HCV Prevention, Testing and Access to Care and Treatment in a Post-ACA World: Challenges and Opportunities

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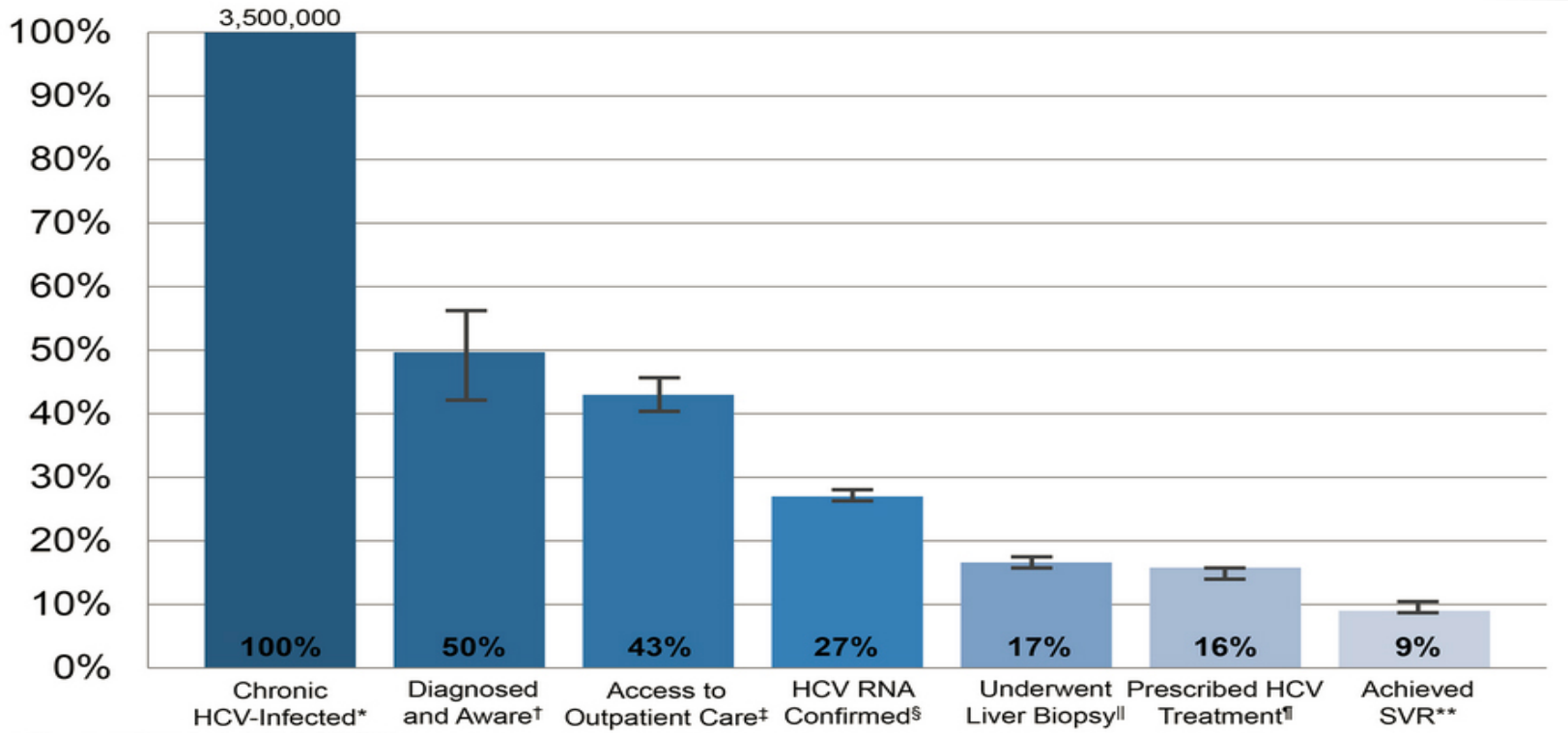
HCV Treatment Cascade

