



National HIV and Hepatitis C Programs

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Objectives

Discuss:

- **VHA's comprehensive approach to HIV & HCV infection**
- **HIV & HCV State of Care for VHA enrollees**
- **VHA treatment and prevention efforts**
- **VHA initiatives to address HIV & HCV in the homeless Veteran population**

Did You Know?

- **Veterans Health Administration is the largest provider of HIV and chronic hepatitis C (HCV) care in the U.S.**
- **VHA provided care for more than 26,784 Veterans with HIV infection in 2013.**
- **VHA provided care for more than 170,000 Veterans with HCV infection in 2013**
- **All FDA-approved HIV and HCV drugs are available to Veterans.**

State of Homelessness Among Veterans

- **Depending on sample selection process, it is estimated that 9.9% to 44% of homeless Veterans have antibodies to HCV or are infected with HCV (Dominitz, et al. 2005; Cheun, et al. 2002; Desai, et al. 2003).**
- **Homelessness is a significant impediment to the receipt of medical care, and often impairs a Veteran's ability to receive or complete antiviral treatment**
- **Many homeless Veterans have comorbid substance use disorders (e.g., alcoholism or injection drug use) which may hasten the progression of liver diseases or place the Veteran at risk of recurrent HCV infection (Ghany, et al. 2009; Aspinall, et al. 2013))**

Aspinall E, Corson S, Doyle J, Grebely J, Hutchinson S, Dore G, et al. Treatment of hepatitis C virus infection among people who are actively injecting drugs: a systematic review and meta-analysis. *Clin Infect Dis*. 2013 Aug; 57 Suppl 2:S80–89.

Cheung R, Hanson A, Maganti K, Keeffe E, Matsui S. Viral hepatitis and other infectious diseases in a homeless population. *J Clin Gastroenterol*. 2002 Apr; 34(4):476–80.

Desai R, Rosenheck R, Agnello V. Prevalence of Hepatitis C virus infection in a sample of homeless veterans. *Soc Psychiatry Psychiatr Epidemiol*. 2003 Jul; 38(7):396–401.

Dominitz J, Boyko E, Koepsell T, Heagerty P, Maynard C, Sporleder J, et al. Elevated prevalence of hepatitis C infection in users of United States veterans medical centers. *Hepatology*. 2005 Jan; 41(1):88–96.

Ghany M, Strader D, Thomas D, Seeff L, American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C: an update. *Hepatology*. 2009 Apr; 49(4):1335–74.

HIV, Hepatitis, and Public Health Pathogens Program (HHPHP)



- **Mission:** Providing policy and guidance in the areas of HIV, viral hepatitis, and public health pathogens
- Program takes a comprehensive approach to HCV & HIV infection

VHA Infrastructure for HIV and HCV care

- **VISNs receive specific funding for HIV and HCV care**
- **HHPHP sets policy and supports field providers**
- **All VAMCs have HIV and HCV Lead Clinicians**
- **VHA has national and local electronic clinical case registries of all HIV+ and HCV+ Veterans in care**

Partnership & QUERI

- **HIV & HCV Community Advisory Boards**
- **HIV & HCV Technical Advisory Boards**
- **Office of Mental Health Services**
- **VA Center for Faith-based & Neighborhood Partnerships**
- **MyHealtheVet**
- **VA Programs**
 - Homeless
 - Substance Use
 - Rural Health
 - Women’s Health
 - Primary Care
 - Nursing Services
 - Health Care for Homeless Veterans
- **Office of National AIDS Policy**
- **Housing and Urban Development (HUD)**
- **Department of Health & Human Services**
- **AIDS.gov**
- **CDC – HIV, Take Charge – Take the Test**
- **BOP – Outreach to Incarcerated Veterans**

HIV in VA

- **VA is the largest HIV care provider in the U.S.**
 - Since 1981, VA has provided care to >64,000 HIV+ Veterans
 - 26,784 Veterans with HIV in VHA care in CY 2013
 - 38% are 50 years of age or older
 - 3% are women
 - 49% are Black
- **Unique needs**
 - High prevalence of psychiatric disorders and homelessness
 - Emerging diseases of aging: heart disease, diabetes
 - LGBT population

HIV Care in VA

- **VHA spent \$764.8 M in FY 2014 on HIV care**
- **The VHA National HIV Program sets policy and supports providers in the field**
 - **Clinical tools**
 - **Education**
- **Veterans with HIV are treated at all VAMCs**
 - **All VAMCs have an HIV Lead Clinician**
 - **VISNs receive specific funding for HIV care**
- **Access to all FDA-approved HIV drugs**
- **VA maintains national and local electronic clinical case registries of all HIV+ Veterans in care**

VA HIV Care Follows HHS Guidelines

Last Updated on
April 8, 2015



Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents



Developed by the HHS Panel on Antiretroviral Guidelines for
Adults and Adolescents – A Working Group of the
Office of AIDS Research Advisory Council (OARAC)

How to Cite the Adult and Adolescent Guidelines:

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Section accessed [insert date] [insert page number, table number, etc., if applicable]

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the AIDSinfo website (<http://aidsinfo.nih.gov>).



Access AIDSinfo
mobile site

History of HIV Testing in VHA

- **Historically, HIV testing has been restricted in VA by Section 124 of Public Law 100-322**
 - Prohibited widespread HIV testing in VA
 - Required written informed consent for HIV testing and scripted pre- and post-test counseling
- **Historically, testing rates have been low in VA**
 - As of 2009, <10% of Veterans in VA care had ever been tested for HIV
 - Over 50% of HIV patients in VA had AIDS at time of diagnosis
- **Restrictions lifted in 2008-9**
 - Section 124 repealed in October 2008 by Public Law 110-387
 - Implementing regulations in 38 CFR took effect in August 2009

VA HIV Testing Policy Changes

August 17, 2009

- **VA National HIV Testing Policy revised**
 - **After Section 124 repealed, VA was able to revise policy to promote widespread routine HIV testing**
 - **Routinely offer HIV testing to all Veterans**
 - **Eliminate written informed consent and prescribed pre- and post-test counseling**
 - **Verbal consent still required and must be documented in medical record**
 - **Written educational materials about HIV testing must be provided to patients**

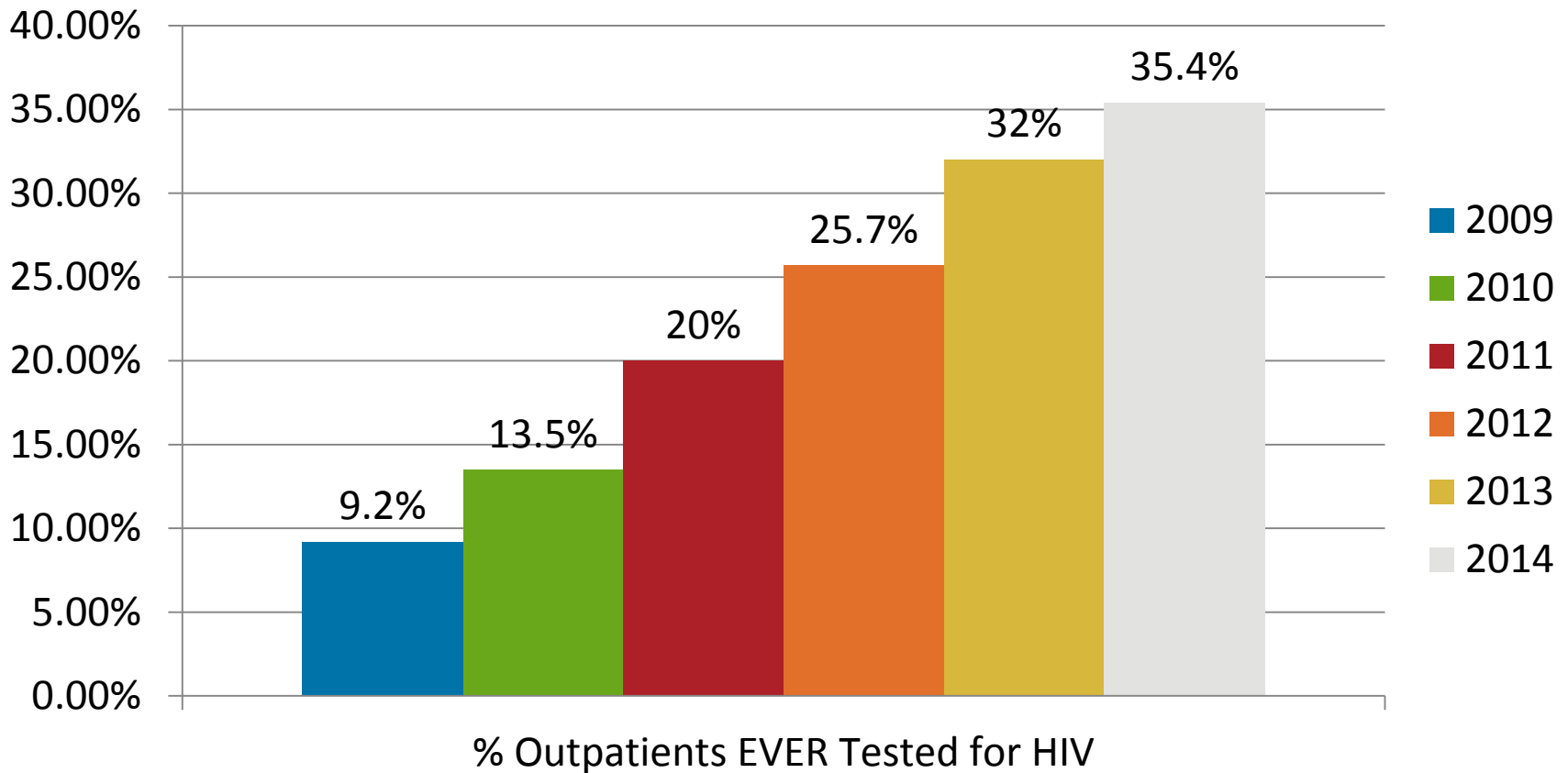
VHA Informed Consent Handbook 1004.01: August 17th, 2009

