



# Microelimination Update

Efforts to Eliminate HCV among People Living  
with HIV in San Francisco

Progress as of June 2020

Katie Burk  
Chris Toomey  
Jordan Akerly

# What do we mean when we say *micro-elimination*?

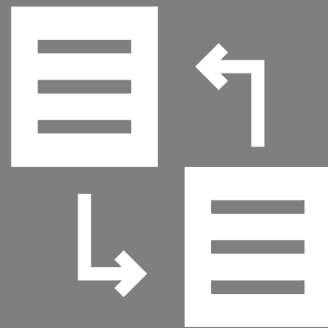
- A micro-elimination approach entails “pursuing elimination goals in discrete populations through multi-stakeholder initiatives that tailor interventions to the needs of these populations.”\*
- Benefits of a micro-elimination strategy:
  - Less complex and costly than full elimination
  - Supports momentum and teachable moments for a broader elimination strategy

• \*Lazarus JV, et. al. [Semin Liver Dis](#). 2018 Aug;38(3):181-192. doi: 10.1055/s-0038-1666841. Epub 2018 Jul 9.

# HIV/HCV Micro-Elimination in SF: Recommendations for Success

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**Implement Robust  
HCV/HIV  
Surveillance  
System; Enable  
Data to Care**



**Develop Programs  
for Care Settings,  
Within & Beyond  
Public Safety Net**

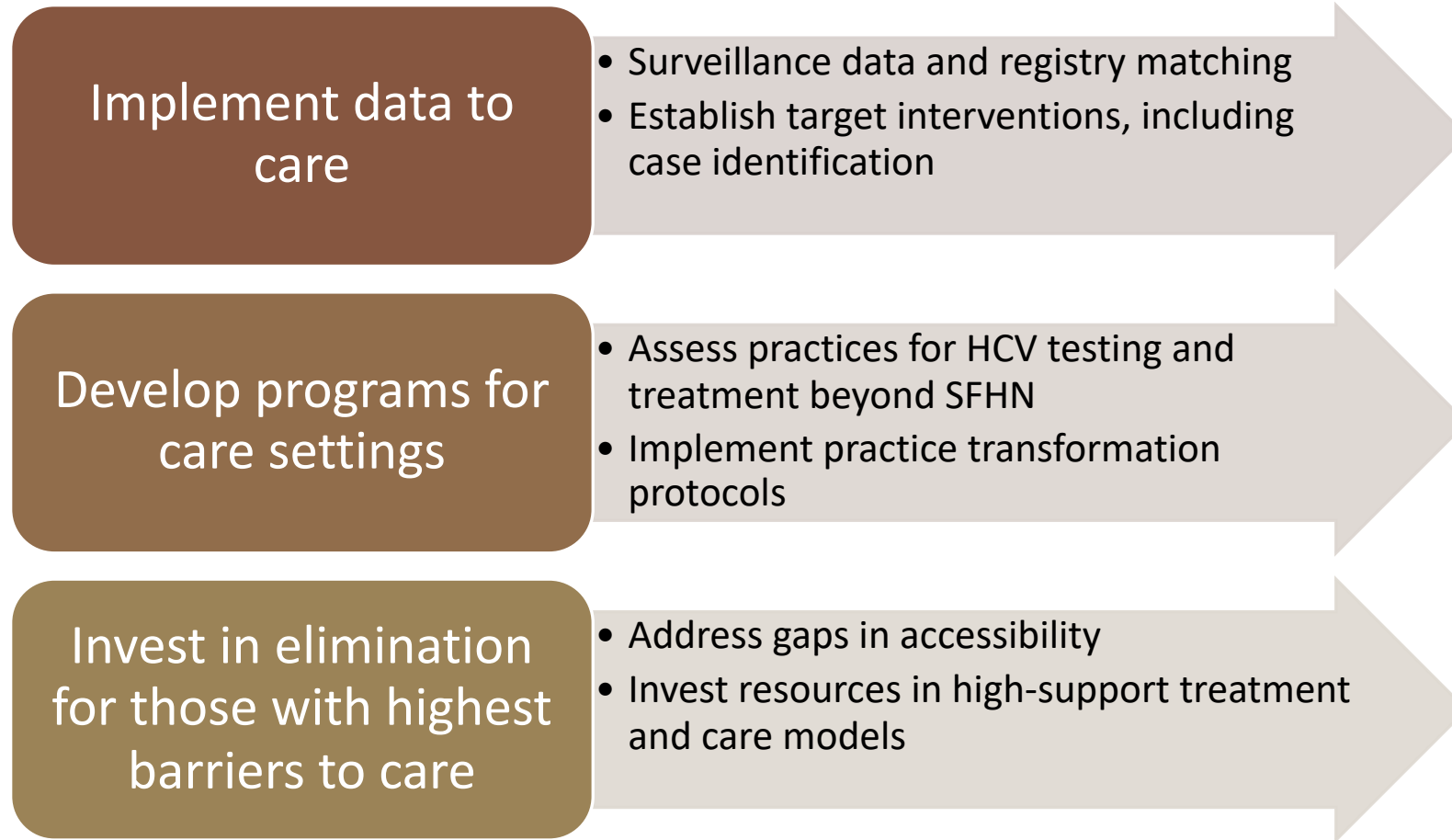


**Invest in Elimination  
for Communities  
with Highest  
Barriers to  
Treatment and Care**



# HIV/HCV Micro-Elimination in SF: Components for Success Break Down

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# SFDPH Data – Based Strategies in HIV-HCV Coinfection

Chris Toomey

# How HCV Surveillance Epi System is Set Up

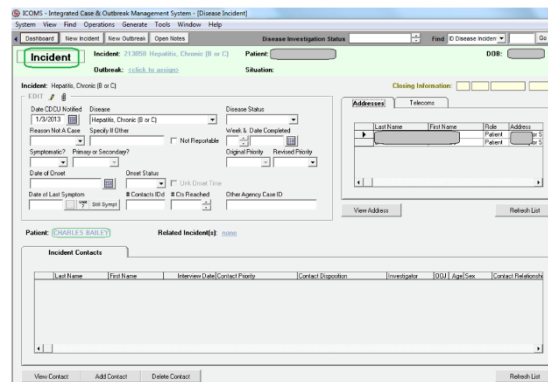
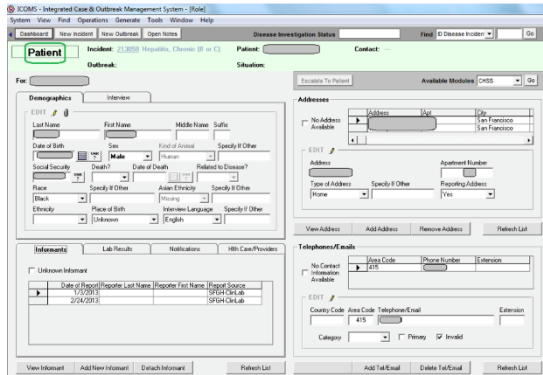
## THEN: ICOMS

