consultation

Specialty Consultation Referral

Buprenorphine Treatment

Toxicology Screening & Laboratory Draw

Primary Care Treatment

Teachealth

Access to Specialty Care & Social Services
AFROCENTRIC “VILLAGE” HEALTH ECOSYSTEM of CARE for INTEGRATED and COLLABORATIVE OPIOID TREATMENT

Tele-Health Consultation

Mental Health Providers
- Psychiatrists
- Psychologists
- Counselors,
- Peer Navigators

Social Workers & NGOs
- Housing,
- Employment,
- Financial Counseling,
- Criminal Justice,
- Childcare, etc.

Other Medical Specialty Care
- Infectious Diseases (HIV, Hepatitis C)

Primary Care Treatment

Toxicology Screening & Laboratory Draw

Buprenorphine Treatment

Tele-Health Access to Specialty Care & Social Services

"For where two or three are gathered together in My name, I am there in the midst of them."
Matthew 18:20 (NKJV)
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VA Extends New Hepatitis C Drugs to All Veterans in Its Health System

Judith Graham

Aided by new funds from Congress, the Department of Veterans Affairs (VA) is extending new antiviral treatments to all veterans with hepatitis C treated within its sprawling health care system—regardless of the stage of their illness and whether they contracted these infections during military service.

The move puts the VA at the forefront of combatting the nation’s deadliest infectious disease, which kills more people in the United States than HIV, tuberculosis, pneumococcal disease, and dozens of other infectious conditions combined, according to the Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov/media).

The goal is “to eradicate as much of the disease as we can,” said Chester Good, MD, chair of the VA’s medical advisory panel for pharmacy benefits management and an internist at the VA Pittsburgh Healthcare System.

High Prices a Barrier
The VA’s new initiative follows a public outcry last year when the government agency began restricting the medications to veterans with advanced liver disease—a practice already followed by dozens of private insurers and state Medicaid programs across the country.

That controversial “prioritization” effort came after the veterans health health care administration of the Veterans of America was criticized by Sen Bernie Sanders, chairman of the Senate Finance Committee, to enlist manufacturers holding the medications for lower prices (http://1.usa.gov/10G6P).

The restrictions were prompted by veterans’ higher-than-expected response to hepatitis C therapies, an unexpected attitude change for a practice that had been struggling to get patients to take care of their health. The first drug in the franchise, sofosbuvir (http://21.usa.gov/10G6P), costs about $84,000 for a standard 12-week treatment. With supplies
AFROCENTRIC “VILLAGE” HEALTH ECOSYSTEM of CARE for INTEGRATED and COLLABORATIVE OPIOID TREATMENT

FEDERAL, STATE, and LOCAL GOVERNMENT POLICY
URGENT NEEDS:
BUILDING CULTURALLY COMPETENT PROVIDER TREATMENT CAPACITY

1. Overcome Provider Myths and Stigma thru Subsidized Tele-Mentoring and Treatment for MOUD and Infectious Disease Treatment;
2. Incentivized Provider Payments (Ryan White-like Financial Structure);
3. Remove Provider / Patient Caps for MOUD (100/275);
4. Augment New Provider Services thru University Curricula for Development of MOUD and ID Treatment Pipeline;
5. Create Payment Structure for Providers of “Social Determinants of Health” Care Givers (faith community, NGOs, peer support workers);
6. Rapidly Expand Housing and Tailored Employment;
7. Modify or end 42 CFR