VHA Directive 2009-036, August 17, 2009

VA Initiatives to Improve HIV Testing Rates

- **Routine HIV test clinical reminder**
- **Funding for facility-level quality improvement projects**
 - **Clinical HIV testing**
 - **Laboratory**
 - **Women's Health**
 - **Homeless Veteran Stand Downs**
- **Social marketing campaign**

Veterans EVER Tested for HIV, 2009-2014



VA National HIV Testing Data for 2009-2013

Variable	2009	2010	2011	2012	2013	2014
Number of Veterans with an outpatient visit in CY	5, 713, 265	5, 888, 599	6, 114, 034	6,231,749	5,596,178	5,715,791
% of Veterans ever tested for HIV	9.2%	13.5%	20.0%	25.7%	32%	35.4%
Number of Veterans with HIV tests performed in CY	142, 345	341, 414	523,361	531,434	362,176	319,999
Number of Veterans with HIV positive tests in CY	1,739	2,233	2,149	2,456	763	665
Seropositivity rate of Veterans tested in CY	1.2%	0.7%	0.41%	0.46%	0.21%	0.21%

Abbreviations: CY= calendar year; HIV = human immunodeficiency virus

HIV and HCV Clinical Consultation Service

Veterans Health Administration



National rapid response for HIV management
and bloodborne pathogen exposures.

Announcing the VHA HIV/HCV Clinical Consultation Service

What it is:

A national, cost-free telephone service providing confidential expert advice on HIV and HCV mono- and co-infection for VHA clinicians. Up-to-date, clinically supported options and advice on testing, prevention, and treatment, including follow-up advice for challenging or ongoing clinical management scenarios.

Who it's for:

VHA clinicians of any experience level who provide primary care and specialty HIV and/or HCV care, and who have general informational or patient-specific questions on HIV or HCV management.

What to expect:

Consultation from clinicians, hepatologists, and clinical pharmacists with expertise in HIV and HCV care. Advice is based on Federal treatment guidelines, VHA guidelines, current medical literature, and clinical best practices.

Pre-exposure Prophylaxis (PrEP) for HIV Prevention

What is PrEP?

- The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

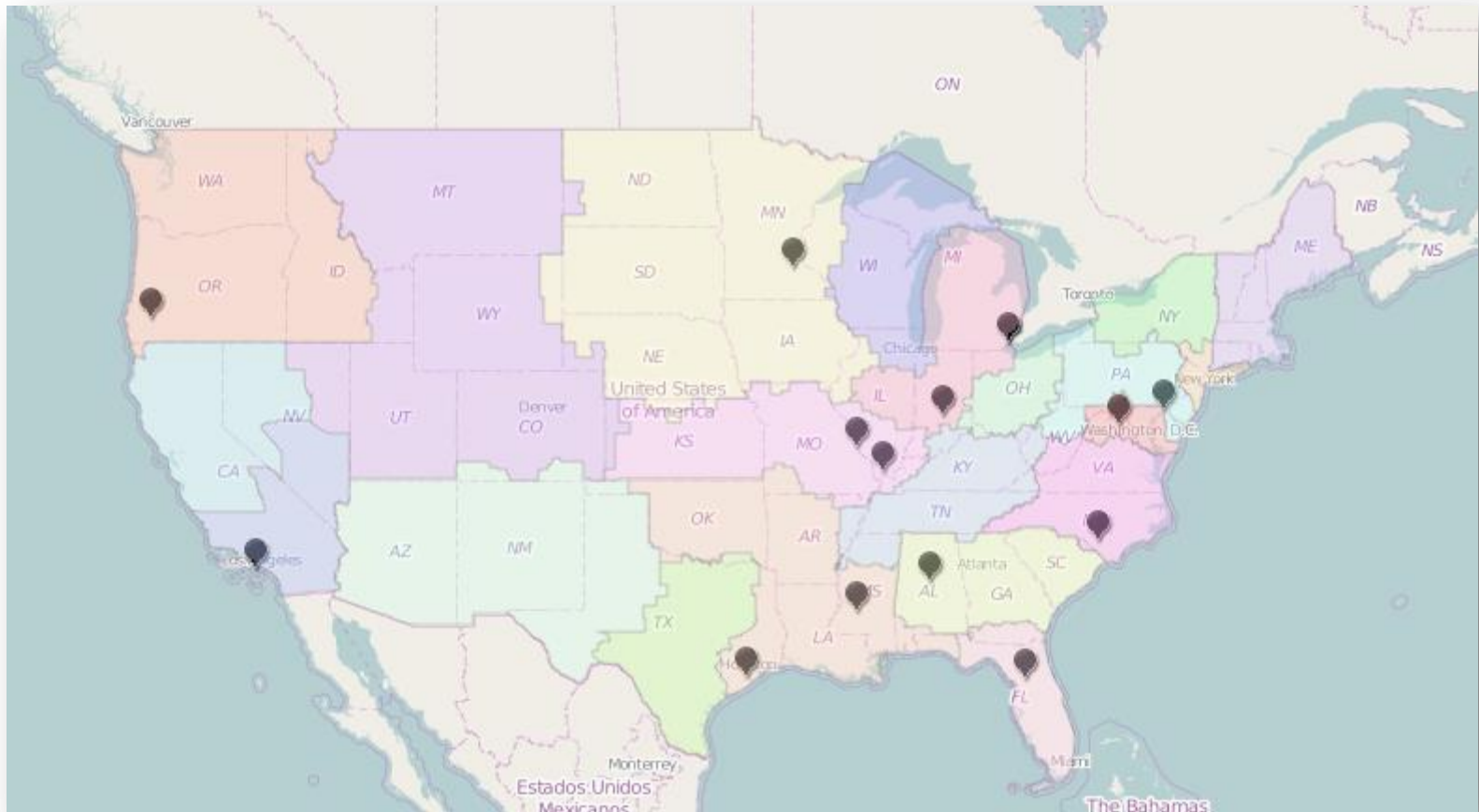
Why take PrEP?

- The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. More of these infections are happening in some groups of people and some areas of the country than in others.

HIV Care Continuum Quality Improvement Projects

- **Purpose:** Promote HIV testing, diagnosis, treatment, and engagement in care efforts targeting Veterans in, or eligible for VHA care.
- **Objective:** Address current gaps in VA along the Continuum of Care for Veterans with HIV and identify best practices. Encourage outreach and collaboration with homeless Veterans programs, substance use disorder treatment programs, CBOCs, and integrated care initiatives.
- Contributed to approximately 700 Veterans being counseled and tested for HIV.

HIV Care Continuum Quality Improvement Projects



HIV Testing Day – June 27

We are encouraging every Veteran to get tested for HIV at least once.

TAKE THE TEST.
TAKE **CONTROL!**

Scan this QR code to visit www.hiv.va.gov

HIV TESTING DAY | JUNE 27

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Public Health

Get Checked

A toolkit containing promotional and educational material was distributed throughout the VHA system to recognize the day and encourage Veterans to get tested for HIV.

World AIDS Day – December 1st



- HHPHP organized communications for a national messaging campaign to promote **World AIDS Day**, which is December 1st.
- Email communications promoted the HIV Care Continuum Initiative and provided VA healthcare providers with access to various toolkits to raise awareness.

