

UCSF Tele ECHO in Northern California: Distance learning for Hepatitis C infection



UCSF Tele ECHO in Northern California: Distance learning for rural and smaller community clinicians to better manage chronic Hepatitis C infection



Hepatitis C: The Challenge

- HCV infection is the most common blood-borne, infectious disease in the United States and the leading cause of liver disease, cirrhosis and liver cancer.
- National estimates suggest approximately 5.1 million people live with HCV in the United States, **750,000 of who reside in California**. Annual deaths related to HCV now surpass those due to HIV and death rates are highest among 45-64 year old's.
- The 2010 HCV-related hospitalization charges in California totaled more than \$2.3 billion. Early detection and treatment can prevent or mitigate these costs and complications.

University of California at San Francisco (UCSF)
Project ECHO

Extension for Community Healthcare Outcomes

- Project ECHO empowers front-line primary care professionals to provide the right care, in the right place, at the right time
- "One to Many" – A proven model that can significantly increase access to specialty care
- Hubs & Spokes - ECHO links expert specialist teams at an academic 'hub' with primary care providers in local communities – the 'spokes' of the model
- UCSF contracted with the Annenberg Center for Health Sciences at Annenberg to create a structured educational intervention around Project Echo and award CME credit to participants.

Didactic Programming

Key areas of HCV covered:

- Screening and diagnostics
- HCV natural history and anticipated complications
- HCV treatment algorithms
- Managing treatment-related complications
- Treatment of special populations
- Chronic liver disease management
- Other concurrent liver diseases
 - Alcohol
 - Fatty liver
 - Iron overload

ECHO: Building a Network of Supported and Confident HCV Treating

Recent focus group quotes:

- "I practice in rural Northern California and we would have to refer our patients with HCV out a hundred, sometimes two hundred miles to be seen. Availability was very limited and patients were having problems with transportation so they were falling through the cracks. Somebody told me about this program and it's been phenomenal."
- "I'm so happy to have professional support finally behind me. For so long being way out here in nowhere and not being able to have somebody that you can call or contact or have education right at hand when handling these complex patients had been so awful. I'm just so relieved and glad to have Project ECHO...."

