

# California Health Improvement Project (CHIP)

## Bringing Hepatitis C Cure into Primary Care for the Urban Underserved

Dr. Joanna Eveland MS, MD  
Mission Neighborhood Health Center, San Francisco CA



### Problem Statement and Underlying Causes

- Historically, only 5-6% of individuals with chronic Hepatitis C Virus (HCV) have been successfully cured due to multiple barriers to treatment
- A new generation of directly acting antiviral treatments for HCV are safe, well tolerated, and have cure rates upwards of 90%
- In San Francisco, access to HCV treatment is limited, especially for those with active substance use or mental illness due to challenges of engagement in care, medication adherence, and reinfection risk
- These treatments are new to providers and administrators; there are few existing models of treating HCV within the primary care medical home.

### Project Description

Expand a 2014 pilot program by offering HCV treatment in multiple clinical departments at Mission Neighborhood Health Center (MNHC). Develop a successful care model to serve vulnerable populations, including the homeless, mentally ill, and people who use drugs.

### Goal and Objectives

**Goal:** Develop a sustainable and replicable model to treat and cure Hepatitis C within the community clinic setting, which increases Hepatitis C treatment access for vulnerable populations through both internal and external collaboration.

#### Output-oriented Objectives:

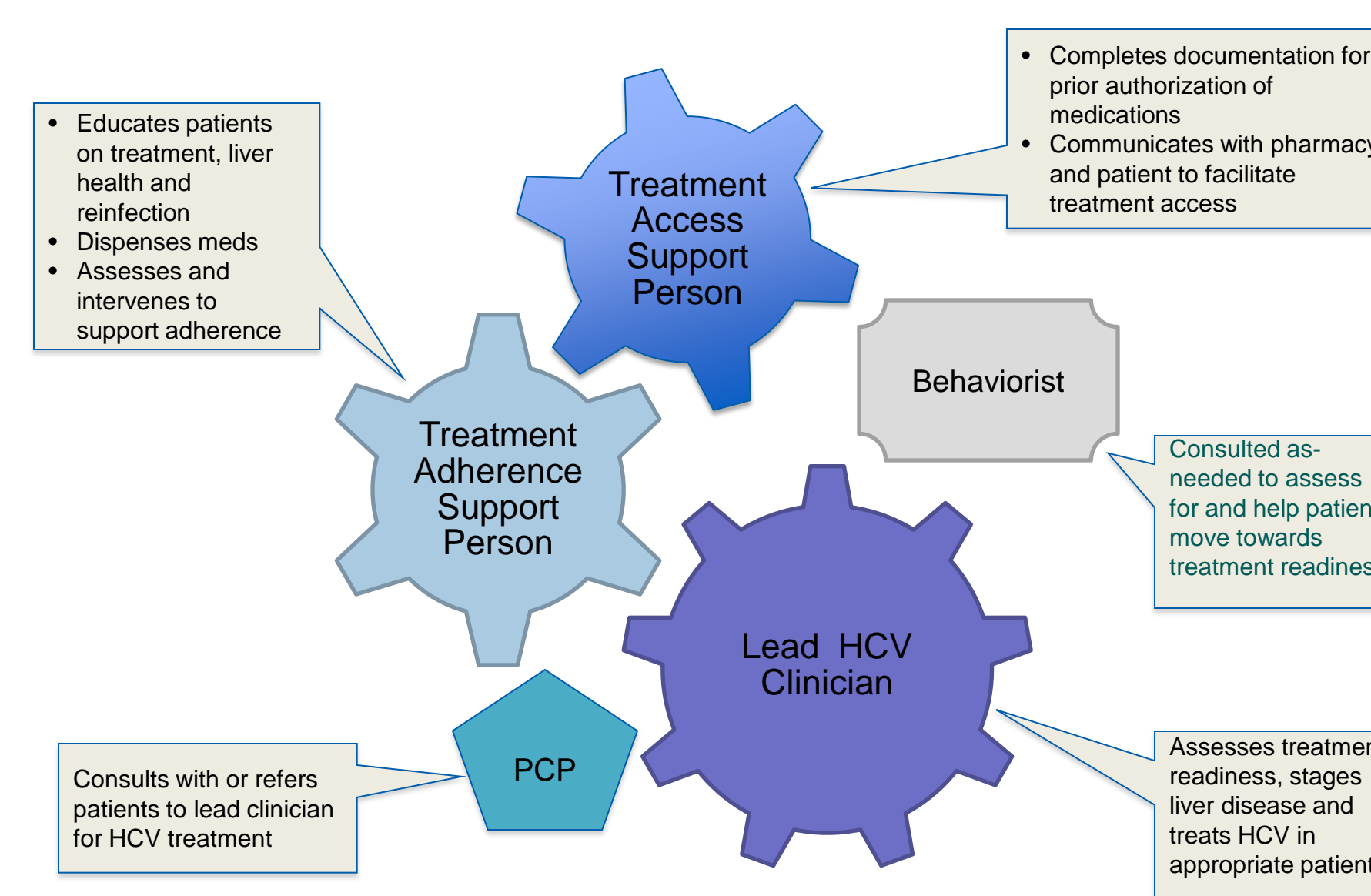
- By December 2015, develop clinical protocols and toolkit for community based treatment of Hepatitis C.
- By September 2016, expand the number of MNHC departments treating Hep C to 3 clinical sites.