Aggregated Incident HCV Data from Several Sources,  
Including Limited ELRs

Relied Heavily on Manual Data Entry

## NOW: PHNIX/ MAVEN

Person, Case Records Generated Automatically,  
Relies on ELRs

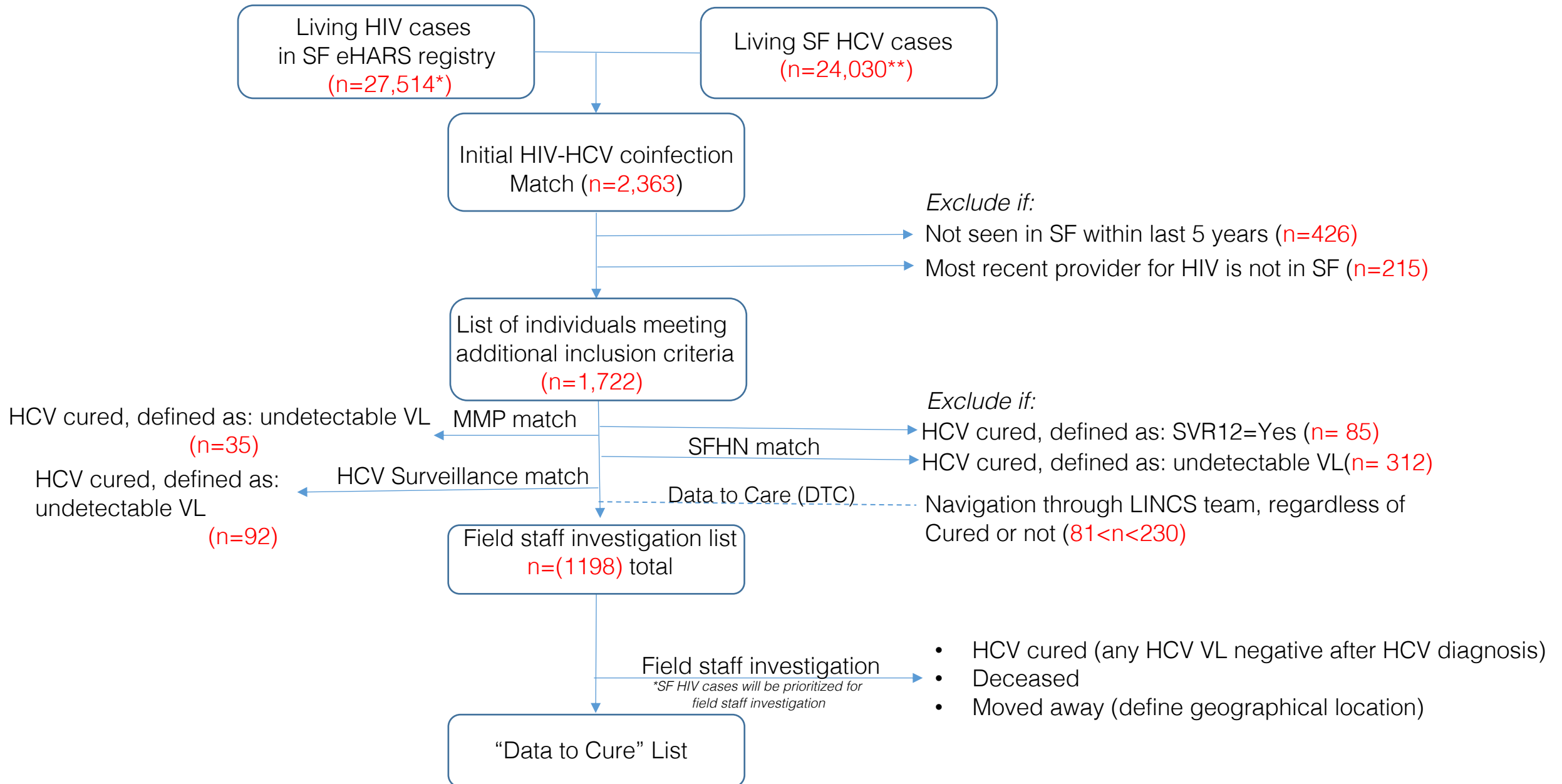


...Still a work in progress – limited capability to look at  
cases over time (longitudinally),

Or to make determinations about cure status  
(no HCV- lab streams)

