

**NATIONAL ASSOCIATION  
Of  
HEPATITIS TASK FORCES  
State and County  
Startup Orientation**

**By  
BILL REMAK, Chairman  
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California Hepatitis C Task Force**

**6/02 Rev 12/02, Rev 3/04 Series Ca-1  
Economic reference slides provided by: James Hoyt**

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# ABSTRACT

Industry leaders work together to “Slay the Dragon”: working together to meet the medical need, the financial impact on our economy, and the political necessity of addressing the epidemic of Hepatitis. Public Health Administrators, Chief Financial Officers, and Chief Executive Officers must find a common ground to wield the sword of collaboration to spearhead an cooperative initiative to stop the social stigma of Hepatitis that effects so many of our work force,

impacting negatively on Corporate revenue through the high cost of workers comp, employee health care benefits and loss of productivity. This is a direct appeal for commercial/corporate America to get involved in funding Hepatitis medical research and addressing the socioeconomic impact of a major chronic disease. Providing the tools to build an educational collaborative for hepatitis to focus on initiatives to effect policy changes in the Business Schools and Institutions of Higher Learning and bringing

together key stakeholders to identify a vision, mission, core values, strategy, goals, and measures of success for hepatitis education, prevention and treatment.

Bill Remak

Chairman, CHCVTF

# Liver Disease

- **Liver disease mirrors America. 25,000,000 Americans – 1 in every 10 – are or have been afflicted with some sort of liver related disease.**
- **There are over 5.3 million people who have been infected with hepatitis C and most of the people infected do not know they have the virus.**
- **Because of the shortage of organs, it is estimated that over 1,600 prospective recipients died in 2001 while waiting for a liver for transplantation. There are currently over 20,000 people waiting for a liver transplant. In 2002 over 2,800 people died nationwide due to a shortage of organs.**

- **Vietnam-era veteran †**
- . **Blood transfusion before 1992**
- . **Past or present intravenous drug use**
- . **Unequivocal blood exposure of skin or mucous membranes**
- . **History of multiple sexual partners ††**
- . **History of hemodialysis**
- . **Tattoo or repeated body piercing**
- . **History of intranasal cocaine use**
- . **Unexplained liver disease**
- . **Unexplained/abnormal ALT**
- . **Intemperate or immoderate use of alcohol †††**

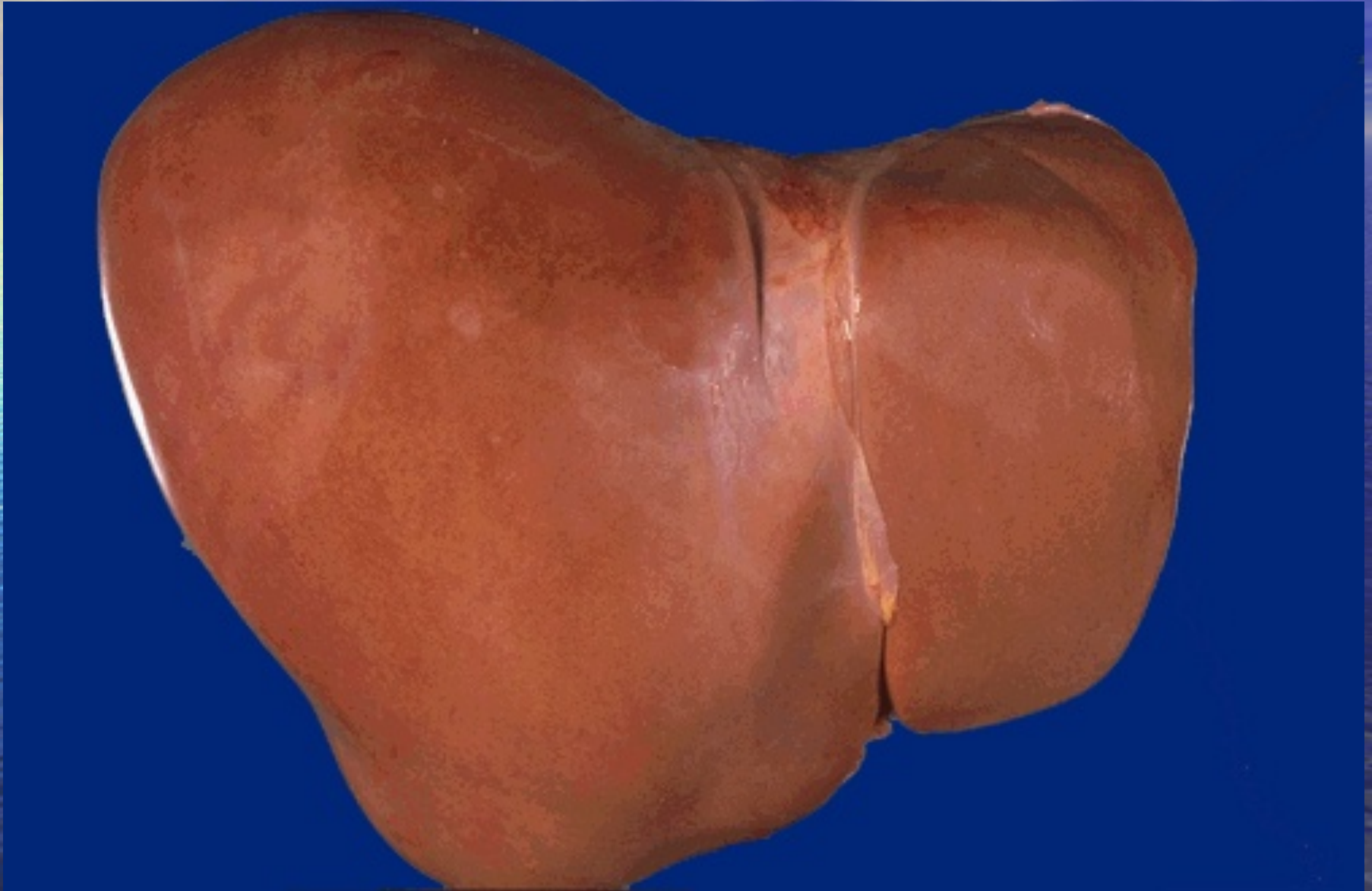
† As currently determined by dates of service or in the age range of 40 to 55 years

