

Eliminating Viral Hepatitis: A New Report from the National Academies of Science, Engineering, and Medicine

Report Recommendations and Health Centers' Role



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Housekeeping: GoToWebinar

The screenshot displays the GoToWebinar interface. The main content area shows the webinar title "AAPCHO Webinars" and the organizer/presenter information: "Organizer: AAPCHO Meetings | Presenter: AAPCHO Meetings". At the top right, there are icons for "Webcams" and "Zoom". On the right sidebar, the "Audio" section is expanded, showing options for "Computer audio" and "Phone call". Below this, the dialing information is provided: "Dial: +1 (213) 929-4232", "Access code: 596-982-507", and "Your audio PIN: 84". There are also links for "Already on the call? Dial #84# now." and "Problem dialing in?". The "Questions" section is also expanded, showing a text input field with the placeholder "Type question here." and a "Send" button. At the bottom of the sidebar, the webinar title "AAPCHO Webinars" and ID "Webinar ID# 422-451-107" are displayed, along with the GoToWebinar logo.

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About AAPCHO

AAPCHO is a national not-for-profit association of 35 community-based health care organizations, 30 of which are Federally Qualified Health Centers (FQHCs). AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and access of medically underserved AA&NHPIs in the U.S., its territories, and its freely associated states.



Speakers

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- Family physician at International Community Health Services, Seattle, WA

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Public Policy Director

National Viral Hepatitis Roundtable (NVHR)

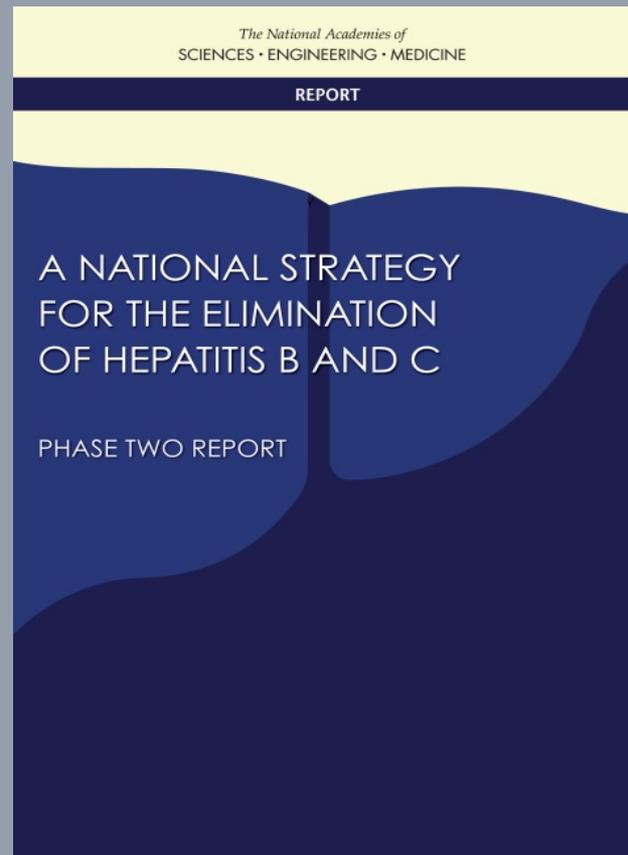
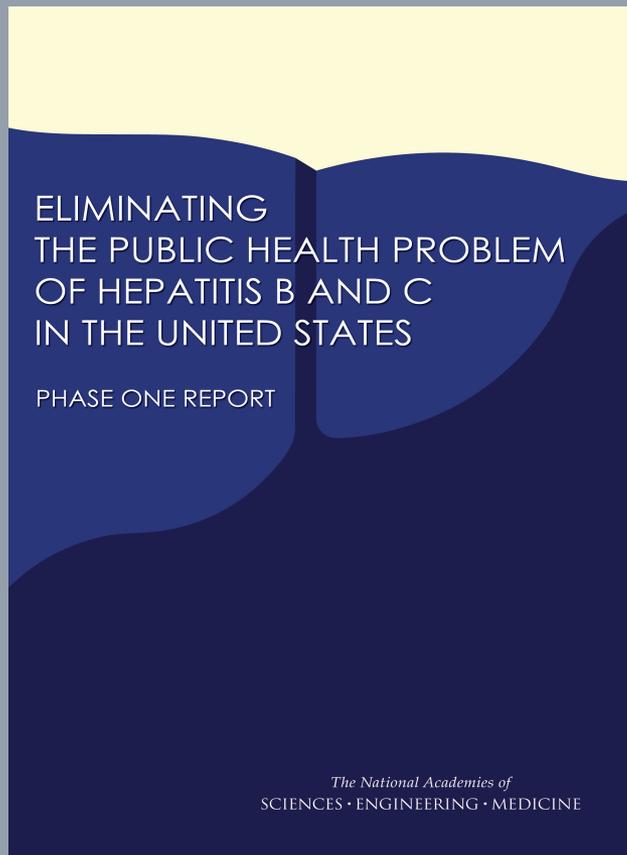
Moderator:

Isha Weerasinghe, MSc, Director of Policy and Advocacy, AAPCHO



Outline

- I. Process of NASEM report**
- II. What health centers can do, key recommendations**
- III. Q&A**



<http://nationalacademies.org>



Report Phases

Phase One: *Is it feasible to eliminate hepatitis B and C from the United States?*

- Consensus report released April 11, 2016
- Sponsors CDC & OMH

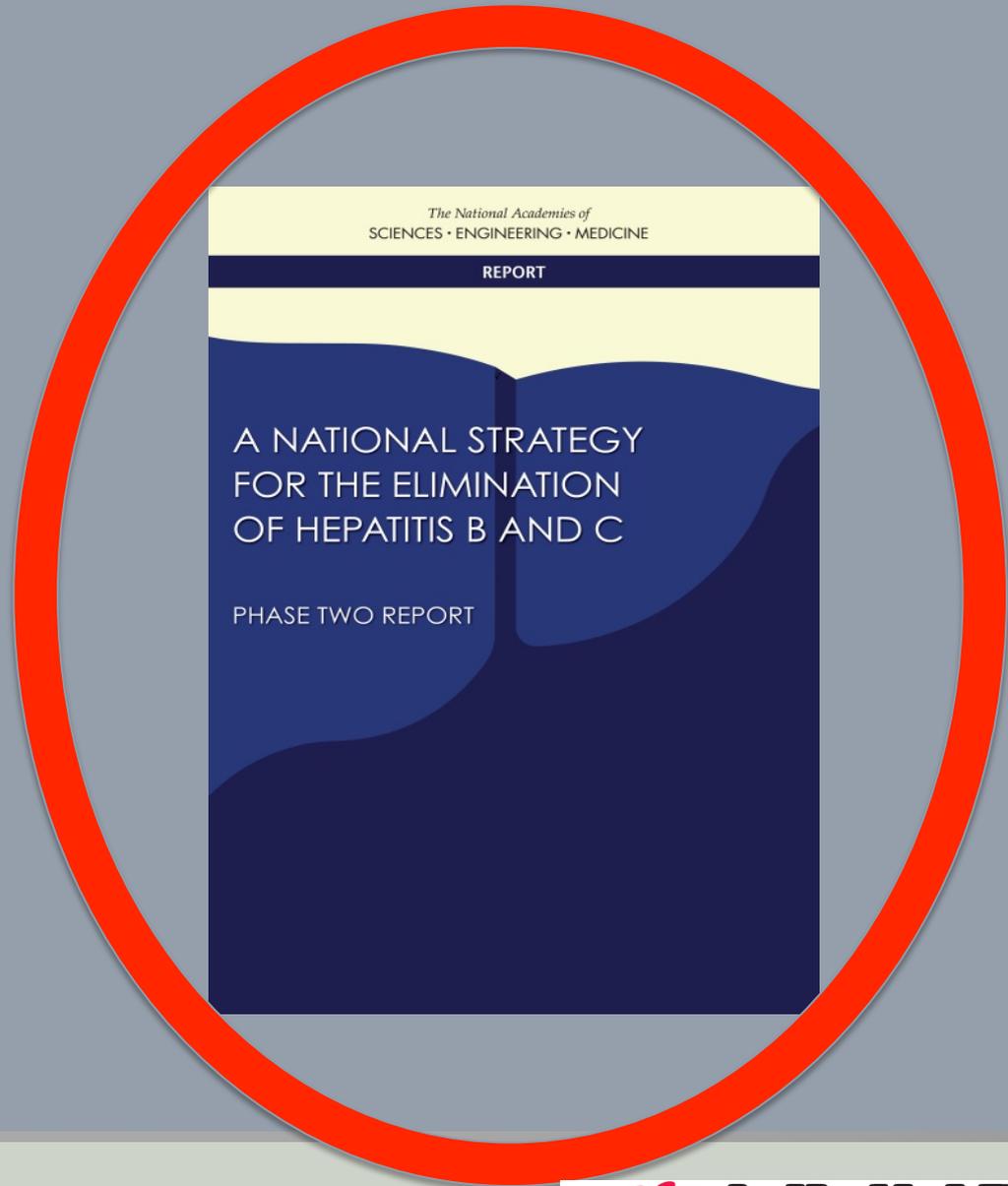
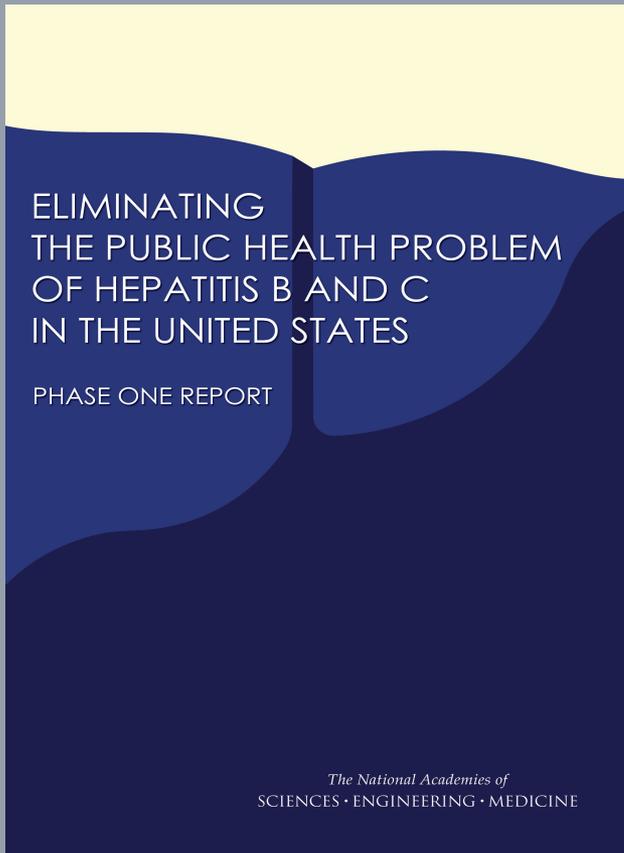
Phase Two: *What exactly is the strategy to eliminate viral hepatitis from the United States?*

- Consensus report released March 28, 2017
- Sponsors CDC, OMH, NVHR, ISDA, AASLD

A Collaborative Effort

Funding/support for both reports:

- American Association for the Study of Liver Diseases
- Centers for Disease Control and Prevention Divisions of Viral Hepatitis and Cancer Prevention and Control
- Infectious Diseases Society of America
- National Viral Hepatitis Roundtable (NVHR)
- U.S. Department of Health and Human Services Office of Minority Health



What should health centers do?