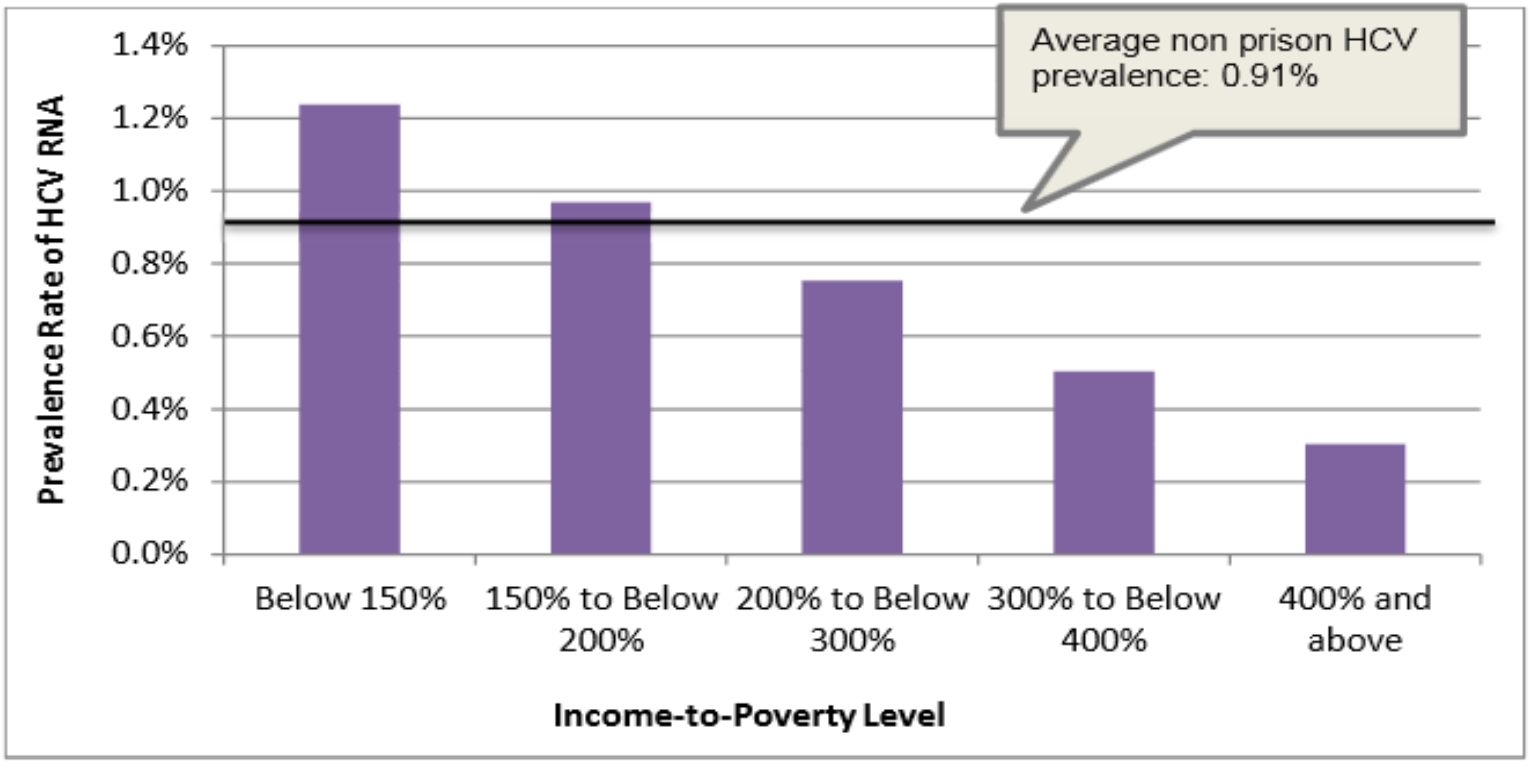


* Chronic HCV-Infected; N=3,500,000.
† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.
‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.
§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.
|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.
¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.
** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.
Note: Only non-VA studies are included in the above HCV treatment cascade.

