



**BRIGHTPOINT HEALTH**

A member of **Hudson River Health Care**

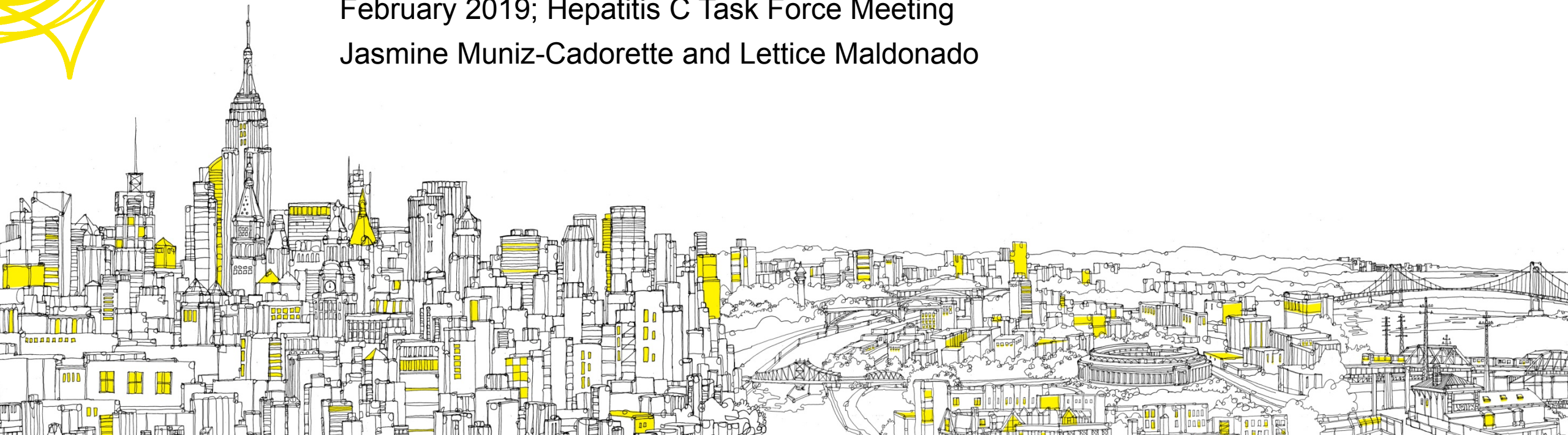
WELCOME TO WELLNESS

# 340B and Hepatitis C

340B basics and HCV case study

February 2019; Hepatitis C Task Force Meeting

Jasmine Muniz-Cadorette and Lettice Maldonado



# Objectives

## 340B Program Overview

- History and Intent
- Eligibility and Use Settings
- Compliance Requirements

## 340B Savings Support Your Programs

- What are 340B savings and how can they be used?
- Advocating for 340B in your organization
- Designing HCV support services

## A Hepatitis C Case Study

- Case Study: Background
- Building trust and developing a plan
- Success story

# What is the 340B Program?

- **Drug Discount Program** started by U.S. federal government in 1992 (Veterans Health Care Act)
- Requires drug manufacturers to provide **outpatient** drugs to **eligible** health care organizations/covered entities at **significantly reduced prices**.
- Program oversight: **HRSA, OPA, CMS**



# Intent of 340B Program



The 340B Program enables covered entities to “**stretch scarce Federal resources** as far as possible, reaching more eligible patients and providing more comprehensive services.”

H.R. Rep. No. 102-384(II), at 12 (1992)

# 340B Program Eligibility Requirements

- Include:

- Health Centers
- Ryan HIV/AIDS Program Grantees
- Hospitals
- Specialized Clinics

Eligible  
Organization



- Only if:

- Relationship and medical records
- Served by your providers
- Service provided is within scope of services covered by grant

Eligible  
Patients



- Outpatient drugs:

- FDA-approved prescription drugs
- OTC drugs written on a prescription
- Biological products dispensed by prescription (excludes vaccines)
- FDA-approved insulin

Eligible  
Drugs



# 340B Program Use Settings

- Covered entities can purchase their physician administered drugs at 340B pricing

## Eligible Organization



- Entity owned pharmacies can purchase 340B drugs to stock their pharmacies
- Pharmacies can be open door or closed door

## In-House Pharmacies



- Covered entities can partner with pharmacies in their communities to provide 340B medications to patients on the entity's behalf
  - Virtual replenishment or physical inventory

