

IOM Committee On Viral Hepatitis

**Community Health Centers Policy and Program:
The Federal Perspective
Hepatitis B and C Activities at HRSA
March 3, 2009**

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HHS/OMH Hepatitis Activities

- n This IOM Report
- n National Task Force on Hepatitis B Expert Panel, developed as a result of the 2006 Asian American and Pacific Islander Health Summit Hepatitis B Track
- n Grants
 - n 2003 Hepatitis B Initiative DC Affiliate Project for Faith Based Hep B Outreach to AAPI's in DC, MD & VA
 - n 2005 AAPCHO to develop the National Hep B Initiative for AAPI's
 - n 2007 Bilingual Bicultural Demonstration Program and the Community Partnerships to Eliminate Health Disparities Grant Program for LEP persons in Portland Oregon
 - n Community Partnerships Program OMH supports the Asian Liver Center of Stanford University and it's partners; citywide campaign

HRSA VISION

The Health Resources and Services Administration (HRSA) envisions optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care

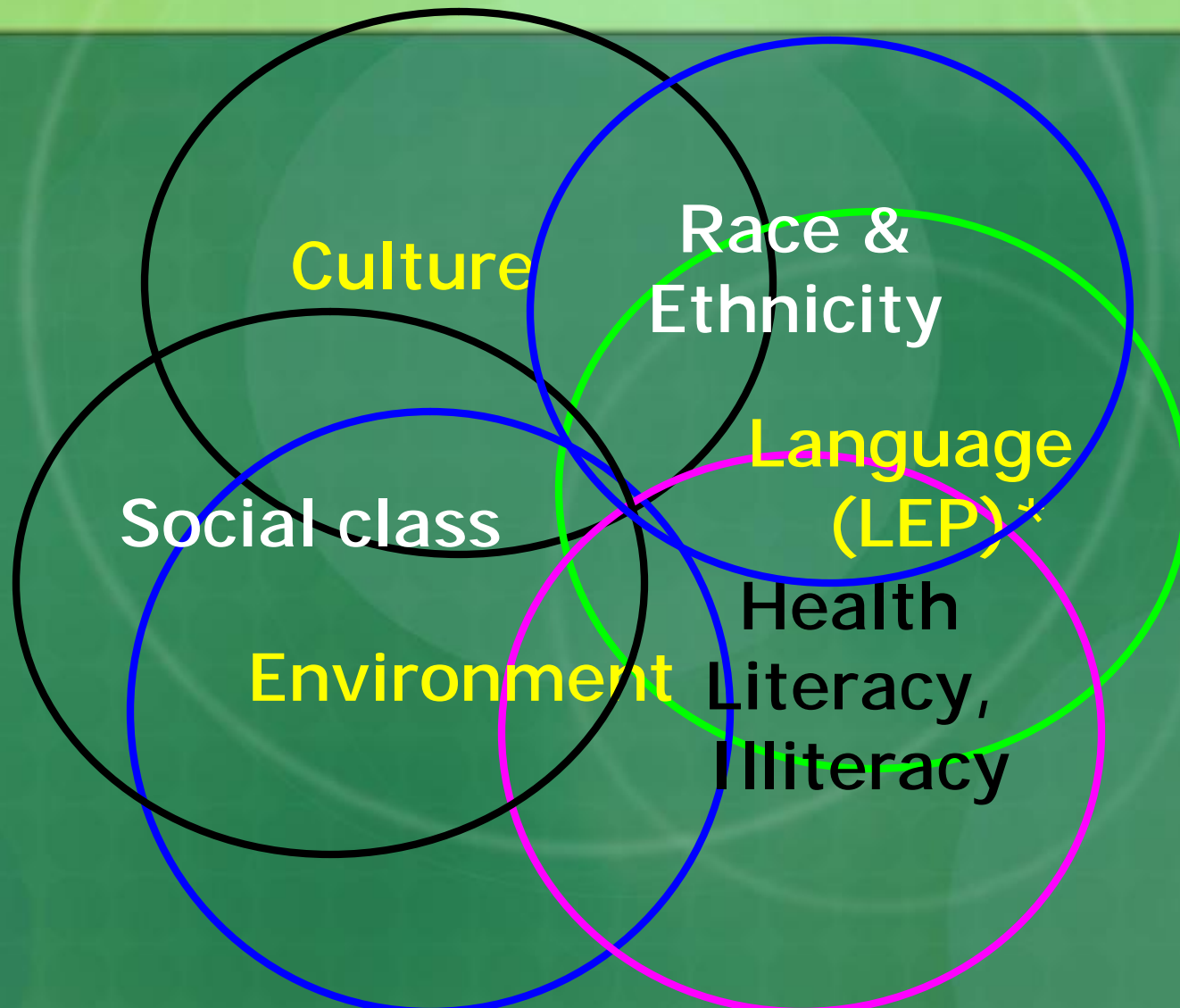
HRSA GOALS

- n Improve Access to Health Care
- n Improve Health Outcomes
- n Improve Quality of Care
- n Eliminate Health Disparities
- n Improve the Public Health and Health Care Systems
- n Enhance the Ability of the Health Care System to Respond to Public Health Emergencies
- n Achieve Excellence in Management Practice

