



NYS Hepatitis C Program and Policy Overview

NYS Hepatitis C Elimination Task Force

February 8, 2019

February 8, 2019

2



GOVERNOR
ANDREW M. CUOMO

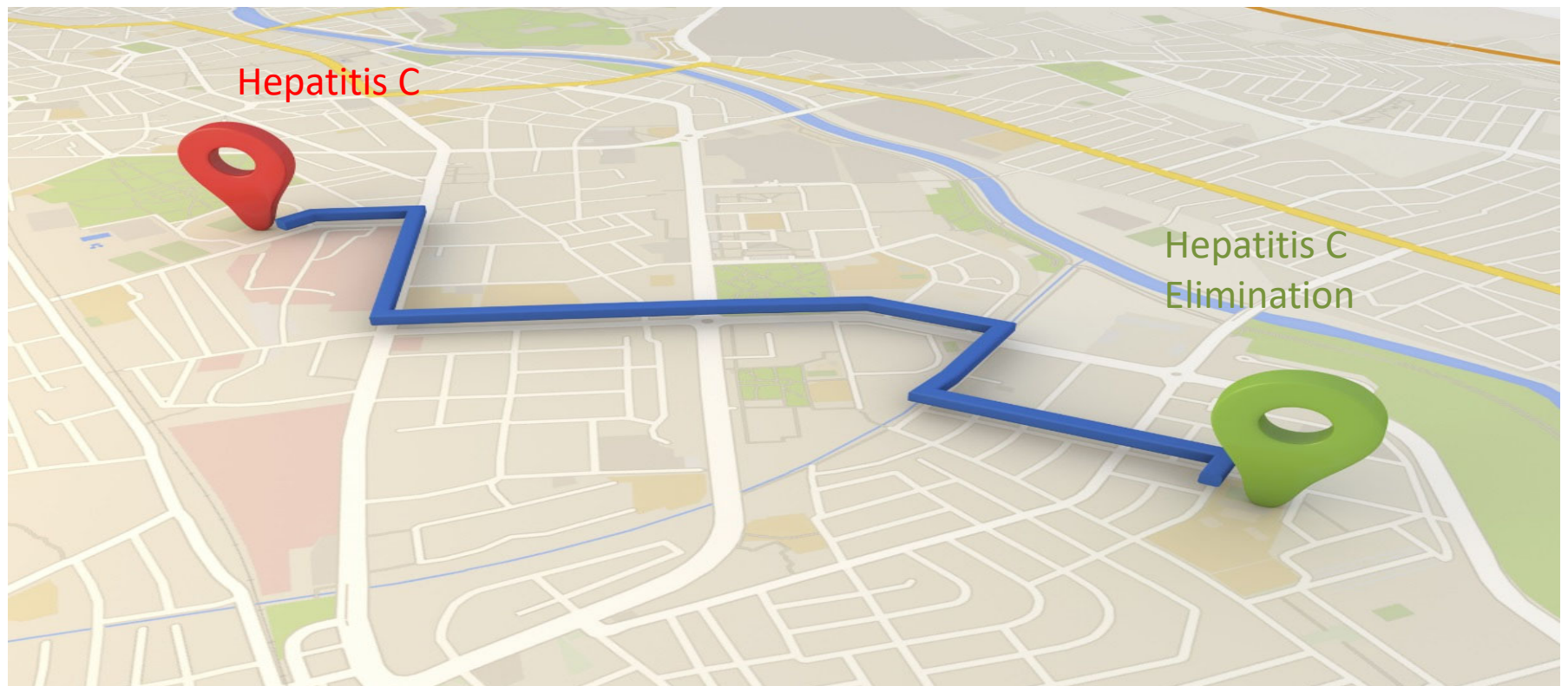