Office of Public Health

www.hiv.va.gov

VA » Health Care » HIV/AIDS

HIV/AIDS

- HIV/AIDS Home
- For Veterans and the Public
- For Health Care Providers
- Publications and Products
- Web Resources
- About Us
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QUICK LINKS

- Hospital Locator
- Health Programs
- Protect Your Health
- A-Z Health Topics

Drug Dosing Toolkit
Find dosing schedules, side effects, and tips on taking HIV medications.
[Learn more »](#)

SEARCH HIV/AIDS

HEALTH CARE PROVIDERS ENTER

VETERANS AND THE PUBLIC ENTER

GET UPDATES

Subscribe to Receive HIV/AIDS Email Updates

Information is Available Online
For Both Providers and Veterans

HIV/AIDS Basics

What is HIV? What is AIDS? How is HIV spread? What are the symptoms? Are you at risk? Are there long-term effects? Find answers here

Getting Tested

- Are you at risk?
- Should you get tested?
- What the test involves
- What the results mean
- Resources

Just Diagnosed

- Your Next Steps
- Understanding Lab Tests
- HIV-Related Conditions
- Resources

Treatment

- Treatment Decisions
- Side Effects Guide
- Drug Dosing Toolkit
- Clinical Trials
- Resources

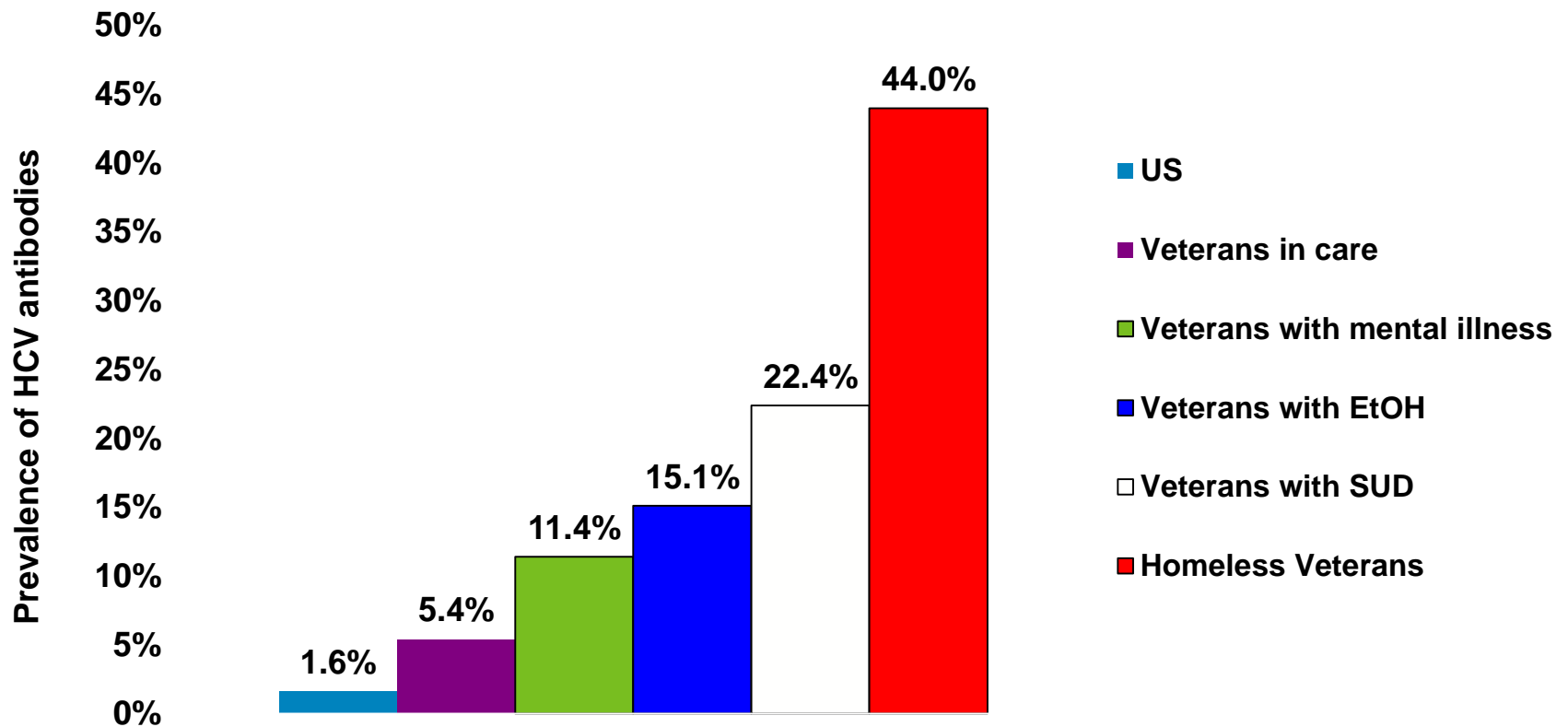
Tips and Tools

- Get Checked. Just To Be Sure
- Questions to Ask Your Doctor
- Tips for Using Condoms
- Tips for Common Side Effects
- See all the tips and tools

Hepatitis C

- **VA is the largest single provider of care in the US for chronic hepatitis C virus infection (HCV)**
- **VA is facing an epidemic of costly, life-threatening complications in HCV patients**
- **VA can cure and prevent complications in the majority of HCV patients in care by 2020**

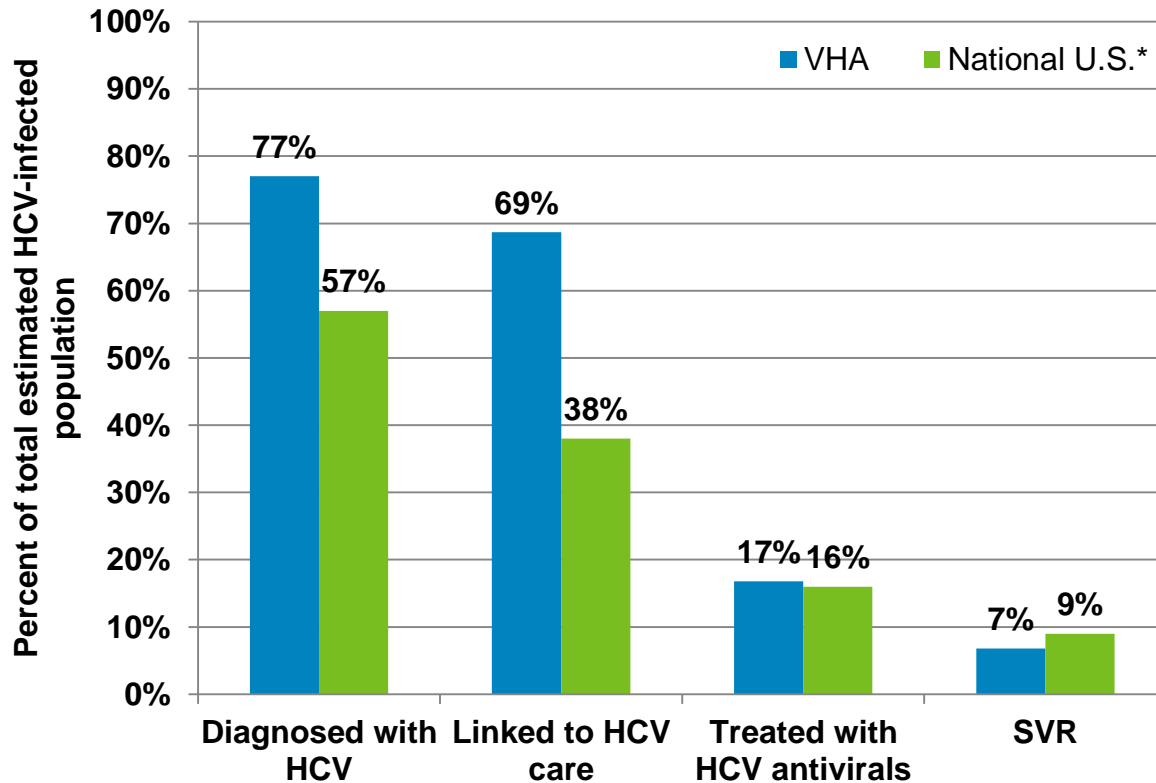
Hepatitis C is a major clinical and public health issue for VA