- Population Data
- Prevention Services
- Partnerships & Treatment

Population Data: Background

- Hepatitis B Targets
 - 50% reduction in mortality
 - Decrease new HBV related HCC by 1/3
 - Decrease new HBV-related cirrhosis by 45%
 - **If 90% diagnosed, 90% in care, 80% treated**

Population Data: Background cont'd

- Hepatitis C Targets
 - 65% reduction in mortality
 - 90% reduction in incidence
 - **If treatment without restrictions and able to diagnose new infections even as prevalence decreases**
 - 110,000/yr until 2020
 - about 89,000/yr from 2020-2024
 - >70,000/yr from 2025-2030

Population Data

Recommendations:

- *Recommendation 3-1*

*The CDC, in partnership with state and local health departments should support **standard hepatitis case finding measures, and the follow-up, monitoring, and linkage to care of all viral hepatitis cases reported through public health surveillance.** CDC should work with the National Cancer Institute to **attach viral etiology to reports of liver cancer** in its periodic national reports on cancer. **

- *Recommendation 3-2*

The CDC should support cross-sectional and cohort studies to measure HBV and HCV infection incidence and prevalence in high-risk populations.

*emphasis added

Population Data Recommendations cont'd

- *Recommendation 4-4*

The CDC should work with states to identify settings appropriate for enhanced viral hepatitis testing based on expected prevalence.

Population Data: USPSTF Screening Recommendations

Population	Recommendation	Grade
Adults at High Risk	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering 1-time screening for HCV infection to adults born between 1945 and 1965.	<u>B</u>

Population	Recommendation	Grade
Persons at High Risk for Infection	The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.	<u>B</u>

Population Data: HIT-B Project

A National Institutes of Health funded community engaged research pilot project to leverage Health Information Technology (HIT) to improve hepatitis B (HBV) screening, vaccination and linkage to care at a Federally Qualified Health Center.

Partner organizations:

- Association of Asian Pacific Community Health Organizations (AAPCHO)
- International Community Health Services (ICHS)

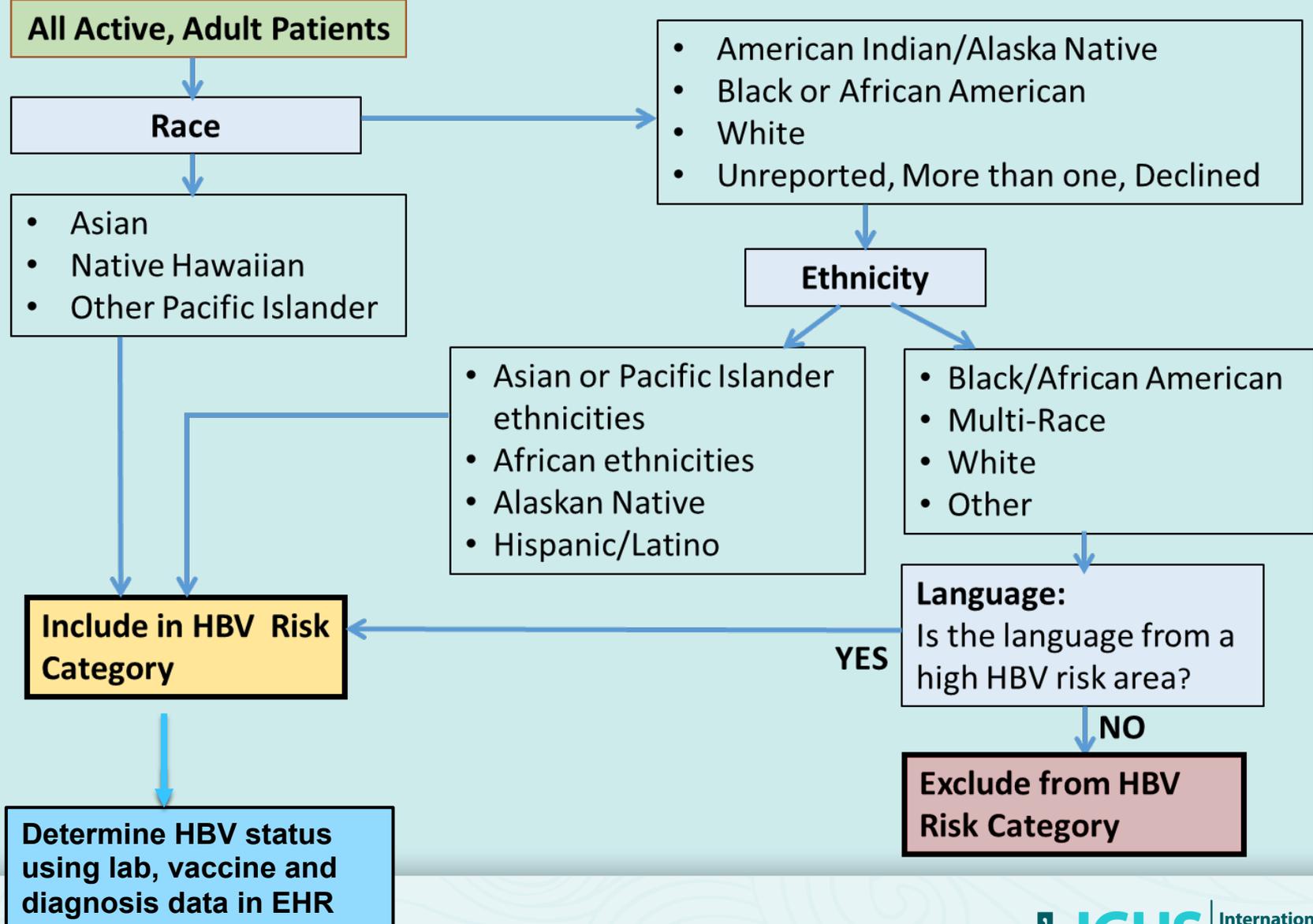
Primary Investigators:

- Rosy Chang Weir, PhD (AAPCHO)
- Michael McKee, M.Ed. (ICHS)
- Chia Wang, MS, MD (VM/ICHS)



Population Data

HIT-B: Identifying HBV Risk with EHR Data



What should health centers do?

- Population Data
- Prevention Services
 - MAT
 - Immunizations
 - Advocacy
- Partnerships & Treatment

Prevention Services Recommendations:

- *Recommendation 4-1*

*States should **expand access to adult hepatitis B vaccination**, removing barriers to free immunization in pharmacies and other easily accessible settings.**

- *Recommendation 4-3*

*States and federal agencies should **expand access to syringe exchange and opioid agonist therapy** in accessible venues.**

**emphasis added*

Prevention Services: Immunizations

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ACIP/CDC 4/20/17

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IAC initiative to Give birth to the end of Hep B



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Question: Does live oral cholera vaccine need to be administered at an interval...[read more](#)



<http://www.immunize.org>

Prevention Services: Medication Assisted Treatment

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Medications to Treat OPIOID ADDICTION

[Buprenorphine](#)

[Methadone](#)

[Naltrexone](#)

Medication for OPIOID OVERDOSE Naloxone

Medication-Assisted Treatment (MAT)

Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.

Certifications of OTPs

Find directions to:

- » [Apply for OTP certification](#)
- » [Notify SAMHSA of program changes](#)
- » [Submit an opioid treatment exception](#)

NPs and PAs Waivers

Nurse practitioners (NPs) and physician assistants (PAs) can now train and apply to become DATA-Waiver practitioners. [Learn more and sign up for training.](#)

Review SAMHSA's proposed learning objectives

P C FREE TRAINING
PROVIDERS' CLINICAL SUPPORT
SYSTEM
S S [PCSS-Opioid](#) [Medication Assisted Treatment](#)

**BUPRENORPHINE TREATMENT
PRACTITIONER LOCATOR**

<https://www.samhsa.gov/medication-assisted-treatment>

Recommendation 4-3: Advocacy

Syringe exchange programs (SEPs) reduce the risk of hepatitis transmission

BUT they are illegal in some states

Find out if SEPs are legal in your state:

<http://opioid.amfar.org/>

If SEPs are illegal in your state, contact your governor and state legislators to demand legalization:

<https://www.usa.gov/state-governor>

What should health centers do?