#### Outcome-oriented Objectives:

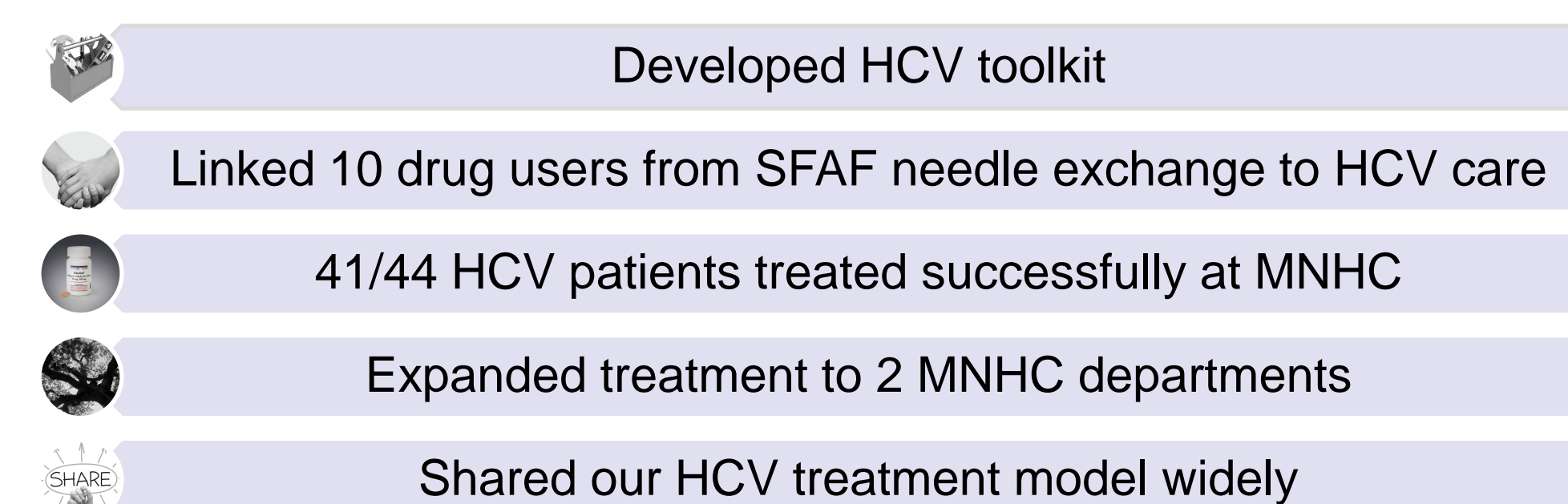
- By September 2016, offer Hepatitis C Treatment to 30 patients at MNHC with 90% achieving a cure.
- By September 2016, Link 10 HCV+ clients of the needle exchange to Hepatitis C care at MNHC.
- By September, 2016, provide consultation and materials to at least 5 outside clinics initiating community based HCV treatment.

