



# 23<sup>rd</sup> Annual Chicago Infection Control Conference

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Outcomes of the ADAP HCV Treatment Program

Ms. Ives-Louter has disclosed that there is no actual or potential conflict of interest in regards to this presentation.

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# Learning Objectives

At the conclusion of this course participants will be able to

- **Have an understanding of the ADAP HCV Treatment Program**
- **Understand the patient and facility factors that underlie successful HCV treatment**

# To obtain credit you must:

- **Be present for the entire session**
- **Complete an evaluation form**
- **Return the evaluation form to staff**

Certificate will be sent to you by e-mail upon request.

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# Outcomes of the ADAP HCV Treatment Program

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# The ADAP Program for HCV Treatment

- Target population: people co-infected with HIV and HCV who meet income requirements (<500% FPL) for medication financial assistance for treatment of their HCV
- NOT restricted to patients with advanced liver damage
  - Requires minimum fibrosis score of F1 compared to Illinois Medicaid requirement of F3
- Qualifying patients eligible to receive their HCV medications for free
- Enrollment began March 2016
- Our goal: Evaluate the ADAP Program for HCV Treatment
  - What patient and facility factors predict successful treatment outcomes?

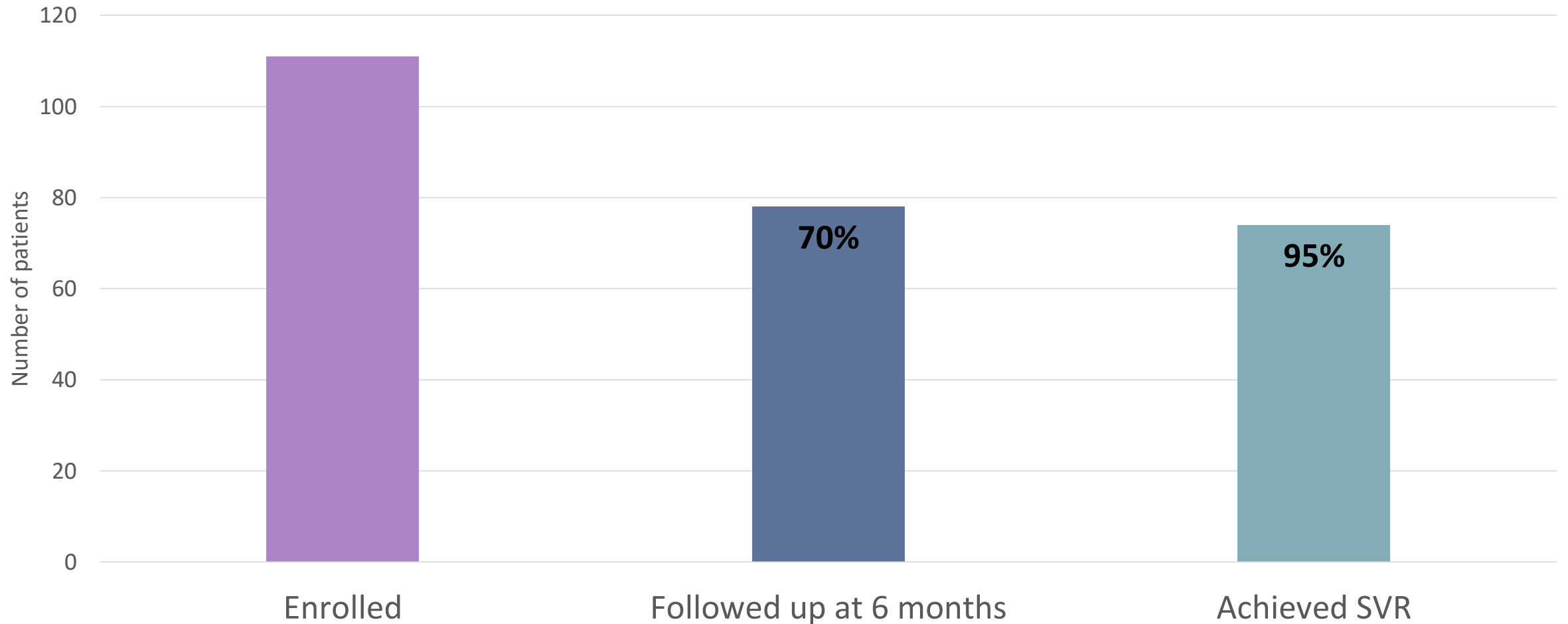
# Data Collection

- 111 patients enrolled in ADAP HCV treatment pilot
- Demographic information collected from
  - eHARS – surveillance information for HIV+ people treated in Illinois
  - INEDSS – infectious disease reporting site and database
  - Provide Enterprise – IDPH Ryan White case management system
- Laboratory data (HCV RNA) collected from INEDSS and a separate HCV registry developed through HepCCATT (HCV public/private partnership)
  - Last patient enrolled July 2017. All patients at least 6 months post treatment start date by January 2018.
  - Data collection completed April 2018

# Analysis Strategy

- Analyzed HCV treatment outcomes based on rates of (1) follow-up and (2) Sustained Virologic Response (SVR)
  - Adequate follow-up = at least 1 HCV RNA test at least 6 months after treatment start
  - SVR = at least 1 negative HCV RNA test at least 6 months after treatment start date without any subsequent positive HCV RNA tests (adapted from CDC)
- Outcomes broken down by provider facility patient volume, transmission risk factor, age, race/ethnicity, and geography
- Care cascades plotted and Chi-square tests used for analysis

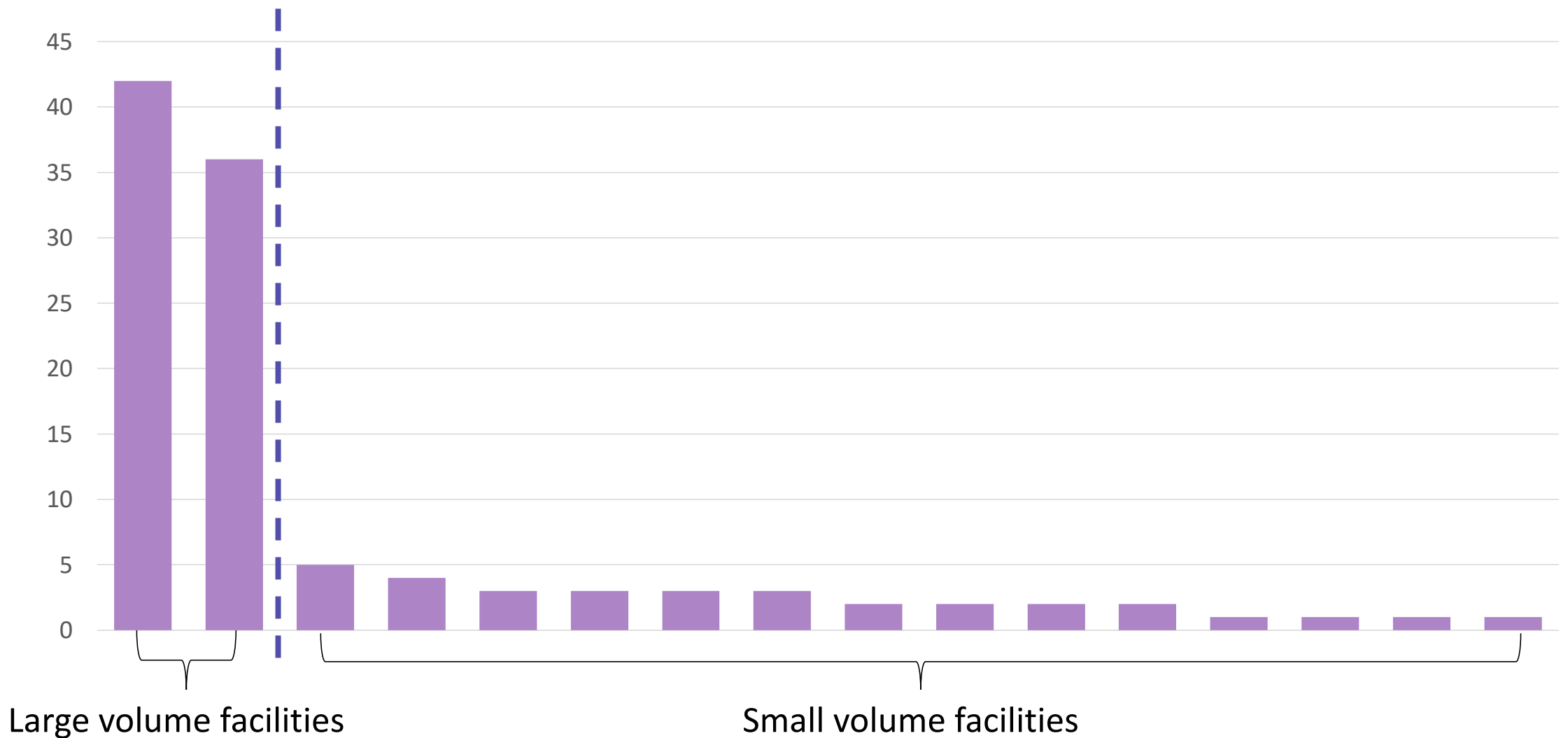
# Treatment Outcomes: Overall Enrollee Follow-up and SVR Rates ( $n = 111$ )



