Greater New Bedford Community Health Center
Hepatitis C Treatment
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“Our mission is to provide programs and services that improve the health of individuals and the entire community.”

The GNBCHC treats more than 20% of the Greater New Bedford area population.

The GNBCHC Mission

Infectious Disease Department

The ID department team is comprised of two Infectious disease Medical Doctors and a Nurse Practitioner as well four full time Nurses, two Social Workers, and one Licensed Mental Health Counselor.

The team offers:
• HIV Counseling, testing, and referrals
• STD screening and treatment
• Hepatitis screening
• Hepatitis A and Hepatitis B immunizations

Summer Service-Learning Assistantship

In the 7 weeks I spent at the GNBCHC, my work included:
• Research Hepatitis C Screening, Treatment, and overall care
• Shadowing the Infectious disease physicians
• Providing Hepatitis Consults to Patients
• Presenting current research to the ID staff at weekly meetings
• Take patient vitals and perform a full Medical History and Physical
• Observe HIV/Hep C testing in the New Bedford Women’s Addiction Treatment Center
• Assist in the proposal and grant writing process for both private and public funding such as Ryan White funding.

Hepatitis C

Hepatitis C is a ssRNA Flavivirus which is spread via blood borne exposures. Contrary to popular belief, it actually has a very low sexual transmission rate estimated at around 1.5%. Generally HepC has a 4-12 week incubation period with acute HepC symptoms such as Fever, Fatigue, Dark urine, Clay-Colored stool, Abdominal pain, Loss of Appetite, Nausea, Vomiting, Joint pain, and/or Jaundice. Approximately 15-20% of patients clear HepC without treatment. There is currently no vaccine for HepC but there are now a few treatments which vary depending on the genotype of HepC you have for example:

Genotype 1a = 3 months treatment with Sovaldi, Ribavirin, and Pegylated Interferon
Genotype 2 = 3 months treatment with Sovaldi and Ribavirin
Genotype 3 = 6 months treatment with Sovaldi and Ribavirin

In order to receive treatment at the GNBCHC patients are required to have: 6 months sobriety, baseline eye exam, Hepatoma screen, baseline labs, psychiatric clearance, baseline social work evaluation, liver biopsy (when applicable), baseline EKG, and a PPD status.

Hepatitis C Analysis

The following data is from January 1, 2014 and June 13, 2014.

The GNBCHC ID department had:
• 236 patients with HepC Ab positive status

It should be noted there were a significant amount of patients who were not engaging in care. This means there were 90 patients of the total 236 patients who were not eligible for treatment due to substance abuse, comorbid conditions, or who did not choose to follow up with care.

Barriers to Treatment

After analyzing the data it was found that the number one barrier to patients being treated was their inability to remain sober for at least 6 months (47 patients). The number two and three reasons patients were not treated were the need for Medical tests and Follow up appointments.

Short Term: I would like to thank Dr. Naz, Paul Cassidy, Kara Moran, Heather-Lyn Haley, and UMass Medical School for affording me this wonderful opportunity and supporting me every step of the way.

Intervention

I created a passport for patients who have received a Hepatitis C positive result. This booklet contains information about Hepatitis C in terms of what it is, how it is spread, what they should refrain from doing to prevent from worsening the symptoms, and other general information. In addition, the passport contains the phone number, address, name, and date of appointment for each of the doctors or other specialists they must see before they can begin treatment. Attached is a record release form which allows the specialists to call the health center after each encounter to keep the ID department at the GNBCHC updated on the progress of each patient. This passport system is designed to prevent confusion and the ultimate loss to follow up or severe delay of treatment which occurs with many of the patients.

Long Term: I have worked closely with the manager of the ID department to write a grant for additional funding to improve HepC care at the GNBCHC using the SPECT RuM initiative for HIV as our foundation. The funding would go towards paying for a peer advocate (a person who has successfully undergone HepC treatment) to assist our patients with guidance, encouragement, and to be used as a reference for any questions or concerns they may have. The funding would also pay for an additional social worker who would be there to help the patients deal with the difficulties of treatment side effects and to decrease the risk of relapse which in the past has been a major issue.

Reasons Pt NOT Engaging in Care

http://www.cdc.gov/hepatitis/hcv/
http://www.gnbchc.org/index.htm
http://www.hepmag.com/articles/2512_18756.shtml
References

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