Sharing the Message of Hepatitis C and Liver Cancer in Indian Country

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Northwest Portland Area Indian Health Board

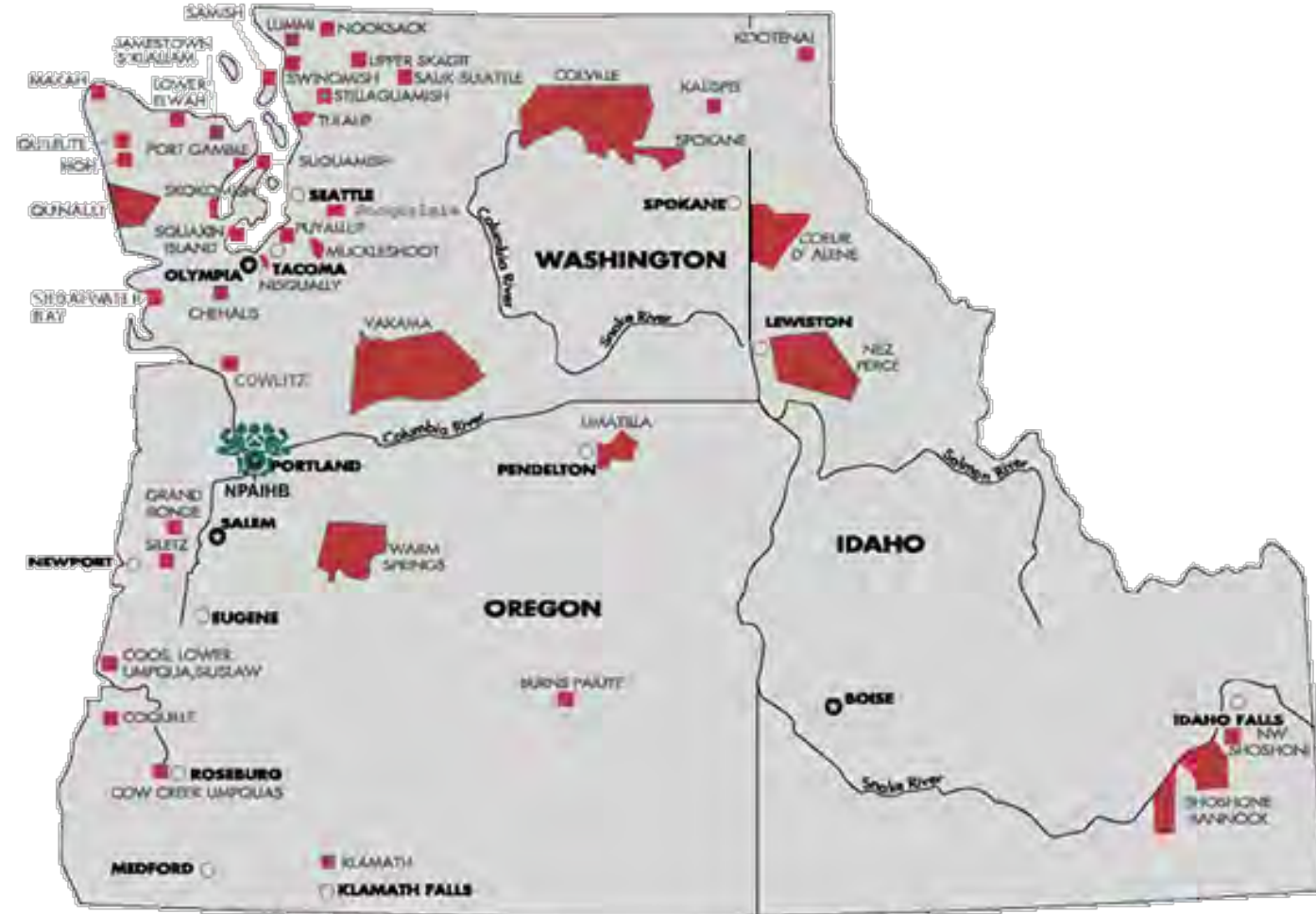Clinical Programs Director - HIV/HCV

Objectives

- Describe the epidemiology and natural history of hepatitis C and liver cancer

- Outline hepatitis C-related health disparities in Indian Country

- Describe the enablers and barriers to education and awareness of hepatitis C in Indian Country

- Describe best practices for education and awareness programs on hepatitis C in Indian Country: *How are we putting best practices to use in our programs?*

Northwest Portland Area Indian Health Board

Established in 1972 to assist Northwest Tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.