Office of Minority Health and Health Disparities HRSA

The Office of Minority Health and Health Disparities (OMHHD) serves as the principal advisor and coordinator to HRSA for the special needs of minority and disadvantaged populations (economically and socially) including Native American/Alaska Natives, Asian Americans, African-Americans or Blacks, Hispanics or Latinos, Native Hawaiians and other Pacific Islanders

Factors Impacting Health Disparities



HRSA Programs Addressing Hepatitis

n Direct Services

- n Bureau of Primary Health Care
- n Healthcare Systems Bureau
 - 340B Pharmaceutical Program
 - Organ tissue donation and transplantation
- n HIV AIDS Bureau
- n Office of Minority Health and Health Disparities
- n Center for Quality
- n Office of Planning and Evaluation
- n Maternal Child Health Bureau
- n Office of Rural Health

HRSA Programs Addressing Hepatitis

n Education and Training

- n Bureau of Health Professions

- n Children's GME

- n Training in Primary Care Medicine and Dentistry

- n National Research Service Awards in Primary Care

- n Division of Nursing

- n Area Health Education Centers

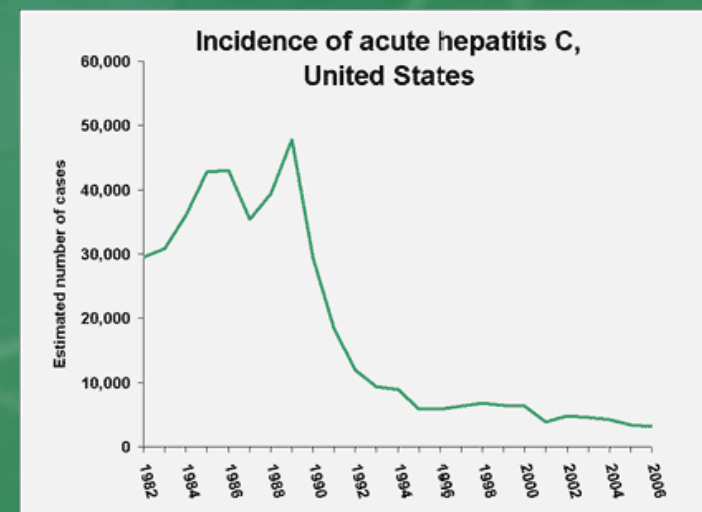
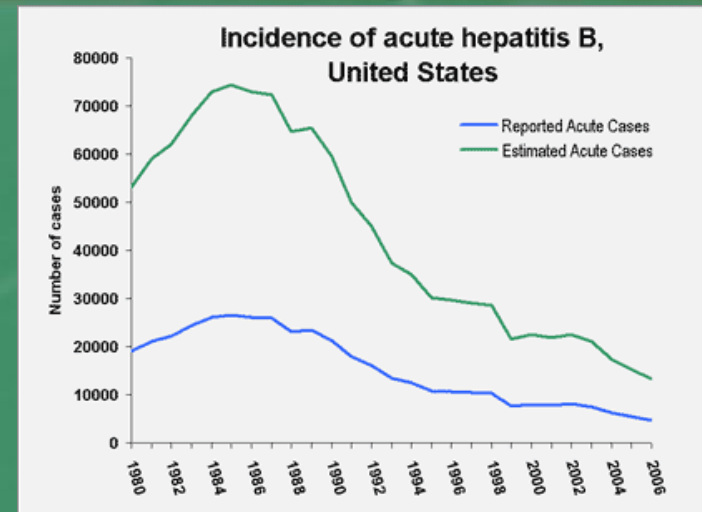
n Helpful Web Sites

- n <http://www.hrsa.gov/>

The Burden of Chronic Hepatitis B(HBV) and Hepatitis C(HCV)

The following data for Acute Disease Burden from 1980 – 2006, does indicate a decrease in incidence.

http://www.cdc.gov/hepatitis/PDFs/disease_burden.pdf



The Current Burden of HBV

- n An estimated 400 million people worldwide are living with chronic HBV infection
- n It is estimated that more than 1 million U.S. residents have chronic infection, which contributes to an estimated 2000 to 4000 deaths each year.
- n Incidence of acute HBV infection has decreased dramatically in the United States since the mid-1980s.
 - n This reduction can be attributed to the availability of an effective vaccine and widespread immunization of infants and high-risk populations.