Dominitz JA, *et al*, *Hepatology* 2005;41:88-96

Desai RA, *et al*. *Soc Psychiatry Psychiatr Epidemiol.* 2003; 38:396-401

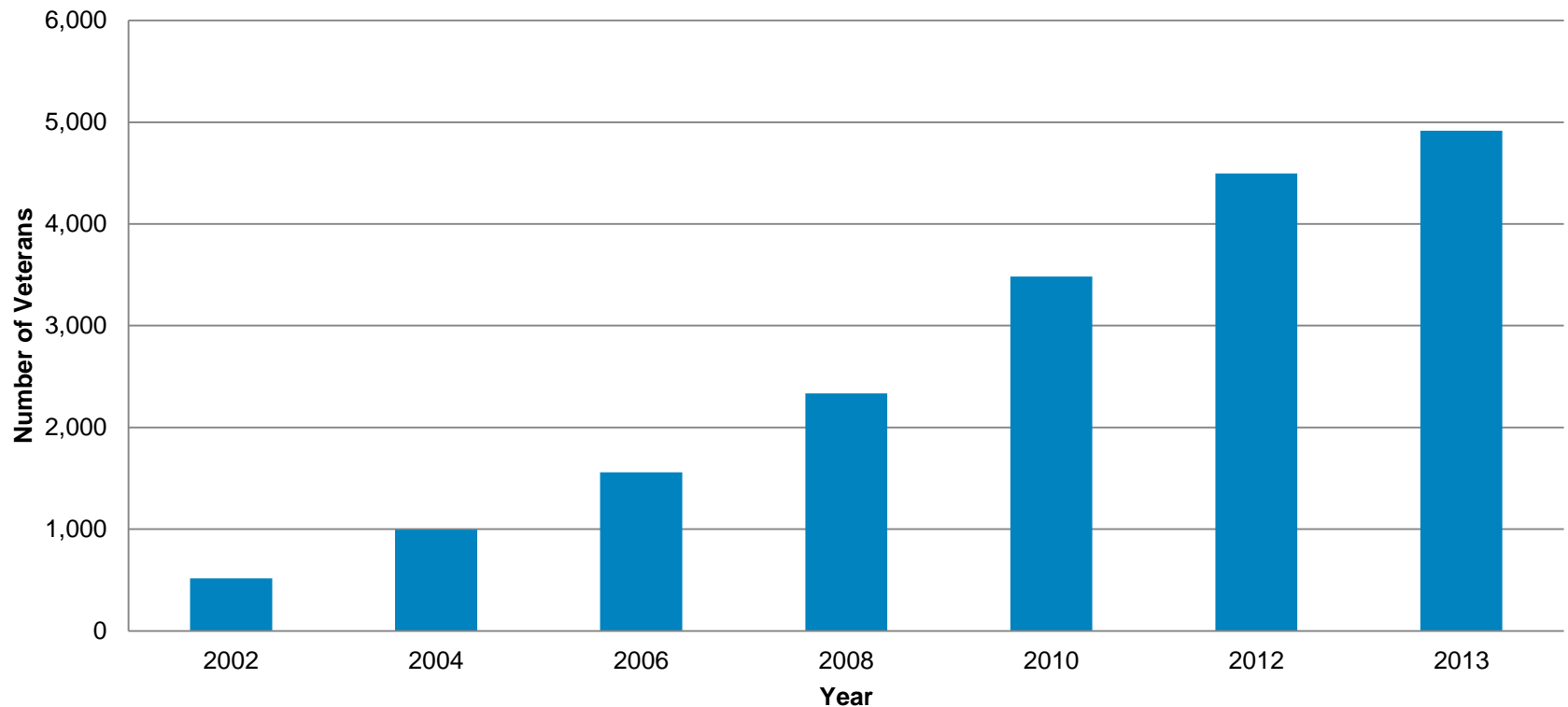
VA is a national leader in HCV care



* National U.S. estimates were derived from the following sources: diagnosis-Spradling, 2012; linked to HCV care- Holmberg, 2013; receipt of antivirals and SVR- Yehia, 2014.

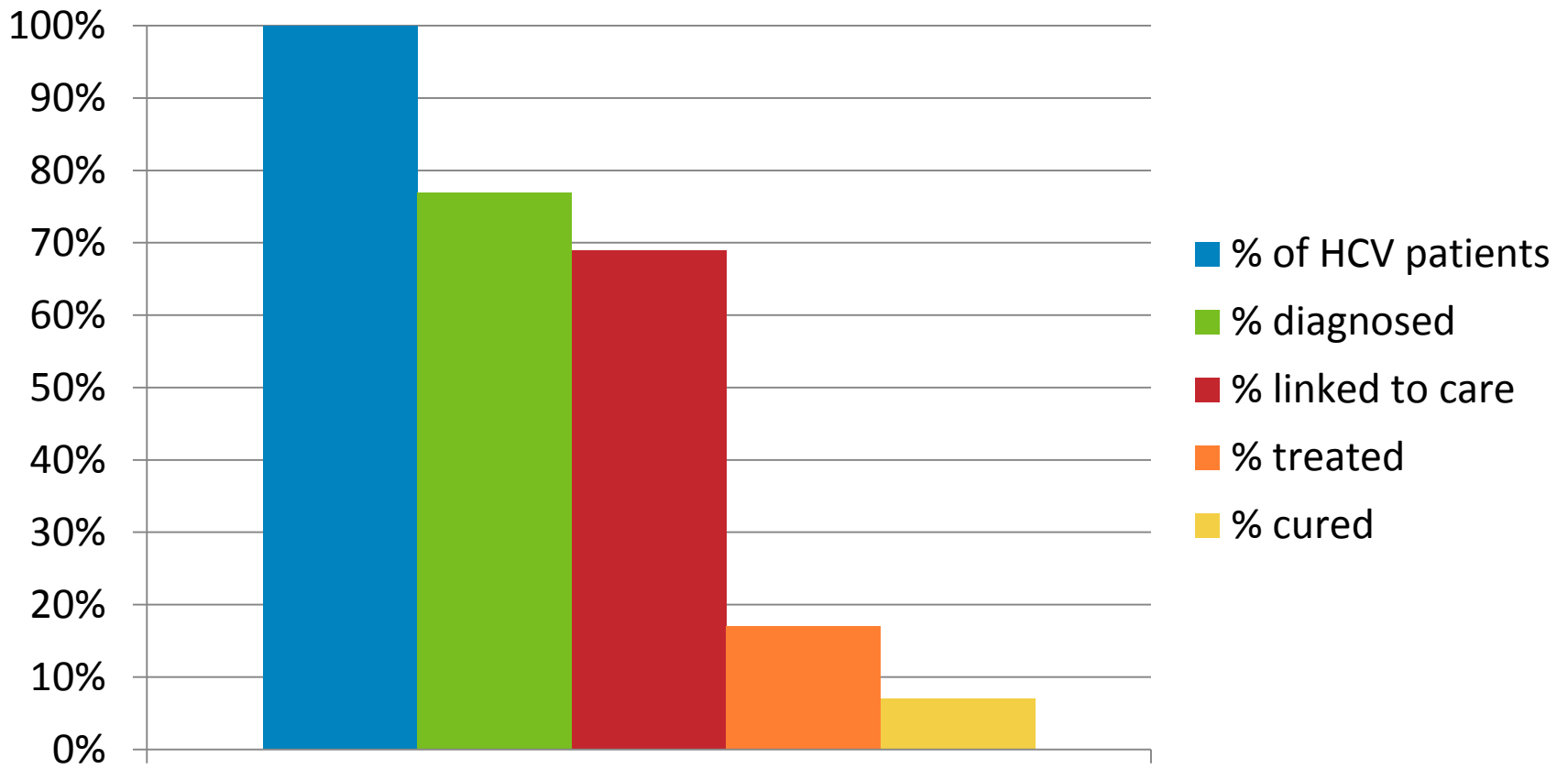
Liver cancer cases in VA HCV patients are increasing rapidly

HCV+ Veterans ever diagnosed with liver cancer*



*median survival for all patients is <24 months

VHA Cascade of Care - 2014



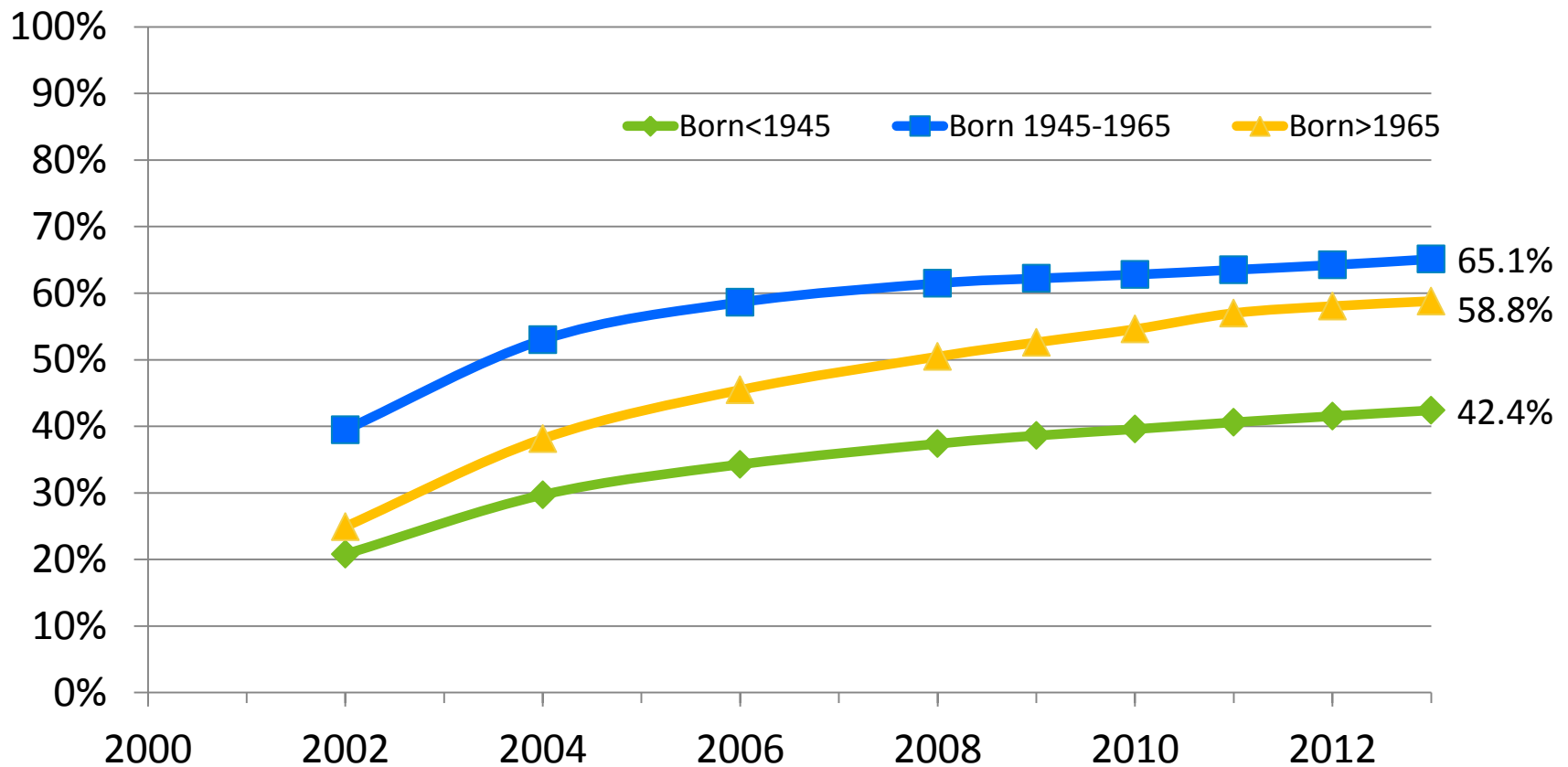
VA HCV testing initiatives

- **Official policy change to birth cohort testing (Jan 2014)**
- **Electronic clinical reminder (under development)**
- **Provider education (ongoing)**
- **Social marketing campaigns (ongoing)**
- **Data feedback (ongoing)**

