



Community Based Hepatitis C Treatment

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Community Based Hepatitis C Treatment

- What we know:
 - Higher prevalence of untreated HCV infections among our patient population
 - Utilizing Primary Care Physicians, Pharmacists and Advanced Practice providers improves access to care
- What we hope: Other HCP's will see how rewarding and join the fight
 - Since DAA therapy: treatment outside of Gastroenterologists and Infectious Disease
 - **Curing Chronic Disease:** Empowering not just to patients, but to PCP's. Expanding our scope in primary care and utilizing the full extent of our education, training, and experience.

Timeline of Waikiki Health Treatment

Our clinic's treatment model has evolved significantly over the years. A brief history of just some of the providers who paved the way.

- 2008-Dr. Tice, Infectious Disease – Interferon days.
- 2014-Dr. Saltman, Dr. Payam and Hiromi RPh – rapid screening, pharmacy, outreach and co-infected patients.
- 2016-Dr. Sattelmacher and Dr. Economos – in collaboration with Dr. Tsai
- 2017-APRN and PA-C's
- 2020-Fibroscan

Clinic Model

- Primary Care Provider + Clinical Pharmacist – collaboration is Key
 - Pharmacy
 - In-house pharmacy, collaboration services from other pharmacies i.e., Pharmicare for Fibroscan and the insurance plans that don't have contract with WH pharmacy.
 - Tammy RPh: 340b compliance, contracts with outside specialty pharmacies etc.
 - Hiromi RPh: Medication review with Prescriber and Patient. Counseling, Medication Access, Follow up calls, and End of treatment follow ups. Linkage to care for other services.
 - Other internal referrals:
 - MCM (HEISS) and NCC – outreach/screening, linkage to care, social services and so much more
 - BH: PsyD, LCSW, C-SAC
- Curbside Consults
 - Our Hepatologist/Gastroenterologists, Infectious Disease and Internists friends.

Outreach

- Provide mobile medical services to different addiction treatment programs
- Partner with HEIS Hepatitis Case Worker who provides rapid screening and linkage to care
- Depending on length of program, work with counselor/nurses to provide HCV treatment while in residential Tx.
- Work with other facilities in coordinating care for HCV positive clients i.e., prison and addiction treatment centers

Case #1

- 38 y/o Caucasian male
- PMHx: Drug induced Psychosis
- Substance use disorder: ETOH, cannabis, methamphetamine, heroin and intermittent spice use d/t not detected on UDS.

Case #2

- 45 y/o Caucasian Male
- PMHx of Congenital deafness, HIV (2002), Hepatitis C (2002) , MDD, PTSD, CPS and opioid dependence.
- Substance abuse Hx: opioids (DOC) cocaine and marijuana

Reviewing the Data

August 2017-January 2021

- TOTAL SCREENED: 6624
 - DX: 551
 - SVR: 200
 - On Tx: 6
- STARTING NEXT WEEK: 1