Currently leading national efforts on multiple public health issues.
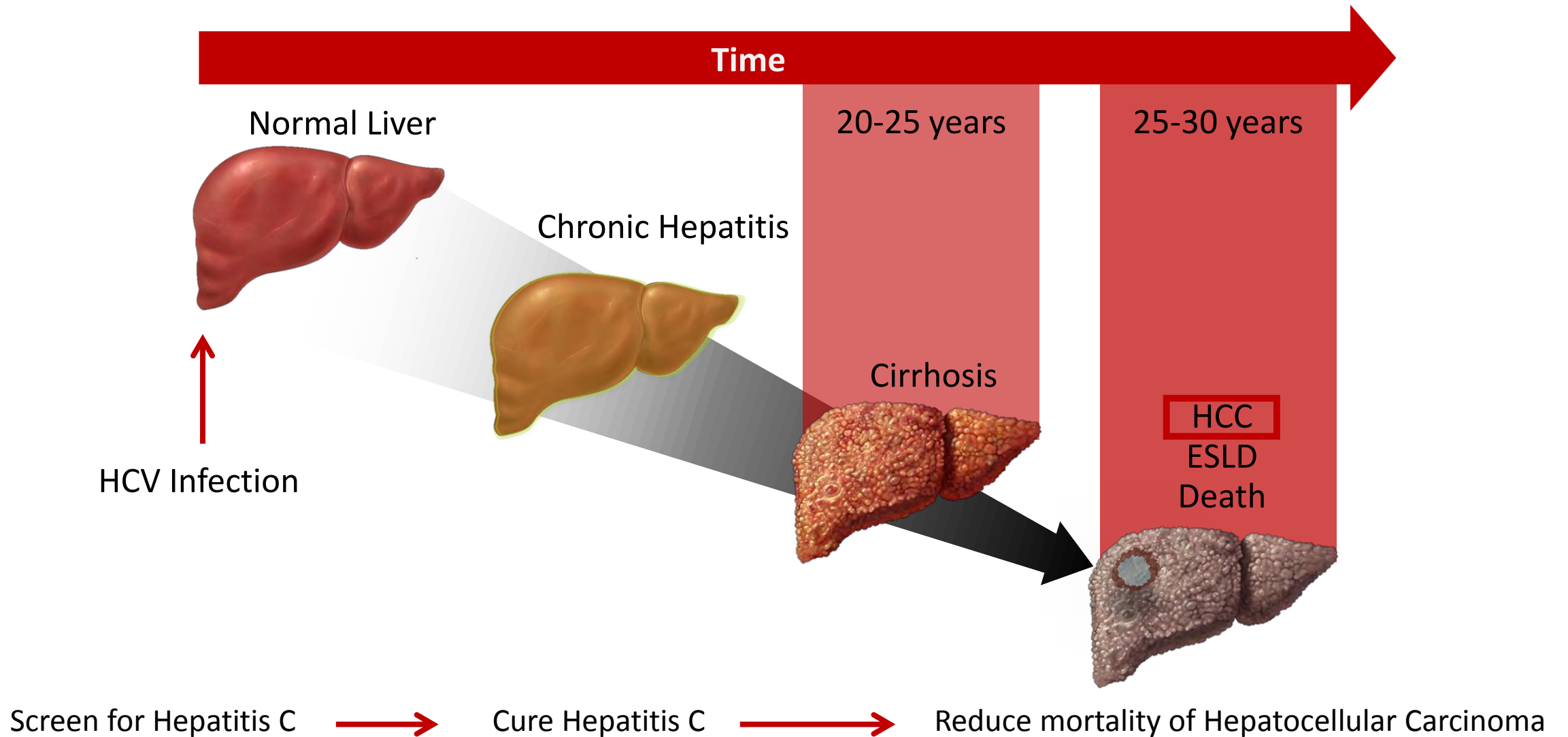
What is Hepatitis C?
Why do we Care?