Testing and Diagnosis

- **Small grant program to increasing testing among homeless programs in VA (both HCV and HIV)**
- **Increasing focus on increasing screening in the Birth Cohort (1945-1965)**
 - **65% currently tested**
- **Implementation of a national clinical reminder for HCV incorporating birth cohort testing**
- **Currently >90% positive antibody assays in VA have confirmatory testing done**

VA HCV screening rates 2002 – 2013



HCV electronic clinical reminder

Reminder Resolution: Hepatitis C Ab Screen

VA recommends hepatitis C antibody testing (anti-HCV) for all veterans at risk for infection. Testing requires informed consent. Verbal consent is sufficient; written consent is not required.

VHA National Center for Health Promotion and Disease Prevention (NCP) Guidance Statement:
[Screening for Hepatitis C](#)

Screening

- Order anti-HCV lab test - if the patient gives verbal consent...
- Record prior or outside hepatitis C antibody screen.
- Stop Screening: Hepatitis C antibody screen not clinically indicated.
- Defer antibody screening for 4 months
- Veteran declines hepatitis C antibody screen.

Linkage to Care

A Systems Redesign Approach

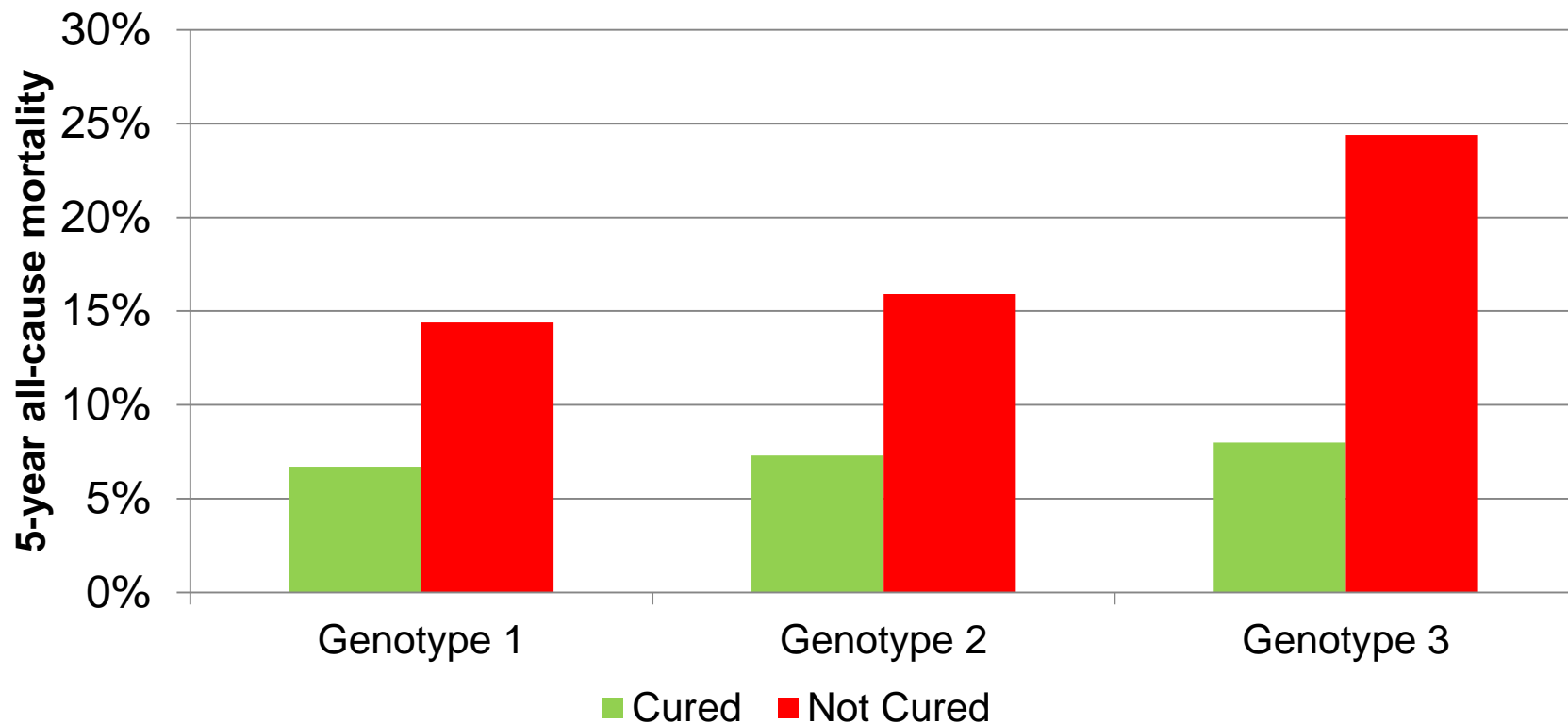
- **System Redesign studies how the system works together & how to improve performance**
 - Map the Current State process to find opportunities for improvement and identify strong practices.
 - Map the Ideal or Future state to determine the path forward
- **The goal of SR is to “create a culture of continuous improvement”**
- **The people who do the work drive the change**

Linkage to Care: HIV/HCV in Clinical Psychology

- Accredited one year postdoctoral fellowship program for clinical psychologists
- Collaboration between VHA Office of Public Health and Office of Academic Affiliations
- Fellowship slots at 11 VA Medical Centers
- Components
 - Comprehensive didactic curriculum
 - HIV clinical care rotation
 - Hepatitis C clinical care rotation,
 - Minor rotation in substance use disorder treatment,
 - Optional minor rotation in research focused on HIV/HCV and MH/SUD issues

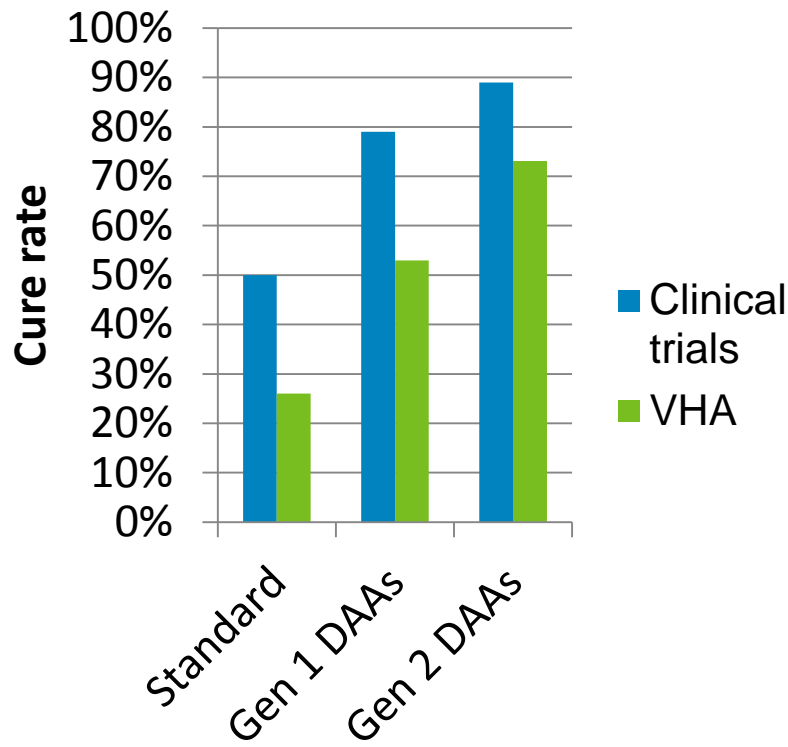
HCV anti-viral therapy prevents death

HCV Cure and Risk of Death

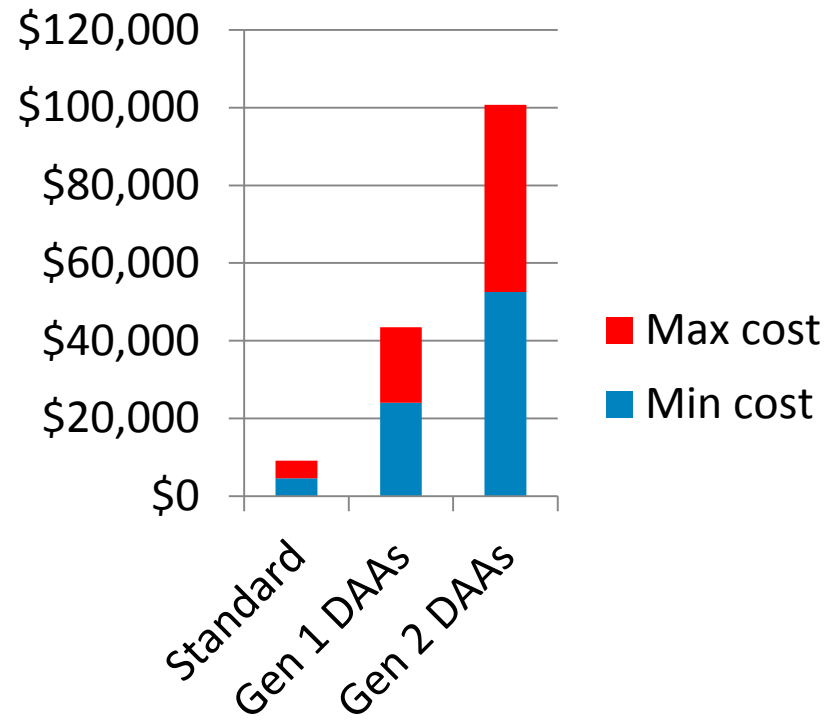


New direct-acting anti-HCV drugs (DAAs) are much more effective and tolerable, but much more expensive

