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# New York City Viral Hepatitis Policy Environment and Program Portfolio

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# Viral Hepatitis Policy New York City

# Policy Initiatives

- New York State Hepatitis C Elimination Plan (2030)
- Seeking sustained reimbursement for community health work, navigation and care coordination services
- Improving laboratory compliance with Health Code
  - Mandatory hepatitis C antibody to RNA reflex testing
  - Mandatory negative HBV DNA reporting
- Supporting efforts to lower hepatitis C medication costs and remove restrictions
- Improving access to HBV medical services for uninsured

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# Viral Hepatitis Programs New York City

Community Navigation | Training | Community Engagement  
Health Department Navigation | Clinical Capacity Building

# Community Navigation and Training Programs



*Check Hep B  
Patient Navigation  
Program*



*Empire Liver Foundation  
Clinical Provider Training  
Program*



*Hep Free NYC  
NYC Hep C Task Force and  
Hep B Coalition*



*Check Hep C  
Patient Navigation  
Program*



**harm reduction**  
COALITION

*Harm Reduction Coalition  
Training and Technical  
Assistance Program*

**HepCx**  
Hepatitis C Clinical Exchange Network

*Network of Hospital HCV  
Clinical Champions*



*Hep C Peer Navigation  
at Syringe Exchange  
Programs*

# Check Hep B Patient Navigation Program

at Health Centers, Hospitals and Community Organizations



*Linkage to care and clinical care coordination **for people infected with hepatitis B***

Service	Enrolled and Educated	Linked to Care	Completed Medical Evaluation	Started Treatment
Number of Patients	912	874	850	325

January 2015 – April 2018

# Check Hep C Patient Navigation Program at Health Centers, Hospitals and Harm Reduction Programs



*Linkage to care and clinical care coordination for people infected with hepatitis C*

Service	Enrolled and Educated	Linked to Care	Completed Medical Evaluation	Started Treatment
Number of Patients	3310	2572	2364	1518

January 2015 – April 2018

# Hep C Peer Navigation Program

## at Syringe Exchange Programs



*Outreach, prevention, navigation  
through testing and care **for people at  
risk for or infected with hepatitis C***

Service	Enrolled and Educated	Hep C-Positive Patients Linked to Care	Attended Hep C Medical Visit	Started Treatment
Number of Patients	6903	881	318	209

January 2015 – April 2018

# Training and Technical Assistance



## NYC Health Department Training

- Hepatitis 101
- Hepatitis C Rapid Test
- Hepatitis C Patient Navigation



## Empire Liver Foundation Clinical Training

- Hep B and C Grand Rounds delivered hospitals and health centers
- HepCure Tele-education - monthly sessions (1 CME)
- NYS Hep C Provider Classification Training Series (10 CME)
- Hep B Clinical Training Series (3 CME)
- Hep C Medication Prior Authorization Training (2 CME)
- Preceptorship in a Liver Clinic (Half day)



## Harm Reduction Coalition

- Hep C Training for Peer Workers
- Monthly Peer program technical assistance meetings

135

Contracted  
program  
navigators  
trained since  
2014

140

Clinical  
Providers  
trained since  
2017



# Community Engagement



## Hep Free NYC

*Capacity Building Network to prevent, manage & treat viral hep in NYC*



## NYC Hep B Coalition

- Founded in 2009 by the Health Department and community stakeholders
- Quarterly citywide meetings



## NYC Hep C Task Force

- Founded in 2004 by service providers working with affected communities in the South Bronx
- Quarterly citywide meetings

# Community Engagement Approach

- Build and maintain a collaborative network
  - Coordinate and disseminate community health program information, opportunities and resources
  - Identify community needs and collaborate to develop strategies to meet needs
- Engagement strategies
  - In-person meetings: general and committee meetings and special events
  - Training: Deliver basic and advanced information
  - Online: Website ([www.HepFree.NYC](http://www.HepFree.NYC)), email and social media
  - Project development, based on community need

200

Organizations  
participate  
each year

400

Individuals  
participate  
each year

# Hepatitis C Clinical Exchange Network **HepCx**

- Address knowledge, practice and structural gaps to hepatitis C clinical care using a data to care approach
- A peer-to-peer learning collaborative comprised of hospital clinical “Champions”
  - Meet and exchange information to disseminate best practices
  - Support Champions to improve systems to increase screening, linkage to care and treatment capacity
- VHP coordinates activities and provides TA and enhanced public health detailing