The Current Burden of Chronic HCV

- n Only 802 cases of confirmed acute hepatitis C were reported in the United States in 2006
- n CDC estimates that approximately 19,000 new HCV infections occurred that year, after adjusting for asymptomatic infection and underreporting
- n Persons newly infected with HCV are usually asymptomatic, so acute hepatitis C is rarely identified or reported.

The Current Burden of Chronic HCV

- n Of every 100 persons infected with HCV, approximately
 - n 75–85 will go on to develop chronic infection
 - n 60–70 will go on to develop chronic liver disease
 - n 5–20 will go on to develop cirrhosis over a period of 20–30 years
 - n 1–5 will die from the consequences of chronic infection (liver cancer or cirrhosis)
- n Chronic HCV infection is the leading indication for liver transplants in the United States

The Burden of Chronic HBV and HCV Among the Patients We Serve

We are unable to ascertain the true level of HBV and HCV among all the patients served by HRSA programs at this time

The Burden of Chronic Hepatitis B Among the Patients We Serve

Many of the persons targeted by our HRSA funded programs have either immigrated from countries with high burden of disease or have behavioral risk factors for hepatitis B and C transmission.

HRSA funds community, migrant, rural and tribal health centers, other FQHC's, health care for the homeless programs, Ryan White Care Act HIV services, maternal child health programs such as Title V and Healthy Start, transplantation programs, some of our sites are collocated with behavioral health and substance use services

Screening for Hepatitis B and Provision of Hepatitis B Vaccines at HRSA Programs

- n Pregnant women, served by HRSA programs, are routinely screened for hepatitis B (HBsAg)
- n Ryan White patients are routinely screened for hepatitis B
- n Immigrants are routinely screened for hepatitis B especially from countries with high prevalence China, Southeast Asia and Africa
- n Screening others for hepatitis B varies according to risk
- n Hepatitis B Vaccines are provided at health centers
- n Newborns, children and some adolescents receive Hepatitis B vaccination
- n Screening and Vaccination is variable for adults and some adolescents
- n Vaccines and medications are paid for via different mechanisms
 - Insurances such as Medicaid, other third party payers, Vaccine for Children Program and the 340b program

(Modified from Hepatitis B Activities at HRSA Hepatitis B Taskforce for Asian Americans, Native Hawaiians and Other Pacific Islanders Expert Panel March 17, 2008) 15

Maternal Child Health Bureau

- n Provides funding to states for to care for women, infants and children via title V programs
- n Many of these women and children are from high risk countries Southeast Asia, China and Africa
- n Hepatitis B Activities include
 - Prenatal screening and treatment for hepatitis b
 - Pediatric care which includes universal vaccination for hepatitis b at birth and catch up vaccinations for unimmunized/inadequately immunized children and adolescents
- n Perinatally infected infants develop chronic hep B almost 100% of the time and children between 1-5 years of age almost 50%¹

1. National Institutes of Health Consensus Development Conference Statement: Management of Hepatitis B. Annals of Internal Medicine. 2009;150:104-110.)

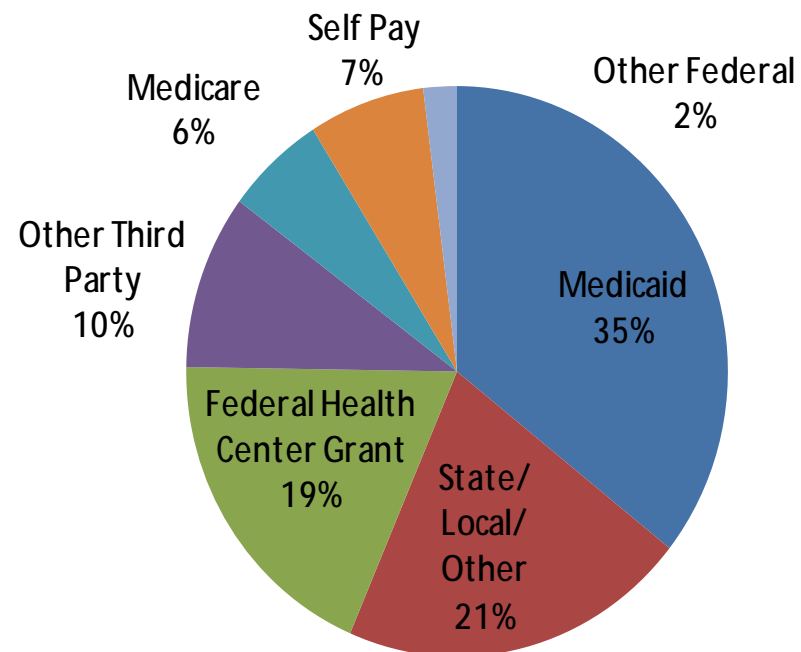
Health Center Program Overview

Calendar Year 2007 (Source 2007 UDS)