Cure rates for HCV drugs



Per-patient cost of HCV treatments



Issues in anti-viral treatment

- **Patient-level**
 - Alcohol and substance use disorders
 - Serious mental illness (depression, schizophrenia)
 - Homelessness
- **System-level**
 - Efficient linkage to care
 - Availability of integrated mental health services
 - Geographic location relative to patients
 - Provider knowledge/experience
 - Infrastructure (lab, clinical pharmacists, case managers)

VA HCV treatment initiatives

- **Allocation of \$700M for anti-viral drug purchases**
- **New drugs added to VA National Formulary (April 2014, January 2015)**
- **Updated VA HCV treatment guidelines (February 2015)**
- **Training new providers to increase capacity**
- **System redesign to improve access**
- **Monitoring of drug uptake and outcomes (ongoing)**
- **Treatment of comorbidities**
- **Provider education (ongoing)**
- **Data feedback (ongoing)**

Training and Education

Training	Intended audience
Psychology fellowship	Mental health providers
SCAN/ECHO	Primary care physicians
Preceptorship	HCV providers
Brief alcohol intervention	Primary care, MH, HCV providers
Psychosocial aspects of transplantation	MH providers, transplant coordinators
Liver disease in primary care	Primary care providers
HCV Webcasts (LiveMeeting)	HCV, MH, primary care providers
Hot Topics	HCV providers
Mini-sabbaticals	HCV, primary care providers

VA Hepatitis C Resource Center Products

Provider Resources

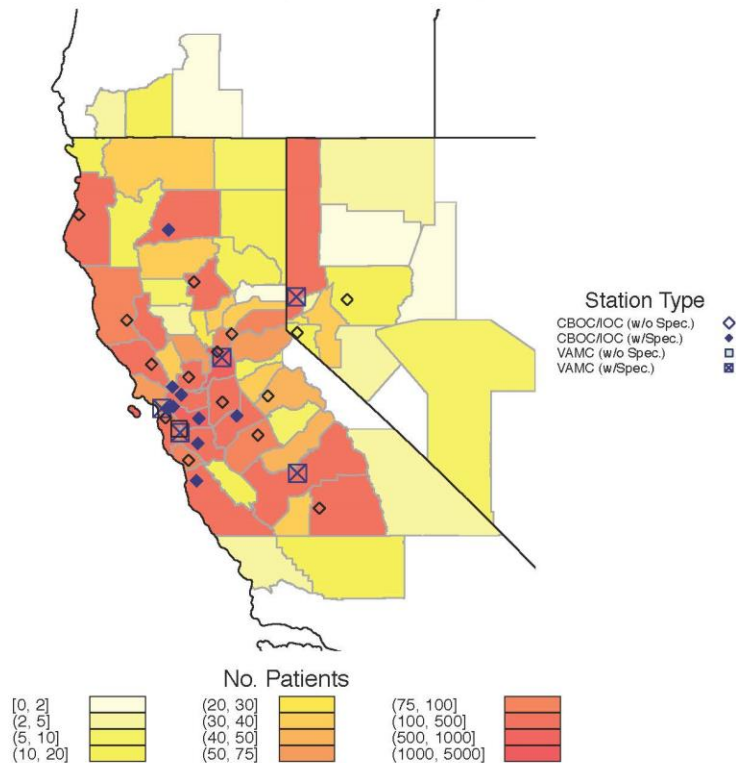
- **Print**
 - AUDIT-C scoring cards
 - Hepatitis A/B immunization
 - Hepatitis C Support Group
 - Liver Telehealth Guide
 - Brief Alcohol Intervention Teaching Guide
- **Web**
 - Evaluating LFT abnormalities
 - LiveMeeting Webcasts on HCV
- **Conferences**
 - Hot Topics in Liver Disease
 - Protease inhibitor training
 - Liver Disease for Primary Care Physicians
 - Mini-sabbaticals/mini-residencies
- **Published guidelines**
 - Antibody screening and confirmatory testing
 - Co-infected patients
 - Anti-viral therapy
 - Cirrhosis
 - Liver cancer
 - Monitoring treatment

Patient Resources

- **Patient Guides**
 - Hepatitis C
 - Cirrhosis
 - Liver Cancer
 - New HCV Drugs
 - Liver Transplant
 - Alcohol
 - Managing Treatment Side-effects
- **Patient Videos**
 - ABCs of Hepatitis
 - Living with Hepatitis C
- **Patient tools**
 - Drinking diaries
 - Triple therapy workbooks
 - Education classes
 - Toolkits for patients with special learning needs

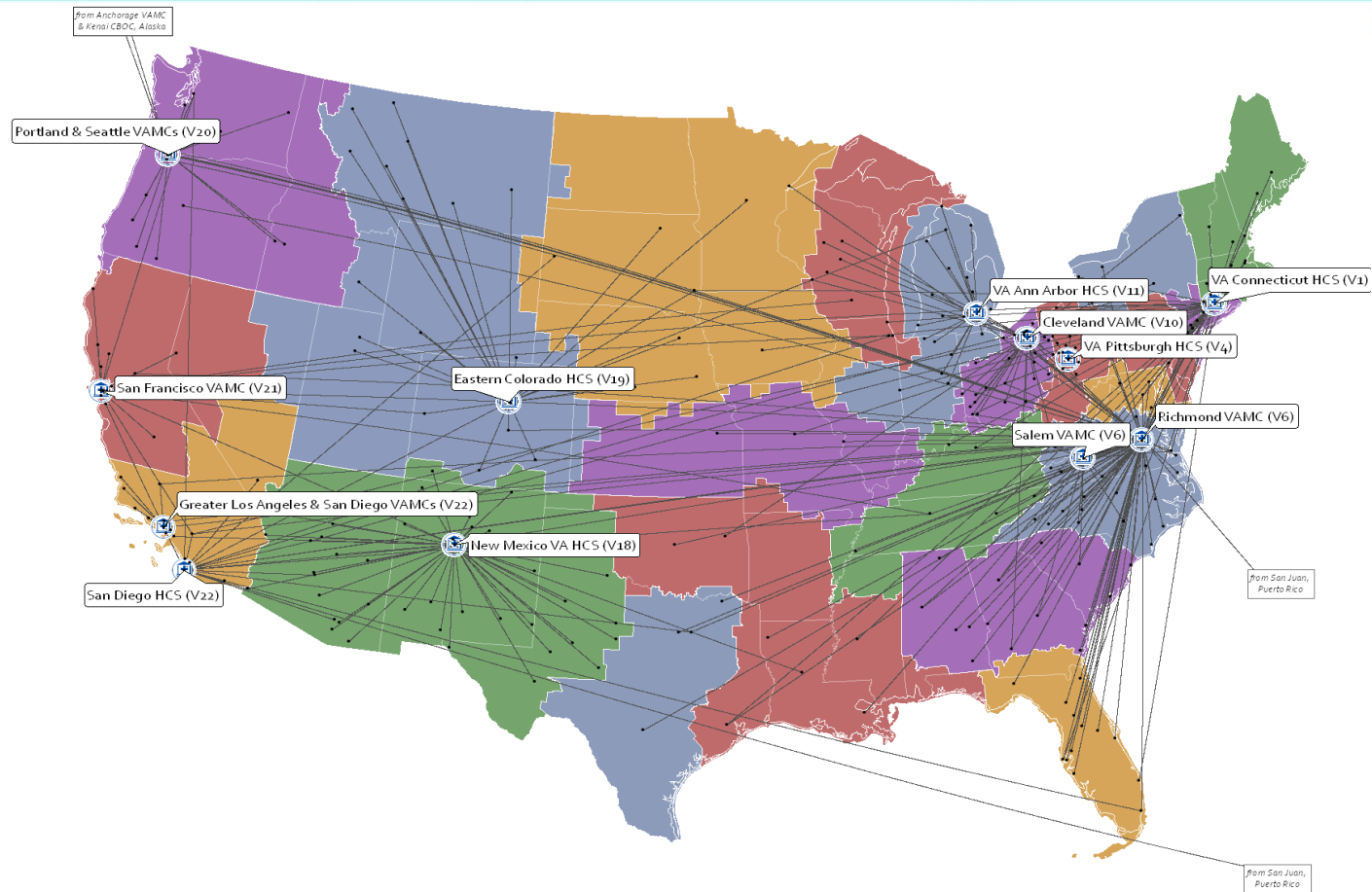
Increasing access, quality, and efficiency

