Hepatitis C Clinic Model

HCV Elimination at Winnebago Comprehensive Healthcare System (WCHS)

Indian Country ECHO – HCV Session

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Learning Objectives

- Describe the key components of a pharmacist-led hepatitis C treatment program in a rural IHS/Tribal healthcare setting.
- Identify workflow strategies that improve HCV screening, treatment initiation, and medication access.
- Discuss approaches to overcoming common barriers to HCV treatment completion and cure confirmation, including loss to follow-up and social determinants of health.

Disclosures

- The presenter has no relevant financial relationships or conflicts of interest to disclose.
- No commercial entity has provided financial support for the development or delivery of this presentation.
- The views expressed in this presentation are those of the presenter and do not necessarily represent the official position of the Indian Health Service or the U.S. Department of Health and Human Services

Background

- High HCV burden in AI/AN populations
- Early treatment prevents cirrhosis & cancer
- Pharmacist-led care expands access

Clinic Overview

Pharmacist-managed protocol-driven clinic

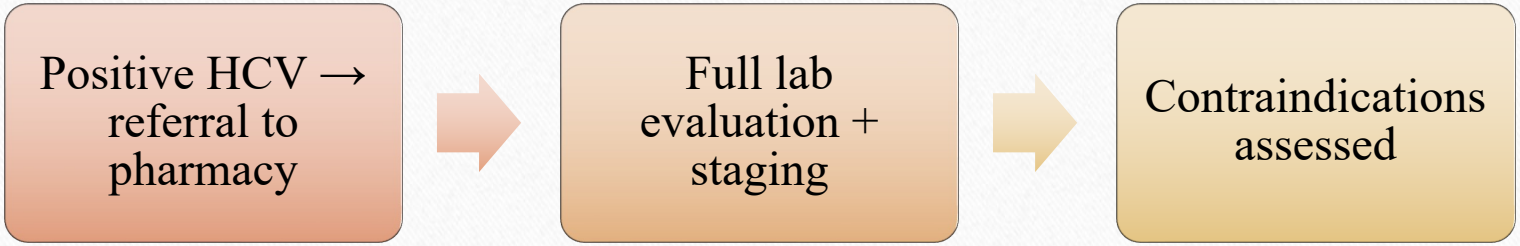
Collaboration with PCP + specialists

Focus on screening, treatment, cure

Screening Workflow

- EHR-triggered screening
- High-risk: every 6 months
- All others: annually
- Automated order sets in Meditech (EHR)

Referral Process



Treatment Model

CASE REVIEW WITH PROJECT ECHO/NCCC

DOCUMENTED IN EHR

SUBMIT NOTES AND LABS FOR INSURANCE PRIOR AUTH

Access to Medications

Submit	Start	Replace
Submit patient assistance applications	Start treatment from clinic stock	Replace stock once meds approved

Follow-Up & Monitoring

2-week follow-up after start

Lab monitoring throughout

SVR12 goal for cure

Addressing Follow-Up Barriers

- Low return rates for SVR12 labs
- Using SVR4 when needed
- EHR alerts when patient returns to facility
- Incentives for follow-up labs

Addressing Social Barriers

- Patients lost to incarceration/homelessness
- Partner with social worker, PHN, CHR, & case manager
- Coordinate with jails & treatment centers

Staffing & Training

- Initial pharmacists trained via Project ECHO
- Internal credentialing program
- Dedicated clinic hours daily

Financial Sustainability

Medicaid: ~$917 encounter

Private/Part D: $20k–$28k per fill

Clinic generates revenue

Outcomes & Impact

Increased screening rates

Improved treatment initiation

High cure rates (SVR)

Blueprint for Other Sites

1. Build screening into EHR

2. Use pharmacist-led protocols

3. Leverage ECHO

4. Secure med access pathways

Key Takeaways

- Streamline workflow
- Reduce treatment delays
- Address social determinants
- Clinic can be self-sustaining

Questions & Discussion

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