Source: Yehia B, Schranz A, Umscheid C, and Lo Re V., "The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United Stated: A Systematic Review and Meta-Analysis." PLoS ONE 9(7), Jul. 2014, http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0101554

HCV Prevalence is Higher Among Low-Income Individuals

Figure 6: The Prevalence of HCV is higher among Lower-Income Individuals



Authors' analysis of NHANES 2005-2006, 2007-2008, and 2009-2010. Excludes Prison Population

Source: Milliman Client Report, "Health Care Reform and Hepatitis C: A Convergence of Risk and Opportunity," (Oct. 2013), http://us.milliman.com/uploadedFiles/insight/2013/convergence-of-risk-and-opportunity.pdf

(1) Opportunities: Increased Access to Health Coverage

Individuals newly eligible for **Medicaid** in expansion states and who purchased **Qualified Health Plans (QHPs)** on marketplaces will have access to:

- Ten categories of **essential health benefits (EHB),** including
  - preventive care
  - substance use disorder services
  - behavioral health services
  - chronic disease management

- **Preventive services without cost-sharing** (all services given an A or B recommendation from the United States Preventive Services Task Force (USPSTF)), including:
  - HCV screening for those at risk
  - one-time HCV test for individuals in the baby-boomer generation

- New rules allow individuals other than medical providers (like Community Health Workers-CHWs) to be reimbursed for providing preventive services
- Many states have also passed new bills requiring primary care providers to offer testing

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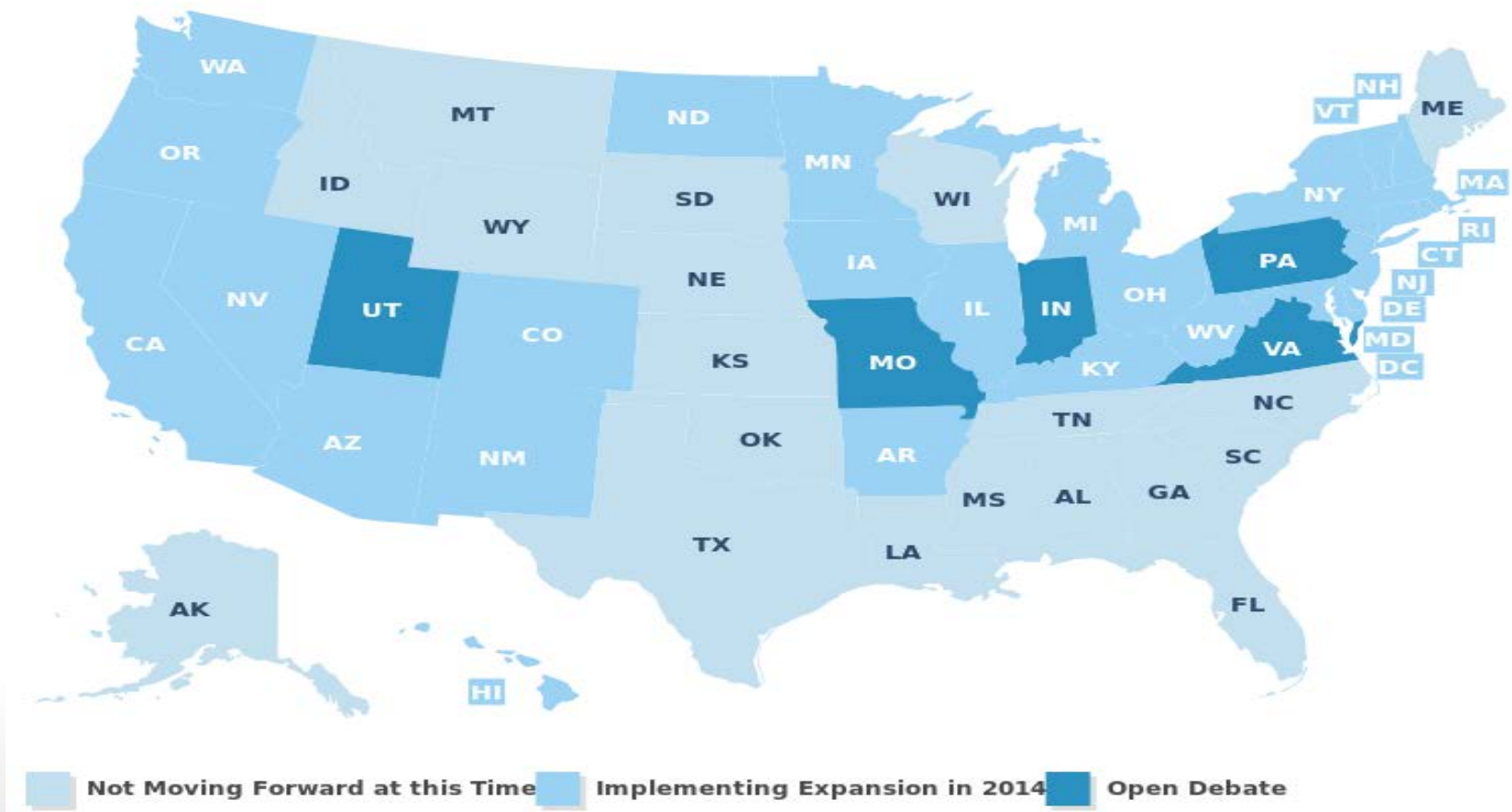
Advocating for Medicaid Expansion in Every State MUST Be a Priority