## Contract Pharmacies



# 340B Program Compliance

1. Keep  
340B  
database  
information  
accurate

2.  
Recertify  
eligibility  
yearly

3. Prevent  
duplicate  
discounts

4. Prevent  
diversion  
to  
ineligible  
patients

5. Prepare  
for  
program  
audits



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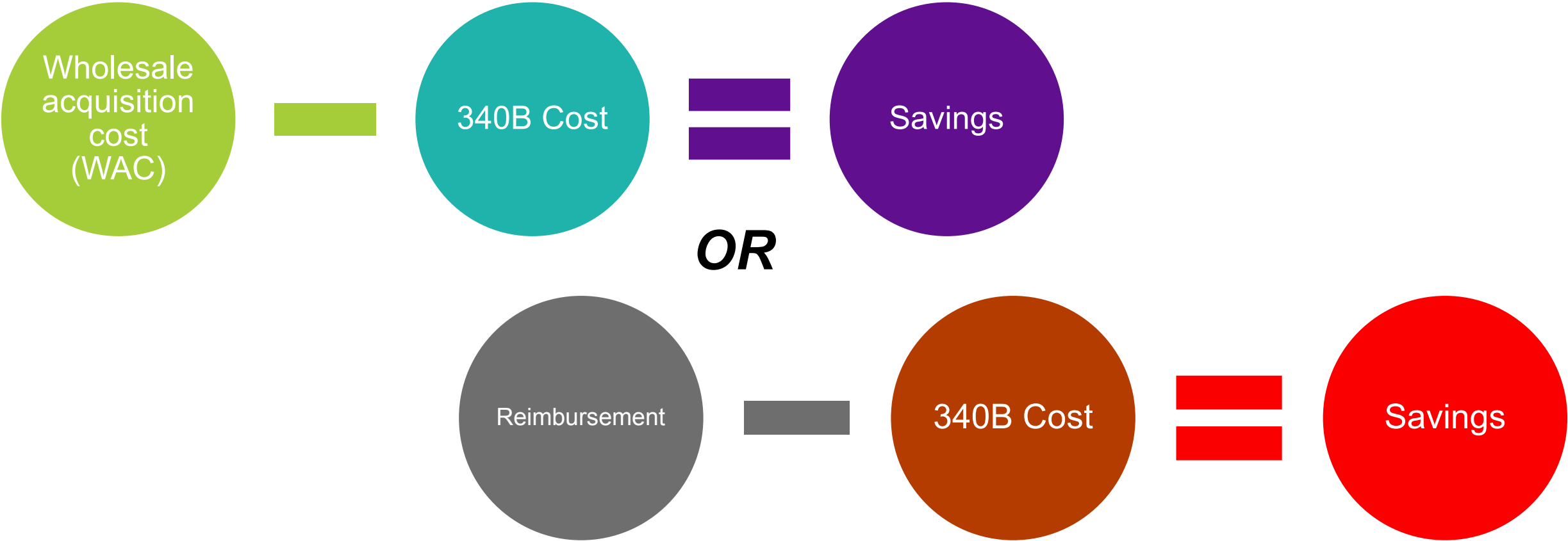
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# Defining 340B savings