**60**  
Clinical  
Champions

**39**  
Hospitals

# CDC Hepatitis Care Cascades Project

- Supports community health centers to improve hepatitis screening and linkage to care
- Developed electronic health record query tool and piloted a hepatitis C screening assessment and improvement project with 5 community health centers through patient navigation program contracts in 2017
  - Reported hepatitis C screening ranged from 17 – 71
  - Screening assessment will be repeated in calendar year 2018 to assess change
- Establishing a contract with a multisite FQHC in a high burden area of NYC to conduct practice transformation project, including:
  - Screening and treatment rate assessment
  - Service improvement plan
  - Staff training

# Health Department Navigation Programs

- In 2017-2018, Enhanced MAVEN to include a case management module for hepatitis B and C navigation monitoring
- Surveillance Based Tele-Navigation Programs:
  - **Hep B Moms** – working with the Perinatal Hep B Program to Navigate hepatitis B infected mothers and their contacts to hepatitis B care
  - **Project SUCCEED**: outreach to people living with HIV who remain hepatitis C RNA positive to navigate into hepatitis C treatment
  - **Jail Re-entry Navigation**: offering hepatitis C navigation services to jail reentrants to promote linkage to care and treatment
  - **Enhanced Surveillance**: offering navigation into care and treatment for patients identified through enhanced surveillance interviews

# Project SUCCEED: Eliminating Hepatitis C in People Living with HIV in NYC



**Analysis of Co-Infected Population**  
through matching of HIV and hepatitis C  
surveillance data



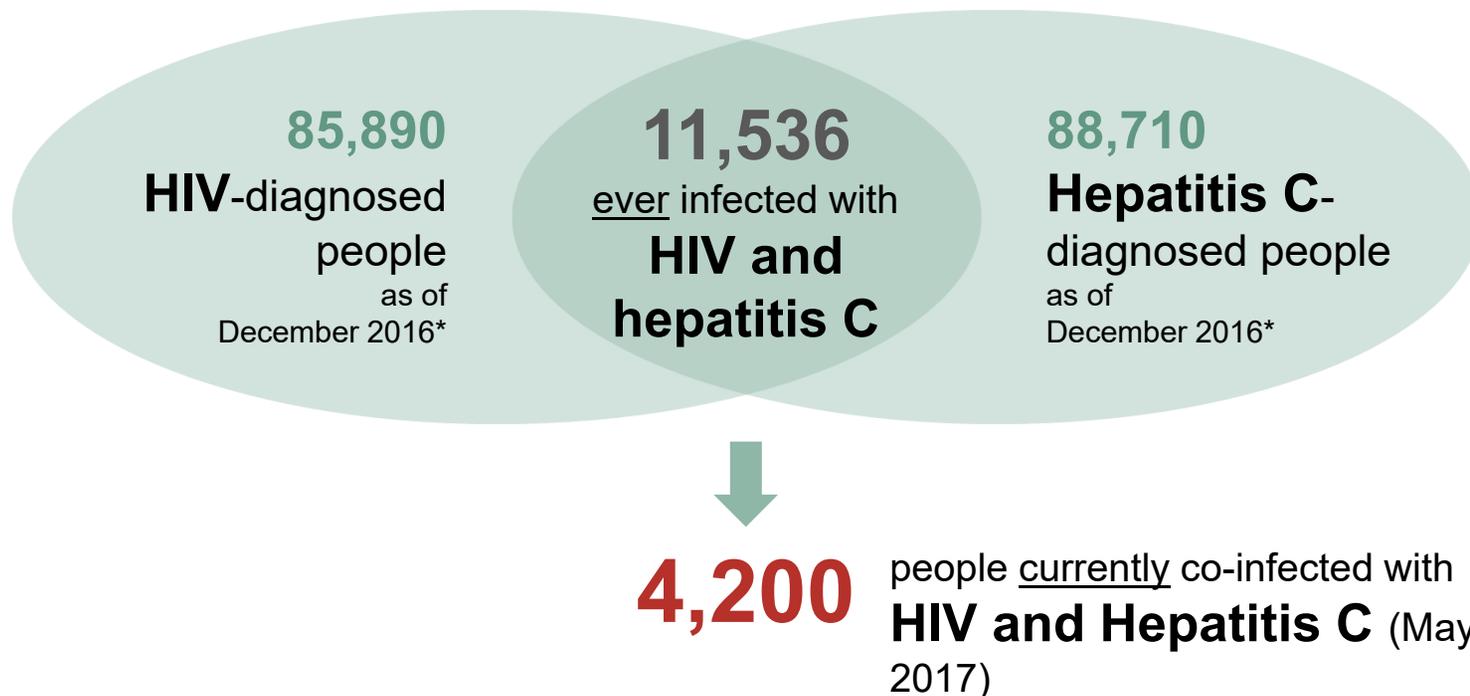
**Provider Education  
& Training**

**Practice  
Transformation**

**Case Investigation &  
Linkage to Care**

# HIV and Hepatitis C Co-infection Estimates for NYC

HIV and hepatitis C surveillance data were matched to estimate prevalence of co-infected population:



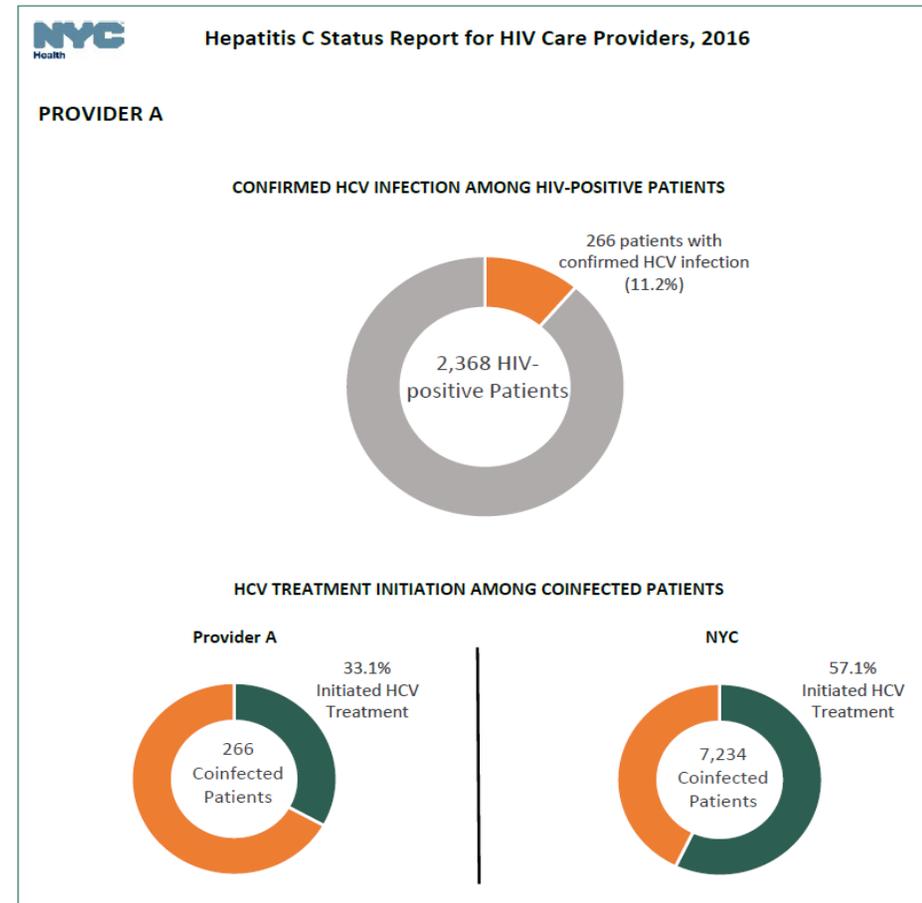
\*To better account for out-migration and deaths, the number of individuals considered to be diagnosed and living in NYC has been restricted to people who had at least one HCV or HIV lab test reported since 2014 and weren't known to have died prior to 2017.

# Hepatitis C Dashboards for HIV Care Providers

Dashboards were created for HIV healthcare facilities, showing:

- % HIV patients co-infected with hepatitis C
- % co-infected patients at facility who initiated treatment vs. treatment initiation rates across NYC

These clinics were offered surveillance based lists of their own co-infected patients to promote hepatitis C treatment.



# Clinical and Non-Clinical Provider Training

Since Nov 2017, health care providers across NYC were invited to participate in training on:

- Hepatitis C patient navigation
- Care and treatment for hepatitis, with half day preceptorship

\*Training topics included hepatitis C medication coverage/prior authorization/patient assistance programs, HIV/hepatitis C treatment, and co-occurring mental health and substance use disorders.