What are we trying to prevent?

- Ascites
- Esophageal varices
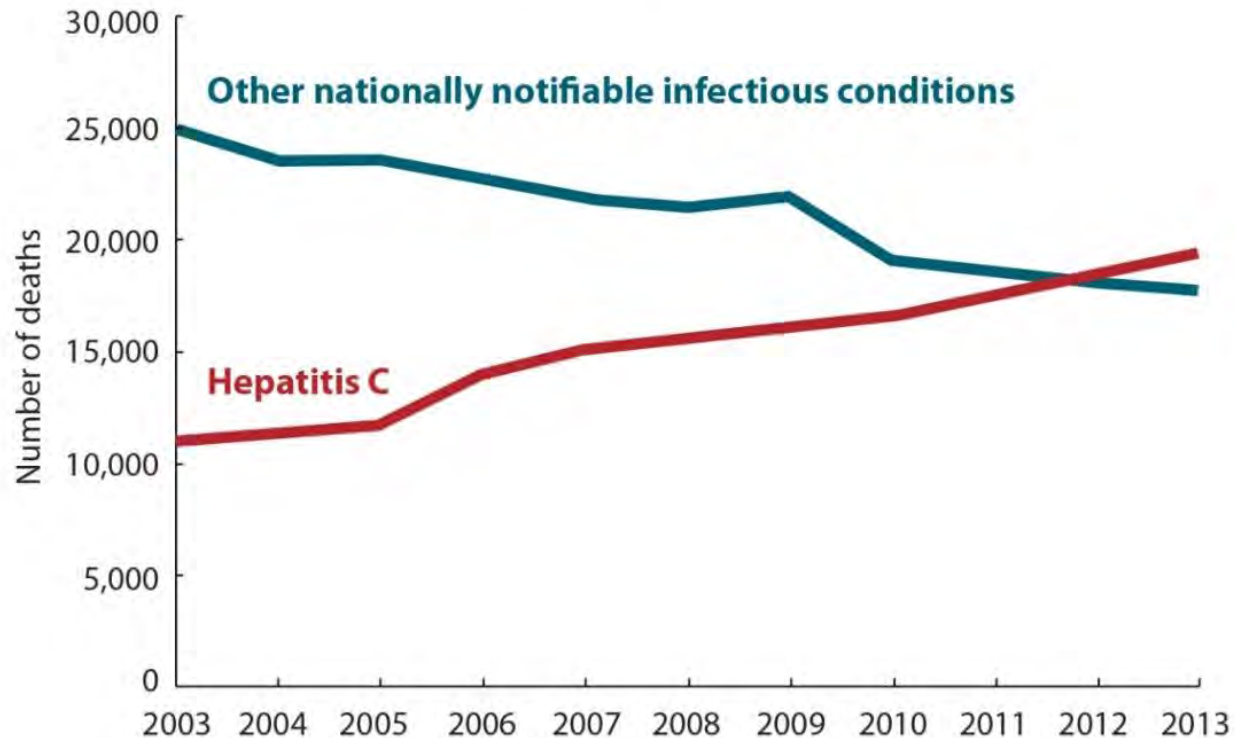- End stage liver disease
- Liver Cancer
- Death