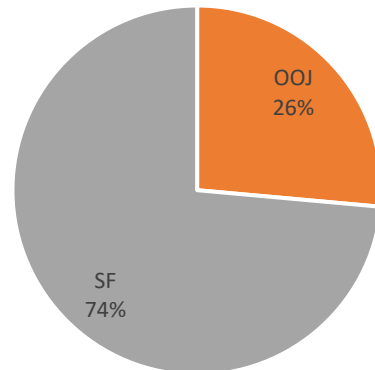
Technical/Programmatic Challenges

# Microelimination data process flow

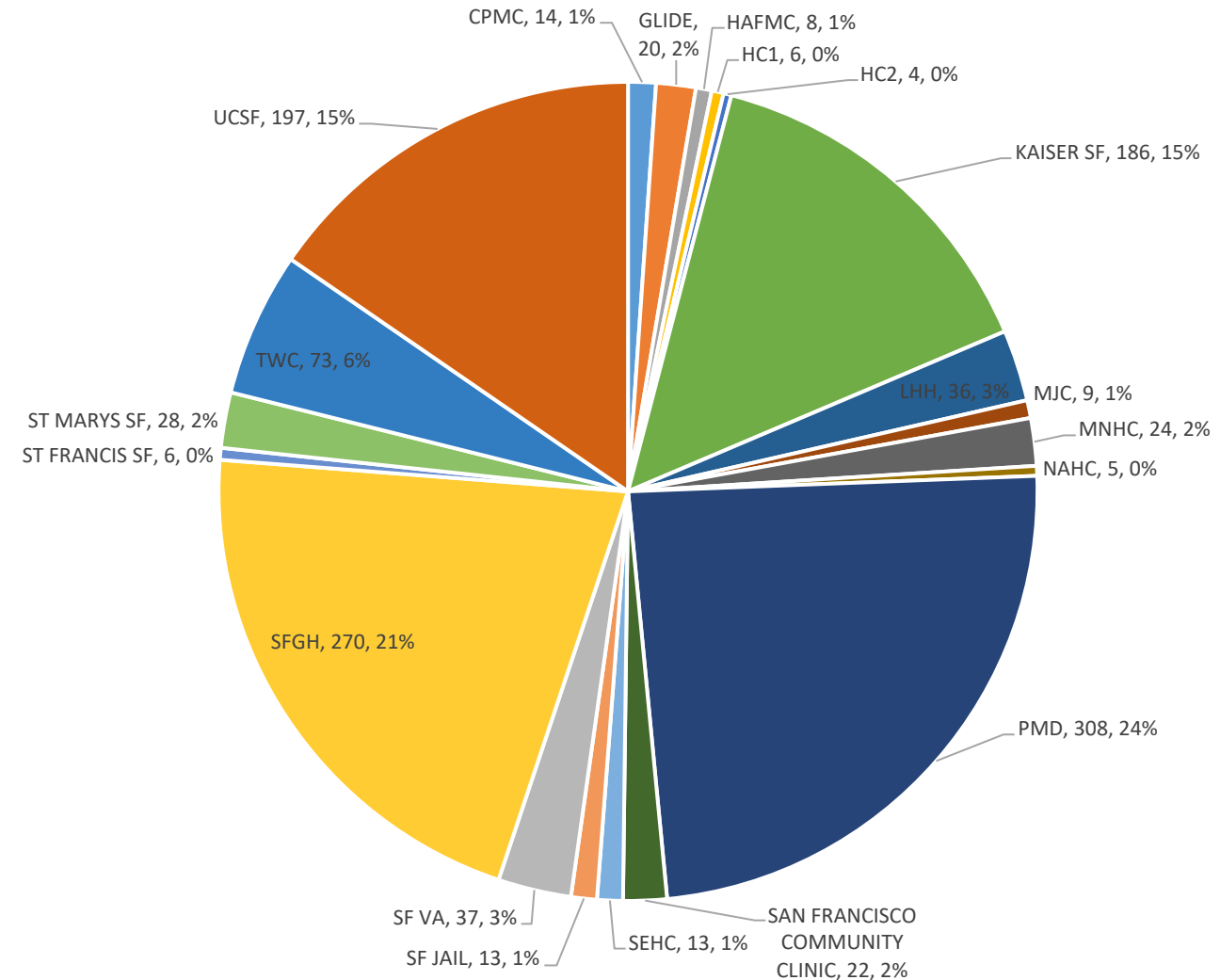


# Barriers/Challenges

- Privacy concerns
- Data sharing/data agreements
- Address and clinic data from HIV data sources – not HCV doctor
- ~1/4 patients seen in SF residing OOJ



Clinics where coinfecting patients (no known HCV cure) are receiving care—we think a majority of these have been cured



\*Clinics with <5 coinfecting patients excluded



# HCV Care Navigation

Jordan Akerly



# History of HCV Navigation at Shanti

- 2015 - Participates in monthly HCV Community Provider meetings
- Spring, 2015 - Works with Facente Consulting to conduct a needs assessment of HCV Services for individuals with HCV mono-infection
- August, 2015 - Establish HCV Care Navigator position
- April, 2016 - Joins the newly formed End Hep C initiative as a workgroup member and community partner
- Late, 2016 - Along with SFAF, provides HCV care navigation to individuals receiving HCV treatment through the HERO Study

# HCV Care Navigation (CN) at Shanti

- CN available for people living with HIV/HCV who live in San Francisco
- Clients receive 1-on-1 support from CN
- Care navigation includes treatment readiness, adherence, reinfection, and related psychosocial support
- Advocacy to assist with navigation of systems of care
- Services are client-led and based in the principles of harm reduction
- Navigation often includes: appointment accompaniment, pharmacy assistance, emotional support, HCV education, and psychosocial support (e.g. linkage to behavioral health, assistance with Coordinated Entry, applying for benefits)

# Case Study

As part of HCV navigation linkage work with W86, client indicates interest in HCV treatment to her PCP asks to be contacted by Shanti's CN

- Demographics: White, transgender woman in her 50s, living with HIV/HCV
- Facilitators: Linked to HIV care and intensive mental program