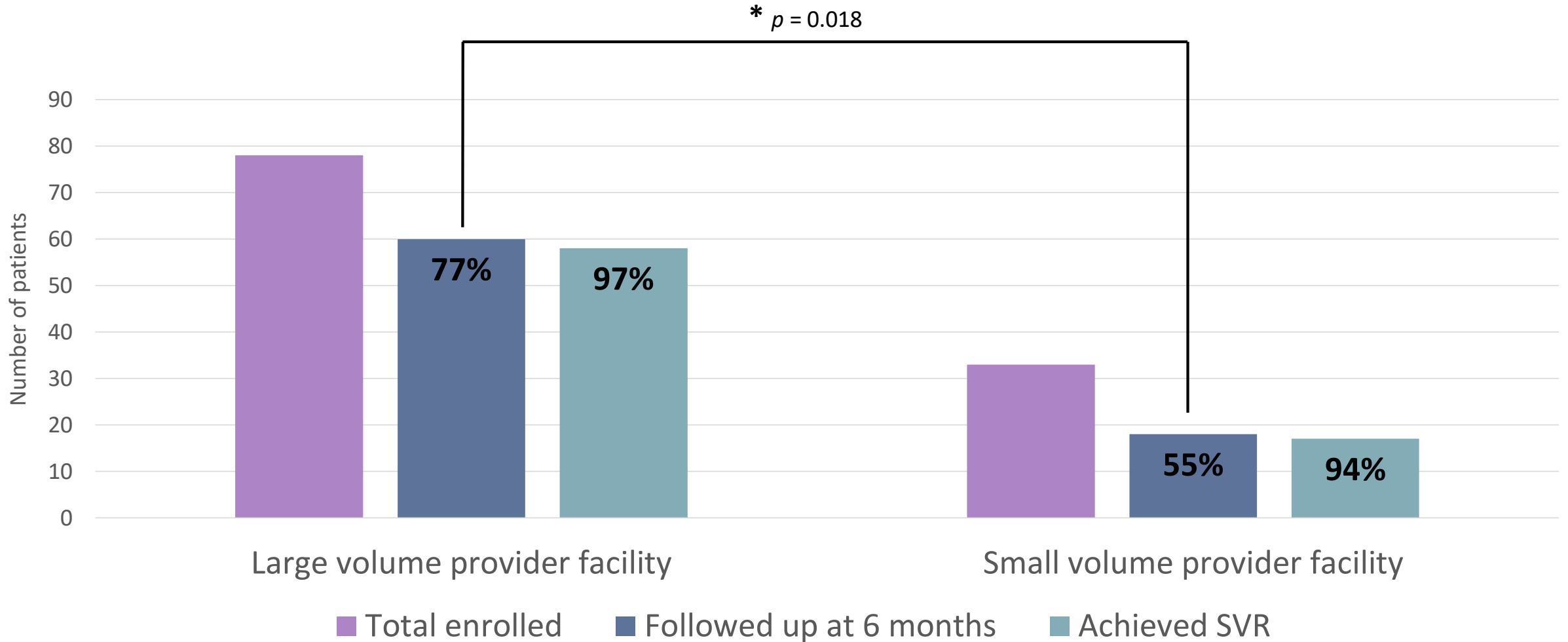


		Total Enrolled ( <i>n</i> = 111)	Followed-up at 6 months (% of total enrolled)	Achieved SVR (% of those who had follow-up)
Facility Volume	Large-volume facility	78	60 (77%) *	58 (97%)
	Small-volume facility	33	18 (55%) *	17 (94%)
Transmission Risk Factor	Any IDU	62	42 (68%)	39 (93%)
	MSM	31	23 (74%)	23 (100%)
	Heterosexual contact	7	3 (43%)	3 (100%)
	No identifiable risk factor	11	10 (91%)	10 (100%)