Hepatitis C – Progression of Disease

Time

Normal Liver

Chronic Hepatitis

20-25 years

25-30 years

Cirrhosis

HCC
ESLD
Death

HCV Infection

Screen for Hepatitis C → Cure Hepatitis C → Reduce mortality of Hepatocellular Carcinoma
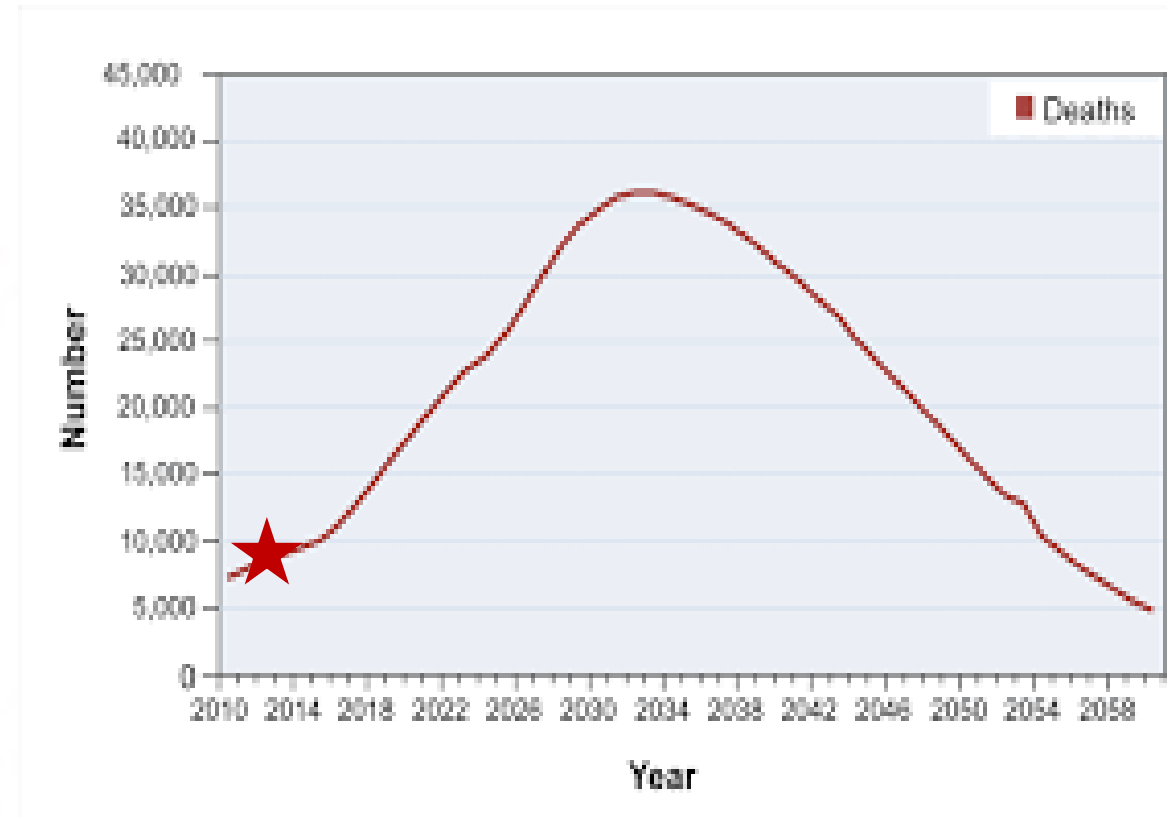
Increasing Deaths Due to Hepatitis C