## Multiple ways to calculate 340B savings



# Defining 340B savings

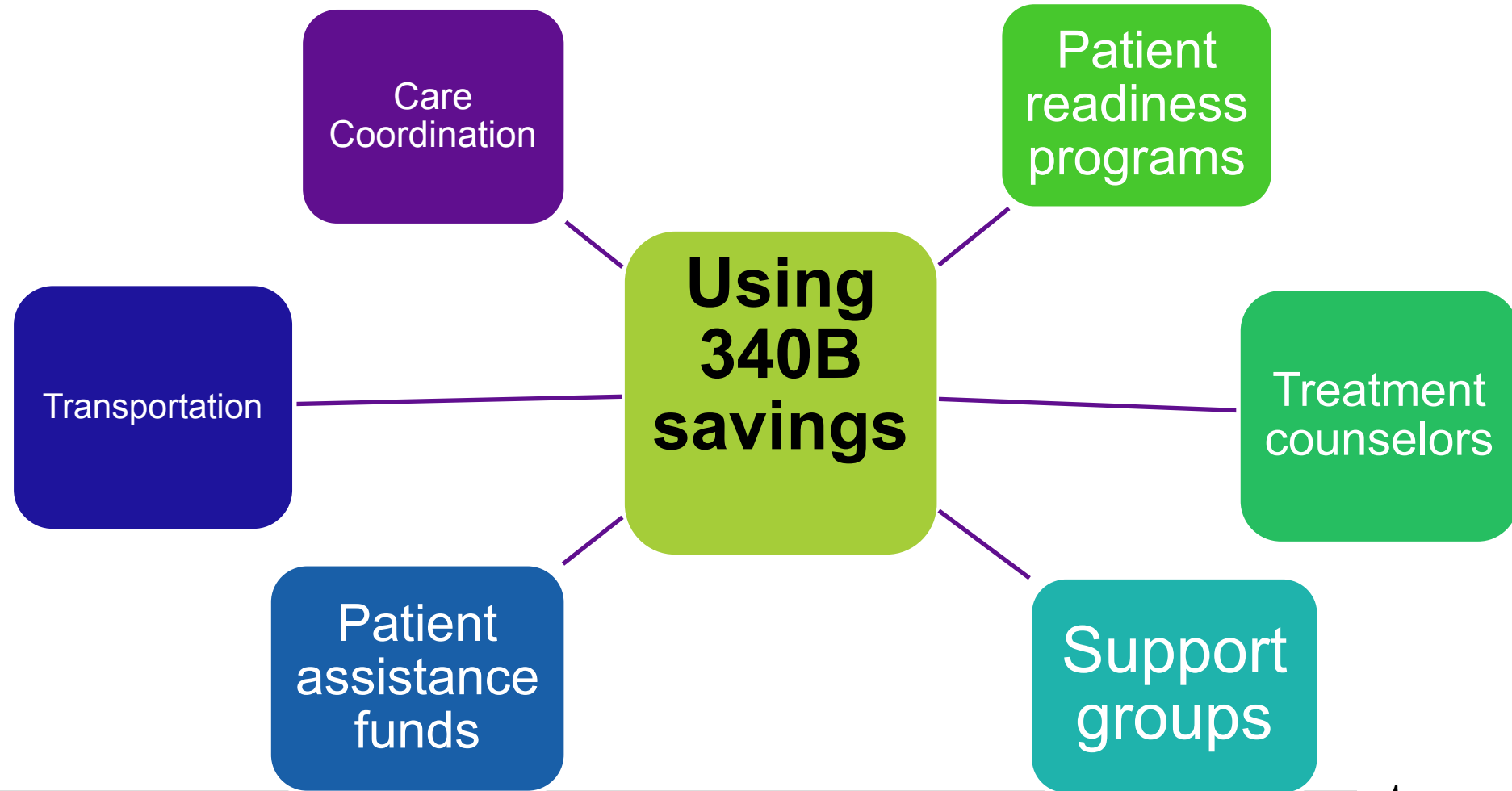


340B pricing is typically **20-50%**  
lower than WAC costs

Significant savings for the entity  
depending on reimbursement terms



# Defining appropriate use of 340B savings



# Designing HCV support services

1. Assess need and potential return on investment
2. Secure leadership buy-in
3. Hire staff
4. Map and design program workflows, roles, and targets
5. Build pharmacy relationships
6. Coordinate with and promote to various departments
7. Reassess and make changes as necessary



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# ROI potential and senior leadership buy-in

## Potential ROI=

((# patients to be treated) x (Average 340B Savings\* per patient x Average Utilization))

## Example:

**Potential ROI for 50 patients treated= (50 x (\$1,400\* x 2.3 fills)) =  
\$161,000\***

- **This is assuming 100% engagement and capture rate.**
- **Average 340B savings is inclusive of all expenses related to 340B administration and HCV program expenses (Avg savings listed do not represent BPH/HRHCare contracted prices)**

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# Designing your Program



## Developed Unique Brightpoint Health HCV Care Coordination Program

### GOALS:

- **HCV Coordinator will identify clients eligible for Brightpoint Health's HCV/HIV Program**
- **Providers will refer clients to HCV Coordinator**
- **HCV Coordinator will facilitate treatment of more patients through intervention, education, and support**
- **HCV Coordinator will oversee PA process and promote Brightpoint Health contract pharmacies**

# HCV Program Structure

## Materials Snapshots

Name	Address	Phone Number	Email
<b>Doctor</b>			
<b>Treatment Coordinator</b>			

Reminder for visits by:  Call  Text  Email

### Program Goals

Goal	Date Completed
<input type="checkbox"/> Complete initial assessment	
<input type="checkbox"/> Ensure all steps in "Treatment Checklist" section completed	
<input type="checkbox"/> Complete patient pre-test	
<input type="checkbox"/> Receive "Hep C Basics" education	
<input type="checkbox"/> Complete evaluation with specialist (if needed)	
<input type="checkbox"/> Attend Hep C info session	

