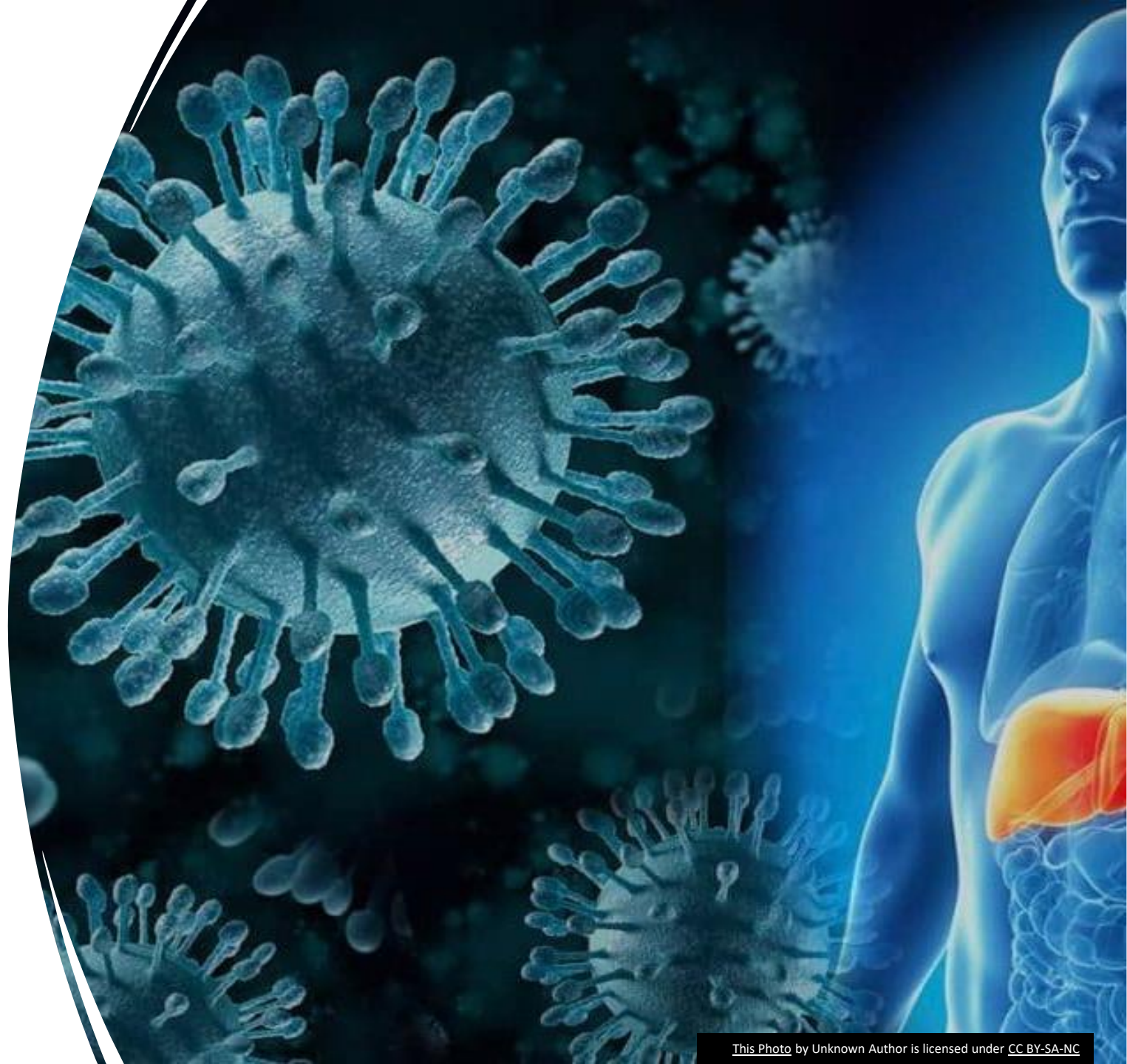


HCV Treatment in a Patient Population Experiencing Homelessness

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Objectives:

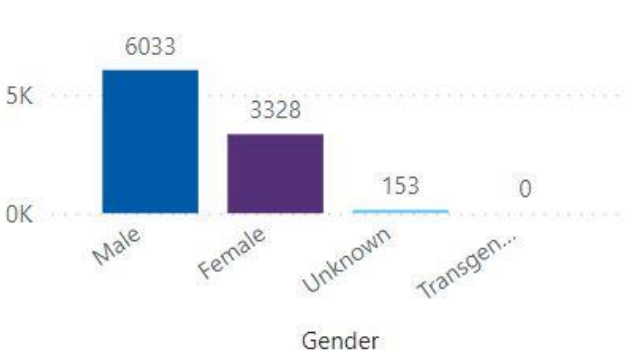
- Name Hennepin County and Health Care for the Homeless HCV data
- Identify general barriers to HCV care
- Investigate medication adherence in a population experiencing homelessness
- Recommend healthcare practices