Annual number of hepatitis C-related deaths vs. other nationally notifiable infectious conditions in the US, 2003-2013
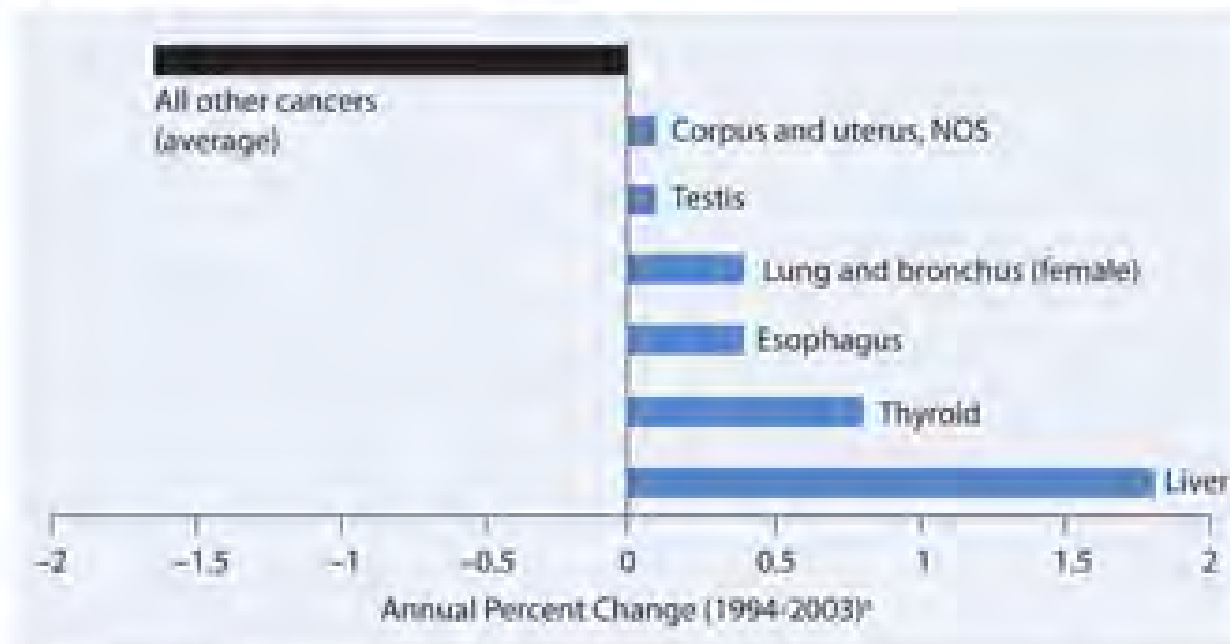
The peak of deaths from Hepatitis C will be from 2030-2035 with around 35,000 per year.

Source: Centers for Disease Control and Prevention

Incidence of Hepatocellular Carcinoma

Figure 1. Trends in US cancer mortality rates.

All other cancers (average)

Corpus and uterus, NOS

Testis

Lung and bronchus (female)

Esophagus

Thyroid

Liver

Annual Percent Change (1994-2003)

NOS, not otherwise specified.
Represents the annual percent change over the time interval.

Source: El-Serag HB, Rudolph KL. Hepatocellular carcinoma: epidemiology and molecular carcinogenesis. Gastroenterology 2007;132:2557-2576. Reprinted with permission from Elsevier.

HCV Burden in American Indians/Alaska Natives

- Highest incidence rate of acute HCV
- Highest HCV related mortality, nearly 3x national average
- Highest rates hepatocellular cancer
- Estimated 40,000 persons infected with the hepatitis C virus
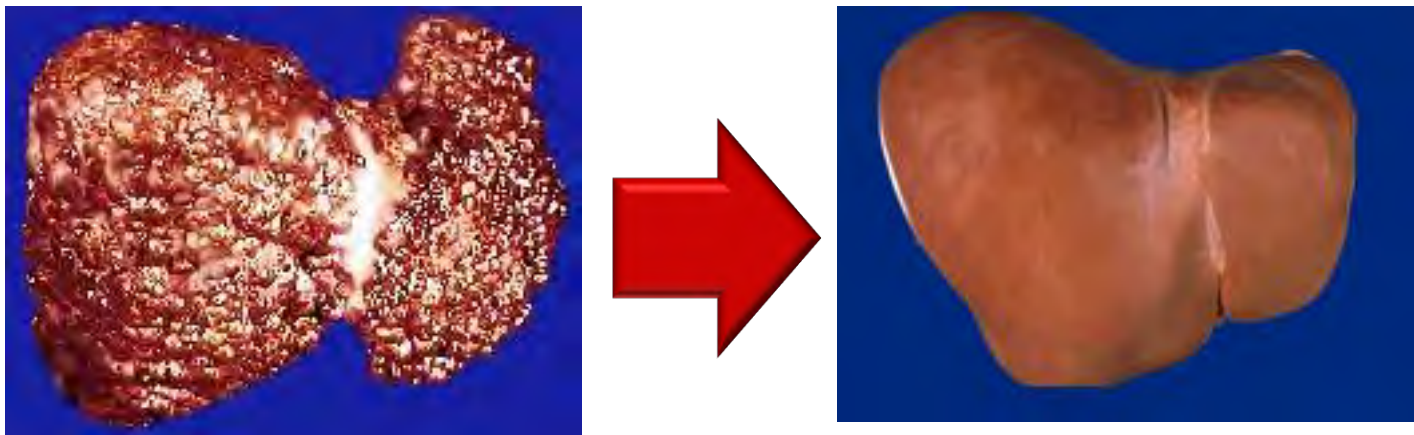
How do you treat Hepatitis C?