†† Defined as more than 10 lifetime sexual partners

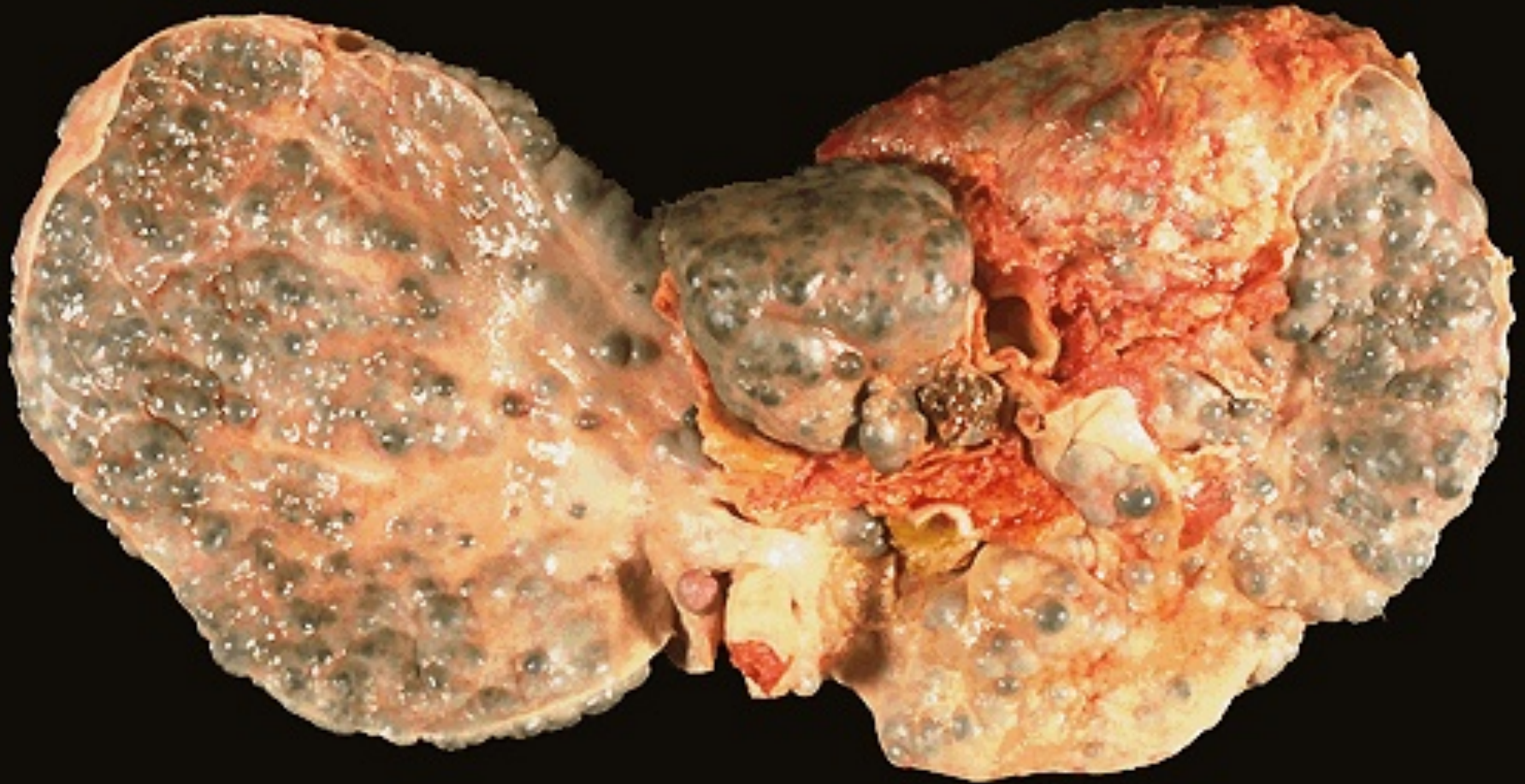
††† Defined as more than 50g of alcohol per day for ten or more years (roughly 10-14g of alcohol = 1 beer)

**Note:** These variables may be interrelated and are not necessarily independently related to risk for HCV infection.

**This is the external surface of a normal liver. The color is brown and the surface is smooth. A normal liver is about 1200 to 1600 grams.**



Here is an example of macronodular cirrhosis. Viral hepatitis (B or C) is the most common cause for macronodular cirrhosis. Wilson's disease and alpha-1-antitrypsin deficiency also can produce a macronodular cirrhosis.