Age Cohort (Birth Year)	1945-1964	65	46 (71%)	44 (96%)
	1965-1984	38	27 (71%)	26 (96%)
	1985-1994	8	5 (63%)	5 (100%)
Race/Ethnicity	Black	52	36 (75%)	38 (97%)
	White	26	17 (65%)	16 (94%)
	Hispanic	16	12 (75%)	11 (92%)
	Other/unknown	17	10 (59%)	10 (100%)
Geography	Non-Chicago	32	22 (69%)	20 (91%)
	North side	39	27 (69%)	27 (100%)
	South side	27	18 (67%)	17 (94%)
	West side	13	11 (85%)	11 (100%)

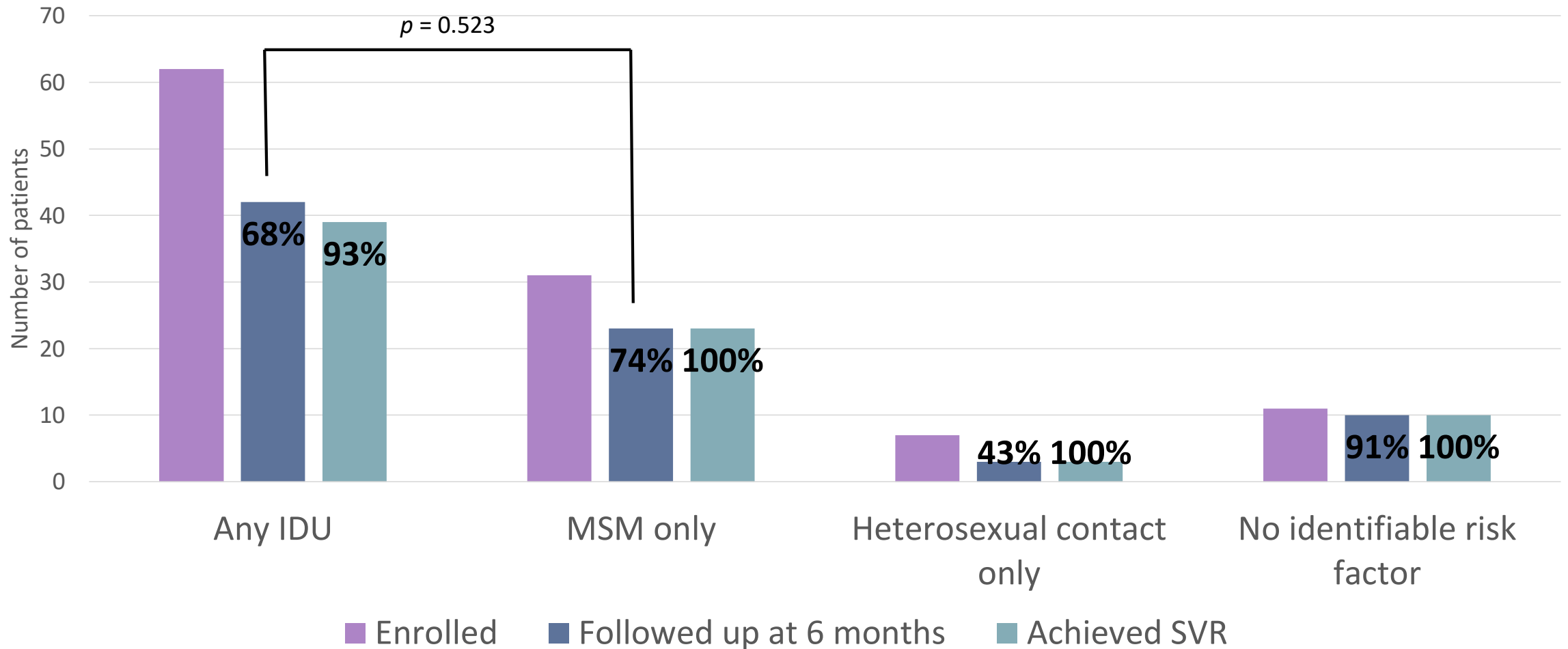
# Provider Facility Enrollment Frequencies



