SFDPH’s Hepatitis C Initiative: Program Design, Implementation, and Progress

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San Francisco by the numbers

- SF with > 16,000 unduplicated cases of HCV since data collection started (past or present cases)
- 22,500 PWID (Chen 2015 AIDS & Behavior)
  - NHBS data suggest 60% (n=13,500) are living with HCV
- 16,000 HIV+ individuals in SF end of 2015*
- > 2400 HCV+ patients in SF Heath Network (primary care clinics of SFGH)
- 6,866 homeless individuals per One Night Count 2015
- Highest rate of liver cancer in the US

SFDPH’s 5 HCV Programmatic Goals

1) Increase HCV awareness among affected populations
2) Increase community and clinic-based screening
3) Develop a linkage-to-care program
4) Increase SFHN primary care provider capacity to treat HCV
5) Increase access to curative therapies

Focus on Vulnerable Populations
- Messaging for and by affected populations
- Screening at syringe access, jail, and drug treatment
- Focus linkage services on vulnerable populations
- PCPs skilled in working with vulnerable populations
- PCPs willing to treat vulnerable patients if appropriate

Coordination with internal and external partners
Goal #1: Increase awareness among affected populations.

Messaging for and by drug users
Goal #2: Increase community and clinic-based screening.

<table>
<thead>
<tr>
<th>Where does HCV screening happen in San Francisco?</th>
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<tr>
<td>• Primary care clinics</td>
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<tr>
<td>• Syringe access programs</td>
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<tr>
<td>• County jail</td>
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<tr>
<td>• Transgender community group</td>
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<tr>
<td>• Methadone programs</td>
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<tr>
<td>• Residential treatment programs</td>
</tr>
<tr>
<td>• Single room occupancy hotels</td>
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<tr>
<td>• City Clinic</td>
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<tr>
<td>• Mobile units</td>
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<th>For which vulnerable populations does SFDPH support screening?</th>
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<tbody>
<tr>
<td>• People who inject drugs</td>
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<tr>
<td>• People incarcerated in the county jail</td>
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<tr>
<td>• Transgender women</td>
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<tr>
<td>• MSM on PrEP</td>
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<td>• People who smoke stimulants</td>
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Goal #3: Develop a Linkage-to-Care Program*

3 SF-based programs funded in 2016 (Glide, SFAF, HR 360)

Aims

1. Increased access to HCV screening in community-based screening
2. Increased number of people with HCV who get connected to care
3. Improved HCV treatment initiation and completion rates

*Community-based linkage supported by CDPH, General Fund, and SAMHSA
4) Increase SFHN primary care provider capacity to treat HCV

- Patient-centered
- Feasible & safe
- Efficient
- Satisfying (to staff and patients alike)
- Increases access for vulnerable populations
- In the SFHN, primary care providers are skilled at caring for people who use drugs.
- Allows for treatment of HCV in conjunction with opioid replacement services
4) Increase SFHN primary care provider capacity to treat HCV

- **Trainings**
  - Since January 2016, approximately 130 clinical staff participated in in-person PC-based HCV Treatment trainings

- **Electronic consultation**
  - Pre-treatment work-up
  - Regimen selection
  - Navigating insurance
  - Monitoring on treatment

- **Technical Assistance to individual clinics**
  - Primary Care settings
  - Adolescent health program
  - Residency training programs at UCSF
  - Shelter Health & Street Medicine
  - (Substance use program and psychiatry to come soon)
#5 Increase access to curative therapies.

Get outside the 4-wall clinic!

- Shelters
- Methadone programs
- Street Medicine
- Syringe exchange
- Mental health clinics
- Supportive housing
- Residential treatment programs
End Hep C SF

- Access to HCV medications
- Primary care-based treatment
- Methadone-based DOT
- Linkage to HCV care
- Access to specialty care
- Outreach & education
- Safer injection counseling
- HCV rapid testing
- Opiate replacement therapy
- Syringe access
- Re-infection prevention counseling

PREVENTION OF INFECTION & REINFECTION
TREATMENT ACCESS & DELIVERY
IDENTIFY UNDIAGNOSED HCV
End Hep C SF
SF
Thank you

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