Here is a hepatocellular carcinoma with a greenish yellow hue. One clue to the presence of such a neoplasm is an elevated serum alpha-fetoprotein. Such masses may also focally obstruct the biliary tract and lead to an elevated alkaline phosphatase.



# Visualize a candy bar & everything involved in making it

- People who pick the sugar cane
- Processing of the cane
- Picking the nuts
- Making the candy itself
- The truck driver
- The people employed at the store
- Many hands are involved in the process before you even buy it

# Impact on one person

- How it impacts his family
- His job
- Access to Healthcare
- His lifestyle

*“THROUGH THE LOOKING GLASS: THE HEALTH AND SOCIO-ECONOMIC STATUS OF HEPATITIS C POSITIVE TRANSFUSION RECIPIENTS, 1986-1990”*

# Medical Cost

Availability of Healthcare

Medications

Physicians

Hospital stay

Transplants

**Only part of the costs**

# Individual Impact

Income is reduced

Health Insurance

Employment opportunities

Relationships

Isolation

Bankruptcy

Possible Homelessness

# The Total Economic-Impact

Medical costs	'X'
Loss of buying power	'Y''
<u>Loss of Productivity</u>	<u>'Z'</u>
Total cost to economy	?

**The real total cost to an  
economy is  
just beginning to be recognized**

# Total infected

Numbers vary depending on source

0.7 to 6.8 million

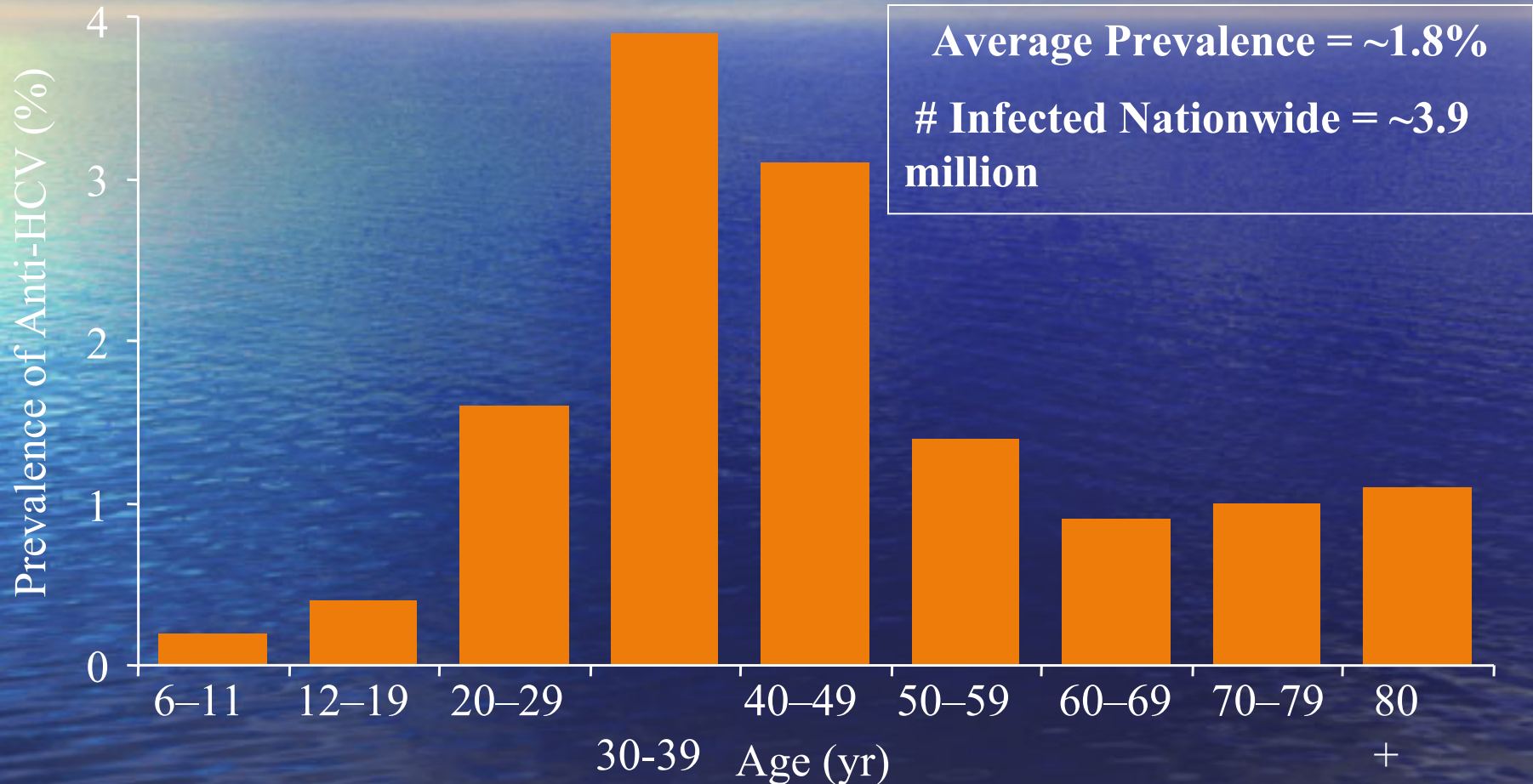
With HCV

Data collection methods

Total number of those infected ARE

under-reported

# Prevalence of HCV Infection by Age United States, 1988-1994



Alter MJ. *N Engl J Med.* 1999;341:556 (NHANES III, 1988-1994).



