

THE ROAD TO HEPATITIS C ELIMINATION IN A TRIBAL HEALTH SETTING

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Background:

Cherokee Nation Health Services (CNHS) is a tribal health network comprised of a hospital and 8 clinics and serves a population of approximately 130,000 enrolled tribal members in Northeastern Oklahoma. CNHS started a hepatitis C virus (HCV) program in October of 2012 and launched a HCV elimination program in August of 2015. The objective of this report is to describe the impact of the HCV elimination program on the continuum of care for HCV in CNHS.

Methods:

CNHS scaled up HCV screening, HCV clinical training, and telehealth support for HCV treatment. Based on local data, HCV screening was expanded to persons ages 20-69 years. CNHS included treatment as prevention as well as opioid substitution therapy to reduce HCV disease transmission and incidence. CNHS expanded evaluation and treatment using the ProjectECHO model and inclusion of primary care providers (physicians, nurse practitioners, and physician assistants) and pharmacists.

Results:

During the elimination period (08/2015-3/2017) a total of 28,824 patients were screened of which 1,022 tested positive for HCV antibody (3.5%). Treatment of HCV has increased from 10 patients initiated on treatment in the first quarter of 2014 to 70 patient initiated on treatment in the fourth quarter of 2016. An estimated 29% (556 patients) of the estimated total of HCV positive patients have been treated. Sustained virologic response at week 12 (SVR12) for patients treated by primary care clinicians is meeting targets at well over 90%.

Conclusions:

With policy support from medical leadership, CNHS has greatly expanded HCV services. Primary care providers and pharmacists have been critical to HCV elimination efforts. Ongoing challenges include administrative burden on clinicians, availability of harm reduction services, and patient linkage to care.