



Virtual Academic Detailing: Hepatitis C Elimination in Louisiana


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Disclosure Statement

- ▶ Brandon Mizroch has no relevant conflicts or financial relationships to disclose
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Louisiana faces a hepatitis C public health crisis

>110K

PWID at-
risk for
HCV

39K

HCV+ in
Medicaid &
Corrections

3%

Treated in
Medicaid

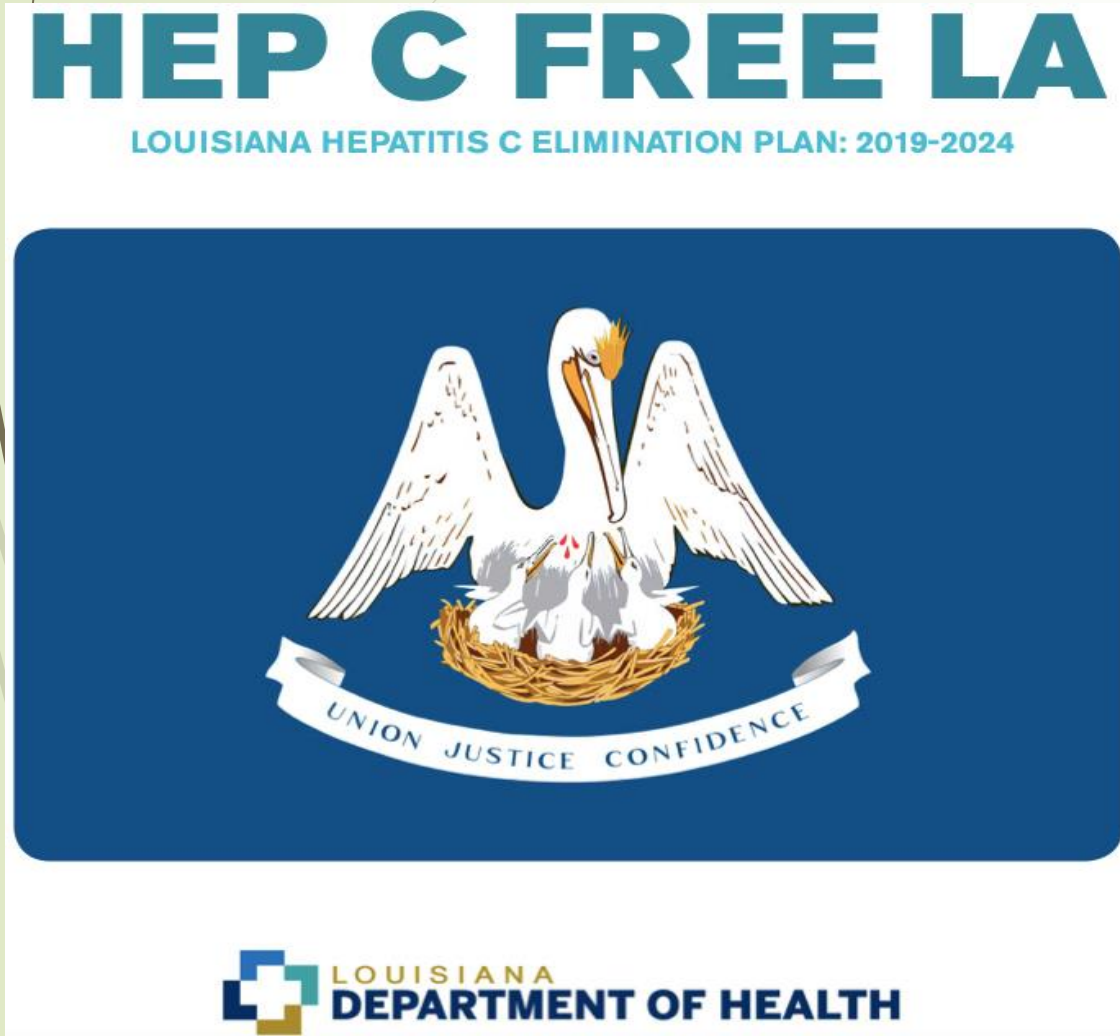
5th

Liver & Bile
Duct
Cancers

3rd

Liver & Bile
Duct Cancer
Deaths

Creation of the Nation's First HCV Elimination Program



The **Mission:**

- Outline a comprehensive, collaborative, and systematic approach to achieving statewide elimination of Hepatitis C infection, defined by the World Health Organization as diagnosing **90%** and treating **80%** of Louisiana residents living with HCV.
 - Wholistic approach based on **7 core strategies**
- Subscription model provides unlimited access to sofosbuvir/velpatasvir

Louisiana's Hepatitis C Elimination Program

- Establish a Modified **Hepatitis C Medication Subscription Model** for Medicaid and Corrections
- **Educate Public** on Availability of Cure and Mobilize Priority Populations for Screenings
- Expand **HCV Screening and Expedited Linkage** to HCV Cure
- **Strengthen HCV Surveillance** to Link Persons Previously Diagnosed to Treatment
- **Expand Provider Capacity** to Treat Hepatitis C
- Implement **Harm Reduction and Complementary Treatment Strategies**
- **Extend Elimination Efforts to All Populations Within the State**