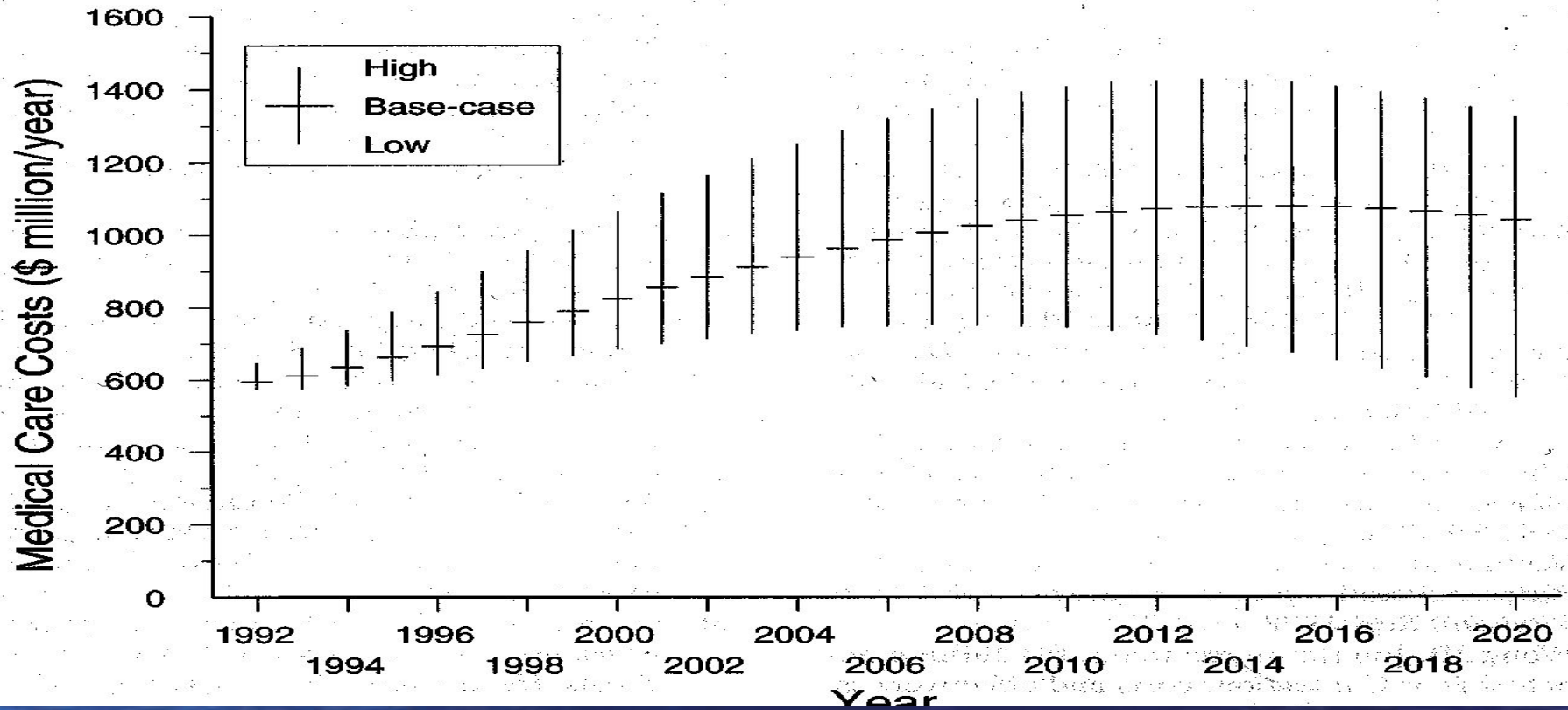
# Population Stats for USA

Total pop for the year 2000.....281 million  
Working class (age 15-70).....175 million  
Institutionalized.....± 2 million  
Not included in stats.....Welfare & disabled & those  
not working

**Roughly 61% bearing the economic  
weight**

**HCV & HIV/AIDS hits those who are  
considered in the working classes**

# Future Hepatitis C Costs



- **\$10.7 billion** in direct medical care expenditures
- **\$ 75.5 billion in societal (indirect) costs**

# Society

Loss of Productivity

Higher Costs of Goods & Services

Higher taxes for those working

Reduction in Government Services

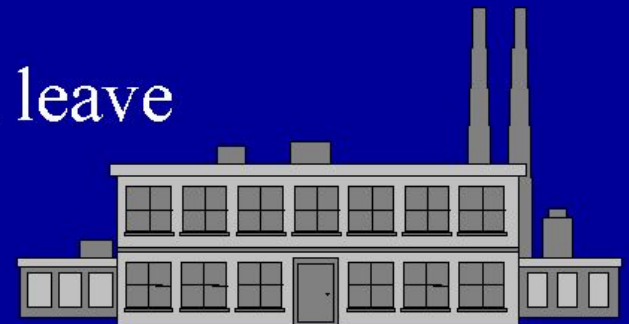
Reduction in Charity Monies

Higher Interest Rates

Lower availability of Investment monies

# Impacts on Industry

- Loss of workers
  - Expenses for recruiting/training replacements
  - Reduced productivity in case of skilled worker or manager
- Lost work days due to sickness
  - 30 - 240 days per year
- Lost work days due to funeral leave
- Increased health care costs
  - 50% illness due to AIDS



# Total Impact

Everyone will feel the effects of these diseases...HCV is currently having a greater impact than HIV/AIDS

Why should I care?