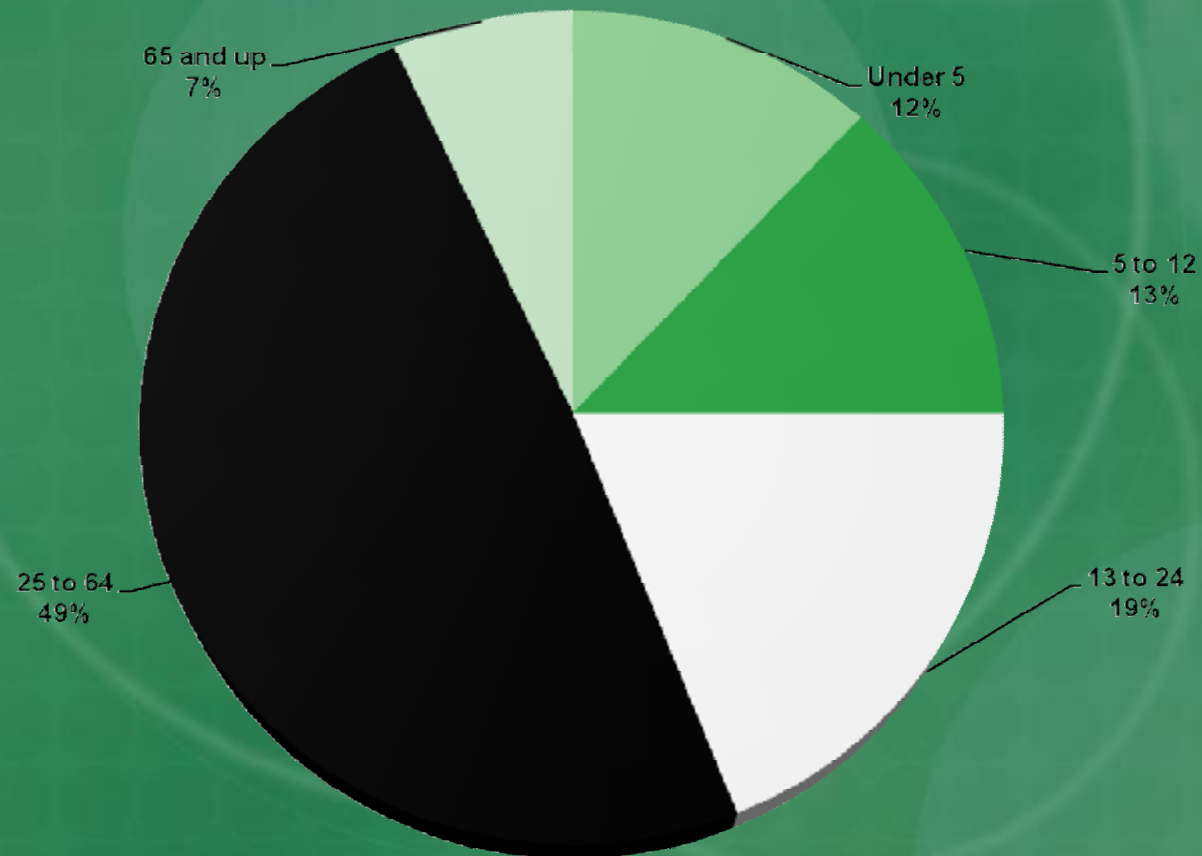
16.1 Million Patients

- § 91% Below 200% poverty**
- § 39% Uninsured**
- § 930,589 Homeless Individuals**
- § 826,977 Migrant/Seasonal Farmworkers**
- § 133,518 Residents of Public Housing**
- § 63 Million Patient Visits**
- § 1,074 Grantees - 53% rural**
- § 7,000+ Service Sites**