JULY 27, 2018 | Albany, NY

Governor Cuomo Announces First-In-Nation Strategy To Eliminate Hepatitis C

HEALTH

SHARE   

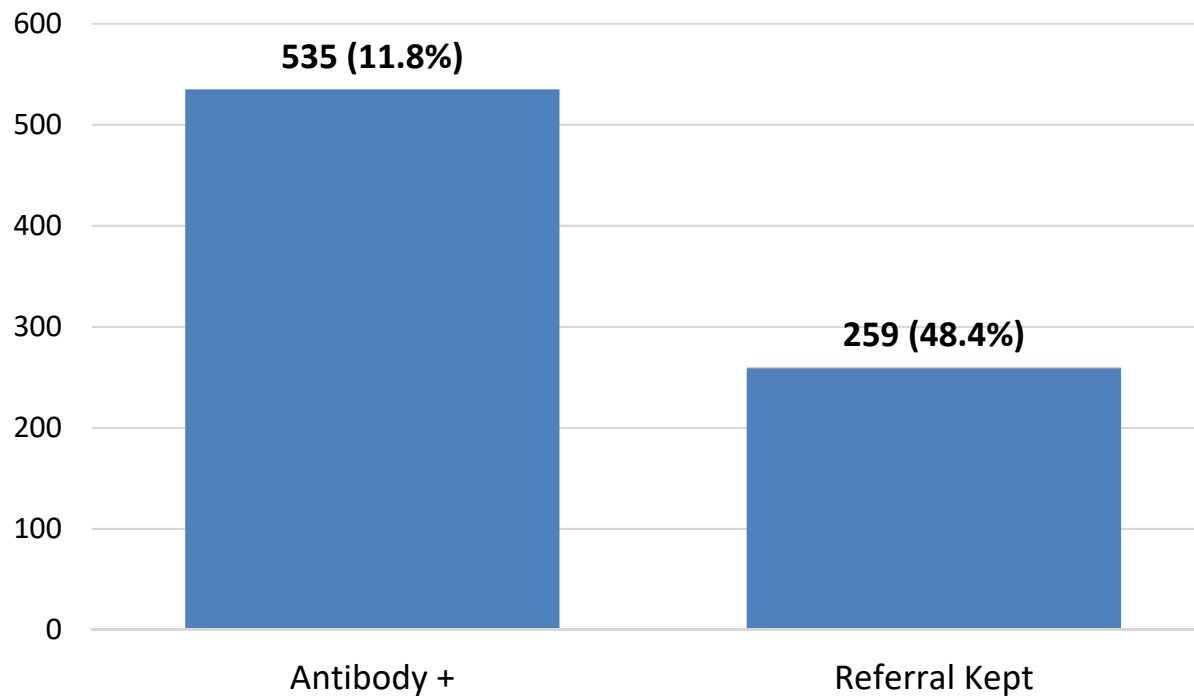
How do we get to elimination?



