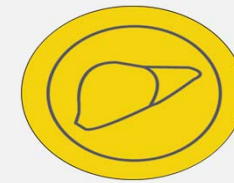




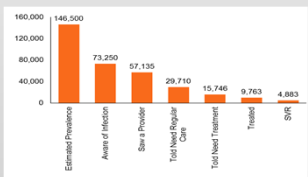
THE New York City Public Health Approach to Hepatitis C



F Laraque, MD, MPH; K Bornschlegel, MPH; M Bresnahan, MPH; M Ford, MS; N Johnson, LCSW; E Rude, MSW
New York City Department of Health and Mental Hygiene, Bureau of Communicable Diseases, Viral Hepatitis Surveillance, Prevention and Control

BACKGROUND & OBJECTIVES

Of the estimated 146,000 persons with hepatitis C (HCV) infection in New York City (NYC), many remain undiagnosed, and few have been treated. Gaps in RNA confirmation and provider capacity for treatment create barriers to care.



In 2013, the NYC Department of Health and Mental Hygiene (DOHMH) published a strategic plan for HCV control and established a Viral Hepatitis Program. DOHMH's **Six-Step HCV Control Strategy** includes:

1. Increasing provider knowledge and capacity
2. Monitoring and reporting disease patterns
3. Increasing screening and linkage to care
4. Promoting primary prevention
5. Enhancing public awareness
6. Advancing health policy

METHODS

Clinical network

- VHP is establishing a citywide HCV Clinical Network to improve provider knowledge and practices using peer-to-peer learning, tele-mentoring, a quality improvement program, and promoting the use of EMR for provider feedback.
- Program leadership is visiting all 51 NYC hospitals to encourage systemic investment in the DOHMH HCV public health strategy, catalogue HCV clinical practices, and build the Clinical Network.

Data collection and dissemination

- VHP is also enhancing hepatitis surveillance and using data for monitoring and linkage to care.

Care coordination

- Federal and private funding support testing, linkage to care and comprehensive care coordination.

Community coalition

- The citywide Hep C Task Force comprised of patients, advocates, and community providers, and an internal policy workgroup increase public awareness and advance health policy.

Evaluation

- Integral to each initiative, the evaluations use program-specific and surveillance data.

INTERVENTIONS

Current HCV infection

Aware of infection status

CLINICAL NETWORK

DOHMH has visited 18 of 51 NYC hospitals raising awareness among hospital leadership and fostering collaboration around HCV services across hospital divisions. We are scheduling visits for the remaining sites from June-September 2015.

- High interest in joining the Clinical Network, which will have close collaboration with the Empire Liver Foundation, an association of hepatologists
- The Clinical Network will serve to foster behavior change among provider using an evidence-based knowledge translation method

QUALITY INDICATORS

Quality indicators have been developed to monitor gaps in the care cascade at the facility level and to provide feedback to clinicians.

The indicators include:

- Routine hepatitis C screening (age cohort + risk factors)
- Confirmatory HCV RNA testing
- HIV screening
- Linkage to care
- Genotype prior to treatment
- Hepatitis B infection screening
- Vaccination against hepatitis A
- Vaccination against hepatitis B
- Evaluation for liver fibrosis
- Initiation of treatment
- HCV Viral Load 4 – 12 weeks into treatment and 12 weeks following cessation of treatment

OUTREACH (City-funded)

- Injection Drug Users Health Alliance Hep C Peer Navigation Program enrolled over 900 at risk or HCV positive participants across 14 sites since January 2015
- HCV Peer Navigation Certification Program with both knowledge and applied practice components

TESTING GRANT (CDC-funded)

- Tested 8,117 individual at risk for HCV infection
- 1,193 (15%) had HCV infection
- 841 (71%) linked to care

Referred to clinical evaluation

NEGATIVE HCV RNA REPORTING

By making negative RNA reportable the city can identify gaps in diagnostic testing, evaluation for antiviral treatment, and rates on treatment and cure at the population level.