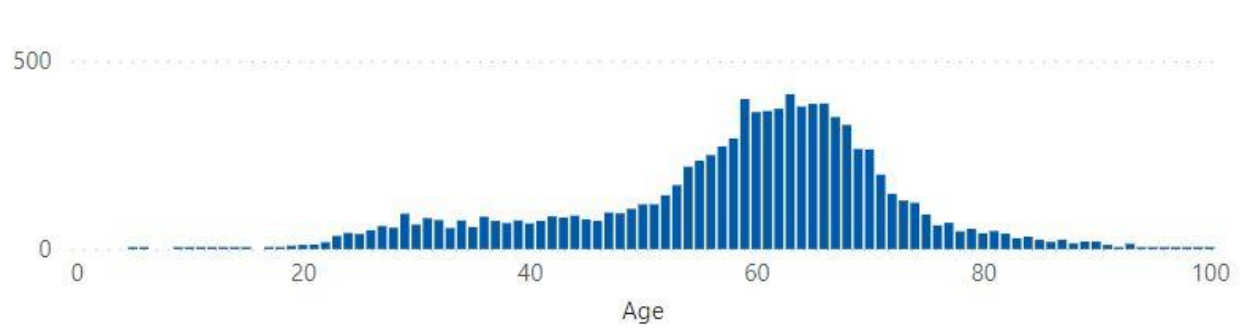
BACKGROUND

As of December 31, 2019, there were 9,514 persons who were reported to the Minnesota Department of Health and are assumed alive and living in Hennepin County with chronic hepatitis C virus (HCV) infection. This data includes all confirmed, probable, and acute HCV cases.

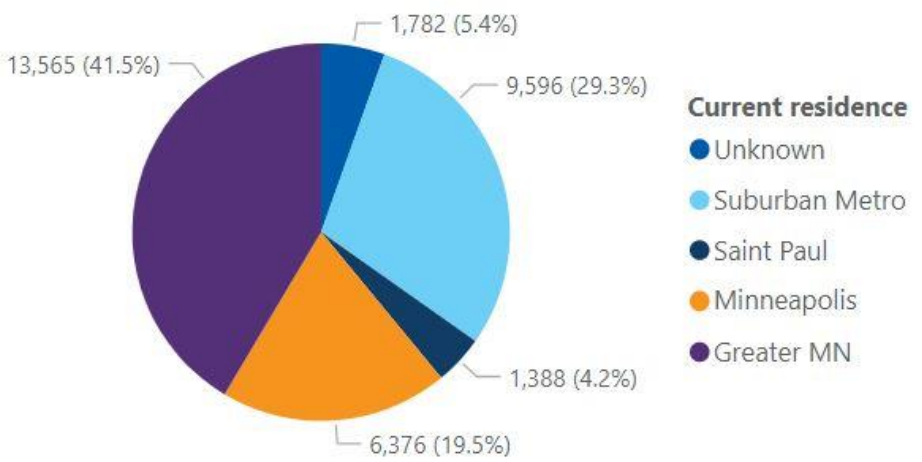
Persons living with HCV by gender, 2019



Persons living with HCV by age, 2019



Persons living with HCV by current residence*, 2019

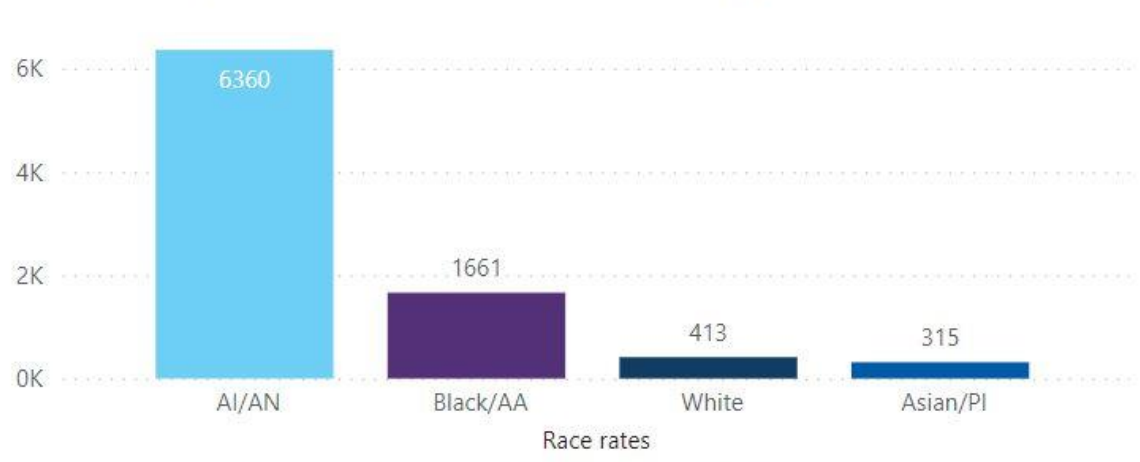


Suburban Metro = Seven-county metro area: Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties including those in Hennepin County or Ramsey County with unknown city.