Because everyone is going to feel the effects of HCV.

# The Future

More than 2% of our population is  
now infected

HIV/AIDS.....1 million  
Hepatitis B...1 million  
Hepatitis C ....5.2 million  
Total infected...7.2 million

We will all feel the impacts of these  
**Diseases**  
**Directly or Indirectly**

# Future expectations

- AIDS studies in Africa -  $\geq 2\%$  infection rate begins to impact the economy
- Begins to change the economic structure of a society
  - Changes in standards of living
  - Changes in tax base (higher taxes for those still working)
  - Changes in Governmental Services provided

# Implications for United States

- Highly advanced
- Loss of most productive groups
- Loss of highly skilled professionals
- Time lag to re-educate loss employees
- Loss of production capabilities



# Conclusion

- 2% of the population infected
- Increases in various costs
- Decreases in productivity

- Time to act is when the problem is small
- The greater the problem-the more pronounced the changes will be
- Denial of problem only enhances the future impact of these diseases
- HIV/AIDS has not had an impact as of yet
- Hepatitis C is having an impact NOW
- HCV medical treatment is more costly than AIDS treatment

- Recognition of the Problem is the first step
- then developing solutions/alternatives is the next step
- Constantly re-evaluating the results

# More Statistics

## U.S. Population

- 2% overall
- 2.1% Mexican-Americans
- 3.4 African Americans

## California

- 650,000 infected with HCV
- 85-95% - IDU's
- Prison's – >63,500 inmates infected or (>41%)

**These are the annual medical costs taken from actual statements beginning 1995 until January 2002. 4 years after transplantation, a case that developed type two diabetes and HCC after 30 years:**

Doctor visits including GI, EYE, Endocrinologist.....	\$5,200
Regular blood draws and lab work .....	\$6,750
MRI's, CAT Scans, X-Rays, other exams .....	\$4,900
Liver biopsy .....	\$4,300
Interferon treatment .....	\$19,000
other medications related to transplant and diabetes .....	\$12,000
transportation costs medically related .....	\$ 850
<b>Total year 2001.....</b>	<b>\$64,000</b>
<b>Data taken from previous years statements:</b>	
<b>total year 2000 .....</b>	<b>\$103,000</b>
<b>total year 1999 .....</b>	<b>\$154,000</b>
<b>total year 1998 year of transplant and hospitalization ..</b>	<b>\$487,000</b>
<b>total year 1997 hospitalization, doctors, meds, etc.....</b>	<b>\$162,000</b>
<b>total year 1996 hospitalizations &amp; medical procedures...</b>	<b>\$ 53,000</b>
<b>total year 1995 year of surgeries &amp; hospitalizations .....</b>	<b>\$ 78,000</b>
<b>since January 1995 total until December 2001 .....</b>	<b>\$934,000</b>
<b>by Oct of this year patient will have exceeded med costs of..</b>	<b>\$1,000,000</b>