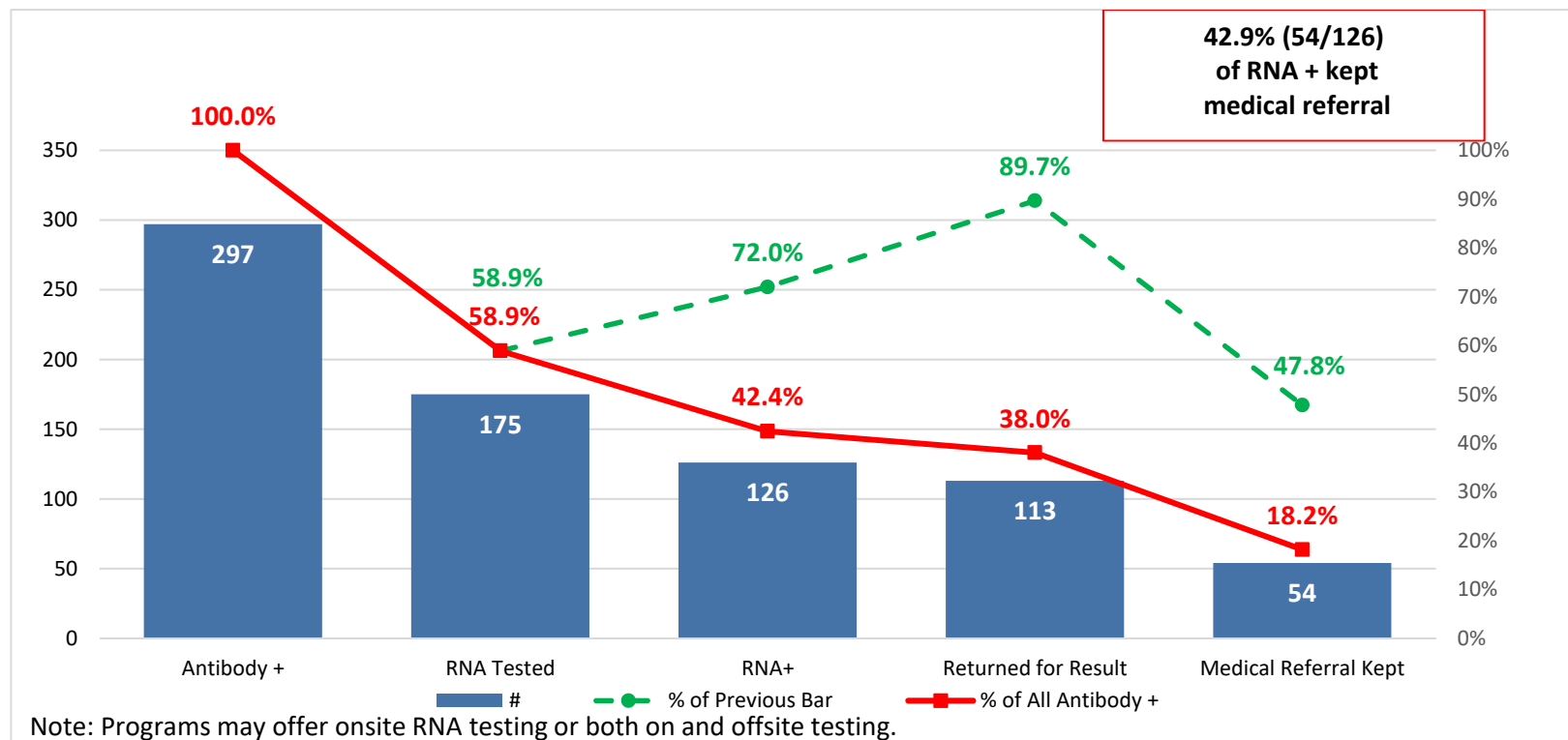
Hepatitis C Rapid Testing Program

- 50 programs enrolled statewide
 - SEPS, CBOs, local health departments, county jails
- High impact testing targeting people who inject drugs
- HCV RNA testing is offered on site or by referral
- Conducting pilot dried blood spot (DBS) testing for HCV RNA
- In 2017, 7,105 tests were conducted
 - 832 (12%) HCV reactive/positive
 - 712 (85.6%) had an IDU risk

Screening & Referral Status at NYSDOH HCV Rapid Testing Program Locations Referring Offsite for HCV RNA: 2017



Testing & Referral Status at NYSDOH HCV Rapid Testing Program Locations That Offer Any Onsite HCV RNA Testing: 2017



