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

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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**
  - 0-20 years: Normal Liver
  - 20-25 years: Chronic Hepatitis → Cirrhosis
  - 25-30 years: Cirrhosis → HCC, ESLD, Death

- **Actions**
  - Screen for Hepatitis C
  - Cure Hepatitis C
  - Reduce mortality of Hepatocellular Carcinoma
Increasing Deaths Due to Hepatitis C

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
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
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
  - 3,500,000

- Specialist Providers
  - 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
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Best Practice

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
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
Fairbanks

Elbowoods

Makah

Rosebud

Tuscarara

Stillaguamish

BELCOURT

ANTHC

UIHI

Keewena Bay

Cherokee Nation

Toppenish

YAKAMAS

Pine Ridge, Kyle Health Center

Acoma-Laguna

Providence Portland

Crow Agency

Portland Area IHS

UPPER SKAGIT

Tulalip

PINE RIDGE, IHS

WINNEBAGO

Wagner

ORBPN

NARA

Stilliguminish

Sisseton

Siletz

Sioux

Skokomish

Snowy River

Northern Cheyenne

C reloadData

Klickitat

Leach

Lummi

Makah

Metlakatla

Northern Cheyenne

Port Gamble

Puyallup

Pullman

Stevens

Wagner

Wagner

Winneba

Woodburn

WARM SPRINGS

WINCHESTER

WINCHESTER

WINCHESTER

WINCHESTER
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 sites 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
- Comprehensive HCV Program
- Organizational Learning and Capacity Development

- Action Learning as a Process
- ECHO as a Model
- Equity as a framework
Nt’oyaxsn

“We are responsible for ourselves and each other” – Kodiak Alutiiq Traditional Value

For more information, please contact Jessica Leston jleston@npaihb.org or 907-244-3888 (text works too)