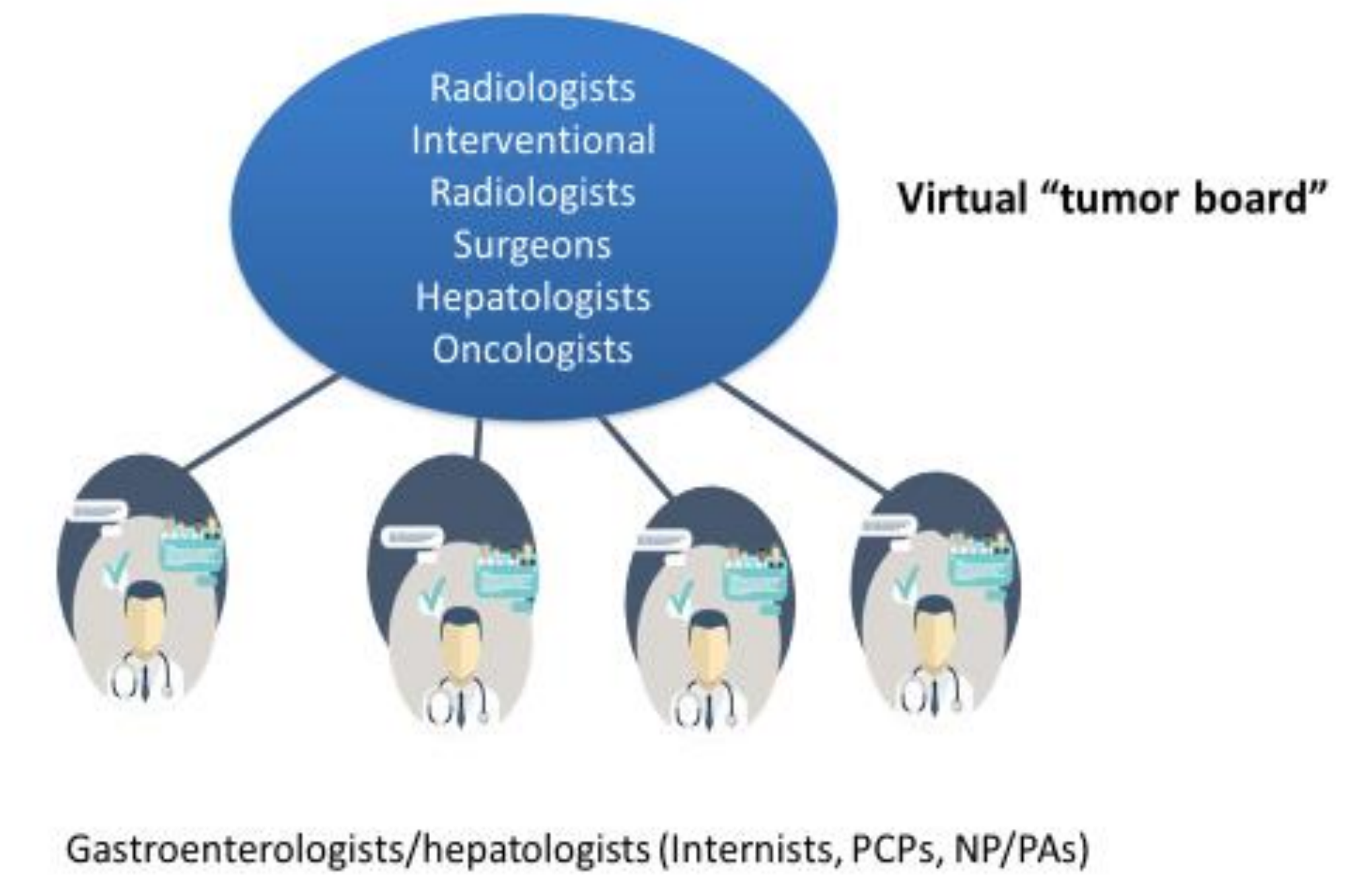
HCV Voice: Access to Experts

- Text or call with urgent or semi-urgent questions regarding HCV or liver disease

Date	Question(s)
7/8/16	Interpretation of auto-immune markers
8/10/2016	Pt on Harvoni only and week 4 VL quantifiable. Extend treatment from 8 weeks to 12?
8/10/2016	Interpretation of SAAG: SAAG less than 1.1. Is portal HT cause or further workup recommended?
8/11/2016	ICD10 or CPT for RAV testing b/c theirs keep being denied.
8/16/2016	Treatment options for previously treated GT3 patient, cirrhotic and possibly decompensated. Prev treatment SOF x 24 weeks.
8/16/2016	ANA results done as recommended in ECHO clinic. How to interpret ANA 1: 160 homogeneous results?
8/24/16	Pt afraid of needles, OK to skip lab tests during Harvoni treatment
8/26/16	Patient with decompensated cirrhosis -- when to consider referral to liver transplant center
8/26/16	Pregnancy and HCV treatment to prevent transmission to baby
8/31/16	What to do with quantifiable HCV at week 4
8/31/16	Decompensation after GB surgery
8/31/16	Dilantin and HCV meds

Coming Soon?

- ECHO for liver cancer and liver masses



Pharmacist: Key to ECHO Team



- List of the insurers "preferred" HCV drugs
- Checklists for what is needed to secure prior authorization
- Template language for appeals
- Knowing eligibility for PAP (patient assistance programs)
- Experts on drug-drug interactions (and best web-sites to use)

Next Steps: HCV Elimination in California



Viral Hepatitis Elimination Plan by 2030

Term	Definition
Elimination of HCV infection	Reduction to zero of the incidence of infection caused by a specific agent in a defined geographical area as a result of deliberate efforts

- In the US, an estimated 5.1 million persons are infected with chronic hepatitis C
- 1 out of every 6 HCV-infected persons in the US is living in California**
- 14 of the 15 counties** with the highest rates of newly reported HCV cases are in Northern California
- 33 of 35 counties** in Northern and Central California have reported rates of HCV infection above the state average (>63.3 per 10,000 persons)