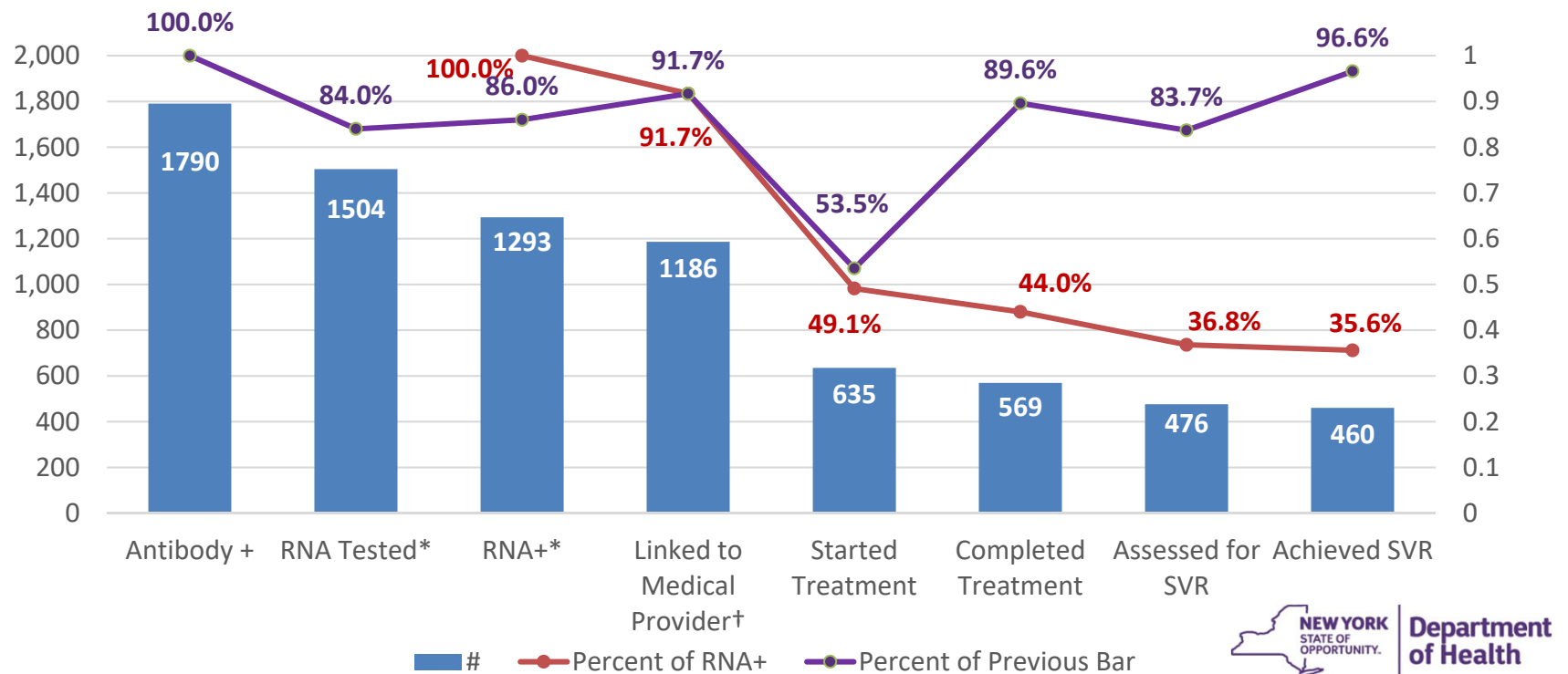
NYS Hepatitis C Testing Law

- HCV screening test be offered to every individual born between 1945 and 1965
 - Inpatient of a hospital
 - Primary care setting or
 - Services from a physician, physician assistant, or nurse practitioner providing primary care regardless of setting type
- If an individual accepts the offer and the screening test is reactive, the health care provider must offer the individual follow-up health care or refer the individual to a health care provider who can provide follow-up health care
 - The follow-up health care must include a hepatitis C diagnostic test (i.e., HCV RNA test)
- Multiple data sets were utilized for the evaluation.
- Requesting an extension beyond the 2020 sunset date

HCV Care and Treatment Initiative

- Goals:
 - Increase the number of people infected with HCV who get linked to care.
 - Improve HCV treatment initiation and completion rates.
- Core activities:
 - Linkage to care
 - HCV care and treatment
 - HCV treatment adherence
 - Retention in care
 - Supportive services
 - Peer delivered services
- Five year initiative
- A total of 15 programs funded statewide

HCV Care Cascade; April 1, 2016 to March 31, 2017



HepCAP

- Available through all AIDS Institute funded HCV care and treatment programs
- Eligibility Criteria same as ADAP
- Services covered:
 - Initial HCV medical and treatment evaluation
 - HCV treatment monitoring
- Does not cover HCV medications
 - Assists with Manufacturer Patient Assistance Program

HCV Continuity Program

- Program for Department of Corrections and Community Supervision (DOCCS) inmates receiving treatment for hepatitis C (HCV)
- Provides a treatment completion opportunity to incarcerated individuals released from DOCCS on HCV medications
- Allows treatment to be initiated within DOCCS regardless of length of stay
- Enables inmates to receive timely referral to appropriate community-based health care providers for continuation of treatment
- Inmate participation is voluntary

Hepatitis C Clinical Guidelines

- Utilized NYS HIV guidelines' development infrastructure
- Evidence-based guidelines
- Target audience is primary care providers
- Reflective of current treatment landscape
- Recently updated to recommend universal screening in pregnant women



**NEW GUIDELINE:
TREATMENT OF CHRONIC
HCV INFECTION WITH
DIRECT-ACTING ANTIVIRALS**

The New York State Department of Health AIDS Institute clinical care guideline, Treatment of Chronic Hepatitis C (HCV) Infection with Direct-Acting Antivirals (DAAs), is now available at www.hcvguidelinesny.org

www.hivguidelines.org

NYS HCV Quality of Care Program

- A formal structure to monitor HCV quality of care within primary care (statewide).
- Designed for all primary care providers caring for and treating persons living with HCV.
- Web-based application designed to capture data and generate reports.
- Providers submit or upload data annually and can instantly generate reports of results.



Medicaid Clinical Criteria

Current Clinical Criteria: Confirmation of patient readiness and adherence. Provider utilizes scales/assessment tools to evaluate the readiness of the patient.