Hep-C Patients by County in VISN 21
(Treatment Naive)

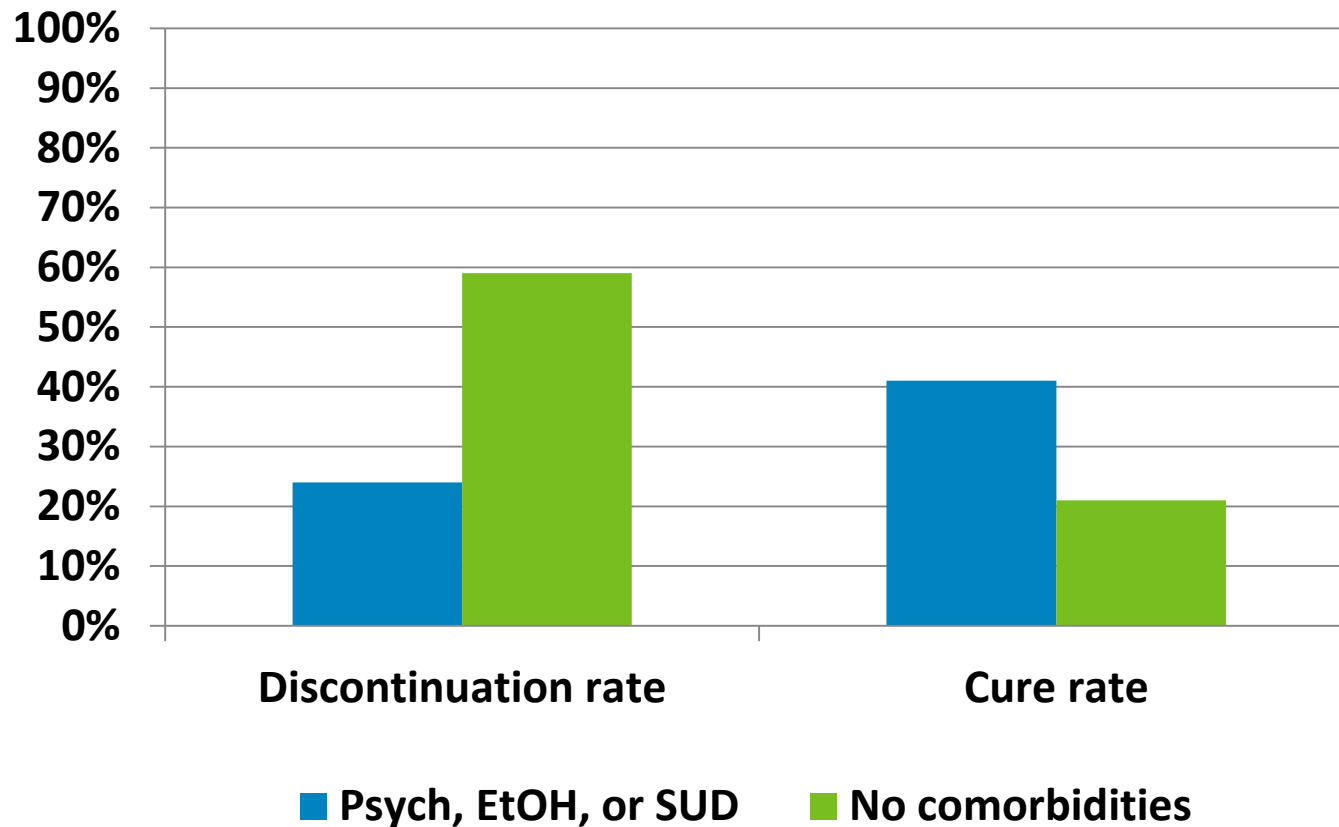


- System redesign
 - VISN HCV Innovation Teams
 - Natl Hepatitis C Resource Center
 - HCV Dashboards
- Increasing capacity
 - Training new providers
 - SCAN/ECHO
 - Mini-residencies
 - Educational programs
 - Psychology Fellowships
- Clinical Resources
 - Data reports
 - Treatment guidelines
 - Patient education