HCV new treatments

- Highly effective: up to 95% cure rate

- Short course: most treatments only require 12 weeks, 1-2 pills per day

- During treatment, visit clinic 1/month, plus final follow up

- Minimal side effects

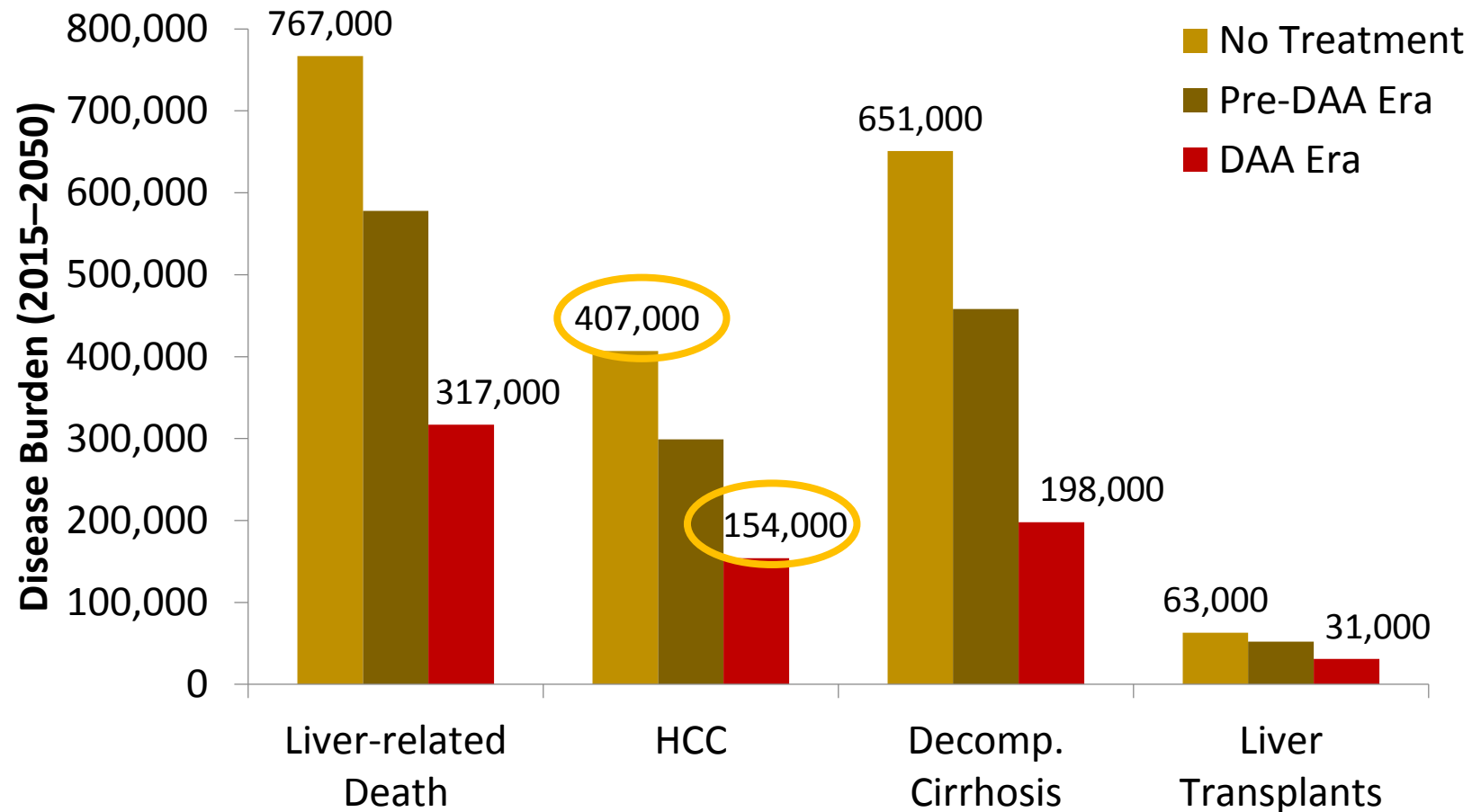# Why do we need to treat Hepatitis C?