- Changed the Health Code in July 2014; all labs are reporting as of April 2015
- VHP staff are working on using RNA data to define treatment and cure status
- Early benefits: over 1,000 patients with most recent RNA result negative

SURVEILLANCE, RESEARCH AND EVALUATION

- Using RNA reports to monitor patterns
- Increased HCV cases reports in 2014
- Discontinued the provider reporting requirement for chronic hepatitis C in March 2015, since Electronic Lab Reporting is more efficient
- Investigated barriers to treatment
- Hepatocellular carcinoma (HCC) and relationship with viral hepatitis
- Spatial analysis of HCC and viral hepatitis
- Developing a quality management program
- Systematic program evaluation and standardized data collection

CHECK HEP C Year 2 (privately-funded)

Enrolled 459 participants, April 2014 – March 2015, at 4 sites
77.3% (355) of participants have completed an HCV medical evaluation
74.3% (132) of eligible treatment candidates have initiated HCV treatment (eligible candidates = 279)
64.4% (85) of participants initiating HCV treatment have completed

NYC HEP C TASK FORCE and PUBLIC AWARENESS

- The NYC Hep C Task Force networks over 100 organizations, and holds 10 meetings or trainings a year leading to regular information exchange and development of new tools and interventions
- VHP developed patient education materials, posters, mobile app, texting service and video PSA
- VHP is developing a social media campaign targeted to young persons at risk for HCV infection

Eligible to be treated

Treated

PROJECT INSPIRE [Centers for Medicare and Medicaid Services (CMS)-funded]

- CMS Health Care Innovation Award to demonstrate the impact of a comprehensive care coordination program, integrated behavioral and medical care, and provider mentoring on clinical outcomes, quality of care and cost
- Standardized evidence-based intervention with a unique health promotion curriculum and materials
- Site-specific tele-mentoring sessions
- Current enrollment approx. 525 (3-year target: 3,200)
- Working with Medicaid managed care organizations to create and test a payment model to sustain the cost of all program components

ADVANCING HEALTH POLICY

- Met regularly with insurance payers and discussed benefits and barriers to HCV treatment and services related to their policies and reimbursement structures
- Analyzed and identified policy issues regarding insurance, the Affordable Care Act, and HCV medication pricing and approval for treatment meds to inform DOHMH HCV linkage to care and treatment programs
- Met with City Council to discuss funding, local advocacy efforts, and legislative issues affecting health care services.
- Organized a legislative awareness event co-hosted by the City Council Health Committee Chair

PROVIDER KNOWLEDGE AND CAPACITY (City-funded)

- Tele-mentoring by HCV experts from the Empire Liver Foundation
- Developing a city-wide Clinical Network
- Conducting Grand rounds and CME events
- Drafting and distributing the DOHMH City Health Information publication
- Developing a provider HCV toolkit

Sustained virological response (SVR=cure)

CONCLUSIONS

- The DOHMH multi-pronged approach to HCV control has been effective
- Writing grants and raising federal and private funds to expand HCV control interventions was successful
- Outreach to providers and a multifaceted approach to changing clinical practice is necessary
- Building synergistic partnerships with local experts and community-based organizations creates unique opportunities to combine resources and skills to reach difficult populations and develop effective interventions that would otherwise not be possible
- Surveillance data are extremely useful to monitor disease patterns, and use of negative RNA reports will likely be valuable in studying treatment uptake and cure rates
- Protocol-based patient navigation programs with health promotion are critical to improve clinical outcomes

RECOMMENDATIONS

- Educate and partner with existing providers and experts
- Partner with and seek funds from private funders including pharmaceutical companies
- Implement universal and routine surveillance for HCV including negative RNA reporting
- Utilize quality management indicators to gather data for monitoring outcomes and quality of care

FOR MORE INFORMATION

- Visit the NYC DOHMH website for information including links to our current HCV interventions and publications related to screening, treatment, and surveillance www.nyc.gov/hepatitis
- Explore community responses, resources and opportunities for engagement through the NYC Hep C Task Force www.hepfree.nyc
- Fabienne Laraque, MD MPH
Medical Director, Viral Hepatitis Program
NYC DOHMH
Department of Health & Mental Hygiene
42-09 29th Street 5th Floor
(347) 396-7415
flaraque@health.nyc.gov

DISCLAIMER

- NYC Check Hep C was funded in its second year by AbbVie, Gilead, Janssen, OraSure, and Roche