October 2014

- HCV Clinical Criteria Established

May 2016

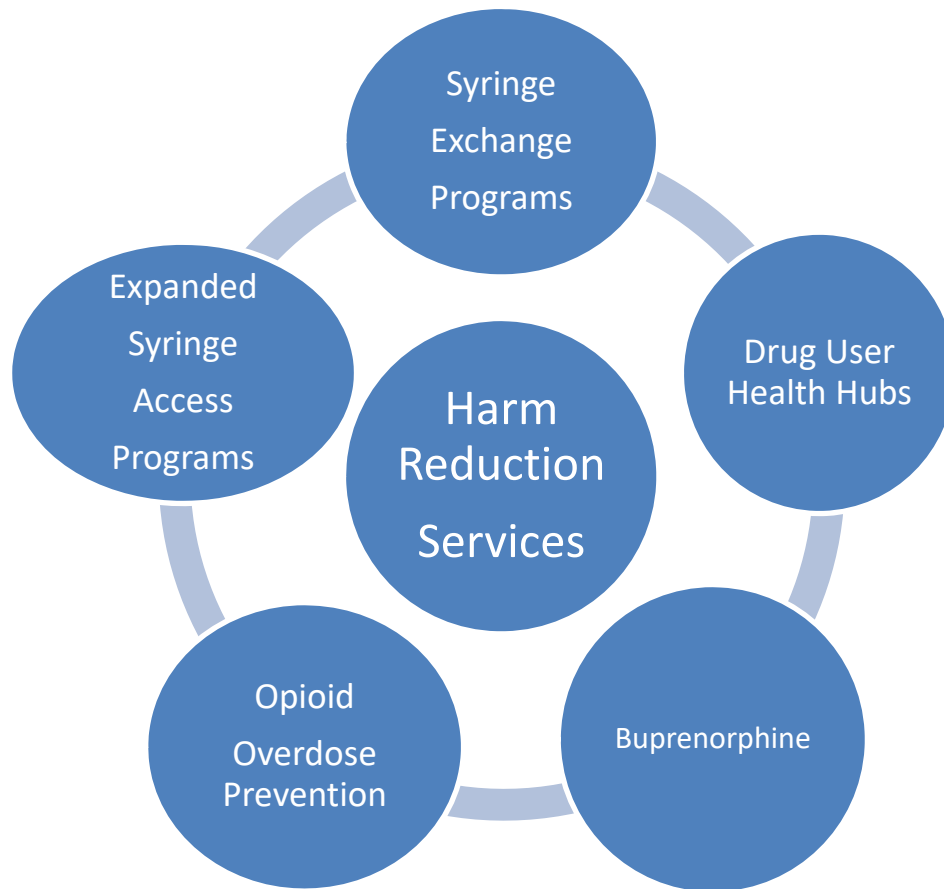
- Removal of disease severity criteria

August 2018

- Removal of experienced prescriber requirement (FFS)

October 2018

- Removal of experienced prescriber requirement (MCO)
- Removal of week 2 HCV RNA testing
- Extension of PA approvals to 6-months



**Harm Reduction =
HCV Prevention**

New Harm Reduction Policies

- Medicaid reimbursement for harm reduction services
- Expansion of syringe exchange access
 - STD clinics
 - Homeless shelters
 - Local health departments
 - Promotion of ESAP by pharmacies
- Allow for limited primary care services in harm reduction settings

February 8, 2019

17

New Hepatitis C Elimination Initiatives

Hepatitis C Patient Navigation Program

- Goal is to increase the number of PWID who know their HCV status and are linked to medical care and treatment
- Core services
 - Outreach and enrollment
 - HCV rapid testing
 - HCV education and health promotion activities
 - Treatment readiness and adherence
 - Linkage to HCV medical care and treatment
 - Referrals and assistance in accessing supportive services
 - Supportive services
- Seven upstate Drug User Health Hubs

Innovative Models of Care Targeting PWID

- Addresses the needs and the barriers PWID face when accessing HCV services in traditional health care settings.
- Provide HCV services in a non-traditional settings.
- Goals:
 - Increase HCV awareness and knowledge among PWID;
 - Increase HCV treatment initiation and completion rates among PWID;
 - Increase the number of PWID who are cured of HCV; and
 - Prevent re-infection among PWID who are treated and cured of HCV.
- Three (3) models statewide
- Evaluation component