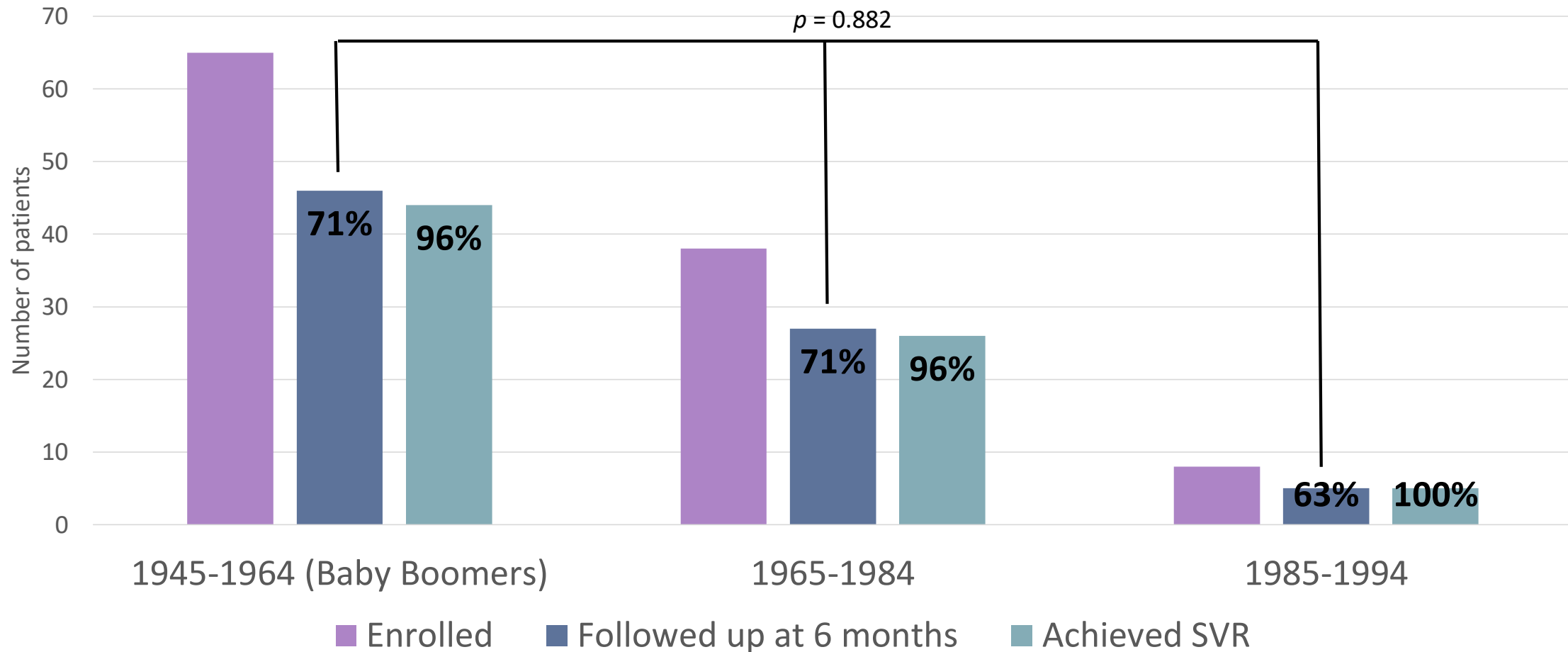
# Treatment Outcomes: Large vs. Small Volume Provider Facilities