Greater MN = All other Minnesota counties, outside the seven-county metro area.

*The data in this graph reflect all of Minnesota, not just Hennepin County

Persons living with HCV by race rates* (per 100,000 persons), 2019



*Rates calculated using 2019 U.S. Census ACS data
Excludes 2,207 persons with multiple races or unknown race

Report notes

Data Source: Minnesota Department of Health Viral Hepatitis Surveillance System

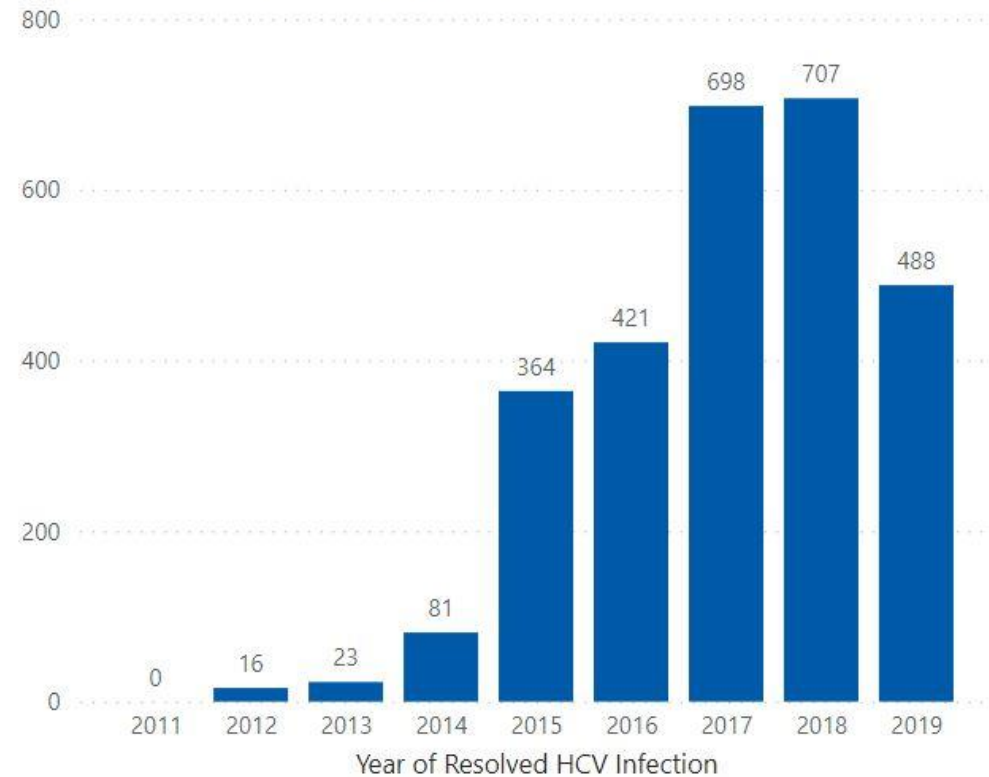




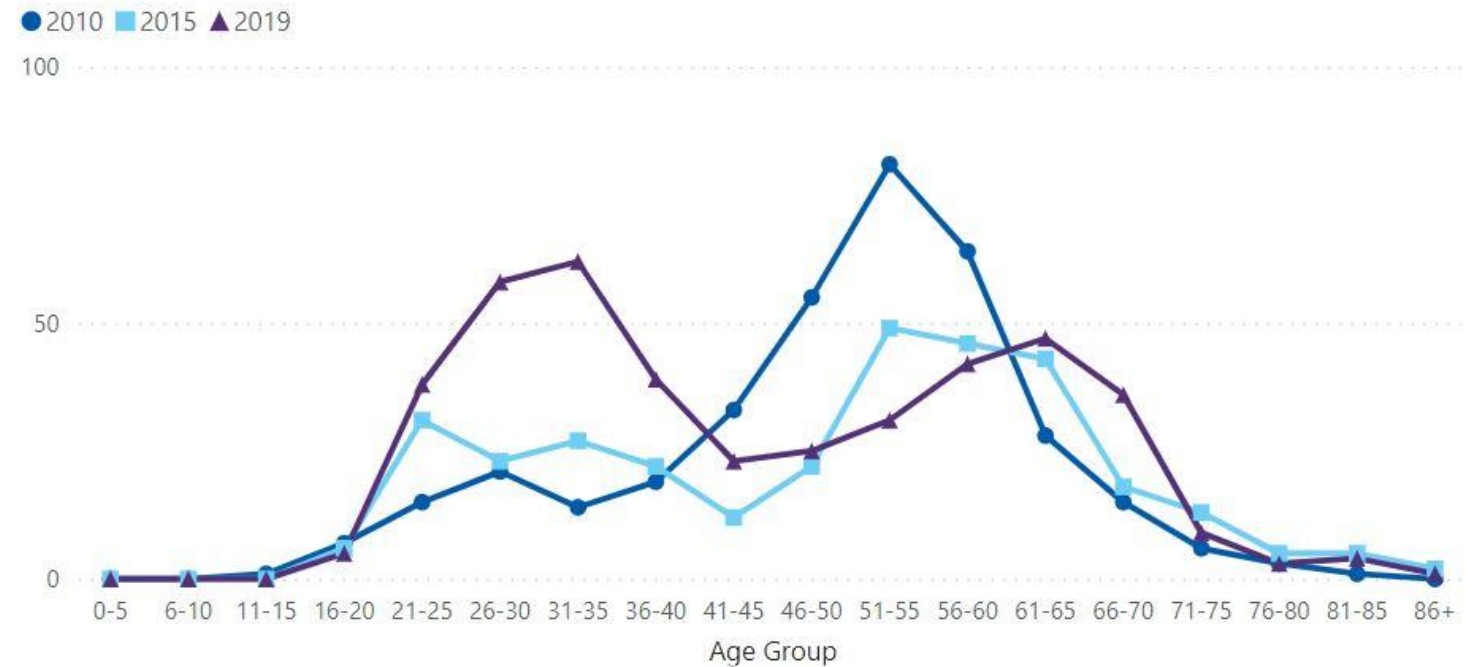
BACKGROUND

As of December 31, 2019, there were 9,514 persons who were reported to the Minnesota Department of Health and are assumed alive and living in Hennepin County with chronic hepatitis C virus (HCV) infection. This data includes all confirmed, probable, and acute HCV cases.

Resolved HCV infections by year



Newly reported HCV cases by age group



Newly reported cases among those under age 30 are on the rise. In 2019, newly reported cases in the Millennial age group surpassed newly reported cases in the Baby Boomer age group.

Report Notes

Data Source: Minnesota Department of Health Viral Hepatitis Surveillance System

Healthcare for the Homeless patient list (n=6276): includes all unique patients with countable visits in 2020 and 2021 with eligible providers (physicians, nurse practitioners, nurses, dentists, mental health providers, case managers; excludes pharmacy, laboratory, and medical assistants)

Hepatitis C case list (n=707): confirmed, probable, and resolved cases of chronic and acute hepatitis C diagnosed between 2020-present in a Hennepin County resident and non-residents diagnosed at a Hennepin Healthcare Clinic

139
Matched

Diagnosis	Count
Hepatitis C - acute	16
Hepatitis C - chronic	123
