Improving Linkage to Hepatitis C Virus Care in Pregnant & Post-partum Women

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1. Brief background
2. Interventions improve linkage and treatment rates
3. Work to eliminate barriers to treatment
OUD & HCV prevalence have increased among pregnant women over the last 2 decades

1999 → 2017
1.5 8.2

2000 → 2015
0.8 4.1

Opioid Use Disorder (OUD) and Hepatitis C Virus (HCV) Prevalence per 1000 delivery hospitalizations, US National Inpatient Sample

Haight SC MMWR 2018; Hirai JAMA 2021; Ko MMWR 2019
Linkage to HCV Care and Treatment in Reproductive Age Women

Outline

1. Brief background
2. Interventions to improve linkage and treatment rates
3. Work to eliminate barriers to treatment
Improving Linkage to Care & Treatment

Program Implementation at BMC

RESPECT

Grayken Center for Addiction
Boston Medical Center
Multidisciplinary perinatal care clinic for women with substance use

- OBs/FM prescribe medications for OUD
- Addiction Psychiatry, Social Work
- Peer Recovery Coaches
- Nurse Care Manager

Adapted from Cait Clark, LICSW
Improving Linkage to Care & Treatment

October 2016: Pediatric Infectious Diseases Consult at delivery to link moms and infants to HCV Care

Program Implementation at BMC

- OBAT (IM/FM)
- Infectious Disease
- CATALYST (Adolescents)
Improving Linkage to Care & Treatment

Program Implementation at BMC

October 2016: Pediatric Infectious Diseases Consult at delivery to link moms and infants to HCV Care

July 2017: SOFAR (Supporting Our Families through Addiction and Recovery)

Co-located post-partum & pediatric care for women with substance use and their infants
Improving Linkage to Cure

- For all pregnant women identified as HCV seropositive

  - HCV Consult during delivery hospitalization
  - Appointment coordination
  - Contact during outpatient visits, including in SOFAR
HCV Consult: **2.4 times** (95% CI 1.1-5.2) **odds of starting treatment**

HCV Consult + SOFAR: **3.4 times** (95% CI 1.6-7.2) **odds of starting** compared with women delivering pre-intervention
Improving Linkage to Care & Treatment

Program Implementation at BMC

October 2016: Pediatric Infectious Diseases Consult at delivery to link moms and infants to HCV Care

July 2017: SOFAR (Supporting Our Families through Addiction and Recovery)

January 2021: HCV Treatment Task Force – HCV Treatment by OB/PharmD in post-partum care
RESPECT HCV Treatment Task Force

Postpartum Year

- **Months 1-3**
  - Initial PP Care; Evaluate Supports, Need for Services

- **Months 4-6**
  - HCV Staging, Education

- **Months 7-9**
  - HCV Treatment, Adherence support

- **Months 10-12**
  - SVR Check

**MOUD/Recovery Support**
RESPECT HCV Treatment Task Force

46 Patients Eligible

- 25 Lost to follow-up
- 21 Engaged
  - 11 Started treatment
  - 10 Not yet started*

*still pregnant, breastfeeding, or incomplete labs but interested in treatment

Preliminary/Interim Data
Outline

1. Brief background
2. Interventions to improve linkage and treatment rates
3. Work to eliminate barriers to treatment
Barriers to care: Insurance Restrictions

- Most (31) state Medicaid programs require prior authorizations for HCV Treatment approval:
  - 8 require abstinence from drugs and alcohol
  - 2 require advanced liver disease (F2-3 fibrosis)
  - 12 require treatment by or in consultation with a specialist
  - Many require specific laboratory testing or imaging
  - Commercial insurers also have restrictions

From stateofhepc.org – Data as of Oct 2022 (Jan 2023 for PA Reqt)
How can we remove these insurance barriers?

- Advocacy – Work with groups like the National Viral Hepatitis Roundtable
- Economic studies to show these restrictions are not cost-effective and obstruct progress towards HCV elimination
HCV Screening rates increased: RR 1.3 (95%CI 1.2-1.5) in commercially insured patients after state Medicaid program loosened HCV Treatment Restrictions.
Effectiveness and cost-effectiveness of fibrosis staging for individuals with hepatitis C virus infection: balancing accuracy versus loss to follow-up

- **Demonstrated better clinical outcomes** (fewer deaths from cirrhosis) for minimal additional cost to stage liver disease using **in-office methods** *(i.e., calculating FIB-4, APRI from labs already done)* vs. more accurate specific testing or imaging

- **Primary driver**: Loss to follow-up from not finishing testing

- **Next steps**: Increase transparency about testing requirements and work to eliminate requirements
Barriers to care: Insurance Restrictions

• Many pregnant persons lose insurance coverage post-partum
  • Only 2 months are federally mandated
  • On hold during COVID-19 emergency, but this may end soon
Advocacy and data to help extend postpartum insurance coverage in ALL states

https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/

SOURCE: Data KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of January 19, 2023 • PNG
Universal HCV Testing & Treatment in Pregnancy

Tasillo et al Obstetrics and Gynecology, 2019
Summary: Improving Linkage to HCV Cure – Key Aspects

Co-location of care
- Evaluation/Treatment within prenatal & post-partum care
- Same clinic/clinician
- Same time/place that infant receives care

Multidisciplinary team
- Inclusive of CM, peers, SW, psychiatry, PharmD, program manager/coordinator, RNs/NPs
- Team meetings, coordination of care
## Summary: Improving Linkage to HCV Cure – Key Aspects

<table>
<thead>
<tr>
<th>Reduce Insurance Barriers</th>
<th>Treatment During Pregnancy</th>
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<tr>
<td>• Increase transparency of requirements for treatment</td>
<td>• Safety data</td>
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<tr>
<td>• Remove prior authorizations and restrictions</td>
<td>• Create infrastructure to make this possible once approved/recommended (training, team, pharmacy support)</td>
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<td>• Extend postpartum Medicaid coverage</td>
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