SCAN-ECHO Spread in VHA-600 CBOCs

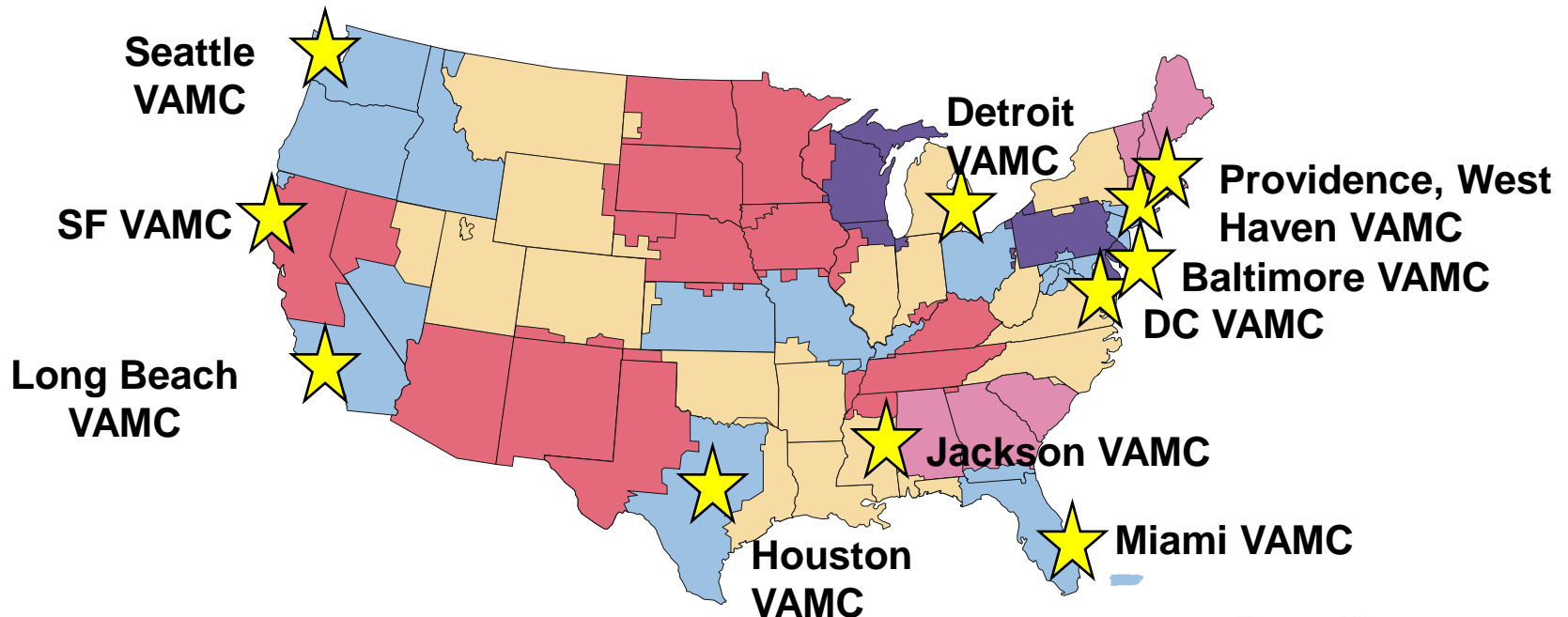


Integration of mental health services into HCV care improves outcomes



VA clinical psychology fellowship in MH/SUD issues in HCV and HIV patients

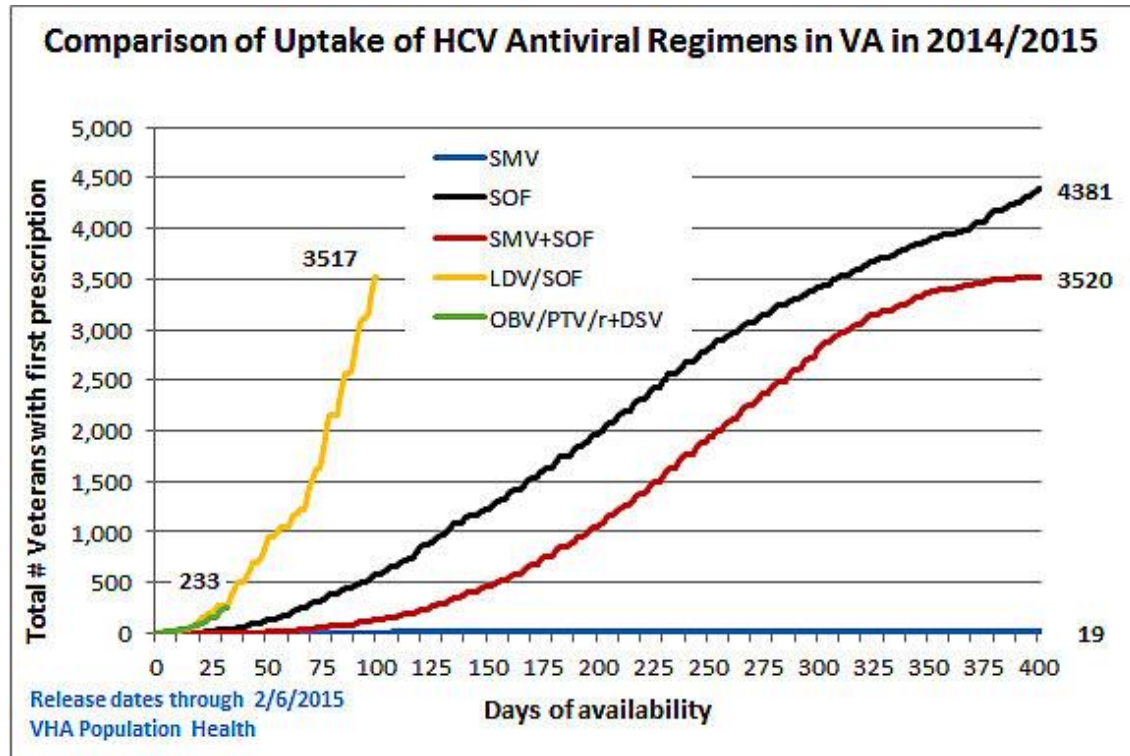
- In 2011, VA National Viral Hepatitis Program, in collaboration with VA Office of Academic Affiliations, launched a psychology fellowship specifically training providers on MH needs of Veterans with HCV and HIV
- Four sites competitively selected in 2011; expanded to 11 sites in 2015



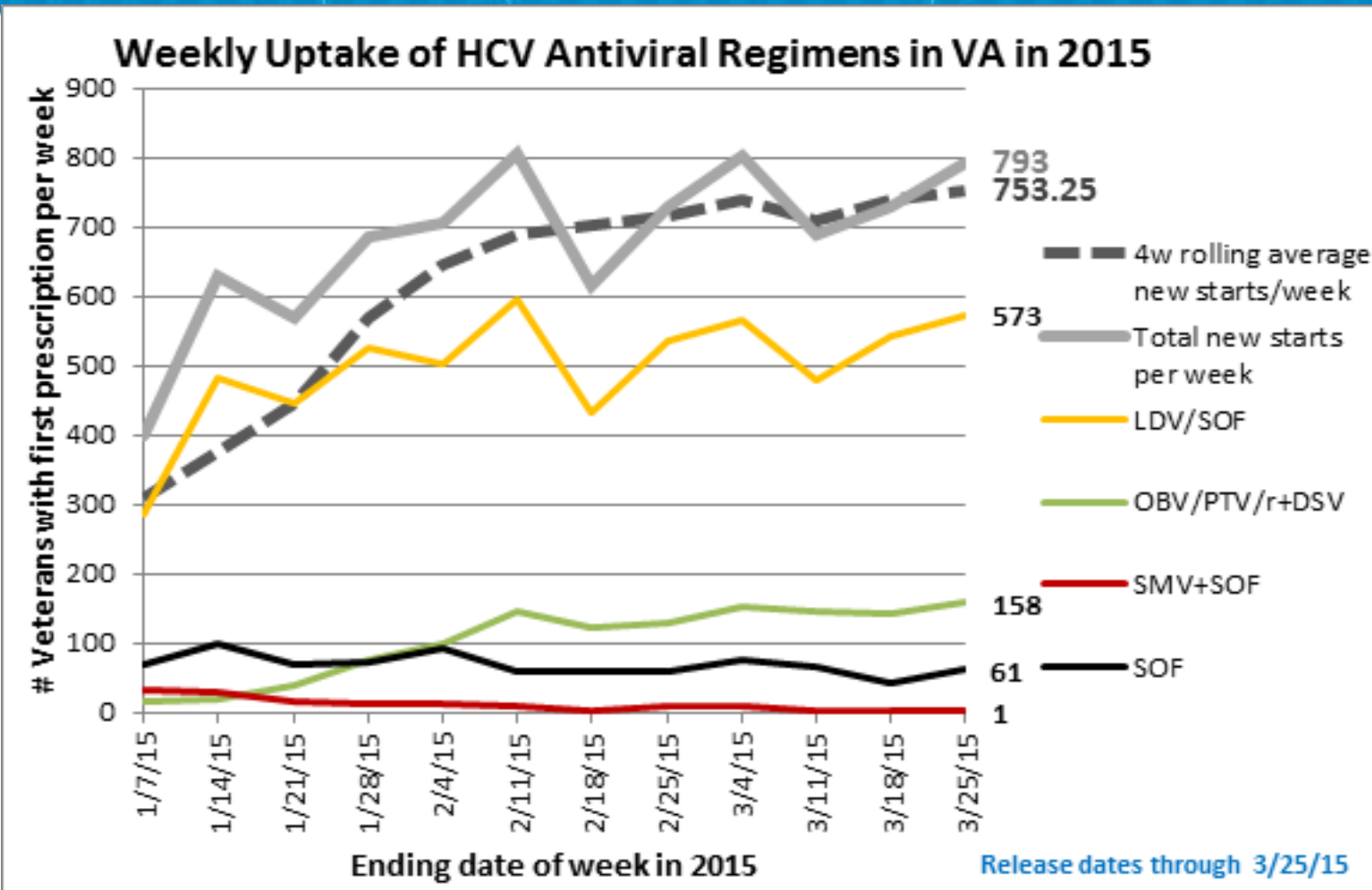
VA's Patient selection

- **Confirmed diagnosis – VA has tested and confirmed 174,000 HCV infected Veteran patients**
- **Ability to adhere to therapy (12-24 weeks, monitoring visits)**
- **Disease stage (determines urgency of treatment and regimen)**
- **Patients for whom therapy may not be appropriate**
 - **Medical comorbidities (e.g., end-stage kidney disease)**
 - **Inability to adhere to therapy (e.g., active alcohol/substance use, serious mental illness, history of non-adherence)**
 - **Patients who cannot adhere should be referred for treatment of underlying problem and reassessed**
 - **Many patients with alcohol use or SUD can be successfully treated**
 - **Limited life expectancy (i.e. non-curative hepatocellular cancer)**

Uptake of new HCV drugs in VA



VHA treatment capacity is >750 for new treatment starts/week



Office of Public Health

www.hepatitis.va.gov

VA > Health Care > Viral Hepatitis

Viral Hepatitis

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- For Health Care Providers
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- About Us
- More Health Care

QUICK LINKS

- Hospital Locator
- Health Programs
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NEW HEPATITIS C DRUGS
Find the latest resources on two new hepatitis C drugs: sofosbuvir and simeprevir.
[Learn more >](#)

HEALTH CARE PROVIDERS **VETERANS AND THE PUBLIC**

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GET UPDATES

Subscribe to Receive Hepatitis Email Updates

Veterans Crisis Line
1-800-273-8255 PRESS 1

Hepatitis C Testing Information for Veterans

Fact Sheet | April 2014
www.hepatitis.va.gov

What is hepatitis C?

- Hepatitis C is an infection of the liver caused by the hepatitis C virus (HCV).
- HCV exposure can lead to chronic (lifelong) HCV infection that can progress to liver damage, including cirrhosis and liver cancer.
- There is no vaccine to prevent HCV infection.
- Having an HCV test is the only way to know if you have HCV infection.
- If you have HCV infection, you may not show symptoms for years, but can still pass the virus to others.

Who should get a hepatitis C test?

Talk with your healthcare provider about being tested for HCV infection if you:

- Were born between 1945 and 1965
- Are a current or former injection drug user or used other equipment to inject or snort drugs
- Were treated for a blood clotting disorder
- Received a blood transfusion or organ transplant before 1992
- Are on kidney dialysis treatment
- Are a Vietnam-era Veteran
- Have abnormal liver test results
- Work in health care or public safety and have a needlestick or injury with another person who has hepatitis C

Taking Your Hepatitis C Therapy: SOFOSBUVIR

Sofosbuvir

- Dose: 1 tablet (400 mg), taken at the same time each day, with or without food
- Store at room temperature (<86° F) away from direct sunlight

Ribavirin

- You will be given 200 mg capsules or tablets; your dose will be based on your weight and may change during the course of treatment
- Take with food to minimize stomach upset such as nausea and vomiting
- Use sunscreen and limit sun exposure
- Do not consider pregnancy until at least 6 months after treatment for either partner has ended

Do You Need to Take Peginterferon? Yes No

- You may or may not be prescribed Peginterferon
- If Peginterferon is prescribed, you will be given prefilled syringes or pens; store in the refrigerator
- Dose: Pegasys* _____ mcg/week or Peg-Intron* _____ mL (_____ mcg)/week
- This medication is injected once weekly—take it the same day, same time

My Medication Schedule

Start Date: _____ End Date: _____ Total Expected Treatment Duration: _____ weeks

Morning	Evening	Inject weekly
Time: _____ am	Time: _____ pm	Day: _____ Time: _____ am/pm

Information is Available Online
For Both Providers and Veterans

Questions?

publichealth@va.gov