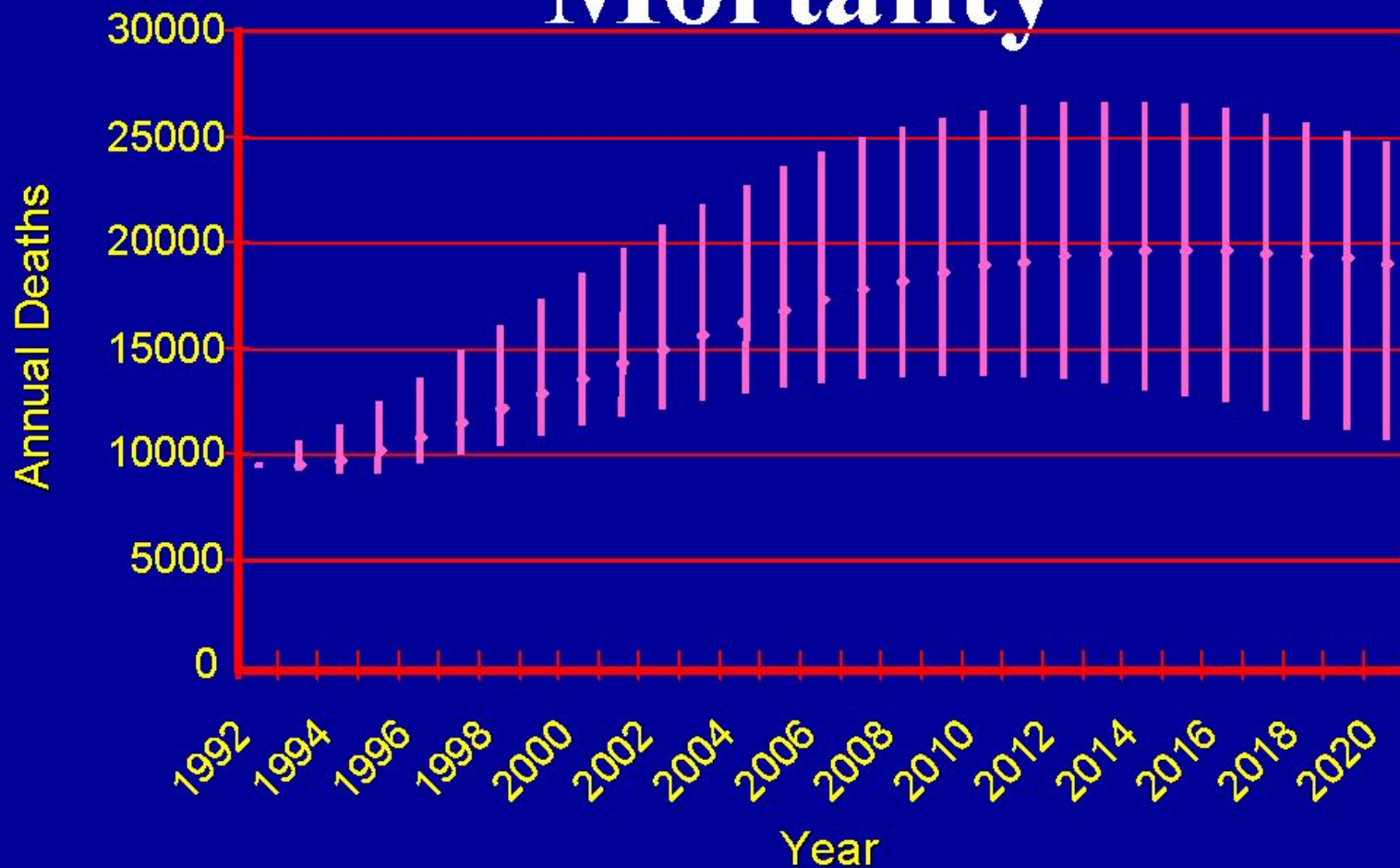
# HEPATITIS C THE MAJOR HEALTH CONCERN

## *Chronic Hepatitis C*

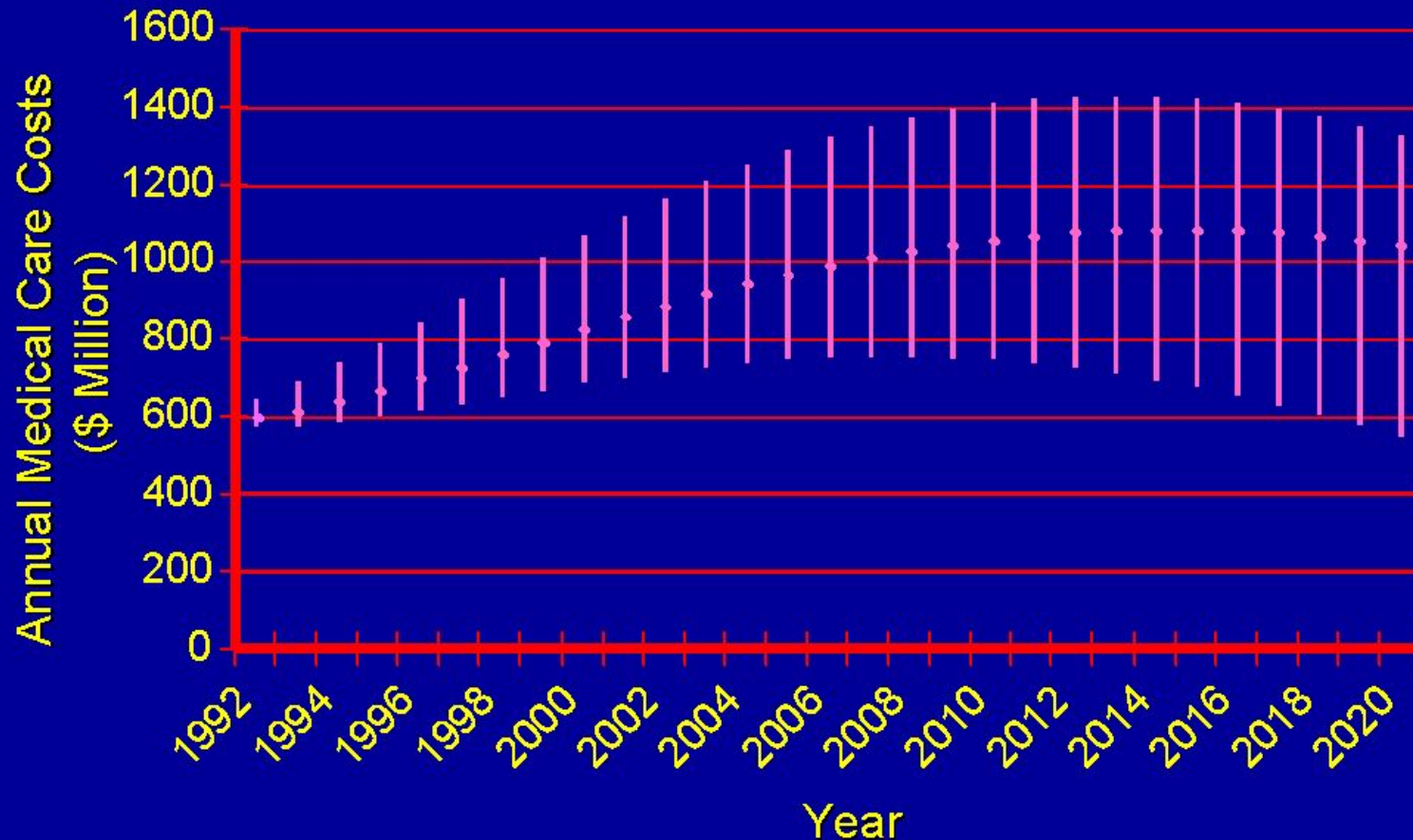
### Public Health/Financial Implications

