

- **Adherence counseling should be provided** to ensure that patients understand their medication and can complete treatment successfully.
- **Providing staff training and client education** on HCV may help to facilitate a successful intervention.
- **Consider partnerships with other provider agencies** (e.g., substance use disorder clinics) to leverage opportunities to efficiently expand HCV care offerings

## REFERENCES

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<sup>8</sup> National Viral Hepatitis Roundtable. Closing the Gap in Hepatitis C Prevention, Screening and Care. June 27, 2011. Available at: [http://nvhr.org/sites/default/files/NVHR\\_HCV\\_Advocacy\\_Brief\\_06\\_27\\_11\\_0.pdf](http://nvhr.org/sites/default/files/NVHR_HCV_Advocacy_Brief_06_27_11_0.pdf).

<sup>9</sup> Institute of Medicine (IOM). Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C. Washington, DC: National Academies Press, 2010.



## Resources

This pocket guide is part of the *Improving Health Outcomes: Moving Patients Along The HIV Care Continuum and Beyond* resources from the Integrating HIV Innovative Practices (IHIP) project.

### Hepatitis C Treatment Expansion SPNS Initiative

[hab.hrsa.gov/abouthab/special/spnshepatitisc.html](http://hab.hrsa.gov/abouthab/special/spnshepatitisc.html)

### Washington University Division of Infectious Diseases

<https://infectiousdiseases.wustl.edu/about-us/>

### Washington University, School of Medicine, Infectious Disease Division, HIV/AIDS

[hiv.wustl.edu](http://hiv.wustl.edu)

### AASLD and IDSA.HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C.

[www.hcvguidelines.org/full-report/uniquepatientpopulations-patients-hivhcv-coinfection](http://www.hcvguidelines.org/full-report/uniquepatientpopulations-patients-hivhcv-coinfection)

### HIVandHepatitis.com. HCV Treatment Guidelines.

[www.hivandhepatitis.com/hcvtreatment/hcv-treatment-guidelines](http://www.hivandhepatitis.com/hcvtreatment/hcv-treatment-guidelines)

### AIDSinfo. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.

[www.aidsinfo.nih.gov/guidelines/html/1/adultandadolescent-arv-guidelines/26/hiv-hcv](http://www.aidsinfo.nih.gov/guidelines/html/1/adultandadolescent-arv-guidelines/26/hiv-hcv)

This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA).



# Beyond the Care Continuum: Addressing HIV/HCV Coinfection

Highlights from the Special Projects  
of National Significance (SPNS) Program

## POCKET GUIDE

This pocket guide contains highlights from:  
Hepatitis Treatment Expansion Initiative at  
Washington University School of Medicine, and the  
Hepatitis Treatment Expansion Initiative at the  
University of California, San Francisco, San Francisco  
General Hospital HIV Clinic.

Chronic hepatitis C virus (HCV) is a common, yet curable co-infection among PLWH. Many of those infected with HCV are unaware of their infection, highlighting a need to increase screening among populations at risk. There are opportunities to leverage existing resources to address HCV within the HIV setting. The goal of this pocket guide is to provide a condensed reference tool for HIV provider organizations working to improve outcomes for persons co-infected with HIV and HCV.



**HRSA**  
Health Resources & Services Administration

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
HIV/AIDS Bureau

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# Hepatitis Treatment Expansion Initiative Washington University School of Medicine

## INTERVENTION OBJECTIVES

The objectives of this intervention were to: improve HCV screening within the clinic, implement a model of integrated care with a designated HIV/HCV coinfection clinic, and provide wraparound services to HIV/HCV coinfecting clients to minimize barriers to ongoing engagement in HCV care.