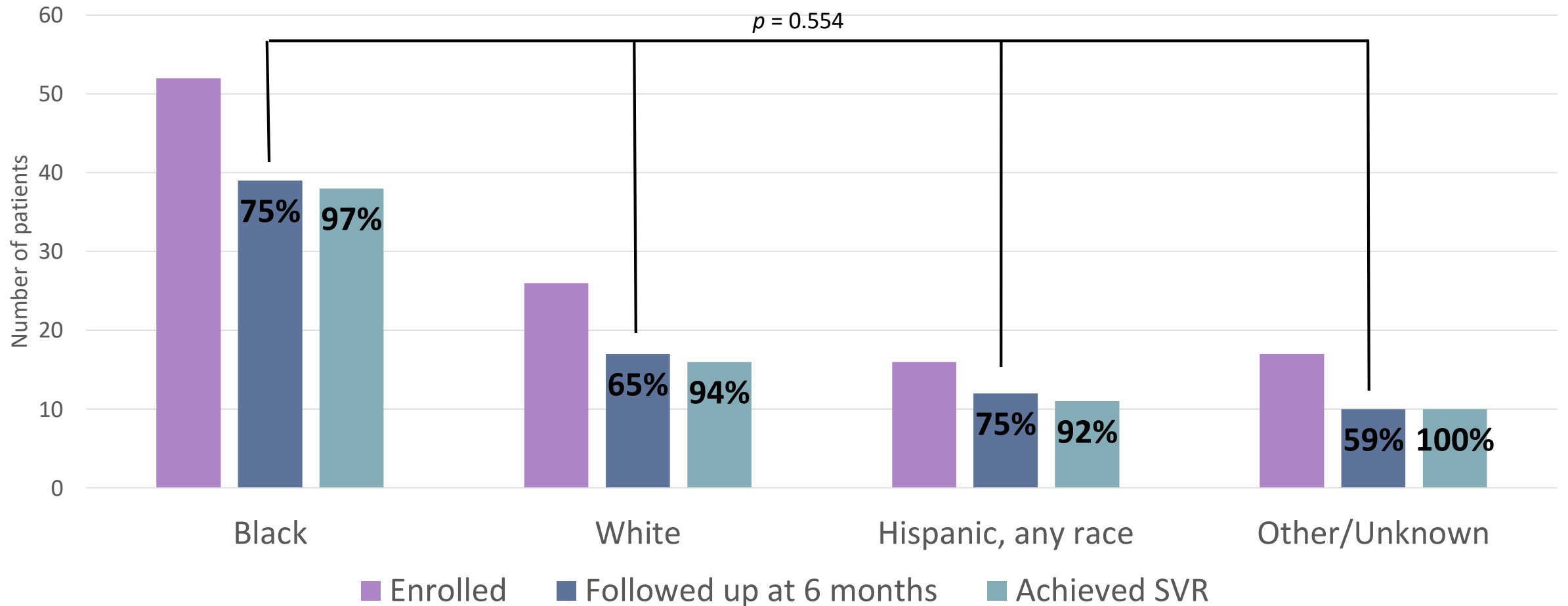
# Treatment Outcomes: Transmission Risk Factor