- Most infected individuals: 30-49 years
- By the year 2008, estimates suggest:
  - 61% ↑ in cirrhosis
  - 279% ↑ in decompensation
  - 68% ↑ in HCC
  - 528% ↑ in need for liver transplantation
  - 223% ↑ in liver-related deaths

# Predicted Future HCV Mortality



# Predicted Future HCV Costs





# HEPATITIS Task Forces



- Collaborative effort between local Hepatitis Task Forces, local and state health systems are essential to a comprehensive, nationwide effort that will provide funding for the highest quality research and development of public awareness as well as providing adequate resources for education and research programs at the local level.
- The strength of the Hepatitis Task Force movement is accomplished through broad-based community support and activities. Our combined team efforts can result in more effective treatments and prevention, improved care, and the potential for Hepatitis eradication.
- The ALF encourages and supports this endeavor along with the Surgeon General and our Lt. Governor

# STATE HEPATITIS TASK FORCES

a shared partnership

## PURPOSE

- Identify and Develop resources (includes funding)
- General Advice
- Policy Recommendations
- Support for legislative issues and reform pertaining to Hepatitis
- Non-support for legislative actions that negatively impact Hepatitis
- Statewide clearinghouse for information on:  
Task force formation, basic screening, testing and evaluation, education, provider education and current activities throughout California
- Conferencing
- Technical Assistance
- Act as trustees in identifying the resources to expedite the eradication of Hepatitis
- Support the existing infrastructure
- Build into system a method for collecting and measuring testing data.



# What is a Hepatitis Task Force ?

- **A Community Response To A Major Health Concern**
- **Resource Partners with a Commitment to Prevention, Education, Screening, Patient Support, Outreach, Public Awareness, Treatment and Advocacy**

# Mission Statement

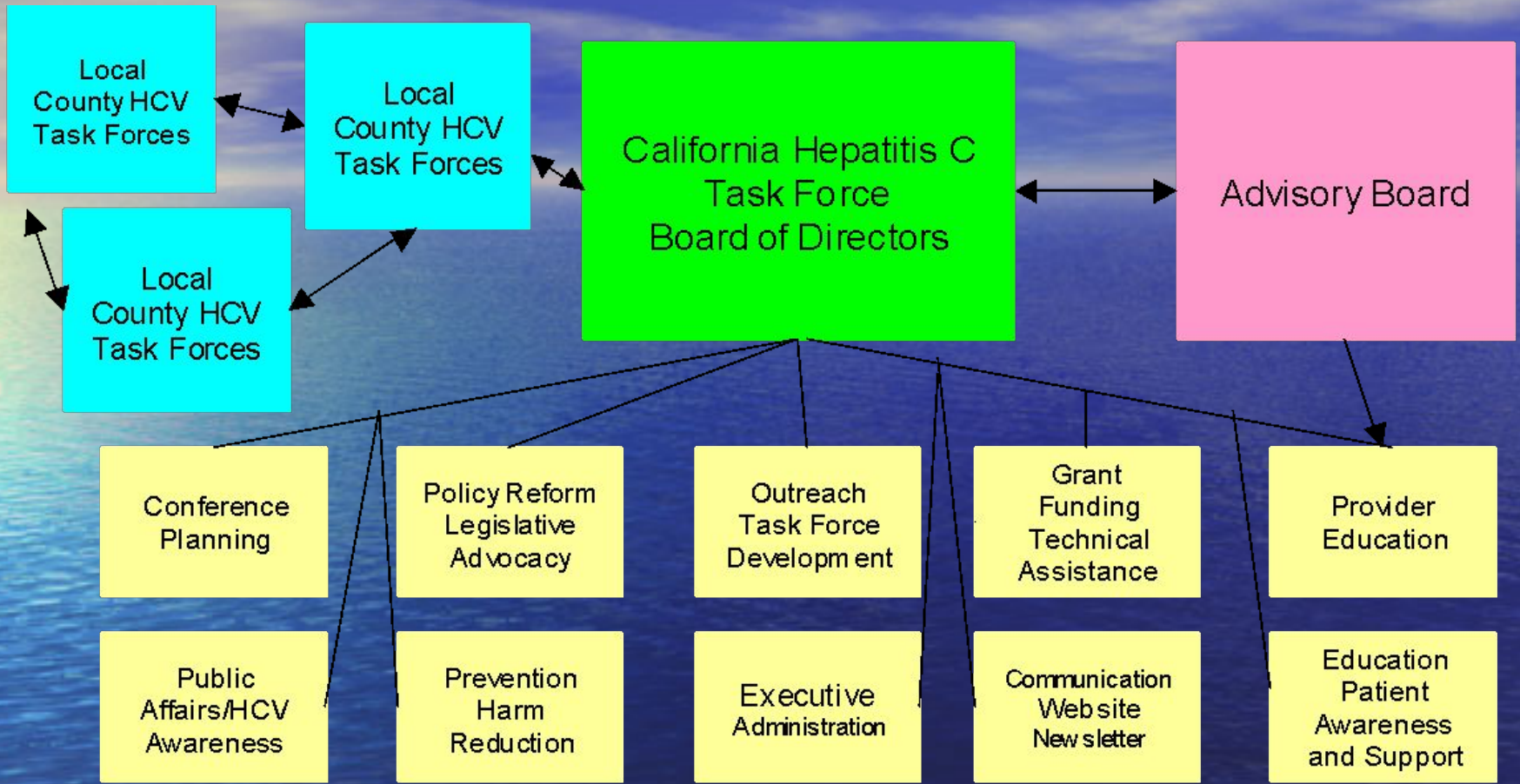
The State Hepatitis Task Force will develop and improve existing Hepatitis prevention, education, treatment, testing and reporting practices. We will support policy that removes barriers and provides incentives to improve the quality of care for persons with Hepatitis, and that prevents new cases of the disease. We will report our progress to the public annually