Criminal Justice Initiative

HCV Expansion

- Expansion of current NYSODH AIDS Institute HIV CJI to provide pre-release linkage and navigation services to incarcerated individuals with HCV
- In-facility peer training curriculum includes modules on HCV prevention, transmission, treatment and harm reduction
- Prison Hotline to provide HCV education and support
- HCV peer video for use in facility

HCV Testing

- Infrastructure building within NYSDOH Wadsworth Laboratory to perform HCV testing
 - Dried blood spot for HCV RNA testing
 - Global Hepatitis Outbreak and Surveillance Technology (GHOST) to help identify and respond to clusters of HCV among IDU networks
- Maintenance and expansion of HCV Rapid Testing Program

HCV Research

- Collaboration with the UAlbany, School of Public Health
- Evaluation of the HCV innovative models of care
 - Acceptability
 - Feasibility
 - Cure
- Survey of PWID attending syringe exchange programs in rural areas and surrounding communities

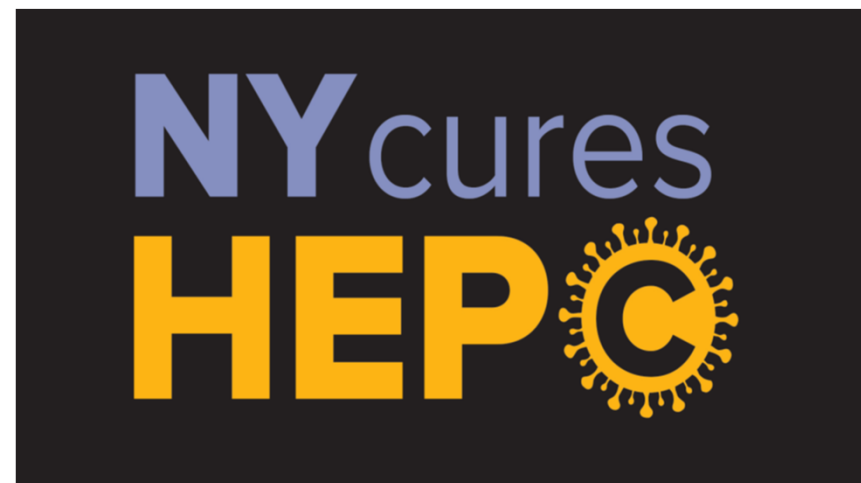
Community Planning Grants

- Collaboration with NYS Association of County Health Officials (NYSACHO)
- Community planning grants to LHDs outside of NYC, to facilitate community planning to address the HCV epidemic.
 - Engage stakeholders, action plan development, implementation of the plan and evaluation.



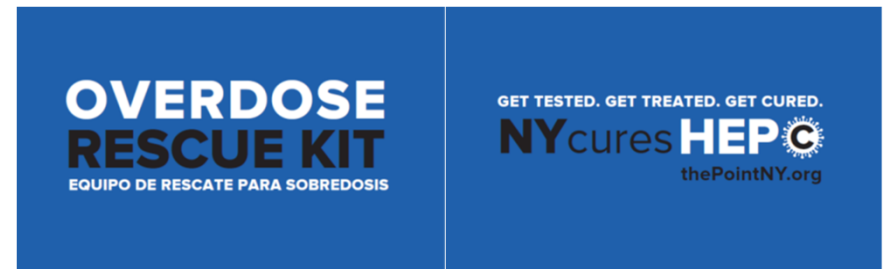
Multi-media Campaign – General Awareness

- HCV stories campaign
 - Personal and provider
- TV PSA
- Digital ads
- Social media
- Print materials
 - Women
 - Treatment journal



Multi-media Campaign- Targeted Awareness

- PWID targeted
 - Animated video
 - Palm cards
 - Overdose prevention bags
- Baby boomers
 - Movie theater ads
- Promotional items targeting homeless
 - Gloves
 - Blankets
 - Hats
 - Socks
 - Backpacks



Acknowledgements

- Kim Ferro
- Melissa Frisbie
- Jennifer Karcher
- Tracey Knickerbocker
- Stephanie McHugh
- Larissa Wilberschied
- Beth Weir
- Mara Sanantonio-Gaddy
- Jill Santa Maria
- Claudia Vega



Thank you

- Colleen Flanigan, RN, MS
 - Director, Bureau of Hepatitis Health Care
 - Colleen.Flanigan@health.ny.gov