- Challenges: Unstable housing, complex behavioral health care needs, substance use, experience with violence and trauma, medication adherence and appointment attendance

# Case Study Continued: Steps toward HCV cure

- Discussed HCV treatment, readiness, and created care plan with client
- Client identified psychosocial issues that impact her and the path to an HCV cure. CN and client prioritize and address these issues as they arise
- Regularly met in the community to discuss overall wellness, HCV, and goals
- CN checked in frequently, provided accompaniment to appointments, supported adherence and reminders
- *Beyond HCV treatment:* resolved rent payment dispute, legal service

# Work with End Hep C and community partners

In August, 2015 Shanti formally launched HCV Services which were expanded to individuals mono-infected with HCV. Since that time, our collaborative partners have included:

- SF Jail Health Services
- Ward 92/OTOP (as part of PCORI HERO study)
- ZSFGH W86
- Inpatient HCV care linkage at ZSFGH
- UCSF's deLIVER Care van

# Lessons Learned

- Strong relationships with community partners is integral to success
- A flexible service model enables the program to adapt to emergent needs, new information and meet clients where they are at
- Fieldwork and mobility are assets to the navigation program
- Data-driven, client-centered navigation has allowed us to reach more people who are interested in HCV treatment (and pave the way to an HCV-free life!)

# HCV, COVID and Navigation Services

We are adapting our services to respond to both the known and nascent challenges clients may face while seeking care

- We are accepting new client referrals
- Connect remotely using technology available to client
- Providing emotional support, advocacy, adherence support
- Contactless medication delivery, as needed
- Identifying opportunities to strengthen resources for clients
  - In collaboration with UCSF's deLIVER care van