Health Center Revenue Sources

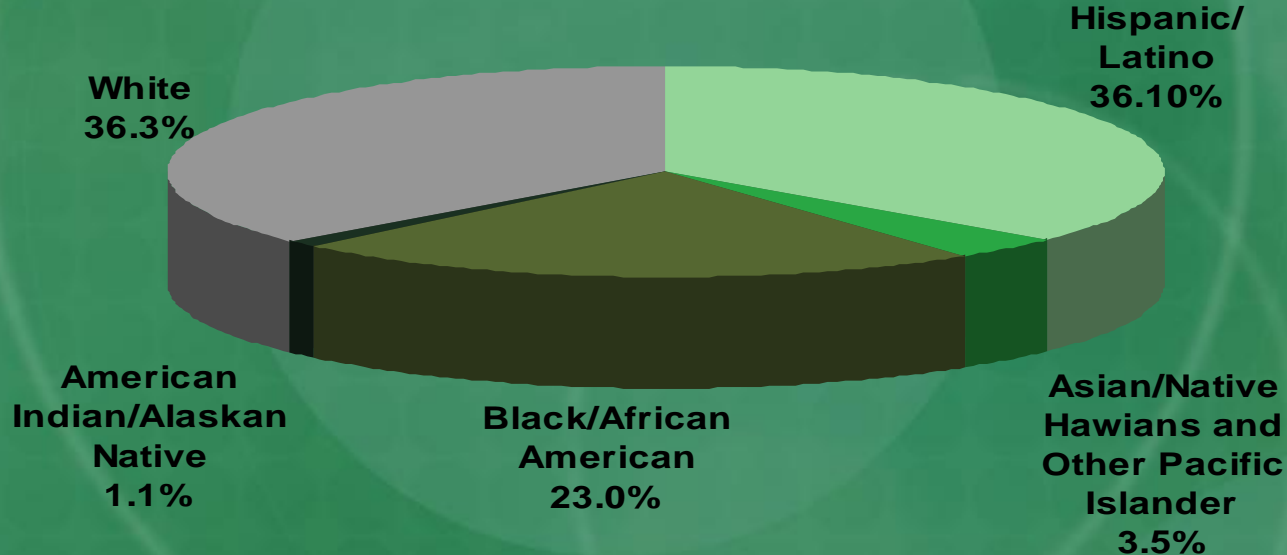


Health Center Patients by Age Cohort



Health Center Patients by Race & Ethnicity

N= 15,034,123 Patients^{1,2,3}



1. Source: Uniform Data System, 2006
2. 28.9% of patients are best served in a language other than English
3. Now 16.1 million patients according to the 2007 UDS

Health Center Workforce

<u>Total Staff</u>	104,923	<u>Dental</u>	6,899
<u>Physicians</u>	7,994	Dentists	2,107
Family/General P.	4,032	Hygienists	806
Internal Med	1,476	Assistants	3,986
Pediatrics	1,494	<u>Mental Health</u>	2,714
Ob/Gyn	751	Psychiatrists	264
Other MD/DO	241	Other Licensed MH	1,505
<u>Midlevels</u>	4,693	Other MH	945
NP	2,678	<u>Substance Abuse</u>	698
PA	1,597	<u>Pharmacy</u>	2,166
CNM	418	<u>Other Professional</u>	714
<u>Nurses</u>	9,282	<u>Program Enabling Services</u>	10,632
<u>Other Med</u>	12,501	(Case Managers, Education, Outreach, Transport, etc.)	
<u>Lab/X-ray</u>	2,431	<u>Other Program/Patient Services Support</u>	
		<u>Staff</u>	22,120
		<u>Administration/Facility</u>	22,079 ²¹

Some HRSA Activities Specifically Targeting Asians Native Hawaiian and Other Pacific Islanders

- n 3.5% of BPHC patients are identified as Asians & Native Hawaiian and Other Pacific Islanders) NHOPI
- n HRSA provides funding to Association of Asian Pacific Community Health Organizations (APCHO)
- n HRSA provides funding to health centers serving Asians and Native Hawaiians and Other Pacific Islanders
- n Most programs provide hepatitis b risk assessment, screening, hepatitis B, treatment and referrals for treatment of chronic hepatitis B infection
- n A few programs will be reviewed but there are many more

Some HRSA Activities Specifically Targeting Native Hawaiian, Asians and Asian Pacific Islanders

- n Chinatown Services Clinic in Los Angeles
- n Asian Health Services Oakland California
- n Asian Pacific Health Care Center California Collaboration between Association of Asian Pacific Community Health Centers and Charles B Wang
- n Native Hawaiian Health Care System (Ho'ola Lahui Hawaii-Kauai
- n Hawaii Primary Care Association- Kalihi-Palama health Center partners with 3 for Life Screening Program provide education, screening and hepatitis B vaccinations immigrants from Asia, Polynesia and Micronesia
- n UHawaii-telehealth primary care initiative

HRSA Activities Specifically Targeting Asians, Native Hawaiians and Other Pacific Islanders

- n Ryan White Part ABCD programs screen for hepatitis B, vaccinate and educate about risk and treatment
Hepatitis C screening rates 97% Hepatitis B considered close to this (HIV QUAL)
- n AIDS Education and Testing Centers target training to minority providers and those caring for minorities including Asians, NHOPI on hepatitis B screening, care and treatment for those patients co-infected with hepatitis B

HRSA Programs...Recommendations or Mandates? – Ryan White Care Act

Screenings are not mandated by the RWCA they are however a program expectation

HRSA Programs...Recommendations or Mandates? Ryan White Care Act

- n Hepatitis A and Hepatitis B Vaccination
 - n Federal guidelines recommend vaccination against hepatitis A (HAV) and hepatitis B (HBV) for people with chronic HCV, HIV, or both. Becoming infected with another hepatitis virus has serious consequences for people with HIV/HCV coinfection:
 - n HAV can cause sudden hepatic failure in people with chronic HCV.
 - n Coinfection with HBV and HCV has been associated with more rapid HCV disease progression.

