Scaling up HCV response in Indian Country – A Tribal Perspective
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NPAIHB
Indian Leadership for Indian Health
Summary

HCV is a problem in prevalence and mortality; and impact to our public health system and communities.

There are existing solutions that are working in Indian Country – in a variety of settings, on different levels.

We need to collectively strive towards elimination of hepatitis C.
Context and Complexity of Healthcare in Indian Country

- IHS - Federal Agency
- Tribally operated consortiums and clinics
- Urban clinics and programs
- Many clinical urgencies
- Funding
  - $3099 per year via IHS compared with $8097 per year for the US general population

Swinomish Tribal Health Clinic
HCV Mortality

Age-Adjusted Hepatitis C-Related Mortality – Northwest, 2006–2012

- AI/AN in Northwest: 3.3 x
- AI/AN in Idaho: 3.2 x
- AI/AN in Oregon: 2.5 x
- AI/AN in Washington: 3.8 x

Other nationally notifiable infectious conditions
Acute HCV

The graph shows new HCV infections, and only a fraction of patients with HCV present with acute symptoms. Data are from the Centers for Disease Control and Prevention.
Lack of specialist availability limits access to HCV treatment

Patients with Chronic HCV

3,500,000

Specialist Providers

20,000
The Solutions

• Technical
  • Policy
  • Procedure
  • Standing Orders
  • Education

• Complex
  • Create a community
  • Build urgency
The Solutions
The Solutions

Indian Leadership for Indian Health
People need access to specialty care for their complex health conditions.

There aren’t enough specialists to treat everyone who needs care, especially in rural and underserved communities.

ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.

Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.
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Doing More for More Patients

PATIENT
- Right Care
- Right Place
- Right Time

PROVIDER
- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY
- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM
- Increase Access
- Improve Quality
- Reduce Cost
ECHO Scale-up 2012-2016
In the Northwest
• 30 sites have joined
• 75+ people have participated
• 65 cases have been presented
• Panel over 3,000 patients

In Indian Country
• 63 SVR (93%)
• Multiple ECHOs
Outcome: Community-owned Wealth and Health

• Enhanced tribal capacity
• Promotion of long-term sustainability
• Development of local experts
• Resist the idea of superiority
• Acknowledgement that one size does not fit all