- Population Data
- Prevention Services
- Partnerships & Treatment
 - Primary care
 - Criminal justice
 - Advocacy

Partnerships & Treatment: Primary Care

- *Recommendation 4-2*

*The CDC, AASLD, IDSA and ACOG should recommend that all **HBsAg+ pregnant women have early prenatal HBV DNA and liver enzyme tests** to evaluate whether antiviral therapy is indicated for prophylaxis to eliminate mother-to-child transmission or for treatment of chronic active hepatitis.**

- *Recommendation 5-2*

*AASLD and IDSA should partner with primary care providers and their professional organizations to **build capacity to treat hepatitis B and C in primary care**. The program should set up referral systems for medically complex patients.**

*emphasis added

Partnerships & Treatment: Primary Care



[http://
echo.unm.edu](http://echo.unm.edu)

**Now Available to HRSA Grantees!
HBV ECHO: Reducing Perinatal
Transmission**

Partnerships & Treatment: Criminal Justice

- *Recommendation 5-4*

The criminal justice system should screen, vaccinate, and treat hepatitis B and C in correctional facilities according to national clinical practice guidelines.

Partnerships & Treatment: Criminal Justice



The screenshot shows the top portion of the COCHS website. On the left is a logo featuring a caduceus (a staff with two snakes and wings) superimposed on a jail cell. To the right of the logo, the text reads "COCHS" in large blue letters, followed by "COMMUNITY ORIENTED CORRECTIONAL HEALTH SERVICES" in smaller blue letters. Below the logo and text is a navigation bar with four dark blue buttons: "HOME", "ABOUT US", "TECHNICAL ASSISTANCE", and "LIBRARY". Below the navigation bar is a horizontal line, followed by the heading "Community Oriented Correctional Health Services" in bold. The main text below the heading states: "Community Oriented Correctional Health Services (COCHS) is the national leader in promoting health care connectivity between jails and the communities in which they reside. With the implementation of the Patient Protection and Affordable Care Act (ACA) and now the possibility of its repeal or revision, COCHS now reserves its home page to highlight developments impacting public health and public safety. For those seeking more information about COCHS, please visit our *About Us* page."

<http://cochs.org>

Recommendation 5-4: Background

Why screen/vaccinate/treat the imprisoned?

Public health answer

- Disease will not spread when a person reenters society
- At least 10 million people per year cycle in and out of prisons/jails
- More than 90 percent of convicted prisoners released within a few years

Legal answer

- State correctional agencies' "deliberate indifference" to the serious medical needs of prisoners may constitute cruel and unusual punishment under the Eighth Amendment

Moral answer

- "Injustice anywhere is..."

Recommendation 5-4: Advocacy

Contact your governor and state legislators to demand more funding for state prisons to screen/vaccinate/treat:

<https://www.usa.gov/state-governor>

Other report recommendations

- Oversight & coordination
- Monitor compliance
- Access to medication

Other Report Recommendations: Oversight & Coordination

- *Recommendation 2-1*

The highest level of the federal government should oversee a coordinated effort to manage viral hepatitis elimination.

- *Recommendation 5-3*

*The Department of Health and Human Services should work with states to build a **comprehensive system of care and support for special populations with hepatitis B and C** on the scale of the Ryan White system.**

*emphasis added

Other Report Recommendations: Monitor Compliance

- *Recommendation 5-1*

The NCQA should establish measures to monitor compliance with viral hepatitis screening guidelines and hepatitis B vaccine birth dose coverage and include the new measures in HEDIS.

Other Report Recommendations: Access to Medication

- *Recommendation 4-5*

Public and private health plans should remove restrictions that are not medically indicated and offer direct-acting antivirals to all chronic hepatitis C patients.

- *Recommendation 6-1*

*The federal government, on behalf of HHS, should **purchase the rights to a direct-acting antiviral for use in neglected market segments**, such as Medicaid, the Indian Health Service, and prisons. This could be done through the licensing or assigning of a patent in a voluntary transaction with an innovator pharmaceutical company. **

*emphasis added

Recommendation 4-5: Advocacy

Medicaid's three main restrictions to treatment: 1) fibrosis criteria; 2) sobriety requirements; and 3) prescriber limitations.

Find out if your state's Medicaid program imposes restrictions.

Contact your Medicaid Director to demand that restrictions be lifted:

<http://medicaiddirectors.org/about/medicaid-directors/>

Coming soon from NVHR: *Hepatitis C: The State of Medicaid Access, Final National Summary Report*

Questions?

Thank you!

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