HRSA Program Recommendations or Mandates? Ryan White Care Act

- n Hepatitis A and Hepatitis B Vaccination
 - n Although vaccinations against HAV and HBV are an important part of care for HIV and HCV, research indicates that vaccination rates are low
 - n A review of HAV and HBV screening and vaccination practices at 9 HIV outpatient study sites revealed
 - n Of 1,071 patients, 57.2 % (612) were screened for HAV, and 81.9% (877) were screened for HBV
 - n Only 23.3% eligible for vaccination against HAV (167 of 716) received one or more doses of HAV vaccine
 - n 32.4 % (198 of 612) eligible received one or more doses of HBV vaccine.

Ryan White Quality Measures for Hepatitis

- n Several quality measures exist for Hep B & C Screening, Hep A & B Vaccine, and EtOH counseling for HCV infected
- n Percentage of clients with HIV infection who had completed the vaccination series for Hepatitis B
- n Sources medical records, EMR's, CAREWare or other electronic data bases

Screening and Vaccination Coverage Ryan White Care Act

- n RWCA covers screenings under primary care
- n Ryan White Part ABCD pays for certain vaccines
- n Coverage under ADAPs
 - n ADAP formularies are decided at the State level (Care and Treatment for Hepatitis C and HIV Coinfection at <http://hab.hrsa.gov/tools/coinfectionsub.html>)
 - n It is strongly encouraged for ADAPs to cover Hepatitis C treatment
 - n Some data suggests most of them now provide coverage, however that is still being researched

Coordination of Programs/Resources

n Ryan White Care Act (RWCA)

- n A lot of work has been done on Hepatitis and expanding treatment in these programs.

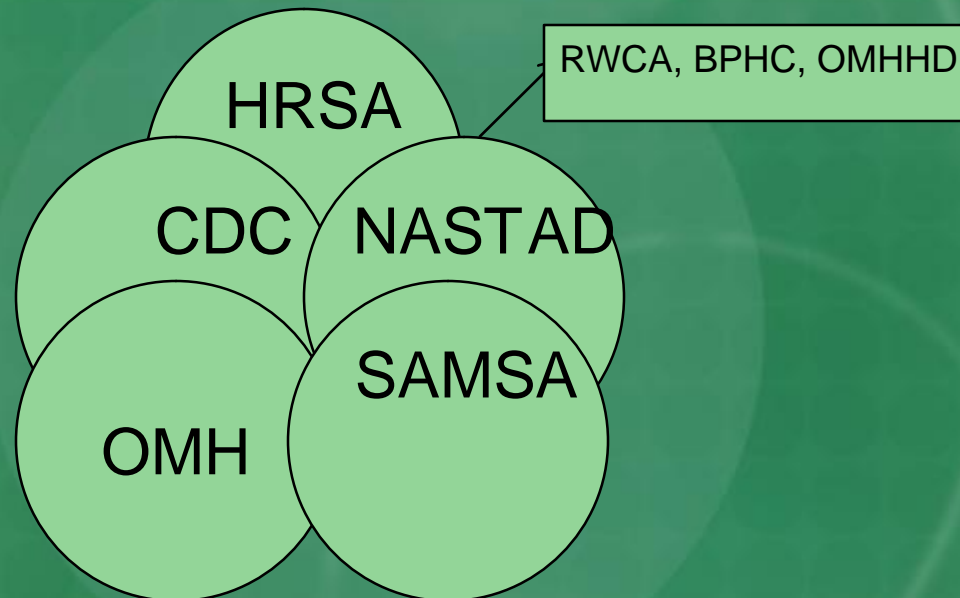
- n Development of an important TA tool for planners

- n *EXPANDING ACCESS Through the Ryan White CARE Act*

- n <http://hab.hrsa.gov/tools/coinfection/hepatitis.html>

- n HAB 00405 in the HRSA Clearinghouse

Coordination of Federal and State Programs



- n Hepatitis prevention meeting
- n Utilized CDC State Hepatitis program coordinators for dissemination
- n Collaboration with National Organizations like APCHO, PCA, CBO's,

Program Funding For RWCA

n RWCA

- n Funding is NOT the major obstacle to HCV treatment.
- n Funding sources includes Ryan White Part A,B,C,D,F
- n There are many competing barriers including:
 - n Patient reluctance to accept treatment or biopsy
 - n AA men have the lowest treatment success
 - n Multiple contraindications to treat in this cohort of patients (including untreated mental illness, nonadherence to even basic HIV care, etc),

Process for Implementing Change

- n Engage Physicians
- n Better Documentation
- n Monitor medication
- n Monitor treatment

Future Activities: Development of TB/HepC Pilot

HRSA/CDC TB/HEPATITIS C HEALTH DISPARITIES ELIMINATION PROJECT

CHALLENGE:

