Opportunities for HIV/AIDS Programs to Provide Hepatitis Services to Co-Infected Individuals

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HIV/Hepatitis Co-infection in the US

“About a third of HIV patients in the United States have hepatitis infections”

“Persons who are co-infected with HIV and HBV can have serious medical complications, including an increased risk for liver-related morbidity and mortality”

“HCV infection may also impact the course and management of HIV infection”

- CDC
Opioid Epidemic Increasing New Hepatitis Cases

• Approximately 70% of new HCV infections are likely occurring among persons who inject drugs
• Three-fold increase in new cases between 2010-2015
• Also increased risk of new HIV infections
Screening, Vaccination, & Treatment Key

• HIV Guidelines
  – All HIV+ patients should be screened for hepatitis
  – Patients at high risk of HCV infection should be screened annually

• National HIV/AIDS Strategy (updated 2015)
  – Calls for coordinated care that addresses treatment of co-occurring conditions, including hepatitis
Screening, Vaccination, & Treatment Key

• Viral Hepatitis Action Plan (updated 2017)
  – HIV/hepatitis co-infected a “priority population”
  – Key opportunity: *ID and treat hepatitis through existing health programs, including HIV programs*

• National Academies Report (released 2017)
  – “*Possible to eliminate viral hepatitis as a public health threat in the US by 2030*”
  – Use the Ryan White program as a model to build a national hepatitis mono-infected treatment program
  – Health plans should offer DAAs to all HCV patients
Opportunities

• CDC Prevention Programs
• Ryan White HIV/AIDS Program
• Advocacy
• CDC focuses on prevention, education, screening, and laboratory research for both HIV and hepatitis
• Incorporates co-infection efforts throughout their work and grants
• Encourages coordinating with partners such as Ryan White funded agencies

• Within their HIV prevention grants:
  – *Identify persons with HIV infection and uninfected persons at risk for HIV infection*
  – *Conduct community-level HIV prevention activities*
    • includes using funding for Syringe Service Programs
  – Also allows programs to request funding to implement a demonstration project
    • includes innovative HIV and HCV testing programs
Ryan White Provisions

• Ryan White grantees currently only authorized to treat co-infected individuals
• Provisions on hepatitis treatment enacted before DAAs made treatment shorter, more tolerable, and nearly 100% effective
  – Treatment with DAAs now the standard of care
Ryan White Provisions

• Treatment barriers exist for co-infected individuals
  – As of Dec 31, 2016, only 31 ADAPs had a HCV DAA on their formulary
    • Most ADAPs with DAA on their formulary have reported uptake has been slow, with few patients being treated
  – Access restrictions like prior authorization and fScore and sobriety requirements extend to some ADAPs
Ryan White Provisions

• Provider concerns impacting treatment
  – Some providers are unsure or uneducated on HIV and hepatitis treatment interactions
  – Some providers have concerns about prior authorization
    • Results in providers not pursuing treatment as aggressively as possible
    • Lost opportunity to reduce number of those co-infected
• Also, a general lack of data about co-infection treatment within the Ryan White program
Progress in Ryan White

• In 2015, HRSA encouraged ADAPs to add HCV treatments to their formularies
• In July, National Clinician Resource Center released a National Curriculum on HIV/HCV Co-infection Among People of Color
Progress in Ryan White

• George Washington University conducting “Study to Identify Barriers to HCV Treatment among People Living with HIV” in Ryan White
  – Supported in part by Secretary’s Minority AIDS Initiative (MAI) Fund

• Ryan White funding announcements have included focus on co-infection

• Special Projects of National Significance (SPNS) with co-infection focus
  – Important testing ground for new ideas
SPNS Project

• Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Co-infected People of Color
• Three-year MAI-funded project with three Part A recipients and two Part B recipients
  – plus State Health Departments Coordinating Center and Evaluation and Technical Assistance Center (ETAC)
• $2.6M in grants to Ryan White recipients, $550k to ETAC
• Announced May 2016
• *Increase jurisdiction-level capacity to provide comprehensive screening, care, and treatment for HCV among co-infected Ryan White clients*
SPNS Project

• Curing Hepatitis C among People of Color Living with HIV
• Three-year MAI-funded project with two recipients
• $2.5M in grants
• Announced June 2017
• Improve the prevention, care, treatment, and cure of HCV in areas affected by HIV/HCV coinfection among low-income, underinsured, or uninsured racial and ethnic minority populations.
• Enhancement of health department surveillance systems to increase their capacity to monitor HIV/HCV coinfections
Summary – Ryan White Programs

• Ryan White grantees are limited in who they can treat for viral hepatitis

• Current provisions do not reflect recent significant advancements in HCV treatment
  – Treatment access for co-infected individuals is lacking as not all ADAPs include HCV treatments on their formulary, some include access restrictions, and uptake has been slow

• HRSA continues to encourage grantees to incorporate co-infection services into their programs

• HRSA continues to research best practices to prevent, care, treat, and cure viral hepatitis
Advocacy

• ACA repeal efforts
• Ryan White efforts
• Current federal appropriations
Fighting Affordable Care Act Act repeal

• Repealing ACA will strip away important tools in preventing, screening, and treating HIV and hepatitis
Co-infection Advocacy Efforts within the Ryan White program

• HIV and hepatitis advocates met to discuss opportunities to implement NASEM report

• Some recommendations deemed unfeasible the short term

• Some recommendations possible through administrative and legislative action
  – Advocates focusing on these efforts initially
Co-infection Advocacy Efforts within the Ryan White program

- Recent Federal AIDS Policy Partnership Ryan White Work Group call focused on co-infection activities within the Ryan White program
- HIV and hepatitis advocates planning to send letter to HRSA’s HIV/AIDS Bureau encouraging greater focus on the co-infection population within Ryan White
  - Includes requesting grantees train providers on and better pursue treatment of HIV/HCV co-infected individuals
  - Request better data collection on HCV treatment rates
Appropriations

• Federal funding key to co-infection prevention, education, screening and treatment efforts

• President proposed steep cuts to HIV programs including Ryan White, CDC HIV Prevention, and MAI
  – Proposed cuts would eliminate the SPNS and AETC programs within Ryan White, and eliminate MAI

• House of Representatives budget rejected CDC and Ryan White cuts, but included elimination of MAI

• Viral hepatitis activities within CDC did not see a cut
  – Significant funding increase necessary to put US on path to eliminating viral hepatitis
Conclusion – Moving Forward

• Viral hepatitis vaccination, screening, and treatment becoming a key component to HIV treatment
  – Multiple opportunities for HIV service programs to incorporate hepatitis services into their work

• Still work to be done
  – Must fight attempted cuts to programs providing essential services
  – Need to advocate for increase resources where needed

• Important to fully utilize the opportunities that currently exist
Thank you!

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