- Non-expansion states = status quo: many individuals with incomes below 100% FPL will continue to fall through the cracks



Source: http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/#map

Medicaid: Ongoing Challenges

- State Medicaid programs and/or managed care plans have significant discretion with regards to medications covered and associated utilization management
  - Wide-spread concern about cost of treatment has led states to implement restrictive access requirements
- Case management often not available for mono-infected population
- HIV co-infected population may have access to HCV treatment through ADAPs, but this is also limited (as of May 2014):
  - 23 state ADAPs did not cover HCV medications
  - Only 6 state ADAPs covered Sovaldi, and only 5 states covered Olysio

Restrictions to Treatment Are Problematic

1. Discriminatory with respect to individuals who are living with SUDs (sobriety restrictions are not based on clinical evidence)
2. Tests can't accurately distinguish between F2/F3/F4
3. Discourages testing: individuals/providers who think they won't be able to get/provide treatment will have less motivation to be tested
    - won't be able to actually identify those who meet Medicaid priority guidelines
    - Missed opportunity to help mitigate deterioration in others who have not progressed as rapidly
    - Missed opportunity to education around transmission risk
4. Huger burden on providers who have to spend long periods of time filling out PA forms rather than treating patients
5. Missed public health opportunity: we have potential to eliminate the virus because we have a cure!!

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Medicaid: Opportunities for Advocacy

1. Become familiar with your state's policy (if you are having trouble finding it, get in touch and we're happy to help)
2. Every state has a pharmacy and therapeutics (P &T) committee (or the equivalent) who makes decisions with respect to how drugs are covered on a state's Medicaid formulary
3. Figure out when those meetings are happening and be sure to provide input!
    1. In particular- individuals who otherwise meet treatment criteria should not be excluded on the basis of past or present substance use
4. Testing is critical – in order to identify those that meet PA requirements, must ensure testing for all those at risk
5. Case management programs will also be important to ensure medication adherence and protect investments in treatment (consider e.g. Medicaid health homes)
6. Litigation may be necessary as a last resort
7. Reach out to your state's adult viral hepatitis coordinator (AVHC)!

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QHPs and Private Insurance: Ongoing Challenges

- Utilization management and affordability
  - Many plans place new HCV medications on the highest cost-sharing tiers, with expensive co-pay and co-insurance requirements
  - Ongoing concerns with complex and cumbersome prior-authorization requirements
- Some state ADAPs may be able to help co-infected individuals with premiums and co-pays
- Ongoing need for increased provider education
- Concerns about a shortage of treatment providers, but:
  - New tele-medicine models (Project ECHO) are promising:
    - providers in local communities/CHCs are connected with specialists and given ongoing training and assisstance to provide HCV treatment for their patients
  - Primary care physicians can also treat patients, particularly as treatments become less complex

QHPs: Opportunities for Advocacy

- **Essential Health Benefit (EHB)** structure will be reviewed for 2016- keep your eyes peeled for opportunities to provide input!