The purpose of this pilot is to improve health outcomes for both TB and HCV-infected patients by creating and implementing systems for coordinating comprehensive health care between HRSA health centers and health departments at the state and local level

HRSA/CDC TB /HEPATITIS C HEALTH DISPARITIES ELIMINATION PROJECT GOALS:

#1 To create infrastructure at the local level in SC, MD and NJ between selected health centers and health departments to facilitate TB and Hepatitis C screening, prevention and treatment strategies using the HRSA collaborative model

www.healthdisparities.net

HRSA/CDC TB /HEPATITIS C HEALTH DISPARITIES ELIMINATION PROJECT GOALS:

#2 To sponsor at least 3 technical trainings on TB and Hepatitis C screening, prevention and treatment strategies for healthcare providers in selected health centers in SC, MD and NJ during the project period

HRSA/CDC TB /HEPATITIS C HEALTH DISPARITIES ELIMINATION PROJECT VIRTUAL OFFICE:

Virtual Office: HRSA/CDC TB/Hep C Health Disparities Elimination Project

Upcoming Calendar Events

Thursday, February 19, 2009

3/24 Tuesday to 3/25 Wednesday
9:00 am - 5:00 pm Eastern



SAMHSA's Substance Abuse/ Infectious Disease Cross Training Workshop

ⓘ CONFLICT ⓞ CALL Ⓜ MEETING Ⓜ WEBCAST ⓘ OTHER ⓘ PERSONAL Ⓜ ATTACH.

Latest Files

Post Date	File Name	Group	Folder
2/17/2009	Hepatitis C Training for Opioid Treatment Program Staff	HRSA/CDC TB/Hep C Health Disparities Elimination Project	SAMHSA Folder
2/13/2009	Office of Pharmacy Affairs' 340B Drug Pricing Program	HRSA/CDC TB/Hep C Health Disparities Elimination Project	TB/Hep C Kick-Off Mtg
2/13/2009	Area Health Education Centers (AHEC) Program Overview	HRSA/CDC TB/Hep C Health Disparities Elimination Project	TB/Hep C Kick-Off Mtg
2/13/2009	TB Regional Training and Medical Consultation Centers	HRSA/CDC TB/Hep C Health Disparities Elimination Project	TB/Hep C Kick-Off Mtg
2/13/2009	Hepatitis C Virus Perspective	HRSA/CDC TB/Hep C Health Disparities Elimination Project	TB/Hep C Kick-Off Mtg

Announcements

SAMHSA's Substance Abuse and Infectious Disease Cross Training (HIV/AIDS, TB and Hepatitis) for Collaborative Systems of Prevention, Treatment and Care 2 day workshop in Columbia, SC Mar 24-25, 2008

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SAMHSA Provides Hepatitis C Training for Opioid Treatment Program Staff.

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Add

Contacts

HRSA/CDC TB/Hep C Health Disparities Elimination Project

[view group members](#)

[view group administrators](#)

REGIONAL AND STATE HEALTH CARE SYSTEMS

HRSA

HEALTH CENTERS/
OTHER PRIMARY
CARE PROGRAMS

STATE PRIMARY CARE
ASSOCIATIONS

TRAINING CENTERS:
AIDS EDUCATION
TRAINING CENTERS
(AETCs)/AREA HEALTH
EDUCATION CENTERS
(AHECs)

CDC

HEALTH DEPTS

STATE TB CONTROLLERS

STATE HEPATITIS COORDINATORS

TRAINING CENTERS:
REGIONAL TB MEDICAL
CONSULTATION
CENTERS
(RTMCCs)/NATL VIRAL
HEPATITIS TECHNICAL
ASSISTANCE CENTER

SAMHSA

CSAT
PROGRAMS

OPIOD
TREATMENT
PROGRAMS

ADDICTION
TECHNOLOGY
TRANSFER
CENTERS (ATTCs)