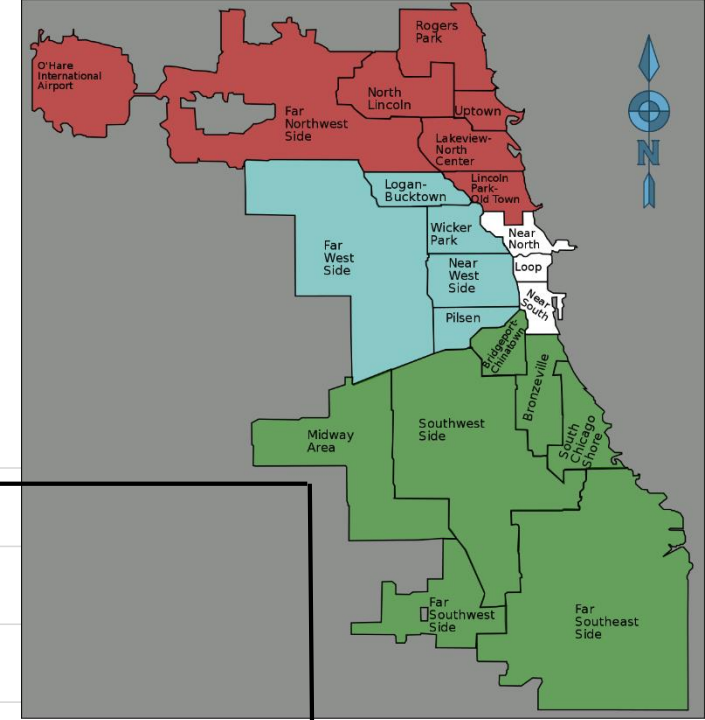
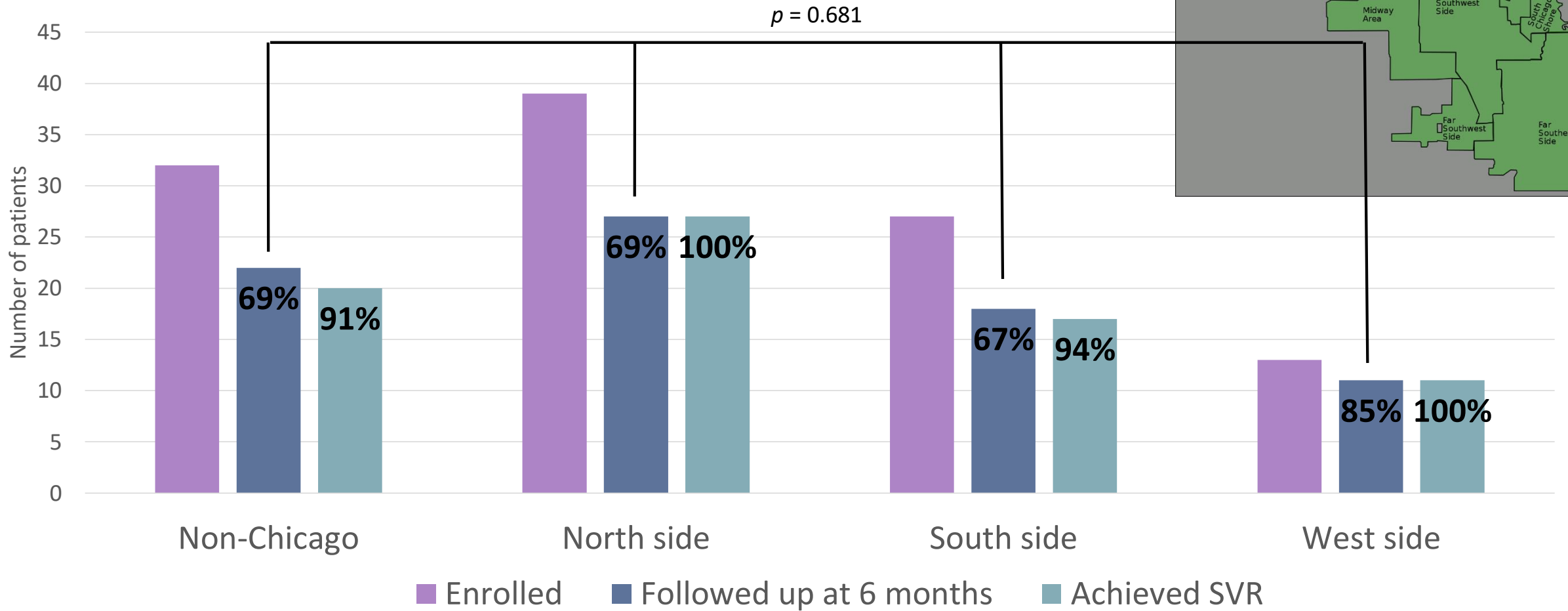
# Treatment Outcomes: Age Cohort (Birth year)



# Treatment Outcomes: Race/Ethnicity



# Treatment Outcomes: Geography



# Key Takeaways

- Differences in treatment outcomes are driven by differences in follow-up rates
  - For all analyses, there was no difference in treatment outcomes among those who received adequate follow-up
- Large volume facilities have better rates of patient follow-up at 6 months compared to small volume facilities
  - Likely due to a greater level of intense HCV case management



# Limitations

- Questionable reporting of negative results
  - It is possible that the negative RNA tests of additional patients who have achieved SVR were not reported, so both follow-up and SVR rates may actually be higher than reported here
- Limited sample size for detecting significant differences, especially for transmission risk factor, race/ethnicity, and geography

# Future Directions

- Directly evaluate how the role of auxiliary support staff affects treatment outcomes
  - Focus groups and interviews have been conducted at the two large volume facilities
  - Outreach to small volume facilities is in the works
- Follow-up with provider facilities to confirm laboratory data and fill in any missing (unreported) lab results

Thank you!