ECHO Increases Provider Knowledge & Confidence

HCV Provider Evaluation Pre and ≥5 Clinics

I am confident in my ability to...	BASELINE	FOLLOW-UP	DIFFERENCE
Screen patients for HCV	4.23	4.77	+0.54
Identify suitable candidates for treatment for HCV	3.54	4.00	+0.46
Manage HCV treatment of patients with end stage renal disease	2.31	2.62	+0.31
Manage the side effects of HCV treatment	2.77	3.08	+0.31
Educate and motivate patients with HCV	3.46	3.77	+0.31
Manage substance abuse co-morbidities in patients with HCV	2.69	3.00	+0.31
Assess and manage psychiatric comorbidities in patients with HCV	2.85	3.08	+0.23
Assess severity of liver disease in patients with HCV	3.69	3.85	+0.16

1=novice
5=expert

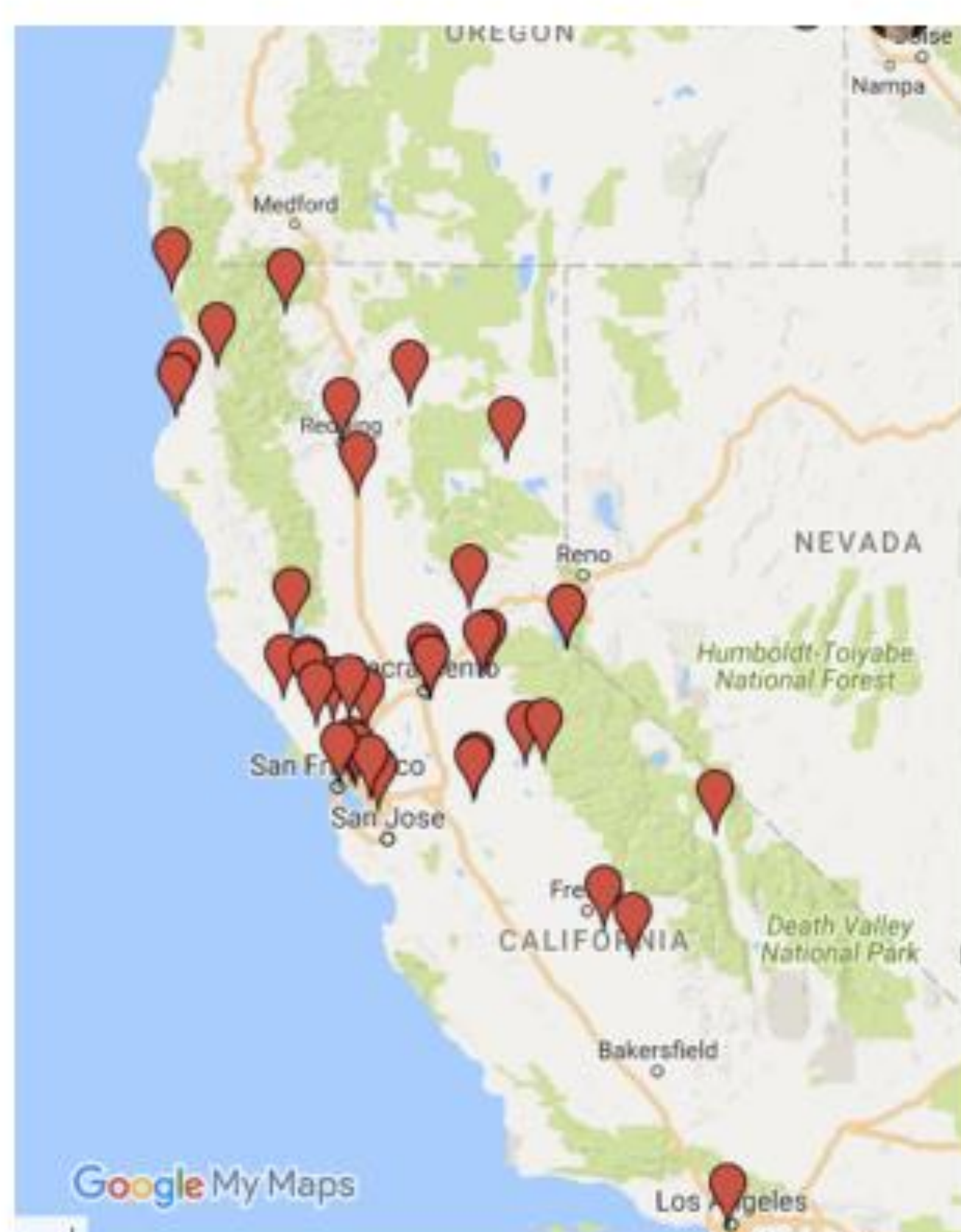
Summary

- HCV remains a major contributor to morbidity and mortality in the U.S. and globally
- HCV elimination is within reach
 - World Health Organization has targeted 2030
 - Everyone has a role to play to help achieve elimination
- Extension for Community Healthcare Outcomes
 - ECHO has unique role in achieving HCV elimination
 - ECHO has broader applications → model of partnering in care of complex patients
- ECHO-Plus is set to launch in January 2017
 - To address the substantial gaps in HCV care in Northern and Central California