- QHPs may not discriminate on the basis of health status; If you are experiencing discrimination, there are several options to pursue:
  - Individuals can file appeals of adverse health decisions
  - File a grievance with your health plan
  - Filing a complaint with your state department of insurance (DOI)
  - Filing a complaint with the Office of Civil Rights (OCR- federal)

- Pharma companies (including Gilead) offer Patient Assistance Programs and/or co-pay programs (http://www.mysupportpath.com/getting-started)

- Patient Access Network Foundation (PAN) may also be able to offer assistance: https://www.panfoundation.org/hepatitis-c

- Be prepared for the next open enrollment period: It will be very important to choose the health plan that will work best for you or your client
  - HIV Plan Assessment tool: http://www.hivhealthreform.org/assessment/

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(2) Opportunities Within New Care Delivery and Payment Reform Models

- Goal is to improve quality of care while reducing costs
- Many reforms emphasize greater care coordination and management for individuals with complex and chronic illnesses, with a particular focus on integrating primary and behavioral health care
- Greater emphasis on the primary care relationship
- In some cases, more flexibility given to providers to decide what services to offer
- **These are critical opportunities to promote testing and to ensure adherence support for individuals receiving HCV treatment**
- Examples:
  - Patient-Centered Medical Homes
  - Medicaid Health Homes for individuals with chronic illnesses
  - "Dual-Eligibles" projects for people who are "dually-eligible" for Medicare and Medicaid
  - Integrated behavioral health care initiatives through the Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Accountable Care Organizations (ACOs)

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Care Delivery and Payment Reform: Opportunities and Challenges

Opportunities

- Improving care coordination and access for individuals living with HCV
- Promoting HCV testing and treatment in models that integrate primary care and behavioral health
- Community based organizations can contract with health homes by promoting their expertise in providing prevention, testing and case management services for hard-to reach populations
- Greater incorporation of tele-health based models and health information technology

- Challenges
  - HCV may not be the primary focus of the delivery model
  - Reimbursement levels may not match the high expectation of additional care coordination services
  - Ensuring HCV-specific accountability
  - No additional funding for food and housing supports
  - Ongoing stigma

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(3) Medicare: Challenges and Opportunities

- ACA eliminates the donut hole by 2020-
  - 50% discount on brand name drugs (already in place)
  - ADAP payments count towards TrOOP
- Covers one-time test for HCV in baby-boomers as well as screenings for those at risk
  - Tests must be provided in a primary-care setting
- Access to treatment may still be difficult:
  - Medicare must cover medically necessary services, but access may vary amidst ongoing concerns about costs
  - Reports of cumbersome prior authorization requirements for Part D
- Good news: individual was recently successful in appeal for coverage of new combination therapy (Sovaldi + Olysio), in line with IDSA and AASLD guidelines
- New proposed quality measures will look at implementation of baby-boomer testing guidelines

Looking Ahead: Key Take-Aways

New Opportunities for the HCV Community:

- Increased health coverage means many individuals will have access to HCV testing, care and treatment for the first time
- Increased coverage = new third-party reimbursement opportunities for prevention, testing and treatment services for CBOs
- Expanded access to substance use and behavioral health services will create new education, intervention, testing and treatment opportunities
- Promotion of health technology services could include automatic testing prompts in electronic medical records, and tele-health models for treatment

KEY PRIORITIES:

- Medicaid expansion must happen in EVERY state
- Ensuring access to testing for all those at risk
- Access to (utilization management) and affordability of new medications
- Provider education and availability

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And Don't Forget . . .

***Lifting the ban on federal funding for syringe exchange is absolutely critical to eliminating HCV**

***Don't forget about incarcerated populations!!**

- Prison populations have much higher prevalence rates (some estimates suggest 23-39%)
- Prisons are an incredible opportunity to provide testing and treatment
- BUT: many prisons also face limited access to healthcare funds
- Best practices are evolving: e.g., some states have instituted testing and/or linkage to care programs post-release

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Contact Information

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