## Key Considerations for Replication

- Program staff should have the **interest and capacity to remain up-to-date** on the rapidly evolving HCV treatment and insurance coverage landscapes.
- Access to an **in-house or specialty pharmacy** that can support efforts to access HCV medications is key to navigating the approval processes.
- A **dedicated lead HCV physician** (e.g., hepatologist, infectious disease specialist) should oversee the intervention, prescribe HCV medications, remain informed on best practices, and coordinate with the intervention team.
- A **lead HCV nurse** is needed to manage day-to-day intervention tasks including: client education and monitoring, managing referrals, and coordinating multidisciplinary care provision.
- **Procedures for tracking clients** should be implemented to capture a comprehensive medical record and support identification of clients who are ready for HCV treatment.
- Inclusion of additional services, such as **transportation assistance and mental health services**, can reduce barriers and improve client retention in care.
- Investigation into **diverse funding sources** (e.g., Ryan White Part C) for staff and HCV medications can help promote sustainability of the intervention.



## Importance of Addressing Comorbid HCV Infection Among PLWH

In the U.S., hepatitis C virus (HCV) is the most common blood-borne infection. According to the Centers for Disease Control and Prevention (CDC), cases of new acute HCV infections increased by 250% from 2010–2014. The CDC has determined that this increase is linked to the ongoing opioid abuse epidemic in the United States.<sup>1</sup>

HCV is a common and serious coinfection among HIV-positive persons; in the U.S., an estimated 25% of all people with HIV are coinfecting with HCV.<sup>2</sup>

HIV accelerates HCV progression.<sup>3</sup> End-stage liver disease and liver cancer from HCV are leading causes of death among HIV-positive people, despite use of HIV treatment.<sup>4–6</sup>

Coinfection rates are substantially higher among current and former injection drug users, “baby boomers,” and African Americans, prisoners, homeless populations.<sup>7</sup>

### UNMET NEEDS IN MANAGEMENT OF HIV/HCV CO-INFECTED PATIENTS

**Provider/health center capacity:** The need for confirmatory testing upon initial HCV antibody screening, particularly for individuals initially screened away from a care site (e.g., mobile testing unit, community health fair), may be a barrier to HCV diagnosis and subsequent linkage to care. Fear/stigma, competing priorities, access challenges and other issues may reduce the likelihood of confirmatory testing and follow-up engagement with the health care system.

**Low disease awareness:** HCV is often called the “silent killer” because it slowly damages the liver over many years, without noticeable symptoms.<sup>8</sup> An estimated 75–85% of acute HCV infections become chronic, and approximately 75% of individuals with chronic HCV are unaware of their infection.<sup>9</sup> Furthermore, many individuals infected with HCV, as well as healthcare providers, are unaware of the new drugs and the guidelines for their use.

# Hepatitis Treatment Expansion Initiative University of California, San Francisco, General Hospital HIV Clinic

## INTERVENTION OBJECTIVES

The objectives of this intervention were to expand existing HCV efforts and increase capacity to evaluate and treat HCV among HIV/HCV coinfecting clients. This intervention included transitioning from a clinic-wide hepatitis initiative to a dedicated hepatitis clinic with a multidisciplinary team that meets twice monthly.



## Key Considerations for Replication

- This intervention includes a **twice-monthly HCV coinfection clinic**, staffed by an HIV primary care physician (an infectious disease specialist) and by medical fellows.
- Intervention **staff should demonstrate a commitment to treating HIV/HCV coinfecting patients**, including individuals with behavioral and mental health disorders.
- A **routine HCV screening protocol** should be established to capture coinfecting patients.
- A **lead HCV coinfection physician** serves as the champion for the HCV-focused efforts and collaborates with the multidisciplinary team to provide care.
- A **dedicated hepatitis nurse** is an integral member of the intervention staff, providing client support, team coordination, and program management.
- A **social worker** is needed to provide linkage to substance use disorder treatment, mental health services, housing assistance, and to confirm insurance coverage.
- A **pharmacist that is familiar with HCV medications** is needed to assist with prior authorizations, monitor drug-drug interactions, and support treatment adherence.

*Continued on reverse flap →*