Strategy 5: Provider Detailing

- Before June 15th, 2019 only board-certified GI/ID doctors were eligible to prescribe Direct Acting Antivirals (DAAs)
 - Less than 200 TOTAL of these doctors in the state of Louisiana that accept Medicaid
 - 39.8% of Louisiana's population is a Medicaid recipient (1.8 million persons)



Strategy 5: Provider Detailing

- As of June 15th, 2019 all restrictions on who can prescribe based on specialty or prescriber type
 - Need to train hundreds and hundreds of new doctors to screen and treat HCV, many of whom haven't ever studied HCV since school.
 - HCV Treatment algorithm and in person detailing



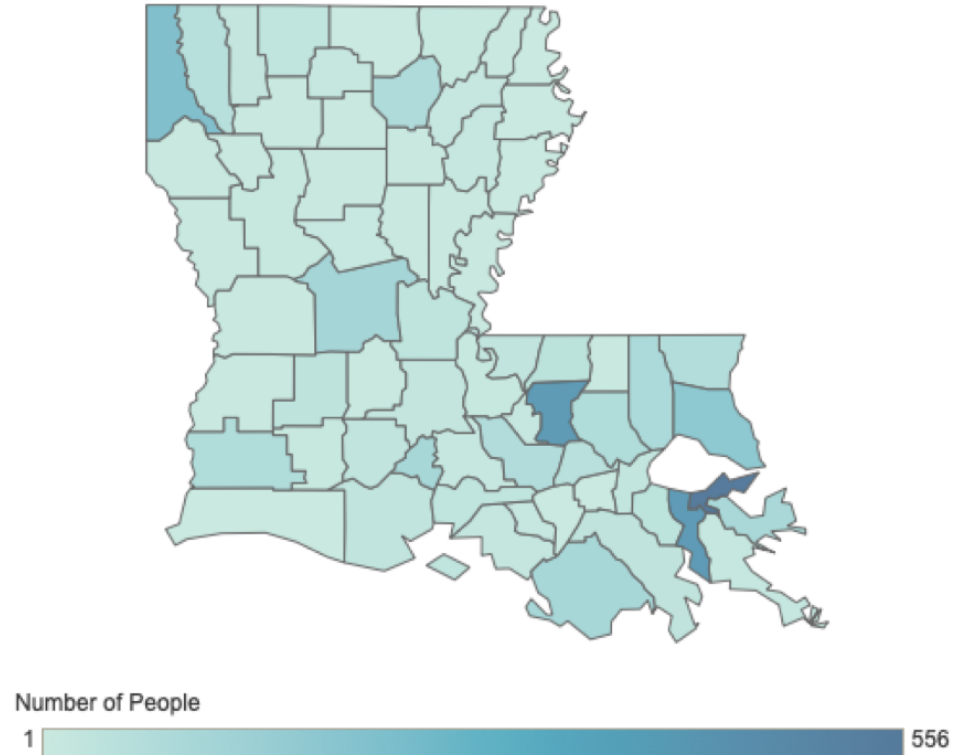
3363

Number of People Treated in Medicaid and DOC July 15th 2019 - Feb 4th 2020

People Treated by Year/Quarter



People Treated By Parish



*Includes all persons with at least one DAA claim

<http://www.lah.gov/assets/hepc/prod/>

YEAR 1 RESULTS

Since July 15th, 2019, for persons on **Medicaid**

5,186 persons have accessed treatment for HCV through Medicaid

5,038 persons have started treatment for HCV through Medicaid for the first time

4,119 persons who have accessed treatment have completed it

3,457 persons have accessed treatment because of Medicaid Expansion

332 providers have written prescriptions for DAAs for the first time



Switch to Virtual Training and Marketing

- Reach out to family medicine residency programs statewide
 - Large scale didactics about program, build word of mouth
- Continuing Medical Education (CME) credit program
 - Run by partnership with existing CME program to run administrative side
 - Project ECHOs, HCV Champions Training, HCV Algorithm Training
- Cold Call Medicaid providers based on geographic/population need
- Clinician Warm Line