# Structure

Local County Hepatitis Task Forces share data, resources and forms partnerships on projects that better serve their communities.

The State Hepatitis Task Force structure provides a forum to develop and/or expedite assistance for the sharing of information and collaborations with legislative support to lead to an increase in funding, awareness, training and treatment of Hepatitis.

***Bill Remak, Chairman CHCVTF 12-11-02***



# VOLUNTEER DRIVEN



## Composition of Group:

- Local County Health Departments
- Non-profit Organizations
- Local Community Health Foundations
- Advisory Groups
- Veterans Organizations
- Pharmaceutical companies
- Treatment and Recovery Community
- Providers
- Professional Associations and Unions

# A Community Partnership

- County Health Officer
- First Responders, EMS or paramedic service
- Medical professional who treats HCV patients.
- A representative from you local community health foundation.
- VA liaison officer or veterans services
- Drug and Alcohol agency
- County Program director for HIV/HCV
- Hospital, major medical provider and community clinic for low income or uninsured



# A Community Partnership

- County jail RN
- Blood bank
- Director of DPH prevention department.
- Local RN's, health education director or agencies
- Biotech and/or pharmaceutical
- Director of a local benefits counseling agency
- American Liver Foundation and others
- HCV support group facilitators

# Hepatitis Reform Goals

- Hepatitis programs including public awareness, education, access to screening and testing.
- Access to local physicians trained in current Hepatitis case management technology.
- Advocacy efforts resulting in greater programs for harm reduction, healthcare for the under-insured and the de-stigmatization of Hepatitis as a stand alone disease with a fair allocation of national research funding:
  1. HCV vaccine development.
  2. Broader use of Hepatitis A & B vaccines
  3. Clinical trials to assess safety and efficacy of new medications.

# Public Policy/Hepatitis

- Support expansion of VA to treat veterans with hepatitis and other liver diseases.
- Expand CDC Hepatitis C epidemiological studies, public health and education initiatives.

# Public Policy/Hepatitis

- Support legislation to create an Hepatitis medication assistance program and legislation for education, screening and public awareness
- Monitor and support the NIH Hepatitis Consensus Conference and initiate efforts to develop an action plan
- Expand Hepatitis research

# LETTER FROM SURGEON GENERAL

7/27/2000



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary  
Office of Public Health and Science

Assistant Secretary for Health  
Surgeon General  
Washington, D.C. 20201

Dear Citizen:

Our country is facing a silent epidemic in the form of Hepatitis C, a liver disease caused by the Hepatitis C Virus (HCV). An estimated 4 million Americans have been infected with HCV, and a majority of them probably are not aware that they are infected. With that in mind, Members of Congress have joined with the Office of the Surgeon General to distribute this letter so you can take appropriate action for yourself and your family.

Hepatitis C spreads by contact with an infected person's blood. You should get tested for hepatitis C if you:

- have ever injected illegal drugs, even if you experimented a few times many years ago;
- received a blood transfusion or solid organ transplant before July, 1992;
- received a blood product for clotting problems produced before 1987;
- have ever been on long-term kidney dialysis;
- have been pricked with a needle that has infected blood on it; or
- were born to a mother with hepatitis C.

In rare cases, you can get hepatitis C by having sex with an infected person, especially if you or your partner have other sexually transmitted diseases. You can NOT get hepatitis C by shaking hands with an infected person, hugging an infected person, kissing an infected person, or sitting next to an infected person.

While some people with hepatitis C experience flu-like symptoms, many don't have any symptoms. If you think you might have been exposed to hepatitis C, go to a doctor. The doctor will test your blood. For many people, hepatitis C is treatable with a drug called interferon, taken either alone or in combination with the drug ribavirin.

It is important to get help, because over time, hepatitis C can cause your liver to stop working. For more information, please contact the Centers for Disease Control and Prevention's Hepatitis C Hotline at (888) 443-7232 or check the following web sites:

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm>  
<http://www.niaid.nih.gov/information/search.htm>

Sincerely,

A handwritten signature in black ink, appearing to read "David Satcher".

David Satcher, M.D., Ph.D.  
Assistant Secretary for Health and  
Surgeon General