109

Completed  
Hepatitis C  
Navigation  
Training

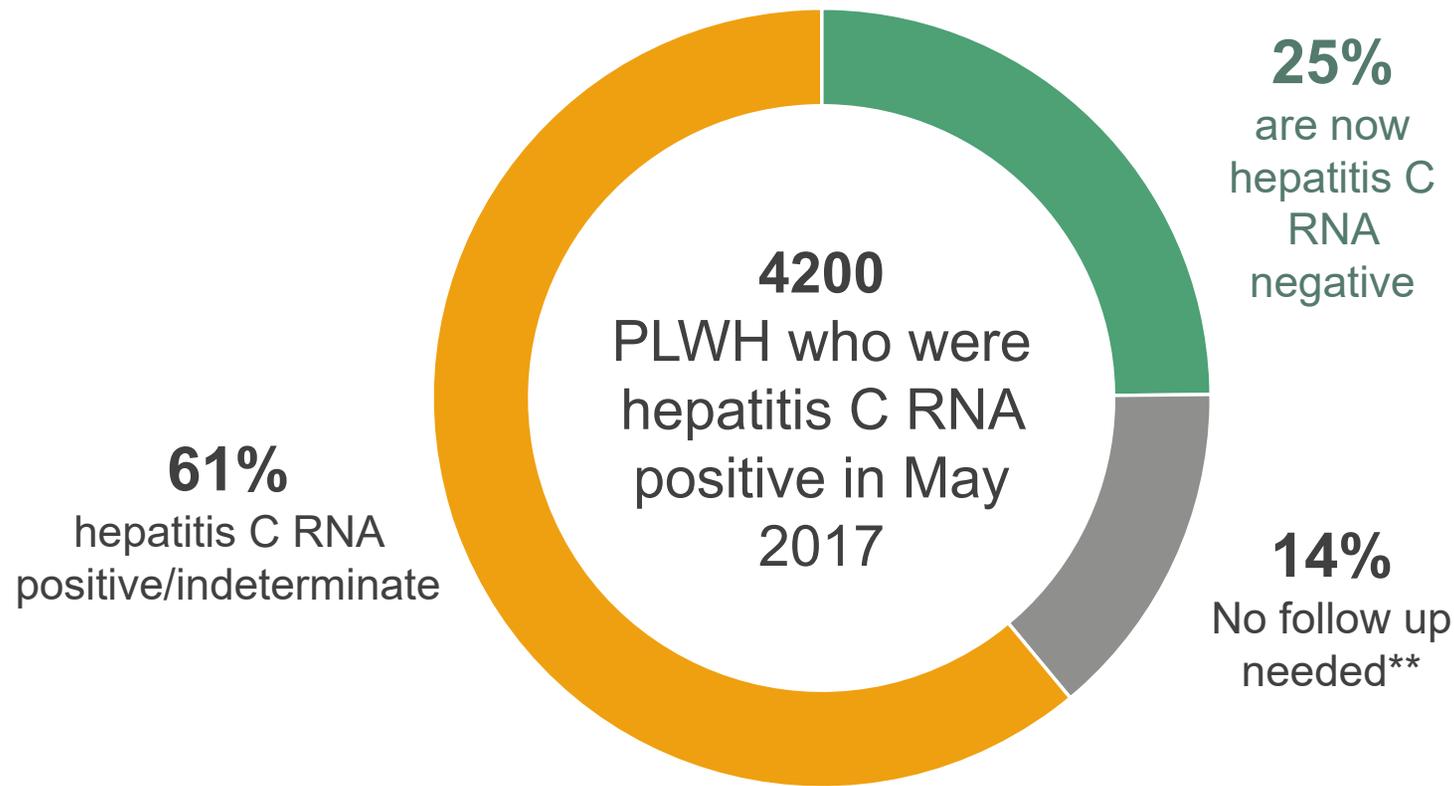
89

Completed  
Hepatitis C  
Clinical  
Training

# Practice Transformation

- Using surveillance data, Health Department identified and recruited HIV/HCV high burden facilities
- Health Department supports facilities to:
  1. Conduct Electronic Health Record queries to identify PLWH in need of HCV screening or treatment
  2. Train HIV clinical and non-clinical providers in hepatitis C navigation, testing, care and treatment
  3. Develop, implement and report on and sustain a hepatitis C service improvement plan

# Progress Toward Eliminating Hepatitis C in PLWH, NYC May 2017 – August 2018



\*Result at the time of their last test, as of August 30, 2018.

\*\* Deceased, found to be uninfected with HIV or HCV, now living outside of NYC

# Thank you

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