### Outputs & Outcomes

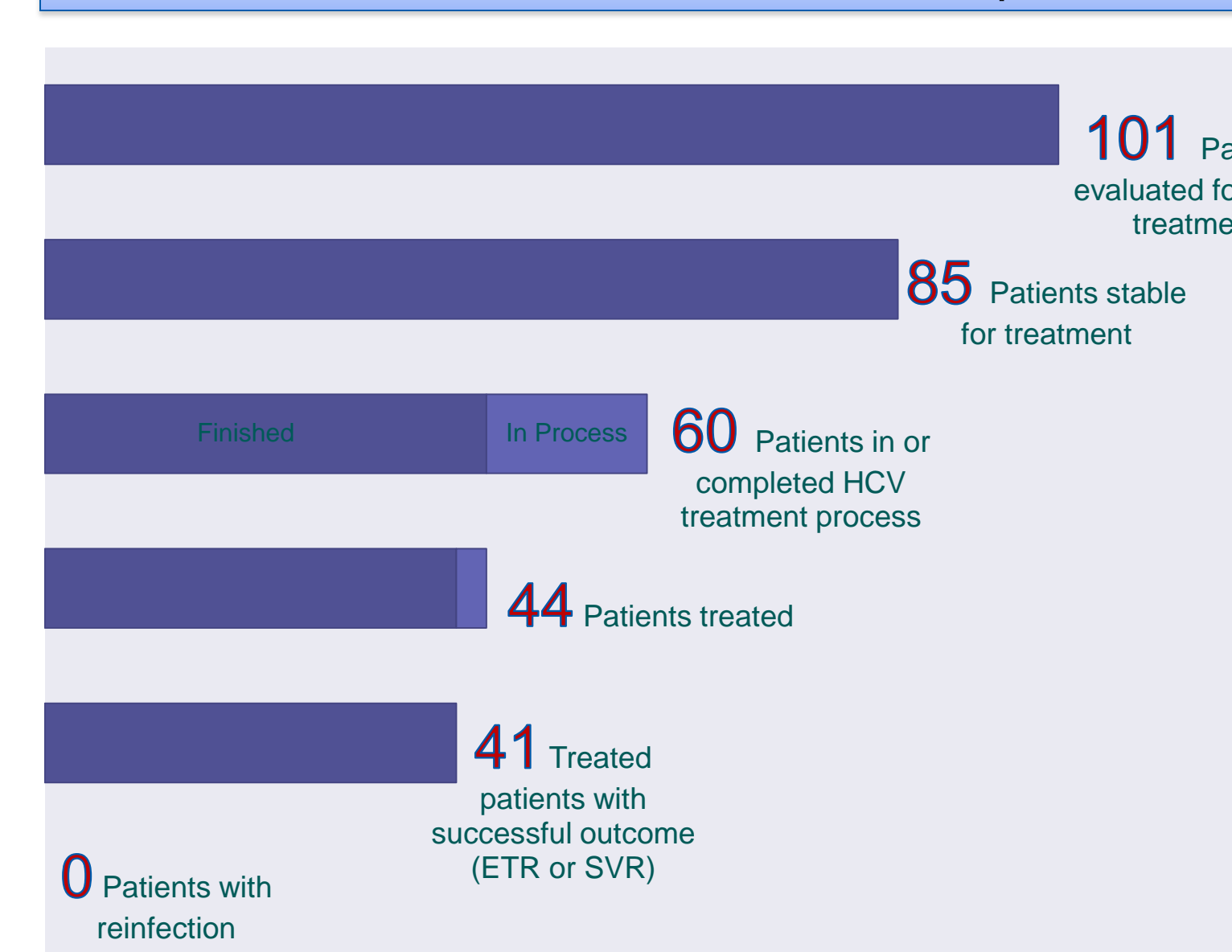
#### Care Model



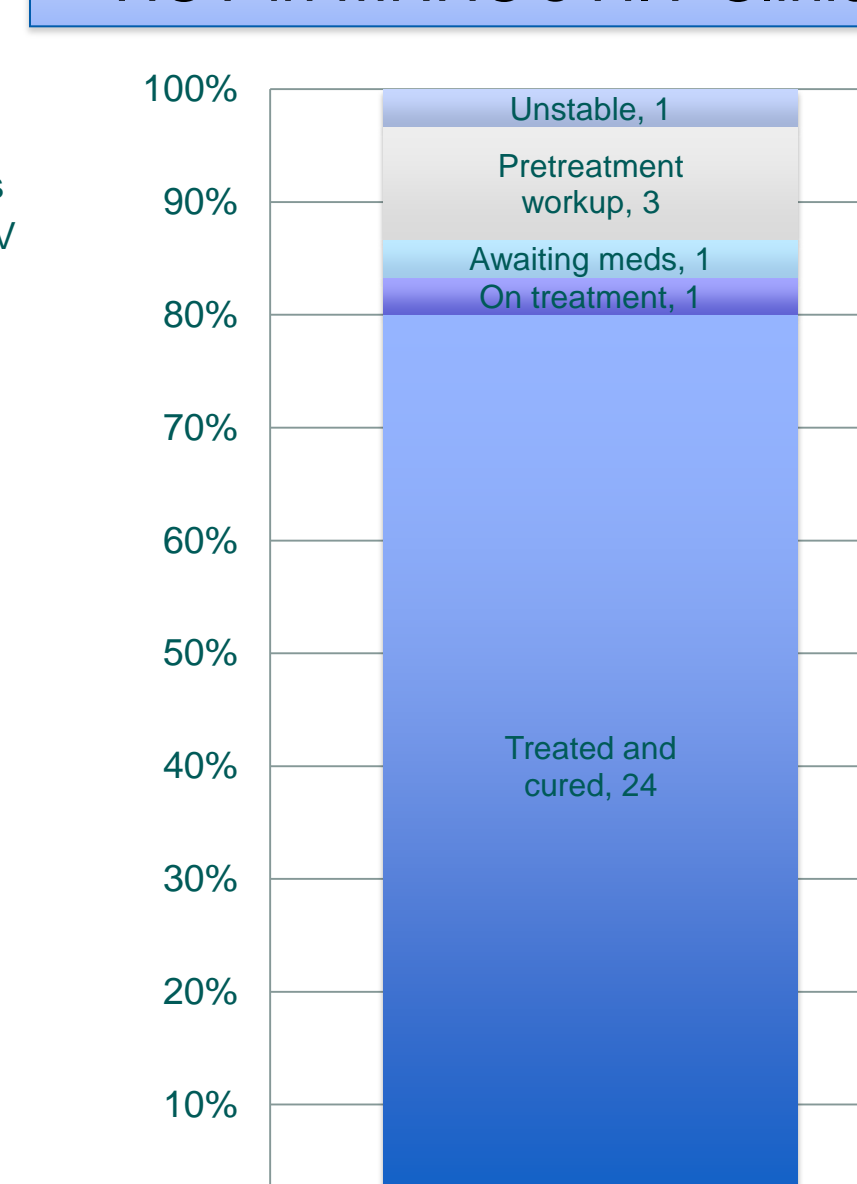
#### Outcomes Achieved



MNHC Treatment Outcomes Across 2 Departments



Progress Towards Eliminating HCV in MNHC's HIV Clinic



#### A Patient Story

FC is a 60 year-old man with a long history of homelessness and polysubstance use. He presented to our homeless clinic seeking pain medication for grossly infected leg ulcers. He was found to have HCV and cryoglobulinemia, an HCV-associated vasculitis that can cause chronic non-healing wounds. When his wounds failed to improve, we decided to treat his HCV, even though he was still sleeping on the street.

He received 12 weeks of once daily ledipasvir/sofosbuvir as directly observed therapy through coordination with his methadone clinic. He has been successfully cured of HCV, his leg ulcers have improved, he continues to practice harm reduction to avoid reinfection, he has obtained SSI, and is now in transitional housing.

### Lessons Learned

#### Benefits of Primary Care Based HCV Treatment



Successful HCV treatment is achievable within the primary care medical home. Cure rates comparable to clinical trials were seen for homeless, mentally ill and drug using patients.

Key components include a team based care model, robust adherence support, and strong linkages with community based organizations

Treatment authorization was time intensive, but with dedicated support, we accessed medication without cost to the clinic or patient

Existing challenges within primary care, including lack of stable staffing, slowed expansion of community based HCV treatment

### About Mission Neighborhood Health Center

- Founded in 1967 to respond to the healthcare needs of low income families in the Mission District of San Francisco, MNHC serves nearly 13,000 patients across the life-cycle.
- MNHC provides support and health services to the homeless community through the **Mission Neighborhood Resource Center**.
- Clínica Esperanza** (Clinic of Hope), MNHC's HIV clinic, offers a continuum of HIV treatment services with an interdisciplinary model

#### MNHC's HCV+ Patient Demographics

50% Latino  
40% Monolingual Spanish Speaking  
30% Homeless or Marginally Housed  
67% Mental Health Disorder  
67% Substance Use Disorder

### Contact Me

For more information, contact me:  
Dr. Joanna Eveland MS, MD  
Joanna.Eveland@ucsf.edu

**CHCF** HEALTH CARE LEADERSHIP PROGRAM