Promising Approaches to Improving Outcomes along the HCV Continuum of Care

Ron Valdiserri of the U.S. Department of Health and Human Services discusses the steps of medical care that people living with hepatitis C go through from diagnosis to linkage to care, access to care, treatment, and—the ultimate goal—cure.

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There is a great deal of work being done across the country to improve care for those infected with hepatitis C. This work has been reinvigorated in recent years by new tools that hold great promise, including new HCV treatments that have the potential to cure over 90% of all individuals with HCV infection as well expanded access to healthcare coverage brought about by implementation of the Affordable Care Act (ACA). Even so, analysis of the HCV Continuum of Care in the U.S. indicates that, of the approximately 3.5 million individuals in the U.S. infected with hepatitis C, only 50% of those infected are aware that they have hepatitis C and only 9% have been cured. National as well as state and local HCV continuum models also show that many patients are lost at each stage between diagnosis and cure.

The continuum illustrates the sequential steps or stages of HCV medical care that people living with HCV go through from initial diagnosis to linkage to care, access to care, treatment, and—the ultimate goal—cure, and the proportion of individuals living with HCV who are engaged at each stage. The HCV care continuum is a tool that we can use to help identify gaps and, over time, pinpoint how, where and when to intervene to improve outcomes along the continuum. To improve outcomes along the continuum, we must share program successes and challenges and learn from each other.

Toward that end, promising approaches to improving outcomes across the continuum of care for individuals from diverse populations were shared during a plenary session I had the honor of chairing earlier this year at the 2015 National Summit on HCV and HIV Diagnosis, Prevention, and Access to Care, convened by the Forum for Collaborative HIV Research. The special plenary session was entitled “Strategies to Improve the HCV Continuum of Care: Best Practices in Testing, Linkage to Care, & Treatment.” Brief highlights of those presentations follow along with links to the slides.

- Colleen Flanigan, RN, MS, Director, Viral Hepatitis Section at the New York State Department of Health, presented on the work being conducted in her state to promote hepatitis C screening, linkage to care, and treatment. In New York, community-based rapid testing has increased screening rates among those at risk; however, additional resources are necessary to better link diagnosed individuals to care. New York passed the first HCV testing law in the nation and Ms. Flanigan shared her office's work to support implementation of the law.
- Michael Ninburg, Executive Director of the Hepatitis Education Project (HEP), described community-level efforts to address hepatitis C infection within Washington State. HEP provides screening, vaccinations, medical case management, and other hepatitis-related services to youth, adults, and incarcerated persons in the region, in part, through funding from the Centers for Disease Control and Prevention (CDC).
- David Ross, MD, PhD, Director of HIV, Hepatitis, and Public Pathogens Programs at the Veterans Health Administration provided an overview of hepatitis C activities in the Veterans Administration (VA) healthcare system. The VA is the largest single provider of hepatitis C-related care in the U.S., and the system is planning to treat most patients by the year 2020. The VA continues to rollout innovative strategies to increase testing and improve linkage to care, including routinizing birth cohort testing, training providers, and utilizing social marketing approaches. They are also harnessing data to provide facilities feedback on the proportion of veterans tested by facility and have added a related performance measure for regional facility directors.
- Chinazo Cunningham, MD, MS, Professor at Albert Einstein College of Medicine, concluded the presentations by sharing the multidisciplinary efforts in place at Montefiore Medical Center to integrate hepatitis C management into a buprenorphine treatment program. Dr. Cunningham highlighted the team approach and importance of an integrated care setting in effectively meeting the healthcare needs of their substance abuse treatment patients.

A video of the session is archived here.

As we work together to implement the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis and to improve outcomes across the continuum of HCV care, we must continue to

identify, share, and scale up best practices; leverage existing efforts and resources; improve coordination across programs and agencies. If we are able to do so successfully, we will ultimately we achieve the desired increases in the proportion of people cured of their HCV infection.

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