- SVR (cure) of HCV is associated with:
  - 90% Reduction in Liver Failure
  - 70% Reduction of Liver Cancer
  - 50% Reduction in All-cause Mortality

Lok A. NEJM 2012; Ghany M. Hepatol 2009; Van der Meer AJ. JAMA 2012

HCV-Associated Disease Burden (2015–2050)

50–70% reduction in HCV-associated disease burden

Chhatwal et al. AASLD 2015 Abstract 104

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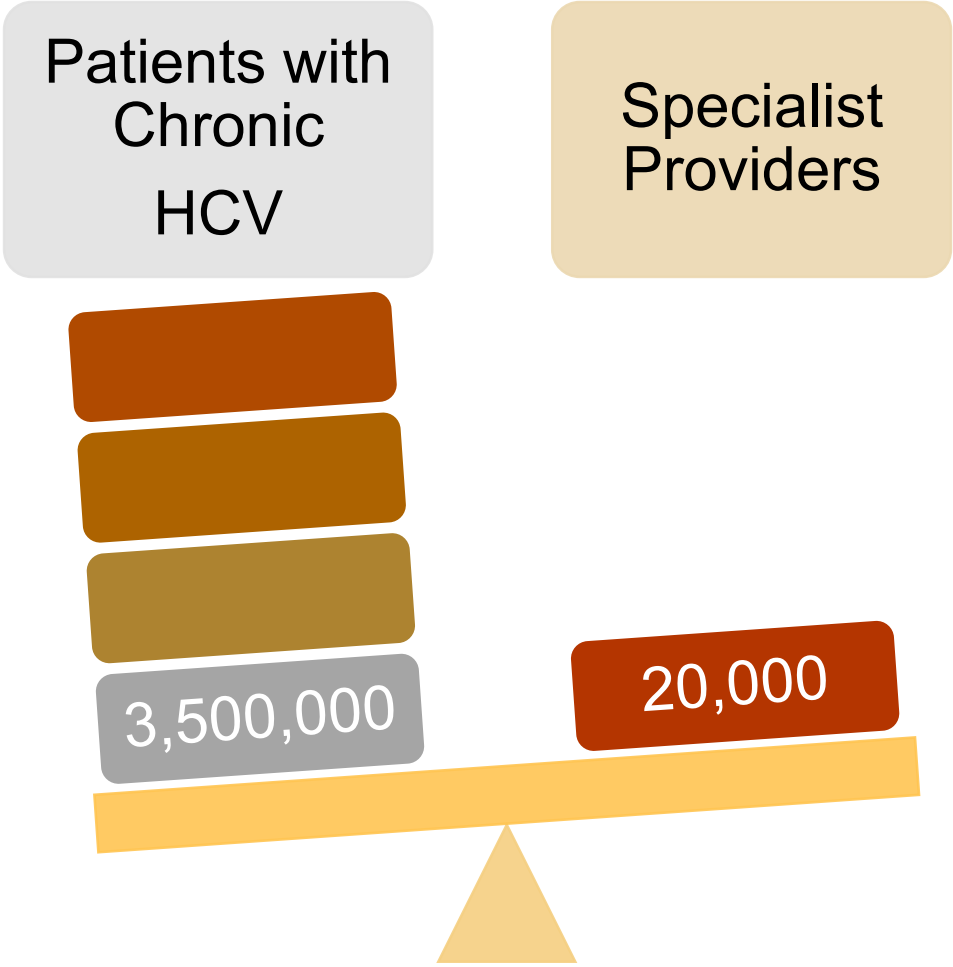# Current IHS Treatment