CREATING TB AND HEPATITIS C STATE AND LOCAL INFRASTRUCTURE IN SC, MD AND NJ

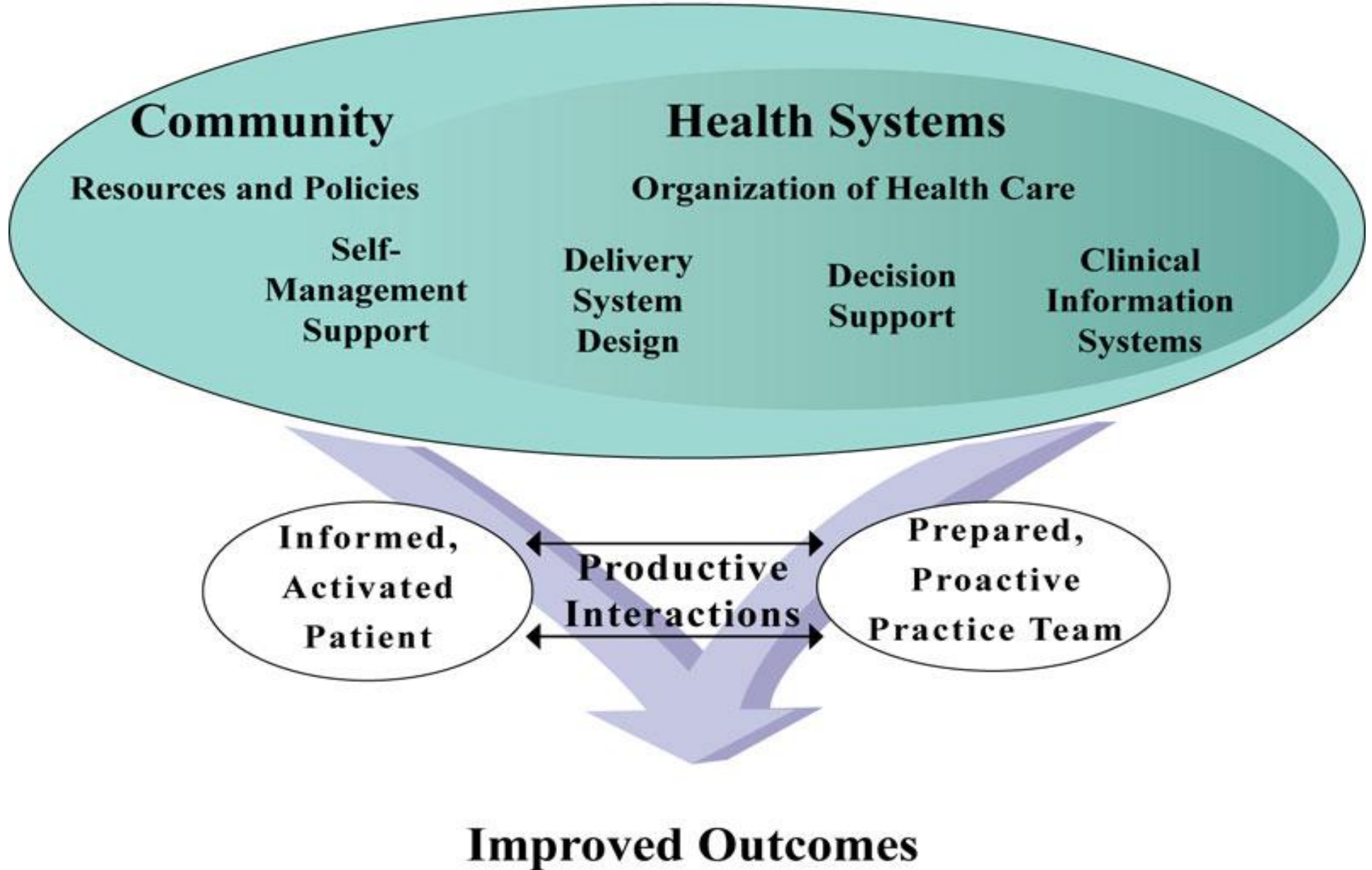
HRSA FUNDED STATE PRIMARY CARE ASSOCIATION

SAMHSA /CSAT STATE DESIGNEE

CDC STATE HEPATITIS COORDINATOR

CDC STATE TB CONTROLLER

The Chronic Care Model



Gaps in the Current System

- n Cost of HepC lab tests for screening
- n Adequate workforce with education and experience to treat Hep C and Hep B
- n Cost of medications (see next page) for uninsured and underinsured
- n Gastroenterology and other referrals for the uninsured and underinsured

Treatment Options for HBV & HCV

n PHARMACEUTICALS

- n Peg-Intron (Peginterferon alfa-2b)
- n Pegasys (Peginterferon alfa -2a)
- n IntronA; Roferon-A (Interferon alpha)
- n Epivir (Lamivudine)
- n Preveon; Hepsera (Adefovir)
- n Baraclude (Entecavir)
- n Viread (Tenofovir)
- n Tyzeka (Telbivudine)
- n Rebetol (Ribivarin)

Priorities & Next Steps

- n Better assessment of at risk groups for Hep B & C
- n Maintain better documentation
- n Increase funding for evaluation and treatment of Hepatitis
- n Increase funding for GI referral and treatment
- n Increased collaboration between health centers, hospitals and academic training programs
- n Expansion of health center services for all populations
- n Coverage for the uninsured

Acknowledgement of Colleagues Who Contributed to this Presentation

- n Theresa Watkins-Bryant MD, MPH FAAP
(Senior Advisor/Lead on the TB/HCV Project OMHHD)
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(Chief Medical Officer Bureau of Primary Health Care)
- n Laura Cheever, MD, ScM, FACP
(Chief Medical Officer/Deputy Administrator HIV AIDS Bureau)
- n Natalie Soloman, MPH
(HRSA Scholar)

Questions



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