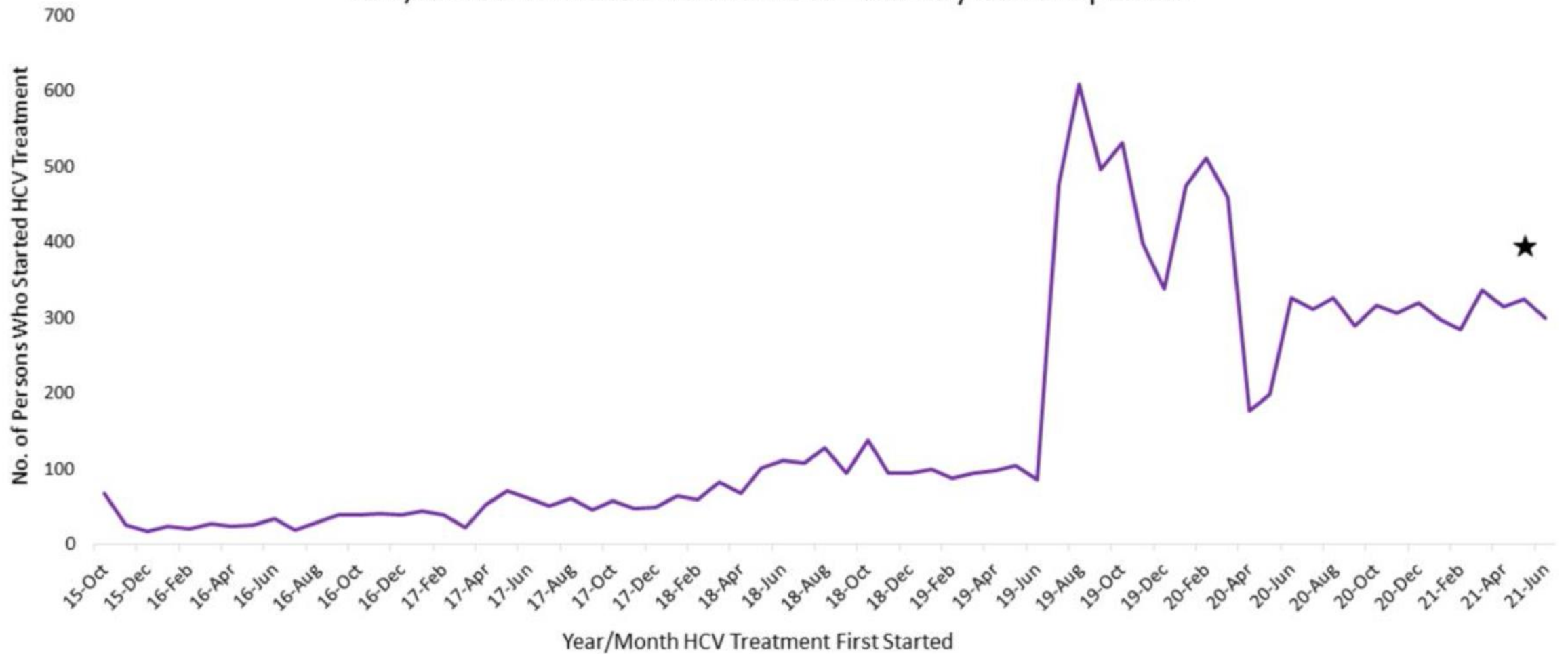


Year 2- Virtual Detailing Quantitative Results

➤ From August 2020- July 2021

- 2,634 persons have accessed treatment for HCV through Medicaid
- 2,618 persons have started treatment for HCV through Medicaid for the first time
- 2,369 persons who have accessed treatment have completed it
- 1,763 persons have accessed treatment because of Medicaid Expansion
- 174 providers have written prescriptions for DAAs for the first time

Number of Persons Who Started Treatment for HCV Through Medicaid/Corrections by Year/Month Treatment First Started - January 2019 to present



★ For persons on Medicaid treatment is determined by claims data. Due to delays in reporting of claims data recent numbers are preliminary and are likely an undercount.

Year 2 Qualitative Results

- ▶ Lack of screening suppresses need for HCV care in community
 - ▶ Major uptick after USPSTF recommendation for Universal Screening
- ▶ **Need for Harm Reduction and PWUD stigma training**
 - ▶ Linkage Coordinators report
 - ▶ Project HARM (Hepatitis, Addiction, stigma Reduction in Medicine)
- ▶ **“Super-treaters”**
 - ▶ A handful of providers have written over 70% of prescriptions, all regulars of our project ECHO's
- ▶ Need for warm-line





Next Steps and the future of HCV detailing in Louisiana

- 532 medical professionals have been “detailed” and 477 providers have written for a DAA for the first time= 90% “success” rate
- Loss of momentum during the first half of 2020, but each month increases the new prescriber and treatment numbers
 - Fostering a sense of community and support system for providers new to the field
- Use of Prescriber level data to map out need for providers/testing
- Peer recommendation through champions
- Hybrid Virtual/In-Person Program



Conclusions

- ▶ While not as effective as traditional in-person detailing, an all-virtual team with very few resources can make a significant impact on public health programs
 - ▶ Fantastic Supplement to any program with detailers working from anywhere in the country
- ▶ **Adaptability is key** to the success of any detailing program, virtual or in person
- ▶ **Need for training:**
 - ▶ To fight stigma
 - ▶ utilization of list-servs
 - ▶ adaption of streamlined messaging
 - ▶ registration system
- ▶ All programs should adopt a system of reengagement to keep providers invested

What platforms do you use to engage with providers (social media, mail delivery services, event registration programs, etc.)?

What forms of incentives have you/ could you use to encourage providers to engage with your detailers?





Contact Information

- For anymore information on our PrEP/STI detailing, HCV Elimination Program, or anything else, feel free to reach me at:
- Brandon.Mizroch@LA.Gov