- Most clinics are not currently treating systematically – *though this is slowly changing.*

- About 1% of total positives were treated last year.

- What can IHS do to treat patients for HCV and reduce incidence of HCC?

Enablers and Barriers

Lack of specialist availability limits access to HCV treatment

Patients with Chronic HCV

Specialist Providers

3,500,000

20,000

Additional Barriers

- HCV is just one problem of many
- Backlog of hepatitis C positive patients that now have to be systematically managed – and that is a LOT of patients
- Still not well known
- Stigma – varies by site

Enablers

- Colleagues/family/friends who have been affected/are aware
- Widespread disease and compelling message in cure

The Solutions – Expanding Clinical Capacity

The Solutions – Expanding Clinical Capacity

Best Practice

Project ECHO®

Northwest Portland Area Indian Health Board (NPAIHB)

Indian Leadership for Indian Health

People need access to specialty care for their complex health conditions.

There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.

ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.

Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.

In the U.S. and around the world, people are not getting the care they need, when they need it, for complex but treatable conditions.

Doing More for More Patients

PATIENT
- Right Care
- Right Place
- Right Time

PROVIDER
- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY
- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM
- Increase Access
- Improve Quality
- Reduce Cost

Project ECHO®
Northwest Portland Area Indian Health Board (NPAIHB)

Indian Leadership for Indian Health

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What it means to be part of the NPAIHB ECHO Community

- The 1 hour long clinic includes an opportunity to present patient cases and receive recommendations from a specialist

- Engage in a monthly didactic session

- Become part of a learning community and network

- Together, manage patient cases so that every patient gets the care they need

Participating ECHO Sites

Cass Lake

Elbowoods, ND

Fairbanks

PIM Lummi   Colville   Port Gamble   Swinomish   Wagner   Makah

Northern Cheyenne   S'Klallam   Sioux San   Rosebud   Mass General

C Cowlitz   grand Ronde   Spirit Lake   Stilliguamish   Belcourt

Port Gamble   Puyallup   Mos Gen   ANTHC   UIHI

Cardea   Skokomish   Sisseton   NARA   Cherokee Nation   Keeweena Bay

Northern Cheyenne   Toppenish YAKAMA

Spokane-Wellpinit   ORBPN   Pine Ridge, Kyle Health Center

CUSIK-

WARM SPRINGS   Wagner   Providence Portland

CROW Agency   Portland Area IHS   Acoma-Canocito-Laguna

PINE RIDGE, IHS   Winnebago   UPPER SKAGIT   Tulalip

So far....

From January 2017- January 2018

- 50+ sites have joined
- 100+ people have participated
- 180 cases have been presented
- Expanded from 1 to 4 Clinics
- Panel over 4,000 patients

Text Evaluation

Most site were not treating prior to ECHO participation

The majority of respondents rated all elements at the highest possible rating of "extremely useful," led by

- Presenting cases (81.2%),

- Teaching session (75%),

- Listening to case presentations (68.2%),

- Sharing general HCV program information (65.9%).

How we have built best practice

HCV Screening	Action Learning as a Process
↓	↓
Comprehensive HCV Program	ECHO as a Model
↓	↓
Organizational Learning and Capacity Development	Equity as a framework

Nt'oyaxsn

"We are responsible for ourselves and each other" –
Kodiak Aluttiiq Traditional Value

For more information, please contact Jessica Leston
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