Total	139

Case status	Count
Confirmed	102
Probable	16
Resolved	21
Total	139

County at Report	Count
Hennepin County	122
non-Hennepin County	17
Total	139

RaceEthnicity	Count
American Indian/Alaskan Native, NH	51
Asian, NH	*
Black/African American, NH	36
Hispanic	8
Multiple, NH	*
Unknown	*
White, NH	39
Total	139

IVDU	Count
YES	73

*counts have been suppressed for privacy

Case Diagnosis Date



General Barriers of Care:

Unique Obstacles

- Building trusting relationships



in a population where histories of mental illness and substance abuse are often the norm.

- Finding appropriate prescribing patterns and education techniques



to incorporate daily basic needs

<https://www.aafp.org/afp/2006/1001/p1132.html#afp20061001p1132-t1>

Determinants of Medication Adherence

- Life is already complex
- Storage of medications
- Patients likely need to keep belongings on their person at all times
- Side effects or other medication interactions
- Formularies vs needing prior authorizations

Strategies to Support Medication Adherence

- Address acute patient needs first
- Build relationships
- Streamline efforts to connect clients with Hennepin Healthcare PharmD
- Medication storage
- Weekly clinic visits (if supportive of patient needs)
- HCH Hep C team approach (case management assistant, outreach RN, clinic RN, CMA, NP)
- Weekly outreach medication drops with syringe service exchange
- Ask about weekly compliance

Clinical Pearls:

- Adapt practice with individualized care plans and self-directed targets
- Motivational interviewing (open questions, affirmation, reflective listening and summarizing)
- Universal HCV antibody screening with conditional PCR
- Vaccination updates

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