- Complete patient post-test
- Complete Prior Authorization
- Begin treatment
- Complete treatment
- Receive "After treatment"
- Discharge patient from program

### What is Hepatitis C- The Basics

- Hep C is a **virus**
- Causes inflammation of the liver
- Often **no symptoms**
- Can be **fatal** if not treated
- Very common- 3 million Americans, **170 million worldwide**



Hepatitis C Virus (HCV)

3 Hepatitis C Patient Education, 2017



### PATIENT PRE-TEST

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

True or False: Circle the answer

1. Hepatitis C is a virus that can cause liver damage. T F
2. Alcohol consumption can damage the liver. T F
3. Hepatitis C can be spread through blood-to-blood contact. T F
4. Hepatitis C can be spread by sharing syringes. T F
5. You can be infected with Hepatitis C if someone coughs. T F

### Patient and Care Team Agreement

#### RESPONSIBILITIES FOR YOUR CARE TEAM AND YOU

The goal of your Hepatitis C treatment plan and team is to provide the best services to promote the best results. To achieve this, it is important to develop a trusting relationship between all members of the care team, and to ensure communication occurs at all levels. This agreement outlines the important roles of all key team members and how each member will help you reach your goals.

6. Hepatitis C can be spread through toothbrushes.
7. Hepatitis C can be spread through toothbrushes.
8. If you have multiple with Hepatitis C.
9. Persons with HIV are with Hepatitis C.
10. Hepatitis C is not fatal.
11. Hepatitis C can cause with Hepatitis C.

#### YOUR HEP C CARE TEAM RESPONSIBILITIES

##### Respect and Confidentiality

The care team will explain everything about the disease and will oversee all steps in your treatment plan. We will guide you in making healthy decisions and setting appropriate goals.

The care team will be available to listen to your concerns and answer any questions you may have.

The care team will keep all medical information and records private.

##### Safety and Care

The care team will refer you to a specialist if needed.

The care team puts your safety and care as the number one priority.

Treatment Coordinator Name: \_\_\_\_\_

- Intake Assessment
- Care Plan and Patient Agreement
- Patient Knowledge Tests
- HCV Education Powerpoint
- Tracking Spreadsheet
- Support Groups
- Outreach Letters
- **Initiated access to HEP CURE DASHBOARD**
- Incentive Model:
  - \$10-15 gift card at milestones; total \$75
  - Metrocards
  - Snacks
- Targets

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# Hepatitis C: Case Study Background



## Demographics:

- 59 year old female
- African American

## Diagnosis History:

- AIDS (1985)
- HCV (1995)
- Diabetes and hypertension

## Substance Abuse History:

- Cocaine dependence with cocaine induced disorder (crack/cocaine)
- Synthetic cannabinoid dependence (K2)

## Mental Health History:

- Bipolar Affective Disorder
- Post traumatic Stress Disorder
- History of psychiatric hospitalization
- Victim of sexual abuse



# Hepatitis C: Case Study Background

## Treatment history:

- **HIV:**
  - ART Genvoya
  - Viral load undetectable
- **HCV:**
  - Treatment naïve
  - Referred to HCV program in January 2018
  - Genotype 1B
  - FibroSure F0
  - HCV Viral Load >1,000,000

## Treatment barriers:

- Uncertainty about HCV treatment
  - Stories of Interferon
- Trust issues
- Active drug use



# Building trust and developing a plan

Motivational Interviewing

Cognitive Behavioral Therapy

HCV focus and support groups



# Building trust and developing a plan

Building rapport with  
client

Inpatient drug treatment  
program

Initiating HCV treatment plan (Mavyret  
8 weeks, HCV program 6 months)



# Success Story



Patient achieved  
SVR



Patient  
maintained  
relationship with  
coordinator



Patient can be an  
advocate in the  
community and in  
focus groups



# Resources

## 1. 340B Drug Pricing Program

– <https://www.hrsa.gov/opa/index.html>

## 2. Veterans Health Care Act of 1992

– <https://www.hrsa.gov/opa/programrequirements/publiclaw102585.html>

## 3. CDC Hepatitis FAQs

– <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#a4>

## 4. New York City Hep B and C Annual Report

– <http://www1.nyc.gov/assets/doh/downloads/pdf/cd/hepatitis-b-and-c-annual-report-2015.pdf>



# QUESTIONS?

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