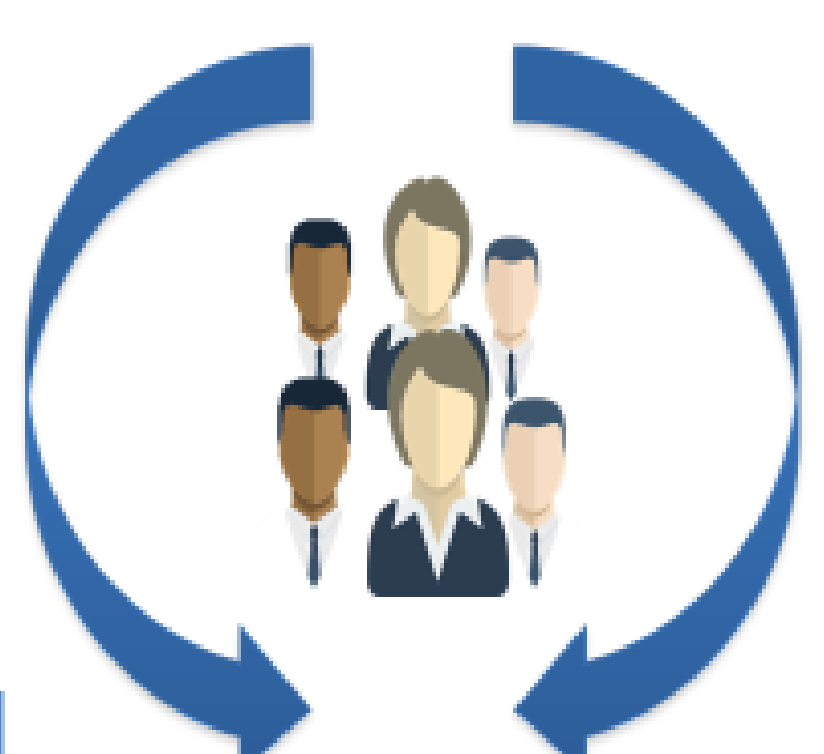
The "Spokes"

52 clinic sites across 20 California counties



Wrap-Around Support for Spokes

- In-Person Immersions held quarterly*
- HCV 101: Intro to HCV for New Treating
- HCV 102: Workshop for Experienced Treating
- HCV VOICE
- 1-800 access to liver/treatment specialists for "between clinic" questions



- UCSF HCV ECHO Webcast clinics twice monthly*
- Didactics
- Case-based learning

* Certified for CME credit

Goal: Longitudinal Mentoring of Spokes

ECHO HCV Provider Evaluation (≥5 clinics)

1=novice → 5=expert

I am confident in my ability to...	BASELINE	FOLLOW-UP	DIFFERENCE
Provide consultation to other primary care providers to care for HCV patients	2.38	4.00	+1.62
Managing HCV during pregnancy	1.08	2.69	+1.61
Treat patients with HCV according to AASLD-IDA guidelines	2.54	3.69	+1.15
Educate clinic staff about patients with HCV	2.85	3.92	+1.07
Manage and treat Hepatitis C patients with the support of the ECHO teleconference network	2.85	3.85	+1.00
Manage HCV treatment of patients resistant to first line treatment	2.77	3.62	+0.85
Manage HCV treatment of HIV co-infected patients	1.62	2.46	+0.84
Manage HCV treatment of patients with cirrhosis	2.46	3.15	+0.69

Acknowledgments

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